

Women and Children's

Current Awareness Bulletin

April 2026

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New books available from the Academy Library

An introduction to child and adolescent mental health by Maddie Burton and Clive Sealey 2026

<https://swims.koha.openfifth.net/cgi-bin/koha/opac-detail.pl?biblionumber=17316>

New / Updated Guidance from NICE

Screen use by children aged under five: independent report

This report contains the findings and recommendations of the Early Years Screen Time Advisory Group on the effects of all types of screen use in the early years of childhood. It takes into account the latest research into the impacts on child development, both positive and negative, of early years screen use. It examines quantitative and qualitative evidence on the effects of all types of screen use, including computers, tablets, mobile phones, and television. It sets out the panel's findings and its recommendations to parents and the government.

Read the report online at <https://www.gov.uk/government/publications/screen-use-by-children-aged-under-5>

Children waiting to leave hospital

Children's Commissioner for England

Recently I visited a children's hospital where I came across a little girl. She was tiny but said hello confidently. I asked who she was – and was told that she lived at the hospital. She was

not too sick to leave, but her parents were unable – or unwilling – to take her home, and social care was not taking on responsibility for her care.

She did not attend nursery. She didn't leave the ward. Instead of cuddles and a bedtime story with her parents at night, she saw only medical staff.

She inspired this report. I have used my statutory powers as Children's Commissioner to collect the first data on how many more children like this are in our system.

Her story is one of a total systemic failure and a breach of her rights. And she is not alone.

My data shows that within this generation of children, more than 1,000 children spent over a year in hospital. Those with long hospital stays are disproportionately from deprived backgrounds or from ethnic minorities.

Read online at <https://www.childrenscommissioner.gov.uk/resource/children-waiting-to-leave-hospital/>

Menstrual health of girls and young women

House of Commons Women and Equalities Committee; 2026.

This report finds that women's health is not being sufficiently prioritised in the government's system-wide NHS reforms. Systemic change is needed not just in the health service, but in the education system and online communications, to support women and girls to understand their health and receive the right care.

Read online at <https://committees.parliament.uk/work/9299/reproductive-health-conditions-girls-and-young-women/publications/>

The state of endometriosis care in the UK: a roadmap for driving down diagnosis times and improving access to care

Endometriosis UK; 2026

This report highlights the struggles of individuals seeking diagnosis and management to help reduce the severity of symptoms: 39% of respondents reported needing to visit their GP 10 times or more before endometriosis was suspected. Additionally, 55% of respondents attended A&E with their symptoms, but 46% of these were sent home without treatment. It finds that the average time to receive a diagnosis of endometriosis in the UK has now reached nine years and four months.

Read online at <https://www.endometriosis-uk.org/sites/default/files/2026-02/Endometriosis%20-%20The%20State%20of%20Endometriosis%20Care%20Report.pdf>

Strengths-based support for neurodivergent children and young people

Centre for Mental Health

Up to 70% of neurodivergent children and young people experience significant mental health problems at some stage of school. Prevalence of mental health difficulties is particularly high

among autistic girls and young people from racialised communities. When neurodivergent children's needs are not understood or supported by services, this can worsen their mental health. Research from the University of York is summarised in this report and finds that standard mental health programmes often do not work well for neurodivergent children and young people. Many neurodivergent children find universal interventions like cognitive behavioural therapy and mindfulness programmes difficult and stressful. Strengths-based support for neurodivergent children and young people explores how adapted, sensory-informed and play-based approaches can improve engagement, wellbeing and mental health outcomes.

Read online at <https://www.centreformentalhealth.org.uk/publications/strengths-based-support-for-neurodivergent-children-and-young-people/>

End coercion in UK maternity care

Birthrights

This report finds that home birth services are being restricted, suspended and frequently interrupted up and down the UK. The report explores these restrictions, and how they disproportionately impact minoritised or marginalised communities and sets out Birthrights' recommendations on what must be done.

