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Women and Children's Current Awareness Bulletin

May 2020

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Title: Differences in help-seeking behaviours and perceived helpfulness of services between abused and non-abused women: A cross-sectional survey of Australian postpartum women

Citation: Health & Social Care in the Community; May 2020; vol. 28 (no. 3); p. 958

Author(s): Hooker, Leesa; Versteegh, Leonie; Lindgren, Helena; Taft, Angela

Abstract: New mothers may face substantial physical and mental health challenges during the postpartum period and are at a greater risk of intimate partner violence. Healthcare services provide support, however, acknowledging a problem and seeking help for it can be difficult. Research on where postpartum women seek help and how helpful they perceive it is limited. Additionally, little is known of how these help-seeking behaviours differ between abused and non-abused postpartum women. The aim of this study was to examine the help-seeking behaviour and perceived helpfulness of services in abused and non-abused postpartum women. Secondary analysis was undertaken of data collected during the MOVE (Improving Maternal and Child Health Care for Vulnerable Mothers) cluster randomised controlled trial of a nurse, intimate partner violence screening and supportive care intervention. MOVE was set in eight community-based nurse teams in Melbourne, Australia. The trial (2010–2013) included a survey of n = 2,621 postpartum Australian women who had given birth within the previous 8 months. Data were analysed using descriptive and interferential statistics. Findings indicate that abused women who had experienced partner violence sought informal family support less frequently (81.3% compared with 92.4%, $p < .001$) and were more frequent users of hospital emergency departments ($p = .03$), nurse home visiting programs ($p = .02$) and some breastfeeding services ($p = .001$), compared with non-abused women. They were also more frequent users of psychiatrists ($p \leq 0.001$), early parenting centres (both day stay ($p = .006$) and residential ($p = .008$), child welfare services ($p < .001$), and were generally less satisfied with the help received. Postpartum women experiencing partner violence seek help from certain formal services more frequently and are less satisfied with the care received, compared with non-abused women. Access to potential protective supports from family and friends is limited. Further qualitative research is needed to gain a greater understanding of abused postpartum women's experiences and help-seeking behaviours.

Title: Impact of Asparaginase Discontinuation on Outcome in Childhood Acute Lymphoblastic Leukemia: A Report From the Children's Oncology Group.

Citation: Journal of clinical oncology : official journal of the American Society of Clinical Oncology; Apr 2020 ; p. JCO1903024

Author(s): Gupta, Sumit; Wang, Cindy; Raetz, Elizabeth A; Schore, Reuven; Salzer, Wanda L; Larsen, Eric C; Maloney, Kelly W; Mattano, Len A; Carroll, William L; Winick, Naomi J; Hunger, Stephen P; Loh, Mignon L; Devidas, Meenakshi

Purpose: Asparaginase (ASNase) is an important component of acute lymphoblastic leukemia (ALL) treatment, but is often discontinued because of toxicity. Erwinia chrysanthemi ASNase (Erwinia) substitution was approved in 2011 for allergic reactions. Erwinia has, however, been intermittently unavailable because of drug supply issues. The impact of Erwinia substitution or complete ASNase discontinuation is unknown.

Methods: Patients aged 1-30.99 years in frontline Children's Oncology Group trials for B-cell acute lymphoblastic leukemia between 2004 and 2011 (National Cancer Institute [NCI] standard risk [SR]: AALL0331; NCI high risk: AALL0232) were included. The number of prescribed pegaspargase (PEG-ASNase) doses varied by trial and strata. Maintenance therapy did not contain ASNase. Landmark analyses at maintenance compared disease-free survival (DFS) among those receiving all prescribed PEG-ASNase doses versus switching to Erwinia but receiving all doses versus not receiving all ASNase doses.

Results: We included 5,195 AALL0331 and 3,001 AALL0232 patients. The cumulative incidence of PEG-ASNase discontinuation was 12.2% ± 4.6% in AALL0331 and 25.4% ± 0.8% in AALL0232. In multivariable analyses, NCI high-risk patients not receiving all prescribed ASNase doses had inferior DFS (hazard ratio [HR], 1.5; 95% CI, 1.2 to 1.9; P = .002) compared with those receiving all prescribed PEG-ASNase doses. Patients with Erwinia substitution who completed subsequent courses were not at increased risk (HR, 1.1; 95% CI, 0.7 to 1.6; P = .69). NCI SR patients who discontinued ASNase were not at elevated risk (HR, 1.2; 95% CI, 0.9 to 1.6; P = .23), except when restricted to those with slow early response, who were prescribed more ASNase because of therapy intensification (HR, 1.7; 95% CI, 1.1 to 2.7; P = .03).

Conclusion: Discontinuation of ASNase doses is associated with inferior DFS in higher-risk patients. Our results illustrate the severe consequences of Erwinia shortages.

Title: Posaconazole delayed-release tablets in paediatric haematology-oncology patients.

Citation: Mycoses; Apr 2020

Author(s): Mauro, Margherita; Colombini, Antonella; Perruccio, Katia; Zama, Daniele; D'Amico, Maria Rosaria; Calore, Elisabetta; Carraro, Francesca; Muggeo, Paola; Tridello, Gloria; Baretta, Valentina; Cesaro, Simone

Background: To date, there are few studies that describe pharmacokinetics, safety and efficacy of posaconazole delayed-release tablet (DRT) formulation in the paediatric population.

