

Women & Children's

Current Awareness Bulletin

September 2025

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- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
Next sessions: 25th September @ 9am, 3rd October @ 10am & 10th November @ 11am
- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.
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30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
Next sessions: 10th September @ 10am, 2nd October @ 11am & 28th November @ 12 noon

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

1. The implementation of frailty assessment in gynecologic oncology: an international multicenter JAGO-NOGGO survey

Authors: Flethe, C.;Krause, C.;von Beckerath, A.;Alavi-Demirci, S.;Kolb, G.;Beck, M.;Pietzner, K. and Sehouli, J.

Publication Date: 2025

Journal: Archives of Gynecology and Obstetrics

Abstract: Competing Interests: Declarations. Conflict of interest: Jalid Sehouli reports receiving research support from Roche Pharma, AstraZeneca, Bayer, Clovis Oncology, GlaxoSmithKline, Lilly, Iqvia, Mural, and MSD. He has received honoraria from GlaxoSmithKline, PharmaMar, AstraZeneca, Clovis Oncology, Bayer, Roche Pharma, Vifor Pharma, Hexal AG, Novartis Pharma, Eisai, Esteve Pharmaceuticals, Incyte Biosciences, Phytolife Nutrition, JenaPharm, Kyowa Kirin, Oncoinvent AS, Daiichi, Medtronic Covidien, AMGEN, AbbVie, Corcept Therapeutics, Gilead Sciences, and Myriad. He has served in consulting or advisory roles for Merck/Pfizer, PharmaMar, Clovis Oncology, AstraZeneca, Roche Pharma, GlaxoSmithKline, MSD, Eisai, Novocure, Oncoinvent, Intuitive Surgical, Seagen, Bayer Vital, Mundipharma, Sanofi-Aventis Deutschland GmbH, Immunogen, Tubulis GmbH, Daiichi Sankyo, Bristol Myers Squibb, Karyopharm Therapeutics, and Corcept Therapeutics. Klaus Pietzner reports receiving honoraria or travel support from AstraZeneca, Roche, Tesaro/GlaxoSmithKline, MSD Sharp & Dohme, Novartis, Eisai, Immunogen/AbbVie, and Daiichi Sankyo. He has served in consulting or advisory roles for AstraZeneca, Roche, Tesaro/GlaxoSmithKline, MSD Sharp & Dohme, Novartis, Eisai, Immunogen/AbbVie, Daiichi

Sankyo, and Myriad. Anne-Karen Beckerath reports receiving travel support in the form of congress registration fees covered by Gideon Richter. Chiara Flethe, Catherine Krause, Sara Alavi-Demirci and Maximilian Beck declare no competing interests to the content of this manuscript. Ethical approval: Ethical approval was obtained from the ethics committee of Charité—Universitätsmedizin Berlin (EA1/134/21). Consent to participate: Participation in the survey was voluntary and anonymous; therefore, no written informed consent was required.; Purpose: The global aging trend is expected to double the population aged 65 and older by 2050, posing new challenges for healthcare systems. Frailty is associated with poorer prognosis, increased postoperative complications, and reduced treatment tolerance. Accurate frailty assessment (FA) is therefore crucial for diagnosis, risk stratification, and individualized treatment planning. Despite its clinical relevance, clear evidence-based guidance for implementation in gynecologic oncology remains lacking.; Methods: An anonymous online survey with 51 multiple-choice and open-ended questions was conducted from May to August 2022. It targeted gynecologists and oncologists in Germany, Austria, and Switzerland, and was distributed to 633 healthcare institutions.; Results: A total of 112 responses were analyzed, revealing considerable variation in the application of frailty assessments. Only 11% reported routine use, while 36% applied FA selectively. Screening tools varied: 52% used institution-specific forms, while validated instruments such as G8 or VES-13 were rarely used. Timing was inconsistent: 49% performed FA preoperatively, 36% before chemotherapy, 31% at first presentation, and 30% without a fixed timepoint. Prehabilitation programs were largely absent; only 21% of institutions offered them. 77% of respondents indicated a need for further training.; Conclusion: There are substantial gaps in the use of frailty assessments in gynecologic oncology. Standardized procedures, prehabilitation programs, and targeted education are essential to improve care quality and treatment outcomes in the context of an aging patient population. (© 2025. The Author(s).)

