

Women and Children's

Current Awareness Bulletin

May 2024

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

Please contact the Academy Library to request any articles:

 ruh-tr.library@nhs.net

 01225 82 4897/4898



Carry out basic searches using the Knowledge and Library Hub.



Sign up to NHS OpenAthens to access our subscriptions.



Contact us to receive our bulletins via email each month.



Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

Maternity services: research can improve safety and quality of care

National Institute for Health and Care Research

Improving maternity care is a key Government and NIHR priority. The latest Collection brings together evidence on improving the quality and safety of maternity care, including prioritising women's experiences.

Eczema in children: uncertainties addressed

National Institute for Health and Care Research

Several studies show that common interventions for eczema don't help. This Collection brings together major NIHR research on the prevention and treatment of eczema, allowing commissioners, healthcare professionals and families of children with eczema to focus on what is effective. The Collection also explores the support children and their families need to understand and self-manage their eczema effectively.

Children in intensive care have better outcomes with lower oxygen targets

National Institute for Health and Care Research

This landmark nurse-led study has challenged the accepted practice for providing oxygen to children in intensive care in a way that could have a global impact.

A groundbreaking nurse-led NIHR study explored the oxygen levels of critically ill children in intensive care. The study found that with reduced oxygen targets:

- 50 more children would survive in the UK each year
- children spent less time on life-saving machines and required fewer drugs
- the NHS could save £20 million per year.

This is the first trial evidence to support the opinion-based recommendation of lower oxygen levels for children on ventilators in intensive care.

New treatment for brain tumours in under 18s recommended

NICE

Children and teenagers with an aggressive form of brain cancer are set to benefit after we recommended a new life-extending drug treatment. Dabrafenib with trametinib can be taken at home rather than hospital and improves patients' length and quality of life.

<https://www.nice.org.uk/guidance/indevelopment/gid-ta11006/documents>

National learning report: factors affecting the delivery of safe care in midwifery units

Maternity and Newborn Safety Investigations

This report looks at common themes of 92 maternity investigation reports, where the safety incident under investigation included care provided in a midwifery unit. It identifies four main themes and findings, which include issues relating to: work demands and capacity to respond;

intermittent auscultation; how prepared an organisation is for predictable safety-critical scenarios; and telephone triage.

<https://shorturl.at/H3iy6>

Listen to mums: ending the postcode lottery on perinatal care

All-Party Parliamentary Group on Birth Trauma

On 9 January 2024, the APPG Birth Trauma set up an inquiry to investigate the reasons why women experience birth trauma, how the condition affects them, the wider social impact, and the steps that can be taken to prevent birth trauma. The picture that has emerged is one of a maternity system where poor care is all-too-frequently tolerated as normal, and women are treated as an inconvenience. This report makes a set of recommendations that aim to address these problems and work towards a maternity system that is woman-centred, and where poor care is the exception rather than the rule.

<https://shorturl.at/gkLFq>

MatDAT: maternity disadvantage assessment tool – assessing wellbeing and social complexity in the perinatal period

Royal College of Midwives

With a growing number of pregnant women experiencing more social complexities, the RCM has developed MatDAT – a tool that not only ensures women receive the right care, but also the right support from other agencies. There is a growing body of evidence demonstrating the impact of disadvantage, such as poverty and poor housing, on pregnancy and birth outcomes, which means a multi-agency approach is needed more than ever.

<https://shorturl.at/k05aP>

Innovative health visiting in Derbyshire: a model of partnership, efficiency and resilience.

Local Government Association (LGA); 2024.

This case study explores the challenges faced, the innovative solutions implemented, the impact of these changes and the lessons learned from this journey.

<https://www.local.gov.uk/case-studies/innovative-health-visiting-derbyshire-model-partnership-efficiency-and-resilience>

Not in school - the mental health barriers to school attendance.

Centre for Mental Health; 2024.

Rates of school absence have risen significantly since the pandemic. One in five children is persistently absent from school, and 150,000 children missed over half of their school sessions last year. Though improving attendance has become a key government objective, its approach to doing so tends to overlook the issues which are driving this increase in absenteeism.

<https://www.centreformentalhealth.org.uk/publications/not-in-school/>

Child and maternal health profiles: May 2024 update.

Office for Health Improvement and Disparities (OHID); 2024.

Update of data at a local, regional and national level on indicators related to hospital admissions for children with long-term conditions, emergency hospital admissions, A&E attendances, pregnancy and birth, and reproductive health.

<https://www.gov.uk/government/statistics/child-and-maternal-health-profiles-may-2024-update>

A mixed methods systematic review on the effects of arts interventions for children and young people at-risk of offending, or who have offended on behavioural, psychosocial, cognitive and offending outcomes: A systematic review.

