Women and Children’s Current Awareness Bulletin
September 2020

A number of other bulletins are also available – please contact the Academy Library for further details.

If you would like to receive these bulletins on a regular basis please contact the library.

If you would like any of the full references we will source them for you.

Contact us: Academy Library 824897/98
Email: ruh-tr.library@nhs.net
Babies in lockdown: listening to parents to build back better

This report from Best Beginnings, together with Home-Start UK and the Parent-Infant Foundation, reveals the disproportionate impact of Covid-19 and subsequent measures on those pregnant, giving birth or at home with a baby or toddler. For generations, no other group of parents has had to navigate pregnancy, birth and beyond under such extraordinary circumstances.

Rapid report: learning from SARS-CoV-2-related and associated maternal deaths in the UK

This rapid report aims to identify lessons learnt to guide future care and pathway changes in the context of infection transmission and the need for public health and NHS service measures to prevent infection. Please note that free registration is required to access this document.

Covid-19 and the female health and care workforce

The HCWLN commissioned a survey to better understand the impact the pandemic has had on women working across health and care services. More than 1,300 women responded, and this report (plus an accompanying slide deck) explains the findings. It describes the struggles, pains and fears women working in health and care services have faced during the pandemic. The physical and emotional impact due to caring responsibilities both in and outside of work are significant. It also draws out some of the positive experiences, such as opportunities for learning and the strength of support many have received from their managers.

No child left behind: a public health informed approach to improving outcomes for vulnerable children

A public health informed approach looks at the factors for individual children, their families and the communities in which they live that make it more or less likely that vulnerability and adversity in childhood has a lasting impact on their lives. This holistic, multi-agency approach addresses inequality and the broader causes of vulnerability that might otherwise be overlooked.

Title: Childhood adversity and death of young adults in an affluent society

Citation: The Lancet; Aug 2020; vol. 396 (no. 10249); p. 449
Author(s): Dunne, Michael P; Meinck, Franziska

Abstract: In the 1958 British National Child Development Study, multiple childhood adversities increased the risk of death before age 51 years by 80% for women and 57% for men.2 Meta-analysis of studies mainly done in North America and Europe have shown probable pathways to early death from a wide range of physical and mental disorders and behavioural risk factors.3,4 While compelling, such evidence has some caveats, because research into sensitive problems in childhood is beset with methodological error and biases.5,6 Mikkel Ostergaard/Panos Pictures In a major advance to the field and reported in
The Lancet, Naja Rod and colleagues present a population study in Denmark that appears remarkably free of selection, attrition, and self-report biases. Linking data from various population registries for individuals across multiple timepoints, Rod and colleagues examined the trajectories of children exposed to three distinct dimensions of childhood adversities: poverty and material deprivation, loss or threat of loss within the family, and aspects of family dynamics such as maternal separation or living with parents or siblings who have psychiatric illness. Injury is a leading cause of death for young Europeans and, in Denmark, early adversity appears to substantially increase the underlying risk, with a 4 times higher rate of injury-related death among those with multiple adversities.

Title: Resettling into a new life: Exploring aspects of acculturation that could enhance the mental health of young refugees resettled under the humanitarian programme.

Citation: International journal of mental health nursing; Aug 2020
Author(s): Mulongo, Peggy; McAndrew, Sue; Ayodeji, Eunice

Abstract: Globally, the exodus of individuals who have been forced to flee their home and seek refuge in countries of safety has led to a refugee crisis. The United Kingdom (UK) has engaged with the United Nations High Commissioner for Refugees (UNHCR) in playing a significant role in the long-term resettlement of refugees, half of whom are children and young people. One initiative of such humanitarian resettlement is the Gateway Protection Programme (GPP). To date, there is a dearth of studies investigating aspects of acculturation that affect the mental health of young refugees resettled under the UNHCR humanitarian programme. This study aimed to explore aspects of acculturation that could enhance the mental health of GPP young refugees several years after resettlement. Using narrative research, a purposive sample of 31 GPP young refugees, who had a minimum of three-year stay in the UK, were recruited from local refugee community organizations. Data were collected through a multi-method design combining focus group discussions (FGDs) with visual arts-based narrative research (VABNR) and analysed thematically. Three overarching themes emerged: People and places; Its nearly all new to me; and Finding self. This study contributes important knowledge regarding the mental well-being of young people who have engaged in a resettlement programme and offers valuable information for policymakers and mental health professionals working with GPP young refugees.

