

Women and Children's

Current Awareness Bulletin

February 2025

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- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**

45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

Next sessions: 18th February @ 10am, 18th March @ 11am, 10th April @ 12 noon & 9th May @ 2pm

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- **Quickfire health literacy – getting your message across**

30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

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Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

New / Updated Guidance from NICE

Updated guideline on maternal and child nutrition [NG247]

Publication Date: 15 January 2025

We've published updated guidance on maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years. It includes recommendations on:

- vitamin supplementation
- healthy eating, physical activity and weight management during pregnancy
- breastfeeding and formula feeding
- weighing babies and young children
- healthy eating behaviours in babies and children from 6 months and up to 5 years.

It's relevant for a broad audience including healthcare professionals responsible for maternal and child nutrition, commissioners and providers.

Associations between maternal body mass index and childhood infections in UK

Author: Coathup V.

Date: 2024

Journal: Archives of Disease in Childhood

[Research into the associations between maternal body mass index (BMI) in early pregnancy and childhood infections using data from singleton births in Bradford 2007-2011. The study found that maternal BMI was positively associated with rates of offspring infection and suggests women should be supported to achieve a healthy weight for pregnancy.]

Women's reproductive health conditions

UK Parliament Women and Equalities Committee

Publication Date: 2025

[Women and girls are missing out on their education, career opportunities, relationships, social lives and are having their fertility impacted because of neglected reproductive health conditions.]

Social Prescribing for Children and Youth: A Scoping Review

Author: Muhl C.

Publication Date: 2025

Journal: Health and Social Care in the Community

[The findings presented in this review offer important insights for practice. Although not yet able to draw any conclusions about the effectiveness of social prescribing for children and youth, the evidence suggests that it may be beneficial. By outlining what social prescribing looks like for this population, key barriers and facilitators, and ethical considerations, the findings of this review can serve as a helpful roadmap in guiding the delivery of this complex intervention in practice.]

Policy position: Climate change and women's health

Royal College of Obstetricians and Gynaecologists

Climate change is a substantial and growing threat to women's health and lives in the UK and across the world. Already disproportionately affecting those at risk of poorer health outcomes, the impacts for all women will only accelerate without transformative action.

This policy position sets out the pivotal role of all four UK governments and health services in creating a liveable, healthy future for women and girls, by reducing emissions, adapting to a changing climate and prioritising health equity.

Can NHS digitalisation improve women's health?

The King's Fund

Publication Date: 2025

In this blog by Loreen Chikwira and Danielle Jefferies, the authors highlight how digitalisation can transform women's health if implemented inclusively and effectively. Despite frequent interactions with healthcare, women often face structural barriers that leave them unheard. Digital tools, including the booming FemTech market, can improve access to care, empower informed decision-making, and bridge knowledge gaps. However, ensuring inclusivity requires diverse user involvement, addressing digital disparities, and implementing strong governance and regulation. With proper investment and clinician support, digitalisation can enhance women's health, shifting power dynamics and enabling women to advocate for their health more effectively.

How do socioeconomic inequalities and preterm birth interact to modify health and education outcomes? A narrative systematic review.

Author: McHale P.

Publication Date: 2025

Journal: BMJ Open

[Our findings suggest that the impact of low socioeconomic status on cognitive and mental health outcomes is exacerbated by preterm birth. The remaining evidence suggests the effects are not modified; however, this is potentially due to underpowered studies. Public health action is indicated to support babies born preterm, particularly for disadvantaged families, to improve educational attainment and mental health.]

Women's Reproductive Health Survey 2021 national pilot: contraception and abortion results

Department of Health and Social Care (DHSC)

Publication Date: 2025

[Analysis of the Women's Reproductive Health Survey (WRHS) 2021 national pilot, with a report focused on contraception and abortion.]

Water births do not increase risks for mother or baby

National Institute for Health and Care

Researchers analysed data on women without pregnancy complications who used a birthing pool during labour. Some women got out of the pool due to medical complications during labour or because they wanted pain relief that cannot be given in water.

Among women without labour complications, compared with leaving the pool to give birth, giving birth in the pool led to:

- no increase in serious tears (from vagina to anus)
- no increase in baby deaths, neonatal admissions with breathing support, or infections requiring antibiotics among babies.

The study could reassure women and healthcare professionals about the safety of water births. Clinicians could discuss these findings with pregnant women considering using a birthing pool during labour.