Mansfield L. *Campbell Systematic Reviews* 2024;20(1):e1377.

We found insufficient evidence from quantitative studies to support or refute the effectiveness of arts interventions for CYP at-risk of or who have offended for any outcome. Qualitative evidence suggested that arts interventions may lead to positive emotions, the development of a sense of self, successful engagement in creative practices, and development of positive personal relationships.

Adverse childhood experiences and engagement with healthcare services: Findings from a survey of adults in Wales and England.

Iechyd Cyhoeddus Cymru / Public Health Wales; 2024.

This report presents the findings of an online survey with adults resident in Wales and England, developed to explore the association between ACEs and healthcare engagement, including comfort in the use of healthcare services.

<https://phwwhocc.co.uk/resources/adverse-childhood-experiences-and-engagement-with-healthcare-services-findings-from-a-survey-of-adults-in-wales-and-england/>

The evolving role of dietitians in neonatal units and beyond.

Smith M. *Paediatrics and Child Health* 2024;34(5):148-153.

This review will describe the vital role that neonatal dietitians can fulfil, from the unit level to the broader network level, in collaboration with families and the comprehensive multidisciplinary team. It highlights the importance of optimal neonatal dietetic staffing, both within neonatal units and in broader healthcare contexts, to achieve these objectives effectively.

1. Pregnancy complications and loss: an observational survey comparing anesthesiologists and obstetrician-gynecologists

Authors: Barnett, Natalie R.;George, Renuka M.;Hatter, Katherine H.;Janosy, Norah R.;Vizzini, Samantha J.;Singh, Shubhangi;Lee, Rebecca E.;Wolf, Bethany J.;Cabrera, Camila;Duhachek-Stapelman, Amy and Katz, Daniel

Publication Date: 2024

Journal: The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 37(1), pp. 2311072

Abstract: Objective: While there is increasing information regarding the occupational risks to pregnant physicians, there is inconsistent and limited subspecialty data. Physicians may be at increased risk for pregnancy complications due to occupational exposure, long work hours, nightshifts, and physical/mental demands. Additionally, little is known regarding the education physicians receive pertaining to pregnancy risks respective to their specialties as well as departmental/institutional support for pregnancy loss or complication. Therefore, a survey was developed and distributed across multiple academic sites to ascertain if there is an inherent occupation-associated risk of pregnancy complication(s) and/or pregnancy loss for anesthesiologists (ANES) when compared to obstetrician/gynecologists (OB/GYN).; Methods: A specialty-specific survey was distributed electronically to attending ANES and OB/GYN, via departmental listservs at six participating academic medical centers. Responses were collected from March to October 2022 and included demographic information, practice characteristics, education about pregnancy risks and details of pregnancy complications and loss. The primary comparison between specialty groups was the occurrence of at least one pregnancy complication and/or loss. Logistic regression was used to evaluate specialty outcome associations. Additionally, complication rates and types between specialties were compared using univariate and multivariable models.; Results: The survey was distributed to 556 anesthesiology and 662 obstetrics-gynecology faculty members with 224 ANES and 168 OB/GYN respondents, yielding an overall 32.2% response rate. Of the survey respondents, 103 ANES and 116 OB/GYN reported at least one pregnancy. Demographics were similar between the two cohorts. ANES had higher gravidity and parity relative to OB/GYN and tended to be earlier in their career at first pregnancy ($p = .008$, $<.001$, and $.043$, respectively). The rate of any pregnancy complication, including loss, was similar between specialties (65.1% (67/103) vs. 65.5% (76/116), $p = .942$). Of the respondents reporting at least one pregnancy, 56.7% of ANES and 53.9% of OB/GYN experienced a complication while at work. Obstetrician-gynecologists had higher use of reproductive assistance (28% (47/116) vs. 11% (20/103), $p < .001$). There were no notable differences between cohorts for complications, prematurity, and neonatal intensive care admission. Forty-one percent (161/392) of total respondents recalled learning about occupational risks to pregnancy, and ANES were more likely than OB/GYN to have recalled learning about these risks (121/224 (54%) and 40/168 (23.8%), respectively, $p < .001$).; Conclusions: ANES and OB/GYN had similar risks for pregnancy complications and loss. Anesthesiologists were more likely to recall receiving education regarding occupational risk to pregnancy, though fewer than half of all survey respondents recalled learning about these risks. Our survey results are similar to the previously identified higher rate of pregnancy complications and loss in female physicians while uncovering areas of potential knowledge gaps for which institutions and practices could strive to improve upon. More research is needed to examine the relationship between occupation and pregnancy risk pertaining to female physicians with the goal being to identify modifiable risk factors.

