

Women and Children's

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Review of midwifery education and training and newly qualified experience: thematic analysis

NHS England

This report contains a thematic analysis of data collected through a review of midwifery training and newly qualified experience. It was undertaken by the Health and Society Knowledge Exchange (HASKE) in March 2023, and was commissioned by NHS England.

Women from more deprived backgrounds are less likely to have an epidural, finds study

BMJ

Women from poorer backgrounds are less likely to have an epidural during labour than women from richer backgrounds, even when it is medically indicated, a study has found.

Overall 131 521 of nearly 600 000 women (22.2%) who were in labour between January 2007 and October 2020 in Scotland received epidural pain relief, according to NHS data.

But when researchers looked at the socioeconomic status of the women they found that there was an absolute difference in epidural use of 4% between women from the most deprived (21.2%, 95% confidence interval 20.8% to 21.4%) and women from the wealthiest backgrounds (25.2%, 95% CI 24.8% to 25.6%).

This difference persisted among the 21 219 deliveries with a medical indication for an epidural, with the poorest 10% of women 21% less likely to receive an epidural than the richest 10% (relative risk 0.79, 0.75 to 0.84), an absolute difference of 2% (23% v 25%), showed the study reported in Anaesthesia.

University College Dublin leads AI research for pre-eclampsia diagnosis

Digital Health

University College Dublin is leading a team that is working on a research initiative that could help transform pre-eclampsia diagnosis using technology from SAS. A solution has been developed that will support clinicians to make effective and efficient clinical diagnoses of suspected pre-eclampsia, with the use of intelligent and timely risk stratification of patients' clinical and blood biomarker data. AI and analytics company SAS is providing the technology with AI_PREMie using SAS Viya hosted on a Microsoft Azure cloud environment.

The University College Dublin team used funding from Science Foundation Ireland to research pre-eclampsia diagnostic techniques. It discovered important biomarkers with diagnostic and predictive powers, which when combined with other clinical data can be used to create an AI model to support clinical decision-making. AI_PREMie can provide a pre-eclampsia risk score with red, amber or green flags to support clinicians when faced with complex cases. It includes a unified view of the patient data used to create the classification, which incorporates unique platelet biomarkers and other relevant clinical data and demographic information.

Barnardo's Children and Young People's Health Equity Collaborative: framework for the drivers of health inequalities.

Barnardo's

The Children and Young People's Health Equity Collaborative (CHEC) is a partnership between the UCL Institute of Health Equity, Barnardo's, and three integrated care systems (ICSs): Birmingham and Solihull, Cheshire and Merseyside, and South Yorkshire. The framework's main purpose is to underpin action for achieving greater equity in children and young people's health and wellbeing. It will be used to support the development of pilot interventions in the three partner ICS areas.

There's a fire in the neonatal unit! What are you going to do?

HSJ

A simulation exercise at Leicester Royal Infirmary reveals vital lessons in managing neonatal unit evacuations during major incidents, emphasising the need for tailored training and inter-agency collaboration.

1. News Brief: Mental health problems in preschool children are associated with screen time

Publication Date: 2024

Journal: The American Journal of Nursing 124(3), pp. 13

2. Taboo words in pediatric oncology: Communication experiences of nurses and physicians with dying children and their families

Authors: Aydın, Ayfer;Savaş, Eyşan Hanzade;Bingöl, Hülya and Kebudi, Rejin

Publication Date: 2024

Journal: European Journal of Oncology Nursing 68, pp. N.PAG

Abstract: Despite the numerous benefits of effective communication between patients, families, and healthcare professionals, there are still substantial barriers and communication challenges. This study investigated the experiences of nurses and doctors working in different pediatric hematology-oncology units in Turkey communicating with children and their parents about end-of-life issues. This qualitative study was conducted with twenty-four physicians and nurses. A descriptive phenomenological approach was used. Data were analyzed using Braun and Clarke's six-step reflexive thematic analysis. The MAXQDA software was used to facilitate data management. The findings revealed three main themes describing end-of-life communication experiences of physicians and nurses: Avoiding communication with a dying child, Everyone knows but nobody talks, and Complicating aspects of the setting. Communication with dying children and their families is essential. However, multiple barriers remain for healthcare providers to do so. That issue burdens the child and their family more during the end-of-life, which is already a challenging experience to handle. Healthcare professionals need urgent training in communication with the dying children and their families. • Despite prognosis awareness, communication barriers persist among healthcare professionals (HCPs), children, and families. • Factors such as a lack of communication competence, workload, and cultural perceptions contribute to communication difficulties. • Multidisciplinary teamwork eases communication for HCPs, emphasizing collaborative care's vital role in pediatric oncology.

