

Obstetrics and Gynaecology

Evidence Update

October 2017 (Quarterly)



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Training Calendar 2017

All sessions are one hour

October (12.00-13.00)

Fri 6th Interpreting Statistics
Mon 9th Literature Searching
Tue 17th Critical Appraisal
Wed 25th Interpreting Statistics

November (13.00-14.00)

Thu 2nd Literature Searching
Fri 10th Critical Appraisal
Mon 13th Interpreting Statistics
Tue 21st Literature Searching
Wed 29th Critical Appraisal

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The Latest Evidence

NICE National Institute for
Health and Care Excellence

[Fertility problems: assessment and treatment](#) CG156 February 2013 September 2017

[Endometriosis: diagnosis and management](#) NG73 September 2017 September 2017

[Antenatal and postnatal mental health: clinical management and service guidance](#) CG192 December 2014 August 2017

[Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women](#) TA160 October 2008 August 2017

[Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women](#)



Gynaecology

[Prophylactic chemotherapy for hydatidiform mole to prevent gestational trophoblastic neoplasia](#)

[Cytology versus HPV testing for cervical cancer screening in the general population](#)

[Interventions for emergency contraception](#)

Obstetrics

[Calcium supplementation commencing before or early in pregnancy, or food fortification with calcium, for preventing hypertensive disorders of pregnancy](#)

[Interventions for treating genital Chlamydia trachomatis infection in pregnancy](#)

[Pharmacological and mechanical interventions for labour induction in outpatient settings](#)

[Vitamin A supplements for reducing mother-to-child HIV transmission](#)

[Amniocentesis and chorionic villus sampling for prenatal diagnosis](#)

[Interconception care for women with a history of gestational diabetes for improving maternal and infant outcomes](#)

[Different strategies for diagnosing gestational diabetes to improve maternal and infant health](#)

[Preconception care for diabetic women for improving maternal and infant health](#)

[Antenatal and intrapartum interventions for preventing cerebral palsy: an overview of Cochrane systematic reviews](#)

[Antibiotic prophylaxis for operative vaginal delivery](#)

[Maternal and foetal outcomes following natural vaginal versus caesarean section \(c-section\) delivery in women with bleeding disorders and carriers](#)

[Techniques for preventing hypotension during spinal anaesthesia for caesarean section](#)

[Screening for gestational diabetes mellitus based on different risk profiles and settings for improving maternal and infant health](#)

[Schedules for home visits in the early postpartum period](#)

UpToDate[®]

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OBSTETRICS

Safety of tenofovir disoproxil fumarate during pregnancy (September 2017)

For HIV-infected pregnant women, [tenofovir disoproxil fumarate](#) (TDF) is a preferred agent to use as part of combination antiretroviral therapy (ART) in both resource-rich and limited settings. A recent meta-analysis reported that TDF increased neonatal mortality, and an accompanying British Medical Journal clinical practice guideline thus suggested [zidovudine](#) rather than TDF for HIV-infected pregnant women [1,2]. This conclusion was based on a single trial from Africa in which TDF-based ART resulted in higher rates of very preterm birth (<34 weeks) and neonatal mortality compared with zidovudine-based ART (each given with [lopinavir-ritonavir](#)), but not compared with zidovudine alone [3]. Given uncertainties

regarding the trial results, potential interactions between TDF and lopinavir-ritonavir, and observational data suggesting safety of other TDF-containing regimens in pregnancy, we do not believe the evidence is clear enough to stop using TDF as a preferred agent (although we do not initiate TDF and lopinavir-ritonavir containing regimens during pregnancy). The British HIV Association also released a statement consistent with our position [4]. (See ["Safety and dosing of antiretroviral medications in pregnancy", section on 'Very preterm birth/neonatal mortality'.](#))

2017-2018 influenza immunization recommendations for the United States (September 2017)