Title: Quality and capacity indicators for hospitalized pediatric oncology patients with critical illness: A modified delphi consensus.

Citation: Cancer medicine; Aug 2020
Author(s): Arias, Anita V; Garza, Marcela; Murthy, Srinivas; Cardenas, Adolfo; Diaz, Franco; Montalvo, Erika; Nielsen, Katie R; Kortz, Teresa; Sharara-Chami, Rana; Friedrich, Paola; McArthur, Jennifer; Agulnik, Asya

Background: Hospitalized pediatric hematology-oncology (PHO) patients are at high risk for critical illness, especially in resource-limited settings. Unfortunately, there are no established quality indicators to guide institutional improvement for these patients. The objective of this study was to identify quality indicators to include in PROACTIVE (Pediat Ric Oncology cApaCity assessment Tool for IntensiVe care), an assessment tool to evaluate the capacity and quality of pediatric critical care services offered to PHO patients.

Methods: A comprehensive literature review identified relevant indicators in the areas of structure, performance, and outcomes. An international focus group sorted potential
indicators using the framework of domains and subdomains. A modified, three-round Delphi was conducted among 36 international experts with diverse experience in PHO and critical care in high-resource and resource-limited settings. Quality indicators were ranked on relevance and actionability via electronically distributed surveys.

**Results:** PROACTIVE contains 119 indicators among eight domains and 22 subdomains, with high-median importance (≥7) in both relevance and actionability, and ≥80% evaluator agreement. The top five indicators were: (a) A designated PICU area; (b) Availability of a pediatric intensivist; (c) A PHO physician as part of the primary team caring for critically ill PHO patients; (d) Trained nursing staff in pediatric critical care; and (e) Timely PICU transfer of hospitalized PHO patients requiring escalation of care.

**Conclusions:** PROACTIVE is a consensus-derived tool to assess the capacity and quality of pediatric onco-critical care in resource-limited settings. Future endeavors include validation of PROACTIVE by correlating the proposed indicators to clinical outcomes and its implementation to identify service delivery gaps amenable to improvement.

**Title:** Supporting the Mental Health of Parents and Children During and After Coronavirus.

**Citation:** Journal of developmental and behavioral pediatrics : JDBP; Aug 2020

**Author(s):** Racine, Nicole; Birken, Catherine; Madigan, Sheri

**Title:** Multidisciplinary Guidance Regarding the Use of Immunomodulatory Therapies for Acute COVID-19 in Pediatric Patients.

**Citation:** Journal of the Pediatric Infectious Diseases Society; Aug 2020

**Author(s):** Dulek, Daniel E; Fuhlbrigge, Robert C; Tribble, Alison C; Connelly, James A; Loi, Michele M; El Chebib, Hassan; Chandrakasan, Shanmuganathan; Otto, William R; Diorio, Caroline; Keim, Garrett; Walkovich, Kelly; Jaggi, Preeti; Girotto, Jennifer E; Yarbrough, April; Behrens, Edward M; Cron, Randy Q; Bassiri, Hamid

**Background:** Immune-mediated lung injury and systemic hyperinflammation are characteristic of severe and critical coronavirus disease 2019 (COVID-19) in adults. Although the majority of SARS-CoV-2 infections in pediatric populations result in minimal or mild COVID-19 in the acute phase of infection, a small subset of children develop severe and even critical disease in this phase with concomitant inflammation that may benefit from immunomodulation. Therefore, guidance is needed regarding immunomodulatory therapies in the setting of acute pediatric COVID-19. This document does not provide guidance regarding the recently emergent multisystem inflammatory syndrome in children (MIS-C).

