# Training Calendar 2017

*All sessions are 1 hour*

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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

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# The Latest Evidence

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**Cervical ripening ballon for the induction of labour in women who have previously undergone cesarean section** TBC Interventional procedures guidance

**Intrapartum care for high risk women** March 2019 NICE guidelines

**PartoSure (and alternative technologies identified during scoping) to help predict preterm labour in women with intact membranes** July 2018 Diagnostics guidance

**Postnatal care up to 8 weeks after birth (update)** January 2020 NICE guidelines

**Specialist neonatal respiratory care for babies born preterm** April 2019 NICE guidelines

**Multiple Pregnancy (update)** November 2019 NICE guidelines

**PartoSure (and alternative technologies identified during scoping) to help predict preterm labour in women with intact membranes** July 2018 Diagnostics guidance

**Termination of pregnancy** September 2019 NICE guidelines

**Termination of pregnancy** September 2019 NICE guidelines

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**Cochrane Library**

**Lifestyle interventions for the treatment of women with gestational diabetes**

Julie Brown, Nisreen A Alwan, Jane West, Stephen Brown, Christopher JD McKinlay, Diane Farrar, Caroline A Crowther

Online Publication Date: May 2017

**Assessment and support during early labour for improving birth outcomes**

Shinobu Kobayashi, Nobutsugu Hanada, Masayo Matsuzaki, Kenji Takehara, Erika Ota, Hatoko Sasaki,
Chie Nagata, Rintaro Mori

Online Publication Date: April 2017

**Patient-controlled analgesia with remifentanil versus alternative parenteral methods for pain management in labour**

Stephanie Weibel, Yvonne Jelting, Arash Afshari, Nathan Leon Pace, Leopold HJ Eberhart, Johanna Jokinen, Thorsten Artmann, Peter Kranke

Online Publication Date: April 2017

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**UpToDate®**

*OpenAthens login required. Register here: [https://openathens.nice.org.uk/](https://openathens.nice.org.uk/)*

What’s new in obstetrics and gynecology

Authors:

Kristen Eckler, MD, FACOG

Sandy J Falk, MD, FACOG

Vanessa A Barss, MD, FACOG

**Contributor Disclosures**

All topics are updated as new evidence becomes available and our peer review process is complete.

Literature review current through: Apr 2017. | This topic last updated: May 16, 2017.

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 each subsection.

**OBSTETRICS**

USPSTF guidelines and screening for preeclampsia (May 2017)

The US Preventive Services Task Force (USPSTF) affirmed the long-standing practice of screening pregnant women for preeclampsia with blood pressure measurements throughout pregnancy [1]. In contrast to traditional practice, they concluded that evidence does not support point-of-care urine testing to screen for preeclampsia. We suggest testing for proteinuria at the first prenatal visit to establish a baseline and, given the possibility for false-positives and false-negatives, repeating the test in asymptomatic normotensive patients on at least one subsequent prenatal visit. (See "Preeclampsia: Clinical features and diagnosis", section on 'Screening'.)
Maternal Tdap vaccination and prevention of infant pertussis (May 2017)

Immunization with the tetanus, diphtheria, and acellular pertussis (Tdap) vaccine is recommended for women during each pregnancy in order to provide passive protection against pertussis to their infants. Although passive transfer of maternal antibodies can blunt the infant's own immune response to infant doses of the diphtheria, tetanus toxoids, and acellular pertussis (DTaP) vaccine, it does not appear to interfere with clinical vaccine efficacy. In a retrospective study of nearly 150,000 infants at every level of DTaP vaccine exposure, infants exposed in utero to Tdap vaccine were better protected against pertussis during the first year of life than infants not exposed in utero [2]. (See "Immunizations during pregnancy", section on 'Rationale, efficacy, and safety'.)

NHS ‘Behind the Headlines’

Hope for plant-based contraceptive, study claims

Tuesday May 16 2017

"Forget Plan B – try aloe vera, controversial study claims: Scientists insist pills made from dandelions and mangoes can prevent pregnancy without a hit of hormones," reports the Mail Online. The news is based on a study...

Concerns about alleged 'harmful' arsenic levels in baby rice cakes

Friday May 5 2017

"Almost half of baby rice food products contain illegal levels of inorganic arsenic despite new regulations set by the EU, according to researchers," ITV News reports...

Weak link between grandmums' smoking and autistic grandkids

Friday Apr 28 2017

"Smoking in pregnancy hurts your grandkids by 'increasing their risk of autism',” The Sun brashly reports. Researchers looked at data spanning multiple generations and reported a link between girls with autism...
## Journal Tables of Contents

Click on the hyperlinked title (+ Ctrl) for contents. If you would like any of the papers in full then please email the library: library@uhbristol.nhs.uk

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<td>Obstetrics and Gynaecology</td>
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<td>American Journal of Obstetrics and Gynecology</td>
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Exercise: Sensitivity and Specificity

Sensitivity:
If a person has a disease, how often will the test be positive (true positive rate)?

If the test is highly sensitive and the test result is negative you can be nearly certain that they don’t have disease.

Specificity:
If a person does not have the disease how often will the test be negative (true negative rate)?

If the test result for a highly specific test is positive you can be nearly certain that they actually have the disease.

Quick Quiz:

1. A very sensitive test, when negative, helps you:
   a: Rule-in disease
   b: Rule-out disease
   c: Confuse medical students
   d: Save money

2. A test which is highly specific, when positive, helps you:
   a: Rule-in disease
   b: Rule-out disease
   c: Confuse medical students
   d: Save money

To find out more about medical statistics, sign up for one of our training sessions. To book a session or for more details, email library@uhbristol.nhs.uk.

**Author(s):** Oba, Tomohiro; Hasegawa, Junichi; Sekizawa, Akihiko

**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; Jul 2017; vol. 30 (no. 14); p. 1726-1729

**Publication Date:** Jul 2017

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

**Abstract:** Postpartum haemorrhage (PPH) is a potential cause of maternal mortality, and obstetricians must be prepared to rapidly diagnose and treat this condition. Optimal treatment is dependent upon the underlying cause of haemorrhage. Ultrasonography is the most helpful tool for prompt diagnosis of PPH aetiology and obstetricians must have a strong understanding of postpartum ultrasonography. In our previous report, we demonstrated the utility of ultrasonography using the focused assessment with sonography for obstetrics (FASO) technique (a modified version of FAST) as the primary postpartum obstetric survey. In the present article, we review the ultrasonographic findings of PPH, differentiated by the underlying cause of haemorrhage, including retained placenta, morbidly adherent placenta, uterine rupture, uterine inversion and uterine artery abnormalities.

**Database:** Medline

5. An analysis on the roles of angiogenesis-related factors including serum vitamin D, soluble endoglin (sEng), soluble fms-like tyrosine kinase 1 (sFlt1), and vascular endothelial growth factor (VEGF) in the diagnosis and severity of late-onset preeclampsia.

**Author(s):** Cim, Numan; Kurdoglu, Mertihan; Ege, Serhat; Yoruk, Ibrahim; Yaman, Gorkem; Yildizhan, Recep

**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; Jul 2017; vol. 30 (no. 13); p. 1602-1607

**Publication Date:** Jul 2017

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

**Abstract:** The aim of this study was to evaluate the roles of proangiogenic factors including serum vitamin D and vascular endothelial growth factor (VEGF) and anti-angiogenic factors including soluble endoglin (sEng) and soluble fms-like tyrosine kinase 1 (sFlt1) in the diagnosis and severity of late-onset preeclampsia.

**MATERIALS AND METHODS**

The study was conducted at Yuzuncu Yil University Research and Education Hospital, Department of Gynecology and Obstetrics. The study included a patient group of 40 women with late-onset preeclampsia who were pregnant at ≥32 weeks of gestation according to the last menstrual period (LMP) or ultrasonographic fetal biometric measurement and a control group of 40 healthy pregnant women who presented to our clinic for routine pregnancy examination and were at the same age and gestational period with those in the patient group. The two groups were compared in terms of maternal age, gravidity, parity, week of gestation, systolic/diastolic blood pressure, total protein in spot urine sample, 24-h urine protein,
white blood cell (WBC), hemoglobin (Hgb), platelet count, urea, creatinine, liver function tests (AST, ALT, LDH), vitamin D3, 25(OH) vitamin D3, 1,25(OH) vitamin D3, sEng, sFlt1, and VEGF levels, mode of delivery, the infant APGAR score at 1 and 5 min after delivery, and infant weight at delivery.

RESULTS The groups were similar in terms of age, gravida, parity, week of gestation, serum vitamin D3, 25(OH) vitamin D3, 1,25(OH)2 vitamin D3 and VEGF levels, and infant weight at delivery (p > 0.05). Systolic/diastolic blood pressure, total protein in spot urine sample, 24-h urine protein, WBC, Hgb, serum urea, creatine, AST, ALT, and LDH were significantly higher in the preeclamptic group compared to the healthy group (p < 0.05).

CONCLUSION Both sEng and sFlt1 levels are remarkably high in patients with late-onset preeclampsia; however, only sEng may be a useful tool in the determination of the severity of preeclampsia.