2. Intraoperative low-dose esketamine on postoperative quality of recovery in patients undergoing open gynecologic surgery: a double-blinded, parallel-group, placebo-controlled trial

Authors: Geng, Zhi-Yu;Zhang, Yan;Yan, Xin;Hu, Jun;Cui, Ran;Song, Lin-Lin and Song, Hui-Cheng

Publication Date: 2025

Journal: Annals of Medicine

Abstract: Background: Gynecologic laparotomy surgery often leads to moderate to severe pain. Effective analgesia is essential for patient postoperative recovery. We aimed to evaluate the effect of low-dose esketamine on quality of recovery when used as part of multimodal analgesia in patients undergoing open gynecologic surgery.; Methods: 140 female patients undergoing gynecologic laparotomy under general anesthesia were randomly assigned to receive intraoperative infusion of either 0.25 mg/kg/h esketamine (study group) or an equivalent volume of normal saline (control group). The primary outcome was quality of recovery at 24 h postoperatively, assessed using the 40-item quality of recovery questionnaire (QoR-40). Secondary outcomes included morphine consumption, pain scores, functional outcomes, adverse events, postoperative depressive symptom, chronic pain, and health-related quality of life.; Results: The global QoR-40 score at 24 h was not significantly different between the two groups study group, 178 (165-186); control group, 175 (164-186); median difference, 2; 95% CI, -3 to 7; $p = 0.467$). Secondary outcomes were comparable between the two groups. More patients in the study group had extubation time ≥ 10 min (15.7% vs. 2.9%; $p = 0.009$) and were over sedated (25.7 vs. 4.3%, $p < 0.001$) during post-anesthesia care unit

stay.; Conclusions: Intraoperative infusion of 0.25 mg/kg/h esketamine had no additional benefit on early quality of recovery when used as part of multimodal analgesic regimen in patients undergoing open gynecologic surgery. Future investigations are needed to determine the optimal dosing regimen and identify subgroups of gynecologic patients who would benefit most from esketamine.; Trial Registration: Chinese Clinical Trial Registry; ChiCTR 2200061021.

3. Abdominopelvic complications of gynecologic malignancy: Essentials for radiologists

Authors: Hassanzadeh, Sara;Lakhman, Yulia;Sadowski, Elizabeth A.;Shinagare, Atul B.;Nougaret, Stephanie;Gui, Benedetta;Manganaro, Lucia;Maturen, Katherine E.;Rizzo, Stefania M. R.;Sala, Evis;Causa-Andrieu, Pamela and Venkatesan, Aradhana M.

Publication Date: 2025

Journal: European Journal of Radiology

Abstract: Competing Interests: Declaration of competing interest This work received no external financial support. The Scientific Publications staff at the Mayo Clinic provided copyediting support. Yulia Lakhman reports support in part by the National Institutes of Health/National Cancer Institute Cancer Center Support Grant (P30 CA008748). Yulia Lakhman serves as a Consultant for Perceptive eClinical. Atul Shinagare serves as a Consultant for Virtualscopics and Imaging Endpoints. Evis Sala reports grant support from GE HealthCare and AWS, Honoraria and Consultation fees from GE Healthcare, BRACCO and Philips, including participation in GE Healthcare, BRACCO and Philips sponsored speaker's bureau, and is a stock shareholder of Lucida Medical. Aradhana Venkatesan reports grant support from Siemens Healthineers, the Ingram Family Fund, the US Department of Defense, and the Joint Center for Computational Oncology Oncological Data and Computational Sciences Grant program, co-sponsored by the University of Texas MD Anderson Cancer Center, the Oden Institute for Computational Engineering and Sciences, and the Texas Advanced Computing Center (TACC).; Gynecologic cancers are among the leading causes of cancer-related deaths among female patients, with over 80 % of patients experiencing persistent or long-term effects even after curative treatment. Abdominopelvic complications can arise from the disease itself or treatment-related factors. Tumor-related complications include effects from locoregional invasion (malignant bowel obstruction, obstructive uropathy), tumor rupture (and associated hemorrhage), hypercoagulability (leading to deep vein thrombosis), and infections (including tumor fistulization to the bowel or lower urinary tract, abscesses, pyometra, and/or superinfected necrosis). Treatment-related complications can be subdivided into those following surgery, radiotherapy, or systemic therapy, including immunotherapy. Postoperative complications include paralytic ileus, obstructions, fistulas, anastomotic leaks or strictures, vaginal cuff dehiscence, wound infections, lymphocele, and lymphedema. Radiotherapy-related toxicities include acute toxicities of diarrhea, cystitis, and vaginal mucositis, as well as chronic toxic effects, including radiation enteritis, bladder dysfunction, fistulas, pelvic insufficiency fractures, and sexual dysfunction. Complications of cytotoxic chemotherapy and targeted agents include myelosuppression, neuropathy, mucositis, neutropenic enterocolitis, pneumatosis intestinalis, bowel perforation, tumor-to-bowel fistula, pancreatitis, nephrotoxicity, osteoporosis, and bone loss. Immunotherapy-related toxicities include colitis, enteritis, hepatitis, and pancreatitis. The role of the radiologist in the detection and characterization of these complications is paramount, as imaging is integral to timely diagnosis and multidisciplinary management. An awareness of the spectrum of abdominopelvic complications affecting gynecologic oncology patients is essential to maximal