3. Impact of a nurse education programme on oral feeding in a neonatal unit

Authors: Beissel, Anne;Denis, Angélique;Laborie, Sophie;Pillet, Fabienne;Gauthier-Moulinier, H.;Hommey, Sophie;Tume, Lyvonne N.;Butin, Marine and Touzet, Sandrine

Publication Date: 2024

Journal: Nursing in Critical Care 29(2), pp. 287-295

Abstract: Background: Premature neonates often experience feeding difficulties during their hospital stay, and evidence-based interventions have been shown to improve feeding outcomes.; Aim: This study investigated whether an infant-cue based nurse educational feeding bundle accelerates the achievement of independent oral feeding in neonates in a neonatal intensive care unit.; Study Design: A quality improvement study with a pre, during and post intervention test design. All premature neonates admitted to the unit were eligible. The feeding programme included a four-month nurse training module and nurse coaching.; Results: A hundred and twenty-five nurses or nurse assistants attended the programme and 706 neonates were included. The median time to independent oral feeding (IOF) was 40, 36 and 37 days, respectively, for pre, during and post intervention. The reduction in time to IOF observed during the post-intervention period compared with the baseline period was significant (HR = 1.32, CI 95%: 1.01-1.74). No difference was noted in the length of hospital stay between the three study periods.; Conclusions: An infant-cue based nurse educational feeding bundle can promote earlier achievement of IOF in preterm neonates.; Relevance to Clinical Practice: This quality improvement study demonstrates the impact that a nurse-driven intervention in neonatal care

can have on improving practice. Feeding interventions involve the early introduction of oral feeding, non-nutritive sucking (NNS), and oral motor stimulation, and should be individualized for each neonate. These individualized feeding interventions applied by all nurses and assistant nurses, can facilitate the achievement of earlier independent oral feeding in preterm infants and should be included in neonatal critical care nurse education programs. (© 2022 The Authors. Nursing in Critical Care published by John Wiley & Sons Ltd on behalf of British Association of Critical Care Nurses.)

4. Pediatric oncology provider perspectives and patient/family perceptions of chemotherapy-induced nausea and vomiting management: Experiences at an academic medical center

Authors: Bloomhardt, Hadley;Rubin, Melissa;Xue, Yanling;Jin, Zhezhen;Masino, Laura;Seidel, Drew;Hijya, Nobuko and Beauchemin, Melissa

Publication Date: 2024

Journal: Pediatric Blood & Cancer 71(4), pp. e30883

Abstract: Background: Chemotherapy-induced nausea and vomiting (CINV) is common in children undergoing cancer treatment, and significantly impacts quality of life. Clinical practice guidelines (CPGs) have been developed to guide CINV management, though many patients do not receive guideline-concordant care. Few studies have examined provider perspectives on CINV management or preferred improvement approaches, or pediatric patient perception of CINV control.; Methods: A cross-sectional study of pediatric oncology providers was conducted at a large freestanding children's hospital. Providers completed an anonymous online survey about CINV control in patients admitted for scheduled chemotherapy, and their knowledge and utilization of CINV CPGs. A survey of English and Spanish-speaking pediatric oncology patients admitted for scheduled chemotherapy was conducted to assess CINV management, with key demographics used to understand association with perceptions and adherence to antiemetic guidelines.; Results: For providers, 75% of respondents felt CINV management could be moderately or extremely improved, significantly more so by chemotherapy prescribers and pediatric medical residents than nurses. Over half of respondents did not have awareness of CINV CPGs, particularly pediatric medical residents. For patients, nausea was reported to be extremely well controlled in 44% of cases, and vomiting extremely well controlled in 50% of cases. There were no significant differences in patient-reported CINV across demographics, when considering emetogenicity of chemotherapy received, or concordance to guidelines.; Conclusions: Implementing education in this area may help to improve provider comfort, and ultimately, the patient experience. Future studies will expand upon this novel patient perception, and develop and evaluate CINV management interventions. (© 2024 Wiley Periodicals LLC.)

5. Supporting the Mental Health of Migrant Children, Youth, and Families

Authors: Cary, Margaret;Feder, Joshua D. and Ward, Alison Monds

Publication Date: 2024

Journal: Child and Adolescent Psychiatric Clinics of North America 33(2), pp. xiii-xv

6. Digitally augmented, parent-led CBT versus treatment as usual for child anxiety problems in child mental health services in England and Northern Ireland: a pragmatic, non-inferiority, clinical effectiveness and cost-effectiveness randomised controlled trial

Authors: Creswell, Cathy;Taylor, Lucy;Giles, Sophie;Howitt, Sophie;Radley, Lucy;Whitaker, Emily;Brooks, Emma;Knight, Fauzia;Raymont, Vanessa;Hill, Claire;van Santen, James;Williams, Nicola;Mort, Sam;Harris, Victoria;Yu, Shuye;Pollard, Jack;Violato, Mara;Waite, Polly and Yu, Ly-Mee