The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) have released recommendations for influenza immunization for the 2017-2018 season in the United States [5,6]. Routine influenza immunization with a licensed, age-appropriate vaccine ([table 1](#)) is recommended for all persons ≥ 6 months of age. [Live attenuated influenza vaccine](#) is not recommended for the 2017-2018 season. Pregnant women and persons with egg allergy of any severity can receive any licensed, age-appropriate [inactivated influenza vaccine](#) with standard immunization precautions. Although neither the ACIP nor the AAP provide a preference for a particular formulation, we favor a quadrivalent vaccine when available for adults < 65 years and we recommend the high-dose vaccine for those ≥ 65 years. (See ["Seasonal influenza in children: Prevention with vaccines", section on 'Types of vaccine'](#) and ["Seasonal influenza vaccination in adults", section on 'Choice of vaccine formulation'](#) and ["Influenza and pregnancy", section on 'Vaccination'](#) and ["Influenza vaccination in individuals with egg allergy", section on 'Safety of vaccines in patients with egg allergy'.](#))

Severity of maternal Zika virus infection and birth outcome (September 2017)

Maternal-to-fetal transmission of Zika virus can occur with either symptomatic or asymptomatic maternal infection; the risk factors for transmission are unknown. In a prospective study from Rio de Janeiro of women with confirmed Zika virus infection during pregnancy, no association was observed between maternal disease severity (signs, symptoms, virus load) or prior dengue virus infection and adverse birth outcome defined as fetal loss or birth of a live infant with grossly abnormal clinical or brain imaging findings [7]. This finding supports the Centers for Disease Control and Prevention (CDC) recommendation for serial fetal ultrasound examinations in pregnant women with laboratory evidence of Zika virus infection, regardless of maternal disease severity. (See ["Zika virus infection: Evaluation and management of pregnant women", section on 'Risk of vertical transmission and anomalies'.](#))

Vaginal cleansing before cesarean delivery (August 2017)

Whether vaginal cleansing before cesarean delivery further reduces infection-related morbidity in patients already receiving parenteral antibiotic prophylaxis has been unclear. In a 2017 meta-analysis of randomized trials of this issue, vaginal cleansing reduced the incidence of endometritis whether or not preoperative antibiotics were administered, but the reduction appeared to be limited to women in labor or with ruptured membranes [8]. Based on these data, we perform a povidone-iodine vaginal scrub with a sponge stick for 30 seconds before cesarean delivery in women in labor or with ruptured membranes. (See "[Cesarean delivery: Preoperative planning and patient preparation](#)", section on '[Vaginal preparation](#)'.)

Revised ACOG diagnostic criteria for gestational diabetes mellitus (August 2017)

The American College of Obstetricians and Gynecologists updated practice bulletin on gestational diabetes mellitus (GDM) now states that some clinicians may choose to make this diagnosis in patients with one elevated glucose value on a glucose tolerance test (GTT), although the diagnosis generally requires that two or more glucose thresholds must be met or exceeded [9]. This change was based on a 2016 systematic review that concluded that women with one abnormal value on the three-hour, 100-gram GTT were at increased risk for the same poor outcomes as women with two abnormal values [10]. (See "[Diabetes mellitus in pregnancy: Screening and diagnosis](#)", section on '[100-gram three-hour oral glucose tolerance test](#)'.)

Long-term risk of hypertension in women with pregnancy-associated hypertension (August 2017)

For women with a history of gestational hypertension, preeclampsia, eclampsia, or HELLP syndrome, at least annual lifelong measurement of blood pressure is important due to their increased risk for chronic hypertension. In a long-term population-based study, the rate of hypertension in the first decade postpartum for primiparous women in their 20s with pregnancy-associated hypertension was 14 percent, compared with 4 percent for those without pregnancy-associated hypertension [11]. For primiparous women in their 40s, the rates were 32 and 11 percent, respectively. The risk of chronic hypertension in this population may be reduced by adherence to a beneficial lifestyle (eg, achieving/maintaining a healthy weight, salt restriction, exercise, limited alcohol intake) [12]. (See "[Management of hypertension in pregnant and postpartum women](#)", section on '[Long-term prognosis of women with hypertension during pregnancy](#)'.)

Increased nuchal translucency and Noonan syndrome (August 2017)

Increased nuchal translucency on first trimester ultrasound screening has been associated with over 100 developmental and genetic syndromes. In a retrospective study in which a Noonan syndrome gene sequencing panel was obtained in 39 euploid fetuses with nuchal translucency ≥ 3.0 mm (median thickness 4.0 mm), 10 percent had variants consistent with Noonan syndrome [13]. It may be reasonable to offer screening for genetic mutations associated with Noonan syndrome in euploid fetuses with nuchal translucency ≥ 3.0 mm, but prospective studies are still needed to validate this result. (See "[Cystic hygroma and increased nuchal translucency](#)", section on 'Targeted genetic studies'.)

