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Women and Children's

Current Awareness Bulletin

July 2026

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Ockenden review exposes scale of Nottingham maternity failures

The review into Nottingham University Hospital Trust's maternity services, chaired by Donna Ockenden, found that 444 women and 76 babies experienced potentially avoidable harm because of substandard maternity care between 2012 and 2025.

Many of the themes the report highlighted are, sadly, familiar: failures to listen to women and families; inadequate fetal monitoring; delays in recognising and responding to deterioration; poor multidisciplinary working; poor leadership; and repeated failures to investigate incidents properly and learn from them. The report also found a "toxic bullying culture", with a "small minority of powerful leaders" being allowed to "infect" the trust's maternity services.

In response, the government announced several measures, including rolling out Martha's Rule to all maternity units and new powers to compel NHS staff to cooperate with future maternity investigations.

At the press launch, Ms Ockenden said: "My team found examples of what they described as normalisation of deviance. This occurred when there were significant concerns that should have led to intervention, but the quest for normal birth continued – and avoidance of

intervention persisted, often with tragic outcomes. These are not isolated incidents but were representative of a pattern. And that pattern caused long-term harm."

The same issue – pursuing "normal birth" (birth without medical intervention) at the expense of safety – has been highlighted as a theme across multiple maternity inquiries and reports over the last two decades. Yet it has evidently still not been fully confronted or addressed – an issue I reflect on in the *British Medical Journal*.

Reported from the HSJ Patient Safety Watch - https://www.hsj.co.uk/patient-safety/patient-safety-watch-the-wrong-voices/8123776.article

National Maternity and Neonatal Investigation: actions and controversy

A second major report on maternity safety followed just a few days later. The National Maternity and Neonatal Investigation (NMNI), chaired by Baroness Amos, concluded that England's maternity system is "confusing, inflexible, and unresponsive". It highlighted longstanding problems, including workforce shortages, inconsistent investigations after harm, and a culture that too often failed to listen to women and families.

As reported by *HSJ*, NHS England CEO Sir Jim Mackey has since written to trust boards announcing an immediate 10-point maternity improvement plan. Key measures include joint board-level accountability between medical directors and chief nurses, mandatory triage audits and improvements, rollout of Martha's Rule, reviews of home birth services, action on inequalities, and strengthened board oversight to tackle the recurring safety failures identified by successive maternity inquiries.

Reported from the HSJ Patient Safety Watch - https://www.hsj.co.uk/patient-safety/patient-safety-watch-the-wrong-voices/8123776.article

MBRRACE-UK Perinatal mortality surveillance : UK perinatal deaths of babies born in 2024 : State of the nation report.

Healthcare Quality Improvement Partnership (HQIP); 2026.

Known as MBRRACE-UK, this outcome review programme's latest report focuses on UK perinatal deaths of babies born in 2024, finding that rates of baby death continued to decrease in that year.

Read online at https://www.hqip.org.uk/wp-content/uploads/2026/06/Ref.-705-MNI-CORP-Perinatal-Mortality-Surveillance-Report_FINAL.pdf

Advances in the management of ADHD in children and adolescents.

Robaey P. *BMJ* 2026;393:e082507.

This review synthesizes evidence on managing attention deficit/hyperactivity disorder (ADHD) in children and adolescents, focusing on studies published between 2019 and 2025.

Recent research supports a dimensional, pleiotropic model of ADHD characterized by heterogeneity, developmental fluctuation, and frequent comorbidity. Overall, the evidence

supports a multimodal, pragmatic approach to care aligned with current international guidelines.

Read online at https://www.bmj.com/content/393/bmj-2024-082507

The implications of climate change for the learning and development of children and youth living in poverty.

Noor J. The Lancet Public Health 2026;11(6):e408-e416

This Review synthesises evidence on how climate change affects learning and development among children and youth living in poverty within formal educational settings. Across diverse geographical contexts, climate-related exposures consistently interacted with poverty to deepen existing inequities. Viewed through a rights-based and intergenerational justice lens, the findings of this Review position educational disruption as a crucial yet neglected dimension of climate-related harm.