**Methods:** A multidisciplinary panel of pediatric subspecialty physicians and pharmacists with expertise in infectious diseases, rheumatology, hematology/oncology, and critical care medicine was convened. Guidance statements were developed based on best available evidence and expert opinion.

**Results:** The panel devised a framework for considering the use of immunomodulatory therapy based on an assessment of clinical disease severity and degree of multi-organ involvement combined with evidence of hyperinflammation. Additionally, the known rationale for consideration of each immunomodulatory approach and the associated risks and benefits was summarized.

**Conclusions:** Immunomodulatory therapy is not recommended for the majority of pediatric patients, who typically develop mild or moderate COVID-19. For children with severe or critical illness, the use of immunomodulatory agents may be beneficial. The risks and
benefits of such therapies are variable and should be evaluated on a case-by-case basis with input from appropriate specialty services. When available, the panel strongly favors immunomodulatory agent use within the context of clinical trials. The framework presented herein offers an approach to decision-making regarding immunomodulatory therapy for severe or critical pediatric COVID-19 and is informed by currently available data, while awaiting results of placebo-controlled randomized clinical trials.

Title: Fabricated or induced illness: From "Munchausen by proxy" to child and family-oriented action.

Citation: Child abuse & neglect; Aug 2020; vol. 108 ; p. 104649
Author(s): Glaser, Danya

Background: In fabricated or induced illness (FII), a child is harmed due to caregiver(s) behaviour and actions, carried out to convince mainly doctors that the child's physical and/or psychological health is more impaired than in reality. Harm is caused directly by the caregivers(s) and also often inadvertently by doctors' responses.

Objectives: To describe: dynamics underlying FII; wider definition of FII; alerting signs for early recognition of possible FII; respective responsibilities of health, social care, education.

Methods: Literature review, clinical experience, expert opinion.

Results and Conclusions: Caregivers are motivated by gain from having their child treated as ill, and/or by erroneous beliefs about their child's health, either way needing medical confirmation about their contentions. Their behaviour is therefore directed primarily towards doctors. Most cases of FII present unexplained discrepancies between caregiver reports/actions and independent observations of the child. More rarely, the child has actual signs of illness, induced by the caregiver, occasionally fatal. Children are harmed in all aspects of life: health, daily functioning including education, and psychologically. Harm emanates directly from the caregiver(s) but also unintentionally from medical responses. Illness induction and clear deception by the caregiver require immediate child protection. Otherwise, the initial focus is on assessing the child's current health and functioning rather than caregiver's mental health. If, beyond verified illness, there is no medical explanation for the child's reported ill-health, the family require help to function better. This requires co-ordinated, multidisciplinary rehabilitation and long-term monitoring. If caregivers refuse rehabilitation, child protection is required. Several unanswered questions remain.

Title: Association between health indicators of maternal adversity and the rate of infant entry to local authority care in England: a longitudinal ecological study.

Citation: BMJ open; Aug 2020; vol. 10 (no. 8); p. e036564
Author(s): Pearson, Rachel Jane; Jay, Matthew Alexander; Wijlaars, Linda Petronella Martina Maria; De Stavola, Bianca; Syed, Shabeer; Bedston, Stuart John; Gilbert, Ruth

Objective: Infants enter care at varying rates across local authorities (LAs) in England, but evidence is lacking on what is driving these differences. With this ecological study, we aimed to explore the extent to which adversity indicated within women's hospitalisation histories, predelivery, explained the rate of infant entry into care.

Methods: We used two longitudinal person-level data sets on hospitalisations and entries to care to create annual measures for 131 English LAs, between 2006/2007 and 2013/2014 (April-March). We combined these measures by LA and financial year, along with other
publicly available data on LA characteristics. We used linear mixed-effects models to analyse the relationship between the outcome-LA-specific rate of infant entry into care (per 10 000 infants in the LA population) - and LA-specific percentage of live births with maternal history of adversity-related hospital admissions (ie, substance misuse, mental health problems or violence-related admissions in the 3 years before delivery), adjusted for other predictors of entry into care.