Objectives: We evaluated retrospectively posaconazole plasma concentrations and safety of posaconazole DRT in paediatric haematology-oncology patients.

Patients and Methods: Posaconazole DRT was assessed in 28 haematological paediatric patients with a median age 15 of years (range 5-18) and a median body weight of 50 kg (range 22-83 kg). Twenty-one patients received posaconazole DRT as prophylaxis and 7 patients as therapy.

Results: As prophylaxis, the median daily dose was 5.5 mg/kg/day (range 2.2-22.2) with posaconazole trough level ≥ 0.7 µg/mL in 80% by first week, 62.5% by second week and 87.5% by fourth week. As therapy, the median daily dose was 4 mg/kg/day (range 3.3-4.5) with trough level ≥ 1 µg/mL 100% by first week, 80% by second week and 33.4% by fourth week.

Conclusions: Posaconazole DRT is feasible in paediatric patients capable to swallow tablets. Specific pharmacokinetic studies are needed.

Title: Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents.

Citation: JAMA pediatrics; Apr 2020

Author(s): Golberstein, Ezra; Wen, Hefei; Miller, Benjamin F

Title: Children's mental health and recreation: Limited evidence for associations with screen use.

Citation: Acta paediatrica (Oslo, Norway : 1992); Apr 2020

Author(s): Kostyrka-Allchorne, Katarzyna; Cooper, Nicholas R; Simpson, Andrew; Sonuga-Barke, Edmund J S

Aim: This study examined the direct and indirect associations between childhood psychopathology symptoms, screen use, media multitasking and participation in non-digital recreation.

Methods: Psychopathology symptoms, media use, media multitasking, participation in sports, social clubs and reading/games were reported by 520 parents about their 3-11-year-old children. The data were analysed using structural equation modelling.

Results: There were bi-directional negative associations between sports participation and emotional problems ($\beta = -.16$, $p < .001$ and $\beta = -.15$, $p < .001$); ADHD symptoms were associated with reduced reading/games ($\beta = -.14$, $p = .004$). A bi-directional positive association was found between media use and conduct problems ($\beta = .10$, $p = .015$ and $\beta = .14$, $p = .015$). Increased media multitasking was indirectly associated with elevated symptoms of ADHD via a reduction in reading/games ($\beta =.10$, $p = .026$). However, there was no evidence that screen use mediated the associations between psychopathology symptoms and non-digital recreation.

Conclusion: Depending on the specific psychological difficulties, children are either less likely to participate in non-digital recreation or are more likely to use screen media or multitask with media. Interventions for children, who experience emotional or behavioural difficulties, are needed to improve participation in non-digital recreation.

Title: Investigating psychological problems in caregiver of pediatrics with cancer: A systematic review.|

Citation: Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc; Apr 2020

Author(s): Shokri, Mehdi; Tarjoman, Asma; Borji, Milad; Solaimanizadeh, Laleh

Purpose: Cancer is a type of chronic illness that causes many issues for patients and their caregivers, including a wide range of psychological problems. This study was conducted to determine the status and psychological problems of caregivers of pediatric patients with cancer who live in Iran.

Methods: All articles from 2000 to March 2019 related to the psychological of caregivers and their child's cancer were included in the search. Domestic websites in Iran and international databases were searched. Keywords of the search included child, cancer, malignancy, care burden, stress, anxiety, depression, coping strategies, psychological hardiness, posttraumatic stress, parents, father, mother, and pediatric. The search, data extraction, quality assessment and screening were conducted independently by two researchers.

Results: In the initial search, 345 articles were extracted regarding the psychological problems of caregivers. After final screening 15 articles were selected; from these four referred to care burden, four articles for coping skills, three articles for posttraumatic stress disorder (PTSD) and four articles for stress, anxiety, and depression among carers of children with cancer.

Conclusion: Considering the existence of psychological problems such as caregiver burden, PTSD, stress, anxiety, and depression in caregivers of children with cancer, it is necessary to provide nursing interventions for this group of parents; particularly interventions that provide the necessary ground for reducing psychological problems and improving caregivers' mental health.

Title: An App for Identifying Children at Risk for Developmental Problems Using Multidimensional Computerized Adaptive Testing: Development and Usability Study.

Citation: JMIR pediatrics and parenting; Apr 2020; vol. 3 (no. 1); p. e14632

Author(s): Hsu, Chen-Fang; Chien, Tsair-Wei; Chow, Julie Chi; Yeh, Yu-Tsen; Chou, Willy

Background: The use of multidomain developmental screening tools is a viable strategy for pediatric professionals to identify children at risk for developmental problems. However, a specialized multidimensional computer adaptive testing (MCAT) tool has not been developed to date.

Objective: We developed an app using MCAT, combined with Multidimensional Screening in Child Development (MuSiC) for toddlers, to help patients and their family members or clinicians identify developmental problems at an earlier stage.

