

Women and Children's

Current Awareness Bulletin

June 2026

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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

NICE Guidelines

Title	Reference number	Published	Last updated
Fertility problems: assessment and treatment	NG257	31-Mar-26	31-Mar-26
Fetal monitoring in labour	NG229	14-Dec-22	25-Mar-26

NICE Quality Standard

Title	Reference number	Published	Last updated
Fertility problems	QS73	23-Oct-14	31-Mar-26

New fertility pathway for endometriosis in NICE guideline

We have updated our fertility problems guideline to include a brand-new section specifically for people with endometriosis who are struggling to conceive. This is a direct result of feedback we received during public consultation, recognising that the condition requires its own tailored approach to fertility care, separate from other causes of infertility.

To accompany the guideline, we've also produced a helpful visual summary. This easy-to-follow diagram shows how we recommend fertility problems are assessed and treated, broken down by specific fertility problem, including endometriosis.

Renewed Women's Health Strategy for England

England's Women's Health Strategy, with a renewed focus on tackling the long-standing gaps in how women experience care. The strategy acknowledges that too many women feel unheard or dismissed, with commitments to faster diagnosis for conditions such as endometriosis, improved pain management, and better access to care.

Read online at <https://www.gov.uk/government/publications/renewed-womens-health-strategy-for-england>

Supporting young people to transition into adolescent and adult services

NHS England

This guidance supports services to provide developmentally-appropriate care for 0 to 25-year-olds. It sets out proposed actions for integrated care boards, providers and clinical teams to enable safe and effective transition between services. If adopted by systems, this approach will improve continuity of care, health outcomes and young people's experience.

Read online at <https://www.england.nhs.uk/long-read/supporting-young-people-to-transition-into-adolescent-and-adult-services/>

Child death in the emergency department: experience from a 10-year retrospective review.

Jump P. Archives of Disease in Childhood 2026;111(4):293-298.

The aim of this research was to describe the demographic characteristics, causes and temporal patterns of child deaths occurring in a paediatric emergency department (ED) over a 10-year period. DESIGN: Single-centre retrospective observational study.

Women attending first NHS mammogram hits 10-year high as thousands more cancers found.

NHS in England; 2026.

Hundreds of thousands more women attended NHS breast screening last year and thousands more cancers were diagnosed early in England. New figures show nearly 20,000 cancers (19,291) were detected – 9 cases in every 1,000 women screened – which is up almost 16% on the previous year, when 16,677 cancers were diagnosed through NHS breast screening.

Read online at <https://www.england.nhs.uk/2026/02/women-attending-first-nhs-mammogram-hits-10-year-high-as-thousands-more-cancers-found/>

Tablets before liquids? Rethinking paediatric prescribing in primary care.

Elkhazragy A. British Journal of General Practice 2026;76(765):183.

Liquid medicines are commonly prescribed for children, yet they are often the least practical option. Syrups are more expensive than tablets and can be difficult for families to store, transport, or measure accurately. It may be time to ask: should tablets come before liquids in paediatric prescribing?

Can group singing offer lasting relief from postnatal depression?

The Mental Elf; 2026.

New evidence shows Melodies for Mums outperforms standard community activities in reducing postnatal depression, with sustained effects lasting six months after the singing ends. The post Can group singing offer lasting relief from postnatal depression? appeared first on National Elf Service.

Read online at <https://www.nationalelfservice.net/treatment/complementary-and-alternative/can-group-singing-offer-lasting-relief-from-postnatal-depression/>

Bye bye baby: assessing Britain's falling birth rate since the early 2010s

Resolution Foundation

This briefing explores Britain's recent baby bust and whether it should be a cause for concern for policy makers. Most developed countries are grappling with a falling birth rate, and the UK is no different. There have always been a range of reasons that people postpone having children or choose not to have them at all – some reflecting preferences (such as prioritising education, careers or simply not wanting children), and some driven by constraints (from fertility difficulties to economic pressures). After a baby boom in the 2000s, the UK's total fertility rate has fallen sharply since 2012 – reaching a joint-record low of 1.6 children per woman in 2023, with the latest 2024 figures suggesting it could fall further still.