Read online at <https://birthrights.org.uk/campaigns-research/home-birth-restrictions/>

Why babies' first relationships matter: The value of parent-infant relationships in the UK.

Centre for Mental Health

Secure parent–infant relationships underpin a baby's emotional regulation, resilience, and healthy development, bringing lifelong benefits. The report finds that only around 4% of babies and their families in need can currently access specialised parent-infant support, with significant gaps in service provision in rural, coastal, and disadvantaged urban areas, disproportionately affecting families living in poverty, from racialised communities, or experiencing parental mental health challenges.

Read online at <https://www.centreformentalhealth.org.uk/publications/why-babies-first-relationships-matter/>

Is England making progress to improve maternity care?

Nuffield Trust

Years of inquiries have exposed failings in maternity care in England that suggest problems are systemic. As the sector awaits Baroness Amos's final report from a national investigation, this explainer reviews current outcomes, progress, and efforts to improve maternity and neonatal care. It finds a troubling picture, with maternal mortality rising, progress stalling on many metrics, and inequalities persisting. It suggests what might be needed to ensure better progress.

The government has confirmed that the Maternity and Newborn Safety Investigations (MNSI) programme will continue until at least 2030 (<https://www.mnsi.org.uk/news/mnsi-programme-confirmed-to-continue-to-2030/>), extending its role in improving maternity and neonatal safety across England.

Since 2018, MNSI has carried out more than 4,600 independent investigations into serious harm and deaths. The extension means this important work can continue, but the key question is whether learning from the programme is effectively translated into system-wide change. Without that, there is a risk of generating more recommendations without meaningful impact.

Read online at <https://www.nuffieldtrust.org.uk/resource/is-england-making-progress-to-improve-maternity-care-an-explainer>

Are guidelines needed? International perspectives on decision-making and practice variation in the care of extremely preterm infants.

Geurtzen R et al. *Journal of perinatology : official journal of the California Perinatal Association*; Online publication date: 2026 Feb 10

<https://doi.org/10.1038/s41372-026-02581-5>

NHS England publishes postnatal care toolkit

NHS England has published a new toolkit to help integrated care boards (ICBs) and provider organisations improve postnatal care. It sets out evidence-based actions, informed by our postnatal care guideline (<https://www.nice.org.uk/guidance/ng194>), to deliver joined-up, high-quality care in the critical weeks after birth. The toolkit helps ICB leaders understand what an effective, collaborative approach looks like and shows how services can work together across organisational boundaries to achieve the standards set out in our guideline.

Children living in illegal children's homes.

The Children's Commissioner; 2026

Last year, for the first time, the Children's Commissioner shone a light on children placed in illegal homes – isolated, left without appropriate care, and often at increased risk of harm. These so-called 'homes' include caravans, holiday rentals, or AirBnBs, usually under the ownership of private companies with no formal inspection or scrutiny. In the year since the first report was published, there have been some notable opportunities for change.

Read online at <https://www.childrenscommissioner.gov.uk/resource/children-living-in-illegal-childrens-homes/>

How does Ethnicity Affect Children's Pathways Through Social Care?

Institute of Public Care; 2026.

This report describes the findings from a short pilot study undertaken by Institute of Public Care at Oxford Brookes University (IPC) and London Borough of Tower Hamlets, supported by

the Nuffield Family Justice Observatory. Many local authorities in England have been aware of differences between the relative proportions of children from different ethnic backgrounds in their general population, those who are in need, those who require safeguarding and those who are subject to care proceedings.

Read online at <https://ipc.brookes.ac.uk/publications/how-does-ethnicity-affect-childrens-pathways-through-social-care/>

Models of perinatal care for women using drugs and their infants: synopsis of The Stepping Stones Study.

Radcliffe P . Health and Social Care Delivery Research 2026;14(2):1-36.

Women who use drugs during the perinatal period often have complex health and social care needs. Their infants can experience developmental and health problems. Despite United Kingdom's guidelines and policies on the care of pregnant women and mothers who use drugs, there is little evidence of the services that are available in the United Kingdom and whether they meet the needs of women and their infants.