Methods: We retrieved 75 item parameters from the MuSiC literature item bank for 1- to 3-year-old children, and simulated 1000 person measures from a normal standard distribution to compare the efficiency and precision of MCAT and nonadaptive testing (NAT) in five domains (ie, cognitive skills, language skills, gross motor skills, fine motor skills, and socioadaptive skills). The number of items saved and the cutoff points for the tool were determined and compared. We then developed an app for a Web-based assessment.

Results: MCAT yielded significantly more precise measurements and was significantly more efficient than NAT, with 46.67% (=(75-40)/75) saving in item length when measurement differences less than 5% were allowed. Person-measure correlation coefficients were highly consistent among the five domains. Significantly fewer items were answered on MCAT than on NAT without compromising the precision of MCAT.

Conclusions: Developing an app as a tool for parents that can be implemented with their own computers, tablets, or mobile phones for the online screening and prediction of developmental delays in toddlers is useful and not difficult.

Title: Are Parents Less Responsive to Young Children When They Are on Their Phones? A Systematic Naturalistic Observation Study.

Citation: Cyberpsychology, behavior and social networking; Apr 2020

Author(s): Vanden Abeele, Mariek M P; Abels, Monika; Hendrickson, Andrew T

Abstract: This study examined whether parents are less responsive to their young children (0-5) when they use a phone. We systematically observed 53 parent-child dyads in consultation bureau waiting rooms and playgrounds. Twenty-three parents used their phone at least once during the observation. Across the dyads, we observed parent and child behavior during a total of 1,038 ten-second intervals. Of these intervals, 641 contained a bid for attention from the child. Accounting for the nested nature of the data, we found that the odds of parents responding to their child's bid for attention were five times lower when using a phone than when not using one. Moreover, parents' responses were less timely, weaker, showed less affect, and were less likely to prioritize the child over other activities. While being fully absorbed in one's phone significantly decreased the odds of responding compared to when not using a phone, occasionally glancing at the phone did not, suggesting that parents may have developed a "mode" of phone use for managing dual attention over the phone and the child. In addition, while a higher intensity of phone use does seem to matter, it did not differ from intense engagement in other nonchild directed activities. The incidence of fully absorbed phone use, however, is greater. Finally, the results show that asking for consent for the observation beforehand leads to a decrease in the odds of phone use, suggesting a social desirability bias. Overall, the findings support concerns over the impact of parental phone use on child development.

Title: The Association Between Preeclampsia and Childhood Development and Behavioural Outcomes.

Citation: Maternal and child health journal; Apr 2020

Author(s): Maher, Gillian M; O'Keeffe, Gerard W; O'Keeffe, Linda M; Matvienko-Sikar, Karen; Dalman, Christina; Kearney, Patricia M; McCarthy, Fergus P; Khashan, Ali S

Objectives: To examine the associations between preeclampsia and longitudinal child developmental and behavioural outcomes using data from a nationally representative study of children living in Ireland.

Methods: We used maternal-reported data from the Growing Up in Ireland longitudinal study of children. Data on preeclampsia and preeclampsia + small for gestational age (SGA) were collected when children were 9-months old. Data on child development and behavioural outcomes were collected at 9-months using the Ages and Stages Questionnaire (ASQ), and at 3 years, 5 years and 7-8 years using the Strengths and Difficulties Questionnaire (SDQ). Multivariate logistic regression analysis was used to examine the association between preeclampsia exposure and failure of ASQ domains, and abnormal SDQ domains. Linear spline multilevel models were used to examine the association between preeclampsia and preeclampsia + SGA and repeated measures of SDQ. All models controlled for several perinatal and sociodemographic factors.

Results: A total of 10,692 children were included in the study at baseline, representing a weighted total of 70,791. Multivariate logistic regression suggested that preeclampsia was not associated with failing any ASQ domain. Preeclampsia was associated with abnormal SDQ cut-off of emotional (≥ 5) and hyperactivity (≥ 7) domains at age 5 years only. In the linear spline model, mean SDQ score was higher at each time point in exposed groups.

Conclusions for Practice: While we did not find strong evidence of associations between preeclampsia and child developmental and behavioural outcomes overall, some associations between preeclampsia-exposure and subtle behavioural issues did persist. Further research is needed to replicate these findings, and determine the clinical significance of changes in SDQ scores.

Title: Defining the Boundaries of Palliative Care in Pediatric Oncology.

Citation: Journal of pain and symptom management; May 2020; vol. 59 (no. 5); p. 1033

Author(s): Cuviello, Andrea; Raisanen, Jessica C; Donohue, Pamela K; Wiener, Lori; Boss, Renee D

Context: Although palliative care (PC) continues to be integrated into pediatric oncological care, only a minority of patients with cancer receive a formal PC consult.

Objectives: We sought to describe oncologists' current understanding of PC and how primary PC is provided for children with cancer.

Methods: This mixed-methods study explored pediatric oncology providers' definitions of PC and self-reported PC practices through semistructured audiotaped interviews. Conventional content analysis was applied to interview transcripts.

Results: Seventy-seven participants with diverse training backgrounds (30 attending physicians, 21 nurses, 18 fellows, five nurse practitioners, and two child life specialists) completed an interview. Approximately 75% provided a modern definition of PC (e.g., not limited to end-of-life care); all participants acknowledged primary PC skills as part of their daily clinical activities. However, participants expressed wide variation in the comfort and time spent performing primary PC tasks (i.e., symptom management, addressing mental health and psychosocial needs) and over half reported that patients' PC needs are not adequately met. In addition, some reported confusion about the benefits of PC consultation, despite acknowledging that PC needs to be better integrated into the care of pediatric oncology patients.