Read online at https://www.sciencedirect.com/science/article/pii/S2468266726000757

'British children are not shrinking', but child height is increasing for the wrong reasons: trends and inequalities in child measurement programme data for England, Scotland and Wales.

Moscrop A. *Journal of Epidemiology & Community Health* 2026;80(7):534-540.

This work complements research describing a causal link from child obesity to increased height during childhood and implies mean height may be an unreliable indicator of child health when obesity is prevalent and rising. In Britain, increases in overall mean child height and narrowing socioeconomic inequalities in child height during the 21st century may reflect widening inequalities in obesity and worsening health among deprived children.

Read online at https://jech.bmj.com/content/80/7/534

Interventions for Preventing Obesity in Children and Adolescents Aged 5-18 Years: An Overview of Nonrandomized Study Evidence Reported in 28 Systematic Reviews.

Spiga F. *Obesity Reviews* 2026;27(7):e70090.

An overview of reviews of nonrandomized studies interventions (NRSI) was conducted that assessed change in BMI in children and adolescents aged 5-18 years and compared NRSI findings with those from RCTs. The results from this overview of reviews suggest researchers and policy makers can be confident in considering the results of robust nonrandomized study designs (evaluating their impact on BMI) alongside RCTs in their decision making.

Read online at https://onlinelibrary.wiley.com/doi/10.1111/obr.70090

Unlocking potential: the intersection of women's health and economic outcomes

This briefing summarises a panel discussion which explored the key challenges preventing better outcomes in women's health, as well as the intersection between women's health and economic outcomes. With reducing economic inactivity and shifting to a more preventive, community-based health system at the heart of the Government's priorities, the report argues that the importance of women's health in these aims must not be overlooked. It also looks at the issue of women and girls being unable to access the care they need for conditions that disproportionately affect them, including mental health issues, autoimmune diseases, and migraines.

Read the report at https://re-state.co.uk/publications/unlocking-potential-the-intersection-of-womens-health-and-economic-outcomes/

Australia has already banned social media for under 16s – here's what the UK can learn from the experience.

The Conversation; 2026.

In March 2026, Australia's eSafety Commission released its first detailed compliance report. It showed social media companies had taken "some steps" to restrict access to accounts. But the report also provided data from parents showing 70% of children retained active social media accounts.

Read online at https://theconversation.com/australia-has-already-banned-social-media-for-under-16s-heres-what-the-uk-can-learn-from-the-experience-285256

Children growing up in B&Bs – new data shows the full story.

The Children's Commissioner; 2026.

Tens of thousands of children are spending long chunks of their childhoods in unsuitable shared accommodation – sharing bathrooms with strangers, often in unpleasant conditions and cramped together in one small space without privacy. A report from the Children's Commissioner.

Read online at https://www.childrenscommissioner.gov.uk/resource/children-growing-up-in-bbs-new-data-shows-the-full-story/

Complex intervention to improve empathy within maternity services: a mixed methods feasibility study with pilot evaluation.

Bennett-Weston A. BMJ Open Quality 2026;15(2):e004013.

Lack of empathy in National Health Service maternity services contributes to adverse outcomes for women, babies and practitioners. While empathy training can improve individual communication, sustainable improvement in empathy requires system-level change. The authors conducted a mixed-methods feasibility study with pilot implementation and evaluation of an initiative to improve system-level empathy within a maternity unit.

Findings, conclusions and essential actions from the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust

Gov.uk

This independent review of maternity services at the Nottingham University Hospitals NHS Trust (led by Donna Ockenden) considered the quality of care relating to newborn, infant and maternal harm at the trust.