2. Fine-tuning the needle: analysis of acupuncturist response to alarming events during gynecological oncology surgery

Authors: Ben-Arye, Eran;Galil, Galit;Samuels, Noah;Segev, Yakir;Schmidt, Meirav and

Gressel, Orit

Publication Date: 2024

Journal: Supportive Care in Cancer 32(6), pp. 1-7

3. Fertility preservation in pediatric solid tumors: A report from the Children's Oncology Group

Authors: Bjornard, Kari;Close, Allison;Burns, Karen;Chavez, Josuah;Chow, Eric J. and Meacham, Lillian R.

Publication Date: 2024

Journal: Pediatric Blood & Cancer 71(6), pp. 1-12

4. Paediatric orthopaedics: a special issue dedicated to current concepts and recent progress

Authors: Canavese, Federico;de Moraes Barros Fucs, Patricia Maria and Johari, Ashok N.

Publication Date: 2024

Journal: International Orthopaedics 48(6), pp. 1367-1371

5. Assessment of myosteatosi s and functionality in pretreatment gynecological cancer patients

Authors: da Silva, Regielly Candido;Chaves, Gabriela Villaça;Bergmann, Anke and Frajacomo, Fernando Tadeu Trevisan

Publication Date: 2024

Journal: Supportive Care in Cancer 32(6), pp. 1-7

6. Techniques and endocrine-reproductive outcomes of ovarian transposition prior to pelvic radiotherapy in both gynecologic and non-gynecologic cancers: A systematic review and meta-analysis

Authors: Genovese, Fortunato;Zambrotta, Elisa;Incognito, Giosuè G.;Gulino, Ferdinando A.;Di Guardo, Federica;Genovese, Dominic;Di Gregorio, Luisa M.;Benvenuto, Domenico;Ciancio, Fabio F.;Leanza, Vito and Palumbo, Marco

Publication Date: 2024

Journal: International Journal of Gynecology & Obstetrics 165(3), pp. 948-958

7. Intraoperative methadone for day-case gynaecological laparoscopy: A double-blind, randomised controlled trial

Authors: Green, Kyle W.;Popovic, Gordana and Baitch, Luke

Publication Date: 2024

Journal: Anaesthesia & Intensive Care 52(3), pp. 168-179

8. The Role of Whole-Body MRI in Pediatric Musculoskeletal Oncology: Current Concepts and Clinical Applications

Authors: Guimarães, Júlio Brandão;da Cruz, Isabela,Azevedo Nicodemos;Ahlawat, Shivani;Ormond Filho, Alípio Gomes;Nico, Marcelo Astolfi Caetano;Lederman, Henrique Manoel and Fayad, Laura Marie

Publication Date: 2024

Journal: Journal of Magnetic Resonance Imaging 59(6), pp. 1886-1901

9. Sexual Harassment, Abuse, and Discrimination in Obstetrics and Gynecology: A Systematic Review

Authors: Gupta, Ankita;Thompson, Jennifer C.;Ringel, Nancy E.;Kim-Fine, Shunaha;Ferguson, Lindsay A.;Blank, Stephanie V.;Iglesia, Cheryl B.;Balk, Ethan M.;Secord, Angeles Alvarez;Hines, Jeffrey F.;Brown, Jubilee and Grimes, Cara L.

Publication Date: 2024

Journal: JAMA Network Open 7(1), pp. e2410706

Abstract: This systematic review investigates the prevalence of harassment, including sexual harassment, bullying, and abuse, among obstetrics and gynecology medical students and clinicians. Key Points: Question: What is the prevalence of sexual harassment, bullying, abuse, workplace discrimination, and other forms of harassment among medical students, residents, fellows, and attending physicians in obstetrics and gynecology (OB-GYN)? Findings: In this systematic review of 10 studies of harassment among 5852 participants and 12 studies among 2906 participants of interventions, sexual harassment (range, 28%-71%), workplace discrimination (range, 57%-67% among females; 39% among males), and bullying (53%) were frequent among OB-GYN respondents. Meaning: These findings suggest that there is high prevalence of harassment in OB-GYN despite the field being a female dominant for the last decade. Importance: Unlike other surgical specialties, obstetrics and gynecology (OB-GYN) has been predominantly female for the last decade. The association of this with gender bias and sexual harassment is not known. Objective: To systematically review the prevalence of sexual harassment, bullying, abuse, and discrimination among OB-GYN clinicians and trainees and interventions aimed at reducing harassment in OB-GYN and other surgical specialties. Evidence Review: A systematic search of PubMed, Embase, and ClinicalTrials.gov was