Publication Date: 2024

Journal: The Lancet.Psychiatry 11(3), pp. 193-209

Abstract: Background: Anxiety problems are common in children, yet few affected children access evidence-based treatment. Digitally augmented psychological therapies bring potential to increase availability of effective help for children with mental health problems. This study aimed to establish whether therapist-supported, digitally augmented, parent-led cognitive behavioural therapy (CBT) could increase the efficiency of treatment without compromising clinical effectiveness and acceptability.; Methods: We conducted a pragmatic, unblinded, two-arm, multisite, randomised controlled non-inferiority trial to evaluate the clinical effectiveness and cost-effectiveness of therapist-supported, parent-led CBT using the Online Support and Intervention (OSI) for child anxiety platform compared with treatment as usual for child (aged 5-12 years) anxiety problems in 34 Child and Adolescent Mental Health Services in England and Northern Ireland. We examined acceptability of OSI plus therapist support via qualitative interviews. Participants were randomly assigned (1:1) to OSI plus therapist support or treatment as usual, minimised by child age, gender, service type, and baseline child anxiety interference. Outcomes were assessed at week 14 and week 26 after randomisation. The primary clinical outcome was parent-reported interference caused by child anxiety at week 26 assessment, using the Child Anxiety Impact Scale-parent report (CAIS-P). The primary measure of health economic effect was quality-adjusted life-years (QALYs). Outcome analyses were conducted blind in the intention-to-treat (ITT) population with a standardised non-inferiority margin of 0.33 for clinical analyses. The trial was registered with ISRCTN, 12890382.; Findings: Between Dec 5, 2020, and Aug 3, 2022, 706 families (706 children and their parents or carers) were referred to the study information. 444 families were enrolled. Parents reported 255 (58%) child participants' gender to be female, 184 (41%) male, three (<1%) other, and one (<1%) preferred not to report their child's gender. 400 (90%) children were White and the mean age was 9.20 years (SD 1.79). 85% of families for whom clinicians provided information in the treatment as usual group received CBT. OSI plus therapist support was non-inferior for parent-reported anxiety interference on the CAIS-P (SMD 0.01, 95% CI -0.15 to 0.17; $p < 0.0001$) and all secondary outcomes. The mean difference in QALYs across trial arms approximated to zero, and OSI plus therapist support was associated with lower costs than treatment as usual. OSI plus therapist support was likely to be cost effective under certain scenarios, but uncertainty was high. OSI plus therapist support acceptability was good. No serious adverse events were reported.; Interpretation: Digitally augmented intervention brought promising savings without compromising outcomes and as such presents a valuable tool for increasing access to psychological therapies and meeting the demand for treatment of child anxiety problems.; Funding: Department for Health and Social Care and United Kingdom Research and Innovation Research Grant, National Institute for Health and Care (NIHR) Research Policy Research Programme, Oxford and Thames Valley NIHR Applied Research Collaboration, Oxford Health NIHR Biomedical Research Centre.; Competing Interests: Declaration of interests CC is the author of a book for parents that is used in many of the participating clinical teams to augment treatment as usual for child anxiety problems and receives royalties from sales. CC and CH are developers of the OSI platform. They do not receive any personal financial benefits from the use of OSI. All other authors declare no competing interests. (Copyright © 2024 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license. Published by Elsevier Ltd.. All rights reserved.)

7. Reflections on the Past Decade in Evidence-Based Practice Within the Children's Oncology Group

Authors: Duffy, Elizabeth A.;Hooke, Mary C. and Landier, Wendy

Publication Date: 2024

Journal: Journal of Pediatric Hematology/Oncology Nursing , pp. 27527530231222827

Abstract: Background: The Children's Oncology Group (COG) is the only National Cancer Institute-supported clinical trials organization focused exclusively on childhood and adolescent cancer research. The COG Nursing Discipline Committee has embedded the tenets of evidence-based practice (EBP) into clinical trials nursing in order to standardize the nursing care delivered to children enrolled on these trials. The COG nursing EBP initiative is aimed at developing evidence-based clinical resources and

tools to provide guidance to clinicians regarding topics relevant to the provision of cancer treatment for patients enrolled on COG clinical trials from diagnosis through survivorship. A rigorous, evidence-based process designed to guide development of the evidence-based clinical tools and resources within the COG nursing discipline was developed and was implemented with the first nurse expert team beginning in 2012. Method: The standardized process included (a) selecting EBP projects and nursing expert teams (NETs), (b) providing leadership, mentoring, and championship for NETs; (c) approving clinical content developed through the NETs; and (d) providing guidance and oversight over planned dissemination of the COG EBP projects. Results: The COG Nursing EBP Subcommittee has developed 15 publications to date that include 90 authors. Eleven of these authors contributed to multiple publications. Discussion: On this 10th anniversary of the development of the EBP within the COG nursing discipline, we recognize its contributions to the professional growth of many of the discipline's members and to advances in nursing care for children enrolled in pediatric cancer clinical trials.; Competing Interests: Declaration of Conflicting InterestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