This report covers the findings, conclusions and essential actions of this independent review of maternity services. Based on a review of over 2,500 family cases that formed part of this investigation, the final report outlines: local actions for learning that staff at the trust must do; system-wide learnings; and immediate and essential actions to improve maternity and neonatal care

Read online at https://www.gov.uk/government/publications/ockenden-review-into-maternity-services-at-nottingham-university-hospitals-nhs-trust-final-report

Building a preventative mental health system for children and young people

Children's Commissioner

This report, prepared for the Child of the North All-Party Parliamentary Group, finds that nearly one in five primary school children are now experiencing a probable mental health disorder. Children and young people growing up in disadvantaged communities, particularly across parts of the North of England, are more likely to experience cumulative adversity, poorer wellbeing, and reduced access to support.

Read online at https://www.childrenscommissioner.gov.uk/resource/childrens-and-young-peoples-mental-health-services-2024-25

Adverse childhood experiences in children and youth experiencing homelessness: a systematic review and meta-analysis.

The Lancet Public Health; 2026.

This study synthesises ACE prevalence in children and youth experiencing homelessness, examines whether study characteristics influenced prevalence estimates, and summarises associations of ACEs with health-related outcomes.

Read online at https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00092-7/fulltext

Call It What It Is : The impact of online misogyny on children and young people's attitudes and behaviours.

Barnado's; 2026.

Evidence shows the normalisation of misogyny is being amplified by platform design, algorithms, and weak moderation, meaning harmful content is not only widespread, but often actively promoted.

Read online at https://www.barnardos.org.uk/research/impact-online-misogyny-children-and-young-peoples-attitudes-and-behaviours

Emotional disorders among children and young people in England from 2004 to 2017: analysis of a probability sample survey series.

Taxiarchi VP. British Journal of Psychiatry 2026;229(1):36-42.

Accumulating evidence shows that an increasing number of children and young people (CYP) are reporting mental health problems. Between 2004 and 2017, the increase in emotional disorders among CYP in England was largely driven by anxiety disorders. Socioeconomic inequalities did not narrow. Disaggregating by ethnicity, change was evident only in White CYP, suggesting differential trends in either risk exposure, resilience or reporting by ethnicity.

Read online at https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/emotional-disorders-among-children-and-young-people-in-england-from-2004-to-2017-analysis-of-a-probability-sample-survey-series/54A65E23C3A98064DC4D5D4F82AB6280

Impacts of Screen Time, Media and Technology Use on Under 2s during the first 1001 Critical Days: A Systematic Review.

Clayton C. University of Leeds 2026;:1-143.

The benefit of digital screen exposure for babies is negligible, while the potential risks of use on physical, cognitive, social, and emotional development are substantial.

Read online at https://eprints.whiterose.ac.uk/id/eprint/241609/

Mindfulness-Based Interventions for Well-Being and Mental Health in Children and Adolescents.

Agency for Healthcare Research and Quality (AHRQ); 2026.

In general populations, MBIs show small, comparator-dependent, and mostly short-term benefits. In children and adolescents with diagnosed anxiety or depression, MBIs modestly reduce depression at postintervention, while anxiety outcomes were similar to controls; ACT shows small improvements in depression and quality of life versus inactive controls, but the results are uncertain compared to CBT. Effects in those with chronic physical conditions remain insufficient.

Read online at https://effectivehealthcare.ahrq.gov/products/ped-mindfulness/research

Unlocking potential: the intersection of women's health and economic outcomes.

Re:State; 2026.

Re:State hosted a panel exploring the intersection of women's health and economic outcomes. Women's health is underserved in the UK, with detrimental human and economic

consequences. This panel made it very clear that women's health is a mainstream economic issue, and can no longer be seen as a 'niche' topic or an afterthought. From educational achievement to economic inactivity or pensioner poverty, better serving women's health is essential for better outcomes through every phase of life.

Read online at https://re-state.co.uk/publications/unlocking-potential-the-intersection-of-womens-health-and-economic-outcomes/

Independent Investigation into Maternity and Neonatal Services in England: final report and recommendations

National Maternity and Neonatal Investigation

Baroness Amos (chair of this investigation) has found that the maternity and neonatal system in England is no longer fit to consistently deliver high-quality, compassionate care to every woman and family, and requires urgent reform to put safety at its centre, embed a focus on listening to women, and ensure anti-racist practice at every level. This report highlights key areas of concern, identifies barriers to delivering change and sets out a robust package of eight recommendations aimed at delivering long-term systemic and cultural transformation in maternity and neonatal care for the 21st century. The report also includes an additional set of actions that can be taken now, which will make a significant difference to the experience of women and families and the ability of staff to provide safe care.