conducted to identify studies published from inception through June 13, 2023.: For the prevalence of harassment, OB-GYN clinicians and trainees on OB-GYN rotations in all subspecialties in the US or Canada were included. Personal experiences of harassment (sexual harassment, bullying, abuse, and discrimination) by other health care personnel, event reporting, burnout and exit from medicine, fear of retaliation, and related outcomes were included. Interventions across all surgical specialties in any country to decrease incidence of harassment were also evaluated. Abstracts and potentially relevant full-text articles were double screened.: Eligible studies were extracted into standard forms. Risk of bias and certainty of evidence of included research were assessed. A meta-analysis was not performed owing to heterogeneity of outcomes. Findings: A total of 10 eligible studies among 5852 participants addressed prevalence and 12 eligible studies among 2906 participants addressed interventions. The prevalence of sexual harassment (range, 250 of 907 physicians 27.6%] to 181 of 255 female gynecologic oncologists 70.9%]), workplace discrimination (range, 142 of 249 gynecologic oncologists 57.0%] to 354 of 527 gynecologic oncologists 67.2%] among women; 138 of 358 gynecologic oncologists among males 38.5%]), and bullying (131 of 248 female gynecologic oncologists 52.8%]) was frequent among OB-GYN respondents. OB-GYN trainees commonly experienced sexual harassment (253 of 366 respondents 69.1%]), which included gender harassment, unwanted sexual attention, and sexual coercion. The proportion of OB-GYN clinicians who reported their sexual harassment to anyone ranged from 21 of 250 AAGL (formerly, the American Association of Gynecologic Laparoscopists) members (8.4%) to 32 of 256 gynecologic oncologists (12.5%) compared with 32.6% of OB-GYN trainees. Mistreatment during their OB-GYN rotation was indicated by 168 of 668 medical students surveyed (25.1%). Perpetrators of harassment included physicians (30.1%), other trainees (13.1%), and operating room staff (7.7%). Various interventions were used and studied, which were associated with improved recognition of bias and reporting (eg, implementation of a video- and discussion-based mistreatment program during a surgery clerkship was associated with a decrease in medical student mistreatment reports from 14 reports in previous year to 9 reports in the first year and 4 in the second year after implementation). However, no significant decrease in the frequency of sexual harassment was found with any intervention. Conclusions and Relevance: This study found high rates of harassment behaviors within OB-GYN. Interventions to limit these behaviors were not adequately studied, were limited mostly to medical students, and typically did not specifically address sexual or other forms of harassment.

10. No increased risk of breast or gynecologic malignancies in women exposed to spironolactone for dermatologic conditions: A retrospective cohort study

Authors: Hill, Rachel C.;Wang, Yu;Shaikh, Bilal and Lipner, Shari R.

Publication Date: 2024

Journal: Journal of the American Academy of Dermatology 90(6), pp. 1302-1304

11. Discussing diet, nutrition, and body weight after treatment for gynecological cancer: a conversation analytic study of outpatient consultations

Authors: Johnston, Elizabeth A.;Ekberg, Stuart;Jennings, Bronwyn;Jagasia, Nisha and van der Pols, Jolieke,C.

Publication Date: 2024

Journal: Journal of Cancer Survivorship : Research and Practice 18(3), pp. 1016-1031

Abstract: Purpose: To generate direct observational evidence for understanding how diet, nutrition, and weight-related topics are discussed during follow-up after treatment for gynecological cancer, as recommended by survivorship care guidelines.; Methods: Conversation analysis of 30 audio-recorded outpatient consultations, involving 4 gynecologists, 30 women who had completed treatment for ovarian or endometrial cancer, and 11 family members/friends.; Results: From 21 instances in 18 consultations, diet, nutrition, or weight-related talk continued beyond initiation if the issue raised was ostensibly relevant to the clinical activity being undertaken at the time. These instances led to care-related outcomes (i.e., general dietary recommendations, referral to support, behavior change counseling) only when the patient identified needing further support. Diet, nutrition, or weight-related talk was not continued by the clinician if it was not apparently related to the current clinical activity.; Conclusions: The continuation of diet, nutrition, or weight-related talk during outpatient consultations after treatment for gynecological cancer, and the subsequent delivery of care-related outcomes, depends on its immediate clinical relevance and the patient indicating needing further support. The contingent nature of these discussions means there can be missed opportunities for the provision of dietary information and support post-treatment.; Implications for Cancer Survivors: If seeking information or support for diet, nutrition, or weight-related issues post-treatment, cancer survivors may need to be explicit regarding their need for this during outpatient follow-up. Additional avenues for dietary needs assessment and referral should be considered to optimize the consistent delivery of diet, nutrition, and weight-related information and support after treatment for gynecological cancer. (© 2023. The Author(s).)

