

## Women and Children's

# Current Awareness Bulletin

**April 2025**

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Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

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### 1. The impact of physical activity on maternal mental wellbeing

**Author:** Cole K

**Publication Date:** 2025

**Journal:** British Journal of Midwifery

[Increasing physical activity levels during pregnancy has been recognised as a potential non-pharmacological method of improving maternal mental wellbeing, yet it is not routinely discussed by healthcare professionals. Exercising during pregnancy may not only improve perinatal mental health but also improve cardiovascular health and reduce the risk of pregnancy complications such as preeclampsia, gestational diabetes mellitus and excessive gestational weight.]

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### 2. Ten actions the government can take to improve children's health

**Author:** Holden, Jessica

**Publication Date:** 2025

**The King's Fund.org.uk**

**Introduction:** Children's health and wellbeing has seen a concerning decline in recent years, with children in the UK experiencing some of the worst health outcomes in Europe. Many lifelong health issues are established in childhood, and unless strong and meaningful action is taken to change course, the current generation of children is set to become an unhealthy

generation of adults. This will have serious long-term implications for the economy, the health service and society as a whole – as well as consequences for the children themselves. Investing in the health of children and young people is an investment in the future and will provide long-term returns.

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### **3. NHS England publishes cervical cancer elimination plan**

**Publication Date:** 2025

#### **NHS England**

This plan sets out how the NHS will improve equitable uptake and coverage across HPV vaccination and cervical screening with an aim to eliminating cervical cancer by 2040, building on what is already working well to drive vaccination and screening uptake and coverage.

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### **4. Delivering diagnosis for prenatal medicine – lessons from implementation of a national service**

**Author:** Turner, Heather

**Publication Date:** 2025

#### **PHG Foundation**

In her exploration of the EXPRESS study, Heather Turner outlines the challenges and achievements in implementing rapid prenatal exome sequencing (pES) across England. Coordinated by GOSH, the study found pES welcomed by both parents and professionals, offering vital diagnostic insights during uncertain pregnancies. While 56% of cases saw pES impact clinical decisions, challenges remain—strained NHS services, data gaps, and limited access to expertise. Recommendations include better support and education for healthcare staff and parents, improved data collection, and national multidisciplinary networks. The study highlights the need for ongoing research and service refinement to improve outcomes.

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### **5. AI could help identify abnormalities in unborn babies quicker**

**Publication Date:** 2025

#### **National Institute for Health and Care Research (NIHR)**

A groundbreaking study has shown that AI-assisted 20-week pregnancy scans are over 40% faster and more reliable than traditional methods, improving both efficiency and patient care. Led by King's College London and Guy's and St Thomas' NHS Foundation Trust, the trial involved 78 pregnant participants and demonstrated that AI can support earlier diagnosis of fetal conditions, like heart defects. The AI tool, now being rolled out through Fraiya, a University-NHS spinout company, frees up sonographers' time and offers reassurance to parents by enhancing scan accuracy and speeding up medical decision-making.

## **6. Invest in childhood: priorities for preventing mental ill health among children and young people**

**Author:** Woodhead, David

**Publication Date:** 2025

### **Centre for Mental Health**

Mental health is a critical issue for babies, children and young people, and addressing mental ill health is essential for their overall wellbeing. The government can help to create the conditions for them to thrive, with better mental health, improved life chances, and a brighter future. This report explores the available evidence about how government can use its powers to boost children's mental health, investing in what works, and stewarding its resources wisely.

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## **7. BeeWell: the state of young people's wellbeing in England**

**Publication Date:** 2025

This briefing paper looks at case studies from the young people's charity #BeeWell in schools in Greater Manchester and Hampshire. Key points are: there are persistent wellbeing inequalities across gender and sexual orientation; neighbourhoods play a significant role in young people's wellbeing; and participation in arts, culture, entertainment and sports can improve young people's wellbeing.

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## **8. Childbearing for women born in different years, England and Wales: 2023**

**Publication Date:** 2025

### **Office for National Statistics (ONS)**

[The changing composition of families over time, comparing the fertility of women of the same age and the number of children they have had.]

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## **9. Changes in the body mass index (BMI) category of children between the first and final years of primary school, 2023 to 2024**

**Publication Date:** 2025

### **Office for Health Improvement and Disparities (OHID)**

[The second national longitudinal cohort analysis of data from the National Child Measurement Programme in England.]

## **10. Advances in the management of endometrial cancer**

**Authors:** Corr, Bradley R; Erickson, Britt K; Barber, et al.

**Publication Date:** 2025

**Journal:** BMJ (British Medical Journal)

**ABSTRACT:** Endometrial cancer is now the most lethal gynecologic malignancy, with incidence rates rising globally. Treatment strategies have historically been focused on a combination of surgery, radiation, and/or chemotherapy based primarily on histology and extent of tumor. Advances in the evaluation and treatment of endometrial cancers are occurring at a rapid pace, with a new focus on genomic profiling and targeted therapies. Surgical removal of the tumor remains the mainstay of therapy, but adjuvant treatments are a shifting paradigm. In the realm of gynecologic malignancies, endometrial cancer leads in the evolution of precision medicine. The ability to analyze patients, tumors, and therapy has increased over the past 10 years. Gaps in knowledge about racial and ethnic disparities, as well as pre-invasive disease prevention, are closing. This review describes the advances in endometrial cancer with a focus on people at risk, molecular classification, and modern therapeutic strategies.

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## **11. Helping women thrive in work: Making women's and reproductive health a key priority**

**Publication Date:** 2025

**Chartered Institute of Personnel and Development (CIPD)**

[Briefing: How prioritising women's and reproductive health policy can increase workplace satisfaction and career progression for women.]

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## **12. Report for the Thirlwall Inquiry: analysis of questionnaires from 120 NHS trusts**

**Publication Date:** 2024

**Nuffield Trust**

The Thirlwall Inquiry was set up to examine events at the Countess of Chester Hospital following the trial and subsequent convictions of Lucy Letby for the murder and attempted murder of babies at that hospital. This report was commissioned by the Thirlwall Inquiry. It summarises key themes from responses to a questionnaire sent by the Inquiry to all other NHS trusts with maternity and neonatal units in England.

### **13. First daily pill for endometriosis approved for NHS use**

**Publication Date:** 2025

**NICE (National Institute for Health and Care Excellence)**

With the potential to benefit around 1,000 women annually, we have recommended the first long-term daily pill for treating the symptoms of endometriosis - offering a transformative option for managing this chronic condition. It will be available for patients whose medical or surgical treatment for endometriosis has failed.