Read online at <https://www.resolutionfoundation.org/publications/bye-bye-baby/>

Associations between socio-economic status and household dysfunction in childhood and school-to-work trajectories: the mediating role of adolescent mental health problems.

de Groot S. European Journal of Public Health 2026;36(2):-.

This study shows the importance of childhood parental SES, relative to other parental factors, for young adults' school-to-work trajectories. More research in larger samples is needed to unravel the underlying mechanisms to better inform policy and practice.

Surviving Sepsis Campaign International Guidelines for the Management of Sepsis and Septic Shock in Children 2026.

Weiss SL et al. Pediatric critical care medicine: a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies; Online publication date: 2026 Mar 23

<https://doi.org/10.1097/PCC.0000000000003927>

Overhaul of clinical standards to reduce maternal deaths - Every maternity service in England will need to meet new clinical standards to significantly reduce the number of women who die each year during or after pregnancy.

A warm home, a fair chance: the lived realities of fuel poverty for children

National Energy Action

This report looks at how fuel poverty is affecting childhood in the UK. It describes how cold, damp and poorly heated homes shapes children's health, confidence, friendships, and ability to learn - and how schools are increasingly left to shoulder the consequences. It includes accounts and insights from educators working across primary, secondary and specialist settings, and testimonies from young people themselves.

Read online at <https://national-energy-action.shorthandstories.com/e21c610a-ff01-4f70-8ff4-417529ed3aff/index.html>

Long-term association between the COVID-19 pandemic and language development in children aged 18 months: effect modification by sex, childcare location and family size.

Matsuo R. Archives of Disease in Childhood 2026;111(5):430-436.

The authors evaluated the long-term association between the COVID-19 pandemic and the language development of children aged 18 months by comparing prepandemic and pandemic periods in Japan. The long-term association between the pandemic and language development at 18 months suggests the need for more comprehensive support for high-risk families.

Digital tool to analyse maternity data

UKAuthority, 1 May 2026

The NHS is introducing new clinical standards for maternity services in England, including the rollout of the Maternal Outcomes Signal System (MOSS), a digital tool designed to rapidly analyse routine maternity data and flag emerging safety concerns.

Read online at <https://www.ukauthority.com/articles/digital-tool-to-analyse-maternity-data>

The Tommy's Graded Model of Miscarriage Care: a framework for consistent care and support after each miscarriage

Miscarriage is the most common complication of early pregnancy with approximately 250,000 miscarriages occurring in the UK each year. Current NHS practice only routinely offers follow-up care, that could help prevent the loss of another baby, after three losses despite the risks of pregnancy complications and long-term. The Tommy's Graded Model of Miscarriage Care, developed and piloted by the team at Tommy's National Centre for Miscarriage Research, addresses the gap in care by offering targeted support after every miscarriage. The model creates earlier opportunities to support families devastated by loss and to identify treatable health issues and other risk factors that can affect pregnancy outcomes.

Read online at <https://www.tommys.org/gradedmodel>

Is there evidence that intranasal ketamine can provide adequate procedural sedation in paediatric patients?

BestBETS; 2026.

Bottom Line: In paediatric patients requiring sedation, intranasal ketamine has slightly lower likelihood of success than intravenous ketamine however offers a useful needle-free alternative. With clear explanation of the evidence to parents and shared-decision making, it should be considered in severely needle-phobic children.

Read online at <https://www.bestbets.org/bets/is-there-evidence-that-intranasal-ketamine-can-provide-adequate-procedural-sedation-in-paediatric-patients/>

Sentinel Injuries in Emergency Departments and Subsequent Serious Injury in Children.

Mitrano SM. *Annals of Emergency Medicine* 2026;87(5):586-594.

Sentinel injuries in young children are minor injuries that can raise suspicion of physical abuse. Although early identification is critical, widespread screening of patients can incur unintended harm to both children and their families. We determined the frequency of serious abusive injury within 12 months following an emergency department (ED) encounter for a sentinel injury.

