

# Women & Children's

## Current Awareness Bulletin

### June 2025

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### New / Updated Guidance from NICE

#### Technology for children and young people with chronic tic disorders and Tourette syndrome recommended

National Institute for Health and Care Excellence (NICE), 7 May 2025

The NHS has conditionally approved ORBIT, a digital therapy for children with chronic tic disorders and Tourette syndrome, marking NICE's first such recommendation. ORBIT offers a 10-week online behavioural program for ages 9–17, supported by therapists, and aims to reduce tic severity and improve daily life. Access follows clinical assessment, with psychoeducation remaining the first-line treatment. Survey feedback highlighted limited existing treatments and delays in diagnosis. ORBIT will undergo a three-year trial to assess its long-term effectiveness and patient impact.

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#### A call for change – A new national approach is needed to improve the safety of maternity and neonatal services

*“Too many women, babies and families are being let down”*. These are the words of the Independent investigation of the NHS in England, published by Lord Darzi in September 2024. But they could have been written at any point in the last decade or more. Back in 2016 the Department of Health's Safer Maternity Care action plan declared that *“now is the time for all those caring for and supporting new and expectant mothers and their babies to come together to make NHS maternity services as safe and effective as they can be”*. We are now over 10 years since the publication of the Morecombe Bay report, and since then we have had numerous other reports, reviews and investigations that have highlighted consistent issues with the safety and quality of maternity services. There is no denying that attempts have been made by NHS England and the Department of Health and Social Care to respond to the recommendations emerging from past reports. There has been no shortage of working groups, strategies and plans. Yet serious concerns persist.

The current health secretary has talked about maternity services being one of the biggest issues *“keeping him awake at night”*. But we are now over 10-months since the election. The Government have repeatedly said that under their 'Plan for Change' they are *“supporting trusts to make rapid improvements”*. But what this looks like in practice is not yet clear. Recently, concerns have been raised about cuts to funding for national maternity improvement initiatives – which don't appear to

match rhetoric on maternity care being a priority.

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### **Closed-loop insulin systems are effective for pregnant women with type 1 diabetes**

Pregnant women with type 1 diabetes now have access to a closed-loop system that automatically adjusts insulin delivery in real-time, thanks to an NIHR-funded trial. Women who used the closed-loop system spent 2.5 hours more per day in the target blood sugar range compared with those who received standard therapy (a pump releasing low levels of insulin, topped up with injections).

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### **Children in intensive care have better outcomes with lower oxygen targets**

In the UK, around 20,000 children are admitted to intensive care each year. Most will receive oxygen through a ventilator. Many hospitals aim to give almost as much oxygen as people's blood can carry (more than 94% saturation). However, some studies suggest that this could be harmful for some children. Providing less oxygen (88 to 92% of the blood's capacity) may be better.

A groundbreaking nurse-led NIHR trial explored the oxygen levels of critically ill children in intensive care. The study found that with reduced oxygen targets children spent less time on life-saving machines and required fewer drugs.

The researchers say that with reduced oxygen targets:

- 50 more children would survive in the UK each year

the NHS could save £20 million per year.

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### **Clarity for parents: Children's eye health in the UK.**

College of Optometrists; 2025.

[Report by the Association of British Dispensing Opticians (ABDO), the College of Optometrists and the Optical Suppliers Association. Contains recommendations for national health and care service providers and guidance for parents]

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### **The other side of postnatal depression: what about Dads?**

The Mental Elf; 2025.

[Demetra Christodoulou reviews a new randomised controlled trial from Pakistan testing "Learning Through Play Plus Dads": a group parenting programme designed to support fathers with postnatal depression.]

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### **Bold action: tackling inequalities in maternity care**

This briefing summarises the findings from a series of interviews with trust leaders in which they described the barriers and enablers to improvement in maternity services, with a particular focus on health inequalities. Drawing on these conversations, and NHS Providers' longer-term work in this area, the briefing sets out a number of calls to action. These look across improving access and preventive care, developing the workforce, working with women and communities, addressing race inequalities, streamlining reporting requirements and unlocking resource.