The treatment, called relugolix–estradiol–norethisterone, combines hormone regulation and replacement in a single tablet, providing a convenient alternative to injectable therapies.

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### **14. Alleviating child poverty – a shared endeavour: the critical role ICSs can play in the government’s child poverty strategy**

**Publication Date:** 2025

**Authors:** Caitlin Plunkett-Reilly, Shireen Haque

**NHS Confederation**

[Healthcare leaders are concerned about the impact of increasing rates of child poverty on local communities, patients and staff. There is an opportunity for integrated care systems (ICSs) to play a critical role in the delivery of the government’s child poverty strategy in relation to its third objective, which is to alleviate the impacts of child poverty.]

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### **15. Culturally-adapted therapy improved postnatal depression in British South Asian women**

**Publication Date:** 2025

**National Institute for Health and Care Research (NIHR)**

[Cognitive behavioural therapy (CBT) is recommended for women with postnatal depression. But there is limited evidence for the effectiveness of this talking therapy in minority ethnic groups. Researchers developed culturally-adapted therapy. They found that it helped British women from South Asian backgrounds (Pakistani, Indian, Bangladeshi and Sri Lankan) to recover from postnatal depression faster than usual care alone.]

## 16. Keeping Mothers Together with Their Babies Requiring Neonatal Intensive Care During the Birth Hospitalization: An Innovative Model of Care

**Authors:** Dagestad A

**Publication Date:** 2025

**Journal:** MCN. The American journal of maternal child nursing

**Background:** Keeping mothers and babies together after birth has long been described as best practice; however, most organizations in the United States move newborns requiring a higher level of care to a different unit in the **hospital**. The leadership team at a level II, four-bed neonatal intensive care unit in a community **hospital** averaging 1,400 births per year recognized an opportunity to potentially improve the care for maternity patients and their families.

**Intervention:** Instead of high-risk newborns being cared for in the neonatal intensive care unit while their mothers were on the postpartum unit, an **innovative** model applied the concepts of rooming-in and couplet care in a new way, keeping mothers and their babies that need a higher level of care together. Mothers and babies remain together in a Labor-Delivery-Recovery-Postpartum/Neonatal Intensive Care (LDRP/NICU suite).

**Methods:** The purpose of the new model of care was to improve **patient** and family experiences. Data were collected for 2 years prior and for 2 years after implementation of the new model of care. Participants included birth mothers of NICU babies on their day of discharge.

**Results:** Results include improved employee and provider engagement. Birth volumes have increased since this practice change. This model of care has been successful in our facility and offers the opportunity for families to stay together throughout both mother and newborn's **hospital** stays.

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## 17. Abortion commissioning guidance

**Publication Date:** 2025

**NHS England**

Guidance and accompanying resources aim to support integrated care boards (ICBs) to improve abortion services. This includes commissioning guidance and principles; together with the NHS's objectives and vision for abortion services and key actions for ICBs and partners to take forward to improve care and promote sector resilience

## **18. Can we improve care for women at risk of early birth?**

**Publication Date:** 2025

**National Institute for Health and Care Research**

Some hospitals have established a pathway to predict, prevent, and prepare for early (premature) births. Researchers have made suggestions on how best to implement the pathway, including better staff training on early birth and the pathway, multidisciplinary preterm teams and women-centered care.

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## **19. Culturally-adapted therapy improved postnatal depression in British South Asian women**

**Publication Date:** 2025

**National Institute for Health and Care Research (NIHR)**

There is limited evidence for the effectiveness of cognitive behavioural therapy (CBT) for postnatal depression among minority ethnic groups. Researchers tailored CBT for British South Asian women and found that culturally-adapted therapy led to faster recovery from postnatal depression than usual care alone.

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## **20. COVID-19 vaccine during pregnancy reduces risks to mother and baby**

**Publication Date:** 2025

**National Institute for Health and Care Research (NIHR)**

Research has provided reassurance on the safety and effectiveness of COVID-19 vaccines for pregnant women. Compared with women who were not vaccinated, women vaccinated during pregnancy had a reduced risk of blood pressure disorders during pregnancy, giving birth by caesarean section, and admissions to intensive care for newborns.

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## **21. Risk factors for child abuse and neglect: Systematic review and meta-analysis.**

**Author:** Zhidi Luo

**Publication Date:** 2025

**Journal:** Public Health

[Findings underscore the importance of addressing identified risk factors at multiple levels, with implications for practice, policy, and future research to refine prevention strategies and promote child well-being.]



## 22. The **health of women from ethnic minority groups in England**

**Author:** Raleigh, V

**Publication Date:** 2025

**The King's Fund**

[This short report describes selected health outcomes, and their determinants, in women from ethnic minority groups. It is an overview to help inform policymakers, ICBs, public health, the NHS and other services that support health, voluntary organisations and the public about the health of women from ethnic minority groups. The aim is to support the development and implementation of strategies to improve health and reduce these inequalities and increase public awareness of the issues.]

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## 23. Maternal **perception of pregnancy loss: a qualitative systematic review**

**Author:** Freitas C

**Publication Date:** 2025

**Journal:** British Journal of Midwifery

[Systematic review exploring the impact and perceptions of pregnancy loss on mothers. Maternal perceptions of pregnancy loss are shaped by internal factors, cultural and religious aspects, and the support received from family, friends and healthcare professionals. This review highlights facilitators and inhibitors that healthcare professionals can actively address to better support mothers experiencing loss.]

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## 24. **Safe care for every newborn and every child – World Patient Safety Day 2025**

**Publication Date:** 2025

**World Health Organization (WHO)**

The World Health Organization has revealed that the theme for this year's World Patient Safety Day on 17 September 2025 will be "patient safety from the start," with a focus on safe care for every newborn and every child.

This theme highlights the urgent need to protect newborns and children from preventable harm in healthcare settings. The WHO is calling for global action to improve safety in maternal, neonatal, and paediatric care.