12. Resident Education Curriculum in Pediatric and Adolescent Gynecology: The Short Curriculum 4.0

Authors: Lawson, Ashli A.;Barlow, Erin;Brookhart, Carolyn;Sophie Gibson, M. E.;Golub, Sarah;Imbo-Nloga, Camille;Hernandez, Angela;Justice, Tara;King, Carol;Nos, Andrea;Truehart, Amber and French, Amanda V.

Publication Date: 2024

Journal: Journal of Pediatric and Adolescent Gynecology 37(3), pp. 311-314

Abstract: Exposure to pediatric and adolescent gynecology (PAG) varies across residency programs in obstetrics and gynecology, family medicine, and pediatrics, as well as both adolescent medicine and PAG fellowship programs. Nevertheless, these programs are responsible for training residents and fellows and providing opportunities to fulfill PAG learning objectives. To that end, the North American Society for Pediatric and Adolescent Gynecology has taken a leadership role in PAG trainee education by creating and maintaining this Short Curriculum. The curriculum outlines specific learning objectives central to PAG education and lists high-yield, concise resources for learners. This updated curriculum replaces the previous 2021 publication with a new focus toward accessible online content and updated resources. (Copyright © 2024 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. All rights reserved.)

13. Research progress of indocyanine green fluorescence technology in gynecological applications

Authors: Li, Qing;Zhang, Li;Fang, Fang;Xu, Ping and Zhang, Chunhua

Publication Date: 2024

Journal: International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics 165(3), pp. 936-942

Abstract: Indocyanine green is a near-infrared fluorescent dye which is widely used in various fields of surgery and gynecology. It is currently mainly used to detect various malignant tumors, sentinel lymph nodes, endometriosis lesions, ureter or intestinal occlusion, vaginal perfusion, uterine arterial blood perfusion, pelvic nerve, uterine niche, lymphatic edema, metastatic lesion shadow, and so on, providing new methods for decision-making during surgery. This article elaborates the application progress of indocyanine green fluorescence technology in gynecology. (© 2023 International Federation of Gynecology and Obstetrics.)

14. Management of unscheduled bleeding on HRT: A joint guideline on behalf of the British Menopause Society, Royal College Obstetricians and Gynaecologists, British Gynaecological Cancer Society, British Society for Gynaecological Endoscopy, Faculty of Sexual and Reproductive Health, Royal College of General Practitioners and Getting it Right First Time

Authors: Manley, Kristyn;Hillard, Timothy;Clark, Justin;Kumar, Geeta;Morrison, Jo;Hamoda, Haitham;Barber, Katie;Holloway, Debra;Middleton, Bronwyn;Oyston, Maria;Pickering, Mark;Sassarini, Jenifer and Williams, Nicola

Publication Date: 2024

Journal: Post Reproductive Health , pp. 20533691241254413

Abstract: Unscheduled bleeding on hormone replacement therapy (HRT) can affect up to 40% of users. In parallel with the increase in HRT prescribing in the UK, there has been an associated increase in referrals to the urgent suspicion of cancer pathway for unscheduled bleeding. On behalf of the British Menopause Society (BMS) an expert review panel was established, including primary and secondary care clinicians with expertise in the management of menopause, with representatives from key related organisations, including the Royal College of Obstetricians & Gynaecologists, the British Gynaecological Cancer Society, British Society for Gynaecological Endoscopy, Royal College of General Practitioners and Faculty of Sexual and Reproductive Health, and service development partners from NHS England and GIRFT (Getting it Right First Time). For each topic, a focused literature review was completed to develop evidence led recommendations, where available, which were ratified by consensus review within the panel and by guideline groups.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

15. Genital chronic graft-versus-host disease: an unmet need that requires trained gynecologists

Authors: Martínez-Maestre, M. Á;Castelo-Branco, C.;Calderón, A. M.;Espigado, I.;Pérez-Simón, J. A. and González-Cejudo, C.

Publication Date: 2024

Journal: Climacteric : The Journal of the International Menopause Society 27(3), pp. 275-281

Abstract: Objective: Menopause and chronic graft-versus-host disease (cGvHD) are the leading causes of morbidity after allogeneic hematopoietic stem cell transplantation (alloHSCT). Genitalia are one of the target organs of cGvHD causing sexual dysfunction and local symptoms, which may impair women's quality of life. The aim of this study is to describe the prevalence and clinical characteristics of genital cGvHD.; Methods: A retrospective cross-sectional observational study was performed including 85 women with alloHSCT. All women were diagnosed and counseled by a trained gynecologist. Health-related quality of life was assessed by the Cervantes Short-Form Scale and sexual function was evaluated by the Female Sexual Function Index.; Results: Seventeen women (20%) included in the study were diagnosed with genital cGvHD. The main complaints were vulvovaginal dryness (42.2%) and dyspareunia (29.4%), the presence of erythema/erythematous plaques (52.9%) being the most frequent sign. Median time from transplant to diagnosis of genital cGvHD was 17 months among those with mild involvement, 25 months for moderate and 42 months for severe forms. Mortality was 29.4% in patients who developed cGvHD with genital involvement versus 8.8% among those without ($p = 0.012$).; Conclusion: Early gynecological evaluation might allow to identify patients with mild forms of genital cGvHD, potentially enabling better management and improved outcomes.