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### **Fixing the foundations: the case for investing in children's health**

This analysis, following individuals born in a single week in 1970 throughout their lives, finds that mental health problems at age 10 have significant implications 40 years on. Children with severe mental and behavioural problems are 85% more likely to have symptoms of depression at age 51, and 68% more likely to have a long-term condition that impacts their ability to work. The IPPR argues that the findings underscore the long-term impacts of untreated mental or behavioural issues, and highlight the urgent need for early intervention to prevent soaring demand on the NHS, council services and social security system.

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### **Virtual wards for children with cancer launch in Leeds**

Digital Health, 12 May 2025

Inhealthcare has partnered with Leeds Children's Hospital to launch virtual wards for paediatric oncology patients. The virtual ward began as a pilot in October 2023 and transitioned to the new

Inhealthcare digital platform in October 2024. It allows children to be discharged earlier from hospital while receiving close monitoring and clinical support from specialist healthcare teams.

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### **A call to action: the second Lancet Commission on adolescent health and wellbeing.**

Lancet; 2025.

[Building on the 2016 Lancet Commission on Adolescent Health and Wellbeing, this Commission proposes an expanded conceptual framework for actions, defines an expanded set of indicators to ensure accountable action, and presents substantial original research that supports a wide range of specific cross-sectoral actions at global, regional, country, and local level. It aims to catalyse progress in today's adolescent health and wellbeing.]

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### **How to Implement Digital Clinical Consultations in UK Maternity Care: the ARM@DA Realist Review.**

Evans C. *Health and Social Care Delivery Research* 2025;:doi.org/10.3310/WQFV7425.

[Four 'CORE' implementation principles were identified to guide future practice and research: C – Creating the right environment, infrastructure and support for staff; O – Optimising consultations to be responsive, flexible and personalised to different needs and preferences; R – Recognising the importance of access and inclusion; and E – Enabling quality and safety through relationship-focused connections.]

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### **Narrative Matters: Improving young people's mental health through neighbourhood initiatives - the role of 'collective local intelligence' in Manchester.**

Ravetz J. *Child and Adolescent Mental Health* 2025;30(2):198-201.

[Young persons' well-being is the key priority for this case study on the inner-city neighbourhoods of Manchester, and the challenges of coordination and synergy between the many organizations involved. The 'Local-wise' project draws from insights on 'collective local intelligence', and the methods of the 'Pathways toolkit' which can explore and work with stakeholders on ways forward.]

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### **New NHS programme to reduce brain injury in childbirth**

Government to roll out the Avoiding Brain Injury in Childbirth (ABC) programme nationally.

- Government rolls out NHS programme to boost maternity safety
- Scheme will help maternity staff rapidly respond to emergencies and protect mothers and babies
- Hundreds of maternity staff, including obstetricians, midwives and anaesthetists, involved in developing and testing quality improvement programme

Expectant mothers will receive safer maternity care as a new NHS programme to help prevent brain injury during childbirth is rolled out across the country.

The Avoiding Brain Injury in Childbirth (ABC) programme will help maternity staff to better identify signs that the baby is in distress during labour so they can act quickly.

It will also help staff respond more effectively to obstetric emergencies, such as where the baby's head becomes lodged deep in the mother's pelvis during a caesarean birth.

The government programme, which will begin from September and follows an extensive development phase and pilot scheme, will reduce the number of avoidable brain injuries during childbirth - helping to prevent lifelong conditions like cerebral palsy.

The national rollout is only one step the government is taking to improve maternity services under its [Plan for Change](#) to fix the health service, as it reforms the NHS to ensure all women receive safe, personalised and compassionate care.

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### **Saving babies' lives 2025: a report on progress**

This report estimates that at least 2,500 fewer babies would have died since 2018 if the government had achieved its ambition of halving the 2010 rates of stillbirth, neonatal and maternal deaths in England. It concludes that progress made to date falls short of what is needed to stop babies dying every day in the UK, and that unacceptable inequalities in pregnancy and baby loss persist despite

continued calls for change.

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### Putting young people at the heart of care

This report features four case studies demonstrating how trusts are successfully improving services for children and young people across a variety of sectors: delivering mental health support to children and young people in the community; collaborating at neighbourhood level for the benefit of children and young people; improving access to care through digital interventions; and using co-production to improve services for children and young people.

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### Is poor dental health in children equally common across England?