Read online at https://www.matneoinv.org.uk/final-reports/

NHS to offer new immunotherapy for hundreds of women with aggressive cervical cancer –

NHS England News

Pembrolizumab – which experts describe as being able to 'take the handbrake off the body's immune system' to target cancer – will now offer a new option for women with locally-advanced cervical cancer.

Read online at https://www.england.nhs.uk/2026/06/nhs-offer-new-immunotherapy-hundreds-women-with-aggressive-cervical-cancer/

Adverse childhood experiences in children and youth experiencing homelessness: a systematic review and meta-analysis.

Gehrenbeck K. The Lancet Public Health 2026;11(7):e438-e448.

Children and youth experiencing homelessness are highly affected by adverse childhood experiences (ACEs) and related health harms. We aimed to synthesise ACE prevalence in this population and summarise associations of ACEs with health-related outcomes.

This study provides the first quantitative synthesis of ACE prevalence in children and youth experiencing homelessness and indicates a high burden of abuse. Integrated multiagency services and ACE-focused prevention strategies are needed.

Read online at https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00092-7/fulltext

Prevalence of adverse childhood experience items: a systematic review and meta-analyses.

Madigan S. The Lancet Public Health 2026;11(7):e427-e437.

Adverse childhood experiences (ACEs) are a substantial public health problem globally. The aim of this study is to synthesise the prevalence of ACE items in adults. ACEs are common, but their distribution is not uniform, with marked variations across adversity types and population subgroups. These findings underscore the global burden of ACEs and point to the need for structural and child-rights approaches to prevention, paired with societal shifts in how children are protected and supported.

Read online at https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00077-0/fulltext

Advances in the management of ADHD in children and adolescents.

Robaey P. BMJ 2026;393:e082507.

This review synthesizes evidence on managing attention deficit/hyperactivity disorder (ADHD) in children and adolescents, focusing on studies published between 2019 and 2025. Recent research supports a dimensional, pleiotropic model of ADHD characterized by heterogeneity, developmental fluctuation, and frequent comorbidity. Overall, the evidence supports a multimodal, pragmatic approach to care aligned with current international guidelines.

Daytime Urinary Incontinence in Children.

Royal College of Nursing (RCN); 2026.

Functional daytime urinary incontinence and associated bladder symptoms are common in children and young people. This guidance is designed to provide relevant comprehensive information, including the current evidence base and recommendations for assessment and treatment. The forms in the appendices have been designed to be downloaded and completed on screen or on paper.

Read online at https://www.rcn.org.uk/Professional-Development/publications/rcn-daytime-urinary-incontinence-in-children-uk-pub-012-377

State of child health 2026

Royal College of Paediatrics and Child Health

This review provides a clear and comprehensive overview of children’s health across the four nations of the UK, analysing progress against twelve key child health indicators. Nearly ten years on from the first review, outcomes for children in England have either worsened or

stalled across almost all key indicators. The impact is felt most sharply in deprived areas and among ethnic minority communities.

Read online at https://www.rcpch.ac.uk/work-we-do/state-of-child-health

National maternity triage specification

NHS England

As outlined in NHS England's 10 Point Plan for maternity and neonatal services, all trusts must commit to delivering safe and effective maternity triage. Within three months, each trust should complete a board-level audit to identify any gaps and ensure services are consistently safe, responsive and appropriately resourced. This national maternity triage specification will support local services in achieving this urgent action.

Read online at https://www.england.nhs.uk/publication/national-maternity-triage-specification

NHS AI blood test could reduce invasive cancer exams for women

Digital Health, 09 July 2026

Thousands of women could avoid invasive diagnostic procedures for suspected womb cancer under an NHS trial of an AI blood test designed to identify patients at low risk of disease.