Database: Medline

7. Experience of an online course on sexuality during pregnancy for residents.

Author(s): Vieira, Teresa Cristina Souza Barroso; Nakamura, Mary Uchiyama; da Silva, Ivaldo; Torloni, Maria Regina; Ribeiro, Meireluci Costa; Scanavino, Marco de Tubino; de Souza, Eduardo

Source: Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives; Jun 2017; vol. 12 ; p. 76-81
Publication Date: Jun 2017
Publication Type(s): Journal Article

Abstract: OBJECTIVE Many obstetrics and gynecology (Ob/Gyn) residents report insufficient knowledge about female sexuality and this has a negative impact on their capacity to manage their patients. The aim of this study was to describe an online course about sexuality during pregnancy for Brazilian Ob/Gyn residents and evaluate their knowledge acquisition. METHODSThis longitudinal educational intervention study involved 219 Brazilian Ob/Gyn residents. The online course lasted 24h (10 video lectures and discussion chats). Upon enrollment, the participants answered a questionnaire in regard to their training, attitudes and practices about sexuality during pregnancy. Participants' knowledge acquisition was assessed using a pre- and post-course test about sexuality during pregnancy. At the end of the course, participants were asked to evaluate their educational experience. Student's t and chi-square tests were used to analyze the pre- and post-course test scores. P values<0.05 were considered statistically significant. RESULTSA total of 143 Ob/Gyns (65.3% of those enrolled) completed the course. At baseline, most participants reported that they did not have any sexology classes as undergraduates (62.5%) or in their residency (52.1%), and that they lacked specific knowledge in this area to manage their patients. Mean test scores increased significantly at the end of the course: 4.4 (±1.6) versus 6.0 (±1.3) (out of a maximum score of 10), before and after the course, respectively (p<0.0001). Most of the residents rated the overall quality of the course as "higher than expected". CONCLUSION An online course for Ob/Gyn residents was associated with a significant increase in knowledge about sexuality during pregnancy.

Database: Medline


Author(s): Bacon, Janice L

Source: Obstetrics and gynecology clinics of North America; Jun 2017; vol. 44 (no. 2); p. 179-193
Publication Date: Jun 2017
Publication Type(s): Journal Article Review

Abstract: Abnormal uterine bleeding is now classified and categorized according to the International Federation of Gynecology and Obstetrics classification system: PALM-COEIN. This applies to
nongravid women during their reproductive years and allows more clear designation of causes, thus aiding clinical care and future research.

Database: Medline


Author(s): Kutuk, Mehmet Serdar; Altun, Ozguc; Tutus, Sadan; Dogan, Muhammet Ensar; Ozgun, Mahmut Tuncay; Dundar, Munis

Source: Journal of clinical ultrasound : JCU; Jun 2017; vol. 45 (no. 5); p. 267-276

Publication Date: Jun 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVE The aim of this study was to assess the sonographic (US) characteristics, associated malformations, chromosomal status, and perinatal outcomes of fetuses with an upper extremity malformation (UEM) detected by US examination. METHODS The data of all patients evaluated in the Department of Obstetrics and Gynecology, Prenatal Diagnosis Unit between 2010 and 2015 were searched for UEM. RESULTSA total of 51 cases with UEM were detected. Eighteen cases (35.2%) had defects in the formation of body parts (absence of hand/forearm/digits); 25 cases (49%) had defects in differentiation (contractures, syndactyly), and 8 cases (15.6%) had duplication defects (polydactyly). The specificity of prenatal US for UEM was 96.2%. Ten cases (19.7%) had isolated UEM, and 41 cases (80.3%) had additional anomalies, most of which were cardiac, central nervous system, or facial malformations. Although chromosomal structure in isolated cases was normal in 9 of 10 cases (90%), 15 of 41 cases (36.5%) with multiple defects showed abnormal karyotypes. The chromosomal constituents of nine cases (17.6%) were not available. Although the postnatal outcome of isolated cases was favorable except for the presence of orthopedic problems, complex UEMs with or without abnormal karyotypes were always lethal (97.5%). CONCLUSIONS UEMs associated with other malformations are usually a sign of underlying severe chromosomal abnormalities, and the prognosis is poor. In contrast, chromosomal structure in isolated cases is normal, and the perinatal and postnatal outcomes are good. In general, US is an effective tool in differentiating fetuses with isolated UEM from those with UEM associated with additional malformations. © 2016 Wiley Periodicals, Inc. J Clin Ultrasound 45:267-276, 2017.

Database: Medline

10. Effect of on-site training on the accuracy of blood loss estimation in a simulated obstetrics environment.

Author(s): Mbachu, Ikechukwu I; Udigwe, Gerald O; Ezeama, Chukwuemeka O; Eleje, George U; Eke, Ahizechukwu C

Source: International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Jun 2017; vol. 137 (no. 3); p. 345-349

Publication Date: Jun 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVE To determine the effect of on-site training on the accuracy of blood loss estimation in a simulated obstetrics environment. METHODS In a tertiary hospital in Nigeria, clinical scenarios were created in April 2013 using known blood volumes in an objective structured clinical examination fashion. Doctors and nurses who worked in the obstetrics unit observed and recorded the blood volume at different clinical stations (first study stage). Subsequently, the actual amount of blood was revealed, followed by on-site training on the volume capacities of the study instruments.
Three weeks later, the second stage of the study was performed like the first stage but using different amounts of blood for all stations. The differences in the mean errors of blood loss estimation between the two stages were determined.

RESULTSThe analysis included 144 healthcare providers who completed both stages of the study. There were significant differences in the mean error of blood loss estimation before and after the training session for the following stations: delivery bed (P<0.001), sanitary pad 1 (P=0.001), sanitary pad 2 (P=0.001), delivery pad (P=0.001), floor (P<0.001), and laparotomy pad (P=0.001).

CONCLUSIONPeriodic education by simulation using clinical scenarios could improve the accuracy of visual blood loss estimation.

Database: Medline

11. The use of vasopressors during spinal anaesthesia for caesarean section.

Author(s): Ngan Kee, Warwick D
Source: Current opinion in anaesthesiology; Jun 2017; vol. 30 (no. 3); p. 319-325
Publication Date: Jun 2017
Publication Type(s): Journal Article
Available in full text at Current Opinion in Anaesthesiology - from Ovid

Abstract: PURPOSE OF REVIEWHypotension remains one of the most researched subjects in obstetric anaesthesia. The purpose of this study is to review the most recent published articles on the use of vasopressors during spinal anaesthesia for caesarean section.

RECENT FINDINGSDespite continued research indicating advantages of phenylephrine over ephedrine, practitioners in some countries continue to favour ephedrine. Recent research has continued to compare the two drugs with some work emerging on high-risk patients. Concern about reflexive bradycardia during phenylephrine use has led to consideration of alternatives. Norepinephrine which has mild β-adrenergic activity has been shown to have equivalent pressor activity but with less depressant effect on heart rate and cardiac output versus phenylephrine. Research continues to focus on methods of vasopressor administration. Prophylactic infusions of phenylephrine have been shown to be effective and may require less physician intervention compared with intermittent boluses. Automated computer-controlled systems have been further investigated using multiple agents and continuous noninvasive blood pressure monitoring.

SUMMARYEvidence continues to support phenylephrine as the first-line vasopressor in obstetrics. However, recent research is emerging to suggest that low-dose norepinephrine may be a better alternative. Prophylactic infusions are effective and automated systems have potential for the future.

Database: Medline


Author(s): Neb, Holger; Zacharowski, Kai; Meybohm, Patrick
Source: Current opinion in anaesthesiology; Jun 2017; vol. 30 (no. 3); p. 294-299
Publication Date: Jun 2017
Publication Type(s): Journal Article
Available in full text at Current Opinion in Anaesthesiology - from Ovid

Abstract: PURPOSE OF REVIEWPatient blood management (PBM) aims to improve patient outcome and safety by reducing the number of unnecessary RBC transfusions and vitalizing patient-specific anemia reserves. Although PBM is increasingly recognized as best clinical practice in elective surgery, implementation of PBM is restrained in the setting of obstetrics. This review summarizes recent findings to reduce blood product utilization in obstetric practice.

RECENT FINDINGSPBM-related
evidence-based benefits should be urgently adopted in the field of obstetric medicine. Intravenous iron can be considered a safe, effective strategy to replenish iron stores and to correct both pregnancy-related and hemorrhage-related iron deficiency anemia. In addition to surgical techniques and the use of uterotonics, recent findings support early administration of tranexamic acid, fibrinogen and a coagulation factor concentrate-based, viscoelastically guided practice in case of peripartum hemorrhage to manage coagulopathy. In patients with cesarean section, autologous red cell blood salvage may reduce blood product utilization, although its use in this setting is controversial. SUMMARY Implementation of PBM in obstetric practice offers large potential to reduce blood loss and transfusion requirements of allogeneic blood products, even though large clinical trials are lacking in this specific field. Intravenous iron supplementation may be suggested to increase peripartum hemoglobin levels. Additionally, tranexamic acid and point-of-care-guided supplementation of coagulation factors are potent methods to reduce unnecessary blood loss and blood transfusions in obstetrics.