Conclusion: Our findings demonstrate that although most pediatric oncologists accept a modern definition of PC in theory, how to integrate PC into pediatric oncology practice is less understood. Formalized training and standardization of practice surrounding identification of PC needs in patients who may require secondary or tertiary PC services may help to overcome current barriers for PC integration in pediatric oncology.

Title: Psychosocial screening and mental health in pediatric cancer: A randomized controlled trial.

Citation: Health psychology : official journal of the Division of Health Psychology, American Psychological Association; May 2020; vol. 39 (no. 5); p. 381-390

Author(s): Barrera, Maru; Alexander, Sarah; Atenafu, Eshetu G; Chung, Joanna; Hancock, Kelly; Solomon, Aden; Desjardins, Leandra; Shama, Wendy; Mills, Denise

Objective: Diagnosis and treatment of childhood cancer can impact the mental health of the family. Early psychosocial risk screening may help guide interventions. The primary aim of this study was to evaluate if an intervention (providing psychosocial risk information to the patient's treating team) would result in decreased depression symptoms in caregivers, in general, and relative to initial psychosocial risk. A secondary aim was to examine intervention effects in a small sample of patient and sibling self-reported outcomes.

Methods: We randomly allocated families to the intervention group (IG, treating team received PAT summary) or control group (CG, no summary). One hundred and twenty-two caregivers of children newly diagnosed with cancer completed measures of depression and anxiety and psychosocial risk 2-4 weeks from diagnosis (T1) and 6 months later (T2). Patients and siblings completed self-report measures of depression and anxiety.

Results: There was no significant difference in caregiver depression symptoms between the IG and CG at T2. However, in the context of psychosocial risk, caregivers in the IG showed improvement in depression scores compared to CG when risk was high near diagnosis (Ms = 6.68 vs. 9.76, respectively, d = .60). Similar results were found in anxiety scores. Intervention effects with patients and siblings were inconclusive.

Conclusions: Sharing psychosocial risk information with the treating team had measurable impact on mental health outcomes only if caregivers had initial high psychosocial risk. This study contributes to our understanding of mapping psychosocial screening and resources to improve outcomes in families managing childhood cancer. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

Title: Pre-school mental health disorders: a review.

Citation: International review of psychiatry (Abingdon, England); May 2020; vol. 32 (no. 3); p. 189-201

Author(s): Zaim, Nadia; Harrison, Joyce

Abstract: Preschoolers are presenting in increasing numbers to primary care providers and mental health clinics with emotional and behavioural impairment. Preschoolers in the US have the highest rates of school expulsion of all age groups. Because young children are limited in their capacity to convey distress and internal states, impairment is most often expressed behaviourally. Disruptive behaviour, frequently in the form of aggression or dysregulation, is a final common pathway for many disorders in this age group. Tools and training to diagnose pre-school disorders are limited, and while some effective non-medication interventions exist, the evidence base for medication use in this age group is extremely limited. This article reviews approaches to assessing common pre-school disorders including attention deficit hyperactivity disorder (ADHD), disruptive behaviour disorders, anxiety and mood disorders, perceptual disturbances and psychosis, and trauma related disorders. The evidence base for both therapeutic and psychopharmacologic interventions for these disorders is discussed.

Title: The effect of digital media on children in their formative years.

Citation: JAAPA : official journal of the American Academy of Physician Assistants; May 2020; vol. 33 (no. 5); p. 46-51

Author(s): Maurer, Brian T; Taylor, Lloyd Chip

Abstract: Over the past 2 decades, personal digital devices have evolved to become portable, attractive, readily accessible, interactive, and ubiquitous. Although digital and social media have evidence-based benefits, including early learning, exposure to new ideas and knowledge, and increased opportunities for social contact and support, unsupervised and unchecked use of personal digital devices can have negative consequences for the physical and mental health of children in their formative years.The widespread use of portable digital devices has been accompanied by a concomitant rise in the prevalence of physical and mental health issues in children. Research suggests an association between these trends, which also may be considered from a public health perspective. Proposed interventions include the development and implementation of individual family media use plans for children of all ages.

Title: Mental health considerations for children quarantined because of COVID-19.

Citation: The Lancet. Child & adolescent health; May 2020; vol. 4 (no. 5); p. 347-349

Author(s): Liu, Jia Jia; Bao, Yanping; Huang, Xiaolin; Shi, Jie; Lu, Lin

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Title: Early intervention starting in the neonatal nursery to improve child development.

Citation: Acta paediatrica (Oslo, Norway : 1992); May 2020; vol. 109 (no. 5); p. 1071-1072

Author(s): Burnett, Alice; Spittle, Alicia

Title: A Quality Improvement Intervention to Decrease Postoperative Opioid Prescriptions in Pediatric Oncology Patients.