Read online at <https://www.journalslibrary.nihr.ac.uk/hsdr/published-articles/GJPR0411>

Systematic review of the relationship between chronic health conditions in childhood and economic outcomes in adulthood.

Dick S. Archives of Disease in Childhood 2026;111(4):364-369.

The objective of this study was to update a 2015 systematic review of the literature which identified associations between chronic health conditions before age 18 years and economic outcomes in adulthood.

Read online at <https://adc.bmj.com/content/111/4/364>

Best Start Family Hubs and Healthy Babies: guidance for local authorities.

Department of Health and Social Care (DHSC); 2026.

How local authorities should implement Best Start Family Hubs and Healthy Babies services. Guidance includes: a strategic overview and vision for transformed family services; detailed delivery expectations; information on reporting and implementation support; and guidance on preparing for implementation.

Read online at <https://www.gov.uk/government/publications/best-start-family-hubs-and-healthy-babies-guidance-for-local-authorities>

Fertility problems: assessment and treatment. [NICE]

National Institute for Health and Care Excellence (NICE); 2026.

NICE guideline NG257. Published: 31 March 2026. This guideline covers diagnosing and treating health-related fertility problems. It aims to reduce variation in practice and improve how fertility problems are investigated and managed.

Read online at <https://www.nice.org.uk/guidance/ng257>

Children in deprived areas are most at risk of avoidable poisoning by medicines

National Institute for Health and Care Research (NIHR); 2026

Researchers examined hospital admissions for children (aged 0 - 11 years) poisoned with medicines between 1998 and 2018. The vast majority of poisonings in this age group are known to be unintentional. The team found that admissions for poisoning by paracetamol increased, while those for poisoning by prescribed drugs (such as antidepressants or opioids) decreased.

Read online at <https://evidence.nihr.ac.uk/alert/children-in-deprived-areas-are-most-at-risk-of-avoidable-poisoning-by-medicines/>

Child death in the emergency department: experience from a 10-year retrospective review.

Jump P. Archives of Disease in Childhood 2026;111(4):293-298

The aim of this research was to describe the demographic characteristics, causes and temporal patterns of child deaths occurring in a paediatric emergency department (ED) over a 10-year period. DESIGN: Single-centre retrospective observational study.

Evaluating the diagnostic accuracy of point-of-care ultrasound for paediatric appendicitis: a UK multicentre observational study.

McCreary D. Archives of Disease in Childhood 2026;111(3):199-204.

The aim of this study was to evaluate the diagnostic accuracy of point-of-care ultrasound (POCUS) performed by paediatric emergency medicine (PEM) clinicians for suspected paediatric appendicitis.

Prenatal antiseizure drug exposure and risk of neurodevelopmental disorders in children: population based cohort study.

Straub L. BMJ 2026;392:e085725.

The findings strengthen the evidence for increased neurodevelopmental risks among children with prenatal valproate exposure and suggest the need for further evaluation of zonisamide. Signals for other antiseizure drugs, observed in the context of several comparisons and rare outcomes, require confirmation as data accumulate.

Menstrual health of girls and young women.

House of Commons Women and Equalities Committee; 2026

This Women and Equalities Committee report finds that women's health is not being sufficiently prioritised in the Government's system-wide NHS reforms. It found that systemic change is needed not just in the health service, but in the education system and online communications, to support women and girls to understand their health and receive the right care.

Read online at <https://committees.parliament.uk/committee/328/women-and-equalities%20committee/news/212280/improving-menstrual-health-must-be-prioritised-in-womens>

1. Assessment of probiotic and prebiotic use in gynecologic cancer patients: a systematic review

Authors: Chalif, Julia;Morton, Molly;Haight, Paulina;Mehra, Yogita;O'Malley, David;Spakowicz, Daniel and Chambers, Laura