Genomic sequencing to identify inherited pathogenic genes in families of individuals with multiple congenital malformations (August 2017)

Next-generation sequencing, such as whole exome or whole genome sequencing, is used to aid in diagnosis of complex diseases such as severe intellectual disability or developmental delay. A study that used these techniques to evaluate patients with multiple congenital malformations and their family members identified four families with loss-of-function variants in two genes leading to nicotinamide adenine dinucleotide (NAD) deficiency (*HAAO*, encoding 3-hydroxyanthranilic acid 3,4-dioxygenase, and *KYNU*, encoding kynureninase) [14]. In a mouse model of these defects, niacin supplementation during gestation corrected the NAD deficiency and prevented abnormal embryogenesis and fetal death. (See "[Birth defects: Causes](#)", section on 'Disorders due to single gene defects' and "[Principles and clinical applications of next-generation DNA sequencing](#)", section on 'Diagnosis of complex diseases'.)

Sugar-sweetened beverage consumption in pregnancy (August 2017)

A growing body of data suggests that prenatal exposures influence susceptibility to obesity. In a prospective cohort study, higher maternal consumption of sugar-sweetened beverages during pregnancy was associated with increasing adiposity among in utero-exposed school-aged offspring [15]. The association persisted after adjustment for multiple confounding variables and was independent of the offspring's beverage intake. We advise pregnant women to avoid or limit intake of sugar-sweetened beverages because they tend to be high in calories, low in nutritive value, and may impact offspring adiposity. (See "[Nutrition in pregnancy](#)", section on 'Sugar-sweetened beverages'.)

Intrapartum fluid administration (August 2017)

We provide maintenance intravenous fluids with glucose when intrapartum oral intake is restricted or otherwise inadequate to avoid volume depletion and ketosis. Some studies have suggested that a rapid intravenous fluid infusion rate or glucose supplementation are also associated with a shorter length of labor in such women. However, in one of the only

trials to evaluate both interventions together, the length of labor was similar for women randomly assigned to 250 mL/hour of normal saline, 125 mL/hour of normal saline with dextrose, or 250 mL/hour of normal saline with dextrose [16]. We do not adjust intravenous fluid administration to try to reduce labor duration. (See "[Management of normal labor and delivery](#)", section on 'Fluids and oral intake'.)

OFFICE GYNECOLOGY

Single-dose secnidazole for bacterial vaginosis (September 2017)

[Metronidazole](#) is a preferred treatment for bacterial vaginosis (BV) and is given topically or orally as a multi-day course. In September 2017, the US Food and Drug Administration approved [secnidazole](#), a related oral antibiotic with a longer half-life, for the treatment of BV [37]. In an earlier study, a single dose of secnidazole was as effective as, but not superior to, metronidazole for seven days. Secnidazole is an option for BV when a single dose is desired (eg, to enhance adherence), but it is more expensive than other regimens. (See "[Bacterial vaginosis: Treatment](#)", section on 'Secnidazole'.)

GYNECOLOGIC ONCOLOGY

PARP inhibitor maintenance therapy in platinum-sensitive, recurrent ovarian cancer (March 2017, Modified September 2017)

Inhibitors of poly-ADP ribose polymerase (PARP) are being actively evaluated as maintenance therapy in platinum-sensitive relapsed ovarian cancer. In phase III trials of women with recurrent ovarian cancer who achieved a response to their most recent platinum-based treatment, the PARP inhibitors [niraparib](#), [olaparib](#), and [rucaparib](#) have each demonstrated progression-free survival benefits as maintenance therapy compared with placebo [44-47]. These data have led to approvals by the US Food and Drug Administration of both niraparib and olaparib in this setting [48,49]. However, overall survival data for PARP inhibitors as maintenance therapy are immature, and these agents have not been compared with [bevacizumab](#), which is better established in the maintenance setting. Pending further data, we reserve use of PARP inhibition as maintenance therapy for patients with relapsed ovarian cancer who are not candidates for bevacizumab and who are in a complete or partial response to platinum-based chemotherapy. (See "[Medical treatment for relapsed epithelial ovarian, fallopian tubal, or peritoneal cancer: Platinum-sensitive disease](#)".)