8. Clinical practice guideline-inconsistent management of fever and neutropenia in pediatric oncology: A Children's Oncology Group study

Authors: Dupuis, L. L.;Fisher, Brian T.;Sugalski, A. J.;Grimes, Allison Caren;Nuño, Michelle;Ramakrishnan, S.;Beauchemin, M. P.;Robinson, Paula D.;Santesso, Nancy;Walsh, Alexandra;Wrightson, A. R.;Yu, Lolie;Parsons, Susan K. and Sung, Lillian

Publication Date: 2024

Journal: Pediatric Blood & Cancer 71(4), pp. e30880

Abstract: Background: The primary objective was to measure the proportion of episodes where care delivery was inconsistent with selected recommendations of a clinical practice guideline (CPG) on fever and neutropenia (FN) management. The influence of site size on CPG-inconsistent care delivery, and association between patient outcomes and CPG-inconsistent care were described.; Methods: This retrospective, multicenter study included patients less than 21 years old with cancer who were at high risk of poor FN outcomes and were previously enrolled to a Children's Oncology Group (COG) study at participating National Cancer Institute Community Oncology Research Program (NCORP) institutions from January 2014 through December 2015. Patients were randomly selected for chart review by participating sites from a COG-generated list. Care delivered in each episode was adjudicated (CPG-consistent or CPG-inconsistent) against each of five selected recommendations.; Results: A total of 107 patients from 22 sites, representing 157 FN episodes, were included. The most common CPG-inconsistent care delivered was omission of pulmonary computerized tomography in patients with persistent FN (60.3%). Of 74 episodes where assessment of four (episodes without persistent FN) or five (episodes with persistent FN) recommendations was possible, CPG-inconsistent care was delivered with respect to at least one recommendation in 63 (85%) episodes. Site size was not associated with CPG-inconsistent care delivery. No statistically significant association between CPG-inconsistent care and fever recurrence was observed.; Conclusions: In this cohort of pediatric patients at high risk of poor FN outcomes, CPG-inconsistent care was common. Opportunities to optimize resource stewardship by boosting supportive care CPG implementation are highlighted. (© 2024 The Authors. Pediatric Blood & Cancer published by Wiley Periodicals LLC.)

9. Monitoring the efficacy of antibiotic therapy in febrile pediatric oncology patients with bacteremia using infrared spectroscopy of white blood cells-based machine learning

Authors: Eshel, Yotam D.;Sharaha, Uraib;Beck, Guy;Cohen-Logasi, Gal;Lapidot, Itshak;Huleihel, Mahmoud;Mordechai, Shaul;Kapelushnik, Joseph and Salman, Ahmad

Publication Date: 2024

Journal: Talanta 270, pp. 125619

Abstract: Bacteremia refers to the presence of bacteria in the bloodstream, which can lead to a serious and potentially life-threatening condition. In oncology patients, individuals undergoing cancer treatment have a higher risk of developing bacteremia due to a weakened immune system resulting from the disease itself or the treatments they receive. Prompt and accurate detection of bacterial infections and monitoring the effectiveness of antibiotic therapy are essential for enhancing patient outcomes and preventing the development and dissemination of multidrug-resistant bacteria. Traditional methods of infection monitoring, such as blood cultures and clinical observations, are time-consuming, labor-intensive, and often subject to limitations. This manuscript presents an innovative application of infrared spectroscopy of leucocytes of pediatric oncology patients with bacteremia combined with machine learning to diagnose the etiology of infection as bacterial and simultaneously monitor the efficacy of the antibiotic therapy in febrile pediatric oncology patients with bacteremia infections. Through the implementation of effective monitoring, it becomes possible to promptly identify any indications of treatment failure. This, in turn, indirectly serves to limit the progression of antibiotic resistance. The logistic regression (LR) classifier was able to differentiate the samples as bacterial or control within an hour, after receiving the blood samples with a success rate of over 95 %. Additionally, initial findings indicate that employing infrared spectroscopy of white blood cells (WBCs) along with machine learning is viable for monitoring the success of antibiotic therapy. Our follow up results demonstrate an accuracy of 87.5 % in assessing the effectiveness of the antibiotic treatment.;
Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