Citation: Journal of pediatric hematology/oncology; May 2020; vol. 42 (no. 4); p. e207

Author(s): Mansfield, Sara A; El Gohary, Yousef; Kimble, Amy; Wynn, Lynn; Hall, Elizabeth A; Anghelescu, Doralina L; Davidoff, Andrew M; Murphy, Andrew J

Purpose: This quality improvement initiative aimed to minimize opioid prescribing after oncologic pediatric surgery.

Methods: Retrospective surgical data collected at a pediatric cancer hospital from July 2016 to June 2018 included hospitalization details, oral morphine equivalents prescribed, unplanned visits/calls because of pain, and parental/patient satisfaction with pain control. The quality improvement initiative promoted opioid prescription at discharge on the basis of prior inpatient requirements and education regarding nonopioid analgesia. Upon commencing this project in July 2018, we collected data prospectively.

Results: The retrospective and the prospective cohorts included 271 and 99 patients, respectively. Mean (SD) oral morphine equivalents (mg/kg) prescribed upon discharge was significantly reduced in the prospective (0.75±1.34) versus retrospective cohorts (5.48±6.94, P<0.001). The unplanned visits/calls regarding pain were 23 (retrospective, 8.5%) and 2 (prospective, 2.0%). In total, 44 patients (44.4%) received an opioid prescription at discharge in the prospective cohort, significantly fewer than retrospective cohort (251, 92.6%, P<0.001), and used a mean of 34.3 of 159.8 (21.5%) doses dispensed. Length of stay was comparable (P=0.88) between cohorts. Prospective satisfaction rate was 96.2%, leaving 3 patients (3.8%) not satisfied with their pain control regimen.

Conclusions: Dramatic reduction of opioid prescriptions after oncologic surgery can be achieved without detriment to patient satisfaction or readmissions.

Level Of Evidence: Level V.

Title: Pediatric Femur Fractures.

Citation: Orthopaedic Nursing; Mar 2020; vol. 39 (no. 2); p. 107-111

Author(s): Kamienski, Mary C.

Abstract: Trauma is the leading cause of death and disability in children. Orthopaedic trauma has led to more than 84,000 hospital admissions annually and costs nearly a billion dollars. Femoral diaphyseal fractures account for nearly 2% of all bony injuries in children and are the most common orthopaedic injury requiring hospitalization. These injuries occur at an annual rate of 19 per 100,000, with an associated cost of millions of dollars. Emergency department (ED) visits for musculoskeletal injuries account for 10%–15% of the 100 million annual visits to U.S. pediatric EDs. Treatment of femur fractures in children vary on the basis of the mechanism of injury, the patient's age, weight, the fracture pattern, family circumstances, and cost. Treatment ranges from noninvasive to invasive and includes traction, casting, internal fixation, and external fixation. Complications can include infection, delayed or malunion, leg length discrepancy, ossification, and refracture. Attention to pain control and anxiety management becomes a major focus for nursing. Pediatric femur fracture can have a devastating impact on the child and the family and requires monitoring for 12–24 months. This injury is significant and can be a life-changing event for the child and the entire family. A case study is used as an example of the extent of the problem with pediatric patients and highlights the long-term effect of this injury.

Title: Enhanced recovery care versus traditional non-ERAS care following osteotomies in developmental dysplasia of the hip in children: a retrospective case-cohort study.

Citation: BMC musculoskeletal disorders; Apr 2020; vol. 21 (no. 1); p. 234

Author(s): Li, Jin; Rai, Saroj; Ze, Renhao; Tang, Xin; Liu, Ruikang; Hong, Pan

Background: Enhanced recovery after surgery (ERAS) has been shown to shorten the length of hospital stay and reduce the incidence of perioperative complications in many surgical fields. However, there has been a paucity of research examining the application of ERAS in major pediatric orthopaedic surgeries. This study aims to compare the perioperative complications and length of hospital stay after osteotomies in children with developmental dysplasia of the hip (DDH) between ERAS and traditional non-ERAS group.

Methods: The ERAS group consisted of 86 patients included in the ERAS program from January 2016 to December 2017. The Control group consisted of 82 DDH patients who received osteotomies from January 2014 to December 2015. Length of hospital stay, physiological function, postoperative visual analogue scale (VAS) score, and postoperative complications were compared between the two groups.

Results: The mean duration of hospital stay was significantly reduced from 10.0 ± 3.1 in the traditional care group to 6.0 ± 0.8 days in the ERAS(P < 0.001). The average VAS score in the first 3 days was significantly lower in the ERAS group (2.9 ± 0.8) than the traditional non-ERAS group (4.0 ± 0.8) (P 4) between two groups (29.5 ± 6.3 times vs.30.6 ± 6.5 times, P = 0.276). The frequency of postoperative fever was lower in the ERAS group. The frequency of urinary tract infection in both groups were not noticeable because the catheter was removed promptly after the surgery.

Conclusion: The ERAS protocol is both safe and feasible for pediatric DDH patients undergoing osteotomies, and it can shorten the length of hospital stay without increasing the risk of perioperative complications.

Title: Prophylaxis for Pediatric Venous Thromboembolism: Current Status and Changes Across Pediatric Orthopaedic Society of North America From 2011.