REPRODUCTIVE ENDOCRINOLOGY

Investigational gene editing in human embryos to prevent disease (August 2017)

In vitro fertilization with preimplantation genetic diagnosis (IVF/PGD) is an established

strategy for selecting embryos for implantation that lack specific pathogenic gene mutations. In a landmark study of the use of gene editing to correct a pathogenic gene mutation in human embryos, a mutant paternal allele was repaired using the homologous wild-type maternal gene [55]. The embryos were not transferred or allowed to mature beyond the blastocyst stage. This technology is experimental; the efficacy, safety, and clinical utility of gene editing remain unknown. (See "[In vitro fertilization](#)", section on 'Other uses'.)

UROGYNECOLOGY

Electroacupuncture for stress urinary incontinence in women (August 2017)

Treatment options for stress urinary incontinence (SUI) in women include lifestyle modifications, bladder training, medications, devices, and surgery. The use of electroacupuncture for SUI has been reported in a multicenter randomized trial in China [59]. Compared with sham treatments, electroacupuncture reduced the volume of urine leaked and number of leakage episodes. Availability of this therapy may limit this option. Additionally, confirmation of these results in other trial settings is needed before its general use can be widely recommended. (See "[Treatment of urinary incontinence in women](#)", section on 'Stress incontinence'.)

Journal Tables of Contents

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Journal	Month	Volume	Issue
Obstetrics and Gynaecology	July 2017	130	1
British Journal of Obstetrics and Gynaecology	July 2017	124	8
American Journal of Obstetrics and Gynecology	July 2017	217	1

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

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Database Articles

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Obstetrics

1. What Is New in Obstetrics and Gynecology Simulation?: Best Articles From the Past Year.

Author(s): Burda, Marianne L

Source: Obstetrics and gynecology; Oct 2017; vol. 130 (no. 4); p. 906-907

Publication Date: Oct 2017

Publication Type(s): Journal Article

PubMedID: 28885404

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Abstract:This month we focus on obstetrics and gynecology simulation. Dr. Burda discusses four recent publications, which are concluded with a "bottom line" that is the take-home message. The complete reference for each can be found in on this page, along with direct links to the abstracts.

Database: Medline

2. Value-Based Medical Education in Obstetrics and Gynecology: A Paradigm Shift.

Author(s): Young, Amy E

Source: Obstetrics and gynecology; Oct 2017; vol. 130 (no. 4); p. 684-685

Publication Date: Oct 2017

Publication Type(s): Journal Article

PubMedID: 28885407

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Database: Medline

3. Effectiveness of Telemonitoring in Obstetrics: Scoping Review.

Author(s): Lanssens, Dorien; Vandenberk, Thijs; Thijs, Inge M; Grieten, Lars; Gyselaers, Wilfried

Source: Journal of medical Internet research; Sep 2017; vol. 19 (no. 9); p. e327

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 28954715

Available at [Journal of medical Internet research](#) - from Europe PubMed Central - Open Access

Available at [Journal of medical Internet research](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUND Despite reported positive results of telemonitoring effectiveness in various health care domains, this new technology is rarely used in prenatal care. A few isolated investigations were performed in the past years but with conflicting results. OBJECTIVE The aim of

this review was to (1) assess whether telemonitoring adds any substantial benefit to this patient population and (2) identify research gaps in this area to suggest goals for future research.

METHODSThis review includes studies exploring the effectiveness of telemonitoring interventions for pregnant women reported in the English language. Due to the paucity of research in this area, all reports including uncontrolled nonrandomized and randomized controlled studies were selected.