Database: Medline


Author(s): Pellegrino, Antonio; Damiani, Gianluca Raffaello; Fachechi, Giorgio; Pirovano, Cecilia; Gaetani, Maria; Youssef, Aly

Source: Updates in surgery; May 2017

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: The objective of this study is to perform an economic analysis and examine the influence of procedural volume of our hospital, evaluating the accounting systems of Robotic radical hysterectomy (RRH) vs Laparoscopic radical hysterectomy (TLRH) in patients with cervical carcinoma, due to the costs widely variable and lack in literature. Costs were collected prospectively, from March 2010 to March 2016. Direct costs were determined by examining the overall medical pathway for each type of intervention. 52 patients with cervical carcinoma, which were matched by age, body mass index, tumor size, International Federation of Gynecology and Obstetrics (FIGO) stage, comorbidity, previous neoadjuvant chemotherapy, histology type, and tumor grade to obtain homogeneous samples. Surgical time was similar for both the groups. RRH was associated with a significantly less (EBL) estimated blood loss (P = 0.000). The overall median length of follow-up was of 59 months. The cost of the robot-specific supplies was €2705 per intervention. When considering overall medical surgical care, the patient treatment average cost of an RRH was €650,31 with an hospital stay (HS) of 3.58 days (SD ± 1) vs €3750.86 for TRLH, with an HS of 4.27 days (SD ± 1.79). Our results are similar to Finnish data; the costs of robot-assisted hysterectomies were 1.5 times higher than TLRH. The main drivers of additional costs are robotic disposable instruments, which are not compensated by the hospital room costs and by an experienced team staff. Implementation of strategies to reduce the cost of robotic instrumentation is due. RRH resulted less expensive than robotic simple hysterectomy for benign conditions.

Database: Medline

15. The Role of Transvaginal Ultrasound in the Evaluation of Ureteral Involvement in Deep Endometriosis.

Author(s): Carfagna, P; De Cicco Nardone, C; De Cicco Nardone, A; Testa, A C; Scambia, G; Marana, R; De Cicco Nardone, F
**Source:** Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology; May 2017

**Publication Date:** May 2017

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

**Abstract:**
OBJECTIVE To assess whether routine visualization of the pelvic ureter during transvaginal ultrasonography should be performed in all patients with deep endometriosis candidate to surgery, in order to identify a potential silent ureteral involvement by the disease.

METHODS This was a prospective study of 200 consecutive patients undergoing surgery for deep endometriosis, evaluated between January 2012 and December 2014 at a tertiary endometriosis center at the Department of Obstetrics and Gynecology, Fondazione Policlinico Universitario A. Gemelli, Rome, Italy. Routine transvaginal ultrasound, abdominal ultrasound, recording of patient history, signs and symptoms, and gynecologic examination were performed. The main outcome of interest was presence of ureteral dilatation or hydroureter.

RESULT(S) 13 patients (6.5%) out of the 200 patients with deep endometriosis had associated ureteral dilatation diagnosed at transvaginal ultrasound. Renal ultrasound detected 6 hydroureter out of 13 (46%) patients with ureteral dilatation.

CONCLUSION(S) Our study confirms a relatively high incidence of ureteral involvement in patients with deep endometriosis. Transvaginal ultrasound appears to be a reliable tool for the diagnosis of ureteral involvement; furthermore, it allows to detect both the level and the degree of obstruction. Given the above considerations, these results confirm that transvaginal ultrasound examination is an accurate diagnostic noninvasive tool for the detection of ureteral involvement by endometriosis.

**Database:** Medline

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17. **External pelvic and vaginal irradiation vs. vaginal irradiation alone as postoperative therapy in women with early stage uterine serous carcinoma: Results of a National Cancer Database analysis.**

**Author(s):** Modh, Ankit; Burmeister, Charlotte; Munkarah, Adnan R; Elshaikh, Mohamed A

**Source:** Brachytherapy; May 2017

**Publication Date:** May 2017

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

**Abstract:**
PURPOSE Adjuvant treatment in early stage uterine serous carcinoma (USC) usually consists of chemotherapy with vaginal brachytherapy (VB), pelvic external beam radiation therapy (EBRT), or combination. We compared survival outcomes across these various radiation treatment modalities using the National Cancer Database.

METHODS AND MATERIALS The National Cancer Database was queried for adult females with histologically confirmed International Federation of Gynecology and Obstetrics 1988 Stage I-II USC diagnosed from 2003 to 2013 treated definitively with hysterectomy, adjuvant chemotherapy, and radiation therapy. \( \chi^2 \) tests were used to assess differences by radiation type (VB, pelvic EBRT, and EBRT + VB) and various clinical variables. Kaplan-Meier and log-rank test methods were used to evaluate survival outcomes. Risk factors related to overall survival were identified by univariate and multivariate analysis.

RESULT(S) We identified 1336 patients with USC who met our inclusion criteria. Most patients were treated with VB (66%) compared with EBRT (21%) or combination EBRT + VB (13%). The proportion of patients who received EBRT (including EBRT + VB) was higher for those who did not have a lymph node dissection or with fewer dissected lymph nodes. Patients treated with VB alone had longer 5-year survival rates (84% [95% confidence interval: 80, 90]) than those treated with EBRT (75% [95% confidence interval: 69, 80]) (p < 0.001). On multivariate analysis, the presence of lymphovascular space invasion (hazard ratio, 2.48; p < 0.001) and the absence of a lymph node dissection (hazard ratio, 2.24; p = 0.047) were independent predictors of overall survival.

CONCLUSION(S) This large hospital-based study suggests...
that VB alone may be sufficient for adjuvant radiation treatment in women with USC treated with adjuvant chemotherapy and who underwent an adequate surgical staging.

**Database:** Medline

### 18. A Sequential Implementation Model for Workforce Development: A Case Study of Medical Residency Training for Substance Use Concerns.

**Author(s):** O'Sullivan, Patricia S; Yuan, Patrick; Satre, Derek D; Wamsley, Maria; Satterfield, Jason

**Source:** Teaching and learning in medicine; May 2017; p. 1-11

**Publication Date:** May 2017

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

**Abstract:** PROBLEM In graduate medical education, residency programs are often educationally isolated from each other, with varying needs and patient populations, so strategies are needed when attempting to implement training in evidence-based practices across multiple residencies. INTERVENTION Using implementation science as a guide, we adapted a community development model to sequentially implement an evidence-based intervention, Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol and drug use problems, across internal medicine, pediatrics, emergency medicine, psychiatry, and obstetrics and gynecology residency programs. CONTEXT A grant-funded "executive" team coordinated the implementation, enrolled a new residency program annually, and served as the consultative team to span the programs. The team was attentive to aligning implementation with the needs of each program. To assist in planning, the team included a program champion 1 year prior to SBIRT implementation to provide the opportunity to develop resources and work with peers. We evaluated this model through an implementation science lens using a case study approach that included interviews and quantitative tabulation of products and resident perceptions. OUTCOME We successfully instituted SBIRT training in all 5 residency programs through the use of a supported local champion model. Teams developed 90 curricular products and had 57 presentations and publications. Residents reported satisfaction with the SBIRT activities. Champions reported that SBIRT was a useful approach and that they gained valuable knowledge and relationships from working with the executive team when designing learning materials appropriate for their residency. Champions successfully incorporated SBIRT into routine clinical practice. LESSONS LEARNED Having a strong team to support subsequent SBIRT champions was essential for implementation. The champions needed financial support to have the necessary time to implement training. The strategy of building a peer network across programs was critical for sustaining the implementation. Collecting and sharing resources aided the champions in developing their materials.

**Database:** Medline


**Author(s):** Zhao, Peng; Wang, Shuangyan; Zhang, Xiuli; Lu, Weiguo

**Source:** International journal of gynecological cancer: official journal of the International Gynecological Cancer Society; May 2017

**Publication Date:** May 2017

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

**Abstract:** OBJECTIVE The aim of this study was to comparatively study a novel model and existing models of predicting postmolar gestational trophoblastic neoplasia (GTN). METHOD Two hundred twenty-two patients with complete hydatidiform moles were enrolled retrospectively. A natural
The regression was noted in 195 patients (spontaneous regression group), whereas the remaining 27 patients entered postmolar GTN (postmolar GTN group). The upper limits of the 95% confidence interval of human chorionic gonadotropin (hCG) values and hCG regression rates were calculated aggreagately from the spontaneous regression group. The 4 prediction models (weekly hCG regression curve and weekly hCG regression rate curve reported by previous studies; daily hCG regression curve and daily hCG regression rate curve pioneered by us) were then plotted. The individual hCG curve of the postmolar GTN group was plotted and compared with the prediction models, respectively. The individual hCG curve superimposing the prediction curve was considered showing an elevated risk of GTN.

RESULTS All patients with postmolar GTN were preidentified by daily hCG regression rate curve. The other 3 prediction models had a considerable rate of failure in identification. Mean diagnosis time of daily hCG regression rate curve was significantly lower (P = 0.008), with an average of 15.3 days gained compared with International Federation of Gynecology and Obstetrics criteria. Cochran Q test showed that daily hCG regression rate curve produced a significantly better performance in predicting postmolar GTN than weekly hCG regression curve (P = 0.01).