Read online at https://www.digitalhealth.net/2026/07/nhs-ai-blood-test-could-reduce-invasive-cancer-exams-for-women/

Equity for every baby: tackling inequalities in neonatal care linked to ethnicity and socioeconomic deprivation

Bliss

This report reveals inequity related to ethnicity and socioeconomic deprivation is present throughout the whole of a baby’s neonatal journey. It brings presents evidence that shows how minoritised ethnicity and social deprivation contribute to a double-disadvantage: babies are more likely to be admitted to neonatal care and more likely to have worse outcomes – including a higher risk of death – because of their demographics and circumstances.

Read online at https://sr-bliss.s3.amazonaws.com/images/Research-and-campaigns/Campaigns/Report-final-web.pdf

Who needs emergency care in the year after giving birth?

Nuffield Trust

New analysis of 1.6 million births in England reveals that one in five women use emergency care services in the year after giving birth – with inequalities rooted in deprivation, ethnicity and pre-existing health conditions that often predate pregnancy by years.

This report argues that improving maternity care alone is unlikely to be sufficient, with a need for a genuine life-course approach to women's health.

Read online at https://www.nuffieldtrust.org.uk/research/who-needs-emergency-care-in-the-year-after-giving-birth

Children's wellbeing online: social media quantitative and qualitative report.

Department for Science, Innovation & Technology (DSIT); 2026.

This report examines how parents, Children and Young People (CYP), teachers and youth practitioners, and young people in deliberative youth Hack events view social media, its impacts on children's wellbeing, and the case for restrictions including an under-16 blanket social media ban. AI chatbots and age assurance are also examined as an emerging area of policy interest, treated alongside the social media findings rather than as a separate exercise.

Read online at https://www.gov.uk/government/publications/childrens-wellbeing-online-social-media-quantitative-and-qualitative-report

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1. **Raising the bar on surgical site infection bundles: Preoperative penicillin allergy testing in gynecologic oncology patients with a reported penicillin allergy - A quality improvement study**

Authors: Desravines, Nerlyne;Tschudy, Megan M.;Hazimeh, Dana;Brown, Kristin;Azar, Antoine;Kashi, Payam Katebi;Fader, Amanda;Wethington, Stephanie;Beavis, Anna;Stewart, Katherine;Ferriss, J. S.;Levinson, Kimberly;Liu, Fong and Stone, Rebecca

Publication Date: 2026

Journal: Gynecologic Oncology 210, pp. 200–207

Abstract: Objectives Practice guidelines advise cefazolin for surgical prophylaxis to reduce surgical site infection (SSI) in clean-contaminated procedures but recommend alternative antibiotics for patients with reported penicillin (PCN) allergy despite increased odds of SSI with alternative antibiotics. We aimed to increase use of cefazolin for SSI prophylaxis from 42% in a 3-year period (preintervention) to 80% by 34 months postintervention by implementing preoperative penicillin allergy testing (PAT) in patients with a reported PCN allergy. Study Design This was a prospective quality improvement (QI) initiative from 03/2021 to 12/2023. An EMR-embedded best practice advisory (BPA) alert prompted preoperative PAT for patients with reported PCN allergies. Our primary outcome measure was use of cefazolin for SSI prophylaxis at surgery, when indicated. We deployed iterative process modifications based on successive plan-do-study-act (PDSA) cycles using the Model for Improvement. Process and outcome data were analyzed using run charts. Results We identified 119 patients who initially reported a penicillin allergy during our study period. The use of cefazolin at the time of surgery significantly increased from 42% (3-year pre-intervention period) to 77.3% (2-year postintervention period), p ≤0.01. Postintervention, the median cefazolin use was 66% of cases by 34 months. 29.4% of patients completed PAT compared to none in the 12 months preceding our intervention. Following the intervention, our SSI rate was 0% (0 of 119)

compared to 2.8% pre-intervention (5 of 176). Conclusions Preoperative PAT is a feasible strategy for increasing the best practice use of cefazolin for SSI prophylaxis in those reporting PCN allergy. PAT as routine preoperative care may promote antimicrobial stewardship and decrease SSI risk.

