Training Calendar 2016

All sessions are 1 hour

<table>
<thead>
<tr>
<th>October (12pm)</th>
<th></th>
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<tr>
<td>Fri 7th Statistics</td>
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<tr>
<td>Mon 10th Information resources</td>
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<tr>
<td>Tue 18th Literature Searching</td>
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<tr>
<td>Wed 26th Critical Appraisal</td>
<td></td>
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<tr>
<th>November (1pm)</th>
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<tr>
<td>Thurs 3rd Statistics</td>
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<td>Fri 11th Information resources</td>
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<td>Mon 14th Literature Searching</td>
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<tr>
<td>Tues 22nd Critical Appraisal</td>
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<td>Wed 30th Statistics</td>
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Your Outreach Librarian – Helen Pullen

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**Outreach:** Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in literature searching, critical appraisal and medical statistics. Get in touch: library@uhbristol.nhs.uk

**Literature searching:** We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk
The Latest Evidence

<table>
<thead>
<tr>
<th>NICE National Institute for Health and Care Excellence</th>
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<tbody>
<tr>
<td><strong>Preterm labour and birth</strong> October 2016 <a href="https://www.nice.org.uk/guidance/qs135">https://www.nice.org.uk/guidance/qs135</a></td>
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<tr>
<td><strong>Antenatal corticosteroids for maturity of term or near term foetuses: systematic review and meta-analysis of randomized controlled trials</strong></td>
</tr>
<tr>
<td>12 October 2016 - Publisher: British Medical Journal</td>
</tr>
<tr>
<td>Review of 6 trials of 5698 singleton pregnancies found antenatal steroids at ≥34 weeks’ gestation reduce neonatal respiratory morbidity (vs. controls). Infants of mothers who received them at ≥34 weeks had lower risk of severe respiratory distress syndrome (RR <a href="https://www.nice.org.uk/guidance/qs135">Read Summary</a>)</td>
</tr>
<tr>
<td>More: <a href="https://www.nice.org.uk/guidance">Systematic Reviews</a></td>
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<tr>
<td>More: <a href="https://www.nice.org.uk/guidance">Medicines Current Awareness</a></td>
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<th>Cochrane Library</th>
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<tr>
<td><strong>Chewing gum for enhancing early recovery of bowel function after caesarean section</strong></td>
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<tr>
<td>Edna Pereira Gomes Morais, Rachel Riera, Gustavo JM Porfírio, Cristiane R Macedo, Vivian Sarmento Vasconcelos, Alexsandra de Souza Pedrosa, Maria R Torloni</td>
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<table>
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<th>UpToDate®</th>
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<tr>
<td>OpenAthens login required. Register here: <a href="https://openathens.nice.org.uk/">https://openathens.nice.org.uk/</a></td>
</tr>
<tr>
<td><strong>What's new in obstetrics and gynecology</strong></td>
</tr>
<tr>
<td>Authors</td>
</tr>
<tr>
<td>Kristen Eckler, MD, FACOG</td>
</tr>
<tr>
<td>Sandy J Falk, MD, FACOG</td>
</tr>
<tr>
<td>Vanessa A Barss, MD, FACOG</td>
</tr>
<tr>
<td>Contributor disclosures</td>
</tr>
<tr>
<td>All topics are updated as new evidence becomes available and our <a href="https://www.nice.org.uk/guidance">peer review process</a> is complete. <strong>Literature review current through:</strong> Sep 2016.</td>
</tr>
<tr>
<td>The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of</td>
</tr>
</tbody>
</table>
A recent crossover trial in 16 pregnant women with type 1 diabetes compared use of a closed-loop insulin pump (automatic adjustment of basal insulin dose) with manual adjustment of the basal insulin [1]. The closed loop pump improved glycemic control with no difference in hypoglycemia rate, but the incidence of large for gestational age infants remained high. This technology is not readily available and, in this small trial, provided no clear pregnancy benefit. (See "Pregestational diabetes mellitus: Glycemic control during pregnancy", section on "Types of insulin pumps").