Publication Date: 2026

Journal: American Journal of Obstetrics & Gynecology 234(4), pp. 893–918

2. Implementing Health-Related Quality of Life Assessment in Pediatric Oncology: A Feasibility Study

Authors: Doig, Mikaela;Jessop, Sophie;Hansford, Jordan R.;Le, Hien;O'Connor, Matthew;Gorayski, Peter;Cunningham, Andrew;Hutchinson, Amanda;Bedford, Victoria;Bezak, Eva;Parange, Nayana;Skelton, Kelly;Price, Timothy and Short, Michala

Publication Date: 2026

Journal: Pediatric Blood & Cancer 73(5), pp. e70234

Abstract: Background: There is growing interest in embedding health-related quality of life (HRQoL) assessment and patient-reported outcome measures (PROMs) within clinical cancer care. This study evaluated the feasibility, acceptability, and usability of implementing an electronic PROM (ePROM) platform to measure HRQoL in children with cancer.; Procedure: A multicenter mixed-methods feasibility study was conducted over 12 months with children aged 5-12 years diagnosed with cancer, their parents, and their clinicians. Participants completed age-appropriate child self-report and parent-proxy report pediatric quality of life inventory (PedsQL) generic core scales using a web-based platform at key clinical milestones. Clinicians were provided with access to HRQoL outcomes. Parents and clinicians completed evaluation surveys, including the system usability scale (SUS), at 6 months to assess usability and acceptability.; Results: A total of 91 participants were enrolled, including 37 children, 37 parents, and 17 clinicians. Overall, 85% of all administered PROMs were completed by at least the child or parent respondent, yielding a total of 175 PROMs. Children completed 88% of

scheduled PROMs, whereas parents completed 62%. Evaluation surveys were completed by 17 parents and 6 clinicians. The mean SUS score was 88.6 (standard deviation SD] = 11.5), indicating high usability. All responding parents rated the platform as child friendly and said that the PROM captured important aspects of their child's HRQoL.; Conclusions: Routine assessment of HRQoL using an ePROM platform was feasible, acceptable, and usable for children aged 5-12 years with cancer. Preliminary evidence suggesting clinical utility supports the need for future implementation-effectiveness studies. (© 2026 The Author(s). Pediatric Blood & Cancer published by Wiley Periodicals LLC.)

3. Clinical Scores for Predicting Outcomes in Pediatric Oncology Sepsis: A Systematic Review and Meta-Analysis

Authors: Domínguez-Rojas, Jesús Ángel;Torres, Silvio;Aceituno, Alejandra Méndez;Arias, Anita;Sequeria, Gabriela;Tatay, Daniel;Robles, Lupe Mora;Muñoz, Clotilde Mireya;Llano, Luis and Spentzas, Thomas

Publication Date: 2026

Journal: Critical Care Research & Practice 2026, pp. 1–10

4. Gynecological cancer patients share insights for better shared decision-making

Authors: Frank, Kasper;Steffensen, Karina Dahl;Lund, Lea;Soegaard, Margit;Lemley, Birthe;Jensen, Karina Mølgaard and Olling, Karina

Publication Date: 2026

Journal: Patient Education and Counseling 146, pp. 109498

Abstract: Objectives: To examine gynecological cancer patients' preferred role in decision making, their experienced involvement, and their advice to patients and clinicians on preparing for and supporting SDM in clinical consultations.; Methods: Two validated questionnaires, the Control Preference Scale (CPS) and CollaboRATE, were used to assess patients' preferred roles in SDM and their perceived level of involvement in medical decisions. Two open-ended questions were included to gather descriptive advice from patients, intended for both patients and clinicians. The sample for this survey was drawn from participants in a Danish patient advocacy group.; Results: In total, 117 patients completed the CPS, with 90% (n = 105) indicating a preference for an active role and 10% (n = 12) indicating a preference for a collaborative role in decision making. Mean item scores for CollaboRATE (n = 114) were 6.6 (SD = 2.1) for explanation, 5.2 (SD = 2.6) for preference elicitation, and 5.5 (SD = 2.5) for integration, with 7.9% of the respondents giving a top score. The most repeated theme of advice to patients was to ask questions. Empathic communication, including active listening and the provision of clear, easy-to-understand information, was the most frequently emphasized advice to clinicians.; Conclusions: Patients with gynecological cancer express a strong desire for involvement in SDM; however, many report that their experienced level of participation falls short of their preferences. They recommend an active role by asking targeted questions, thoroughly understanding benefits and risks of options, and remaining persistent in

