

Women & Children's

Current Awareness Bulletin

August 2026

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Improving maternal and infant outcomes and reducing inequalities:

Why preconception health should have parity with maternity care. Deprivation and potentially preventable conditions such as obesity, diabetes and hypertension are driving poor maternal and infant outcomes and inequalities. Veena Raleigh explores why preconception health must be prioritised.

Hundreds of thousands of women access free morning-after pill at NHS pharmacies in first 5 months - New figures show that almost 305,000 doses of the emergency contraceptive pill were supplied at pharmacies between October 2025 and March 2026 without women needing to book a GP or sexual health clinic appointment.

Beyond 'how can I help?': the Ockenden and Amos maternity reviews and compassionate leadership

The recent reports tell us that compassionate leadership is not just about asking 'how can I help?' but being prepared to listen and act, say Alistair Thomson and Naja Felter.

Care continuity between midwifery and health visiting services: principles for practice

This guidance sets out practical, practice focused principles to strengthen continuity between midwifery and health visiting services across pregnancy, birth and the postnatal period. It reflects current policy, evidence and learning, with a particular focus on relational continuity, shared professional oversight

and co-ordinated working at points of transition. It aligns with national priorities for integrated, community based postnatal care.

State of the nation: identifying vulnerable children and young people and supporting them to thrive

This report reveals that more children are growing up in difficult circumstances, with rising poverty and housing insecurity increasing levels of vulnerability. These challenges are having a knock-on effect on children, leading to more children missing school, poor mental health, rising obesity, and growing concerns about harm and exploitation. The systems designed to support vulnerable children are under sustained pressure, with demand outstripping capacity across many services.

Epilepsies in children, young people and adults [NICE]

National Institute for Health and Care Excellence (NICE); 2026. [NICE guideline NG217. Published: 27 April 2022. Last updated: 05 August 2026. See Update Information section for amendments.]

1. Obstetric and gynecological violence: awareness and experience of French residents in gynecology. A cross-sectional survey

Authors: Abgral, Maëlig;Motte-Cleren, Solenn;Deffieux, Xavier;Glicenstein, Frédéric;Laffond, Milla;Benachi, Alexandra and Vivanti, Alexandre J.

Publication Date: 2026

Journal: Journal of Gynecology Obstetrics and Human Reproduction 55(7), pp. 103213

Abstract: Background Obstetric and gynecological violence (OGV) is a long-standing issue that affects the experiences of both patients and caregivers. This study explores the awareness, experiences, and practices of obstetrics and gynecology residents in France, within a context of ongoing controversy. Methods A nationwide survey was carried out between September and December 2023, via a questionnaire distributed to French obstetrics-gynecology and medical gynecology residents. It consists of 37 questions, most of which are closed-ended (answers based on Likert scales, ranging from 1 to 10), but some of which could be completed with free text. The primary objective of this study was to assess gynecology residents' awareness of OGV (defined according to the French Haut Conseil à l'Égalité criteria). The secondary objectives were to evaluate their knowledge and personal experiences and to identify areas for improvement in training. Results Of the 1459 eligible French gynecology residents, 455 (31.2%) participated. Nearly all respondents (98.9%) were familiar with the concept of OGV, and 98.7% acknowledged its existence. Awareness was primarily acquired through social networks (74.5%) and clinical internships (73.4%), while university teaching played only a minor role (16%). A total of 398 residents (87.5%) reported witnessing OGV during their training, with 42.9% encountering it frequently. The most commonly reported forms were procedures performed without explicit consent (31.2%) and insufficient communication (14.1%). Residents also identified major contributors to OGV, including emergencies (93.2%), lack of time (92.7%), fatigue (85.5%), and stress (81.8%). In their clinical practice, residents reported more systematic consent seeking, clearer information provided to women, and greater consideration of patient modesty and pain management. Conclusion This nationwide survey shows that nearly all French gynecology residents are aware of OGV and acknowledge its existence. However, awareness is mainly acquired during residency, largely through informal sources such as social networks and clinical internships, rather than through university teaching. The high frequency of reported exposure to OGV and the identification of modifiable contributing factors highlight the need to strengthen structured education, communication training, and formal teaching on respectful care during medical training.

2. Gold Standard GFR measurement and GFR estimation in pediatric oncology – indications and

limitations

Authors: Bakker, Emil den;Raphael, Martine F. and Bokenkamp, Arend

Publication Date: 2026

Journal: Pediatric Nephrology 41(9), pp. 2741–2752

Abstract: Knowledge of glomerular filtration rate (GFR) is essential for the treatment and monitoring of children with a malignancy. Ideally, GFR is measured using the gold standard technique of renal inulin clearance. Still, this procedure is too invasive and time-consuming for routine clinical practice. Also, the armamentarium of markers suitable for GFR measurement (mGFR) has changed in the last decades, with iothexol clearance now being used in many countries, both in Europe and the US. For daily monitoring of kidney function, cystatin C has proven to be an important adjunct to serum creatinine, the standard marker of GFR. This review gives a comprehensive update on the indications and limitations of mGFR methods as well as the estimation of GFR from serum markers (eGFR) with special emphasis on children treated for a malignancy.