1. A Decade of Achievements: International Society of Paediatric Oncology Baseline Nursing Standards

Authors: Abramovitz, Linda Z.; Sullivan, Courtney E.; Punjwani, Rehana; Challinor, Julia; Anwarali, Shenila; Hollis, Rachel; Morrissey, Lisa; Afungchwi, Glenn Mbah and Day, Sara W.

Publication Date: 2025

Journal: Pediatric Blood & Cancer

Abstract: The six International Society of Paediatric Oncology (SIOP) Baseline Nursing Standards provide the first evidence-based framework for assessing and improving pediatric oncology nursing practice settings in low-, middle-, and high-income countries. Over the past 10 years, the standards have been translated to six languages, endorsed by 13 organizations, surveyed at 101 hospitals in 54 countries, and initiatives have been documented at over 63 institutions in 31 countries. Going forward, the SIOP Nursing Network's Baseline Standards Special Interest Group has established a 5-year strategic plan to guide advocacy, research,

2. Superior hypogastric nerve plexus (SHNP) block for pain management after minimally invasive gynecology surgeries: A prospective randomized controlled trial

Authors: Agrawal, Neha;Singh, Pratibha;Goyal, Manu;Yadav, Garima and Shekhar, Shashank

Publication Date: 2025

Journal: International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics

Abstract: Objectives: Our study aimed to evaluate the effect of superior hypogastric nerve plexus (SHNP) block in postoperative pain management in the first 24 h after minimally invasive gynecological (MIG) surgeries.; Methods: We conducted a double-blinded, randomized controlled trial in the Department of Obstetrics and Gynecology at a tertiary care centre from May 1, 2023 to September 30, 2023 in women undergoing major MIG surgeries. At the completion of the surgery, women were randomized to the intervention group who received SHNP block with ropivacaine 10 mL (0.75%) before port removal, whereas no intervention was taken in the control group. The extubation time was noted, and the pain score was assessed after 1, 2, 6, 12, and 24 h of extubation in the postoperative period using the visual analog scale (VAS). Statistical analysis was done, with a significance level of 0.05, to test the differences between the two groups.; Results: A total of 64 patients were randomly allocated to intervention and control groups. The median pain score was lower at 1 and 2 h post-extubation and comparable between the two groups at 6, 12, and 24 h. The surrogate markers that is need for additional analgesia and duration of stay did not differ significantly in the two groups, with P-values of 0.08 and 0.943, respectively.; Conclusion: Although the SHNP group experienced considerably lower immediate postoperative pain levels in the initial hours following extubation, the impact of this benefit remains uncertain in the longer postoperative period. The effectiveness of this modality for pain control needs further study, particularly at later postoperative hours. (© 2024 International Federation of Gynecology and Obstetrics.)

3. Determinants of first-line clinical trial enrollment among Black and White gynecologic cancer patients

Authors: Carey, Autumn B.;Meade, Caitlin E.;Trabert, Britton;Cosgrove, Casey M. and Felix, Ashley S.

Publication Date: 2025

Journal: Cancer Causes & Control : CCC

Abstract: Purpose: Disparities in gynecologic cancer clinical trial enrolment exist between Black and White patients; however, few examine racial differences in clinical trial enrolment

predictors. We examined whether first-line clinical trial enrollment determinants differed between Black and White gynecologic cancer patients.; Methods: We used the National Cancer Database to identify Black and White gynecologic cancer (cervix, ovarian, uterine) patients diagnosed in 2014-2020. Multivariable logistic regression was used to estimate adjusted odds ratios (ORs) and 95% confidence intervals (CIs) for associations between clinical trial enrollment (yes vs no) and sociodemographic, facility, tumor, and treatment characteristics stratified by race. We included a multiplicative interaction term between each assessed predictor and race to test whether associations differed by race.; Results: We included 703,022 gynecologic cancer patients (mean SD] age at diagnosis, 60.9 13.1] years). Clinical trial enrollment was lower among Black (49/86,058, 0.06%) vs. White patients (710/616,964, 0.11%). Only cancer site differed by race: among Black patients, a cervical vs. uterine cancer diagnosis (OR = 4.63, 95% CI = 1.67-12.88) was associated with higher clinical trial enrollment odds, while among White patients, both cervical (OR = 2.21, 95% CI = 1.48-3.29) and ovarian (OR = 3.40, 95% CI = 2.58-4.47) cancer diagnoses (vs. uterine cancer) were associated with higher enrollment odds. Most predictors were associated with clinical trial enrollment odds among White but not Black patients.; Conclusion: Few differences in first-line clinical trial enrollment predictors exist between Black and White gynecologic cancer patients. Although small numbers of Black patients and low clinical trial prevalence are limitations, this descriptive analysis is important in understanding racially disparate clinical trial enrollment.; Competing Interests: Declarations. Conflict of interests: The authors declare no competing interests. Ethical approval: This study was exempt from the OSU Institutional Review Board, and we followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.15 (© 2025. The Author(s).)