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2. **Failure to rescue after major gynecologic cancer surgery: A National Surgical Quality Improvement Program analysis**

Authors: Farabee, Elizabeth A.;Ahrendt, Hannah D.;Lin, Michelle;Uczkowski, Natalia Gontarczyk;Godecker, Amy L. and Wallace, Sumer K.

Publication Date: 2026

Journal: Gynecologic Oncology 211, pp. 246–253

Abstract: Objective Failure to rescue (FTR), defined as mortality following a postoperative complication, is a more comprehensive quality metric than complication or mortality rates alone. This study evaluated the incidence of FTR and associated risk factors in major gynecologic oncology surgery. Methods The American College of Surgeons National Surgical Quality Improvement Program was queried for patients undergoing gynecologic oncology procedures between 2013 and 2019 and 2022-2024; data from 2020 to 2021 were excluded due to pandemic-related disruption. Primary outcome was FTR, defined as death within 30 days among patients with at least one postoperative complication. Multivariable logistic regression was used to adjust for factors associated with FTR. Results Among 100,054 patients undergoing major gynecologic oncology surgery, 5.5% experienced one or more postoperative complications and the overall FTR rate was 4.8%. Procedure was not independently associated with FTR. On multivariable analysis, any severe complication was most strongly associated with FTR (OR 4.73, 95% CI 3.45-6.50). In the adjusted model, hypoalbuminemia (OR 2.84, 95% CI 2.07-3.89), perioperative transfusion (OR 1.63, 95% CI 1.17-2.27), and increasing age (OR 1.03 per year, 95% CI 1.02-1.04) were also significantly associated with FTR. Patients who experienced FTR had earlier time to first complication and earlier reoperation compared with survivors. Conclusions Complication severity, and markers of reduced physiologic reserve, rather than procedure complexity, are the patient-level factors driving FTR following major gynecologic cancer surgery. These findings support targeted preoperative optimization and intensified postoperative surveillance for high-risk patients.

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3. **The Child's Voice in Paediatric Oncology: An Interpretative Phenomenological Analysis of the Child's Lived Experience of Parenting in Hospital-At-Home**

Authors: Kirakosyan, Voskan;Miler, Caroline;Mallard, Adeline;Péré, Bastien;Chrétien, Ingrid and Bacqué, Marie-Frédérique

Publication Date: 2026

Journal: Journal of Clinical Nursing

Abstract: Background Hospital-at-home (HaH) is becoming more widely available to children

with cancer, providing care in a familiar environment while upholding medical safety and quality. Little is known, however, about how these children experience their parents' caregiving in the context of HaH, how they perceive and interpret parental roles, what they require in daily care, and how they communicate these needs. Methods Seven children aged 7 to 12 years undergoing home-based cancer treatment were interviewed using interpretative phenomenological analysis (IPA). These interviews, conducted via telephone, were open-ended and exploratory, allowing the children to express their experiences freely. Results One major theme-'the child's voice'-emerged, encompassing two interrelated sub-themes: (1) parental presence as a condition of care; and (2) the strategies children use to express their voice. Parental presence was described as essential for emotional security, predictability and meaning, serving as both a psychological anchor and a temporal organiser in the child's daily life. The children expressed their voice through multiple forms-verbal, gestural, symptom-focused or silent-revealing their active participation in care and their capacity to preserve relational and emotional continuity within the family setting. Conclusions Children with cancer perceive HaH as more than a transfer of hospital treatment; they experience it as a shared relational experience built on parental presence and mutual understanding. Recognising and supporting the child's voice in its various forms is vital for ensuring that HaH becomes not only a site for medical care but also a meaningful space for living. Relevance to Clinical Practice Our findings highlight the need for healthcare teams to take into account the variety of children's voices and grant them a real place in HaH. They are not simply recipients of care, but also active participants in the care relationship, capable of expressing their needs, emotions, and expectations in their own way. Patient or Public Contribution No patient or public contribution.