REFERENCES


**Other – Behind the Headlines, Guidance**

**Does vitamin D in pregnancy prevent ADHD?**

"Sunbathing mothers guard against hyperactive babies," The Daily Telegraph reports – a headline that achieves the dubious dual distinction of being both inaccurate and irresponsible...
The most recent issues of key journals. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

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<th>Journal</th>
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<tr>
<td>Click here Obstetrics and Gynaecology</td>
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<tr>
<td>British Journal of Obstetrics and Gynaecology</td>
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<tr>
<td>American Journal of Obstetrics and Gynecology</td>
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Exercise

Confounding Bias in research methodology

A confounder is a factor that is:
- Linked to the outcome of interest, independent of the exposure
- Linked to the exposure but not the consequence of the exposure

What is the confounding factor in the following relationships:

- People who carry matches are more likely to develop lung cancer
- People who eat ice-cream are more likely to drown
- Training in anaesthesia is more likely to make doctors commit suicide

To find out more about bias in research methodology, sign up for one of our Critical Appraisal training sessions. For more details, email katie.barnard@uhbristol.nhs.uk.
Current Awareness Database Articles

1. Physical efficiency and activity energy expenditure in term pregnancy females measured during cardiopulmonary exercise tests with a supine cycle ergometer.

2. Breaking Bad News in obstetrics: a randomized trial of simulation followed by debriefing or lecture.


4. Reference values of focused assessment with sonography for obstetrics (FASO) in low-risk population.

5. Continuous epidural pumping of saline contributes to prevent and treat postdural puncture headache.


Full strategy
Results Saved Results
6 of 6 saved results

1. Physical efficiency and activity energy expenditure in term pregnancy females measured during cardiopulmonary exercise tests with a supine cycle ergometer.

Source: The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Dec 2016; vol. 29 (no. 23); p. 3800-3805

Publication Date: Dec 2016

Publication Type(s): Journal Article

Author(s): Jędrzejko, Maciej; Nowosielski, Krzysztof; Poręba, Ryszard; Ulman-Włodarz, Izabela; Bobiński, Rafał

Abstract: To evaluate physical efficiency and activity energy expenditure (AEE) in term pregnancy females during cardiopulmonary exercise tests with a supine cycle ergometer. The study comprised 22 healthy full-term pregnancy women with uncomplicated pregnancies hospitalized in the Department of Gynecology and Obstetrics, Specialist Teaching Hospital in Tychy, Poland. All subjects underwent cardiopulmonary exercise tests (CPET) on a supine cycle ergometer. The 12-min, three-stage, progressive, symptom-limited submaximal test protocol (up to 80% HRmax) was used. Pulsometry was used to record HR on a beat-to-beat analysis and to calculate AEE. Respiratory responses were measured by ergospirometer and a computer system on a breath-by-breath basis at rest, during exercise and at restitution. In the studied population, VO2max was established at the level of 2.19 ± 0.33 L/min in ergospirometry and 2.04 ± 0.25 L/min in pulsometry. Physical efficiency calculated for submaximal exercise by use of the Davis equation was 30.52 ± 0.12%. AEE, based on VO2 in various phases of the CPET, was 0.47, 0.71 and 0.88 L/min for phases 25, 50 and 75 W. Based on ergospirometer readouts, AEE was 10.60, 16.11 and 20.94 kJ/min for phases 25, 50 and 75 W. Overall mean AEE (determined by pulsometry) was 10.59 kJ/min. CPET testing did not have any negative effect upon the health or life of the neonates involved in the study. Submaximal CPET up to 80% HRmax with a supine cycle ergometer is a safe and precise method for assessing work efficiency in term pregnancy women.

Database: Medline

2. Breaking Bad News in obstetrics: a randomized trial of simulation followed by debriefing or lecture.

Source: The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Nov 2016; vol. 29 (no. 22); p. 3717-3723

Publication Date: Nov 2016

Publication Type(s): Journal Article

Author(s): Karkowsky, Chavi Eve; Landsberger, Ellen J; Bernstein, Peter S; Dayal, Ashlesha; Goffman, Dena; Madden, Robert C; Chazotte, Cynthia