**Results:** Rate of infant entry into care (mean: 85.16 per 10 000, SD: 41.07) and percentage of live births with maternal history of adversity-related hospital admissions (4.62%, 2.44%) varied greatly by LA. The prevalence of maternal adversity accounted for 24% of the variation in rate of entry (95% CI 14% to 35%). After adjustment, a percentage point increase in prevalence of maternal adversity-both within and between LA-was associated with an estimated 2.56 (per 10 000) more infants entering care (1.31-3.82).

**Conclusions:** The prevalence of maternal adversity before birth helped to explain the variation in LA rates of infant entry into care. Preventive interventions are needed to improve maternal well-being before and during pregnancy, and potentially reduce risk of child maltreatment and therefore entries to care. Evidence on who to target and data to evaluate change require linkage between parent-child healthcare data and administrative data from children's social care.

**Title:** Exploring the impacts of mindfulness and yoga upon childbirth outcomes and maternal health: an integrative review

**Citation:** Scandinavian Journal of Caring Sciences; Sep 2020; vol. 34 (no. 3); p. 552

**Author(s):** Van der Riet, Pamela; Francis, Lyn; Rees, Angela

**Background:** Foetal development and the long-term outcomes of the infant are influenced by the intrauterine environment. Strategies to enhance maternal health in pregnancy are needed to improve health outcomes for childbearing women and babies, advancing the well-being of our general population.

**Aim:** To synthesise the existing literature to determine the impacts of mindfulness and yoga practice upon birth outcomes and maternal health.

**Methods:** An integrative literature review using Whittemore and Knaff's framework was undertaken in 2016–2017. Two search strategies included database peer-reviewed journal articles and ancestry searching, that is exploring the reference list of relevant research articles. After screening and checking the eligibility, a total of 12 articles were included in this review. Data analysis involved coding, visual displays, thematic analysis and comparison, and conclusion drawing.

**Results:** The results of this review identified a broad theme that mindfulness and yoga practice is associated with improved maternal mental health antenatally and postnatally. Subthemes have been presented under the central theme including the following: increased mindfulness correlates with decreased fear of childbirth; reduced symptoms of anxiety and depression; and supportive group settings found to be beneficial by pregnant women.

**Conclusion:** The evidence presented in this review suggests that mindfulness and yoga practice are feasible and cost-effective interventions to enhance maternal mental health, particularly for women experiencing mental health challenges. Mindfulness and yoga practiced regularly in the antenatal period can significantly promote the health of pregnant women and potentially their developing babies.
Title: A critical interpretive synthesis of the intersection of domestic violence with parental issues of mental health and substance misuse

Citation: Health & Social Care in the Community; Sep 2020; vol. 28 (no. 5); p. 1394
Author(s): Isobe, Jasmin; Healey, Lucy; Humphreys, Cathy

Abstract: A critical interpretive synthesis (CIS) methodology was used with the aim of informing practice with children and families when domestic and family violence (DFV) and parental issues relating to alcohol and other drugs (AOD) and mental health (MH) are also present. A CIS is grounded in the literature, but includes questioning of the literature in order to problematise gaps, contradictions and constructions of issues. A review of the literature from 2010 to 2018 was conducted with the structured search strategy identifying 40 relevant research articles. Synthesis and critique of these articles revealed three mutually informative themes through which to understand the literature and how it can inform practice. They were as follows: differences in theoretical approaches and client focus; complexity of system's collaboration; and practices converging on mothers. Taken together, these themes facilitated the development of the synthesising construct: strengthening intersection between DFV, AOD and MH sectors. Attention to practice at multiple levels that responds to the dynamics of gender and the differing impacts of violence was often lacking, particularly in the context of heightened child protection concerns where collaboration between sectors is needed. Both promising and problematic practices relating to gender dynamics and accountability converged on mothers. While there were exceptions, generally, there was an absence of engagement with, and recognition of, the impacts of fathers' patterns of using violence and control on adult and child survivors. Promising practice related to the strengthening of the mother–child relationship and attention to MH and its intersection with domestic violence. Strengthening the intersections between DFV, AOD and MH practices with attention to keeping the perpetrator of violence in view is critical to overcoming the poor practice that can occur when sectors are siloed from each other.