RESULTSFourteen studies, which performed their data collection from 1988 to 2010, met the inclusion criteria and were published from 1995 to present; four of the 14 published papers were multicenter randomized controlled trials (RCTs), five papers were single-center RCTs, three papers were retrospective studies, one paper was an observational study, and one paper was a qualitative study. Of the 14 papers, nine were available for a risk of bias assessment: three papers were classified as low risk, one as medium risk, and five as high risk. Furthermore, of those 14 papers, 13 focused on telemonitoring for maternal outcomes, and nine of the 14 papers focused on telemonitoring for fetal or neonatal outcomes. The studies reviewed report that telemonitoring can contribute to significant reductions in health care costs, (unscheduled) face-to-face visits, low neonatal birth weight, and admissions to the neonatal intensive care unit (NICU), as well as prolonged gestational age and improved feelings of maternal satisfaction when compared with a control group. When only studies with low risk of bias were taken into account, the added value of telemonitoring became less pronounced: the only added value of telemonitoring is for pregnant women who transmitted their uterine activity by telecommunication. They had significant prolonged pregnancy survivals, and the newborns were less likely to be of low birth weight or to be admitted to the NICU. Following these results, telemonitoring can only be recommended by pregnant women at risk for preterm delivery. It is however important to consider that these studies were published in the mid-90s, which limits their direct applicability given the current technologies and practice.

CONCLUSIONSThis review shows that telemonitoring can be tentatively recommended for pregnant women at risk for preterm delivery. More recent RCTs with a blinded protocol are needed to strengthen the level of evidence around this topic and to have an insight in the added value of the technologies that are available nowadays. In addition, studies investigating patient satisfaction and economic effects in relation to telemonitoring are suggested for future research.

Database: Medline

4. Annual Report of the Committee on Gynecologic Oncology, Japan Society of Obstetrics and Gynecology: Patient Annual Report for 2014 and Treatment Annual Report for 2009.

Author(s): Saito, Toshiaki; Takahashi, Fumiaki; Katabuchi, Hidetaka; 2016 Committee on Gynecologic Oncology of the Japan Society of Obstetrics and Gynecology

Source: The journal of obstetrics and gynaecology research; Sep 2017

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 28892220

Abstract:The Japan Society of Obstetrics and Gynecology collects and analyzes annual data on gynecologic cancers from member institutions. We present the Patient Annual Report for 2014 and the Treatment Annual Report for 2009. Data on 7436 patients with cervical cancer, 9673 with endometrial cancer, 5924 with ovarian cancer, and 1909 with ovarian borderline tumor for whom treatment was initiated in 2014 were summarized in the Patient Annual Report. Stage I accounted for 55.6%, stage II for 22.9%, stage III for 10.2%, and stage IV for 11.2% of all patients with cervical cancer. Stage I accounted for 72.3%, stage II for 6.0%, stage III for 14.1%, and stage IV for 7.7% of all patients with endometrial cancer. Stage I accounted for 43.3%, stage II for 9.1%, stage III for 27.6%, and stage IV for 7.2% of all patients with ovarian cancer. Data on the prognosis of 4126 patients with cervical cancer, 4613 with endometrial cancer, and 3205 with ovarian cancer for whom treatment

was initiated in 2009 were analyzed in the Treatment Annual Report. Survival was analyzed by using the Kaplan-Meier method, the log-rank test and the Wilcoxon test. The 5-year overall survival rates for patients with cervical cancer were 92.4% for stage I, 76.7% for stage II, 54.3% for stage III, and 25.2% for stage IV. The equivalent rates for patients with endometrial cancer were 94.6%, 89.4%, 78.3%, and 25.0%, respectively; and those for patients with ovarian cancer (surface epithelial-stromal tumors) were 90.5%, 78.8%, 46.0%, and 25.1%, respectively.

Database: Medline

5. Endometriosis and obstetrics complications: a systematic review and meta-analysis.

Author(s): Zullo, Fabrizio; Spagnolo, Emanuela; Saccone, Gabriele; Acunzo, Miriam; Xodo, Serena; Ceccaroni, Marcello; Berghella, Vincenzo

Source: Fertility and sterility; Sep 2017

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 28874260

Abstract:OBJECTIVE To evaluate the effect of endometriosis on pregnancy outcomes. DESIGN Systematic review and meta-analysis. SETTING Not applicable. PATIENT(S) Women with or without endometriosis. INTERVENTION(S) Electronic databases searched from their inception until February 2017 with no limit for language and with all cohort studies reporting the incidence of obstetric complications in women with a diagnosis of endometriosis compared with a control group (women without a diagnosis of endometriosis) included. MEAN OUTCOME MEASURE(S) Primary outcome of incidence of preterm birth at <37 weeks with meta-analysis performed using the random effects model of DerSimonian and Laird to produce an odds ratio (OR) with 95% confidence interval (CI). RESULT(S) Twenty-four studies were analyzed comprising 1,924,114 women. In most of them, the diagnosis of endometriosis was made histologically after surgery. Women with endometriosis had a statistically significantly higher risk of preterm birth (OR 1.63; 95% CI, 1.32-2.01), miscarriage (OR 1.75; 95% CI, 1.29-2.37), placenta previa (OR 3.03; 95% CI, 1.50-6.13), small for gestational age (OR 1.27; 95% CI, 1.03-1.57), and cesarean delivery (OR 1.57; 95% CI, 1.39-1.78) compared with the healthy controls. No differences were found in the incidence of gestational hypertension and preeclampsia. CONCLUSION(S) Women with endometriosis have a statistically significantly higher risk of preterm birth, miscarriage, placenta previa, small for gestational age infants, and cesarean delivery.