4. Transforming Gynaecological Radiotherapy: Integrating Lean Principles in Advanced Practice Radiation Therapist-Led Toxicity Assessment...Leading the way: Radiography Advanced Practice (LTWRAP) International Conference, September 5-7, 2025, Bradford, England

Authors: Lin, Yixin Jeannie; Soong, Yoke Lim; Yeo, Ming Chert Richard; Khoo-Tan, Hoon; Yap, Swee Peng; Sommat, Kiattisa and Tuan, Kit Loong Jeffrey

Publication Date: 2025

Journal: Radiography

5. New immunotherapy treatment for womb cancer is approved by NICE

Author: O'Dowd, Adrian

Publication Date: 2025

Journal: BMJ

Thousands of women with endometrial cancer are set to benefit from new immunotherapy treatment that has been approved by the UK medicine watchdog.

6. Overweight and obesity management (QS212)

Author: National Institute for Health and Care Excellence

Publication Date: 2025

This quality standard covers prevention, behavioural management, assessment, and treatment of overweight, obesity and central adiposity in children and young people aged over 2 years, and adults. This includes those with established comorbidities, and those with risk factors for other medical conditions. It describes high-quality care in priority areas for improvement.

7. European guidelines on management of arrested or protracted labor in nulliparous women

Authors: Duvekot JJ et al

Publication Date: 2025

Journal: European journal of obstetrics, gynecology, and reproductive biology

8. Guidelines on Placenta Accreta Spectrum Disorders: A Systematic Review

Author: Bonanni G et al

Publication Date: 2025

Journal: JAMA network open

What are the levels of agreement and gaps in guidelines for placenta accreta spectrum disorders across different income settings?

9. Refining current risk stratification guidelines for pregnant women with Fontan circulation: lessons from PROFAT registry

Author: Ladouceur M et al.

Publication Date: 2025

Journal: European journal of preventive cardiology

Abstract: Aims

Pregnancy in women with a Fontan circulation carries increased risk. Given the relative evidence void, pregnancy counselling requires considerable nuance and experience.

Objectives

This study aimed to identify risk factors for maternal and foetal complications and to contrast risk estimates obtained from existing risk stratification tools, including the modified WHO, CARPREG II, and ZAHARA risk scores.

10. Complementary therapies for women with premature ovarian insufficiency: a systematic literature review to inform the 2024 update of the ESHRE/ASRM/IMS/CRE-WHiRL guidelines on premature ovarian insufficiency

Author: Maunder A et al.

Publication Date: 2025

Journal: Climacteric: the journal of the International Menopause Society

Premature ovarian insufficiency (POI) is associated with reduced quality of life and increased health risks. While hormone therapy (HT) is standard treatment, some women seek other options to treat its sequelae. This review explores the role of complementary therapies for POI.

11. FIGO guideline on liver disease and pregnancy

Authors: Nana M et al.

Publication Date: 2025

Journal: International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics

Abstract: The number of women entering pregnancy with chronic liver disease is rising. Gestational liver disorders affect 3% of the pregnant population. Both can be associated with significant maternal and fetal morbidity and mortality. European guidance has recently been published to inform management.

12. Guidelines on Placenta Accreta Spectrum Disorders: A Systematic Review

Authors: Bonanni G et al

Publication Date: 2025

Journal: JAMA network open

What are the levels of agreement and gaps in guidelines for placenta accreta spectrum disorders across different income settings?

13. Strategic Guidelines to Integrate Artificial Intelligence in Obstetrics and Gynecology: Best Practices and Ethical Considerations

Authors: Sengupta P et al.