3. Preventive Gynecologic Care for Patients With Disabilities

Authors: Barbera, Julie P. and Schwartz, Beth I.

Publication Date: 2026

Journal: Clinical Obstetrics & Gynecology 69(3), pp. 278–283

Abstract: Patients with disabilities face significant disparities in preventive gynecologic care due to systemic barriers, limited provider training, and pervasive bias. These challenges contribute to reduced uptake of HPV vaccination, cervical and breast cancer screening, resulting in higher rates of late-stage diagnoses and mortality. Gynecologic clinicians play a critical role in addressing these inequities by fostering autonomy-centered communication, providing appropriate accommodations, and adhering to evidence-based screening guidelines. This review summarizes key practices to enhance preventive care for patients with disabilities and highlights areas of needed improvement in clinical training, clinical environments, and access to cancer prevention services

4. European society of gynecology (ESG) position paper on the proposed terminology change from PCOS to PMOS

Authors: Castelo-Branco, Camil;Vujovic, Svetlana;Genazzani, Alessandro D.;Brincat, Mark;Meczekalski, Blazej;Stute, Petra;Genazzani, Andrea R.;Brichant, Geraldine;Orvieto, Raoul;Vasaraudze, Ineta;Yoldemir, Tevfik;Daniilidis, Angelos and on the behalf of the, ESG Board

Publication Date: 2026

Journal: Gynecological Endocrinology : The Official Journal of the International Society of Gynecological Endocrinology 42(1), pp. 2695512

Abstract: Background Polycystic ovary syndrome (PCOS) is a prevalent endocrine disorder whose terminology inadequately reflects its systemic nature. The proposed renaming to polyendocrine metabolic ovary syndrome (PMOS) aims to better represent its pathophysiology. Objective To present the European Society of Gynaecology (ESG) position regarding the proposed terminology change and its implementation. Methods Expert consensus and narrative synthesis of current scientific evidence and international recommendations. Results ESG supports a structured, patient-centered transition

strategy. Recommendations include prioritizing patient communication, implementing a gradual transition with prolonged dual terminology use, and integrating the new terminology systematically into scientific and educational frameworks. The importance of interdisciplinary clarity and the central role of gynecological endocrinology are emphasized. Conclusion A phased and clearly communicated transition will enhance conceptual accuracy while preserving patient understanding, continuity of care, and clinical coordination.

5. What Gynecologists Need to Know About Intellectual and Developmental Disabilities

Authors: Facey, Hannah;Broderick, Kathryn;Cichon, Bridget and Stephens, Mary

Publication Date: 2026

Journal: Clinical Obstetrics & Gynecology 69(3), pp. 267–273

Abstract: Although patients with intellectual and developmental disabilities (IDD) have a right to comprehensive and accessible gynecologic care, they have historically faced discrimination within the health care system, and many providers report limited confidence in their ability to provide high-quality care. To combat this disparity, this article presents a framework for structuring gynecologic visits and reviews practical tools that clinicians can use to support successful clinical encounters and provide equitable care. These recommendations were informed by the expert opinion of health care professionals experienced in caring for patients with IDD, as well as through a review of current literature.

6. Perioperative and Intraoperative Considerations for Gynecology Patients With Disabilities: A Review

Authors: Frappaolo, Anna M.;Cronin, Beth and Huynh, Rose A. M.

Publication Date: 2026

Journal: Clinical Obstetrics & Gynecology 69(3), pp. 301–310

Abstract: In 2022, ~30% of adult women in the United States reported living with a disability, and yet, there has been a paucity of research performed for this population, particularly regarding perioperative/operative gynecologic care. In this review, we sought to compile existing research as well as extrapolate findings from other surgical fields. Our review is separated by physical and intellectual disabilities with contributions from Case Reports to Expert Opinion to Scoping Reviews. The most consistent evidence-based recommendation was the benefit of a multidisciplinary team. Otherwise, most recommendations were practical, without supporting data, highlighting the need for more studies.