10. Maternal religiosity and adolescent mental health: A UK prospective cohort study

Authors: Halstead, Isaac;Heron, Jon;Svob, Connie and Joinson, Carol

Publication Date: 2024

Journal: Journal of Affective Disorders 351, pp. 158-164

Abstract: Background: Previous research has examined associations between parental religiosity and offspring mental health, but findings are inconsistent, and few studies have focused on late adolescence when mental health problems are more common. This study examines the prospective relationship between maternal religiosity and offspring mental health in late adolescence.; Methods: We used data from the Avon Longitudinal Study of Parents and Children to examine the prospective association between latent classes of maternal religiosity (Highly Religious, Moderately Religious, Agnostic, Atheist) and self-reported mental health problems including common mental disorders, ICD 10 depression, depressive symptoms, generalised anxiety symptoms, self-harm acts, self-harm thoughts, and disordered eating outcomes at age 17-18 years (n = 7714). We used multivariable logistic regression analysis adjusted for maternal mental health, maternal adverse childhood experiences, and socioeconomic variables.; Results: Compared with adolescent offspring of parents in the Agnostic class, offspring of the Atheist class had increased odds of depressive symptoms ((1.311.03,1.67]) and offspring of the Highly Religious class had increased odds of self-harm thoughts (1.431.04,1.97]). There was also weak evidence (95 % confidence intervals crossed the null) of increased odds of depression in the offspring of Moderately religious and Highly religious classes (1.26 0.97,1.65], and 1.30 0.99,1.70], respectively)) and self-harm acts in the offspring of the Highly religious class (1.310.98,1.74]). There was no evidence of associations with the disordered eating outcomes or generalised anxiety disorder symptoms.; Conclusions: We found evidence that adolescents whose mothers are Atheist, Moderately Religious, and Highly Religious are more likely to have depressive symptoms than those whose mothers are Agnostic. There was also evidence for an increased likelihood of self-harm (thoughts and acts) amongst adolescents of Highly Religious parents. Further research is needed to examine possible mechanisms that could explain these observed associations as well as a repetition of our analyses in a non-UK sample.; Competing Interests: Declaration of competing interest No competing interests were disclosed. (Copyright © 2024 The Author(s). Published by Elsevier B.V. All rights reserved.)

11. What's New in Pediatric Orthopaedics

Authors: Hardesty, Christina K.

Publication Date: 2024

Journal: Journal of Bone & Joint Surgery, American Volume 106(4), pp. 269-275

12. Unmet health care needs in children of parents with poor self-rated mental health: justification for a "think-family" approach

Authors: Hatzell, Jane T.;Gioia, Sarah A. and Francis, Lori A.

Publication Date: Apr ,2024

Journal: Children's Health Care 53(2), pp. 113-130

Abstract: Associations between parents' self-rated mental health status and children's (0–17 years) unmet health care needs were examined in the 2019–20 National Survey of Children's Health. Compared to parents with excellent/very good mental health, parents with poor/fair mental health were more likely to report children as having unmet health care needs, more missed school days due to illness/injury, and poor/fair general health. Problems paying for health care, transportation or childcare, lack of parenting support, parenting stress and parents' own physical health problems were identified as barriers. Parents with poor mental health may benefit from programs that provide parenting support.

13. The effect of virtual reality on pain, fear and emotional appearance during blood draw in pediatric patients at the hematology-oncology outpatient clinic: A randomized controlled study

Authors: Kanad, Nazmi;Özalp Gerçeker, Gülçin;Eker, İbrahim and Şen Susam, Hilal

Publication Date: 2024

Journal: European Journal of Oncology Nursing 68, pp. N.PAG

Abstract: Invasive attempts can be very painful and stressful for pediatric patients. Virtual Reality (VR) can be used to distract patients undergoing such procedures in pediatric hematology oncology patients. A parallel trial design approach was adopted for this randomized controlled trial, guided by the CONSORT checklist. The study sample (n = 69) was divided into a VR group (n = 34) and a control group (n = 35) using stratified randomization. For the blood draw attempt, no distraction method was applied to the control group, while the children in the VR group were distracted from the procedure with the Epic Roller Coasters VR application. The primary variable assessed was pain, while secondary variables were fear and emotional appearance. The scores of emotional appearance, fear, and pain were compared with a Mann-Whitney U Test. The pre-procedure emotional appearance score was 11.3 ± 4.3 in the VR group and 11.0 ± 5.0 in the control group, and the post-procedure score was 6.5 ± 3.3 in the VR group and 11.8 ± 5.3 in the control group, indicating a difference in emotional appearance after the procedure. VR group had lower negative emotional appearance, lower pain, and lower fear scores after procedure compared to the control group. VR can be considered an effective approach to reducing the negative emotional appearance and for relieving pain and fear in children aged 4–12 years undergoing blood draw procedures in pediatric hematology and oncology outpatient unit (ClinicalTrials.gov: NCT05675358). • This study evaluated VR distractions in Pediatric Hematology-Oncology outpatients during the blood draw. • Virtual reality distraction is an effective method for reducing procedural pain, fear, and negative behaviors. • Studies about negative behaviors during invasive procedures can be planned.