Tooth extractions, largely driven by tooth decay, were the biggest reason why children aged between five and nine in England were admitted to hospital in 2023/24. This analysis finds that there is regional variation when it comes to the dental health of the country's children.

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### Recommendations for digital blood pressure monitoring in maternity services

(portable devices) – Provides evidence to support using correctly calibrated and validated digital blood pressure monitors for pregnancy in maternity services.

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**1. Lymphedema Risk After Pelvic Sentinel Lymph Node Biopsy in Endometrial Cancer...** Bjornholt SM, Groenvold M, Petersen MA, et al. Patient-reported lymphedema after sentinel lymph node mapping in women with low-grade endometrial cancer. *American Journal of Obstetrics & Gynecology*. 2025;232(3):330

**Publication Date:** 2025

**Journal:** OB/GYN Clinical Alert 42(3), pp. 1–16

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### 2. Addressing Pain During Outpatient Gynecologic Procedures: A Call to Action

**Authors:** Allen, Rebecca H.

**Publication Date:** 2025

**Journal:** *Obstetrics & Gynecology* 145(7), pp. 19–20

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### 3. Impact of International Classification of Functioning, Disability and Health personal factors on outcomes following lower limb orthopaedic surgery in children with cerebral palsy: a systematic review

**Authors:** Armstrong, Jennifer; Pacey, Verity; Dalby-Payne, Jacqueline; Bray, Paula and Ilhan, Emre

**Publication Date:** 2025

**Journal:** *Disability & Rehabilitation* 47(12), pp. 3009–3018

**Abstract:** Purpose: To investigate impact of International Classification of Functioning, Disability and Health (ICF) personal factors on pain, function, or quality of life following lower limb orthopaedic surgery in children with cerebral palsy (CP). Materials and methods: Systematic review of prospective studies of lower limb orthopaedic surgery in children with CP reporting relationships between ICF personal factors, and pain, function, or quality of life. Results: Eight prospective studies reporting various orthopaedic procedures (median follow-up 2.1 years) were eligible, but not sufficiently homogenous for meta-analysis. Functional outcomes most reported ( $n = 6$ ), then pain ( $n = 3$ ) and quality of life ( $n = 1$ ). Personal factors were age ( $n = 3$ ), sex ( $n = 4$ ), child education ( $n = 1$ ), and co-morbidities ( $n = 1$ ). Older children had lower function ( $p = 0.05$ ), except females with higher pain intensity ( $p = 0.019$ ) and lower function ( $p = 0.018$ ) post-Schanz procedure. No association between sex and function post-SEMLS ( $p > 0.05$ ). Conclusions: Further prospective cohort studies are needed to

understand the influence of personal factors identified in this review and investigate the effect of other personal factors on pain, quality of life, and function. **IMPLICATIONS FOR REHABILITATION:** Outcomes of lower limb orthopaedic surgery in children with cerebral palsy are influenced by personal factors, and these should be considered by health professionals when planning peri-operative care. Age influences outcomes such that older children have lower levels of function post-single-event multi-level surgery (SEMLS) than those younger. Sex may influence outcomes such that girls report higher pain intensity, and lower function post-Schanz procedure than boys. Educational environments may also influence outcomes such that children in special education show greater functional improvements post-SEMLS than children in regular education

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#### **4. Retrospective case control study on the evaluation of the impact of augmented reality in gynecological laparoscopy on patients operated for myomectomy or adenomyomectomy**

**Authors:** Comptour, Aurélie;Chauvet, Pauline;Grémeau, Anne-Sophie;Figuier, Claire;Pereira, Bruno;Rouland, Matthieu;Samarakoon, Prasad;Bartoli, Adrien;De Antonio, Marie and Bourdel, Nicolas