## 25. Patterns of mental health problems and resilience among immigrant and refugee adolescents: a latent profile analysis

**Authors:** Aalto, Sanni;Punamäki, Raija-Leena;Vänskä, Mervi;Kankaanpää, et al

**Publication Date:** 2025

**Journal:** European Journal of Psychotraumatology

**Abstract:** Background : Immigrant and refugee adolescents often face traumatic experiences and are vulnerable to mental health problems, such as post-traumatic stress disorder (PTSD), anxiety and depression. Yet, they also show remarkable resilience in the face of these stressors. Research is still scarce on how both mental health problems and resilience dynamically interplay in immigrant and refugee adolescents' development. Objective : We aimed to identify latent profiles of immigrant and refugee adolescents' wellbeing, consisting of externalizing and internalizing symptoms, PTSD (intrusion and avoidance), and resilience, and analyse the demographic and contextual determinants of these profiles. Method : We employed cross-sectional survey data from the RefugeesWellSchool project for 1607 immigrant and refugee adolescents (mean age 15.3 years, SD 2.15, 42.3% girls) from six European countries: Belgium, Denmark, Finland, Norway, Sweden, and the United Kingdom. Latent profile analysis and three-step procedure with BCH weights were used to identify the wellbeing profiles and their determinants. Results : Results identified four adolescent wellbeing profiles: (1) Low symptoms (49.7%, n = 791); (2) High symptoms with intrusion (10.6%, n = 169); (3) Moderate symptoms (26.9%, n = 428); and (4) Resilient avoidant (12.8%, n = 203). Older participants, those with refugee background, shorter residence in the host country, more experiences of daily stressors or discrimination, or low family support were less likely to belong to the Low symptoms or Resilient avoidant groups (  $p \leq .001$ ). Conclusions : The profiles reflected distinct differentiation of intrusive and avoidance dimensions of the PTSD-symptoms. Intrusion clustered with high level of other mental health problems, whereas avoidance co-occurred with high resilience. Experiences related to immigration, stressors, and family support were crucial determinants of the wellbeing profile membership. Future interventions should utilize information obtained by person-centered studies to create better targeted and tailored support for immigrant and refugee adolescents.

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## 26. Multilevel mortality risk factors among pediatric hematology-oncology patients with deterioration

**Authors:** Agulnik, Asya;Robles-Murguia, Maricela;Chen, Yichen;Muñiz-Talavera, et al

**Publication Date:** 2025

**Journal:** Cancer

**Abstract:** Background: Hospitalized pediatric hematology-oncology patients have frequent clinical deterioration events (CDEs) requiring intensive care unit (ICU) interventions and resulting in high mortality, particularly in resource-limited settings. This study identifies independent risk factors for CDE mortality in hospitals providing childhood cancer care in Latin

America and Spain.; Methods: Centers implemented a prospective CDE registry, defined as unplanned transfer to a higher level of care, use of ICU-level interventions on the ward, or nonpalliative ward death. The authors analyzed registry data from April 2017 to December 2022. The primary outcome was CDEs mortality, defined as death occurring during ICU admission, <24 hours of ICU discharge, or end of ward-based ICU interventions. Multilevel modeling identified event-, patient-, and hospital-level independent risk factors for CDE mortality.; Results: Among 69 participating hospitals in 18 countries, 4134 CDEs were reported in 3319 pediatric hematology-oncology patients with an event mortality of 26.8% (1108 events). Of all CDEs, 33.7% used ICU interventions on the ward and 87.5% were transferred to a higher level of care. In multilevel modeling, significant independent risk factors for event mortality present at the start of deterioration included patient (disease relapse) and event (e.g., reason for hospital admission, use of ICU intervention on wards, abnormal lactate, platelets, or C-reactive protein, reason for deterioration, and number of organs with dysfunction); hospital factors were not significant predictors of mortality.; Conclusions: Hospitalized pediatric hematology-oncology patients with CDE have high mortality with significant variability across centers. Mortality, however, is largely driven by modifiable event-level factors, demonstrating the need for targeted interventions to improve survival. (© 2025 The Author(s). Cancer published by Wiley Periodicals LLC on behalf of American Cancer Society.)

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## **27. Perioperative outcomes associated with ventral hernia repair concomitant to gynecologic procedures: similar to hernia repair alone**

**Authors:** Bianchi, Juliana Melo;Arias-Espinosa, Luis;Freyria, et al.

**Publication Date:** 2025

**Journal:** Hernia : The Journal of Hernias and Abdominal Wall Surgery

**Abstract:** Competing Interests: Declarations. Conflict of interest: Juliana Melo Bianchi, Luis Arias-Espinosa, Ana Freyria, Anupam Singh Chauhan, Weipeng Xie, Li-Ching Huang, and Timothy have no related conflicts of interest to declare. Flavio Malcher discloses consulting fees from BD, Intuitive, Integra, Deep Blue, Allergan, and Medtronic, outside the submitted study.; Purpose: The aim of this paper is to compare outcomes of patients who underwent combined gynecologic procedures with ventral hernia repair (VHR) with patients that underwent only VHR.; Methods: Patients who underwent VHR with a combined gynecological procedure from 2012 to 2023 were retrospectively identified in the Abdominal Core Health Quality Collaborative and categorized into two groups with surgical wound contamination in mind. Group one included patients with concomitant salpingo-oophorectomy (SO), bilateral tubal ligation (BTO), and/or ovarian cystectomy (OC) without hysterectomy. Group two consisted of patients who underwent hysterectomy with or without SO/BTO/OC/ER. C-Sections were excluded. Mesh location was 90% in the sublay space for both groups. Patients who underwent VHR without any concomitant procedure were the control group. Propensity score matching (PSM; ratio 3:1 for control vs. group one and 1:1 for control vs. group two) was performed based on relevant demographic and perioperative covariates (age, hernia width, operative approach, ASA class, BMI, mesh used, current smoker, wound status, year of operation, and recurrent). Postoperative outcomes at 30 days were compared between group one and control and between group two and control based on post-PSM cohorts.; Results: Out of 13,982 patients undergoing VHR, 279 (2%) also underwent a concurrent gynecological

procedure. Following PSM, 88 patients in Group 1 were matched with 264 patients that underwent VHR alone. Similarly, 186 patients in Group 2 were compared with 186 patients in the control group. Operative time was significantly higher in both groups as compared to control ( $p < 0.001$ ). A longer LOS and more EBL were observed group 2 but not group 1. No statistically significant differences were observed in either group regarding surgical site infection (SSI), surgical site occurrence (SSO), Surgical site occurrences requiring procedural interventions (SSOPI), recurrence of hernia, reoperations, or readmissions.; Conclusion: This study compares the outcomes of patients that underwent VHR with simultaneous gynecological procedure to patients with VHR alone. Combining hernia repair and gynecologic surgery did not appear to have an adverse impact on clinical outcomes. Our study suggests that further collaboration between gynecology and general surgery can be considered for management of concurrent abdominopelvic pathologies. (© 2025. The Author(s), under exclusive licence to Springer-Verlag France SAS, part of Springer Nature.)