14. Parity, mode of birth, and long-term gynecological health: A follow-up study of parous and nonparous women in the Australian Longitudinal Study on Women's Health cohort

Authors: Nohr, Ellen A.; Taastrøm, Katja A.; Kjeldsen, Anne Cathrine M.; Wu, Chunsen; Pedersen, Frank Henning; Brown, Wendy J. and Davis, Deborah L.

Publication Date: 2024

Journal: Birth: Issues in Perinatal Care 51(1), pp. 198-208

Abstract: Background: Although gynecological health issues are common and cause considerable distress, little is known about their causes. We examined how birth history is associated with urinary incontinence (UI), severe period pain, heavy periods, and endometriosis. Methods: We studied 7700 women in the Australian Longitudinal Study on Women's Health with an average follow-up of 10.9 years after their last birth. Surveys every third year provided information about birth history and gynecological health. Logistic regression was used to estimate how parity, mode of birth, and vaginal tears were associated with gynecological health issues. Presented results are adjusted odds ratios (OR) with 95% confidence intervals. Results: UI was reported by 16%, heavy periods by 31%, severe period pain by 28%, and endometriosis by 4%. Compared with women with two children, nonparous women had less UI (OR 0.35 0.26–0.47] but tended to have more endometriosis (OR 1.70 0.97–2.96]). Also, women with only one child had less UI (OR 0.77 0.61–0.98]), but more severe period pain (OR 1.24 1.01–1.51]). Women with 4+ children had more heavy periods (OR 1.42 1.07–1.88]). Compared with women with vaginal birth(s) only, women with only cesarean sections or vaginal birth after cesarean section had less UI (ORs 0.44 0.34–0.58] and 0.55 0.40–0.76]), but more endometriosis (ORs 1.91 1.16–3.16] and 2.31 1.25–4.28]) and heavy periods (ORs 1.21 1.00–1.46] and 1.35 1.06–1.72]). Vaginal tear(s) did not increase UI after accounting for parity and birth mode. Conclusion: While women with vaginal childbirth(s) reported more urinary incontinence, they had less menstrual complaints and endometriosis.

15. A parent-rating scale of postpartum depression: Maternity-monitoring scale by parents (MMSP)

Authors: Ohashi, Yoshiaki; Shoji, Miho; Hanawa, Kaori; Yokomichi, Hiroshi and Ishiguro, Hiroki

Publication Date: 2024

Journal: Journal of Psychiatric Research 171, pp. 197-206

Abstract: Postpartum depression (PPD) is an illness that is difficult for the affected women themselves to recognize. Moreover, many mothers believe that mothers should not complain about the mental difficulties of taking care of their children. Therefore, in addition to self-evaluation for PPD, evaluation from others is also necessary. We aimed to develop a novel measure to screen for PPD based on a parent-rating scale that is administered to the parents of postpartum mothers. The 15-item maternity-monitoring scale by parents (MMSP) was designed and applied to the feasibility cohort (n = 61) and the emergency cohort (n = 55). The Edinburgh Postnatal Depression Scale (EPDS) (threshold score of 8/9) was used to evaluate a high risk of PPD. An egogram-based index, the over-adaptation index for depression (OAID), was performed along with the EPDS and MMSP. In the feasibility cohort, MMSP was moderately correlated with EPDS. In the emergency cohort, under the circumstance of the state of emergency declaration over the coronavirus disease 2019 in Japan, application of the MMSP was delayed, resulting in the proportion of parents who overlooked PPD symptoms in their daughters increasing from 33 % to 50 %. Our findings suggest that a novel approach of parent-rated PPD screening of postpartum women is potentially possible, and the MMSP is a potential candidate for screening. Moreover, the OAID is also helpful in identifying women with hidden PPD, along with the EPDS. The performance of the MMSP should be confirmed in the parents of patients with PPD diagnosed by psychiatrists.; Competing Interests: Declaration of competing interest All authors declare no conflict of interest regarding this study. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

16. Music interventions with children, adolescents and emerging adults in mental health settings: a scoping review

Authors: Romano, Melissa;Archambault, Kim;Garel, Patricia and Gosselin, Nathalie

Publication Date: 2024

Journal: Arts & Health: International Journal for Research, Policy & Practice 16(1), pp. 89-109