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4. **Pediatric Oncology Patients' Anxiety and Life Quality: Parent and Child Perspectives**

Authors: KÖROĞLU, Kübra Nur and KÖSE, Semra

Publication Date: 2026

Journal: Balikesir Health Sciences Journal / Balıkesir Sağlık Bilimleri Dergisi 15(2), pp. 236–246

Abstract: Objective: This study aims to examine the anxiety levels of children with oncologic problems and their quality of life from the perspectives of children and parents, and to evaluate the relationship. Materials and Methods: The study was conducted between March 2022 and April 2023 with children aged 7-12 years and their parents who were hospitalized in the Pediatric Hematology and Oncology Clinic and treated in the Outpatient Clinic of a university hospital. The study sample comprised 124 children and their parents who met the criteria. Data were collected using the "Child and Parent Descriptive Form," "7- 12 Years Pediatric Oncology Patients Life Quality Scale Child and Parent Form," and "Child Anxiety Sensitivity Index." In the analysis, the following were used: number of units (n), percentage (%), mean±standard deviation (Mean±SD), median (M), minimum (min) and maximum (max) values, Mann-Whitney U test, Kruskal-Wallis H test, and correlation test. Results: In the study, 54% of the children were girls, the median age was 9.30±1.65 years, and 72.6% were diagnosed with Acute Lymphoblastic Leukemia. Significant associations were found for the variables of the child's gender, schooling status, and family type with the Life Quality child form, and for the duration of diagnosis, grade level, and parental spouse education status with

the Life Quality parent form. Significant associations were also found with the CASI for the variables of the duration of the child's diagnosis and the parental spouse's education status. There was a negative correlation between the child's age and grade and quality of life (parent form) and CASI, and a positive correlation with quality of life (child form). There was a negative relationship between parental age, parental partner age, and CASI. There was a negative relationship between quality of life (child form) and quality of life (parent form), a negative relationship between quality of life (parent form) and CASI, and a positive relationship between quality of life (child form) and CASI. Conclusion: Anxiety, childparent perspective, and quality of life were effective for children with oncologic problems.

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5. **Improving postoperative outcomes in gynecologic oncology through a standardized telehealth intervention: experience from an urban safety-net hospital system**

Authors: Markel, Lilla;Ellis, Lauren;Wetzelberger, Aubrey;Anderson, Matthew L.;Rutherford, Thomas;Kohut, Adrian;Yasukawa, Maya;Coughlin, Emily;Mhaskar, Rahul and Andikyan, Vaagn

Publication Date: 2026

Journal: Gynecologic Oncology Reports 66, pp. 102138

Abstract: Objective To evaluate the impact of a standardized postoperative phone call program on outcomes among patients undergoing gynecologic oncology surgery at an urban safety-net tertiary care center. Methods As a quality improvement initiative, routine postoperative calls were implemented in January 2025 for all surgical patients on the gynecologic oncology service at our center. Nursing staff contacted patients 48-72 h after discharge using a structured questionnaire. We conducted a retrospective cohort study of patients who underwent surgery in the 4 months before and after implementation (9/1/2024-4/30/2025). Data were collected via chart review. Primary outcomes were readmission and mortality within 90 days. Secondary outcomes included ED visits, postoperative visit attendance, and outpatient complication management. Results Among 466 patients, 215 received phone calls and 251 did not. Baseline characteristics were similar. Patients receiving calls had higher postoperative visit attendance (94.4% vs. 86.9%, p = 0.006) and more outpatient management of complications (18.1% vs. 6.7%, p p = 0.042). Of those contacted, 41.4% reported concerns, most commonly nonspecific symptoms, pain, and constipation. Mortality was 1.4% in the phone call group vs. 4.4% among those who were not called (p = 0.059). Conclusions Standardized postoperative phone calls improved follow-up adherence and outpatient complication management, suggesting enhanced care coordination.