Title: Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations.

Citation: Psychiatry research; Aug 2020; vol. 293 ; p. 113429
Author(s): Singh, Shweta; Roy, Deblina; Sinha, Krittika; Parveen, Sheeba; Sharma, Ginni; Joshi, Gunjan

Background: COVID-19 pandemic and lockdown has brought about a sense of fear and anxiety around the globe. This phenomenon has led to short term as well as long term psychosocial and mental health implications for children and adolescents. The quality and magnitude of impact on minors is determined by many vulnerability factors like developmental age, educational status, pre-existing mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection.

Aims: This paper is aimed at narratively reviewing various articles related to mental-health aspects of children and adolescents impacted by COVID-19 pandemic and enforcement of nationwide or regional lockdowns to prevent further spread of infection.

Methodology: We conducted a review and collected articles and advisories on mental health aspects of children and adolescents during the COVID-19 pandemic. We selected articles and thematically organized them. We put up their major findings under the thematic areas of impact on young children, school and college going students, children and adolescents with mental health challenges, economically underprivileged children, impact
due to quarantine and separation from parents and the advisories of international organizations. We have also provided recommendations to the above.

**Conclusion:** There is a pressing need for planning longitudinal and developmental studies, and implementing evidence based elaborative plan of action to cater to the psycho social and mental health needs of the vulnerable children and adolescents during pandemic as well as post pandemic. There is a need to ameliorate children and adolescents’ access to mental health support services geared towards providing measures for developing healthy coping mechanisms during the current crisis. For this innovative child and adolescent mental health policies with direct and digital collaborative networks of psychiatrists, psychologists, paediatricians, and community volunteers are deemed necessary.

**Title:** Are the Anxiety Levels of Pediatric Hematology-Oncology Patients Different From Healthy Peers During the COVID-19 Outbreak?

**Citation:** Journal of pediatric hematology/oncology; Aug 2020  
**Author(s):** Cakiroglu, Suleyman; Yeltekin, Ceren; Fisgin, Tunc; Oner, Ozlem B; Aksoy, Basak A; Bozkurt, Ceyhun

**Abstract:** The COVID-19 outbreak has caused anxiety among children with hematology-oncology disease and their families, as it has in every segment of society. In this study, we aimed to detect the anxiety levels of children with hematologic or oncologic disease and of their parents after the COVID-19 outbreak. The sample consisted of 15 patients aged 12 to 18 years receiving treatment in the Pediatric Hematology and Oncology Unit in Altinbaş University Medical Faculty Bahçelievler Medikalpark Hospital and 33 parents of the same unit patients aged between 6 and 18, and their 35 healthy peers and their parents. The State-Trait Anxiety Inventory was applied to participant children and their parents to evaluate their general anxiety and pandemic-related anxiety levels. Children with a hematology-oncology disease and their families were compared with healthy peers and their families. No significant difference was observed for pandemic-related anxiety levels (P>0.05). Both parent groups exhibited higher anxiety levels with regard to the pandemic than did their children (P<0.05). Children with hematology-oncology disease reported significantly higher trait anxiety levels when compared with healthy peers (P=0.01). The families of children who had not received stem cell transplantation had higher state and trait anxiety scores than the families of children who had received the transplantation (P<0.05). Even though they were in the high-risk group, children with a hematology-oncology disease and their families had pandemic-related anxiety levels comparable to those of healthy peers and their families.

**Title:** Communication in Pediatric Oncology: A Qualitative Study.

**Citation:** Pediatrics; Sep 2020; vol. 146 (no. 3)  
**Author(s):** Sisk, Bryan A; Friedrich, Annie; Blazin, Lindsay J; Baker, Justin N; Mack, Jennifer W; DuBois, James

**Background:** When children are seriously ill, parents rely on communication with their clinicians. However, in previous research, researchers have not defined how this communication should function in pediatric oncology. We aimed to identify these communication functions from parental perspectives.