16. Amide proton transfer weighted imaging in pediatric neuro-oncology: initial experience

Authors: Obdeijn, Iris V.;Wiegers, Evita C.;Alic, Lejla;Plasschaert, Sabine L. A.;Kranendonk, Mariëtte E. G.;Hoogduin, Hans M.;Klomp, Dennis W. J.;Wijnen, Jannie P. and Lequin, Maarten H.

Publication Date: 2024

Journal: NMR in Biomedicine 37(6), pp. e5122

Abstract: Amide proton transfer weighted (APT_w) imaging enables in vivo assessment of tissue-bound mobile proteins and peptides through the detection of chemical exchange saturation transfer. Promising applications of APT_w imaging have been shown in adult brain tumors. As pediatric brain tumors differ from their adult counterparts, we investigate the radiological appearance of pediatric brain tumors on APT_w imaging. APT_w imaging was conducted at 3 T. APT_w maps were calculated using magnetization transfer ratio asymmetry at 3.5 ppm. First, the repeatability of APT_w imaging was assessed in a phantom and in five healthy volunteers by calculating the within-subject coefficient of variation (wCV). APT_w images of pediatric brain tumor patients were analyzed retrospectively. APT_w levels were

compared between solid tumor tissue and normal-appearing white matter (NAWM) and between pediatric high-grade glioma (pHGG) and pediatric low-grade glioma (pLGG) using t-tests. APTw maps were repeatable in supratentorial and infratentorial brain regions (wCV ranged from 11% to 39%), except those from the pontine region (wCV between 39% and 50%). APTw images of 23 children with brain tumor were analyzed (mean age 12 years \pm 5, 12 male). Significantly higher APTw values are present in tumor compared with NAWM for both pHGG and pLGG ($p < 0.05$). APTw values were higher in pLGG subtype pilocytic astrocytoma compared with other pLGG subtypes ($p < 0.05$). Non-invasive characterization of pediatric brain tumor biology with APTw imaging could aid the radiologist in clinical decision-making. (© 2024 The Authors. NMR in Biomedicine published by John Wiley & Sons Ltd.)

17. Prognostic Communication Between Parents and Clinicians in Pediatric Oncology: An Integrative Review

Authors: Ouyang, Na;Feder, Shelli L.;Baker, Justin N. and Knobf, M. T.

Publication Date: 2024

Journal: American Journal of Hospice & Palliative Medicine 41(5), pp. 545-557

Abstract: Background: Prognostic communication between clinicians and parents in pediatric oncology is complex. However, no review has exclusively examined research on prognostic communication in pediatric oncology. In this review, we synthesize the evidence on prognostic communication in pediatric oncology and provide recommendations for future research. Methods: We conducted an integrative review searching six databases for studies on prognostic communication in pediatric oncology as of August 2022. We applied descriptive and narrative approaches to data analysis. Results: Fourteen quantitative and five qualitative studies were included. All studies were conducted in Western developed countries. In total, 804 parents of 770 children with cancer were included. Across studies, parents were predominately female, Non-Hispanic White, and had high school or higher levels of education. Most parents reported that prognostic communication was initiated in the first year after their children's diagnosis. High-quality prognostic communication was positively associated with trust and hope and negatively associated with parental distress and decisional regret. In qualitative studies, parents suggested that prognostic communication should be open, ongoing, and delivered with sensitivity. Most studies were of moderate quality. The main gaps included inconsistent definitions of prognostic communication, and a lack of comprehensive and validated measurements, high-quality longitudinal studies, and diverse settings and participants. Conclusions: Clinicians should initiate high-quality prognostic communication early on in clinical practice. Future research should consider conducting high-quality longitudinal studies, developing prognostic communication definitions and measurements, and conducting studies across settings with diverse populations.