**Publication Date:** 2025

**Journal:** Computer Assisted Surgery (Abingdon, England) 30(1), pp. 2509686

**Abstract:** The objective of this study is to evaluate the safety of using augmented reality (AR) in laparoscopic (adeno)myomectomy, defined as an increase in operating time shorter than 15 min. A total of 17 AR cases underwent laparoscopic myomectomy or adenomyomectomy with the use of AR and 17 controls without AR for the resection of (adeno)myomas. The non-inferiority assumption was defined by an operative overtime not exceeding 15 min, representing 10% of the typical operative time. The 17 AR cases were matched to 17 controls. The criteria used in matching the two groups were the type of lesions, the size and the placement. The mean operative time was  $135 \pm 39$  min for AR cases and  $149 \pm 62$  min for controls. The margin of non-inferiority was expressed as a difference in operative time of 15 min between the case and control groups. The mean difference observed between AR cases and controls was -14 min with 90% CI [-38.3;11.3] and was significantly lower than the non-inferiority margin of 15 min (  $p = 0.03$ ). This negative time difference means that the operative time is shorter for the AR cases group. Intraoperative data revealed a volume of bleeding  $\leq 200$  mL in 82.3% of AR cases and in 75% of controls (  $p = 0.62$ ). No intra or postoperative complications were reported in the groups. The use of augmented reality in laparoscopic (adeno)myomectomy does not introduce additional constraints for the surgeon. It appears to be safe for the patients, with an absence of additional adverse events and of significantly prolonged operative time.

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#### **5. Oral versus intravenous antibiotic prophylaxis before obstetric and gynecological surgical interventions: A randomized clinical trial**

**Authors:** Elftooh Awaga, Hatem Abo;Anwar, Yasmeen Tharwat;Ait-Allah, Abdou and Abdelkareem, Amr Othman

**Publication Date:** 2025

**Journal:** European Journal of Obstetrics, Gynecology, and Reproductive Biology 311, pp. 114020

**Abstract:** 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.; Objective: The current study was conducted to compare the efficacy of prophylactic intravenous versus oral (Cephadrin) for the prevention of surgical site infections (SSI) in Obstetric and Gynecological interventions.; Methods: A randomized clinical trial was carried out on 230 patients fulfilling the eligibility criteria between 1st October 2023 and 31st July 2024, including pregnant women who were approached prior to their delivery and non-pregnant women who were approached prior to their intended interventions. (group A) 116 patients received oral antimicrobial prophylaxis, while (group B) 114 patients received intravenous antimicrobial prophylaxis. Furthermore, all included patients received oral antibiotics postoperatively (oral cephradine 500 mg/ 12 h for 7 days). Patients

were evaluated twice; the 1st assessment was done 1 week, while the 2nd assessment was done a month after the intervention.; Results: SSI rate was 14 % CI (0.07-0.20) in the oral group compared to 13 % CI (0.07-0.20) in the intravenous group after one week with no significant difference in between ( $p = 0.84$ ). However, the SSI rate was 5.5 % CI (0.02-0.11) in the oral group compared to 6.3 % CI (0.02-0.12) in the intravenous group after one month of the intervention, with no significant difference in between ( $p = 0.78$ ).; Conclusion: The current study showed that oral antibiotic prophylaxis before obstetric and gynecological interventions seems to be safe, easy, practical, cheap, and as effective as parenteral antibiotic prophylaxis in the prevention of SSI. However, more randomized trials with larger sample sizes are needed to pave the way for replacing parenteral with oral antibiotic chemoprophylaxis.; Trial Registration: The study was approved by the Sohag Ethical Committee, Faculty of Medicine, with IRB number (Soh-Med-23-09-05MS) and was registered on clinical trial.gov with T.R.N (NCT06255652). (Copyright © 2025 Elsevier B.V. All rights reserved.)

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## **6. Utility of sexually transmitted infection screening in diagnosing clinical gynaecological conditions using endometrial specimens**

**Authors:** Maldonado-Barrueco, Alfredo;Almazán-Garate, Esther;Armijo-Suárez, Onica;Iniesta-Pérez, Silvia;Sanz-González, Claudia;Falces-Romero, Iker;Álvarez-López, Covadonga;Cacho-Calvo, Juana and Quiles-Melero, Inmaculada

**Publication Date:** 2025

**Journal:** Diagnostic Microbiology and Infectious Disease 112(4), pp. 116830

**Abstract:** Competing Interests: Declaration of competing interest The authors declare that they have no financial interests or personal relationships that could have influenced the work presented in this article. The authors received no external funding from any of the commercial companies for this study.; Sexually transmitted infections are associated with gynaecological conditions, yet screening algorithms are lacking. The aim was determining the utility of endometrial specimens for chronic gynaecological diagnosis. In a retrospective cohort study of 91 patients (42.8 % CD138-positive), only 5.5 % tested were positive for *Ureaplasma parvum*. Endometrial STI screening was not useful in a population of low STI prevalence ( $<10\%$ ), suggesting its value depends on STI prevalence. (Copyright © 2025 Elsevier Inc. All rights reserved.)