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## **28. Implants removal in children: results of a survey among Italian orthopaedic surgeons**

**Authors:** Catena, Nunzio;Arrigoni, Chiara;Andreacchio, Antonio;Toniolo, et al.

**Publication Date:** 2025

**Journal:** Journal of Pediatric Orthopedics

**Abstract:** In the treatment of paediatric limb disorders, the use of metal implants has been increasing over the last decades. Recent studies have addressed the decision of orthopaedic surgeons regarding the removal of implants after the treatment of fracture, and there is a growing consensus within the scientific community supporting the choice of not removing implants in children. This survey aimed to investigate the rationale behind the Italian orthopaedic community's decision regarding metal implant removal in paediatric patients. An electronic questionnaire was sent to all members of the Italian Paediatric Orthopaedic and Traumatology Society, Italian Orthopaedic and Traumatology Society, Italian Club of Osteosynthesis, and South Italy Society of Orthopaedic and Traumatology. The survey comprised 34 questions about hardware removal after the treatment of long bone fractures, epiphyseal growth plate injuries, slipped capital femoral epiphysis (SCFE), and flat foot. Of the 3500 orthopaedic surgeons who received the questionnaire, 5.5% responded. The leading indications for implant removal were the patient's intolerance, pain, ROM limitations, and hardware breakage. Removal of elastic nails for long bone fractures, cannulated screws for growth plate injuries, and SCFE and screws for arthroereisis for flat foot correction were analysed in detail. The consensus among Italian Orthopaedic Surgeons is to remove elastic nails and cannulated screws in cases of pain, intolerance, or breakage and to reduce further risks during patient growth. An increasing number of physicians, however, are endorsing and advocating the growing trend in the literature of not routinely removing the hardware. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

## 29. Enhancing Quality of Recovery and Satisfaction in Patients Undergoing Minimally Invasive Gynecologic Surgery: The Utility of Structured Perioperative Education

**Author:** Chan, C. and Acholonu, U.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

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## 30. Phototheranostics: An advanced approach for precise diagnosis and treatment of gynecological inflammation and tumors

**Authors:** Ding, Qihang;Guo, Aoxue;Zhang, Shuai;Gu, et al.

**Publication Date:** 2025

**Journal:** Biomaterials

**Abstract:** 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.; Gynecological inflammations have a significant impact on the daily lives of women. Meanwhile, cancers such as ovarian, cervical, and endometrial cancers pose severe threats to their physical and mental well-being. While current options such as conventional pharmacotherapy, surgical interventions, and recent advancements in immunotherapy and targeted therapy provide viable solutions, they possess limitations in effectively addressing the intricacies associated with gynecological diseases. These complexities include post-surgical complications, early cancer detection, and drug resistance. The management of these challenges, however, requires the implementation of innovative treatment modalities. Phototheranostics has emerged as a promising approach to effectively address these challenges. It not only treats inflammation and tumors efficiently but also aids in disease imaging and diagnosis. The distinguishing features of phototheranostics lie in their non-invasive nature, minimal risk of drug resistance, and precise targeting capabilities through the use of photosensitizers or photothermal agents. These distinctive features underscore its potential to revolutionize early diagnosis and treatment of gynecological conditions. This review aims to summarize the application of phototheranostics in managing gynecological inflammation and tumors while highlighting its significant potential for early disease detection and treatment. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

### 31. The Ecological Footprint of Gynecology: Lessons from Dutch Hospitals and Implications for Future Healthcare Management

**Authors:** Dsouza, Nancy;Cohen, Eva;Ossebaard, Hans;van Meurs, Hannah and Sijm-Eeken, Marieke

**Publication Date:** 2025

**Journal:** Studies in Health Technology and Informatics

**Abstract:** In 2023, global temperatures reached record-breaking highs, highlighting the urgent need for climate action. Healthcare is responsible for 4-8% of global carbon emissions, contributing to global warming and impacting the health of billions of people. Within healthcare, gynecology has a significant ecological footprint due to its high volume and broad range of care services. However, little is known on how gynecology departments' management structures, information systems and processes can be optimized to reduce the ecological footprint of this specialty. Therefore, a sustainability maturity model based on Donabedian's structure-process-outcome model for quality improvement was used to assess sustainability performance in two gynecology practices with different organizational structures (centralized vs. decentralized). Maturity model scores and interview findings were analyzed to extract lessons and recommendations for optimizing sustainability within gynecology. As the first assessment of its kind, this study provides a foundation for healthcare management seeking to improve environmental performance in gynecological care.

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### 32. Patient Preferences of Incision for Gynecologic Surgery

**Author:** Edge, R. and Kutteh, W.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology, 145, (5) pp.57S–58S. , Baltimore, Maryland: Lippincott Williams & Wilkins.

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### 33. Rapid Cycle Deliberate Practice Simulation for a Maternal Cardiac Arrest With Obstetrics and Gynecology Residents

**Authors:** Friedmann, Timothy;Oner, Ceyda and Kutzin, Jared M.

**Publication Date:** 2025

**Journal:** MedEdPORTAL : The Journal of Teaching and Learning Resources 21, pp. 11513

**Abstract:** Competing Interests: None to report.; Introduction: Maternal cardiac arrest is rare; therefore, simulation serves as an opportunity to better prepare obstetrics and gynecology residents for these emergencies.; Methods: We conducted a 2-hour educational activity for 16

obstetrics and gynecology residents at an academic medical center, utilizing rapid cycle deliberate practice to teach them the recognition and management of a maternal cardiac arrest. The case centered on a patient admitted to the labor and delivery floor who was in her third trimester. She developed chest pain and had a subsequent cardiac arrest. The case used up to seven rounds of rapid cycles with debriefing after each. Learners were expected to recognize the cardiac arrest, initiate initial management, consider the differential diagnosis, and prepare for a resuscitative hysterotomy.; Results: After the simulation case, learners' average comfort level for managing cardiac arrest improved from 1.8 to 3.6 (on a 5-point Likert scale: 1 = extremely uncomfortable, 5 = extremely comfortable ). Comfort performing supportive airway management went from 1.9 to 4.1. Residents found the knowledge gained during the session useful to future practice, and the average course rating was 5.8 on a 6-point scale (with 6 = excellent ).; Discussion: Rapid cycle deliberate practice simulation for a maternal cardiac arrest improves obstetrics and gynecology residents' comfort and readiness for obstetrics emergencies. (© 2025 Friedmann et al.)

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#### **34. Treatment for substance use disorder in mothers of young children: A systematic review of maternal substance use and child mental health outcomes**

**Authors:** Joyce, Kayla M.;Delaquis, Chantal P.;Alsaïdi, Tia;Sulymka, Julia;Conway, Alexandra;Garcia, Juanita;Paton, Allyson;Kelly, Lauren E. and Roos, Leslie E.