FIGO best practice recommendations for the mental health of women at menopausal age.

Khadiolkar S et al. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*; Online publication date: 2026 May

<https://doi.org/10.1002/ijgo.70943>

Exposure to COVID-19 pandemic during the first year of life has negatively influenced the socioemotional development of children.

Day J. *Evidence-Based Nursing* 2026;29(2):89.

The findings of this study support what has been known anecdotally among practitioners since the COVID-19 pandemic—that there is a significant delay in developmental progress, in particular socioemotional skills, among exposed children. Commentary on: Kuehn L, Jones A, Helmkamp L et al Socioemotional Development of Infants and Toddlers During the COVID-19 Pandemic. *JAMA Paediatr* 2023;178(2):151–159.

Improving childhood vaccination among minority populations in middle- and high-income countries: a realist review of health system interventions.

Essa-Hadad J. *Journal of Epidemiology & Community Health* 2026;80(6):379-387

Most minority populations in Europe exhibit lower childhood vaccine uptake than general population. This realist review aims to identify interventions that increase the uptake of measles, mumps and rubella (MMR) and human papillomavirus (HPV) vaccines. Multicomponent strategies were effective however there is no one-size-fits all solution. Policymakers and practitioners should tailor and adapt interventions to the cultural, social and economic contexts of each group to ensure success.

In children presenting to the paediatric emergency department (PED) with acute gastroenteritis, does the use of probiotics lead to a shorter duration of diarrhoeal symptoms?

BestBETS; 2026.

An 18-month-old with a two-day history of diarrhoea and vomiting is diagnosed with viral gastroenteritis. They are tolerating oral fluids and you feel they are safe to discharge. Their parents ask if probiotics could help with the diarrhoea. You wonder whether evidence supports probiotics in reducing diarrhoea duration in children with acute gastroenteritis. Probiotics should not be prescribed to paediatric patients presenting to paediatric emergency department (PED) with acute gastroenteritis.

Read online at <https://www.bestbets.org/bets/in-children-presenting-to-the-paediatric-emergency-department-ped-with-acute-gastroenteritis-does-the-use-of-probiotics-lead-to-a-shorter-duration-of-diarrhoeal-symptoms/>

Climate change-related heat increases the risk of premature birth in 13 countries – new study.

The Conversation; 2026.

36.6 million births that took place during the summer in 250 towns and cities, across 13 countries (Australia, Brazil, Canada, Chile, Ecuador, Estonia, Israel, Italy, Japan, Paraguay, Spain, Switzerland and the United States) between 1979 and 2019 were analysed. The findings are clear: the risk of preterm birth increases linearly as temperatures rise. On days of moderate heat, this risk increases by 2.8%. On days of extreme heat, the increase reaches 3.8%.

Read online at <https://theconversation.com/climate-change-related-heat-increases-the-risk-of-premature-birth-in-13-countries-new-study-283641>

Principles to support anti-racism in midwifery and nursing education and practice

These anti-racism principles set out some of the ways educators, organisations, registrants and employers can address concerns around inequities in care and racism across health and social care practice, education, and regulation. The principles are designed to: strengthen cultural safety, curiosity and respect in practice and education; and explicitly advance meaningful, sustained anti-racist, bias-aware practice. It is the NMC's expectation that universities and healthcare organisations will adopt these principles in course content, training and service provision.

A Systematic Review of Women's Cancer Screening and Mortality in Women with Severe Mental Illness.

Pillai S. Schizophrenia Bulletin 2026;52(2):sba254.

This review found reduced screening rates and higher mortality in women with SMI, suggesting a future focus on understanding the specific barriers and developing targeted screening programs for women with SMI.

