

Women and Children's

Current Awareness Bulletin

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Implications of child poverty reduction targets for public health and health inequalities in England: a modelling study between 2024 and 2033.

McCabe R. *Journal of Epidemiology & Community Health* 2024;78(10):632-640.

The authors investigated the potential impacts of child poverty (CP) reduction scenarios on population health and health inequalities in England between 2024 and 2033. Achieving reductions in CP could substantially improve child health and reduce health inequalities in England.

Longitudinal relationships between early-life homelessness and school-aged asthma and wheezing.

Keen R. *Journal of Epidemiology & Community Health* 2024;78(10):624-631.

Homelessness is a disruptive life event with profound impacts on children's health. It remains unclear, however, whether homelessness in early life has an enduring association with asthma and wheezing among school-aged children. This article sought to test whether early-life homelessness is prospectively associated with asthma and wheezing during school-aged years.

The Good Childhood Report.

The Children's Society; 2024

This year's Good Childhood Report reveals that 11% of the children and young people who completed our survey in 2024 had low wellbeing. In 2022 the UK's 15-year-olds had the lowest average life satisfaction in Europe.

Read the report at www.childrenssociety.org.uk/good-childhood

Donna Ockenden: Money to improve maternity care? It's being spent on compensation

BMJ

Maternity failings are widespread and compounded by staff shortages and the fact that pregnant women are in worse health than a decade ago, Donna Ockenden tells Sophie Borland

From left behind to leading the way: a blueprint for transforming child health services in England

Royal College of Paediatrics and Child Health

This report finds that children are waiting longer than adults to access health care, paediatric services are not recovering at the same rates as adult services, and there is a growing gap between demand and capacity. This has coincided with an unprecedented increased demand for children's health services, which is forecast to grow further due to both preventable and non-preventable increases in childhood illness.

Read the report at:

www.rcpch.ac.uk/sites/default/files/2024-09/rcpch_child_health_blueprint_2024.pdf

Unpacking complexity in addressing the contribution of trauma to women's ill health: a qualitative study of perspectives from general practice.

MacLellan J. *British Journal of General Practice* 2024;74(746):e604-e609.

Primary care practitioners are aware of the difficulties in discussing the interface between trauma and illness with patients, and request support and guidance in how to negotiate this supportively. Lack of support for practitioners moves the focus of trauma-informed care from a whole-systems approach towards individual clinician–patient interactions.

1. DHEA: a neglected biological signal that may affect fetal and child development

Authors: Bailey, Natasha A.; Davis, Elysia Poggi; Sandman, Curt A. and Glynn, Laura M.

Publication Date: 2024

Journal: *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 65(9), pp. 1145–1155

Abstract: Background: The stress-sensitive maternal hypothalamic-pituitary-adrenal (HPA) axis through the end-product cortisol, represents a primary pathway through which maternal experience shapes fetal development with long-term consequences for child neurodevelopment. However, there is another HPA axis end-product that has been widely ignored in the study of human pregnancy. The synthesis and release of dehydroepiandrosterone (DHEA) is similar to cortisol, so it is a plausible, but neglected, biological signal that may influence fetal neurodevelopment. DHEA also may interact with cortisol to determine developmental outcomes. Surprisingly, there is virtually nothing known about human fetal exposure to prenatal maternal DHEA and offspring neurodevelopment. The current study examined, for the first time, the joint impact of fetal exposure to prenatal maternal DHEA and cortisol on infant emotional reactivity.; Methods: Participants were 124 mother-infant dyads. DHEA and cortisol were measured from maternal hair at 15 weeks (early gestation) and 35 weeks (late gestation). Observational assessments of positive and negative emotional reactivity were obtained in the laboratory when the infants were 6 months old. Pearson correlations were used to examine the associations between prenatal maternal cortisol, prenatal maternal DHEA, and infant positive and negative emotional reactivity. Moderation analyses were conducted to investigate whether DHEA might modify the association between cortisol and emotional reactivity.; Results: Higher levels of both early and late gestation maternal DHEA were linked to greater infant positive emotional reactivity. Elevated late gestation maternal cortisol was associated with greater negative emotional reactivity. Finally, the association between fetal cortisol exposure and infant emotional reactivity was only observed when DHEA was low.; Conclusions: These new observations indicate that DHEA is a potential maternal biological signal involved in prenatal programming. It appears to act both independently and jointly with cortisol to determine a child's emotional reactivity. Its role as a primary end-product of the HPA axis, coupled with the newly documented associations with prenatal development shown here, strongly calls for the inclusion of DHEA in future investigations of fetal programming. (© 2024 The Authors. *Journal of Child Psychology and Psychiatry* published by John Wiley & Sons Ltd on behalf of Association for Child and Adolescent Mental Health.)