4. Typological and cumulative approaches to risk and adversity in Child and Adolescent Mental Health Services (CAMHS): Retrospective cohort analysis in South London

Authors: Coughlan, Barry;Marshall, Nicole;Woolgar, Matt;Mannes, Julia;Erkiert, Paige;Humphrey, Ayla;Smith, Jack;Drayak, Taliah;Crozier-Roche, Francesca;Morgan, Tessa;Hutchinson, Dustin;Graham, David;Hood, Rick and Duschinsky, Robbie

Publication Date: 2025

Journal: Comprehensive Psychiatry

5. A systematic review of the associations between biodiversity and children's mental health and wellbeing

Authors: Davis, Zoe;Jarvis, Ingrid;Macaulay, Rose;Johnson, Katherine;Williams, Nicholas;Li, Junxiang and Hahs, Amy

Publication Date: 2025

Journal: Environmental Research

Abstract: There is a growing interest in how exposure to biodiversity influences mental health and wellbeing; however, few studies have focused on children. The aim of this review was to identify studies that used components of biodiversity and children's health outcomes to assess if there were any themes that could be used to inform urban design and understand the

mechanisms behind associations. We used a PROSPERO registered protocol to identify eligible studies following pre-defined inclusion criteria. After searching five databases, 25 studies were included in the review. From these articles we extracted data on the biodiversity exposure and mental health and wellbeing outcomes. Five categories of biodiversity exposure were identified, including species diversity (n = 1; 4%), functional diversity (n = 6; 26%), ecological community (n = 9; 36%), green space metrics (n = 4; 16%), and high-level classifications (n = 6; 24%). Children's health and wellbeing were tabulated into seven categories: play (n = 10; 40%), wellbeing (n = 6; 24%), mental health and cognitive functioning (n = 5; 20%), attention deficit hyperactivity disorder (ADHD)-related behaviours (n = 4; 16%), preferences for nature (n = 3; 12%), academic achievement (n = 2; 8%), and restoration (n = 2; 8%). The high heterogeneity of biodiversity and health measures reduced our ability to identify relationships across studies and formally test for an exposure-dose response. Future research that uses standardised and transferable biodiversity measurements at multiple scales, has stronger reporting rigour, greater consideration of potential modifiers, and increased representation of studies from the Majority World are essential for building a stronger evidence base to deliver child-centred biodiverse landscapes.;

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 Authors. Published by Elsevier Inc. All rights reserved.

6. Associations Between Ethnicity and Mental Health Problems Among Children and Adolescents in the United Kingdom: A Systematic Review and Narrative Synthesis

Authors: Guan, Shengjia (Jill)

Publication Date: 2025

Journal: Journal of Adolescent Health

7. Pediatric Orthopaedic Surgeons Manage Pediatric Diaphyseal Clavicle Fractures Differently Than Nonpediatric Orthopaedic Specialists

Authors: Higgins, Margaret J.; Gomez, Robert W.; Storino, Morgan; Jessen, David; Lamb, Zachary J.; Jain, Neil and Greenhill, Dustin A.

Publication Date: 2025

Journal: Journal of Pediatric Orthopaedics

8. Addressing Mental Health in Obstetrics and Gynecology

Authors: Hoskins, Iffath Abbasi and Mastrogiannis, Dimitrios S.

Publication Date: 2025

Journal: Obstetrics and Gynecology Clinics of North America

Abstract: Competing Interests: Disclosures No disclosures.