1. Survey Showed That Limiting Daily Screen Time Could Help to Avoid Mental Health Issues in Children Aged 8-17 Years

Authors: Carlander, Anders; Cassel, Sophie; Höök, Malin J-Son; Lundgren, Oskar; Bagge, Ann-Sophie Lindqvist and Löf, Marie

Publication Date: 2026

Journal: Acta Paediatrica (Oslo, Norway : 1992) 115(7), pp. 1538–1544

Abstract: Aim: This study tested the associations between screen time and anxiety and depression, while accounting for physical activity, sleep and socioeconomic background.; Methods: We analysed repeated cross-sectional survey data from the Swedish population-based Generation Pep Study, which was collected in 2021-2022 and comprised children aged 8-17 years. Screen time and symptoms of anxiety and depression were measured using the short 25-item child-reported Revised Children's Anxiety and Depression Scale, along with physical activity, sleep, sex and age. The parents provided some of the basic details and helped younger children under 12 complete the questionnaire, as required.; Results: The 4002 children (50.9% boys) had a mean age of 12.2 ± 2.7 years. The scores for anxiety and depression nearly doubled when the daily screen time increased from approximately two hours to seven hours or more. However, statistically significant marginal effects were only observed when screen time exceeded two hours per day. The results remained significant after adjusting for the plausible displacement effect of physical activity, sleep and socioeconomic status.; Conclusion: Screen time that exceeded about two hours a day was associated with higher levels of anxiety and depression among Swedish children who took part in this population-based study. (© 2026 The Author(s). Acta Paediatrica published by John Wiley & Sons Ltd on behalf of Foundation Acta Paediatrica.)

2. Codesigning Communication Interventions With Adolescents, Parents, and Clinicians in Pediatric Oncology: A Feasibility Study

Authors: Christianson, Caroline;Farner, Harmony;Heidelberg, R. E.;Brandt, Heather;Hinds, Pamela;Mack, Jennifer W. and Kaye, Erica C.

Publication Date: 2026

Journal: Pediatric Blood & Cancer 73(7), pp. e70382

Abstract: Objectives: Adolescents and young adults are rarely included alongside parents and clinicians in codesign of interventions in pediatric oncology, particularly for sensitive communication topics such as prognosis. We examined the feasibility of mixed-participant codesign, including pediatric patients, parents, bereaved parents, and multidisciplinary clinicians, within the RIGHTTime study.; Methods: We conducted eight longitudinal virtual mixed-participant codesign sessions across four sequential blocks spanning 5 months. Eligible participants included patients aged ≥ 12 years with advanced cancer, parents of children with advanced cancer, bereaved parents, oncologists, and psychosocial clinicians. Feasibility outcomes included enrollment and attendance. To characterize participants' experiences, we analyzed structured reflections from each session, eliciting perspectives on the benefits and challenges of the mixed-participant codesign approach.; Results: Twenty-one participants contributed: patients ($n = 4$), parents ($n = 5$), bereaved parents ($n = 4$), oncologists ($n = 5$), and psychosocial clinicians ($n = 3$). Among invited patients and parents, 13/19 enrolled, and the mean attendance across four blocks was 92.5%. Reflections highlighted the value of shared dialogue, including learning across perspectives, connection, and attention to individualized communication. Patients and parents described gratitude and legacy-oriented motivations; clinicians described perspective-taking and incorporation of insights into communication practices. Across groups, reflections suggested that shared dialogue informed both intervention development and clinician communication practices.; Conclusions: Mixed-participant codesign that includes adolescents and young adults alongside parents and clinicians was feasible in pediatric oncology communication research. Participant reflections suggest this approach may support the development of patient-centered communication interventions and inform clinician communication practices. This model may be transferable to pediatric oncology settings where patient perspectives are essential to intervention design.; Trial Registration: ClinicalTrials.Gov Identifier: NCT05116566. (© 2026 Wiley Periodicals LLC.)