Citation: The Journal of the American Academy of Orthopaedic Surgeons; May 2020; vol. 28 (no. 9); p. 388-394

Author(s): Murphy, Robert F; Williams, David; Hogue, Grant D; Spence, David D; Epps, Howard; Chambers, Henry G; Shore, Benjamin J

Introduction: Pediatric venous thromboembolism (VTE) is a concern for orthopaedic surgeons. We sought to query the Pediatric Orthopaedic Society of North America (POSNA) members on current VTE prophylaxis practice and compare those results with those of a previous survey (2011).

Methods: A 35-question survey was emailed to all active and candidate POSNA members. The survey consisted of questions on personal and practice demographics; knowledge and implementation of various VTE prophylaxis protocols, mechanical and chemical VTE prophylaxis agents, and risk factors; and utilization of scenarios VTE prophylaxis agents for various clinical scenarios. One- and two-way frequency tables were constructed comparing results from the current survey and those of the 2011 survey.

Results: Two hundred thirty-nine surveys were completed (18% respondent rate), with most respondents from an academic/university practice reporting one or two partners (>60%). Half were in practice ≥15 years, and >90% reported an almost exclusive pediatric practice. One-third of the respondents reported familiarity with their institution-defined VTE prophylaxis protocol, and 20% were aware of an institutionally driven age at which all patients receive VTE prophylaxis. The most frequently recognized risk factors to guide VTE prophylaxis were oral contraceptive use, positive family history, and obesity. Respondents indicated a similar frequency of use of a VTE prophylaxis agent (either mechanical or chemical) for spinal fusion, hip reconstruction, and trauma (60% to 65%), with lower frequency for neuromuscular surgery (34%) ($P < 0.001$). One hundred thirty-seven respondents had a patient sustain a deep vein thrombosis, and 66 had a patient sustain a pulmonary embolism. Compared with responses from 2011, only 20 more respondents reported familiarity with their institution VTE prophylaxis protocol (75 versus 55). In 2018, aspirin was used more frequently than in 2011 (52% versus 19%; $P < 0.0001$) and enoxaparin was used less frequently (20% versus 41%; $P < 0.0001$).

Discussion: Over the past 7 years since the first POSNA survey on VTE prophylaxis, most POSNA members are still unaware of their institution specific VTE prophylaxis protocol. Most respondents agree that either mechanical or chemical VTE prophylaxis should be used for spinal fusion, hip reconstruction, and trauma. The use of aspirin as an agent of chemical VTE prophylaxis has increased since 2011.

Level Of Evidence: Level IV. Type of evidence: therapeutic.

Title: The day-to-day experiences of caring for children with Osteogenesis Imperfecta: A qualitative descriptive study.

Citation: Journal of clinical nursing; Apr 2020

Author(s): Castro, Aimee R; Marinello, Jessica; Chougui, Khadidja; Morand, Marilyn; Bilodeau, Claudette; Tsimicalis, Argerie

Aims and Objectives: This study aimed to explore the day-to-day experiences of family caregivers who are caring for children with Osteogenesis Imperfecta (OI).

Background: OI is a rare genetic condition known to cause bone fragility. Family caregivers of children with OI play an important role in helping these children live well at home.

Design: A qualitative descriptive design was used.

Methods: A qualitative descriptive study was conducted in accordance with the COREQ guidelines. Adult family caregivers (n=18) of children with OI were recruited from a university-affiliated, paediatric orthopaedic hospital in Montreal, Canada. Individual interviews were conducted, transcribed verbatim, and inductively thematically analysed.

Results: OI family caregiving entailed: (a) managing regular day-to-day caregiving activities, including morning routines, evening routines, and the facilitation of their child's mobilization; (b) coping with periods that made the caregiving routine more challenging, such as fractures, surgeries, and pain; and (c) devising long-term strategies to support day-to-day care, such as managing the environment, accessing medical and school resources, and coordinating and accessing respite care.

Conclusions: The day-to-day routine of caring for a child with OI may be disrupted by challenging periods and improved by long-term strategies developed to ease day-to-day care. These strategies suggest future directions for clinicians and policy makers to improve health services and caregiver well-being. Relevance to clinical practice Clinical, policy, and research endeavours need to incorporate new interventions to support the needs of family caregivers. These recommendations may be relevant to other clinicians and policymakers working with families living with rare and chronic physical conditions.

Title: Pressure pain thresholds in children before and after surgery: a prospective study.

Citation: Scandinavian journal of pain; Apr 2020; vol. 20 (no. 2); p. 339-344

Author(s): Pedersen, Line Kjeldgaard; Martinkevich, Polina; Rahbek, Ole; Nikolajsen, Lone; Møller-Madsen, Bjarne

Background and Aims: This prospective study aimed to assess pressure pain thresholds (PPTs) by pressure algometry and the correlation to postoperative pain in children undergoing orthopaedic surgery. We hypothesized, that the PPTs would decline immediately after elective orthopaedic surgery and return to baseline values at follow-up.

Methods: Thirty children aged 6-16 years were included. PPTs and intensity of pain (Numerical Rating Scale, NRS) were assessed 3-6 weeks before surgery (baseline), 1-2 h before surgery (Day 0), the first postoperative day (Day 1) and 6-12 weeks after surgery (Follow-up).