Database: Medline

6. It Is Time for Routine Screening for Perinatal Mood and Anxiety Disorders in Obstetrics and Gynecology Settings.

Author(s): Accortt, Eynav Elgavish; Wong, Melissa S

Source: Obstetrical & gynecological survey; Sep 2017; vol. 72 (no. 9); p. 553-568

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 28905985

Abstract:Importance Women are 2 to 3 times more likely than men to experience depression in their lifetime, and the greatest risk occurs during the reproductive years. As an obstetrics and gynecology physician or provider, you will likely encounter women who are at risk of development or relapse of a mental disorder during this vulnerable time. Objective The aim of this review is to examine theory

and research on mood and anxiety disorders during the perinatal period with an emphasis on screening recommendations. Evidence Acquisition A PubMed and PsycINFO search for English-language publications about perinatal mood and anxiety disorders and screening was performed and included studies on subtopics. Results The literature reviewed suggests that perinatal mood and anxiety symptoms are prevalent and have significant consequences, and best practices for early detection are through routine depression and anxiety screening in the obstetrics setting. This includes overcoming barriers to care and use of liaison services to potentially reduce risk. Conclusions and Relevance High-quality prenatal care systems should develop the capacity for depression and anxiety risk assessment and treatment. Providers should routinely screen using validated screening tools, provide maternal mental health education, and be aware of the various medical, psychological, and complementary approaches for treating mood and anxiety disorders, to best guide and refer patients. The use of this practice will increase the quality of life in pregnant women with depression and anxiety and may help to reduce the likelihood of adverse birth outcomes, postpartum mental health problems, and adverse effects on offspring.

Database: Medline

7. Assessing teamwork performance in obstetrics: A systematic search and review of validated tools.

Author(s): Fransen, Annemarie F; de Boer, Liza; Kienhorst, Dieneke; Truijens, Sophie E; van Runnard Heimel, Pieter J; Oei, S Guid

Source: European journal of obstetrics, gynecology, and reproductive biology; Sep 2017; vol. 216 ; p. 184-191

Publication Date: Sep 2017

Publication Type(s): Journal Article Review

PubMedID: 28787688

Abstract: Teamwork performance is an essential component for the clinical efficiency of multi-professional teams in obstetric care. As patient safety is related to teamwork performance, it has become an important learning goal in simulation-based education. In order to improve teamwork performance, reliable assessment tools are required. These can be used to provide feedback during training courses, or to compare learning effects between different types of training courses. The aim of the current study is to (1) identify the available assessment tools to evaluate obstetric teamwork performance in a simulated environment, and (2) evaluate their psychometric properties in order to identify the most valuable tool(s) to use. We performed a systematic search in PubMed, MEDLINE, and EMBASE to identify articles describing assessment tools for the evaluation of obstetric teamwork performance in a simulated environment. In order to evaluate the quality of the identified assessment tools the standards and grading rules have been applied as recommended by the Accreditation Council for Graduate Medical Education (ACGME) Committee on Educational Outcomes. The included studies were also assessed according to the Oxford Centre for Evidence Based Medicine (OCEBM) levels of evidence. This search resulted in the inclusion of five articles describing the following six tools: Clinical Teamwork Scale, Human Factors Rating Scale, Global Rating Scale, Assessment of Obstetric Team Performance, Global Assessment of Obstetric Team Performance, and the Teamwork Measurement Tool. Based on the ACGME guidelines we assigned a Class 3, level C of evidence, to all tools. Regarding the OCEBM levels of evidence, a level 3b was assigned to two studies and a level 4 to four studies. The Clinical Teamwork Scale demonstrated the most comprehensive validation, and the Teamwork Measurement Tool demonstrated promising results, however it is recommended to further investigate its reliability.