Abstract: Music is increasingly used with youths in health and psychosocial interventions. We conducted a scoping review with the aim to provide an overview of the current available evidence on music intervention for youth in mental health settings, to inform practice and further research. Three databases (PsycINFO, PubMed and CINAHL) were surveyed. Using the PRISMA review method, 23 studies met inclusion criteria. Young people aged from 4 to 25 years old with various mental health conditions participated in music interventions. Music therapy was the most investigated (71%). Improving social skills was the most frequent therapeutic aim addressed. Music interventions are mostly appreciated by the participants, but it is difficult to make conclusions about their effectiveness because of the heterogeneity of research designs and the limited current state of research. Music interventions appear to represent a promising complementary approach to usual psychiatric care, but further standardised research is necessary to continue investigating their therapeutic effects.

17. Infant screen media and child development: A prospective community study

Authors: Slobodin, Ortal;Hetzroni, Orit E.;Mandel, Moran;Saad Nuttman, Sappir;Gawi Damashi, Zainab;Machluf, Eden and Davidovitch, Michael

Publication Date: 2024

Journal: Infancy : The Official Journal of the International Society on Infant Studies 29(2), pp. 155-174

Abstract: The current study examined longitudinal associations between early screen media exposure (assessed at 6, 12, and 24 months) and the child's motor and language/communication development at the ages of 24 and 36 months. We also aimed to study whether these associations varied by socioeconomic status (SES). Participants were 179 parent-infant dyads, recruited from well-baby clinic services during routine visits. Child development measures included standardized measures of developmental milestones as assessed by professionals and referral data to child developmental centers. Both measures were retrieved from the official health maintenance organization records by an expert in child development. Results indicated that screen exposure at 6 and 12 months was associated with a higher risk for language/communication deficits at 36 months in children with moderate or high SES but not in children with low SES. Our findings are consistent with existing literature demonstrating cross-sectional and longitudinal associations between early screen exposure and language development deficits. Given that media use practices and motivations vary among families from different backgrounds, further investigation of the interaction between SES and screen exposure is needed. (© 2023 The Authors. Infancy published by Wiley Periodicals LLC on behalf of International Congress of Infant Studies.)

18. The association between non-parental childcare intensity and parental mental health across Europe

Authors: Somogyi, Nikolett;Van Lancker, Wim and Van de Velde, Sarah

Publication Date: 2024

Journal: Scandinavian Journal of Public Health 52(2), pp. 145-151

Abstract: Background: Young children are spending an increasing amount of time in non-parental

childcare. Despite this trend, few studies have examined how the intensity of non-parental childcare associates with mental health in parents, particularly taking the institutional context concerning childcare into account. Methods: Data from the European Union Statistics on Income and Living Conditions EU-SILC (2013) were used to develop a multi-level linear regression model. The sample was restricted to parents in dual-earner couples and with at least one child below the age of three (N =6709). Mental health was assessed using the Mental Health Inventory-5. Results: Highest levels of mental health were found in parents who use a moderate level of non-parental childcare, while full-time childcare was associated with lower levels of mental health. Working parents reported better mental health in countries where spending on formal childcare was higher, or where using formal childcare use was more widespread for this age group. Conclusions: While this study does not allow to establish a causal relationship between the researched indicators, it does indicate that mental-health problems are not randomly distributed among parents but tend to cluster more densely within parents who use higher intensities of childcare and in countries with less supportive childcare policies. Research that ignores social contexts might therefore be limited in terms of generalisation.

19. Induction of labour care in the UK: A cross-sectional survey of maternity units

Authors: Taylor, Beck;Cross-Sudworth, Fiona;Rimmer, Michael;Quinn, Laura;Morris, R. K.;Johnston, Tracey;Morad, Sharon;Davidson, Louisa and Kenyon, Sara

Publication Date: 2024

Journal: PloS One 19(2), pp. e0297857

Abstract: Objectives: To explore local induction of labour pathways in the UK National Health Service to provide insight into current practice.; Design: National survey.; Setting: Hospital maternity services in all four nations of the UK.; Sample: Convenience sample of 71 UK maternity units.; Methods: An online cross-sectional survey was disseminated and completed via a national network of obstetrics and gynaecology specialist trainees (October 2021-March 2022). Results were analysed descriptively, with associations explored using Fisher's Exact and ANOVA.; Main Outcome Measures: Induction rates, criteria, processes, delays, incidents, safety concerns.; Results: 54/71 units responded (76%, 35% of UK units). Induction rate range 19.2%-53.4%, median 36.3%. 72% (39/54) had agreed induction criteria: these varied widely and were not all in national guidance. Multidisciplinary booking decision-making was not reported by 38/54 (70%). Delays reported 'often/always' in hospital admission for induction (19%, 10/54) and Delivery Suite transfer once induction in progress (63%, 34/54). Staffing was frequently reported cause of delay (76%, 41/54 'often/always'). Delays triggered incident reports in 36/54 (67%) and resulted in harm in 3/54 (6%). Induction was an area of concern (44%, 24/54); 61% (33/54) reported induction-focused quality improvement work.; Conclusions: There is substantial variation in induction rates, processes and policies across UK maternity services. Delays appear to be common and are a cause of safety concerns. With induction rates likely to increase, improved guidance and pathways are critically needed to improve safety and experience of care.; Competing Interests: The authors have declared that no competing interests exist. (Copyright: © 2024 Taylor et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.)

