Women and Children’s Current Awareness Bulletin
March 2018

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Title: A fathers’ group in NICU: Recognising and responding to paternal stress, utilising peer support.

Citation: Journal of Neonatal Nursing; Dec 2017; vol. 23 (no. 6); p. 294-298
Author(s): Thomson-Salo, Frances; Kuschel, Carl A.; Kamlin, Omar F.; Cuzzilla, Rocco

Abstract: This clinical communication aims to describe successful program development of a weekly group for fathers of infants in the 60-bed tertiary Newborn Intensive Care unit of the Royal Women's Hospital, Melbourne, Australia, established in 2013 to address considerable paternal stress in the perinatal period. The Group's structure and functioning is described: it is open to all fathers with an infant in the unit and co-facilitated by neonatologists and an embedded psychologist who is an infant mental health clinician. Five themes are described including the predominant theme of the traumatic aspects of the birth and subsequent difficulties in parenting and bonding associated with in-patient admission. Most fathers give immediate positive feedback about the peer support gained from this Group, as do other clinical staff.

Title: Effect of a children's at-home nursing team on reducing emergency admissions.

Citation: Nursing Children & Young People; Dec 2017; vol. 29 (no. 10); p. 31-37
Author(s): Farnham, Laura; Harwood, Hannah; Robertson, Meredith

Abstract: This article explores the effect of a children's at-home nursing team, Hospital at Home (H@H), which aimed to reduce demand on acute hospital beds, support families to improve patient experience, and empower parents to care safely for their unwell children and help prevent emergency department (ED) reattendance. Data on demographics and clinical presentation of H@H and ED attendances were collected and compared. A survey measuring parents' confidence in managing their unwell children was also conducted. Of 72 patients treated by the H@H service between May and July 2016, 32 (44%) would have been admitted to hospital from the ED if the H@H service had not existed. This is equivalent to a saving of 64 bed days. Patients treated by the H@H service had similar demographics to those discharged from the ED to usual care. The H@H service took on patients with higher Bedside Paediatric Early Warning System scores before discharge. Parents reported that they would be more confident caring for their children after discharge from the H@H service. The H@H service decreased the number of unnecessary ED admissions. The service promotes a positive patient experience and increases parents' confidence when caring for unwell children at home.

Title: Community health workers’ experiences of using video teaching tools during home visits—A pilot study.

Citation: Health & Social Care in the Community; Mar 2018; vol. 26 (no. 2); p. 167-175
Author(s): Coetzee, Bronwyné; Kohrman, Hannah; Tomlinson, Mark; Mbewu, Nokwanele; Le Roux, Ingrid; Adam, Maya

Abstract: Innovations in health, such as the use of tablet computers, show promise in broadening the scope of work of community health workers (CHWs), and play an important role in keeping CHWs and their clients up to date with advancements in health. While the use of mobile phones and tablets is innovative, the applicability of these technologies in
different contexts remains poorly understood. Furthermore, little is known about the acceptability and feasibility of the use of video teaching tools on such devices across diverse contexts. In this study, we aimed to explore the acceptability and feasibility of using tablets with teaching videos (about HIV, alcohol, nutrition and breastfeeding) to support the health promotion efforts of 24 CHWs who work with pregnant mothers and mothers of young children in an urban township in South Africa. Between November 2015 and May 2016, we conducted focus groups and identified four key themes (with several sub-themes) that demonstrated factors related to the acceptability and feasibility of these devices and their content. Focus group transcripts were analysed thematically using qualitative data analysis software. The findings indicated that while the devices contained several supportive features (such as lightening the workload, and stimulating interest in their work), they also contained several restrictive features (safety and confidentiality). CHWs considered the video content an important tool to engage not only their clients but also family members and the community at large. Issues surrounding safety, privacy and confidentiality of using these devices require careful consideration prior to implementation in large-scale studies. Furthermore, stigma associated with household visits by CHWs and the nature of their work also need to be addressed by researchers and programme implementers. Overall, CHWs deemed the devices and the video content an acceptable and feasible means with which to provide health promotion and education among their clients.

Title: The role of fathers during breastfeeding.

Citation: Midwifery; Mar 2018; vol. 58 ; p. 6-12

Author(s): deMontigny, Francine; Gervais, Christine; Larivièreme-Bastien, Danaë; St-Arneault, Kate

Objective: identify fathers’ perceptions of their role in a breastfeeding context.

Setting: three different geographic areas (urban, semi-urban, and rural) of Quebec, a francophone province in Canada.

Participants: 43 fathers whose children had been exclusively breastfed for a minimum of six months.

Methods: a qualitative study using semi-structured interviews was undertaken. Thematic analysis of the interviews was carried out with NVivo 11.

Findings: variations were identified in the role of father during breastfeeding, namely, 1) acting as partners in decision-making; 2) being responsible for the family functioning, and 3) providing emotional support to the mother. These different variants each entail challenges and tasks.