9. Survival outcomes of primary vs interval cytoreductive surgery for International Federation of Gynecology and Obstetrics stage IV ovarian cancer: a nationwide population-based target trial emulation

Authors: Jochum, Floriane;Dumas, Élise;Gougis, Paul;Hamy, Anne-Sophie;Querleu, Denis;Lecointre, Lise;Gaillard, Thomas;Reyal, Fabien;Lecuru, Fabrice;Laas, Enora and Akladios, Cherif

Publication Date: 2025

Journal: American Journal of Obstetrics and Gynecology 232(2), pp. 194.e1–194.e11

Abstract: Background: The effect of primary cytoreductive surgery vs interval cytoreductive surgery on International Federation of Gynecology and Obstetrics stage IV ovarian cancer outcomes remains uncertain and may vary depending on the stage and the location of extraperitoneal metastasis. Emulating target trials through causal assessment, combined with propensity score adjustment, has become a leading method for evaluating interventions using observational data.; Objective: This study aimed to assess the effect of primary vs interval cytoreductive surgery on progression-free and overall survival in patients with International Federation of Gynecology and Obstetrics stage IV ovarian cancer using target trial emulation.; Study Design: Using the comprehensive French national health insurance database, we emulated a target trial to explore the causal impacts of primary vs interval cytoreductive surgery on stage IV ovarian cancer prognosis (Surgery for Ovarian cancer FIGO 4: SOFI-4). The clone method with inverse probability of censoring weighting was used to adjust for informative censoring and to balance baseline characteristics between the groups. Subgroup analyses were conducted based on the stages and extraperitoneal metastasis locations. The study included patients younger than 75 years of age, in good health condition, who were diagnosed with stage IV ovarian cancer between January 1, 2014, and December 31, 2022. The primary and secondary outcomes were respectively 5-year progression-free survival and 7-year overall survival.; Results: Among the 2772 patients included in the study, 948 (34.2%) were classified as having stage IVA ovarian cancer and 1824 (65.8%) were classified as having stage IVB ovarian cancer at inclusion. Primary cytoreductive surgery was performed for 1182 patients (42.6%), whereas interval cytoreductive surgery was conducted for 1590 patients (57.4%). The median progression-free survival for primary cytoreductive surgery was 19.7 months (interquartile range, 19.3-20.1) as opposed to 15.7 months (interquartile range, 15.7-16.1) for those who underwent interval cytoreductive surgery. The median overall survival was 63.1 months (interquartile range, 61.7-65.4) for primary cytoreductive surgery in

comparison with 55.6 months (interquartile range, 53.8-56.3) for interval cytoreductive surgery. The findings of our study indicate that primary cytoreductive surgery is associated with a 5.0-month increase in the 5-year progression-free survival (95% confidence interval, 3.8-6.2) and a 3.9-month increase in 7-year overall survival (95% confidence interval, 1.9-6.2). These survival benefits of primary over interval cytoreductive surgery were observed in both the International Federation of Gynecology and Obstetrics stage IVA and IVB subgroups. Primary cytoreductive surgery demonstrated improved progression-free survival and overall survival in patients with pleural, supradiaphragmatic, or extra-abdominal lymph node metastasis.; Conclusion: This study advocates for the benefits of primary cytoreductive surgery over interval cytoreductive surgery for patients with stage IV ovarian cancer and suggests that extraperitoneal metastases like supradiaphragmatic or extra-abdominal lymph nodes should not automatically preclude primary cytoreductive surgery consideration in suitable patients. (Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

10. Treatment for substance use disorder in mothers of young children: A systematic review of maternal substance use and child mental health outcomes

Authors: Joyce, Kayla M.;Delaquis, Chantal P.;Alsaïdi, Tia;Sulymka, Julia;Conway, Alexandra;Garcia, Juanita;Paton, Allyson;Kelly, Lauren E. and Roos, Leslie E.

Publication Date: 2025

Journal: Addictive Behaviors

11. Updates in palliative care of gynecologic oncology patients

Authors: Khoo, Teresa;Karlin, Daniel and Pietras, Christopher

Publication Date: 2025

Journal: Current Opinion in Obstetrics & Gynecology

12. A pilot randomized controlled trial of a yoga program for alleviating cancer-related fatigue and psychological distress in women with gynecological cancer

Authors: Ma, Xing;Shang, Meimei;Wong, Cho Lee;Qi, Yishu and Chan, Dorothy Ngo Sheung