**Methods:** Semistructured interviews with 78 parents of children with cancer from 3 academic medical centers at 1 of 3 time points: treatment, survivorship, or bereavement. We analyzed interview transcripts using inductive and deductive coding.
Results: We identified 8 distinct functions of communication in pediatric oncology. Six of these functions are similar to previous findings from adult oncology: (1) building relationships, (2) exchanging information, (3) enabling family self-management, (4) making decisions, (5) managing uncertainty, and (6) responding to emotions. We also identified 2 functions not previously described in the adult literature: (7) providing validation and (8) supporting hope. Supporting hope manifested as emphasizing the positives, avoiding false hopes, demonstrating the intent to cure, and redirecting toward hope beyond survival. Validation manifested as reinforcing "good parenting" beliefs, empowering parents as partners and advocates, and validating concerns. Although all functions seemed to interact, building relationships appeared to provide a relational context in which all other interpersonal communication occurred.

Conclusions: Parent interviews provided evidence for 8 distinct communication functions in pediatric oncology. Clinicians can use this framework to better understand and fulfill the communication needs of parents whose children have serious illness. Future work should be focused on measuring whether clinical teams are fulfilling these functions in various settings and developing interventions targeting these functions.

Title: Orthopaedic consultant surgeons perceptions of an advanced practice physiotherapy service in paediatrics: A qualitative study.

Citation: Musculoskeletal care; Sep 2020
Author(s): O Mir, Marie; Blake, Catherine; Cunningham, Caithriona; Fennelly, Orna; O'Sullivan, Cliona

Objectives: The objective of this study is to determine orthopaedic consultants' perceptions of an advanced practice physiotherapy (APP) service in paediatrics.

Design: This is a qualitative study that use semi-structured interviews to explore consultant doctors' experiences of an APP paediatric orthopaedic service and its development. Data were transcribed verbatim and subsequently underwent thematic analysis.

Participants: Five orthopaedic consultants in two hospital settings participated, and all of whom had experience of working with paediatric orthopaedic APPs.

Results: Seven themes were derived from the analysis, with all participants in the study identifying factors affecting the development of the service and demonstrating broad support for the APP role, with benefits noted as including improved efficiency of service, expansion of skill mix within the team, positive impressions of the standard of care and improved education and liaison with the families and community practitioners at large.

Conclusions: This paper highlights many of the factors that should be considered when introducing an APP service in an outpatient setting. This study demonstrates consistent cross-site positive regard in the skill and competency of the APP in paediatric orthopaedics, to enhance orthopaedic services for children.

Title: Where Have All the Fractures Gone? The Epidemiology of Pediatric Fractures During the COVID-19 Pandemic.

Citation: Journal of pediatric orthopedics; Sep 2020; vol. 40 (no. 8); p. 373-379
Author(s): Bram, Joshua T; Johnson, Mitchell A; Magee, Lacey C; Mehta, Nishank N; Fazal, Faris Z; Baldwin, Keith D; Riley, Jake; Shah, Apurva S
Background: During the COVID-19 pandemic, public health measures to encourage social distancing have been implemented, including cancellation of school and organized sports. A resulting change in pediatric fracture epidemiology is expected. This study examines the impact of the COVID-19 pandemic on fracture incidence and characteristics.

Methods: This is a retrospective cohort study comparing acute fractures presenting to a single level I pediatric trauma hospital during the COVID-19 pandemic with fractures during a prepandemic period at the same institution. The "pandemic" cohort was gathered from March 15 to April 15, 2020 and compared with a "prepandemic" cohort from the same time window in 2018 and 2019.