CONCLUSIONS Our data showed that daily hCG regression rate curve gives a better prediction of postmolar GTN and might potentially enhance the monitoring of patients with molar pregnancy, especially those who could not adhere to International Federation of Gynecology and Obstetrics protocols. However, this preliminary research should not change current clinical practice until further validation is carried out.

Database: Medline


Author(s): Draz, Eman I; Hassan, Azza M; Khalil, Haidy S; Elomary, Mohamed A

Source: Environmental science and pollution research international; May 2017

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: Cholinesterase inhibitor pesticides, mainly organophosphates and carbamates, are commonly used in Egypt. Chronic exposure of males and females working in agriculture is expected. The study aimed to relate exposure to cholinesterase inhibitor pesticides to the development of pelvic inflammatory disease (PID). This is a case-control study that was conducted among 84 females. Seventy patients complained of pelvic inflammatory disease visited the outpatient Gynecology and Obstetrics Clinic. Fourteen females were not suffering from PID and were chosen as a control group. Red blood cells' cholinesterase activity was measured in blood. Cervical swaps were collected, and cultures were submitted for microbiological examination. The results showed that cholinesterase activities were significantly depressed in exposed females (6.36 ± 0.8 μmoles/min/ml red cells) when compared to non-exposed (7.5 ± 1.2 μmoles/min/ml red cells), and both were significantly depressed when compared with healthy females (9.17 ± 0.7 μmoles/min/ml red cells). The correlation coefficient (r) between previous exposure and the laboratory confirmed cervical infection was 0.31, with a P value of 0.009. The study concluded that exposure to cholinesterase inhibitor pesticides could increase the occurrence of pelvic inflammatory disease.

Database: Medline

24. Body composition and psychological improvement in healthy premenopausal women assuming the oral contraceptive containing micronized estradiol (E2) and nomegestrol acetate (NOMAC).
**Author(s):** Neri, Manuela; Malune, Maria Elena; Corda, Valentina; Piras, Bruno; Zedda, Pierina; Pilloni, Monica; Orani, Maria Paola; Vallerino, Valerio; Melis, Gian Benedetto; Paolletti, Anna Maria  

**Source:** Gynecological endocrinology : the official journal of the International Society of Gynecological Endocrinology; May 2017 ; p. 1-5  

**Publication Date:** May 2017  

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

**Abstract:** This observational study was conducted in healthy premenopausal women, who presented themselves for contraceptive advice at the outpatient Family Planning Clinics of the Department of Obstetrics and Gynecology of the University of Cagliari, Hospital-University of Cagliari (Italy). After a screening period of three menstrual cycles, 48 women without contraindications to estroprogestin contraceptives (OCs) were included in the study. The primary purposes of the study were to evaluate whether a 12-month-treatment with the combined OC containing micronized estradiol (1.5 mg, E2) plus nomegestrol acetate (2.5 mg, NOMAC) (E2/NOMAC) interfere on anthropometric indices (AI), body composition (BC) and psychological status (PS). In subjects with dysmenorrhea (#36), its intensity was evaluated using the visuo analogic scale (VAS), both before and during the 12-month-treatment with E2/NOMAC. E2/NOMAC did not modify neither AI nor BC in the 40 subjects who concluded the study. The PS and the VAS of dysmenorrhea were significantly (p<0.0001) improved from the first cycle of treatment and throughout the E2/NOMAC treatment in comparison with basal values. The study suggests that E2/NOMAC is devoid of negative effects on AI and BC, with additional benefits on PS and dysmenorrhea.  

**Database:** Medline

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25. **Presence of eating disorders and its relationship to anxiety and depression in pregnant women.**  

**Author(s):** Santos, Amanda Maihara Dos; Benute, Gláucia Rosana Guerra; Santos, Niraldo Oliveira Dos; Nomura, Roseli Mieko Yamamoto; de Lucia, Mara Cristina Souza; Francisco, Rossana Pulcineli Vieira  

**Source:** Midwifery; May 2017; vol. 51 ; p. 12-15  

**Publication Date:** May 2017  

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

**Abstract:** BACKGROUND women who have inadequate nutrient intake are more likely to develop a risky pregnancy. The purpose of this study was to determine the presence of eating disorders and its association with anxiety and depression symptomatology in high-risk pregnancies. METHODS this is a cross-sectional and prospective study conducted at the tertiary university hospital in the city of São Paulo, Brazil. 913 pregnant women waiting for the Obstetrics’ outpatient appointment were invited to participate in the study on their 2nd and 3rd trimester of pregnancy. Structured interviews were carried out and the Structured Clinical Interview for DSM Disorders and Hospital Anxiety and Depression Scale were applied. FINDINGS prevalence of eating disorder (ED) during pregnancy was 7.6% (n=69) (95% CI: 5.84%-9.28%), 0.1% (n=1) for anorexia nervosa; 0.7% (n=6) for bulimia nervosa; 1.1% (n=10) for binge eating disorder, and 5.7% (n=52) for pica. A statistically significant difference was found between the anxiety (p<0.01) and depressive symptoms (p<0.01). CONCLUSION the prevalence of ED (7.6%) and its association with anxiety and depression symptoms during pregnancy highlights the need for specialist care for prevention, diagnosis and treatment. Given the importance of proper nutrition during pregnancy, both with regard to maternal health and fetal development, it is necessary to have specific predetermined evaluation protocols implemented by health care professionals for the diagnosis of ED during pregnancy.  

**Database:** Medline
26. Effect of supervised exercise in groups on psychological well-being among pregnant women at risk of depression (the EWE Study): study protocol for a randomized controlled trial.

Author(s): Broberg, Lotte; Backhausen, Mette; Damm, Peter; Bech, Per; Tabor, Ann; Hegaard, Hanne Kristine
Source: Trials; May 2017; vol. 18 (no. 1); p. 210
Publication Date: May 2017
Publication Type(s): Journal Article

Abstract: BACKGROUND Pregnant women with depression and/or anxiety prior to pregnancy are at higher risk of preterm birth, breastfeeding problems, postpartum depression, and disruption of the mother-infant attachment. It is well documented that exercise improves psychological well-being in nonpregnant subjects with symptoms of depression. However, in only a few small studies have researchers examined the effect of exercise on symptoms of depression among pregnant women. We hypothesize that physiotherapist-supervised group exercise for pregnant women at risk of antenatal depression increases their psychological well-being. This paper describes the study protocol of a randomized controlled trial (RCT) on a supervised group exercise intervention for pregnant women with a current or previous history of depression and/or anxiety.

METHODS/DESIGN The RCT is being carried out at the Department of Obstetrics, Rigshospitalet, Copenhagen University Hospital, in the period 2016-2019. The inclusion criteria are pregnant women ≥18 years of age with depression and/or anxiety requiring treatment by a psychiatrist or a psychologist within the last 10 years and/or intake of antidepressants in the 3 months prior to conception and/or during pregnancy. The women must have appropriate Danish language skills, be pregnant with a single fetus, give written informed consent, and be at 17-22 gestational weeks when the intervention begins. The primary outcome is psychological well-being (the five-item World Health Organization Well-being Index). Secondary outcomes are symptoms of depression (Edinburgh Postnatal Depression Scale), functional ability (General Health Questionnaire), clinical symptoms of anxiety (State-Trait Anxiety Inventory), sleep quality and sleep disturbances (Pittsburgh Sleep Quality Index), and pregnancy and delivery outcomes. The intervention is supervised group exercise twice weekly for 12 weeks. The control group will receive standard antenatal care. On the basis of sample size calculation, a total of 300 women will be randomly assigned to either the intervention or the control group in a ratio of 1:1.

DISCUSSION The trial is expected to contribute to the body of knowledge used in planning antenatal care for pregnant women at risk of depression.

TRIAL REGISTRATION ClinicalTrials.gov, NCT02833519. Registered on 19 May 2016.