Abstract: Although communication skills represent an increasingly important aspect of medical care, little has been done to assess the best method of teaching these skills. Our study was designed to assess simulation-debriefing compared to lecture in teaching skills for Breaking Bad News (BBN) in obstetrics. This is a randomized prospective trial of house staff from a large academic medical center. Subjects initially underwent baseline simulation, followed by evaluation on BBN skills by themselves, a faculty observer, and the standardized patient (SP). The subjects were then immediately randomized to a debriefing session by faculty or to a lecture about BBN. Subsequently,
both groups underwent a second simulation with the same three assessments, yielding post-intervention data. 35 subjects completed both simulations. Both debriefing and lecture curricula showed improvement in scores by self (p = 0.010) and faculty (p < 0.001). The debriefing group improved significantly more than the lecture group for self-evaluation; additionally, improvements were greater for the debrief group in verbal and nonverbal skills. Long-term follow-up three months after both interventions demonstrated continued improvement in BBN. Simulation training with debriefing is effective for teaching communication skills, and superior to lecture for self-perceived improvement. Long-term follow-up suggested retention of confidence in BBN skills.

**Database:** Medline

**3. Evaluation by obstetric care providers of simulated postpartum blood loss using a collector bag: a French prospective study.**

**Source:** The journal of maternal-fetal & neonatal medicine: the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Nov 2016; vol. 29 (no. 21); p. 3575-3581

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Legendre, Guillaume; Richard, Marion; Brun, Stéphanie; Chancerel, Marion; Matuszewski, Sarah; Sentilhes, Loïc

**Abstract:** Postpartum hemorrhage (PPH) is one of the most common causes of mortality in obstetrics worldwide. Accuracy in the estimated blood loss is a priority in determining appropriate treatment. The aim of this study was to evaluate the accuracy of estimating blood loss by obstetrics care providers during simulated training sessions. A prospective study occurred in 2013 in a maternity ward at a teaching hospital. Simulation training sessions recreated a vaginal delivery in which six different scenarios were presented and proposed to each participant for them to estimate the blood loss (from 350 ml to 2500 ml) while using a collector bag graduated every 100 ml from 0 ml to 1500 ml. The primary endpoint was to determine if participants could accurately evaluate blood loss within a 20% error margin. About 90.7% of the medical staff participated. Ninety-three to 98% of the participants were accurate in their answer depending on which volume they had to estimate. For the lowest volume (350 ml), there was 11.1% overestimation between the estimated volume of blood loss (EBV) and the real volume of blood loss (RBV). However, there was an 8.8% underestimation found for the highest volume. The accuracy of the estimated blood loss for the obstetrical medical staff, using the collector bag, is more than 96%.

**Database:** Medline

**4. Reference values of focused assessment with sonography for obstetrics (FASO) in low-risk population.**

**Source:** The journal of maternal-fetal & neonatal medicine: the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Nov 2016; vol. 29 (no. 21); p. 3449-3453

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Oba, Tomohiro; Hasegawa, Junichi; Arakaki, Tatsuya; Takita, Hiroko; Nakamura, Masamitsu; Sekizawa, Akihiko

**Abstract:** Hemorrhagic shock is a relatively common occurrence in the postpartum period. In our hospital, we performed abdominal ultrasonography using the focused assessment with sonography
for obstetrics (FASO) technique (a modified version of FAST). The aim of the present study was to
determine the reference values for the ultrasonographic findings to establish the criteria for the
diagnosis of a postpartum hemorrhage and severe shock using the FASO. The present prospective
cohort study included all postpartum women who vaginally delivered singleton infants. Abdominal
ultrasonography was performed after delivery. The observation points of ultrasonography were as
follows: (1) the diameter of the intrauterine cavity, (2) the pouch of Douglas, (3) Morison’s pouch, (4)
between the spleen and kidney, and (5) the diameter of the inferior vena cava. One hundred and
eighty-two postpartum women were included in this study. The mean uterine cavity was
9.8 ± 7.3 mm. An echo-free space in the pouch of Douglas was observed in three cases, in one case in
Morison's pouch, and not observed between the spleen and kidney. A negative correlation was
found between the volume of bleeding and IVCi (p = 0.0008, r(2)=-0.061) and IVCe (p < 0.0001,
r(2)=-0.106). The present study establishes criteria that can be used to diagnose a postpartum
hemorrhage or severe shock using the FASO.