expressing needs. Patients emphasized the importance of empathetic communication, active listening, and the provision of clear, easy-to-understand information by clinicians.; Practical Implications: Our findings offer actionable recommendations to bridge the gap between patients' preferred role in SDM and their actual experiences across the care journey. By incorporating these recommendations, both patients and clinicians can adopt practical strategies to facilitate more personalized, patient-centered decisions aligned with individual preferences and needs. (Copyright © 2026 The Authors. Published by Elsevier B.V. All rights reserved.)

5. The Development and Refinement of a Web-Based Sexual Health Education Intervention for Pediatric Oncology Physicians and Advanced Practice Providers Caring for Adolescents and Young Adults With Cancer

Authors: Frederick, Natasha N.;Bennett, Alyssa;Bingen, Kristin;Cherven, Brooke;Chevalier, Lydia L.;Demedis, Jenna;Freyer, David R.;Nguyen, Adrienne;Nowobilski, Mary-Kate;Pitter, Trisha;Quinn, Gwendolyn P. and Bober, Sharon L.

Publication Date: 2026

Journal: Pediatric Blood & Cancer 73(5), pp. e70200

Abstract: Purpose: Adolescent and young adult (AYA) oncology patients demonstrate an expressed need for improved sexual health (SH) communication with oncology clinicians, yet these conversations rarely take place, with clinicians identifying lack of education as a key barrier. This work describes the development and revision of a suite of educational modules aiming to improve clinician SH communication.; Methods: Literature review, data collected from prior research by the study team, and expert input from the Children's Oncology Group AYA Sexual Health Task Force were used to develop a series of interactive, online education modules. Clinicians, including physicians and advanced practice providers, were recruited by email across five academic institutions to review the modules and provide feedback through completion of an online open-ended survey. Themes derived from feedback guided module modifications.; Results: The initial curriculum consisted of three interactive modules that focused on the importance of addressing SH with AYA patients, how to discuss SH with AYAs, and contraception/safe sex practices during cancer treatment. Fourteen pediatric oncology clinicians reviewed the modules and provided feedback. Collectively, participants described the modules as informative, well-organized, visually appealing, and relevant to clinical practice. Opportunities for improvement included an option to modify the speed of narration, the incorporation of more interactive features to facilitate learner engagement, and the need for additional content on sexual dysfunction.; Conclusion: This suite of clinician-focused SH education modules represents a key step in advancing AYA SH care throughout cancer treatment and survivorship. Future work will explore the efficacy of the modules on AYA-clinician SH communication. (© 2026 Wiley Periodicals LLC.)

6. Negative pressure wound therapy versus conventional debridement in subcutaneous abdominal wound healing in obese patients following obstetric/gynaecologic surgery