3. Defining Roles in Pediatric Palliative Care: Perspectives From Oncology and Palliative Care Teams

Authors: Granek, Leeat;Wiener, Lori;van Zanten, Stephanie Veldhuijzen;Johnston, Donna;Hasan, Fyeza;Rapoport, Adam;Dato, Nathasha;Widger, Kimberley;Gupta, Sumit;Fergus, Karen;Chan, Anthony K. C.;Kassam, Alisha;McCulloch, Emily and Lysecki, Dave

Publication Date: 2026

Journal: Pediatric Blood & Cancer 73(7), pp. e70376

Abstract: Background: Early integration of pediatric palliative care (PPC) is associated with improved symptom management, quality of life, and healthcare utilization for children with cancer. Despite this, variation persists in how PPC is understood, operationalized, and integrated within pediatric oncology programs. In particular, ambiguity surrounding the roles of oncology teams providing generalist palliative care and specialist PPC teams may contribute to delayed or inconsistent involvement.; Methods: We conducted a qualitative study using a grounded theory approach as part of a larger multi-site project examining barriers and facilitators to early PPC integration in pediatric oncology. Semi-structured interviews were conducted with healthcare professionals from four Canadian pediatric centers, including oncologists, PPC physicians, nurses, social workers, and other interprofessional team members. Interviews explored definitions of PPC and perceived roles and responsibilities of oncology and PPC teams. Transcripts were coded iteratively using constant comparative analysis until thematic saturation was reached.; Results: Participants from both oncology and PPC teams demonstrated substantial concordance in defining PPC as holistic, family-centered care focused on quality of life, symptom management, psychosocial support, and goal-concordant decision-making. Both groups described overlapping responsibilities, particularly in symptom control and psychosocial care. However, specialist PPC teams identified additional roles including complex serious illness communication, bereavement support, funeral planning, and 24/7 availability that oncology teams did not consistently recognize as part of their role. Participants emphasized that PPC roles are fluid and context-dependent, shifting across disease trajectory, care setting, family needs and goals, and institutional resources.; Conclusions: In pediatric oncology settings, overlap between generalist and specialist PPC reflects collaborative care rather than duplication. However, a lack of shared role clarity may impede timely specialist PPC involvement. Developing shared frameworks, institutional definitions, and ongoing interdisciplinary communication may support earlier, coordinated, and family-centered PPC integration for children with cancer. (© 2026 The Author(s). Pediatric Blood & Cancer published by Wiley Periodicals LLC.)

4. What Patients Call Gynaecological Conditions: A Qualitative Study

Authors: Iyer, Shilpa;Badillo-Goicoechea, Elena;Glass, Dianne and Huepfel, Bridget

Publication Date: 2026

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 133(8), pp. 1671–1678

Abstract: Importance: This study identifies specific language used for common problems seen in gynaecology.; Objective: To better identify language used by patients for gynaecological conditions and understand how these terms may differ between communities.; Study Design: Observational qualitative study.; Setting: An urban academic hospital.; Population: Adult female patients (aged 18 and older) seen in the gynaecology clinic were included, and those younger than 18 and non-English speakers were excluded.; Methods: Interviews using a structured interview guide were conducted. New patients were enrolled in the study until the point of theoretical saturation. Key terms were identified and trends involving symptoms were investigated using natural language processing (NLP) techniques including lemmatization, text similarity and sentiment.; Outcome Measures: Terminology gathered from study interviews was described.; Results: Thirty patients completed the study. Study participants included 12

(40%) Black patients, 9 (30%) White, 4 (13.3%) Hispanic and 3 (10.3%) Asian. Participants were equally distributed in age and most participants had attended some college 26 (86.6%). Almost half of the women had not been pregnant, 14 (46.7%). While many patients used some medical specific terminology, many also used symptoms specific common terms that were more descriptive of their experience. Patients identified 'cysts' more commonly than 'fibroids' and were concerned about cancer. Overwhelmingly patients identified communication problems between providers and patients resulting in misunderstandings and a lack of trust.; Conclusion: By starting with identifying specific language used and expanding to identifying overall themes, we can improve understanding between patients and providers. (© 2026 John Wiley & Sons Ltd.)