Results: A significant difference of PPTs between the four assessments was seen using the Friedman test for detecting differences across multiple tests and Wilcoxon signed-rank test with a Bonferroni adjustment. The changes in PPTs between baseline (PPTcrus = 248 kPa, PPTthenar = 195 kPa) and day 1 (PPTcrus = 146 kPa, PPTthenar = 161 kPa) showed a decline of PPTs as hypothesized (Zcrus = 2.373, p = 0.018; Zthenar = 0.55, p = 0.581). More surprisingly, a significant decrease in PPTs between baseline and day 0, just before surgery (PPTcrus = 171 kPa, PPTthenar = 179 kPa), was also measured (Zcrus = 2.475, p = 0.013; Zthenar = 2.414, p = 0.016). PPTs were positively correlated to higher age, weight and height; but not to NRS or opioid equivalent use.

Conclusions: Children undergoing orthopaedic surgery demonstrate significant changes in PPTs over time. The PPTs decrease significantly between baseline and day 0, further decreases the first day postoperatively and returns to baseline values at follow-up. This suggests that other factors than surgery modulate the threshold for pain. Implications Awareness of pressure pain thresholds may help identify children with affected pain perception and hence improve future pain management in children undergoing orthopaedic surgery. Factors as for example anticipatory anxiety, psychological habitus, expected pain, catastrophizing, distraction, physical activity, patient education and preoperative pain medication might play a role in the perception of pain and need further investigation.

Title: Spiritual needs and communicating about death in nonreligious theistic families in pediatric palliative care: A qualitative study.

Citation: Palliative Medicine; Apr 2020; vol. 34 (no. 4); p. 533-540

Author(s): Cai, Siyu; Guo, Qiaohong; Luo, Yanhui; Zhou, Yuchen; Abbas, Ali; Zhou, Xuan; Peng, Xiaoxia

Background: Spiritual support should be offered to all patients and their families regardless of their affiliated status with an organized religion.

Aim: To understand nonreligious theistic parents' spirituality and to explore how parents discuss death with their terminally ill children in mainland China.

Design: Qualitative study. Setting/participants: This study was conducted in the hematology oncology center at Beijing Children's Hospital. Participants in this study included 16 bereaved parents.

Results: Participants described themselves as nonreligious but showed a tendency toward a particular religion. Parents sought religious support in the face of the life-threatening conditions that affected their child and regarded the religious belief as an important way to get psychological and spiritual comfort after experiencing the death of their child. Religious support could partially address parents' spiritual needs. Parents' spiritual needs still require other supports such as bereavement services, death education, and family support groups. Some parents stated that it was difficult to find a way to discuss death with their children. For patients who come from nonreligious theistic families, their understanding of death was more complex and may be related to atheism.

Conclusion: Religious support could be an element of spiritual support for nonreligious theistic parents of terminally ill children. Multiple strategies including religious supports and nonreligious supports should be rationally integrated into spiritual support of nonreligious theistic family. Patient's personal belief in death should be assessed before discussing death with them.

Title: Paediatric oncology providers' perspectives on early integration of paediatric palliative care.

Citation: International Journal of Palliative Nursing; Mar 2020; vol. 26 (no. 3); p. 100-109

Author(s): Saad, Rima; Kurdahi, Lina Badr; Yazbick-Dumit, Nuhad; Irani, Christelle; Muwakkit, Samar

Background: Healthcare providers' perceptions of palliative care in children with cancer influence care management, specifically that of its early integration. Thus, it is crucial to understand the perspectives of the providers on early integration of palliative care so that measures to create informed care decisions are based on reconciling their views. Aims: To explore the perceptions of paediatric oncology providers at the Children's Cancer Institute (CCI) in Lebanon regarding the integration of early paediatric palliative care (PPC) in the management of children with cancer.

Methods: A qualitative descriptive research design with focus groups was used in a leading paediatric oncology setting.

Findings: The thematic analysis yielded four themes: (1) healthcare providers understood palliative care as pain relief and psychological support mainly at the end of life; (2) the timing of integrating PPC is linked to end of life, advanced disease or treatment failure; (3) interdisciplinary collaboration is important for addressing patients' and families' needs effectively; and (4) communication with the child and family is one of the most difficult aspects of integrating PPC.

Conclusion: This study demonstrated the perceptions of healthcare providers about early palliative care in paediatric oncology in Lebanon. It also highlighted the importance of interdisciplinary collaboration and effective communication with the child and family for better management of PPC.

Title: Pediatric Femur Fractures.

Citation: Orthopaedic Nursing; Mar 2020; vol. 39 (no. 2); p. 107-111

Author(s): Kamienski, Mary C.

Abstract: Trauma is the leading cause of death and disability in children. Orthopaedic trauma has led to more than 84,000 hospital admissions annually and costs nearly a billion

dollars. Femoral diaphyseal fractures account for nearly 2% of all bony injuries in children and are the most common orthopaedic injury requiring hospitalization. These injuries occur at an annual rate of 19 per 100,000, with an associated cost of millions of dollars. Emergency department (ED) visits for musculoskeletal injuries account for 10%–15% of the 100 million annual visits to U.S. pediatric EDs. Treatment of femur fractures in children vary on the basis of the mechanism of injury, the patient's age, weight, the fracture pattern, family circumstances, and cost. Treatment ranges from noninvasive to invasive and includes traction, casting, internal fixation, and external fixation. Complications can include infection, delayed or malunion, leg length discrepancy, ossification, and refracture. Attention to pain control and anxiety management becomes a major focus for nursing. Pediatric femur fracture can have a devastating impact on the child and the family and requires monitoring for 12–24 months. This injury is significant and can be a life-changing event for the child and the entire family. A case study is used as an example of the extent of the problem with pediatric patients and highlights the long-term effect of this injury.