Database: Medline

27. Gaps in knowledge among physicians regarding diagnostic criteria and management of polycystic ovary syndrome.

Author(s): Dokras, Anuja; Saini, Shailly; Gibson-Helm, Melanie; Schulkin, Jay; Cooney, Laura; Teede, Helena
Source: Fertility and sterility; May 2017
Publication Date: May 2017
Publication Type(s): Journal Article
Abstract: OBJECTIVE To identify gaps in polycystic ovary syndrome (PCOS) knowledge and practice patterns among physicians in North America in response to significant dissatisfaction identified among women with PCOS regarding their diagnosis and treatment experience. DESIGN Online survey conducted via American College of Obstetrics and Gynecology of gynecologists (ObGyn) and American Society of Reproductive Medicine of reproductive endocrinologists (REI-ObGyn) in 2015-16. SETTING Not applicable. PATIENT(S) None. INTERVENTION(S) None. MAIN OUTCOME MEASURE(S) Diagnostic criteria used, key features of PCOS, management practices. RESULT(S) Of the 630 surveys completed, 70.2% were ObGyn and 64.4% were females. Overall 27.7% respondents did not know which PCOS diagnostic criteria they used. In a multivariable analysis including physician type, age, gender, and number of patients with PCOS seen annually, REI-ObGyn were less likely compared with ObGyn to report not knowing which criteria they used (adjusted odds ratio, 0.08; 95% confidence interval, 0.04, 0.16). REI-ObGyn were more likely to use the Rotterdam criteria (odds ratio, 2.26; 95% confidence interval, 1.33, 3.82). The majority of respondents recognized the clinical features associated with PCOS; however, over one-third associated "cysts on ovaries" with PCOS. The majority of responders (>85%) were aware of cardiometabolic comorbidities; however, fewer ObGyn were aware of associated depression, anxiety disorders, and reduced quality of life. More REI-ObGyn recommended lifestyle changes compared with ObGyn (56.4% vs. 41.6%). CONCLUSION(S) Our large-scale PCOS survey, conducted in response to patient concerns regarding diagnosis and treatment, highlights opportunities for physician education. Focus areas include targeting knowledge of internationally accepted Rotterdam criteria and ensuring consistent care informed by evidence-based guidelines across the reproductive, metabolic, and psychological features of PCOS.

Database: Medline

28. The effect of dehydroepiandrosterone supplementation on ovarian response is associated with androgen receptor in diminished ovarian reserve women.

Author(s): Hu, Qiaofei; Hong, Liming; Nie, Mingyue; Wang, Qin; Fang, Ying; Dai, Yinmei; Zhai, Yanhong; Wang, Shuyu; Yin, Chenghong; Yang, Xiaokui

Source: Journal of ovarian research; May 2017; vol. 10 (no. 1); p. 32

Publication Date: May 2017

Publication Type(s): Journal Article

Available in full text at Journal of Ovarian Research - from National Library of Medicine

Available in full text at Journal of Ovarian Research - from BioMed Central

Available in full text at Journal of Ovarian Research - from ProQuest

Abstract: BACKGROUND Diminished ovarian reserve (DOR) is associated with female infertility and poor response to ovarian stimulation. Our objective was to assess the effect of dehydroepiandrosterone (DHEA) on DOR women and to explore whether the improvement of ovarian response after DHEA supplementation was dependent on the expression levels of androgen receptor (AR). METHODS A prospective cohort study was performed in the Department of Human Reproductive Medicine, Beijing Obstetrics and Gynecology Hospital during August 2014 to August 2016. 103 DOR women who completed the study were divided into the DHEA group (n = 53), which received DHEA supplementation (25 mg three times a day) for 8 weeks, and the control group (n = 50), which did not receive DHEA, before the IVF cycles. Serum hormone levels (FSH, LH, E2, T, DHEAs, AMH, INHB), antral follicle count (AFC) and the expression of AR and FSH receptor (FSHR) in granulosa cells (GCs) were measured, meanwhile ovarian response parameters and IVF outcomes were compared. The GCs from another 36 DOR women were cultured with different concentrations of DHEA in vitro. Then, we compared the expression of AR and FSHR in GCs according to the different numbers of oocytes retrieved both in DHEA and control group. RESULTS In the present
study, DHEA supplementation resulted in significantly higher levels of serum T (P = 0.047), DHEAs (P = 0.019) and AR mRNA expression in GCs (P = 0.049). In vitro experiment, the protein and mRNA expression of AR and FSHR in the preovulatory GCs were significantly increased in response to DHEA supplementation (P < 0.05). No significant differences were found in ovarian reserve, ovarian response, or IVF outcomes between the two groups. Subgroup analyses showed the levels of AR and FSHR mRNA in GCs were significantly increased in DHEA group with ≥5 oocytes retrieved (P < 0.05). CONCLUSION DHEA supplementation can increase the expression of AR in preovulatory GCs both in vivo and in vitro. The selective beneficial effects of DHEA supplementation on ovarian response in DOR women may depend on the increasing expression of AR and FSHR in GCs. TRIAL REGISTRATION The Chinese Clinical Trial Registry (ChiCTR-IPR-15006126). Retrospectively Registered 19 March 2015.

Database: Medline

32. Perinatal outcome in pregnancy with polyhydramnios in comparison with normal pregnancy in department of obstetrics at Shiraz University of Medical Sciences.

Author(s): Asadi, Nasrin; Khalili, Azadeh; Zarei, Zahra; Azimi, Arsalan; Kasraeian, Maryam; Forouginia, Leila; Salehi, Ali Reza; Ravanbod, Reza; Davoodi, Sarah; Vafaei, Homeira

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; May 2017 ; p. 1-18

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVE Polyhydramnios can lead to maternal and fetal complication during pregnancy, so diagnosis and management can decrease some perinatal complications. STUDY DESIGN 114 singleton pregnancies were diagnosed with idiopathic polyhydramnios in the department of obstetrics at Shiraz University of Medical Sciences between January 2000 and January 2011 were compared with 114 normal pregnancies for their perinatal outcome. Variables include birth weight, admission toneonatal intensive care unit (NICU), meconium staining, respiratory distress, fetal death, neonatal death, low 1 minute and 5 minute APGAR score, primary cesarean section (C/S), preterm delivery (4000gr), NICU admission, fetal distress, fetal death, lower 1-min and 5-min APGAR score, preterm delivery and neonatal death were higher in the case group. However, meconium staining and malpresentation were equal between the two groups. Except for prematurity, 1-min and 5-min APGAR scores there were no significant differences in other maternal or fetal outcomes considering the severity of polyhydramnios. CONCLUSION Idiopathic polyhydramnios should be considered as a high risk pregnancy that warrants close surveillance. More studies should be done to detect the best time and interval of fetal surveillance in this patients. Chromosomal and torch studies can determine the definite cause of Polyhydraminos.

Database: Medline

34. Is there any role of prolidase enzyme activity in the etiology of preeclampsia?

Author(s): Pehlivian, Mustafa; Ozün Ozbay, Pelin; Temur, Muzaffer; Yılmaz, Ozgur; Verit, Fatma Ferda; Aksoy, Nurten; Korkmazer, Engin; Üstünayurt, Emin
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; May 2017; vol. 30 (no. 9); p. 1108-1113

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVE To evaluate a relationship between preeclampsia and prolidase enzyme activity. METHODS A prospective cohort study of 41 pregnant women diagnosed with preeclampsia and 31 healthy pregnant women as control group was selected at Harran University Hospital Department of Obstetrics and Gynecology. The prolidase enzyme activity was analyzed in maternal and umbilical cord plasma, amniotic fluid and placental and umbilical cord tissues by Chinard method in addition to maternal serum levels of lactate dehydrogenase (LDH), serum glutamate pyruvate transaminase (SGPT) and serum glutamate oxaloacetate transaminase (SGOT). RESULTS A significant relationship was found between plasma prolidase activity (635 ± 83 U/L) (p = 0.007), umbilical cord plasma prolidase activity (610 ± 90 U/L) (p = 0.013), amniotic fluid prolidase activity (558 ± 100 U/L) (p = 0.001), umbilical cord tissue prolidase activity (4248 ± 1675 U/gr protein) (p = 0.013) and placental tissue prolidase activity (2116 ± 601 U/gr protein) (p = 0.001) in preeclamptic group when compared to healthy pregnant women. CONCLUSION There is a strong correlation between prolidase enzyme activity and preeclampsia. Prolidase enzyme activity may play a role in preeclampsia.

Database: Medline

35. Gestational Weight Gain and Its Relationship with Maternal Characteristics.

Author(s): Borenstein Ben Naftali, Yeela; Solt, Ido; Lowenstein, Lior; Chermesh, Irit

Source: The Israel Medical Association journal : IMAJ; May 2017; vol. 19 (no. 5); p. 309-312

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: BACKGROUND Both high and insufficient weight gain during pregnancy have been associated with adverse outcomes for mothers and their offspring. OBJECTIVE To describe self-reported weight gain during pregnancy, assess the concurrence of this weight gain with issued recommendations, and investigate associations between lifestyle factors and weight gain. METHODS In this cross-sectional study, 109 pregnant women hospitalized in one gynecological and obstetrics department completed questionnaires related to weight gain and lifestyle factors such as smoking, diet and exercise. Recommended weight gain was defined by the American Congress of Obstetricians and Gynecologists and was compatible with the Ministry of Health guidelines in Israel. RESULTS Fifty-three (49%) participants reported weight gain above the recommendation, 31 (28%) met the recommendations and 25 (23%) reported weight gain below the recommendations. Characteristics associated with high weight gain included past smoking and/or age above 36 years and/or body mass index (BMI) above 25 kg/m2. Only 34 women (31%) reported seeking professional nutritional counseling during pregnancy. An increased tendency to consult a nutritionist was reported among diabetic women. CONCLUSION Only a minority of women gained the recommended weight during pregnancy. High BMI and/or a history of smoking and/or older age were associated with weight gain above recommendations. Particular effort should be directed toward counseling women at high risk of weight gain during pregnancy.

36. Agreement of histopathological findings of uterine curettage and hysterectomy specimens in women with abnormal uterine bleeding.