Authors: Karadeniz, Ozan;Guler, Osman Murat;Tunc, Bugra and Goksu, Mustafa

Publication Date: 2026

Journal: Journal of Wound Care 35, pp. S18–S26

Abstract: Objective: This study evaluates the clinical outcomes of negative pressure wound therapy plus debridement (NPWT+D) compared to conventional debridement (CD) in cases of subcutaneous abdominal wound healing impairment (SAWHI) following obstetric and gynaecological surgery. Method: This retrospective cohort study examined data from patients with obesity (body mass index $\geq 30\text{kg/m}^2$) who experienced SAWHI after surgical site infections following obstetric and gynaecological procedures. Patients were divided into two groups according to treatment methods: the control group received standard care with debridement alone (CD group), while the remainder received NPWT+D (NPWT+D group). Data were collected from patient medical records, focusing on: demographic factors; comorbidities; wound characteristics; perioperative data; wound healing; hospital stay; intravenous treatment; infection rates; and dressing counts. Results: The data of 103 patients were reviewed. The NPWT+D group ($n=50$) demonstrated shorter wound healing times than the CD group ($n=53$) (11.3 ± 4.2 days versus 14.9 ± 6.4 days, respectively; $p=0.004$) and markedly fewer debridement sessions (3.7 ± 1.5 versus 14.5 ± 5.9 , respectively; $p<0.001$). Additionally, reinfection rates were significantly lower in the NPWT+D group compared with the CD group (4.0% versus 24.5%, respectively; $p=0.003$). Conclusion: The findings of this retrospective study showed that NPWT, when integrated with surgical debridement, demonstrated significant efficacy in managing SAWHI following obstetric and gynaecological procedures. Compared to CD, NPWT+D was associated with accelerated wound healing and decreased frequency of dressing changes, thereby minimising patient discomfort and healthcare resource use.

7. Application of high-intensity focused ultrasound in gynaecological diseases

Authors: Li, Lei;Zhang, Guorui;Sun, Mengyuan;Lang, Jinghe and Yu, Xin

Publication Date: 2026

Journal: International Journal of Hyperthermia : The Official Journal of European Society for Hyperthermic Oncology, North American Hyperthermia Group 43(1), pp. 2635294

Abstract: Background: High-intensity focused ultrasound (HIFU), a noninvasive treatment method, has attracted increasing attention in recent years for the management of gynaecological diseases. This review summarizes current literature on the application of HIFU in gynaecological diseases and discusses the advantages of HIFU compared with traditional surgery and other treatment strategies.; Methods: A comprehensive literature search was conducted in PubMed, Embase and Web of Science from their inception to Dec 2025. Titles and abstracts were screened, and relevant data were extracted, followed by full-text quality assessment of the potentially relevant articles.; Results: This studies have enrolled the application of HIFU in 135 studies in uterine fibroids, 42 studies in adenomyosis, 22 studies in caesarean scar pregnancy, 12 studies in endometriosis, 3 studies in cervicitis, 13 studies in vulvar diseases and 10 studies in placenta diseases. With accumulating clinical experience and ongoing technological advancements, HIFU has achieved improved efficacy and reduced rates of severe adverse events. In particular, HIFU may represent a well-tolerated option for patients seeking fertility preservation and does not appear to increase obstetric risk.;

Conclusion: HIFU is effective and recognized as a treatment for uterine fibroids, adenomyosis, and other benign gynaecological diseases. However, lack of high-quality long-term follow-up data remains. Patients can be more precisely selected and treated with appropriate therapy, minimizing adverse effects and decreasing the re-intervention rates. Noninvasive treatments such as HIFU are expected to become increasingly important in the next decade.

8. Qualitative analysis of out-of-hospital self-management capabilities and ongoing care needs in patients with gynecological malignancies and venous thromboembolism

Authors: Li, Tian-Hua;Wang, Yan-Wei;Feng, Jing-Xuan;Sun, Ning;Bian, Ya-Jing;Ma, Jun-Ying and Li, Lai-You