20. Implementing the Braden QD scale in the neonatal intensive care unit population

Authors: Vazquez, Marilyn and Bell, Tia

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Journal: Journal of Neonatal Nursing 30(2), pp. 176-180

Abstract: Newborns are at risk for skin injuries within two days of admission to a neonatal intensive care unit (NICU). A skin risk assessment tool identifies patients at risk for skin injuries. A quality

improvement project aimed to implement the Braden QD (BQD) as the standard of care. The outcome measures included a BQD documented within 12 hours of admission, subsequent BQD documentation every 12 hours, and implementation of nursing education and training on using the BQD with a target to train at least 80% of the nursing staff. During staff meetings, nurses were trained to utilize the BQD. A retrospective chart review was used to collect data. A retrospective chart review conducted for 27 days post-implementation demonstrated that 80% of neonates had a BQD within 12 hours of admission, 82.19% of neonates had a BQD every 12 hours, and 83% of the staff completed the training. The BQD was implemented as a new standard of care.

21. Sleep problems during early and late infancy: Diverse impacts on child development trajectories across multiple domains

Authors: Wang, Szu-Hua;Lin, Kuang-Lin;Chen, Chia-Ling;Chiou, Hawjeng;Chang, Chien-Ju;Chen, Po-Hsi;Wu, Ching-Yi and Lin, Keh-Chung

Publication Date: 2024

Journal: Sleep Medicine 115, pp. 177-186

Abstract: Objective: Child developmental rate holds predictive value for early-stage developmental trajectories, yet few studies explored how sleep problems during different infancy stages impact this rate. This study aims to investigate the correlation between sleep problems and child developmental trajectories.; Methods: This study utilized a prospective national cohort of 5006 children in Taiwan. The developmental inventories covering motor, cognitive, language, and socioemotional domains were collected through questionnaire-based in-person home interviews conducted at 3, 12, 24, and 36 months. Sleep problems data, encompassing bedtime regularity, sleep duration, and sleep quality, were collected at 3 and 12 months. Child developmental rate was assessed by analyzing the slope of developmental ability estimates over a period of time.; Results: Bedtime regularity and high-quality sleep at 3 and 12 months were found to be significantly associated with intercepts across all domains (estimate = -0.196~-0.233, $p < 0.033$). Children with high-quality sleep at 3 months showed enhanced developmental slopes in socioemotional domains (estimate = 0.032, $p < 0.001$). Atypical sleep duration at 3 and 12 months had differential detrimental association with child development in various domains (estimate = -0.108~-0.016, $p < 0.048$).; Conclusion: The relationship between sleep problems and child development exhibited variability based on the timing of exposure to these issues. Early exposure to low-quality sleep was significantly related to developmental functions and socioemotional developmental rate, potentially leading to increased developmental disparities as children age. Inadequate sleep duration in late infancy and excessive sleep duration in early infancy were both negatively associated with child development trajectories. Policymakers can use these findings to design targeted sleep programs for optimal child development.; Competing Interests: Declaration of competing interest All authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 The Authors. Published by Elsevier B.V. All rights reserved.)

22. Integrated Care for Persons With Persistent Gynecologic Conditions

Authors: Witzeman, Kathryn A.;Lieberman, Alison;Beckman, Elizabeth Joy;Ross, Kaitlin V. and Coons, Helen L.

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Journal: Clinical Obstetrics and Gynecology 67(1), pp. 247-261

Abstract: Persons with persistent gynecologic conditions frequently cope with complex biopsychosocial challenges and benefit from integrated behavioral health evaluation and treatment within gynecologic practices. Integrated care refers to the provision of behavioral health services within a health care setting which contributes to improved patient, provider, and practice outcomes, however,

has not been commonly provided in traditional gynecologic practices. Several models of integrated behavioral health are reviewed. Each model holds specific applications in primary and specialty gynecology settings and may enhance the gynecologic patient experience. This article reviews current research supporting integrated care and describes implementation, funding, and evaluation to improve patient outcomes. (Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.)

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