Title: Experiences at the End of Life From the Perspective of Bereaved Parents: Results of a Qualitative Focus Group Study.

Citation: American Journal of Hospice & Palliative Medicine; Jun 2020; vol. 37 (no. 6); p. 424-432

Author(s): Sedig, Laura K.; Spruit, Jessica L.; Paul, Trisha K.; Cousino, Melissa K.; Pituch, Kenneth; Hutchinson, Raymond

Background: Palliative care principles are known to support the experiences of children and their families throughout the illness trajectory. However, there is little knowledge of the parental perceptions of care delivered and gaps experienced by families receiving end-of-life care. We report the most helpful aspects of care provided during the end of life and identify opportunities to improve care delivery during this critical time.

Methods: This study consists of 2 one-hour focus group sessions with 6 participants each facilitated by a clinical psychologist to explore the experiences of bereaved parents of pediatric oncology patients at the end of their child's life. The data were transcribed and coded using constant comparative analysis and evaluated for inter-rater reliability using intraclass correlation coefficient.

Results: Four common themes were identified through qualitative analysis: (1) valued communication qualities, (2) valued provider qualities, (3) unmet needs, and (4) parental experiences. The most prevalent of these themes was unmet needs (mentioned 51 times). Subthemes were identified and evaluated. Parents described struggling with communication from providers, loss of control in the hospital environment, and challenges associated with transition of care to hospice services.

Conclusion: Interventions that support the complex needs of a family during end-of-life care are needed, especially with regard to coordination of care.

Title: Evaluation Tools for Physical Activity Programs for Childhood Cancer: A Scoping Review.

Citation: Journal of Pediatric Oncology Nursing; May 2020; vol. 37 (no. 3); p. 163-179

Author(s): Shank, Jena; Chamorro-Viña, Carolina; Guilcher, Gregory M. T.; Langelier, David Michael; Schulte, Fiona; Culos-Reed, S. Nicole

Abstract: Research on the benefits of physical activity (PA) in childhood cancer has been translated into a handful of community-based programs. However, to foster further translation, an understanding of how to evaluate participant outcomes would be beneficial to provide feedback to participants and stimulate future research. Such a review would provide a summary of acceptable tools for work in this area. The purpose of this scoping review was to identify the evaluation tools that have been used in PA/exercise studies or programs for childhood cancer. This review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Studies included in the review used physical and psychosocial evaluation tools within PA and exercise programs or research for childhood cancer. In addition, studies with measures of health behavior such as PA levels and activities of daily living were included. Tools that assessed physical fitness and physical performance were excluded. Information on the types of evaluation tools used, mean age of participants, and type of cancer was extracted. Psychometric properties of each evaluation tool are reported. The most commonly assessed patient outcomes were motor performance, fatigue, well-being, functional mobility, and quality of life. Less commonly reported patient outcomes were hope, self-efficacy, and self-perception. None of the evaluation tools reported in the PA/exercise and pediatric oncology literature assess physical literacy. This review was the first step in a knowledge translation process, identifying evaluation tools that have been used in PA/exercise programs in childhood cancer survivors, that will guide the development and evaluation of current and future community-based programs.

Title: Letting Kids Be Kids: A Quality Improvement Project to Deliver Supportive Care at Home After High-Dose Methotrexate in Pediatric Patients With Acute Lymphoblastic Leukemia.

Citation: Journal of Pediatric Oncology Nursing; May 2020; vol. 37 (no. 3); p. 212-220

Author(s): Ranney, Lori; Hooke, Mary C.; Robbins, Kathryn

Abstract: The Children's Oncology Group recommends children with high-risk acute lymphoblastic leukemia (ALL) receive high-dose methotrexate (HD MTX) throughout treatment. Historically, patients have been hospitalized for at least 54 hours for HD MTX. Literature supports the safety and efficacy of the transition of supportive care interventions of intravenous (IV) fluids and leucovorin to ambulatory care. The goal of this quality improvement (QI) project was to implement a system to support the safe delivery of supportive care in the home after inpatient HD MTX in children with high-risk ALL. An interdisciplinary team implemented system changes including an ambulatory supportive care protocol, standard computerized order sets, family education, and education of staff in the inpatient, outpatient, and home care setting. Measurements included laboratory results of renal function and medication clearance, length of hospitalization, and family-reported quality of life. During project implementation, 10 patients completed a total of 38 cycles. The system safely and effectively supported transition to the outpatient setting for all patients. Average length of stay was decreased by 37.8 hours per HD MTX cycle. Families reported that quality of life improved in most domains with family time and sleep having largest improvement, while level of stress remained the same. Ambulatory monitoring post-HD MTX requires a multidisciplinary approach to meet individualized patient needs. Future QI efforts should consider outpatient administration of HD MTX in addition to supportive care as a means to improved quality of life.

Sources Used: The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.