**Database:** Medline

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**5. Continuous epidural pumping of saline contributes to prevent and treat postdural puncture headache.**

**Source:** Journal of clinical anesthesia; Nov 2016; vol. 34 ; p. 154-158

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Che, Xiangming; Zhang, Wenyu; Xu, Mingjun

**Abstract:** Postdural puncture headache (PDPH) is the most common symptom of accidental dural
puncture, a frequent complication of intraspinal anesthesia. We developed a postoperative
intervention technique to prevent and treat PDPH in accidental dural puncture patients, including
epidural pumping of saline. This retrospective study aimed to retrospectively evaluate this new
technique for PDPH prevention and treatment. Retrospective study. Beijing Obstetrics and
Gynecology Hospital affiliated to the Capital Medical University, between January 2006 and
December 2012. Eighty-seven cases undergoing intraspinal anesthesia were assessed. Of these
patients, 68 cases had successful repuncture and were assigned to group A (epidural filling group,
n=68), receiving continuous epidural pumping of 0.9% NS (150mL) at a rate of 6mL/h; the remaining
cases were assigned to group B (conservative therapy group, n=19). Age, height, and body weight
were collected, and postoperative headache was assessed using a visual analog scale. Of 68 patients
in group A, 49 (72.1%) developed PDPH, whereas all in group B developed PDPH (P=.009). In
addition, all patients showed PDPH within 3days after surgery regardless of treatment group.
However, a statistically significant difference was obtained for PDPH duration between groups A and
B (P<.001). Multivariate logistic regression analysis showed that frequency of epidural puncture and
continuous epidural pumping of saline were significant risk factors for PDPH. Our data indicated that
application of 6mL/h saline effectively contributes to PDPH management, and its clinical application
should be broadened. Copyright © 2016 Elsevier Inc. All rights reserved.

**Database:** Medline

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**6. A multicentre randomised clinical trial of chemoradiotherapy plus hyperthermia versus chemoradiotherapy alone in patients with locally advanced cervical cancer.**

**Source:** International journal of hyperthermia : the official journal of European Society for
Hyperthermic Oncology, North American Hyperthermia Group; Nov 2016; vol. 32 (no. 7); p. 801-808

**Publication Date:** Nov 2016
Publication Type(s): Journal Article

Author(s): Harima, Yoko; Ohguri, Takayuki; Imada, Hajime; Sakurai, Hideyuki; Ohno, Tatsuya; Hiraki, Yoshiyuki; Tuji, Koh; Tanaka, Masahiro; Terashima, Hiromi

Abstract: To evaluate the effectiveness of whole-pelvic hyperthermia (HT) added to standard chemoradiotherapy (CRT) in locally advanced cervical cancer (CC), by investigating the clinical response and survival of patients treated with cisplatin-based CRT vs. CRT with HT (CRT + HT). This study was conducted at five hospitals in Japan between September 2001 and March 2015 in patients with the International Federation of Gynecology and Obstetrics stage IB (bulky)-IVA CC undergoing definitive CRT. After giving a written informed consent, patients were randomly allocated to two treatment groups: CRT and CRT + HT group. Overall survival (OS), disease-free survival (DFS), local relapse-free survival (LRFS), complete response (CR) rate and tolerability were evaluated. In total, 101 patients were treated. Patient characteristics, total dose of cisplatin and radiotherapy were similar for both groups. Although not statistically significant, the 5-year OS, DFS and LRFS in the CRT + HT group (77.8%, 70.8% and 80.1%, respectively) were better than those in the CRT group (64.8%, 60.6% and 71.0%, respectively). CR was significantly more likely to be achieved in patients in the CRT + HT group than in the CRT group (88% vs. 77.6%; adjusted odds ratio, 3.993; 95% confidence interval, 1.018-15.67; p = .047). CRT + HT was well tolerated and caused no additional acute or long-term toxicity compared with CRT alone. HT combined with CRT improved the CR rate of CRT in patients with locally advanced CC, however, could not improve survival outcomes. Further studies in larger samples are warranted.

Database: Medline
**Strategy 57748**

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