Publication Date: 2026

Journal: Annals of Medicine 58(1), pp. 2628359

Abstract: Background: Postoperative patients with gynecological malignant tumors are prone to venous thromboembolism (VTE) due to hypercoagulability and limited mobility, and lack of professional guidance after discharge, further increasing the risk of VTE occurrence. Therefore, this study focuses on the current status of self-management ability and continuity of care needs of patients after discharge, aiming to clarify the practical difficulties of prevention activities such as limb activity and symptom recognition in the home environment, in order to improve the implementation and compliance of VTE prevention measures for patients outside the hospital.; Methods: Utilizing a phenomenological approach within qualitative research, interview outlines were developed through a comprehensive literature review and expert consultations. The interviewees were selected from 10 patients with gynecological malignant tumors who underwent chemotherapy in our department within 3 months after surgery. The interview method is semi-structured and in-depth qualitative interviews. Data were transcribed, coded, refined, and analyzed utilizing the Colaizzi phenomenological 7-step analysis method.; Results: The self-management abilities for out-of-hospital VTE prevention among patients with gynecological malignancies were categorized into five themes: inadequate VTE risk perception, low self-efficacy in VTE prevention, limited interest in VTE-related information, insufficient VTE prevention education and awareness efforts by healthcare providers, and restricted access to VTE prevention resources. Ongoing care needs were identified into two primary areas: a desire for diverse VTE prevention educational materials and support from families and relatives.; Conclusion: Significant challenges persist in the out-of-hospital self-management and ongoing care of VTE among patients with gynecological malignancies. To address these issues, healthcare providers must develop effective strategies to enhance self-management, optimize continuous care services, and provide comprehensive information resources and social support. These interventions aim to improve patient adherence to VTE prevention measures and enhance their efficacy.

9. Effects of a nurse-led yoga program on cancer-related fatigue, psychological distress, and health-related quality of life among women with gynecological cancer: A single-blind randomized controlled trial

Authors: Ma, Xing;Qi, Yishu;Shang, Meimei;Wong, Cho Lee;Chan, Raymond Javan;Ho,

Publication Date: 2026

Journal: International Journal of Nursing Studies 178, pp. 105389

Abstract: Background: Cancer-related fatigue and psychological distress are highly prevalent and impose a substantial burden on women with gynecological cancer receiving chemotherapy or chemoradiotherapy, yet they are often undertreated. Yoga, as a holistic intervention, has shown promise in alleviating these burdens and enhancing health-related quality of life among patients with breast cancer. However, evidence supporting its effectiveness in women with gynecological cancer remains limited.; Objective: To evaluate the effects of a nurse-led yoga program, compared with usual care, on cancer-related fatigue, psychological distress, and health-related quality of life among women with gynecological cancer undergoing chemotherapy or chemoradiotherapy.; Design: An assessor-blinded, two-arm randomized controlled trial with a 1:1 parallel-group design.; Setting and Participants: Women with gynecological cancer receiving chemotherapy or chemoradiotherapy were recruited from a tertiary cancer hospital in Jinan, China.; Methods: Participants were randomly assigned to receive either a 6-week nurse-led yoga program plus usual care (intervention group) or usual care alone (control group). The primary outcome was cancer-related fatigue, and the secondary outcomes were psychological distress (distress, anxiety, and depressive symptoms) and health-related quality of life. Outcomes were assessed at baseline (T0), immediately after the 6-week intervention (T1), and 1 month after the 6-week intervention (T2). The effects of the intervention were analyzed using generalized estimating equations models.; Results: Participants in the intervention group reported significantly greater reductions in cancer-related fatigue (T1: β : -0.92, 95% CI: -1.50, -0.35, p = 0.002; T2: β : -0.71, 95% CI: -1.40, -0.03, p = 0.042) and distress (T1: β : -1.20, 95% CI: -2.05, -0.34, p = 0.006; T2: β : -1.19, 95% CI: -2.23, -0.16, p = 0.024) compared with the control group at T1 and T2. Despite no significant between-group differences being observed in overall health-related quality of life, significant improvements were noted in the subscales of physical well-being at T1 (β : 1.89, 95% CI: 0.31, 3.47, p = 0.019) and functional well-being at T2 (β : 2.67, 95% CI: 0.34, 5.00, p = 0.025) in the intervention group relative to the control group.; Conclusions: The nurse-led yoga program was effective in alleviating cancer-related fatigue and distress in women with gynecological cancer undergoing chemotherapy or chemoradiotherapy. Yoga may be considered a part of routine care for this population where resources permit.; Registration: Chinese Clinical Trial Registry (ChiCTR2400083352, registration date: 22/04/2024, first recruitment: 29/04/2024). (Copyright © 2026 Elsevier Ltd. All rights reserved.)