Key conclusions: participating fathers perceived their role as much more complex than the limited role of breastfeeding facilitator that is usually attributed to them. Fathers saw themselves as stakeholders in decision-making relating to how their child was fed and they reacted to the imbalance created by breastfeeding. Their involvement occurred at several levels: that of their child, their spouse, and their family.

Implications for practice: these results suggest that more attention should be given to fathers’ roles in a breastfeeding context and more investigation is required into the extent to which health professionals, such as midwives and nurses, support fathers in managing these various roles and the challenges they entail.
Title: A feasibility study of a multidimensional breastfeeding-support intervention in Ireland.

Citation: Midwifery; Mar 2018; vol. 58 ; p. 86-92

Author(s): Alberdi, Goiuri; O'Sullivan, Elizabeth J.; Scully, Helena; Kelly, Niamh; Kincaid, Regina; Murtagh, Rosie; Murray, Stephanie; McGuinness, Denise; Clive, Ashamole; Brosnan, Mary; Sheehy, Lucille; Dunn, Elizabeth; McAuliffe, Fionnuala M.

Background: Breastfeeding is the optimum mode of infant feeding. Despite this, most global populations do not achieve the World Health Organisation's recommendation of exclusive breast milk for the first 6 months of life. Irish breastfeeding rates are among the lowest in Europe, necessitating a well-designed breastfeeding-support intervention.

Aim: To evaluate the feasibility and acceptability of a multidimensional breastfeeding intervention in a rural and an urban maternity setting in Ireland.

Design: A feasibility study of a breastfeeding-support intervention. Setting Participants were recruited from The National Maternity Hospital (Dublin, urban) and Wexford General Hospital (Wexford, rural). Questionnaires were completed antenatally, at 6 weeks postpartum and at 3 months postpartum to assess acceptability of the intervention and determine breastfeeding status.

Participants: Pregnant women were recruited in the 3rd trimester, alongside a support partner. Intervention The intervention consisted of an antenatal class (including the physiology and practical approaches to breastfeeding), a one-to-one breastfeeding consultation with a lactation consultant after birth, access to a breastfeeding helpline, online resources, and a postnatal breastfeeding support group which included a one-to-one consultation with the lactation consultant.

Results: One hundred women from The National Maternity Hospital, Dublin and 27 women from Wexford General Hospital were recruited. The antenatal class was attended by 77 women in Dublin and 23 in Wexford; thus, 100 women participated in the intervention. Seventy-six women had a one-to-one postnatal consultation with a lactation consultant in Dublin and 23 in Wexford. Fifty and 45 women in Dublin, and 15 and 15 in Wexford responded to the 6-week and 3-month questionnaires, respectively. At 3 months postpartum, 70% of respondents from Dublin and 60% from Wexford were breastfeeding. Mothers perceived the one-to-one consultation with the lactation consultant during postnatal hospitalization as the most helpful part of the intervention. Inclusion of a support partner was universally viewed positively as a means to support the mother's decision to initiate and continue breastfeeding.

Conclusion: This multidimensional intervention is well-accepted and feasible to carry out within an Irish cohort, in both urban and rural areas. Data from this feasibility study will be used to design a randomized controlled trial of a breastfeeding-support intervention.

Title: Effect of a Quality Improvement Project to REDUCE NOISE IN A PEDIATRIC UNIT.

Citation: MCN: The American Journal of Maternal Child Nursing; Mar 2018; vol. 43 (no. 2); p. 83-88

Author(s): Soubra, Maher; Harb, Yara Abou; Hatoum, Sara; Yazbeck, Nadine; Khoury, Mirna; Mansour, Elie Bou; Badr, Lina Kurdahi

Purpose: Noise levels remain high in clinical settings, which may result in stress and sleep disruption, and can lead to immunosuppression, delayed healing, confusion, disorientation,
delusions, and increased length of hospital stay. The purpose of this quality improvement project was to assess effects of a multidisciplinary noise reduction program on a pediatric unit in an acute care hospital in a developing country.

**Methods:** A quality improvement project was carried out over 15 months in a pediatric unit. A three-phase study was conducted where the first phase included obtaining patient satisfaction ratings and recording sound levels, the second phase included implementing a noise reduction program and designing a noise detector machine, and the third phase included obtaining patient satisfaction data and recording noise levels over a 1-year period.

**Results:** There was a significant decrease in noise of 8 A-weighted decibels when comparing the values before and after implementing the quality improvement project at $t = 6.44$, $p$.

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**Title:** The Contribution of Neonatal Jaundice to Global Child Mortality: Findings From the GBD 2016 Study.

**Citation:** Pediatrics; Feb 2018; vol. 141 (no. 2); p. 1-3

**Author(s):** Olusanya, Bolajoko O.; Teeple, Stephanie; Kassebaum, Nicholas J.

**Abstract:** The article reports on global burden of disease 2016 study on the contribution of neonatal jaundice to global child mortality. Topics covered include the estimated number of late-preterm and term neonates affected by extreme hyperbilirubinemia annually, the prevailing United Nations’ Sustainable Development Goals until 2030, and the main drivers of bilirubin-induced mortality.