18. Beyond the reproductive tract: gut microbiome and its influence on gynecological health

Authors: Pérez-Prieto, Inmaculada;Rodríguez-Santisteban, Aida and Altmäe, Signe

Publication Date: 2024

19. Rapid screening of infertility-associated gynecological conditions via ambient glow discharge mass spectrometry utilizing urine metabolic fingerprints

Authors: Qu, Yijiao;Chen, Ming;Wang, Yiran;Qu, Liangliang;Wang, Ruiyue;Liu, Huihui;Wang, Liping and Nie, Zongxiu

Publication Date: 2024

Journal: Talanta 274, pp. 125969

Abstract: Infertility presents a widespread challenge for many families worldwide, often arising from various gynecological diseases (GDs) that hinder successful pregnancies. Current diagnostic methods for GDs have disadvantages such as low efficiency, high cost, misdiagnose, invasive injury and etc. This paper introduces a rapid, non-invasive, efficient, and straightforward analytical method that utilizes desorption, separation, and ionization mass spectrometry (DSI-MS) platform in conjunction with machine learning (ML) to detect urine metabolite fingerprints in patients with different GDs. We analyzed 257 samples from patients diagnosed with polycystic ovary syndrome (PCOS), premature ovarian insufficiency (POI), diminished ovarian reserve (DOR), endometriosis (EMS), recurrent pregnancy loss (RPL), recurrent implantation failure (RIF), and 87 samples from healthy control (HC) individuals. We identified metabolite differences and dysregulated pathways through dimensionality reduction methods, with the result of the discovery of 7 potential biomarkers for GDs diagnosis. The ML method effectively distinguished subtle differences in urine metabolite fingerprints. We anticipate that this innovative approach will offer a patient-friendly, rapid screening, and differentiation method for infertility-related GDs patients.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

20. Starting the Conversation: randomized pilot trial of an intervention to promote effective clinical communication about sexual health for gynecologic cancer survivors

Authors: Reese, Jennifer Barsky;Bober, Sharon L.;Sorice, Kristen A.;Handorf, Elizabeth;Chu, Christina S.;Middleton, Danny;McIlhenny, Sarah and El-Jawahri, Areej

Publication Date: 2024

Journal: Journal of Cancer Survivorship : Research and Practice 18(3), pp. 800-809

Abstract: Purpose: Gynecologic cancer survivors often hesitate to raise sexual health concerns with their clinicians. We pilot tested Starting the Conversation (STC), a theory-guided intervention aimed at facilitating survivors' clinical communication about sexual health.; Methods: Survivors (N = 32) were randomized 2:1 to STC (23-min video and accompanying workbook grounded in social cognitive theory that provides information and skills training for communicating with providers about sexual concerns, and resource guide) or control (resource guide only). Feasibility was assessed through enrollment, retention, and intervention

completion rates (benchmarks: 60%, 80%, 70%); acceptability was assessed through post-intervention program evaluations (benchmark: 75%). Preliminary effects were assessed for sexual health communication (self-reported after next clinic encounter), self-efficacy for clinical communication about sexual health (post-intervention and 2-month follow-up), and sexual activity and anxiety/depressive symptoms (2-month follow-up).; Results: All feasibility/acceptability benchmarks were surpassed; 76% enrolled, 97% retained, $\geq 95\%$ used intervention materials, and 100% endorsed STC as acceptable. Positive STC effects were seen for increases in self-efficacy (Cohen's d 's = 0.45 at post-intervention; 0.55 at follow-up). In STC, 35% and 45% of women raised or asked about sexual health concerns during the post-intervention clinic visit, respectively, versus 0 and 27% in the control arm. Other measures showed little change.; Conclusions: Data support the STC intervention as feasible and acceptable, with promising effects for gynecologic cancer survivors' communication about sexual health concerns. Because sexual health communication is relevant across the treatment trajectory, we included both on-treatment and post-treatment survivors. While this may be a limitation, it could also enhance sample generalizability. A larger trial is needed to determine efficacy.; Implications for Cancer Survivors: Communication about sexual health is important yet lacking for cancer survivors. Patient-focused interventions may help address concerns and improve survivors' health outcomes. (© 2023. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

21. Rapid cycle deliberate practice: application in forceps simulation training for gynecology and obstetrics residents

Authors: Wang, Xiaoxue; Song, Zixuan; Chen, Xueting; Zhou, Yangzi; Lou, Yingze; Liu, Tong and Zhang, Dandan