7. Type 2 diabetes remission in gynaecologic oncology patients completing an acute preoperative weight loss protocol: a case series

Authors: Frerichs, Haley D.;Wowdzia, Jenna B.;Batara, Jesse;Aubrey, Christa;Pin, Sophia and Chapelsky, Sarah

Publication Date: 2026

Journal: Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 46(1), pp. 2665632

Abstract: Background The objective of this study was to review type 2 diabetes (T2D) remission and

glycaemic improvement in gynaecologic oncology patients with class 3 obesity undergoing preoperative weight loss. **Methods** This was a case series of 92 gynaecologic oncology patients with BMI ≥ 40 kg/m² and T2D who underwent preoperative weight loss with a low-calorie liquid meal replacement. Patients were classified as high or low likelihood of remission based on diabetes duration, glycated haemoglobin (A1C) and insulin use. Data were summarised descriptively and Fisher's exact test and paired *t*-test were used as inferential statistics using SAS 9.4. **Results** Twenty-one patients with a mean age of 57.8 (SD = 11.7) years completed a weight loss protocol of median 14 (IQR = 10.5-16.5) weeks. Eighteen (86%) had endometrioid endometrial carcinoma or atypical endometrial hyperplasia. Initial mean BMI and A1C were 48.0 (SD = 6.7) kg/m² and 8.2% (SD = 2.3%). After the protocol, mean BMI and A1C were 43.1 (SD = 5.5) kg/m² and 7.1% (SD = 1.7%). On average, A1C decreased 1.1% (95% CI: 0.5-1.6, *p* = 0.18). **Conclusions** Weight, BMI and A1C were significantly reduced by preoperative weight loss in gynaecologic oncology patients with T2D. There was a low rate of diabetes remission, with most patients having clinical characteristics predictive of a low likelihood of remission

8. Clinician Comfort and Barriers to the Obstetric and Gynecologic Care of Patients With Disabilities

Authors: Furst, Lauren H.;Eco, Samantha;Young, Marisa R. and Iezzoni, Lisa I.

Publication Date: 2026

Journal: Clinical Obstetrics & Gynecology 69(3), pp. 255–259

Abstract: Disabilities are highly prevalent in the population, and people with disabilities have faced stigma for millennia. Despite federal mandates, persistent disparities in care remain for patients with disabilities seeking obstetric and gynecologic care. Lack of adequate clinician training, clinician stigma and biases, inaccessible clinical spaces, and suboptimal communication all contribute to care inequities. Updated regulations under federal disability rights statutes will require clinic spaces to have equipment that is accessible for patients of all abilities. Understanding these recommendations and mandated changes is the next step in improving care for disabled patients.

9. What Gynecologists Need to Know About Patients With Physical Disabilities

Authors: Greene, Rachel;Raymond, Oluseye;Alhassan, Fatimah and Ankam, Nethra

Publication Date: 2026

Journal: Clinical Obstetrics & Gynecology 69(3), pp. 260–266

Abstract: Using spinal cord injury as a framework, this paper reviews some of the care considerations that gynecologists may consider when providing care for patients with physical disabilities. It describes disability in the context of its impact on patients seeking care, and the responsibilities of health care systems and providers. Providing equitable care requires respectful communication, avoidance of common biases, an accessible environment, and knowledge of secondary conditions and diagnostic overshadowing.

10. Presentation of Limping Among Preschool Children in the Orthopaedic Clinic: Epidemiology and Risk Factors

Authors: Hannon, Megan;Stewig, Blair;Miller, Patricia;Tavabi, Nazcol and Lee, Lois K.

Publication Date: 2026

Journal: Journal of Pediatric Orthopaedics 46(8), pp. e781–e787

11. Navigating the New Frontier: Enhanced Recovery After Surgery (ERAS) Protocols in Gynecological Nursing Care

Authors: Karim, Jaima;Karim, Jawad;Zebunnesa, Moshammat and Karim, Mohammad Masud

Publication Date: 2026

Journal: Journal of Medical & Health Studies 7(9), pp. 27–41

12. 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.

13. 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.

14. Reporting and Outcomes of Brachytherapy for Gynecologic Reirradiation: A Systematic Review

Authors: Reichl, Sabrina;Kirisits, Christian;Lindegard, Jacob Christian;Mahantshetty, Umesh;Schmid, Maximilian;Pötter, Richard;Jürgenliemk-Schulz, Ina-Maria;Wulff, Christian;Sturdza, Alina and Petric, Primoz

Publication Date: 2026

Journal: International Journal of Radiation Oncology, Biology, Physics 126(1), pp. 34–47

15. Gynecological Malignancies: The Critical Intersection of Advanced Imaging, Molecular Diagnostics, and Surgical Oncology

Authors: Renganathan, Rupa

Publication Date: 2026

Journal: Journal of Gastrointestinal & Abdominal Radiology ISGAR 9(3), pp. 197–198

16. Results of breast cancer risk assessment and hereditary cancer genetic testing in community obstetrics and gynaecology practice following a prospective quality Improvement initiative

Authors: Waldman, Richard;DeFrancesco, Mark;Feltz, John;Welling, Daniel;Neiman, Wade;Smith, Edith;Schneider, Logan;Lenz, Lauren;Johansen Taber, Katherine and Adkins, Royce