**Publication Date:** 2025

**Journal:** Addictive Behaviors

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#### **35. Rising incidence of necrotising fasciitis: a gynaecological perspective**

**Authors:** Kaur, Harpreet;Adekunle, Adeoye;Ritchie, Joanne and Rachaneni, Suneetha

**Publication Date:** 2025

**Journal:** BMJ Case Reports

**Abstract:** Competing Interests: Competing interests: None declared.; Necrotising fasciitis is an uncommon and rapidly progressive surgical emergency. A high index of clinical suspicion, prompt administration of broad-spectrum antibiotics and emergency surgery to debride affected tissues are key to improving survival. With our review of three cases, we aim to raise awareness of this condition among gynaecologists, who have limited familiarity with it. Two of our patients presented to emergency with vulval necrotising fasciitis while the third developed it as a complication of postoperative wound infection. All patients underwent extensive surgical debridement and required a multidisciplinary approach from gynaecologists, surgeons, the intensive care team and the tissue viability team. (© BMJ Publishing Group Limited 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.)

### 36. Prospects for radioimmunotherapy panaceas in gynecologic oncology

**Authors:** Kunos, Charles A. and Chauhan, Aman

**Publication Date:** 2025

**Journal:** Cancer

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### 37. Perceived Quality of Care and Pediatricians' Moral Distress Caring for Children with Mental Health Conditions

**Authors:** Leyenaar, JoAnna K.;Green, Cori M.;Turner, Adam and Leslie, Laurel K.

**Publication Date:** 2025

**Journal:** Academic Pediatrics

**Abstract:** Competing Interests: Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: JoAnna Leyenaar reports financial support was provided by American Board of Pediatrics Foundation. Cori M. Green reports financial support was provided by American Board of Pediatrics Foundation. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.; Objective: This study describes general and subspecialty pediatricians' experience of moral distress in providing care to children with mental health conditions, variation in moral distress across subspecialties, and associations between perceived care quality, practice characteristics, and moral distress.; Methods: This study analyzed survey data collected during 2022 American Board of Pediatrics Maintenance of Certification enrollment. Questions included perceived frequency with which high quality care was provided to children with mental health conditions (with suboptimal care quality defined as the lowest 2 response options on a 5-point Likert scale) and 4 potential sources of moral distress; high moral distress was defined as a top quartile composite score. Multivariable logistic regression was used to estimate associations between perceived suboptimal care quality, practice characteristics, and high moral distress.; Results: 5363 eligible pediatricians (55.2%) participated in the survey, including 3254 (60.7%) general pediatricians and 2109 (39.3%) subspecialists. Overall, 1147 (22.7%) reported perceived suboptimal care quality. Composite moral distress scores were highest for emergency medicine (n=106, 45.9% in highest quartile), child abuse (n=9, 39.1% in highest quartile), and hospital medicine physicians (n=109, 32.5% in highest quartile). In regression analysis, high moral distress was associated with perceived suboptimal care quality, female gender, subspecialty, rurality, public insurance in practice, and academic appointment.; Conclusions: Approximately one-in-five pediatricians perceived suboptimal care quality for children with mental health conditions; this was associated with greater moral distress and several practice characteristics. Improving mental healthcare access, resources, and pediatricians' capacities to provide high quality care may benefit clinicians as well as children. (Copyright © 2025 Academic Pediatric Association. Published by Elsevier Inc. All rights reserved.)



### **38. Comparative analysis of European guideline-based clinicopathological risk groups and the International Federation of Gynecology and Obstetrics staging system for endometrial cancer**

**Authors:** Loukovaara, Mikko J.;Pasanen, Annukka M.;Lassus, Heini J.;Luomaranta, Anna L.;Hellberg, Piret;Vartiainen, Johanna;Tapper, Johanna E. and Bützow, Ralf C.

**Publication Date:** 2025

**Journal:** European Journal of Obstetrics & Gynecology & Reproductive Biology

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### **39. Paediatric oncology short learning programmes for nurses: a scoping review**

**Authors:** Majamanda, Maureen Daisy;Chisoni, Felix;Selemani, Apatsa;Kearns, Irene and Maree, Johanna

**Publication Date:** 2025

**Journal:** BMJ Open

**Abstract:** Competing Interests: Competing interests: None declared.; Objective: This scoping review aimed to map the content, duration, delivery methods and modes of assessment for paediatric oncology nursing education and training programmes.; Design: Scoping review.; Data Sources: Published articles were retrieved from Cumulative Index to Nursing and Allied Health Literature, Dimensions, Embase, PubMed and Scopus. Additional articles were identified from the reference list of the included studies.; Eligibility Criteria: Articles that described or reported on a paediatric oncology nursing education and training programme, from any setting, published in English from 2012 to 2022.; Data Extraction and Synthesis: Two reviewers independently screened the titles, abstracts and full texts. Data were extracted using a standardised data extraction tool. Content analysis using basic coding of data was performed. The findings are presented in figures and tables, and the results are described narratively.; Results: This review included 15 articles. Content identified for paediatric oncology education and training programmes included supportive care, chemotherapy, overview of paediatric oncology, management of venous access devices, oncological emergencies, nursing considerations, infection prevention and control, paediatric cancers, patient and family education, communication, ethical legal considerations, grief and bereavement, and overview of haematological cancers. Didactic methods used included traditional face-to-face and virtual approaches to deliver theoretical and practical content. The duration of the programmes ranged from 2 hours to 6 months. Both qualitative and quantitative methods of assessment were used before, during and after the training.; Conclusion: This review offers valuable insights for the development of paediatric oncology education and training programmes for nurses. It provides comprehensive guidance on key content, duration, delivery methods and modes of assessment.

However, there is a need to consider context-specific issues and availability of resources when developing the programmes to ensure relevance and sustainability.; Study Registration: Open Science Framework (<https://doi.org/10.17605/OSF.IO/X3Q4H>). (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

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#### **40. Mental health screening in unaccompanied asylum-seeking children: screening tool selection and feasibility in the UK National Health Service**

**Authors:** Mohnani, Krsna;Seery, Paula;Jayadel, Hana;Raghunanan, Sophie;Cardoso Pinto, Alexandra,M.;Mathias, Francesca;Hargreaves, Dougal and Foster, Caroline

**Publication Date:** 2025

**Journal:** Primary Health Care Research & Development

**Abstract:** There has been an increasing number of applications from unaccompanied asylum-seeking children (UASC) in the United Kingdom in recent years. It is well-known that this population is at high-risk of developing mental health disorders, which require early detection and intervention to facilitate successful integration. This paper describes the introduction of mental health screening for unaccompanied asylum-seeking children in a National Health Service (NHS) outpatient clinic in central London. This follows the results of a two-year retrospective analysis of the health needs of the population in our clinic, which identified a high incidence of disturbance to mood and sleep. We describe the selection process for a culturally appropriate and validated screening tool, piloting the Refugee Health Screener (RHS) tool with 20 UASC in clinic, and using preliminary findings to inform a more targeted referral to community Child and Adolescent Mental Health Services (CAMHS). We conclude that implementation of the RHS-13 is feasible for widespread mental health screening for UASC in an NHS setting, and provide suggestions for future research directions within this field.