5. Qualitative analysis of out-of-hospital self-management capabilities and ongoing care needs in patients with gynecological malignancies and venous thromboembolism

Authors: Li, Tian-Hua;Wang, Yan-Wei;Feng, Jing-Xuan;Sun, Ning;Bian, Ya-Jing;Ma, Jun-Ying and Li, Lai-You

Publication Date: 2026

Journal: Annals of Medicine 58(1), pp. 2628359

Abstract: Background: Postoperative patients with gynecological malignant tumors are prone to venous thromboembolism (VTE) due to hypercoagulability and limited mobility, and lack of professional guidance after discharge, further increasing the risk of VTE occurrence. Therefore, this study focuses on the current status of self-management ability and continuity of care needs of patients after discharge, aiming to clarify the practical difficulties of prevention activities such as limb activity and symptom recognition in the home environment, in order to improve the implementation and compliance of VTE prevention measures for patients outside the hospital.; Methods: Utilizing a phenomenological approach within qualitative research, interview outlines were developed through a comprehensive literature review and expert consultations. The interviewees were selected from 10 patients with gynecological malignant tumors who underwent chemotherapy in our department within 3 months after surgery. The interview method is semi-structured and in-depth qualitative interviews. Data were transcribed, coded, refined, and analyzed utilizing the Colaizzi phenomenological 7-step analysis method.; Results: The self-management abilities for out-of-hospital VTE prevention among patients with gynecological malignancies were categorized into five themes: inadequate VTE risk perception, low self-efficacy in VTE prevention, limited interest in VTE-related information, insufficient VTE prevention education and awareness efforts by healthcare providers, and restricted access to VTE prevention resources. Ongoing care needs were identified into two primary areas: a desire for diverse VTE prevention educational materials and support from families and relatives.; Conclusion: Significant challenges persist in the out-of-hospital self-management and ongoing care of VTE among patients with gynecological malignancies. To address these issues, healthcare providers must develop effective strategies to enhance self-management, optimize continuous care services, and provide comprehensive information resources and social support. These interventions aim to improve patient adherence to VTE prevention measures and enhance their efficacy.

6. Trends of E-Scooter-Related Pediatric Orthopaedic Injuries: 20 Years of Nationally Representative Data

Authors: Lu, Sarah;Williams, Christopher J.;Marsh, Isabella G.;Nian, Patrick P.;Beber, Samuel A.;Ross, Shane;Logterman, Stephanie and Heyer, Jessica H.

Publication Date: 2026

Journal: The Journal of the American Academy of Orthopaedic Surgeons 34(12), pp. e1586–e1593

Abstract: Introduction: The rise in popularity of battery-powered 2-wheeled electric scooters (e-scooters) has fostered safety concerns, particularly because of a lack of universally recommended safety precautions. Orthopaedic injuries are common in the pediatric population, yet little is known about the trends of e-scooter-related orthopaedic injuries in this population. The aim of this study was to investigate the national trends in orthopaedic injuries among children operating e-scooters over a twenty-year period.; Methods: The National Electronic Surveillance System, a publicly available database of 102 emergency departments, was retrospectively queried for patients aged 0 to 21 years with an orthopaedic injury related to e-scooter usage between 2005 and 2024. Each case was assigned a sampling weight to produce nationally representative estimates. Linear regressions were used to calculate trends.; Results: An estimated 55,653 pediatric orthopaedic injuries were reported during the study period. The weighted estimates of orthopaedic injuries related to e-scooter use had an upward trend from 2005 to 2024, with notable peaks in 2020 and 2024, which were paralleled by annual incident rates. The estimated average annual incidence rate was 204 injuries per 100,000 children per year. Most (65%) of the injuries occurred in male individuals. Children (aged 0-13) accounted for 63% of injuries, and adolescents (aged 14-21) accounted for 37% of injuries. Fractures were the most common injury (71.7%), followed by strain or sprain (25.2%). Most commonly injured anatomical areas were in the upper extremities, particularly the wrist (21.5%), forearm (15.6%), and shoulder (8.4%). Most (90.2%) of the injuries were treated and discharged on the same day.; Conclusion: Pediatric orthopaedic-related e-scooter injuries have increased over the past 20 years, with injuries occurring more commonly in male individuals and children sustaining mostly fractures and upper body injuries. As new technologies facilitating high-speed travel emerge, orthopaedic surgeons should be cognizant of the injuries associated with the new products. (Copyright © 2026 by the American Academy of Orthopaedic Surgeons.)