Publication Date: 2025

Journal: European Journal of Oncology Nursing

Abstract: Yoga can alleviate cancer-related fatigue and psychological distress while improving health-related quality of life. However, most studies focused on breast cancer. This study aimed to evaluate the feasibility and acceptability of a yoga program for women with gynecological cancer and estimate its preliminary effects on cancer-related fatigue,

psychological distress, and health-related quality of life. This pilot study used a single-blinded randomized controlled trial design. Participants in the intervention group received the yoga program and usual care, while the control group only received usual care. Feasibility was assessed using eligibility, consent, attrition, and adherence rates. Acceptability was measured using a satisfaction questionnaire. Preliminary effects were evaluated on cancer-related fatigue, psychological distress, and health-related quality of life outcomes. The yoga program demonstrated feasibility, with satisfactory rates of eligibility (62.7%), consent (64.9%), attrition (4.2%), and adherence (75%). The participants reported high satisfaction with the program. Significant intervention effects were observed on the behavioral/severity dimension of cancer-related fatigue (Hedges's $g = 0.86$). The intervention group demonstrated greater reductions in overall and other cancer-related fatigue subscales than the control group. Greater improvements in distress, anxiety, depression, and health-related quality of life were noted in the intervention group than in the control group, with effect sizes of 0.29, 0.77, 0.21, and 0.12, respectively. The yoga program is feasible and acceptable, showing a trend in reducing cancer-related fatigue and psychological distress and improving health-related quality of life in women with gynecological cancer. A full-scale randomized controlled trial is warranted. • The yoga program was feasible and acceptable in women with gynecological cancer. • The program showed a trend in improving cancer-related fatigue, psychological distress, and health-related quality of life. • The program can be safely delivered via hybrid in-person and online supervision. • Yoga is a supportive care strategy for women with gynecological cancer.

13. The association between neighborhood characteristics and gynecologic oncology survival

Authors: Mayo, Sarah Anne A.;Cleland, Elissa E.;Osman, Alim and Kawakita, Tetsuya

Publication Date: 2025

Journal: American Journal of Obstetrics and Gynecology

14. Domestic abuse, primary care and child mental health services: A systems analysis of service coordination from professionals' perspectives

Authors: Powell, Claire;Adisa, Olumide;Herlitz, Lauren;Bains, Shivi;Eyrúnardóttir Clark, Sigrún;Deighton, Jessica;Syed, Shabeer;Gilbert, Ruth;Feder, Gene and Howarth, Emma

Publication Date: 2025

Journal: Children & Youth Services Review

Abstract: We explored how services work together to support parents and children experiencing both parental intimate partner violence (IPV) and parental or child mental health problems by drawing on the perspectives of professionals working in primary care, children and young people's mental health services (CYPMHS), and domestic abuse services. We conducted a qualitative study, interviewing 38 professionals in three geographically contrasting local authority areas in England. We carried out framework analysis using a systems approach and mapping techniques to understand the service interrelationships and boundary

judgements of professionals. The relationships between domestic abuse services, CYPMHS, and primary care were complex, involving funders and commissioners, local authority strategic groups, and wider services such as schools and children's centres. Participants consistently identified a gap in the relationship between statutory CYPMHS and domestic abuse services. Other service gaps were for children living with ongoing or intermittent IPV and for children and parents with needs falling below or between service thresholds. There was a gap in support services for users of abusive behaviour to prevent future IPV. An overview of staff perspectives revealed differing views on treating the effects of trauma, and the co-ordination and sequencing of care. Improving the response to children and adults experiencing mental health problems in the wake of IPV requires a systems perspective to understand the barriers to service co-ordination. Our findings indicate a particular need to address the gap between CYPMHS and domestic abuse services. Current ways of working with adults could be adapted for children, in addition to learning from examples of best practice in the study sites.

15. Exploring the role of artificial intelligence, large language models: Comparing patient-focused information and clinical decision support capabilities to the gynecologic oncology guidelines