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#### **41. Patient-Reported Experience and Satisfaction Across Race and Ethnicity in Benign Gynecology: A Systematic Review and Critique of the Literature**

**Author:** Mosher, J., Flores, B., Boxerman, S., Kamruddin, J., Wu Wong, D., Duggan, S. and Mou, T.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

## 42. Effects of the COVID-19 Pandemic on Early Child Development: A Systematic Review & Meta-Analysis

**Authors:** O'Connor, Hannah; DiSalvo, Maura; Gersten, Maia; Boyden, Sean and Uchida, Mai

**Publication Date:** 2025

**Journal:** Journal of Developmental and Behavioral Pediatrics : JDBP

**Abstract:** Competing Interests: Dr. M. Uchida is partially supported by a K award, grant number 1K23MH122667-01. She has provided one-time consultations to Guidepoint and has received honoraria from Mochida Pharmaceuticals and American Physicians Institute. She receives royalties from the following books: Social Justice (Bungeishunju), Reappraisal (Jutsugyo no Nihonsha), A Prescription for Every Day Mental Crises (Daiwashobo), Ask The Geniuses About The Future (Magazine House). The other authors have no conflicts of interest to disclose.; Objective: To explore the effects of the COVID-19 pandemic on early childhood development and identify areas of interest surrounding development.; Methods: A systematic literature review was performed to identify articles examining how the COVID-19 pandemic has affected early childhood development, and a meta-analysis was conducted from the results of those articles to examine the degree of the impact of the pandemic on the areas of childhood development.; Results: Ten articles from 6 countries were identified that met all inclusion and exclusion criteria. The multivariate meta-analysis showed no significant difference in overall development (pooled Cohen's  $d = 0.28$ , 95% CI, -0.33 to 0.88;  $p = 0.18$ ) or odds for developmental delay (pooled odds ratio (OR) = 1.44, 95% CI, 0.77 to 2.67;  $p = 0.20$ ) between pre-COVID-19 development and COVID-19 development. However, there was significantly more impairment ( $d = 0.46$ ,  $p = 0.003$ ) and greater odds (72%; OR = 1.72,  $p = 0.01$ ) for developmental delay in the language and communication domain for COVID-19 children versus pre-COVID-19 children.; Conclusion: While exposure to the COVID-19 pandemic was not associated with global developmental delays, it had a significant impact on child development regarding language and communication. Further research monitoring effects of the COVID-19 pandemic is necessary, and parents and communities should focus on increasing early intervention and enriched curriculum to offset these delays. (Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.)

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## 43. Patient Recall of Perioperative Events During Gynecologic Surgery

**Author:** Panko, A., Nguyen, H., Nilsen, A., Volpe, L., Baral, E., Chaudhari, A., Pappas, H. and Geynisman-Tan, J.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

#### 44. The impact of immigration detention on children's mental health: systematic review

**Authors:** Priestley, Isabella;Cherian, Sarah;Paxton, Georgia;Steel, Zachary;Young, Peter;Gunasekera, Hasantha and Hunt, Caroline

**Publication Date:** 2025

**Journal:** The British Journal of Psychiatry : The Journal of Mental Science

**Abstract:** Background: There are 117.3 million people forcibly displaced because of war, conflict and natural disasters: 40% are children. With growing numbers, many high-income countries have adopted or are considering increasingly restrictive policies of immigration detention. Research on the impact of detention on mental health has focused on adults, although recent studies report on children.; Aims: To synthesise data on the impact of immigration detention on children's mental health.; Method: Systematic searches were conducted in PsycINFO, MEDLINE and Embase databases and grey literature and studies assessed using PRISMA guidelines (PROSPERO registration CRD42023369680). Included studies were quantitative, assessed children younger than 18 years who had been in immigration detention and reported mental health symptoms or diagnoses. Methodological quality was assessed using the Appraisal Tool for Cross-Sectional Studies. Meta-analyses estimated prevalence for major depression and post-traumatic stress disorder (PTSD).; Results: Twenty-one studies reported data on 9620 children. Most studies were cross-sectional, had small sample sizes and used convenience sampling. A profoundly detrimental impact on children's mental health across a variety of countries and detention settings was demonstrated. Meta-analysis found pooled prevalence of 42.2% for depression 95% CI 22.9, 64.3] and 32.0% for PTSD 95% CI 19.4, 48.0]. Severity of mental health impact increased with exposure to indefinite or protracted held detention.; Conclusions: Immigration detention harms children. No period of detention can be deemed safe, as all immigration detention is associated with adverse impacts on mental health. Our review highlights the urgency of alternative immigration policies that end the practice of detaining children and families.

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#### 45. From infancy to eight: How early maternal mental health, emotion reminiscing, and language shape children's mental health

**Authors:** Russell, Sophie;Bird, Amy L.;Waldie, Karen;Peterson, Elizabeth;Morton, Susan M. B.;Atatoa Carr, Polly,E.;Salmon, Karen and Reese, Elaine

**Publication Date:** 2025

**Journal:** Development and Psychopathology

**Abstract:** To test the transmission of mental health difficulties from mother to child, we examined mediation through emotion reminiscing conversations and child language. Maternal depression symptoms were measured at 9 months post-partum, and child mental health outcomes were measured at age 8 years. Emotion reminiscing conversations between 1,234 mother-child pairs (624 boys, 610 girls) were recorded as part of a large, diverse, longitudinal cohort Growing Up in New Zealand . The 1,234 reminiscing conversations were transcribed

and coded for maternal elaboration and emotion resolution quality (mother and child). The coded reminiscing variables did not mediate the pathway from maternal depression to child mental health outcomes; however, each maternal reminiscing variable together with child language skill serially mediated the relationship from maternal depression symptoms to child-reported anxiety and depression symptoms, and parent-reported child externalizing symptoms. Language as a skill and its use as a tool for making shared meaning from past events are highlighted as possible mechanisms for the intergenerational transmission of mental health difficulties. These findings point to potential opportunities for early interventions, including prevention of and support for postnatal depression, family intervention in reminiscing training, and supporting child language development.