2. Sleep interventions in pediatric oncology: A systematic review of the evidence

Authors: Daniel, Lauren C.; Catarozoli, Corinne; Crabtree, Valerie McLaughlin; Bridgeman, Matthew; van Litsenburg, Raphaele and Irestorm, Elin

Publication Date: 2024

Journal: Pediatric Blood & Cancer 71(10), pp. 1–12

3. The effect of the COVID-19 pandemic on the mental health of obstetrics and gynaecology trainees: a world-wide literature review

Authors: Ganeshan, G.; Sekar, H.; Reilly, S.; Kuo, C.; Singh, S.; Michaels, J. and Yoong, W.

Publication Date: 2024

Journal: Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 44(1), pp. 2319791

Abstract: Background: Coronavirus (COVID-19) pandemic has affected the training and wellbeing of obstetrics and gynaecology (O&G) trainees. The aim of this review is to offer a worldwide overview on its' impact on the mental health of O&G trainees, so that measures can be put into place to better support trainees during the transition back to the 'new normal'.; Methods: Key search terms used on PubMed and Google Scholar databases include: mental health, COVID-19, O&G, trainees, residents.; Results: Fifteen articles (cumulative number of respondents = 3230) were identified, of which eight employed validated questionnaires (n = 1807 respondents), while non-validated questionnaires were used in seven (n = 1423 respondents). Studies showed that COVID-19 appeared to exert more of a negative impact on females and on senior trainees' mental health, while protective factors included marriage/partner and having had children. Validated and non-validated questionnaires suggested that trainees were exposed to high levels of anxiety and depression. Their mental health was also affected by insomnia, stress, burnout and fear of passing on the virus.; Discussion: This review analyses the global impact of COVID-19 on O&G trainees' mental health, showing a pervasive negative effect linked to fear of the virus. Limited psychological support has led to prolonged issues, hindering patient safety and increasing sick leave. The study underscores the urgency of comprehensive support, particularly in female-dominated fields. Addressing these challenges is crucial for future pandemics, highlighting the need to learn from past mistakes and prioritise mental health resources for trainee well-being during and beyond pandemics.

4. A Narrative Review of Pain in Pediatric Oncology: The Opioid Option

Authors: Hall, Elizabeth A.; Hagemann, Tracy M.; Shelton, Chasity M.; Jasmin, Hilary M.; Calvasina, Alexis N. and Anghelescu, Doralina L.

Publication Date: 2024

Journal: Paediatric Drugs 26(5), pp. 565–596

Abstract: Opioid therapy is the mainstay for managing pain in pediatric oncology. This narrative review describes the current literature regarding opioids for pediatric cancer pain. The review explores the multifaceted landscape of opioid utilization in this population, including the role of opioids in certain clinical circumstances, modalities of opioid delivery, unique opioids, outpatient and at-home pain management strategies, and other key concepts such as breakthrough pain. This review highlights the importance of individualized dosing and multimodal approaches to enhance efficacy and minimize adverse effects. Drawing from a wide range of evidence, this review offers insights to optimize pediatric oncology pain management. (© 2024. The Author(s).)