Author(s): Moradan, Sanam; Ghorbani, Raheb; Lotfi, Azita
OBJECTIVES To examined the diagnostic value of dilatation and curettage (D and C) in patients with abnormal uterine bleeding (AUB) by conducting a histopathological examination of endometrial tissues by D and C and hysterectomy.

Methods: In this retrospective study, the medical records of 163 women who had been hospitalized in the Obstetrics and Gynecology Ward, Amir-al-Momenin Hospital, Semnan, Iran between 2010 and 2015 for diagnostic curettage due to AUB and who had undergone hysterectomy were investigated. The patients' characteristics and histopathologic results of curettage and hysterectomy were extracted, and sensitivity and specificity and positive and negative predictive values of curettage were calculated.

Results: The mean ± standard deviation age of the patients was 49.8±7.8 years. The sensitivity values of D and C in the diagnosis of endometrial pathologies was 49.1%, specificity 84.5%, positive 60.5%, and negative predictive 77.5%. The sensitivities of D and C in the diagnosis of various endometrial hyperplasia was 62.5%, disordered proliferative endometrium 36.8%, and endometrial cancer 83.3%. Of 6 patients with endometrial polyps on performing hysterectomy, no patient was diagnosed by curettage. Conclusions: Dilatation and curettage has acceptable sensitivity in the diagnosis of endometrial cancer, low sensitivity in the diagnosis of endometrial hyperplasia, and very low sensitivity in the diagnosis of disordered proliferative endometrium and endometrial polyps.

Database: Medline

37. Association of Shorter Height with Increased Risk of Ischaemic Placental Disease.
Author(s): Ogawa, Kohei; Morisaki, Naho; Saito, Shigeru; Sato, Shoji; Fujiwara, Takeo; Sago, Haruhiko
Source: Paediatric and perinatal epidemiology; May 2017; vol. 31 (no. 3); p. 198-205
Publication Date: May 2017
Publication Type(s): Journal Article
Abstract: BACKGROUND Although adult height is inversely related with the risk of chronic disease, the association between maternal height and ischaemic placental disease remains unclear. METHODS We used the national, multicentre Japan Society of Obstetrics and Gynecology perinatal database to assess the risk of preeclampsia, placental abruption, and small for gestational age (SGA) births (birthweight 162 cm). When the association between height and outcomes was considered in linear terms, each 5 cm decrement in height was associated with an increased risk of preeclampsia (RR 1.11, 95% CI 1.09, 1.14), placental abruption (RR 1.04, 95% CI 1.01, 1.09), and SGA birth (RR 1.30, 95% CI 1.28, 1.31). CONCLUSION Shorter height was associated with an increased risk of preeclampsia, placental abruption, and SGA birth.
Database: Medline

Author(s): Stagg, Amy R; Blanchard, May Hsieh; Carson, Sandra A; Peterson, Herbert B; Flynn, Erica B; Ogburn, Tony
OBJECTIVE To evaluate obstetrics and gynecology resident interest and participation in global health experiences and elucidate factors associated with resident expectation for involvement.

METHODS A voluntary, anonymous survey was administered to U.S. obstetrics and gynecology residents before the 2015 Council on Resident Education in Obstetrics and Gynecology in-training examination. The 23-item survey gathered demographic data and queried resident interest and participation in global health. Factors associated with resident expectation for participation in global health were analyzed by Pearson χ tests.

RESULTS Of the 5,005 eligible examinees administered the survey, 4,929 completed at least a portion of the survey for a response rate of 98.5%. Global health was rated as "somewhat important" or "very important" by 96.3% (3,761/3,904) of residents. "Educational opportunity" (69.2%) and "humanitarian effort" (17.7%) were cited as the two most important aspects of a global health experience. Residents with prior global health experience rated the importance of global health more highly and had an increased expectation for future participation. Global health electives were arranged by residency programs for 18.0% (747/4,155) of respondents, by residents themselves as an elective for 44.0% (1,828/4,155), and as a noncredit experience during vacation time for 36.4% (1,514/4,155) of respondents. Female gender, nonpartnered status, no children, prior global health experience, and intention to incorporate global health in future practice were associated with expectations for a global health experience.

CONCLUSION Most obstetrics and gynecology residents rate a global health experience as somewhat or very important, and participation before or during residency increases the perceived importance of global health and the likelihood of expectation for future participation. A majority of residents report arranging their own elective or using vacation time to participate, suggesting that residency programs have limited structured opportunities.

43. Intelligent diagnosis of jaundice with dynamic uncertain causality graph model.

Author(s): Hao, Shao-Rui; Geng, Shi-Chao; Fan, Lin-Xiao; Chen, Jia-Jia; Zhang, Qin; Li, Lan-Juan

Source: Journal of Zhejiang University. Science. B; May 2017; vol. 18 (no. 5); p. 393-401

Abstract: Jaundice is a common and complex clinical symptom potentially occurring in hepatology, general surgery, pediatrics, infectious diseases, gynecology, and obstetrics, and it is fairly difficult to distinguish the cause of jaundice in clinical practice, especially for general practitioners in less developed regions. With collaboration between physicians and artificial intelligence engineers, a comprehensive knowledge base relevant to jaundice was created based on demographic information, symptoms, physical signs, laboratory tests, imaging diagnosis, medical histories, and risk factors. Then a diagnostic modeling and reasoning system using the dynamic uncertain causality graph was proposed. A modularized modeling scheme was presented to reduce the complexity of model construction, providing multiple perspectives and arbitrary granularity for disease causality representations. A "chaining" inference algorithm and weighted logic operation mechanism were employed to guarantee the exactness and efficiency of diagnostic reasoning under situations of incomplete and uncertain information. Moreover, the causal interactions among diseases and symptoms intuitively demonstrated the reasoning process in a graphical manner. Verification was
performed using 203 randomly pooled clinical cases, and the accuracy was 99.01% and 84.73%, respectively, with or without laboratory tests in the model. The solutions were more explicable and convincing than common methods such as Bayesian Networks, further increasing the objectivity of clinical decision-making. The promising results indicated that our model could be potentially used in intelligent diagnosis and help decrease public health expenditure.

**Database:** Medline


**Author(s):** Starling, A P; Shapiro, A L B; Sauder, K A; Kaar, J L; Ringham, B M; Glueck, D H; Galan, H L; Dabelea, D

**Source:** Journal of perinatology : official journal of the California Perinatal Association; May 2017; vol. 37 (no. 5); p. 502-506

**Publication Date:** May 2017

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

**Abstract:** OBJECTIVE The objective of this study is to estimate associations between changes in maternal arterial pressure during normotensive pregnancies and offspring birth weight and body composition at birth. STUDY DESIGN Prospective study of 762 pregnant normotensive Colorado women, recruited from outpatient obstetrics clinics. Repeated arterial pressure measurements during pregnancy were averaged within the second and third trimesters, respectively. Multivariable regression models estimated associations between second to third trimester changes in arterial pressure and small-for-gestational-age birth weight, fat mass, fat-free mass and percent body fat. RESULTS A greater second to third trimester increase in maternal arterial pressure was associated with greater odds of small-for-gestational-age birth weight. Greater increases in maternal diastolic blood pressure were associated with reductions in offspring percent body fat (-1.1% in highest vs lowest quartile of increase, 95% confidence interval: -1.9%, -0.3%). CONCLUSION Mid-to-late pregnancy increases in maternal arterial pressure, which do not meet clinical thresholds for hypertension are associated with neonatal body size and composition.

**Database:** Medline

### 45. BMI at early puerperium: Body image, eating attitudes and mood states.

**Author(s):** Mento, Carmela; Le Donne, Maria; Crisafulli, Sabrina; Rizzo, Amelia; Settineri, Salvatore

**Source:** Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; May 2017; vol. 37 (no. 4); p. 428-434

**Publication Date:** May 2017

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

**Abstract:** The present study was aimed to verify if body weight could influence self-perception, in terms of body image, mood states, dissatisfaction with physical appearance and risk of eating disorders. In particular, we evaluated the differences between women of normal weight vs. overweight and obese during the delicate phase of puerperium to verify if there were different emotional structures, linked to BMI. Thirty-two women, 16 normal-weight and 16 overweight or obese, belonging to the Department of Obstetrics and Gynaecology of the University Hospital, were individually interviewed. The Body Uneasiness Test (BUT), the Eating Disorder Inventory (EDI) and the Profile of Mood States (POMS) were used for the evaluation. Findings showed that the BMI in puerperium is significantly correlated to mood states and body perception. Furthermore, significant differences emerged in eating attitudes and behaviours, in specific aspects related to the weight gain...
phobia and the body shape perception, symptoms classically associated with the risk of developing an eating disorder.

**Database:** Medline

**46. Pregnancy Outcomes of Women Admitted to a Tertiary Care Centre with Short Cervix.**

**Author(s):** Shea, Alison K; Simpson, Andrea N; Barrett, Jon; Ladhani, Noor; Nevo, Ori

**Source:** Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstétrique et gynécologie du Canada : JOGC; May 2017; vol. 39 (no. 5); p. 328-334

**Publication Date:** May 2017

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

**Abstract:**

OBJECTIVE: Our aim was to characterize the management and outcome of women admitted to a tertiary high-risk obstetrics unit with a short cervix (≤25 mm), measured on transvaginal ultrasound (TVS), and to determine the latency period from diagnosis to delivery.