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#### **46. Cytologic Histotyping of Gynecologic Malignancies in Peritoneal Fluids Is Reliable When Compared to Its Corresponding Surgical Specimen**

**Authors:** Sabljic, Thomas and Lou, Si Kei Sandy

**Publication Date:** 2025

**Journal:** Diagnostic Cytopathology

**Abstract:** Background: Cytologic examination of peritoneal fluid (PTFL) often represents the first and only pathologic specimen available to guide management of gynecologic malignancies (GMs). This study examines the cytohistologic correlation between histotyping of GM in PTFL and its corresponding surgical specimen (SS).; Methods: The study retrospectively identified positive PTFL with a GM between 2017 and 2022. Cytologic specimens (CSs) that were obtained after or concurrently with its diagnostic SS (biopsy/resection) were excluded. Root cause analysis of discordant cases was performed by reviewing morphology, specimen characteristics, and immunophenotype of CS.; Results: GM affected 55.8% (502/899) of malignant PTFL, of which 15.7% (79)/22.3% (112) was the only/initial diagnostic sample, respectively. Compared to SS, when a subtype was rendered on CS (91.9%), the concordance rate is 91.2% (almost perfect agreement,  $K = 0.842$ ). Factors contributing to incorrect/inadequate subtyping include specimen limitations (low volume and/or cellularity), cytopathologist preference, and insufficient immunophenotyping. In seven patients (1.4%), the CS was able to render a more definitive diagnosis than its preceding nondiagnostic SS due to the paucity of lesional cells.; Conclusion: When compared to SS, histotyping of GM in PTFL is reliable and, at times, can be more definitive than its surgical counterpart. In some cases, subtyping is limited by extrinsic factors (i.e., specimen limitations). In other cases, the responsible cytopathologist prefers not to subtype despite supportive morphologic and immunohistochemical features. This highlights an opportunity for improvement in the diagnosis/subtyping of GM in PTFL, which may be the initial or only diagnostic specimen prior to patient treatment. (© 2025 The Author(s). Diagnostic Cytopathology published by Wiley Periodicals LLC.)

#### **47. Greening the OR: 10 Steps Towards Sustainability in Gynecologic Surgery**

**Author:** Schneyer, R., Hamilton, K., Ezike, O.; et al.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

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#### **48. The Impact of Race and Ethnicity on Perioperative Complications of Endometriosis Surgery Performed by Minimally Invasive Gynecologic Surgery Subspecialists**

**Author:** Schneyer, R., Meyer, R., Fitzsimmons, K., et al.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

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#### **49. Impact of risk and lifestyle factors on therapy goals in the treatment of breast cancer and gynecological cancer patients with integrative medicine**

**Authors:** Seitz, Katharina;Theuser, Anna-Katharin;Antoniadis, Sophia;Beckmann; et al.

**Publication Date:** 2025

**Journal:** Archives of Gynecology and Obstetrics

**Abstract:** Competing Interests: Declarations. Conflict of interests: LB received funds for congress participation from AstraZeneca. CCH received honoraria from AstraZeneca, Daiichi Sankyo, Eisai, Novartis, Pfizer, Roche, Gilead and MSD as well as support for attending meetings from Daiichi Sankyo. KS received funds for congress participation from GILEAD, Lilly and Novartis. The authors declare no competing interests.; Background: As a result of advancements in the diagnosis and therapy of cancer, the prognosis for cancer patients has significantly improved. The benefits of a significantly enhanced survival time lead to a more extensive concern with quality of life and managing the side effects during oncological treatment. Implementing integrative medicine strategies has been found to reduce the side effects of therapy and disease. In 2021 the S3 guideline on complementary medicine in oncology was published for the first time, which takes a stand on the most common aspects of complementary and integrative medicine in Germany. The aim was to see whether a previous healthy life style impacts the success of integrative medicine for patients.; Methods: Within the framework of a cross-sectional study over 15 months, 120 cancer patients were monitored at a standardized integrative medicine consultancy service at the University Integrative Medicine Center of the University Hospital Erlangen, Department of Gynecology and Obstetrics. The basic questionnaire consisted of questions on socioeconomic background information, lifestyle factors, such as dietary habits or smoking behavior, as well as information on the

gynecological situation. Furthermore, an evaluation based on patient-reported therapy goals concerning the reduction of side effects of conventional cancer treatments, enhancement of disease-related quality of life and better stress and disease management, active participation in cancer treatments, mind-body stabilization, and improvements in coping strategies were assessed. In addition, the impact of patient characteristics and lifestyle on the subjective achievement of these outcomes was evaluated to set the answers in context and show its influence. Statistical analysis was performed using SPSS Statistics for Windows version 26 (IBM Corporation, Armonk in New York, USA). Mean, standard deviation, minimum, and maximum were calculated for age and BMI. The other characteristics regarding demographics, lifestyle, tumor disease, and therapy were analyzed based on their respective absolute and relative frequencies.; Results: A large majority of the patients' participation goal was to reduce cancer-related side effects (90.8%), second were the aspects of "Improvement of the disease-related quality of life "(72.5%). In both cases, this common goal was only fully achieved for about one quarter of the patients (25.7%/24.1%), but partially achieved in more than half of the asked patients (53.2%/52.9%). Half of the patients reported that they achieved active participation in cancer treatment with integrative medicine. Around 50% partially achieved stabilization of the body, soul, and spirit, stress, disease management, improvement in cancer-related quality of life, and reduced the side effects of conventional cancer therapies. The success of integrative therapy was independent of age, BMI, family status, children, level of education, insurance type, alcohol and tobacco consumption, sport, low-fat diet, daily fruit and vegetable servings, interest in diets, and previous use of diets.; Conclusions and Discussion: Using a standardized procedure in integrative medicine allows patients to receive high-quality care. The previous standard of living has no effect on the benefits of integrative medicine for the patient. The goals through the use of integrative medicine could be achieved by all patient groups. It is highly encouraged to incorporate counseling and evidence-based integrative medicine into the clinical routines of cancer centers and adapt postgraduate medical education. Finally, the evidence base for the recommendations should also be strengthened by further research into the use of integrative medicine. (© 2025. The Author(s).)