5. Impact of early childhood infection on child development and school performance: a population-based study

Authors: He, Wen-Qiang; Moore, Hannah Catherine; Miller, Jessica E.; Burgner, David P.; Swann, Olivia; Lain, Samantha J. and Nassar, Natasha

Publication Date: 2024

Journal: Journal of Epidemiology and Community Health

Abstract: Background: Childhood infection might be associated with adverse child development and neurocognitive outcomes, but the results have been inconsistent.; Methods: Two population-based record-linkage cohorts of all singleton children born at term in New South Wales, Australia, from 2001 to 2014, were set up and followed up to 2019 for developmental outcome (N=276 454) and school performance (N=644 291). The primary outcome was developmentally high risk (DHR) at age 4-6 years and numeracy and reading below the national minimum standard at age 7-9 years. Cox regression was used to assess the association of childhood infection ascertained from hospital records with each outcome adjusting for maternal, birth and child characteristics, and sensitivity analyses were conducted assessing E-values and sibling analysis for discordant exposure.; Results: A higher proportion of children with an infection-related hospitalisation were DHR (10.9% vs 8.7%) and had numeracy (3.7% vs 2.7%) and reading results (4.3% vs 3.1%) below the national minimum standard, compared with those without infection-related hospitalisation. In the multivariable analysis, children with infection-related hospitalisation were more likely to be DHR (adjusted HR 1.12, 95% CI 1.08 to 1.15) and have numeracy (adjusted HR 1.22, 95% CI 1.18 to 1.26) and reading results (adjusted HR 1.16, 95% CI 1.12 to 1.20) below the national minimum standard. However, these results may be impacted by unmeasured confounding, based on E-values of 1.48-1.74, and minimal association with education outcome was found in the sibling analysis.; Conclusions: Infection-related hospitalisation was modestly associated with adverse child development and school performance, but the association may be explained by shared familial factors, particularly in those with most socioeconomic disadvantages.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.)

6. Mental health clinical pathways for children and young people with long-term health conditions: A systematic review

Authors: King, Thomas;Shafran, Roz;Hargreaves, Dougal S.;Muschialli, Luke;Linton, Daniela and Bennett, Sophie

Publication Date: 2024

Journal: Journal of Evaluation in Clinical Practice 30(6), pp. 894–908

Abstract: Rationale: Clinical pathways (CPWs) are structured care plans that set out essential steps in the care of patients with a specific clinical problem. Amidst calls for the prioritisation of integrated mental and physical health care for young people, multidisciplinary CPWs have been proposed as a step towards closer integration. There is very limited evidence around CPWs for young people with mental and physical health needs, necessitating a review of the literature.; Aims and Objectives: The aim of this review is to understand how clinical pathways have been used to deliver mental health support to children and young people with long-term physical health conditions and their effectiveness across a range of outcomes.; Methods: The databases MEDLINE, CENTRAL, PsycINFO and CINAHL were searched from inception to 6 September 2023. Keywords linked to children and young people, mental health, long-term physical health conditions and CPWs were used. Studies using either quantitative or qualitative research designs were included. All studies must have evaluated a CPW to provide mental health support to children and young people (up to 25 years old) with long-term health physical conditions. Both mental and physical health outcomes were considered. Pathways were grouped by integration 'model' as described in the wider literature.; Results: The initial search returned 4082 studies after deduplication. A total of eight studies detailing six distinct care pathways (232 participants 170 children and young people; 50 caregivers; 12 healthcare professionals]) met eligibility criteria and were included in the analysis. Four pathways were conducted within an 'integrated model'; two were a combination of 'integrated' and 'colocated'; and none within a 'co-ordinated model'. Only pathways within an integrated model reported quantitative health outcomes, with improvements across a range of mental health measures. One negative physical health outcome was reported from an integrated diabetes pathway, but this should be interpreted with caution.; Conclusion: This review identified a range of CPW designs but most fell under an integrated model. The results suggest that calls for integrated mental health pathways in this population may be appropriate; however, conclusions are limited by a paucity of evidence. (© 2024 The Authors. Journal of Evaluation in Clinical Practice published by John Wiley & Sons Ltd.)

7. British Gynaecological Cancer Society/British Association of Gynaecological Pathology consensus for genetic testing in epithelial ovarian cancer in the United Kingdom

Authors: Leung, Elaine YI;Nicum, Shibani;Morrison, Jo;Brenton, James D.;Funingana, Ionut-Gabriel;Morgan, Robert D.;Ghaem-Maghani, Sadaf;Miles, Tracie;Manchanda, Ranjit;Bowen, Rebecca;Andreou, Adrian;Loughborough, Will;Freeman, Susan;Gajjar, Ketan;Coleridge, Sarah;Jimenez-Linan, Mercedes;Balega, Janos;Frost, Jonathan;Keightley, Amy;Wallis, Yvonne, et al