Publication Date: 2025

Journal: Reproductive sciences

14. British Thoracic Society guideline for diagnosing and monitoring paediatric sleep-disordered breathing: a guideline review

Author: Murinye-Magwenzi M et al.

Publication Date: 2025

Journal: Archives of disease in childhood. Education and practice edition

Background: Sleep-disordered breathing (SDB) refers to a range of conditions that disrupt normal breathing patterns during sleep, including apnoeas, hypopnoeas and/or hypoventilation. It affects between 2% and 11% of children.¹ The negative health outcomes associated with SDB include behavioural, cognitive and emotional difficulties as well as poor growth and cardiovascular morbidity in children with complex conditions.² All clinicians caring for children who might have SDB need to be aware of the diagnostic pathways for these children and referral pathways for other causes of excessive daytime sleepiness including narcolepsy.

This review summarises the key aspects of the British Thoracic Society (BTS) guideline on diagnosing SDB, highlights its recommendations and provides an analysis of its implications for paediatric practice.

15. Guidelines and practice on antipsychotics prescribing and physical health monitoring in children and young people: a cohort study using primary care data

Author: Vinogradova Y et al.

Publication Date: 2025

Journal: BMJ mental health

Background Antipsychotic treatments require physical health monitoring (PHM), especially among children and young people (CYP).

Objective For CYP aged 5-17, to investigate recorded indications for antipsychotics prescribing and first-treatment durations, and, for psychosis, bipolar disorder, autism spectrum disorder (ASD) and Tourette's syndrome, recorded levels of PHM for CYP with antipsychotics prescriptions and those without.

16. Management of paediatric ulcerative colitis, part 1: Ambulatory care-An updated evidence-based consensus guideline from the European Society of Paediatric Gastroenterology, Hepatology and Nutrition and the European Crohn's and Colitis Organisation

Author: Wine E et al.

Publication Date: 2025

Journal: Journal of pediatric gastroenterology and nutrition

Abstract: Objectives: Despite advances in the management of ambulatory paediatric ulcerative colitis (UC), challenges remain as many patients are refractory to therapy and some require colectomy. The aim of these guidelines is to provide an update on optimal care for UC through detailed recommendations and practice points.

17. Treating juvenile dermatomyositis to target: Paediatric Rheumatology European Society/Childhood Arthritis and Rheumatology Research Alliance-endorsed recommendations from an international task force

Authors: Ravelli A et al.

Publication Date: 2025

Journal: Annals of the rheumatic diseases

18. A scoping review of personalised UK maternity care: where are we now?

Author: Tompkins L.

Publication Date: 2025

Journal: British Journal of Midwifery

Personalised care has been recommended continuously to improve UK maternity services. The aim of this review was to explore the current provision of personalised care and consider why it may not yet be fully embedded in practice.

19. An exploratory review of maternity and neonatal services

Publication Date: 2025

Health Services Safety Investigations Body

This report is a summary of information collected during an exploratory review of maternity and neonatal services in spring 2025. This review involved meetings with 17 stakeholders and a review of 35 safety concerns submitted to the Health Services Safety Investigations Body.

20. Contact with the National Health Service in the week after an acute medical paediatric admission

Author: Dick S.

Publication Date: 2025

Journal: Archives of Disease in Childhood 2025

Reports on the number of contacts with emergency departments (ED) and OOH out-of-hours (OOH) general practice in the week after discharge from hospital in Scotland during 2015–2017, including the number of contacts which result in a readmission.

21. Maternal, newborn and infant health: priorities for improved outcomes

Authors: Natasha Mutebi; Gabrielle Mathews

Publication Date: 2025

Parliamentary Office of Science and Technology (POST)

The UK has shown significant disparities in maternal and infant health outcomes, particularly for different communities in England. How can policy interventions ensure safety and improved equitable outcomes?

22. **Screening parents of children with a chronic condition for mental health problems: a systematic review**

Author: Coscini N.

Publication Date: 2025

Journal: Archives of Disease in Childhood

Parents of children with a chronic condition (CC) have a high prevalence of mental health (MH) difficulties. The authors aimed to identify approaches to routine screening programmes for parents of children with a CC attending hospital outpatient clinics (aim 1); associated prevalence of MH symptoms (aim 2); and whether screening impacted referrals to, and uptake of, MH services (aim 3).