Publication Date: 2024

Journal: Annals of Medicine 56(1), pp. 2301596

Abstract: Background: Rapid Cycle Deliberate Practice (RCDP) has gained prominence in recent years as an innovative teaching method in simulation-based training for adult and pediatric emergency medical skills. However, its application in the training of forceps delivery skills among obstetrics and gynecology residents remains unexplored. This study aimed to assess the impact of RCDP in this domain.; Methods: Conducted in March 2021, this randomized controlled study involved 60 second-year obstetrics and gynecology residents undergoing standardized training. Participants were randomly assigned to the RCDP group or the traditional teaching method (TTM) group, each comprising 30 residents. The RCDP group followed the RCDP practice mode, while the TTM group adhered to conventional simulation teaching. Post-training assessment of operational proficiency was conducted immediately and after one year. Independent operational confidence and training satisfaction were evaluated through questionnaire surveys and the Satisfaction with Simulation Experience (SSE) scale. Data analysis utilized SPSS 23.0.; Results: The RCDP group displayed significantly higher immediate post-training forceps operation scores compared to the TTM group (92.00 range: 90.00-94.00] vs. 88.00 range: 86.75-92.00]; $z = 3.79$; $p = .05$). Importantly, the RCDP group reported higher satisfaction scores, particularly in the Debriefing and Reflection subscale (44.00 range: 43.00-45.00] vs. 41.00 range: 41.50-43.00]; $z = 5.24$; $p < .001$), contributing to an overall superior SSE score ($z = 4.74$; $p < .001$).; Conclusions: RCDP exhibits immediate

efficacy in elevating forceps delivery skills among residents. However, sustained skill enhancement necessitates innovative approaches, while RCDP's value lies in tailored feedback and reflection for enriched medical education.

22. Robot Assisted Laparoscopic Surgery in Gynaecology: An Evolving Assistive Technology

Authors: Xie, Siwen; Wood, Thomas Charles; Dasgupta, Prokar and Aydin, Abdullatif

Publication Date: 2024

Journal: Surgical Innovation 31(3), pp. 324-330

23. Implementation of a multi-site neonatal simulation improvement program: a cost analysis

Authors: Xu, Xiao; Yao, John; Bohnert, Janine; Yamada, Nicole and Lee, Henry C.

Publication Date: 2024

Journal: BMC Health Services Research 24(1), pp. 623

Abstract: Background: To improve patient outcomes and provider team practice, the California Perinatal Quality Care Collaborative (CPQCC) created the Simulating Success quality improvement program to assist hospitals in implementing a neonatal resuscitation training curriculum. This study aimed to examine the costs associated with the design and implementation of the Simulating Success program.; Methods: From 2017-2020, a total of 14 sites participated in the Simulating Success program and 4 of them systematically collected resource utilization data. Using a micro-costing approach, we examined costs for the design and implementation of the program occurring at CPQCC and the 4 study sites. Data collection forms were used to track personnel time, equipment/supplies, space use, and travel (including transportation, food, and lodging). Cost analysis was conducted from the healthcare sector perspective. Costs incurred by CPQCC were allocated to participant sites and then combined with site-specific costs to estimate the mean cost per site, along with its 95% confidence interval (CI). Cost estimates were inflation-adjusted to 2022 U.S. dollars.; Results: Designing and implementing the Simulating Success program cost \$228,148.36 at CPQCC, with personnel cost accounting for the largest share (92.2%), followed by program-related travel (6.1%), equipment/supplies (1.5%), and space use (0.2%). Allocating these costs across participant sites and accounting for site-specific resource utilizations resulted in a mean cost of \$39,210.69 per participant site (95% CI: \$34,094.52-\$44,326.86). In sensitivity analysis varying several study assumptions (e.g., number of participant sites, exclusion of design costs, and useful life span of manikins), the mean cost per site changed from \$35,645.22 to \$39,935.73. At all four sites, monthly cost of other neonatal resuscitation training was lower during the program implementation period (mean = \$1,112.52 per site) than pre-implementation period (mean = \$2,504.01 per site). In the 3 months after the Simulating Success program ended, monthly cost of neonatal resuscitation training was also lower than the pre-implementation period at two of the four sites.; Conclusions: Establishing a multi-site neonatal in situ simulation program requires investment of sufficient resources. However, such

programs may have financial and non-financial benefits in the long run by offsetting the need for other neonatal resuscitation training and improving practice. (© 2024. The Author(s).)

24. Is continuous wound infiltration non-inferior to continuous intravenous fentanyl for pain control following gynaecological surgery?

Authors: Xue, Fu-Shan;Li, Xin-Yue and Li, Xin-Tao

Publication Date: 2024

Journal: BJOG: An International Journal of Obstetrics & Gynaecology 131(6), pp. 872-873

25. Discharge within 24 h, transvaginal natural orifice transluminal endoscopic surgery-more suitable for ambulatory surgery in gynecology procedures: a retrospective study

Authors: Zhong, Fangyuan;Dai, Yueyu;Liao, Xiaoyan;Cheng, Wei;Liu, Ying;Liu, Yan;Yan, Ziru;Lin, Yonghong and Gan, Xiaoqin

Publication Date: 2024

Journal: BMC Women's Health 24(1), pp. 1-6

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.