Publication Date: 2024

Journal: International Journal of Gynecological Cancer : Official Journal of the International Gynecological Cancer Society 34(9), pp. 1334–1343

Abstract: Standard of care genetic testing has undergone significant changes in recent years. The British Gynecological Cancer Society and the British Association of Gynecological Pathologists (BGCS/BAGP) has re-assembled a multidisciplinary expert consensus group to update the previous guidance with the latest standard of care for germline and tumor testing in patients with ovarian cancer. For the first time, the BGCS/BAGP guideline group has incorporated a patient advisor at the initial consensus group meeting. We have used patient focused groups to inform discussions related to reflex tumor testing - a key change in this updated guidance. This report summarizes recommendations from our consensus group deliberations and audit standards to support continual quality improvement in routine clinical settings.; **Competing Interests:** Competing interests: None declared. (© IGCS and ESGO 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

8. Mechanisms Linking Physical Activity With Mental Health in Children and Adolescents With Neurodevelopmental Disorders: A Systematic Review

Authors: Liu, Chang;Liang, Xiao;Yang, Yijian;Liu, Ran;Arbour-Nicitopoulos, Kelly and Sit, Cindy Hui-ping

Publication Date: 2024

Journal: American Journal of Preventive Medicine 67(4), pp. 592–605

9. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional

Authors: Meredith, Stephanie;Dolan, Siobhan;Kuppermann, Miriam;Talati, Asha;Ayers, Kara;Michie, Marsha and Stoll, Katie

Publication Date: 2024

Journal: Obstetrics and Gynecology 144(3), pp. e56

Abstract: **Competing Interests:** Financial Disclosure Kara Ayers is the co-investigator on two grants related to pregnancy and parenting. Brandeis University is the PI. She is a Cincinnati Children's Faculty member. She is a PCORI Board of Governor's member and owns her own consulting firm called Mind Ramps, LLC, not related to this work. The other authors did not report any potential conflicts of interest.

10. What Is the Opinion of the Health Care Personnel Regarding the Use of Different Assistive Tools to Improve the Quality of Neonatal Resuscitation?

Authors: Ortiz-Movilla, Roberto;Beato-Merino, Maite;Funes Moñux, Rosa María;Martínez-

Bernat, Lucía;Domingo-Comeche, Laura;Royuela-Vicente, Ana;Román-Riechmann, Enriqueta and Marín-Gabriel, Miguel Ángel

Publication Date: 2024

Journal: American Journal of Perinatology 41(12), pp. 1645–1651

Abstract: Objective It is important to determine whether the use of different quality improvement tools in neonatal resuscitation is well-received by health care teams and improves coordination and perceived quality of the stabilization of the newborn at birth. This study aimed to explore the satisfaction of personnel involved in resuscitation for infants under 32 weeks of gestational age (<32 wGA) at birth with the use of an assistance toolkit: Random Real-time Safety Audits (RRSA) of neonatal stabilization stations, the use of pre-resuscitation checklists, and the implementation of briefings and debriefings. Study Design A quasi-experimental, prospective, multicenter intervention study was conducted in five level III-A neonatal intensive care units in Madrid (Spain). The intervention involved conducting weekly RRSA of neonatal resuscitation stations and the systematic use of checklists, briefings, and debriefings during stabilization at birth for infants <32 wGA. The satisfaction with their use was analyzed through surveys conducted with the personnel responsible for resuscitating these newborns. These surveys were conducted both before and after the intervention phase (each lasting 1 year) and used a Likert scale response model to assess various aspects of the utility of the introduced assistance tools, team coordination, and perceived quality of the resuscitation. Results Comparison of data from 200 preintervention surveys and 155 postintervention surveys revealed statistically significant differences ($p < 0.001$) between the two phases. The postintervention phase scored higher in all aspects related to the effective utilization of these tools. Improvements were observed in team coordination and the perceived quality of neonatal resuscitation. These improved scores were consistent across personnel roles and years of experience. Conclusion Personnel attending to infants <32 wGA in the delivery room are satisfied with the application of RRSA, checklists, briefings, and debriefings in the neonatal resuscitation and perceive a higher level of quality in the stabilization of these newborns following the introduction of these tools. Key Points RRSA, checklists, briefings, and debriefings improve the quality of neonatal resuscitation at birth. These tools, when used together, are well-received and enhance perceived resuscitation quality. Perception of utility and quality improvement is consistent across roles and experience.