Results: In total, 1745 patients presenting with acute fractures were included. There was a significant decrease in the incidence of fractures presenting to our practice during the pandemic (22.5±9.1/d vs. 9.6±5.1/d, P<0.001). The presenting age for all fractures decreased during the pandemic (7.5±4.3 vs. 9.4±4.4 y, P<0.001) because of decreased fracture burden among adolescents. There were also a decrease in the number of fractures requiring surgery (2.2±1.8/d vs. 0.8±0.8/d, P<0.001). During the pandemic, there was an increase in the proportion of injuries occurring at home (57.8% vs. 32.5%, P<0.001) or on bicycles (18.3% vs. 8.2%, P<0.001), but a decrease in those related to sports (7.2% vs. 26.0%, P<0.001) or playgrounds (5.2% vs. 9.0%, P<0.001). There was no increase in time-to-presentation. Patients with distal radius torus fractures were more likely to receive a velcro splint during the pandemic (44.2% vs. 25.9%, P=0.010).

Conclusions: Pediatric fracture volume has decreased 2.5-fold during the COVID-19 pandemic, partially because of cessation of organized sports and decreased playground use. In endemic regions, lower trauma volume may allow redeployment of orthopaedic surgeons and staff to other clinical arenas. Given the rising proportion of bicycling injuries, an emphasis on basic safety precautions could improve public health. An observed increase in the prescription of velcro splints for distal radius fractures highlights an opportunity for simplified patient care during the pandemic.

Level Of Evidence: Level III.
< 0.001), and fewer patients being seen for consultation and followed up face to face (OR 0.55, RR 0.05, p < 0.001).

**Interpretation:** The impact of the COVID-19 pandemic has led to a decline in the number of acute paediatric trauma referrals, admissions, and operations during the COVID period. There has also been a significant change in the patient pathway with more being reviewed via the means of telemedicine to reduce the risk of COVID-19 transmission and exposure. More work is required to observe for similar trends nationwide and globally as the pandemic has permanently affected the entire healthcare infrastructure.

**Title:** Where did all the trauma go? A rapid review of the demands on orthopaedic services at a U.K. Major Trauma Centre during the COVID-19 pandemic.

**Citation:** International journal of clinical practice; Aug 2020 ; p. e13690

**Author(s):** Greenhalgh, Michael; Dupley, Leanne; Unsworth, Richard; Boden, Richard

**Aims:** This retrospective study aims to quantify the early impact of the COVID-19 pandemic on trauma and orthopaedic surgery at a Major Trauma Centre (MTC) in the United Kingdom. We hypothesise that the social restrictions placed on the public by the government will reduce the amount of trauma presentations and operations performed.

**Methods:** A database of all trauma patients at the MTC was retrospectively reviewed from start of social restrictions on 16th March 2020, to 22nd April 2020 inclusive. Referrals to the orthopaedic team were identified and included; these were sub-classified into major trauma patients, fragility hip fractures and paediatric trauma. All patients undergoing surgical intervention were identified. The outcome measures were the total number of referrals and trauma operations performed in the time period. This was compared to the corresponding dates of the 2019.

**Results:** There was an overall decrease in the number of referrals to the orthopaedic team from 537 in 2019 to 265 in 2020 (50.7% reduction). The number of trauma operations carried out at the trust decreased from 227 in 2019 to 129 in 2020 (43.2% reduction). The number of paediatric referrals decreased from 56 in 2019 to 26 in 2020 (53.6% reduction), and the number of major trauma patients reduced from 147 in 2019 to 95 in 2020 (35.4%). Fragility hip fracture referrals remained similar, with 52 in 2019 compared to 49 in 2020.

**Conclusion:** The COVID-19 pandemic has had a profound effect of the provision of trauma and orthopaedic surgery. We report a significant decrease in all orthopaedic referrals during the pandemic, leading to a greatly reduced number of trauma operations performed. This has allowed for reallocation of staff and resources. We must plan for the lifting of social restrictions, which may lead to an increase in patients presenting with trauma requiring operative intervention.