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## **7. AI-driven simplification of surgical reports in gynecologic oncology: A potential tool for patient education**

**Authors:** Riedel, Maximilian;Meyer, Bastian;Kfuri Rubens, Raphael;Riedel, Caroline;Amann, Niklas;Kiechle, Marion and Riedel, Fabian

**Publication Date:** 2025

**Journal:** Acta Obstetricia Et Gynecologica Scandinavica 104(7), pp. 1373–1381

**Abstract:** Introduction: The emergence of large language models heralds a new chapter in natural language processing, with immense potential for improving medical care and especially medical oncology. One recent and publicly available example is Generative Pretraining Transformer 4 (GPT-4). Our objective was to evaluate its ability to rephrase original surgical reports into simplified versions that are more comprehensible to patients. Specifically, we aimed to investigate and discuss the potential, limitations, and associated risks of using these simplified reports for patient education and information in gynecologic oncology.; Material and Methods: We tasked GPT-4 with generating simplified versions from  $n = 20$  original gynecologic surgical reports. Patients were provided with both their original report and the corresponding simplified version generated by GPT-4. Alongside these reports, patients received questionnaires designed to facilitate a comparative assessment between the original and simplified surgical reports. Furthermore, clinical experts evaluated the artificial intelligence (AI)-generated reports with regard to their accuracy and clinical quality.; Results: The simplified surgical reports generated by GPT-4 significantly improved our patients' understanding, particularly with regard



to the surgical procedure, its outcome, and potential risks. However, despite the reports being more accessible and relevant, clinical experts highlighted concerns about their lack of medical precision.;  
Conclusions: Advanced language models like GPT-4 can transform unedited surgical reports to improve clarity about the procedure and its outcomes. It offers considerable promise for enhancing patient education. However, concerns about medical precision underscore the need for rigorous oversight to safely integrate AI into patient education. Over the medium term, AI-generated, simplified versions of these reports-and other medical records-could be effortlessly integrated into standard automated postoperative care and digital discharge systems. (© 2025 The Author(s). Acta Obstetrica et Gynecologica Scandinavica published by John Wiley & Sons Ltd on behalf of Nordic Federation of Societies of Obstetrics and Gynecology (NFOG).)

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#### **8. How to influence rising caesarean section rates in Europe? An invited scientific review by European Board and College of Obstetrics and Gynaecology (EBCOG)**

**Authors:** Velebil, Petr;Savona-Ventura, Charles;Zaigham, Mehreen;Mahmood, Tahir;Wladimiroff, Juriy and Louwen, Frank

**Publication Date:** 2025

**Journal:** European Journal of Obstetrics & Gynecology & Reproductive Biology 311, pp. N.PAG

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#### **9. Optimizing immunization in pediatric oncology: Development and evaluation of an automated scheduling tool**

**Authors:** Wawrzuta, Dominik;Giefert, Sylwia and Klejdysz, Justyna

**Publication Date:** 2025

**Journal:** International Journal of Medical Informatics 201, pp. N.PAG

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#### **10. Effects of Routine Catheterization on Urinary Tract Infection Rates After Minor Gynecologic Surgeries**

**Authors:** Zekri, Sana

**Publication Date:** 2025

**Journal:** Obstetrics & Gynecology 145(7), pp. e7

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#### **11. Intravenous rehydration safe for children with severe acute malnutrition, study reports**

**Authors:** Elgan Manton-Roseblade

**Publication Date:** 2025

**Journal:** BMJ

Children with severe acute malnutrition (SAM) and dehydration can safely be given intravenous (IV) rehydration, a randomised controlled trial conducted in four African countries has reported.<sup>1</sup>

Researchers said their findings, published in the *New England Journal of Medicine*, strengthened the case to revise longstanding global treatment protocols set out in World Health Organization guidance that restricts IV fluid rehydration in children with SAM.<sup>2</sup>

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