11. Trajectories of distress in women with gynaecological cancer treated with curative-intent radiotherapy

Authors: Sharp, Jessica;Mulcare, Hunter and Schofield, Penelope

Publication Date: 2024

Journal: Psychology & Health 39(10), pp. 1466–1484

Abstract: Objective: The aims of this study were to investigate trajectories of anxiety and depression symptoms among gynaecological cancer (GC) patients having curative-intent radiotherapy (RT) treatment and identify which patient characteristics predict anxiety and depression trajectories. Methods and measures: Latent profile analysis (LPA) was used to

identify unique trajectories of anxiety and depression symptoms, spanning prior to the start of RT until 12-month post-RT, among 151 GC patients in the PeNTAGOn randomized control trial. Demographic and clinical characteristics were assessed at baseline, and anxiety and depression symptoms were assessed five times over 12 months. A bias-adjusted 3-step maximum likelihood approach was used to identify demographic and clinical predictors of trajectory profiles. Results: Four latent profiles each were identified for anxiety and depression trajectories. Most patients had minimal to mild levels of anxiety or depression that remained steady or declined over 12 months following treatment. A minority of patients were in profiles that exhibited clinically significant distress; either 'High fluctuating' anxiety or 'Mild-moderate fluctuating' depression. Anxiety and depression profiles were predicted by clinical and demographic factors, such as age, living arrangements, RT type, cancer stage, physical symptom distress and use of support services. Conclusions: Psychological care of patients in the higher distress trajectories is paramount and, importantly, they could be identified prior to treatment based on the factors identified. Review for at least a month post-RT is warranted.

12. Chemotherapy-induced neuropathy and pain in pediatric oncology patients: impact of combination therapies

Authors: Soriano, Delia;Santos Chocler, Gisella;Varela, Mariana Alejandra and Coronel, María Florencia

Publication Date: 2024

Journal: European Journal of Pediatrics 183(9), pp. 3749–3756

13. Satisfaction of Paediatric Oncology Patients, Survivors, and Nurses with the Position of Their Totally Implantable Venous Access Port (SPACE-Study)

Authors: van den Bosch, C. H.;van de Ven, C. P.;Hulsker, C. C. C.;Bökkerink, G. M. J.;Terwisscha-van Scheltinga, C. E. J.;van de Wetering, M. D.;Koopman, M. M. W.;van der Pal, H. J. H.;Wijnen, M. W. H. A. and van der Steeg, A. F. W.

Publication Date: 2024

Journal: Journal of Pediatric Surgery 59(9), pp. 1746–1753

Abstract: Background: To compare paediatric oncologic vascular access ports located on the anterior thoracic wall to ports on the lower lateral thoracic wall, in terms of perceived port-related hindrance and scar-quality.; Methods: A cross-sectional survey study including paediatric oncology patients (≥ 8 -22 yrs with only anterior ports) and nurses of the Princess Máxima Center, the Netherlands, was performed. The survey consisted of questions regarding satisfaction, hindrance during daily life, and port position preference. For survivors, scar-quality was assessed using the validated Patient and Observer Scar Assessment Scale (POSAS 2.0); a high score (i.e., a displeasing scar) was defined as a score higher than the third quartile of the median for that question.; Results: In total, 147 participants were included; 83 patients/caregivers, 31 survivors, and 33 nurses. Overall, 81 % was satisfied with the position of their port. Satisfaction, hindrance and complications did not differ between anterior and lower lateral ports. For the anterior position, minimal pressure on the port during daily life was

a mentioned reason to prefer this position. For the lower lateral position, less visibility of the scar and easiest access were mentioned. Of all survivors with an anterior port scar, one in five had a displeasing scar and all scars observed were widened. Female patients preferred a lower lateral port, and scar-quality was better for left-sided port scars.; Conclusion: The port position should be chosen together with patients/caregivers based on the (dis-)advantages of each position, as identified by this study.; Level of Evidence: II.; Competing Interests: Conflicts of interest None. (Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

14. Quality of life in children with epilepsy: The role of parental mental health and sleep disruption

Authors: Winsor, Alice A.;Richards, Caroline;Seri, Stefano;Liew, Ashley and Bagshaw, Andrew P.