Authors: Reicher, Lee;Lutsker, Guy;Michaan, Nadav;Grisaru, Dan and Laskov, Ido

Publication Date: 2025

Journal: International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics

Abstract: Gynecologic cancer requires personalized care to improve outcomes. Large language models (LLMs) hold the potential to provide intelligent question-answering with reliable information about medical queries in clear and plain English, which can be understood by both healthcare providers and patients. We aimed to evaluate two freely available LLMs (ChatGPT and Google's Bard) in answering questions regarding the management of gynecologic cancer. The LLMs' performances were evaluated by developing a set of questions that addressed common gynecologic oncologic findings from a patient's perspective and more complex questions to elicit recommendations from a clinician's perspective. Each question was presented to the LLM interface, and the responses generated by the artificial intelligence (AI) model were recorded. The responses were assessed based on the adherence to the National Comprehensive Cancer Network and European Society of Gynecological Oncology guidelines. This evaluation aimed to determine the accuracy and appropriateness of the information provided by LLMs. We showed that the models provided largely appropriate responses to questions regarding common cervical cancer screening tests and BRCA-related questions. Less useful answers were received to complex and controversial gynecologic oncology cases, as assessed by reviewing the common guidelines. ChatGPT and Bard lacked knowledge of regional guideline variations. However, it provided practical and multifaceted advice to patients and caregivers regarding the next steps of management and follow up. We conclude that LLMs may have a role as an adjunct informational tool to improve outcomes. (© 2024 The Author(s). International Journal of Gynecology & Obstetrics published by John Wiley & Sons Ltd on behalf of International Federation of Gynecology and Obstetrics.)

16. Cost-effectiveness of a nurse-led sexual rehabilitation intervention for women treated with radiotherapy for gynaecological cancer in a randomized trial

Authors: Suvaal, Isabelle;van den Hout, Wilbert,B.;Hummel, Susanna B.;Mens, Jan-Willem M.;Tuijnman-Raasveld, Charlotte;Velema, Laura A.;Westerveld, Henrike;Cnossen, Jeltsje S.;Snyers, An;Jürgenliemk-Schulz, Ina,M.;Lutgens, Ludy C. H. W.;Beukema, Jannet C.;Haverkort, Marie A. D.;Nowee, Marlies E.;Nout, Remi A.;de Kroon, Cor,D.;van Doorn, Helena,C.;Creutzberg, Carien L. and Ter Kuile, Moniek,M.

Publication Date: 2025

Journal: Radiotherapy and Oncology : Journal of the European Society for Therapeutic Radiology and Oncology

Abstract: Purpose: To compare the cost-effectiveness of a nurse-led sexual rehabilitation intervention with standard care in women treated with external beam radiotherapy, with or without brachytherapy, for gynaecological cancers.; Methods: Eligible women were randomly assigned to the intervention (n = 112) or standard care (n = 117). Primary endpoint was sexual functioning at 12-months post-radiotherapy, assessed by the Female Sexual Function Index (FSFI). Nurses documented frequency and duration of intervention sessions, patients reported sexual healthcare and functioning at 1, 3, 6, and 12-months. Costs were related to quality-adjusted-life-years (QALYs) using the EuroQol-5 Dimensions and visual analogue scale, and to sexual functioning improvement at 12-months. T-tests compared mean QALYs and costs, with multiple imputation for missing data.; Results: The nurse-led intervention added €172 per patient, including training costs and 4-5 sessions. Other sexual rehabilitation costs were higher in the standard care group (€107 versus €141, p = 0.02). Total costs were €478 for the intervention group and €357 for standard care (p = 0.03). Valued at €20.000 per QALY, the intervention was 60 %-70 % likely to be cost-effective and less than 50 % likely to be cost-effective in terms of improved sexual functioning.; Conclusion: The nurse-led sexual rehabilitation intervention is not more cost-effective than standard care, however with low costs in both groups. Since costs for standard care were slightly lower, it is preferred from a health-economic perspective. It includes detailed patient education and a dedicated sexual rehabilitation session within the first three months post-radiotherapy, which is better provided at lower cost by a trained nurse.; 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 Authors. Published by Elsevier B.V. All rights reserved.)

17. **Disconnect to Reconnect: Practical Approaches to Managing Social Media's Impact on Pediatric Mental Health**

Authors: Thibault, David

Publication Date: 2025

Journal: Journal of Pediatric Healthcare

Abstract: The pediatric mental health crisis has intensified, especially during the COVID-19 pandemic. Social media and electronic use have been significant contributors to this issue. This paper explores existing literature and clinical guidelines to assess the impact of electronic overuse on pediatric mental health, focusing on practical interventions for healthcare providers. Studies show that increased screen time correlates with heightened levels of anxiety, depression, and suicidal ideation, particularly among vulnerable populations such as racial minorities and LGBTQ+ youth. Healthcare providers, especially nurse practitioners, are in prime position to address these issues through evidence-based screening tools, setting boundaries for electronic use, and supporting caregivers. Proactive, holistic interventions are key to mitigating the long-term effects of social media on adolescent mental health.