23. **NHS England launches online self-referrals for maternity services**

Author: Say, Mark

Publication Date: 2025

UK Authority

It said the new online form will make it possible for newly pregnant women to refer themselves directly to local maternity services without seeing a GP first, and to arrange their first midwife appointments more quickly.

24. **Inequalities in maternal outcomes: postnatal emergency hospital care Nuffield Trust**

Publication Date: 2025

Nuffield Trust

With inequalities in maternal outcomes between different ethnic groups and by levels of socio-economic deprivation, this project aims to address a gap in our knowledge about the need for unplanned hospital care for women and people giving birth in the year following delivery.

25. **Reducing hospital-acquired infections in the NICU: Nurse-led quality improvement strategies**

Authors: Iqbal, Faiza; Siva, N.; Shenoy, Padmaja A.; Lewis, Leslie Edward S.; Purkayastha, Jayashree; Vandana, K.E.

Publication Date: 2025

Journal: Journal of Neonatal Nursing

Abstract: Infection control is crucial in neonatal intensive care units (NICUs) to protect high-risk neonates from healthcare-associated infections (HAIs). This review scrutinizes nurse-led **quality improvement** approaches and use of **innovative** technologies to decrease and prevent infection in NICUs. Essentials of nurse-led initiatives include continuous education, care bundle implementation, and peer-to-peer training, all of which have shown significant

effectiveness in reduction of infection rates, especially for central line-associated bloodstream infections (CLABSIs). **Innovative** technologies, such as antimicrobial surfaces, automated hand hygiene monitoring and electronic monitoring systems have demonstrated beneficial results in improving adherence and lowering infection rates. Despite these new advancements, there are numerous challenges faced in implementing infection control, include limited resources, such as shortage in staff, personal protective equipment, and a lack of proper infrastructure, particularly in resource-limited settings. Effective prevention of infection in NICUs depends on a combination of nurse-led initiatives and **innovative** technological approaches.

26. Principles for supporting women's choices in maternity care

Publication Date: 2025

Nursing & Midwifery Council (NMC)

These principles have been developed in response to a changing maternity landscape, with more women seeking personalised care and, in some cases, making choices outside standard care pathways. Grounded in real-world practice, these evidence-based principles provide supportive information for midwives and employers navigating complex care scenarios. This will help ensure professionals can support women's individual choices while delivering safe, high-quality, person-centred care in line with the Nursing and Midwifery Council code and standards.

27. National maternity investigation launched to drive improvements (Press Release)

Department of Health and Social Care, NHS England and The Rt Hon Wes Streeting MP

Publication Date: 2025

Baroness Valerie Amos will lead the rapid national maternity and neonatal safety investigation, announced by health secretary Wes Streeting in June.

The inquiry will examine up to 10 services and review the wider maternity and neonatal system. It will also bring together the findings of past reviews into a single, coherent set of national actions. Work will begin this summer, with an initial set of recommendations expected by December 2025.

28. An exploratory review of maternity and neonatal services

Health Services Safety Investigations Body

Publication Date: 2025

The Health Services Safety Investigations Body (HSSIB) has published an exploratory review of maternity and neonatal services. Drawing on stakeholder feedback and past reports, the review is intended to inform the national investigation. It provides a comprehensive summary of the issues, highlighting fragmented systems, repeated recommendations that are not acted on, gaps in risk awareness and learning, persistent inequalities, and concerns around the focus on "normal births" in undergraduate midwifery education.

29. Young people's mental health: improving emotional support

Authors: Kelly, B; Kennedy A; Okeke, J

Publication Date: 2025

Journal: The Health Foundation

Worsening mental health among young people is one of our most pressing societal challenges – but good emotional support is an important protective factor. Our briefing identifies policy changes to support stronger relationships between young people and their families.

30. Out of control: addressing the rise in psychiatric and neurodevelopmental disorders amongst children and young people

Author: Policy Exchange

Publication Date: 2025

There has been a significant growth in reported and formally diagnosed mental ill-health and neurodivergence over the last decade amongst children and young people (CYP). This report considers the reasons behind this growth, examines the current provision of support across health care, education and welfare and sets out proposals to improve outcomes for CYP by delivering a more coherent, proactive and sustainable system.

31. Does harsh parenting increase the risk of self-harm and suicide in young people?

Author: Marzoecki, F

Publication Date: 2025

The Mental Elf Service

This brand new Lancet Psychiatry paper looks across 38 longitudinal cohort studies to uncover how parenting and family dysfunction predict later self-harm or suicidality. The findings may surprise you.

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