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6. **Better at home: A quality improvement initiative to increase same day discharge after minimally invasive hysterectomies in gynecologic oncology**

Authors: Peters, Pamela N.;Morello, Madeline;Tyler-Walker, Jamie;Sterrett, Emily;McLean, Heather and Havrilesky, Laura J.

Publication Date: 2026

Journal: Gynecologic Oncology Reports 66, pp. 102136

Abstract: Objective To increase the rate of same-day discharge after minimally invasive hysterectomy. Methods A quality improvement initiative was implemented at a large academic medical center for patients undergoing minimally invasive hysterectomy by a gynecologic oncologist. The Institute for Healthcare Improvement (IHI) Model for Improvement framework was utilized to define the primary aim, develop interventions, and designate tracked measures. The primary aim was to increase the rate of same-day discharge after minimally invasive hysterectomy from a 61% baseline rate to over 90% within 8 months. Process measures included improving the percentage of cases scheduled as ambulatory surgeries. Balancing measures included emergency department encounters and time spent in the post-anesthesia care unit (PACU). Statistical process control charts were used to track measures. Our main interventions were: 1) creation of standard work (elimination of void trials, standard language in pre-operative surgical consent); 2) patient education initiative; 3) case discussions at division meetings to promote evidence-based care. Results The rate of same-day discharge improved significantly from 61% to 85% over a 1-year period. The percentage of minimally invasive hysterectomy cases scheduled as ambulatory surgery improved from 3.5% to 81%. There was no change in the mean time spent in the PACU or in emergency department encounters within 1 week after surgery. Conclusions A quality improvement initiative with simple interventions focused the creation of standard work, patient education, and provider culture significantly improved rates of same day discharge after minimally invasive hysterectomy without increasing post-op emergency room visits or time in the PACU.

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7. **Barriers and Facilitators to Participating in Pediatric Oncology Rehabilitation: Childhood Cancer Survivor and Caregiver Perspectives**

Authors: Rice, Hannah E.;Housten, Ashley J.;King, Allison A.;Reando, Amy and L'Hotta, Allison J.

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Journal: Archives of Physical Medicine & Rehabilitation 107(7), pp. 1648–1656

Abstract: To characterize childhood cancer survivors (CCS) and caregiver barriers and facilitators to participating in rehabilitation therapies, specifically physical therapy, occupational therapy, and speech–language pathology following a new pediatric cancer diagnosis. Multisite qualitative study. Two US academic medical centers in the Midwest and Mountain West regions. Thirteen CCS diagnosed with cancer before the age of 19 years, with a rehabilitation referral, and 33 caregivers of CCS meeting eligibility criteria (N = 46 CCS and caregivers). Not applicable. Not applicable. We identified 5 key themes: (1) consistency in care; (2) unique needs of CCS; (3) access to local rehabilitation services in home communities; (4) caregiver engagement; and (5) costs and insurance coverage. Receiving routine care from consistent providers helped CCS feel comfortable participating in and challenging themselves in therapy. Organizational and provider supports helped families navigate transitions between rehabilitation settings. Participants reported challenges related to finding care that met CCS unique needs in their home communities and identifying providers who were knowledgeable of these needs. Patient safety and comfort were influenced by factors such as rehabilitation setting and sanitized to reflect the needs of immunocompromised CCS. Organizational and provider supports helped families with associated care cost barriers, including insurance coverage. CCS and caregiver experiences with rehabilitation services are influenced by

supports and challenges at multiple levels, including individual, community, and organizational levels. These findings can inform current and future pediatric oncology rehabilitation program multilevel implementation and promote patient and family participation. Contextual factors that influence these efforts should be a focus of future research.

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8. **Patient engagement for quality improvement and knowledge translation in paediatric orthopaedic care – a patient partner led initiative**

Authors: Wong, Marisa;Crerar, Philippa;Cooper, Anthony Philip and Chhina, Harpreet

Publication Date: 2026

Journal: Journal of Patient-Reported Outcomes 10(1), pp. 1–5

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