Database: Medline

8. What European gynaecologists need to master: Consensus on medical expertise outcomes of pan-European postgraduate training in obstetrics & gynaecology.

Author(s): van der Aa, Jessica E; Tancredi, Annalisa; Goverde, Angélique J; Velebil, Petr; Feyereisl, Jaroslav; Benedetto, Chiara; Teunissen, Pim W; Scheele, Fedde

Source: European journal of obstetrics, gynecology, and reproductive biology; Sep 2017; vol. 216 ; p. 143-152

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 28763740

Abstract:OBJECTIVEEuropean harmonisation of training standards in postgraduate medical education in Obstetrics and Gynaecology is needed because of the increasing mobility of medical specialists. Harmonisation of training will provide quality assurance of training and promote high quality care throughout Europe. Pan-European training standards should describe medical expertise outcomes that are required from the European gynaecologist. This paper reports on consensus development on the medical expertise outcomes of pan-European training in Obstetrics and Gynaecology.STUDY DESIGNA Delphi procedure was performed amongst European gynaecologists and trainees in Obstetrics & Gynaecology, to develop consensus on outcomes of training. The consensus procedure consisted of two questionnaire rounds, followed by a consensus meeting. To ensure reasonability and feasibility for implementation of the training standards in Europe, implications of the outcomes were considered in a working group thereafter. We invited 142 gynaecologists and trainees in Obstetrics & Gynaecology for participation representing a wide range of European countries. They were selected through the European Board & College of Obstetrics and Gynaecology and the European Network of Trainees in Obstetrics & Gynaecology.RESULTSSixty people participated in round 1 and 2 of the consensus procedure, 38 (63.3%) of whom were gynaecologists and 22 (36.7%) were trainees in Obstetrics & Gynaecology. Twenty-eight European countries were represented in this response. Round 3 of the consensus procedure was performed in a consensus meeting with six experts. Implications of the training outcomes were discussed in a working group meeting, to ensure reasonability and feasibility of the material for implementation in Europe. The entire consensus procedure resulted in a core content of training standards of 188 outcomes, categorised in ten topics.CONCLUSIONEuropean consensus was developed regarding the medical expertise outcomes of pan-European training in Obstetrics and Gynaecology. The outcomes will be described in core trainings standards, aimed at harmonising training in Obstetrics and Gynaecology in Europe to promote high quality care.

Database: Medline

9. Patient Safety in Obstetrics: More Evidence, Less Emotion.

Author(s): Macones, George A

Source: Obstetrics and gynecology; Aug 2017; vol. 130 (no. 2); p. 257-259

Publication Date: Aug 2017

Publication Type(s): Journal Article

PubMedID: 28697095

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Gynaecology

1. Pelvic floor disorders in women with gynecologic malignancies: a systematic review.

Author(s): Ramaseshan, Aparna S; Felton, Jessica; Roque, Dana; Rao, Gautam; Shipper, Andrea G; Sanses, Tatiana V D

Source: International urogynecology journal; Sep 2017

Publication Date: Sep 2017

Publication Type(s): Journal Article Review

PubMedID: 28929201

Abstract:INTRODUCTION AND HYPOTHESIS Pelvic floor disorders (PFDs) negatively affect quality of life in the general population, and their prevalence in gynecologic cancer survivors has not been systematically described. This study aimed to determine the prevalence of PFDs in cancer survivors. We hypothesized that the prevalence of PFDs in the gynecologic cancer population would be higher than in the general female population. METHODS We searched PubMed (1809 to present), EMBASE (1974 to present), and the Cochrane Central Register of Controlled Trials (CENTRAL) through May 2017. The search combined subject headings, title, and abstract words for gynecologic cancer, PFDs, and prevalence. Any studies evaluating the prevalence of PFDs in gynecologic malignancies were included. RESULTS A total of 550 articles met the designated search criteria and 31 articles were included in this review. In cervical cancer survivors, before treatment the prevalences of stress urinary incontinence (SUI), urgency urinary incontinence (UUI) and fecal incontinence (FI) were 24-29%, 8-18% and 6%, respectively, and after treatment the prevalences of SUI, UUI, urinary retention, FI, fecal urge, dyspareunia and vaginal dryness were 4-76%, 4-59%, 0.4-39%, 2-34%, 3-49%, 12-58% and 15-47%, respectively. In uterine cancer survivors, before treatment the prevalences of SUI, UUI and FI were 29-36%, 15-25% and 3%, respectively, and after treatment the prevalences of urinary incontinence (UI) and dyspareunia were 2-44% and 7-39%, respectively. In vulvar cancer survivors, after treatment the prevalences of UI, SUI and FI were 4-32%, 6-20% and 1-20%, respectively. In ovarian cancer survivors, the prevalences of SUI, UUI, prolapse and sexual dysfunction were 32-42%, 15-39%, 17% and 62-75%, respectively. CONCLUSIONS PFDs are prevalent in gynecologic cancer survivors and this is an important area of clinical concern and future research.