10. Robotic Hysterectomy for Benign Gynecology: Evidence and Insights

Authors: Mushtaq, Sana;Hassan, Muhammad Arslan UI and Li, Yan

Publication Date: Apr ,2026

Journal: Critical Care Nursing Quarterly 49(2), pp. 196–204

Abstract: Hysterectomy is the regimen of choice for benign gynecologic diseases, including uterine myoma, adenomyosis, endometriosis, and genital prolapse. Surgeons choose hysterectomy methods based on clinical situations or patients' preferences. Even though

minimal invasive surgery (MIS) such as robotic hysterectomy (RH) and laparoscopic hysterectomy (LH) has been improved, the abdominal hysterectomy (AH) approach is still the most common. The advancement in robotic surgeries results in increased adoption of MIS. It allows the surgeon to perform a hysterectomy for complex cases where LH and vaginal hysterectomy are contraindicated and would otherwise require laparotomy. Since both LH and RH have low rates of complications, it is not clear what benefits RH offers over LH. So, RH's advantages over LH are being debated. Robotic gynecologic treatment may have benefits that are hard to quantify. In the literature, different factors such as quality of life, cost, uterine size, complex pathology, obesity, and surgeon's experience, are being used to know the feasibility of RH. Therefore, in this review, we evaluate the factors that can help conclude the benefits or drawbacks of RH and LH.

11. The Effect of the “Femininity Identity Improvement Program” Based on Cognitive Behavioral and Expressive Techniques Applied to Patients with Gynecological Cancer on Prolonged Grief Reactions and Determining the Perception of Femininity

Authors: Pamuk, Kevser and Karaca, Aysel

Publication Date: 2026

Journal: Journal of Rational-Emotive & Cognitive-Behavior Therapy 44(2), pp. 1–35

Abstract: The aim of this study was to determine the effects of the “Femininity Identity Improvement Program” on prolonged grief reactions and perceptions of femininity among patients with gynecological cancer. This study employed an embedded (nested) mixed-methods design. Registered under Clinical Trials number NCT05529303, the study comprised 80 patients (40 in the intervention group and 40 in the control group). The intervention group received a 10-week “Femininity Identity Improvement Program” based on cognitive-behavioral and expressive techniques, while the control group received no intervention. Quantitative data were collected using the Personal Information Form and the prolonged grief disorder scale–patient form at pre-test, post-test (at the end of the intervention program, Week 10), and follow-up (3 months after completion of the program). Qualitative data were gathered from 11 volunteers in the intervention group via the “Interview Form for Determining Perceptions of Femininity” after the program. Quantitative results indicated significant changes in the mean prolonged grief disorder scale-patient form scores over time between the intervention and control groups ($p < 0.05$). ANCOVA controlling for pre-test and post-test scores also revealed a significant difference in follow-up scores ($p = 0.006$). Post-intervention, the intervention group had significantly lower mean scores than the control group, with an effect size ($f = 0.110$) nearing a strong level (0.114). Qualitative analysis uncovered six themes related to femininity perceptions post-intervention. The “Femininity Identity Improvement Program” appears to have the potential to positively influence prolonged grief responses in women with gynecological cancer. The program strengthens coping skills, including self-perception, self-confidence, cognitive processing, and acceptance, thereby supporting participants’ sense of femininity. These findings suggest that the program may serve as a feasible supportive intervention for women with cancer who have similar clinical and psychosocial needs.

12. Streamlining the Tray, Sustaining the Future: Instrument Utilization in Gynecologic Surgery

Author: Pope, H. and Glaser, L.

Publication Date: 2026

Publication Details: Obstetrics & Gynecology, 147, pp.91S. , Baltimore, Maryland: Lippincott Williams & Wilkins.

13. Why We Start Late: Uncovering the Reasons for Delayed First Case Start Times (FCST) in Gynecologic Surgery

Author: Whitmore, G., Bolt, M., Tam, J. and Orlando, M.

Publication Date: 2026

Publication Details: Obstetrics & Gynecology, 147, pp.20S–21S. , Baltimore, Maryland: Lippincott Williams & Wilkins.

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