Publication Date: 2024

Journal: Epilepsy & Behavior : E&B 158, pp. 109941

Abstract: Background: Parents of children with epilepsy (CWE) are at increased risk of mental health difficulties including anxiety and depression, as well as sleep difficulties. From both the child's and parent's perspectives, health-related quality of life has been shown to be strongly related to parental mental health. However, there is no literature on parental sleep as a predictor of child health-related quality of life. The role of parental variables has been assessed in relation to epilepsy-specific variables (e.g., seizure severity, anti-seizure medications) and how these relate to health-related quality of life, but prior studies have failed to consider the role of co-occurring conditions which are prevalent in CWE. The current study aims to assess how common anxiety symptoms, depression symptoms and sleep problems are in parents of CWE; and to determine the impact these parental variables as well as child co-occurring conditions have on health-related quality of life in CWE.; Methods: 33 CWE aged 4-14 years old were recruited from two hospitals and parents were asked to complete a series of questionnaires assessing both child and parental variables.; Results: It was found that 33.3 % and 12.0 % of parents of CWE experienced clinically significant anxiety and depression symptoms respectively. In addition 67.9 % of parents presented with significant sleep problems. In initial analysis, parental anxiety symptoms, depression symptoms and sleep problems were all significantly predictive of child health-related quality of life. However when co-occurring child sleep problems and neurodevelopmental characteristics were included, parental variables were no longer significantly predictive of child health-related quality of life.; Conclusion: These results suggest that child co-occurrences mediate the relationship between parental variables and child health-related quality of life. The current data highlight the need for a systemic approach to epilepsy management and suggest that support for co-occurrences could benefit health-related quality of life for children and their parents.; 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 The Author(s). Published by Elsevier Inc. All rights reserved.)

15. Interaction mechanism of discharge readiness between discharge teaching and post-discharge outcomes in gynecological inpatients: a mediation analysis

Authors: You, Huaxuan;Lei, Anjiang;Liu, Li and Hu, Xiaolin

Publication Date: 2024

Journal: Langenbeck's Archives of Surgery 409(1), pp. 267

Abstract: Background: With the rapid implementation of enhanced recovery after surgery, most gynecological patients are discharged without full recovery. Discharge planning is necessary for patients and their families to transition from hospital to home. Discharge teaching and discharge readiness are two core indicators used to evaluate the quality of discharge planning, which impacts the post-discharge outcomes. To improve post-discharge outcomes, the interaction mechanism of the three variables needs to be determined, but few studies have focused on it.; Objectives: Explore the mediating effect of discharge readiness between discharge teaching and post-discharge outcomes of gynecological inpatients.; Methods: Discharge teaching and discharge readiness were measured by the Quality of Discharge Teaching Scale (QDTS) and Readiness for Hospital Discharge Scale (RHDS). Post-discharge outcomes on postoperative Day 7 (POF-D7) and postoperative Day 28 (POF-D28) were measured by a self-designed tool. Spearman correlations, Kruskal–Wallis tests and Mann–Whitney U tests were conducted to explore the correlation between post-discharge outcomes and other variables. Mediation analysis was used to explore the mediating effect of discharge readiness between discharge teaching and post-discharge outcomes.; Results: QDTS and RHDS showed strong positive correlations with post-discharge outcomes. The mediation analyses verified that RHDS was a full mediator between QDTS and POF-D7, and the indirect effect accounted for 95.6% of the total direct effect. RHDS was a partial mediator between QDTS and POF-D28, and the indirect effect accounted for 50.0% of the total direct effect. RHDS was a full mediator between QDTS and total scores of post-discharge outcomes, and the indirect effect accounted for 88.9% of the total direct effect.; Conclusions: Discharge teaching can improve the post-discharge outcomes of gynecological inpatients through the intermediary role of discharge readiness. Doctors and nurses should value the quality of discharge teaching and the discharge readiness improving of gynecological inpatients. Future studies should note the interaction mechanism of the three variables to explore more efficient ways of improving post-discharge outcomes of gynecological inpatients. (© 2024. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.)

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