METHODS: A retrospective chart review of women admitted to the High Risk Obstetrics Unit at Sunnybrook Health Sciences Centre between 2005-2011 with an ultrasound-identified short cervix was done.

RESULTS: A total of 110 women admitted for a short cervix between 2005-2011 (N = 56 singletons; N = 54 twin gestations) met the inclusion criteria. The mean latency to delivery was 62.6 days; mean GA at delivery was 33.9 weeks. Following 7 and 14 days of admission, 5.5% and 11.8% of women had delivered, respectively. Preterm birth occurred in 70% of all women. Cervical length was a significant factor in predicting latency among singletons, whereas the length of stay in hospital for activity restriction was not.

CONCLUSIONS: Although many women with a short cervix delivered preterm, only a small proportion delivered within 2 weeks of admission. Although it is not clear whether inpatient management improves the pregnancy outcome, these findings have implications for both patient care and health resources.

**Database:** Medline

**47. Dose ranging effects of pregabalin on pain in patients undergoing laparoscopic hysterectomy: A randomized, double blinded, placebo controlled, clinical trial.**

**Author(s):** Asgari, Zahra; Rouholamin, Safoura; Nataj, Masoomeh; Sepidarkish, Mahdi; Hosseini, Reihaneh; Razavi, Maryam

**Source:** Journal of clinical anesthesia; May 2017; vol. 38 ; p. 13-17

**Publication Date:** May 2017

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

**Abstract:**

OBJECTIVE: The study aimed to investigate the preemptive analgesia efficacy of different concentrations (75, 150 and 300mg) of preemptive pregabalin for the postoperative pain management after laparoscopic hysterectomy.

DESIGN: Prospective, randomized, placebo-controlled, double-blind study.

SETTING: The Gynecology and Obstetrics Center of Arash Hospital, Tehran, Iran, from October 2013 to November 2014.

PATIENTS: Total of 96 women with American Association of Anesthesiologist (ASA) physical status I and II underwent elective laparoscopic hysterectomy surgery. Patients were then randomly assigned to four groups, of which groups 1-3 (treatment groups; n=20) received orally pregabalin concentrations of 75mg, 150mg, and 300mg, respectively, for a night before surgery, 30min before surgery and 6h after surgery, whereas group 4 (control group; n=22) received a matching dosage of placebo at the same scheme.

MEASUREMENTS: Visual Analog Scale (VAS) scores for postoperative pain at rest and on movement at first 24h after surgery were evaluated as primary outcome. Drug-related side effects were also evaluated as a secondary outcome. Somnolence was evaluated using Ramsay Sedation Scale, while nausea and vomiting were...
assessed using numeric scores. The data were analyzed using SPSS.

**MAIN RESULTS**

Preemptive pregabalin in different concentrations provided better pain relief as compared with placebo. Post-hoc test indicated that there was a significant difference among four groups, indicating where the concentration was increased, the pain score decreased as an independent variable of time. The highest concentration of pregabalin (300mg) revealed higher sedation scores as compared with other groups.

**CONCLUSION**

Our data demonstrated preemptive administration of 75, 150, and 300mg pregabalin play an important role in reducing postoperative pain after laparoscopic hysterectomy. Comparison of different concentrations and side effects indicates oral administration of 150mg pregabalin is an effective and safe method for postoperative pain management after laparoscopic hysterectomy.

**Database:** Medline

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**52. Evaluation of an animated instructional video as a training tool for manual perineum support during vaginal delivery.**

**Author(s):** Ali, Hadil Y; Vikanes, Åse; Anti, Marit; Hassan, Sahar; Ismail, Khaled M; Zimmo, Kaled; Zimmo, Mohammed; Fosse, Erik; Laine, Katarina

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; May 2017; vol. 137 (no. 2); p. 213-219

**Publication Date:** May 2017

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

**Abstract:**

**OBJECTIVE** To explore attitudes to an animation-based bimanual perineum-support technique (bPST) training video, and to investigate factors affecting the acceptability of the animation as a teaching modality.

**METHOD** A quantitative study conducted between November 1, 2014, and January 1, 2015, included obstetricians and midwives of any age and experience from relevant Norwegian professional organizations, and obstetrics and gynecology experts selected by the authors. Participants completed an anonymous online-survey evaluating the accuracy and clarity of the animation, and assessing knowledge of bPST and clinical practice. Factor and reliability analyses were conducted and the survey results were stratified based on the profession of the participants.

**RESULTS** The online survey was completed by 124 participants. There were 6 (5.4%) participants who reported using bPST before the study and 102 (92%) who described themselves as willing to use it afterwards, a significant increase ($Z=9.42; P<0.001$). Having prior knowledge of bPST was associated with having a positive opinion of the video ($t=6.43; P<0.001$) and with intending to learn the technique ($t=11.6; P<0.001$). Participants who provided comments were more likely to evaluate the video negatively ($t=-2.88; P<0.001$) and to report not intending to learn the technique ($t=-3.71; P<0.001$).**CONCLUSION** Animation-based training for bPST was feasible. The prior provision of information regarding the effectiveness of bPST could potentially increase user satisfaction with the animation.

**Database:** Medline

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**53. Efficacy of freeze-dried amnion graft following hysteroscopic adhesiolysis of severe intrauterine adhesions.**

**Author(s):** Gan, Lu; Duan, Hua; Sun, Fu-Qing; Xu, Qian; Tang, Yi-Qun; Wang, Sha

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; May 2017; vol. 137 (no. 2); p. 116-122

**Publication Date:** May 2017

**Publication Type(s):** Journal Article
Abstract: OBJECTIVE To evaluate the efficacy of freeze-dried amnion graft for prevention of intrauterine adhesion (IUA) reformation after hysteroscopic adhesiolysis.

METHODS A prospective randomized controlled trial was conducted among 88 women with severe IUAs who underwent hysteroscopic adhesiolysis at Beijing Obstetrics and Gynecology Hospital between July 15, 2015, and July 1, 2016. All participants had a balloon inserted into the uterine cavity for 1 week. Sterilized freeze-dried amnion graft covered the balloon portion of the Foley catheter among patients allocated to the amnion group (n=44), whereas patients in the control group (n=44) did not receive the graft. Follow-up hysteroscopy was performed 3 months after surgery. Preoperative and postoperative IUA scores, menstruation scores, and pregnancy rates were assessed.

RESULTS Both groups exhibited reductions in IUA scores and improvements in menstruation scores following treatment (P<0.001 for each measure). Compared with the control group, the amnion group had a lower IUA score (P=0.032) and a higher menstruation score (P<0.001) at follow-up. By contrast, the rates of IUA reformation and pregnancy were not significantly different between the two groups.

CONCLUSION Use of freeze-dried amnion graft was effective in reducing IUA reformation and improving menstruation (according to pictorial blood-loss assessment chart) following hysteroscopic adhesiolysis of severe IUAs. ClinicalTrials.gov: (NCT02496052).

Database: Medline

56. Participation in clinical trials improves outcomes in women's health: a systematic review and meta-analysis.

Author(s): Nijjar, S K; D'Amico, M I; Wimalaweera, N A; Cooper, Nam; Zamora, J; Khan, K S

Source: BJOG ; an international journal of obstetrics and gynaecology; May 2017; vol. 124 (no. 6); p. 863-871

Publication Date: May 2017

Publication Type(s): Journal Article Review

Abstract: BACKGROUND Previous reviews examining the effect of participation in trials on outcomes have not consistently shown benefit. Obstetrics and gynaecology is a unique disease area posing challenges for both researchers and patients. OBJECTIVE To determine whether participation in randomised controlled trials (RCTs), compared with non-participation, has a beneficial effect on women's health.

SEARCH STRATEGY Medline, Embase, the Cochrane Library, and PsycInfo were searched up to December 2015. SELECTION CRITERIA We selected studies that reported the same clinical outcomes for participants in a women's health RCT and a comparable non-participant cohort.

DATA COLLECTION AND ANALYSIS Data were extracted on quality, characteristics and study results. Outcomes were compared using logistic regression. MAIN RESULTS There were 21 relevant studies (20 160 women, 4759 outcome events). Trial participants, compared with non-participants, had 25% better odds of improved outcomes on average (OR 0.75; 95% CI 0.64-0.87; I² = 64.3%). The beneficial effect of participating in a trial was larger in comparisons where: RCTs were of high quality (OR 0.62; 95% CI 0.50-0.76) versus low (OR 0.92; 95% CI 0.74-1.16); and RCT intervention was not available to non-participants (OR 0.57; 95% CI 0.47-0.69) versus when it was (OR 1.13; 95% CI 0.89-1.44). The effect of trial participation was not influenced by effect size within the RCT (P = 0.48), whether funding was received or not (P = 0.13), whether non-participants received any treatment or not (P = 0.49), and the quality of the comparison of RCT participants with non-participants (P = 0.88). CONCLUSIONS Women participating in RCTs on average experienced better outcomes compared with those outside trials. TWEETABLE ABSTRACT Participants in obstetric and gynaecology RCTs experience better outcomes compared with non-participants.