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## **50. The cost of poverty for child development: The adverse impact on maltreatment, education and mental health outcomes cannot be ignored**

**Authors:** Skinner, Guy C. M. and Kennedy, Eilis

**Publication Date:** 2025

**Journal:** Clinical Child Psychology & Psychiatry

**Abstract:** This commentary explores the 'cost of poverty' for child development, with particular reference to the current UK context. Specifically, it comments on the adverse impacts of poverty on child mental health, education, and maltreatment. Plain Language Summary: The Cost of Poverty for Child Development: Recent reports highlight the growing issue of child poverty in the UK, with over 4 million children affected, and 1 million in Northern England alone. The Joseph Rowntree Foundation reveals that 600,000 more people, half of them children, have fallen into absolute poverty. Poverty has significant impacts on children's well-being and increasing the risk of neglect and abuse. Data shows that many children referred to authorities for neglect and abuse are under five, and in areas like Blackpool, 1 in 52 children is

in care. Poverty also severely affects children's mental health. A report from the Children's Commissioner links poverty to higher levels of stress, anxiety, and depression in children. NHS data shows that children in households with reduced income are more likely to experience mental health issues, with 1 in 4 affected children showing probable mental disorders. Educationally, children in poverty face serious challenges. They leave school significantly behind their peers, and only 4 in 10 disadvantaged children meet basic academic standards. This disadvantage extends into poor health and job prospects. Addressing these issues requires poverty-aware practices among professionals working with children. Mental health and social care services should integrate support for financial difficulties, including poverty screenings and financial counselling. Research is needed to evaluate the effectiveness of combined financial and psychological interventions to break the cycle of poverty. By focusing on poverty-informed practices, professionals can help improve outcomes for children in education, mental health, and overall well-being, emphasising that tackling child poverty is a necessary investment for society's future.

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#### **51. Sexual Health Concerns in Gynecologic Oncology Patients With and Without Malignant Fistula**

**Authors:** Vetter, Valerie;Carpenter, Joan;Campbell, Grace;McPherson, et al.

**Publication Date:** 2025

**Journal:** Journal of Pain & Symptom Management

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#### **52. Evaluation of ChatGPT and Gemini in Answering Patient Questions After Gynecologic Surgery**

**Author:** Voigt, P., Sharma, R., Milad, M. P., et al.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

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#### **53. Gasless vNOTES vs. traditional vNOTES for benign gynecological disease: a randomized controlled clinical trial**

**Authors:** Wang, Yanjun;Liu, Kai;Gong, Zhaolin;Huang; et al.

**Publication Date:** 2025

**Journal:** BMC Anesthesiology

**Abstract:** Competing Interests: Declarations. Ethics approval and consent to participate: This study was approved by the Ethics Review Committee of Chengdu Women's and Children's Central Hospital on September 27, 2022 [IRB approved number: 2022(112)]. This trial was registered at <https://www.chictr.org.cn/showproj.html?proj=182441> on 17/10/2022 with the



registration number ChiCTR2200064779. Every participant in the experiment agrees to participate and has signed a written consent form. Consent for publication: Not applicable. Competing interests: The authors declare no competing interests.; Background: Gasless transvaginal natural orifice transluminal endoscopic surgery (G-vNOTES) can avoid complications related to pneumoperitoneum, but there is limited research on G-vNOTES. Here, we aimed to compare the hemodynamic profiles and outcomes of G-vNOTES with traditional vNOTES (T-vNOTES) in the treatment of patients with benign gynecologic disease.; Methods: A total of 120 patients with benign gynecologic disease were randomly assigned to G-vNOTES (n = 60) or traditional vNOTES (n = 60). The primary outcome was vital sign at different time points. Secondary outcomes included conversion rate, surgical time, anesthesia time, the usage of anesthetics, estimated intraoperative blood loss, visual analogue scale (VAS) score for abdominal and shoulder pain and postoperative nausea and vomiting (PONV) at 2 and 24 h, intraoperative and postoperative complications, time to first anal exhaust, eating, and getting out of bed after surgery, and length of postoperative hospital stay. Multi-level model analysis was used for intraoperative hemodynamic indicators.; Results: There was no significant difference between the two groups at the baseline level. The results of the multilevel model indicate that there is no difference in intraoperative hemodynamic performance between the G-vNOTE group and the T-vNOTES group. The conversion rate in the G-vNOTES group was higher than that in the T-vNOTES group (16.95% vs. 5.26%,  $p = 0.046$ ). No significant differences were observed in other areas.; Conclusions: This study did not find advantages of gasless vNOTES in intraoperative hemodynamic fluctuations. The surgical conversion rate of the G-vNOTES group is higher than that of the T-vNOTES group, which may be related to poor surgical field exposure in the G-vNOTES group, making it more suitable for experienced and confident surgeons. (© 2025. The Author(s).)

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#### 54. Study on the effects and mechanism of RRM2 on three gynecological malignancies

**Authors:** Yang, Luhan;Zhang, Hongping;Wang, Junfeng;Ge, Jing;Hao, Rushan;Yu, Junxu and Zheng, Bingrong

**Publication Date:** 2025

**Journal:** Cellular Signalling

**Abstract:** 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.; Cervical cancer, endometrial cancer, and ovarian cancer are the three most common gynecological malignancies. Their occurrence seriously affects women's health and life. Despite aggressive treatments, some patients still find it difficult to benefit from available therapies. Ribonucleic acid reductase subunit M2 (RRM2) is a limiting RNR enzyme involved in DNA synthesis and damage repair and plays a crucial role in many key cellular processes such as cell proliferation, migration, invasion, and senescence. Many studies have also shown that RRM2 also has a significant impact on tumor progression. However, the role of RRM2 in gynecological tumors has not been systematically studied. Our bioinformatics analysis of datasets related to cervical, endometrial, and ovarian cancers revealed that RRM2 is a significantly differentially expressed gene common to these cancers. We found that RRM2 was significantly overexpressed in cervical, endometrial, and

ovarian cancer tissues and cells, exhibiting overall pro-oncogenic effects. RRM2 promoted cell proliferation, migration invasion, angiogenesis, and cell cycle in gynecological tumors while inhibiting apoptosis. The potential oncogenic effects of RRM2 in gynecologic tumor cell lines were further demonstrated using the RRM2 inhibitor Triapine (3-AP). These pro-tumorigenic effects may then be mediated through the involvement of RRM2 in the p53 and Akt/mTOR signaling pathways, altering the expression of p53 and Akt/mTOR. Thus, RRM2 is potentially a candidate gene for the unified diagnosis of cervical, endometrial, and ovarian cancers. (Copyright © 2024. Published by Elsevier Inc.)

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## **55. Use of Intravenous Lidocaine Infusion for Postoperative Pain Control in Gynecologic Surgery**

**Author:** Young, C., Beran, B. and Singh, A.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology

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