**Title:** A Systematic Review of Reviews of the Outcome of Noninstitutional Child Maltreatment.

**Citation:** Trauma, Violence & Abuse; Oct 2020; vol. 21 (no. 4); p. 828-843

**Author(s):** Carr ; Duff, Hollie; Craddock, Fiona

**Abstract:** The aim of the systematic review described in this article was to synthesize available high-quality evidence on the outcomes of noninstitutional child maltreatment across the life span. A systematic review of previous systematic reviews and meta-analyses was conducted. Ten databases were searched. One hundred eleven papers which met
stringent inclusion and exclusion criteria were selected for review. Papers were included if they reported systematic reviews and meta-analyses of longitudinal or cross-sectional controlled studies, or single-group cohort primary studies of the outcomes of child maltreatment in the domains of physical and mental health and psychosocial adjustment of individuals who were children lived mainly with their families. Using AMSTAR criteria, selected systematic reviews and meta-analyses were found to be of moderate or high quality. Searches, study selection, data extraction, and study quality assessments were independently conducted by two researchers, with a high degree of interrater reliability. The 111 systematic reviews and meta-analyses reviewed in this article covered 2,534 independent primary studies involving 30,375,962 participants, of whom more than 518,022 had been maltreated. The magnitude and quality of this evidence base allow considerable confidence to be placed in obtained results. Significant associations were found between a history of child maltreatment and adjustment in the domains of physical health, mental health, and psychosocial adjustment in a very wide range of areas. The many adverse outcomes associated with child maltreatment documented in this review highlight the importance of implementing evidence-based child protection policies and practices to prevent maltreatment and treat child abuse survivors.

Title: The downstream effects of COVID-19: a call for supporting family wellbeing in the NICU.

Citation: Journal of Perinatology; Sep 2020; vol. 40 (no. 9); p. 1283-1285
Author(s): Erdei ; Liu, Cindy H.

Abstract: Parents of NICU infants are a vulnerable population from a psychological perspective, and often experience high levels of acute stress, depression, anxiety, and post-traumatic stress. The added burden of the current SARS CoV-2 disease (COVID-19) pandemic is likely to exacerbate these issues, with potential implications for the wellbeing of infants and families in the short- and long-term. In this paper, we propose utilizing the stress contagion framework and consider how psychosocial stress can "spill over" into the parent-infant relationship domain, which can impact child development and family wellbeing longer term. As the effects of the pandemic will likely persist well beyond the acute stage, we offer advocacy points and general guidelines for healthcare professionals to consider in their quest to mitigate stress and build resilience in NICU families.


Citation: Pediatric Blood & Cancer; Jun 2020; vol. 67 (no. 6); p. 1-9
Author(s): Grimshaw ; Taylor, Nicholas F.; Mechinaud, Francoise; Conyers, Rachel; Shields, Nora

Background: Little is known about how to facilitate participation in physical activity among children receiving acute cancer treatment.

Objective: To understand the parental perspectives on physical activity for children during acute cancer treatment and explore strategies to overcome physical inactivity.

Methods: A qualitative study was completed. Data were collected via semistructured interviews with parents of children (aged 4-18 years) who were in their first nine months of cancer treatment. Data were analyzed thematically.
**Results:** Twenty parents were interviewed. A childhood cancer diagnosis and subsequent treatment were described as setting in motion a spiral of physical inactivity. Parents identified movement restrictions as a result of commencing treatment and the hospital environment as factors initiating this decline. Parents described the subsequent impact of movement restrictions on their child over time including loss of independence, isolation, and low motivation. These three consequences further contributed to an inability and unwillingness to be physically active. Parents responded in a variety of ways to their child's inactivity, and many were motivated to overcome the barriers to physical activity yet exhibited a reduced capacity to do so. Suggested intervention strategies highlighted the need for comprehensive support from the organization providing treatment.

**Conclusions:** Reasons for reduced physical activity in children receiving acute treatment for cancer are complex and multifactorial. Inactivity cannot be addressed by children and parents alone but requires support from the oncology team through changes to the environment, services, and policies to promote physical activity. These findings may be used to inform targeted, effective, and feasible physical activity interventions.

**Sources Used:**

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

**Disclaimer:**

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.