18. **Patient and obstetrician-gynecologist perspectives on considering long-acting reversible contraception for postpartum patients who desire permanent contraception**

Authors: Thornton, Madeline;Bullington, Brooke W.;Berg, Kristen A.;White, Kari;Larkin, Suzanna;Boozer, Margaret;Serna, Tania;Miller, Emily S.;Bailit, Jennifer L. and Arora, Kavita S.

Publication Date: 2025

Journal: Contraception

19. **Integrated Mental Health Care in Specialty Clinics for Children with a Diagnosis of Asthma or Diabetes: A Mixed Methods Study**

Authors: Totka, Joan P.;Peña, Maria;Steinberg, Joshua A. and Wolfgram, Peter M.

Publication Date: 2025

Journal: Journal of Pediatric Healthcare

Abstract: • Using PROM in pediatric clinical specialty care promotes family decision-making. • Fostering family partnerships is a key strategy in promoting family-engaged care. • Strength-based approaches shift focus to what matters most for families. • Using PROM allows more informed and focused support of family-identified needs. • Sustaining PROM use in the clinical setting requires integration in the EHR. Using patient-reported outcome measures (PROM) in a shared-space mental health-integrated specialty clinic, we explored the feasibility, acceptance, and experience of youth with asthma and diabetes, their families, and the healthcare team. Using mixed methods, we examined feasibility, acceptability, and experience

of PROM inclusion in caring for youth with asthma (n = 7) and diabetes (n = 11), their families (n = 18), and healthcare providers (n = 13). Completion and receipt of PROM (feasibility), postvisit surveys (acceptance), and structured interviews (experience) between June 2019 and February 2020. Targeted PROM met feasibility goals (80%) and exceeded youth and family acceptance (70%). Time and low confidence using PROM affected healthcare team acceptance (64%). Families' experiences included increased learning, trust, and partnership with the clinic team. Providers appreciated partnerships, resources, and mental health support for families. Integrating PROM into clinical services promoted engagement, partnership, and individualized, strength-based care among youth, their parent/guardian (family), and their healthcare team.

20. The role of reproductive tract microbiota in gynecological health and diseases

Authors: Wang, Zhunan;Zhang, Liyu;Liu, Xin and Xu, Lan

Publication Date: 2025

Journal: Journal of Reproductive Immunology

Abstract: The reproductive tract, as a lumen connected to the outside world, its microbial community is influenced by various factors. The changes in its microbiome are closely related to women's health. The destruction of the micro ecological environment will lead to various infections, such as Bacterial vaginosis, sexually transmitted infections, adverse pregnancy outcomes, infertility and tumors. In recent years, with the continuous development and progress of molecular biology, research on reproductive tract microbiota has become a clinical hotspot. The reproductive tract microbiota is closely related to the occurrence and development of female reproductive tract diseases such as vaginitis, pelvic inflammation, PCOS, cervical lesions, and malignant tumors. This article reviews the research on the relationship between vaginal microbiota and female reproductive tract diseases, in order to provide theoretical basis for the prevention and treatment of female reproductive tract diseases.; **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.)

21. A Prediction Model for Postoperative Nausea and Vomiting After Laparoscopic Surgery for Gynecologic Cancers

Authors: Zhu, Yabin;Jiang, Lin;Sun, Canlin;Li, Yunxiang and Xie, Hong

Publication Date: 2025

Journal: Clinical Therapeutics

22. Experiences of Empathy-Based Stress Among Care Staff Supporting Children and Adolescents With Intellectual Disabilities and/or Autism in Residential and Respite Services: A Qualitative Exploration

Author: Madden R.

Publication Date: 2025

Journal: Health and Social Care in the Community

[Staff were exposed to service user distress or trauma, which at times initiated an empathy-based stress process. A build-up of factors, both individual and contextual, led to adverse physical and psychological outcomes and negative work affect. These findings suggest that interventions at a personal and organisational level and the adoption of a trauma-informed approach may help to reduce empathy-based stress in care staff and improve quality of care for service users.]

23. Managing menstruation for medically complex paediatric patients.

Author: Gray S H.

Date: 2025

Journal: Archives of Disease in Childhood

[Many paediatric patients stand to benefit from medical management of their menses, particularly those with medical complexity. General practitioners and physicians of all paediatric specialties need to be familiar with options for lessening or suppressing menses in order to give medically accurate advice to improve patients' quality of life. The use of hormonal therapies is explored with specific risks and benefits of this treatment with medical complexity discussed.]

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