Database: Medline

2. Statin use and survival outcomes in endocrine-related gynecologic cancers: A systematic review and meta-analysis.

Author(s): Xie, Weimin; Ning, Li; Huang, Yuenan; Liu, Yan; Zhang, Wen; Hu, Yingchao; Lang, Jinghe; Yang, Jiabin

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Publication Date: Jun 2017

Publication Type(s): Meta-analysis

PubMedID: 28489569

Available at [Oncotarget](#) - from Europe PubMed Central - Open Access

Abstract:Previous studies investigating the association between statin use and survival outcomes in gynecologic cancers have yielded controversial results. We conducted a systematic review and meta-analysis to evaluate the association based on available evidence. We searched the databases of the Cochrane Central Register of Controlled Trials (CENTRAL), Embase, and PubMed from inception to January 2017. Studies that evaluated the association between statin use and survival outcomes in gynecologic cancers were included. Pooled hazard ratios (HRs) for overall survival, disease-specific

survival and progression-free survival were calculated using a fixed-effects model. A total of 11 studies involving more than 6,920 patients with endocrine-related gynecologic cancers were identified. In a meta-analysis of 7 studies involving 5,449 patients with endocrine-related gynecologic cancers, statin use was linked to improved overall survival (HR, 0.71; 95% confidence interval [CI], 0.63 to 0.80) without significant heterogeneity ($I^2 = 33.3\%$). Statin users also had improved disease-specific survival (3 studies, HR, 0.72; 95% CI, 0.58 to 0.90, $I^2 = 35.1\%$) and progression-free survival (3 studies, HR, 0.68; 95% CI, 0.49 to 0.93, $I^2 = 33.6\%$) in endocrine-related gynecologic cancers. Our findings support that statin use has potential survival benefits for patients with endocrine-related gynecologic cancers. Further large-scale prospective studies are required to validate our findings.

Database: Medline

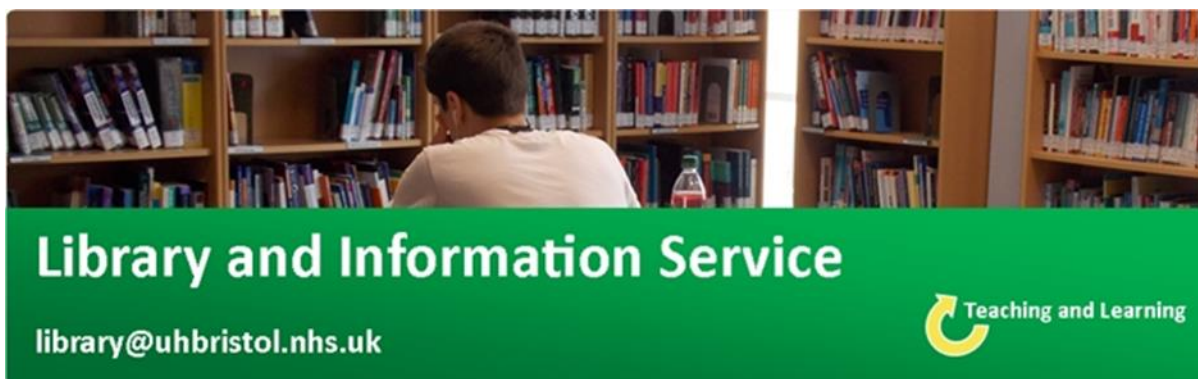


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