Database: Medline
59. Association between intraabdominal pressure during gynaecologic laparoscopy and postoperative pain.

**Author(s):** Kundu, Sudip; Weiss, Clara; Hertel, Hermann; Hillemanns, Peter; Klapdor, Rüdiger; Soergel, Philipp

**Source:** Archives of gynecology and obstetrics; May 2017; vol. 295 (no. 5); p. 1191-1199

**Publication Date:** May 2017

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

**Abstract:** PURPOSE: Laparoscopy is nowadays a well-established surgical method and plays a main role in an ever-increasing range of indications in gynaecology. High-quality studies of surgical techniques are necessary to improve the quality of patient care. The present study aims at evaluating postoperative pain after gynaecological laparoscopy depending on the intraoperative CO2 pressure.

METHODS: In a prospective, monocentric, randomized single-blind study at the Department of Gynaecology and Obstetrics at the Hannover Medical School, we include patients scheduled for different laparoscopic procedures. Randomization of the intraoperative CO2 pressure was carried out in six groups. Pain was assessed the day after surgery by the blinded nurse using a visual analogue scale.

RESULTS: 550 patients were included in the period from May 2013 to January 2016. The analysis of the per protocol population (n = 360) showed no statistically significant difference between the six intervention groups with regard to mean postoperative pain perception. In direct comparison between two groups, an intraoperative CO2 pressure of 15 mmHg was associated with a significant higher pain score than a pressure of 12 mmHg. The difference was 7.46 mm on a 10 cm VAS.

CONCLUSION: The results of our study indicate that a CO2 pressure of 12 versus 15 mmHg can be advantageous. However, the clinical relevance remains unclear due to the low difference in pain. The additional benefit of an even lower pressure of 10 or 8 mmHg cannot be reliably assessed; we found signs of poor visibility conditions in these low pressure groups.

**Database:** Medline


**Author(s):** Rosenberg, Karen R; DeSilva, Jeremy M

**Source:** Anatomical record (Hoboken, N.J. : 2007); May 2017; vol. 300 (no. 5); p. 789-797

**Publication Date:** May 2017

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

**Abstract:** No bone in the human postcranial skeleton differs more dramatically from its match in an ape skeleton than the pelvis. Humans have evolved a specialized pelvis, well-adapted for the rigors of bipedal locomotion. Precisely how this happened has been the subject of great interest and contention in the paleoanthropological literature. In part, this is because of the fragility of the pelvis and its resulting rarity in the human fossil record. However, new discoveries from Miocene hominoids and Plio-Pleistocene hominins have reenergized debates about human pelvic evolution and shed new light on the competing roles of bipedal locomotion and obstetrics in shaping pelvic anatomy. In this issue, 13 papers address the evolution of the human pelvis. Here, we summarize these new contributions to our understanding of pelvic evolution, and share our own thoughts on the progress the field has made, and the questions that still remain. Anat Rec, 300:789-797, 2017. © 2017 Wiley Periodicals, Inc.

**Database:** Medline
63. Comparative primate obstetrics: Observations of 15 diurnal births in wild gelada monkeys (Theropithecus gelada) and their implications for understanding human and nonhuman primate birth evolution.

Author(s): Nguyen, Nga; Lee, Laura M; Fashing, Peter J; Nurmi, Niina O; Stewart, Kathrine M; Turner, Taylor J; Barry, Tyler S; Callingham, Kadie R; Goodale, C Barret; Kellogg, Bryce S; Burke, Ryan J; Bechtold, Emily K; Claase, Megan J; Eriksen, G Anita; Jones, Sorrel C Z; Kerby, Jeffrey T; Kraus, Jacob B; Miller, Carrie M; Trew, Thomas H; Zhao, Yi; Beierschmitt, Evan C; Ramsay, Malcolm S; Reynolds, Jason D; Venkataraman, Vivek V

Source: American journal of physical anthropology; May 2017; vol. 163 (no. 1); p. 14-29

Publication Date: May 2017

Abstract: OBJECTIVES The birth process has been studied extensively in many human societies, yet little is known about this essential life history event in other primates. Here, we provide the most detailed account of behaviors surrounding birth for any wild nonhuman primate to date. MATERIALS AND METHODS Over a recent ∼10-year period, we directly observed 15 diurnal births (13 live births and 2 stillbirths) among geladas (Theropithecus gelada) at Guassa, Ethiopia. During each birth, we recorded the occurrence (or absence) of 16 periparturitional events, chosen for their potential to provide comparative evolutionary insights into the factors that shaped birth behaviors in humans and other primates. RESULTS We found that several events (e.g., adopting standing crouched positions, delivering infants headfirst) occurred during all births, while other events (e.g., aiding the infant from the birth canal, licking infants following delivery, placentophagy) occurred during, or immediately after, most births. Moreover, multiparas (n = 9) were more likely than primiparas (n = 6) to (a) give birth later in the day, (b) isolate themselves from nearby conspecifics while giving birth, (c) aid the infant from the birth canal, and (d) consume the placenta. DISCUSSION Our results suggest that prior maternal experience may contribute to greater competence or efficiency during the birth process. Moreover, face presentations (in which infants are born with their neck extended and their face appearing first, facing the mother) appear to be the norm for geladas. Lastly, malpresentations (in which infants are born in the occiput anterior position more typical of human infants) may be associated with increased mortality in this species. We compare the birth process in geladas to those in other primates (including humans) and discuss several key implications of our study for advancing understanding of obstetrics and the mechanism of labor in humans and nonhuman primates.

Database: Medline

65. Twin vaginal delivery: innovate or abdicate.

Author(s): Easter, Sarah Rae; Taouk, Laura; Schulkin, Jay; Robinson, Julian N

Source: American journal of obstetrics and gynecology; May 2017; vol. 216 (no. 5); p. 484

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: Neonatal safety data along with national guidelines have prompted renewed interest in vaginal delivery of twins, particularly in the case of the noncephalic second twin. Yet, the rising rate of twin cesarean deliveries, coupled with the national decline in operative obstetrics, raises concerns about the availability of providers who are skilled in twin vaginal birth. Providers are key stakeholders for increasing rates of twin vaginal delivery. We surveyed a group of practicing obstetricians to explore potential barriers to the vaginal birth of twins with a focus on delivery of the noncephalic second twin. Among 107 responding providers, only 57% would deliver a noncephalic second twin by breech extraction. Providers who preferred breech extraction had a higher rate of maternal-fetal medicine subspecialty training (26.2% vs 4.3%; P30 sets of twins annually (57.4% vs
Most providers (54.2%) were familiar with the findings from the recent randomized trial that demonstrated the safety of twin vaginal birth. However, knowledge of the trial was not associated statistically with a preference for breech extraction (62.3% vs 43.5%; P = .05). Providers who preferred breech extraction were more likely to agree with recent society guidelines that encourage the vaginal birth of twins (86.9% vs 63.0%; P < .01). In an adjusted analysis, the 46% of providers with a perceived need for more training were far less likely to prefer breech extraction for delivery of a noncephalic second twin (adjusted odds ratio, 0.38; 95% confidence interval, 0.16-0.95). Furthermore, 57% of providers who would not offer their patient breech extraction would be willing to consult a colleague for support with a noncephalic twin delivery. These results suggest that scientific evidence and society opinion are likely insufficient to reverse the national trends that favor cesarean delivery for twins. Instead, implementation of provider training and support programs is critical for increasing the rates of twin vaginal birth. Changing our national landscape of vaginal twin delivery may require innovation. Without novel provider-focused strategies, we may relinquish passively the requisite skills for not only our patients but also for future generations of obstetricians.

Database: Medline


Author(s): Sood, Geetika; Huber, Kerri; Dam, Lisa; Riedel, Stefan; Grubb, Lisa; Zenilman, Jonathan; Perl, Trish M; Argani, Cynthia

Source: American journal of infection control; May 2017; vol. 45 (no. 5); p. 557-558

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract: We report an unusual pseudo-outbreak of Penicillium that occurred in patients seen in an outpatient obstetrics and gynecology clinic. The pseudo-outbreak was detected in late 2012, when the microbiology department reported a series of vaginal cultures positive for Penicillium spp. Our investigation found Penicillium spp in both patient and environmental samples and was potentially associated with the practice of wetting gloves with tap water by a health care worker prior to patient examination.

Database: Medline

68. Overview of high-risk medical device recalls in obstetrics and gynecology from 2002 through 2016: implications for device safety.

Author(s): Janetos, Timothy M; Ghobadi, Comeron W; Xu, Shuai; Walter, Jessica R

Source: American journal of obstetrics and gynecology; Apr 2017

Publication Date: Apr 2017

Publication Type(s): Journal Article

Abstract: The field of women’s health has endured numerous recent controversies involving medical devices such as pelvic meshes, laparoscopic morcellators, and a hysteroscopic sterilization device. With the recent passage of the 21st Century Cures Act, new legislation will change how the Food and Drug Administration regulates medical devices. Given these controversies and new changes, we
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