7. Active counselling for child and adolescent mental health: A qualitative investigation

Authors: Marshall, Paul;Rozsas, Viktoria;Milner, Chloe;Armstrong, Tayla;Simpson, Aaron;Jackson, Ben and Dimmock, James

Publication Date: 2026

Journal: Psychology of Sport and Exercise 85, pp. 103109

Abstract: Talk-based psychotherapy and physical activity are both recognised as effective treatments for child and adolescent mental illness. Despite this, talk therapy and physical

activity are rarely integrated-an approach hereafter termed "active counselling (AC)" -in clinical practice for youth mental health. The purpose of this study was to explore parents' perspectives of AC for their child who had been receiving this type of therapy from a provider in Australia. Parental perceptions were also used to identify possible psychological mechanisms underpinning the effects of AC. Reflexive thematic analysis was conducted on the results of fourteen semi-structured interviews with parents of children and adolescents aged 7 - 15, eleven of whom have been diagnosed as neurodiverse. Ten themes were generated and organised into three categories. First, parents believed that AC works because its active elements distract their children from the therapeutic processes, making them feel as though they are not being observed. Second, parents recommended increasing the availability of therapists and providing parents with additional information to maximise the effectiveness of AC. Finally, six mechanisms were identified as underpinning the perceived effectiveness of the approach: autonomy, connection, success, confidentiality, integration into life, and motivation. The results suggest that self-determination theory may serve as a model to generalise the benefits of AC beyond the study population and provide a theoretical framework on which to further develop the effectiveness of the approach. (Copyright © 2026. Published by Elsevier Ltd.)

8. Trends in unplanned non-surgical paediatric oncology admissions to paediatric intensive care units in England between 2008 and 2022

Authors: Ward, Rebecca A.;Solomons, Matthew R.;Chatterjee, Abhisekh;Barton, Jack C.;Mallah, Mohammed;Nowak, Aleksandra M.;Allen-Tejerina, Andrea;Corrigan, Amber E. and Round, Jonathan E. C.

Publication Date: 2026

Journal: European Journal of Pediatrics 185(7)

Abstract: Children with cancer requiring PICU admission have a relatively high mortality. This study reports trends in management and outcomes for a large cohort of unplanned PICU admissions for children with underlying oncology diagnoses. A retrospective cohort study, analysing all unplanned oncology admissions for all English PICUs from 2008 to 2022, captured by PICANet, a quality-assured, prospectively collected national database. Unplanned oncology admissions to the PICU aged 1 month to 16 years were included. Patients with benign disease were excluded. A total of 4371 admissions from 3277 children underwent further analysis. Unplanned oncology admissions increased from 209 in 2008, peaking at 357 in 2020, representing 1.2 and 1.9%, respectively, of all PICU admissions in those years. Haematological malignancies had the largest rise. Presentations with infections also rose, making up over half of oncology admissions by 2022. The percentage invasively ventilated fell from 55.8 to 48.1%, but significant changes in the use of vasoactive agents, non-invasive ventilation and renal support were not seen. Mean PIM score (0.085 to 0.06) at admission fell, reflecting lower overall acuity. Mortality in unplanned oncology admissions fell from 16.7 to 12.2%. Survival, when banded for PIM risk group, showed no improvement except possibly in those with over 30% risk of death, where a downward trend in actual mortality was seen.; **Conclusions:** Unplanned admissions of children with cancer to PICU remain at a relatively high risk of death. The cause of the improved overall percentage mortality is likely related to increased low-acuity admissions.; **What Is Known:** • Significant improvements have been seen

in mortality for unplanned oncology admissions to the PICU over the last few decades. • Studies have attempted to define these trends; however, heterogeneity between patient populations and outcome measures included makes it difficult to draw meaningful conclusions from them.; What Is New: • Overall mortality in all PICU admissions for children with oncological diagnoses in England decreased. • The improvement in PICU percentage mortality is likely due to a reduced admission threshold rather than specific improvements in clinical or oncological care for these patients. (© 2026. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.)

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