Publication Date: 2026

Journal: Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 46(1), pp. 2665633

Abstract: Background Clinical guidelines recommend hereditary cancer risk assessment (HCRA) to identify candidates for genetic counselling and testing based on personal and family history. Incorporating genetic testing into HCRA improves risk stratification and management. We previously showed that process improvements increase genetic testing completion rates. This study describes outcomes of routine genetic testing in a community obstetrics and gynaecology (OB/GYN) setting. Methods A prospective, single-arm quality improvement initiative was conducted at five U.S. OB/GYN practices (July 2021–November 2022). A guideline-based online screening tool and virtual patient education were implemented. Genetic testing used a 48-gene hereditary pan-cancer panel (MyRisk®). The remaining lifetime breast cancer risk was estimated using Tyrer-Cuzick 7.0.2 alone or a combined risk score (CRS). Results Of 1,285 patients meeting guideline criteria, 439 (34.2%) completed testing. Among 367 (88.0%) without a clinically significant mutation and with valid risk estimates, 233 (63.5%) had lifetime breast cancer risk <20% and 66 (18.0%) had risk ≥20% by both Tyrer-Cuzick and CRS. Discordance between Tyrer-Cuzick and CRS occurred in 68 (18.5%) patients: 49 (13.4%) were <20% by CRS but ≥20% by Tyrer-Cuzick; 19 (5.2%) were ≥20% by CRS but <20% by Tyrer-Cuzick. Overall, 134 (36.5%) had lifetime risk ≥20% by either model. Fifteen pathogenic variants were identified in 14 (3.2%) patients, including CHEK2 (n = 4), HOXB13, MTF, PALB2 (n = 2 each), and BRCA2, PMS2, MSH6, RAD51C, BRIP1 (n = 1 each). Conclusion Most patients undergoing genetic testing did not carry an inherited mutation; however, over one-third of those without a mutation had lifetime breast cancer risk ≥20% based on Tyrer-Cuzick and/or CRS. These findings underscore the importance of routine HCRA and individualised management based on comprehensive risk assessment

17. Guidance for Specialised Cancer Nursing of People With Gynaecological Cancers: A Scoping Review

Authors: Williams, Natalie;Halkett, Georgia;Moroney, Tracey;MacLean, Sharon and Cook, Olivia

Publication Date: 2026

Journal: Journal of Clinical Nursing (John Wiley & Sons, Inc.) 35(9), pp. 3636–3649

Abstract: Background: Gynaecological cancer nurses are crucial to the delivery of quality, specialised care to meet the needs of people with these cancers. The extent of evidence-based guidance to support nursing care is unknown. Aim: To identify and describe existing international guidance for specialised gynaecological cancer nursing care. Design: Scoping review. Methods: This scoping review utilised the participants, concept, context framework with narrative synthesis. Data Sources: Databases including MEDLINE (Ovid), CINAHL Ultimate (EBSCO), Proquest Central (Alumni) and Google Scholar were searched on 4 April 2025 along with relevant websites and reference lists of included sources. Included sources referred to the nurse's role and provided clinical guidelines, practice recommendations or equivalent guidance on how nurses provide specialised care. Sources were limited to those published in English from 2009 to present. Results: Of 1905 sources identified, 12 met the inclusion criteria. Sources were published by authors in seven countries between 2014 and 2024. Most sources related to one specific gynaecological cancer type and/or one aspect or time point of care. Sources varied in the volume of nurse relevant content. No individual source provided comprehensive nursing guidance across all gynaecological cancer types. Conclusions: Internationally published guidance for specialised gynaecological cancer nursing presents gaps in available evidence for care. We recommend comprehensive guidance resource development to meet clinical nurses' needs and improve translation of evidence-based nursing practice. Implications for the Profession and/or Patient Care: The current lack of comprehensive published guidance for specialised gynaecological cancer nursing does not meet reported needs of nurses working in clinical practice and may be contributing to variation in nursing care delivery. Trial Registration:<https://osf.io/ntdzj>; registered 24 March 2025; Open Science Framework Highlights: Impact ○The extent of existing guidance for specialised gynaecological cancer nursing care was not known. Twelve sources published clinical guidance or practice recommendations for specialised gynaecological cancer nursing care. No source

provided comprehensive guidance across all gynaecological cancer types. This review of international sources is relevant to gynaecological cancer nurses and leaders globally. Contribution to wider global clinical community ◦Internationally, 12 sources provide clinical guidance or practice recommendations for specialised gynaecological cancer nursing. ◦Existing gynaecological cancer nursing guidance presents gaps in meeting nurses' needs. ◦Comprehensive guidance development is recommended to optimise evidence translation.

18. Artificial intelligence in gynecologic oncology: bridging the gap between digital innovation and clinical utility

Authors: Zapardiel, Ignacio

Publication Date: 2026

Journal: Current Opinion in Oncology 37(5), pp. 391–392

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