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**Title:** Blood Sampling in Newborns: A Systematic Review of YouTube Videos.

**Citation:** Journal of Perinatal & Neonatal Nursing; Apr 2017; vol. 31 (no. 2); p. 160-165

**Author(s):** Bueno, Mariana; Tihemi Nishi, Erika; Costa, Taine; Machado Freire, Lais; Harrison, Denise

**Abstract:** The objective of this study was to conduct a systematic review of YouTube videos showing neonatal blood sampling, and to evaluate pain management and comforting interventions used. Selected videos were consumer- or professional-produced videos showing human newborns undergoing heel lancing or venipuncture for blood sampling, videos showing the entire blood sampling procedure (from the first attempt or puncture to the time of application of a cotton ball or bandage), publication date prior to October 2014, Portuguese titles, available audio. Search terms included "neonate," "newborn," "neonatal screening," and "blood collection." Two reviewers independently screened the videos and extracted the following data. A total of 13 140 videos were retrieved, of which 1354 were further evaluated, and 68 were included. Videos were mostly consumer produced (97%). Heel lancing was performed in 62 (91%). Forty-nine infants (72%) were held by an adult during the procedure. Median pain score immediately after puncture was 4 (interquartile range [IQR] = 0-5), and median length of cry throughout the procedure was 61 seconds (IQR = 88). Breastfeeding (3%) and swaddling (1.5%) were rarely implemented. Posted YouTube videos in Portuguese of newborns undergoing blood collection demonstrate minimal use of pain treatment, and maximal distress during procedures. Knowledge translation strategies are needed to implement effective measures for neonatal pain relief and comfort.
Title: Pain Management During Newborn Screening: Using YouTube to Disseminate Effective Pain Management Strategies.

Citation: Journal of Perinatal & Neonatal Nursing; Apr 2017; vol. 31 (no. 2); p. 172-177

Author(s): Harrison, Denise; Reszel, Jessica; Dagg, Bill; Aubertin, Cheryl; Bueno, Mariana; Dunn, Sandra; Fuller, Ann; Harrold, JoAnn; Larocque, Catherine; Nicholls, Stuart; Sampson, Margaret

Abstract: To assess the reach, acceptability, and effect of the BSweet2Babies video showing breast-feeding, skin-to-skin care, and sucrose during blood sampling on intention to recommend the video or advocate for use of the interventions. In July 2014, the video and an electronic survey were produced and posted. After 1 year, the online viewer survey responses and YouTube analytics were analyzed. One year after posting, the BSweet2Babies video had 10 879 views from 125 countries and 187 (1.7%) viewers completed the survey. Most respondents were aware of the analgesic effects of breast-feeding, skin-to-skin care, and sucrose. Nearly all respondents (n = 158, 92%) found the BSweet2Babies video to be a helpful resource and 146 (84%) answered that they would recommend the video to others. After viewing the video, 183 (98%) respondents answered that they would advocate for 1 or more of the interventions. The BSweet2Babies video showing effective pain treatment during blood sampling had a large reach but a very small response rate for the survey. Therefore, analysis of acceptability and effect on intention to recommend the video and advocate for the interventions depicted are limited. Further research is warranted to explore how to best evaluate videos delivered through social media and to determine the effect of the video to promote knowledge translation into clinical practice.

Title: Unbound bilirubin measurements by a novel probe in preterm infants.

Citation: The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Mar 2018 ; p. 1-6

Author(s): Hegyi, Thomas; Kleinfeld, Alan; Huber, Andrew; Weinberger, Barry; Memon, Naureen; Shih, Weichung; Carayannopoulos, Mary; Oh, William

Background: Hyperbilirubinemia occurs in over 80% of newborns and severe bilirubin toxicity can lead to neurological dysfunction and death, especially in preterm infants. Currently, the risk of bilirubin toxicity is assessed by measuring the levels of total serum bilirubin (TSB), which are used to direct treatments including immunoglobulin administration, phototherapy, and exchange transfusion. However, free, unbound bilirubin levels (Bf) predict the risk of bilirubin neurotoxicity more accurately than TSB.

Objective: To examine Bf levels in preterm infants and determine the frequency with which they exceed reported neurotoxic thresholds.

Methods: One hundred thirty preterm infants (BW 500-2000 g; GA 23-34 weeks) were enrolled and Bf levels measured during the first week of life by the fluorescent Bf sensor BL22P1811-Rh. TSB and plasma albumin were measured by standard techniques. Bilirubin-albumin dissociation constants (Kd) were calculated based on Bf and plasma albumin.

Results: Five hundred eighty samples were measured during the first week of life, with an overall mean Bf of 13.6 ± 9.0 nM. A substantial number of measurements exceeded potential toxic thresholds levels as reported in the literature. The correlation between Bf and TSB was statistically significant (r² 0.17), but this weak relationship was lost at high Bf levels. Infants
Sources Used:
The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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