



Midwifery Bulletin

December 2023

The aim of this monthly current awareness bulletin is to provide a digest of recent news, guidelines, reports and research concerning all aspects of Midwifery.

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Library and Knowledge Services at Pilgrim Hospital

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News

AI depression app set for NHS clinical trial

Nottingham-based AI startup BlueSkeye AI has been given approval by the Medicines and Healthcare products Regulatory Agency (MHRA) to begin a [clinical trial of its TrueBlue perinatal mental health app in the NHS](#). The app uses AI to scan peoples' faces and voices and can identify and monitor signs of depression. The trial, which is planned to start in early 2024, will take place in Nottingham and Nottinghamshire and will last 14 months and involve 125 participants over the age of 18.

Maternity services

Identified safety risks with the Euroking maternity information system

This [National Patient Safety Alert](#) has been issued around identified safety risks relating to technical issues with the Euroking maternity information IT system, used by some NHS trusts.

Maternity and neonatal voices partnership guidance

This [guidance from NHS England](#) advises integrated care boards and trusts on statutory obligations in maternity and neonatal services, and actions and responsibilities in the three-year delivery plan. It also suggests areas to consider when commissioning, setting up, supporting and sustaining maternity and neonatal voices partnerships (MNVPs).

Maternity triage

This [Good Practice Paper No. 17 from the Royal College of Obstetricians and Gynaecologists](#) highlights the challenges in maternity triage departments and defines their role as emergency portals into maternity units for unscheduled attendances.

NHS Maternity Statistics, England, 2022-23

This is a [publication from NHS Digital on maternity activity in English NHS hospitals](#). This report examines data relating to delivery and birth episodes in 2022-23, and the booking appointments for these deliveries. This annual publication covers the financial year ending March 2023.



Quality and safety of maternity care in England

This [briefing from the House of Commons Library](#) details Government and NHS policies on the quality and safety of maternity care in England.

An appraisal of the East of England ‘sixty supportive steps to safety’ tool.

British Journal of Midwifery, 2023, 31(11), pp.640-644

During 2020–2021, an increased number of maternity units in the East of England were placed on the national Maternity Safety Support Programme, indicating that enhanced regional support was necessary. To establish exactly what support was required, both as a region and for individual maternity units, a tool was developed and launched April 2021: the ‘sixty supportive steps to safety’.

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Maternity workforce

Bullying in the workplace

British Journal of Midwifery, 2023, 31(10), pp.597-598

George F Winter discusses the prevalence of reports highlighting bullying in midwifery, and the evidence for ways to address this issue.

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Decolonising the midwifery curriculum

With women from Black ethnic groups four times more likely to die in pregnancy than women from White groups, there has been increasing pressure on ensuring an inclusive and decolonised midwifery curriculum. This [webinar from Council of Deans of Health](#) considers what measures HEIs can implement to make the midwifery curriculum more inclusive.

Labour ward co-ordinator education and development framework

This [framework from NHS England](#) provides labour ward co-ordinators – and midwives aspiring to the role – with a pathway of continuous development and supports the workforce to develop their skills and proficiencies to provide high-quality care.

#SayNoToBullyingInMidwifery Report

Midwives and student midwives report their experiences of toxic cultures of bullying in NHS maternity services. This [report from the Radical Association of Midwives \(RAM\) is available to download for free from the RAM shop](#) – you will need to add a copy to your basket, complete your details and checkout. You can also email library.pilgrim@ulh.nhs.uk for a copy of the report.

Maternal healthcare inequalities

Comparison of the care of Asian and White women who have experienced a stillbirth or neonatal death

The [Maternal, Newborn and Infant Clinical Outcome Review Programme has published an MBRRACE-UK Perinatal confidential enquiry report](#) on a comparison of the care of Asian and White women who have experienced a stillbirth or neonatal death. It is based on deaths reviewed in England, Wales, Scotland and Northern Ireland, for the period between 1 July 2019 and December 2019.



Comparison of the care of Black and White women who have experienced a stillbirth or neonatal death

The [Maternal, Newborn and Infant Clinical Outcome Review Programme has published an MBRRACE-UK Perinatal confidential enquiry report](#) on a comparison of the care of Black and White women who have experienced a stillbirth or neonatal death. It is based on deaths reviewed in England, Wales, Scotland and Northern Ireland, for the period between 1 July 2019 and 31 December 2019.

Maternal mortality rates in the Black community

Black women were at a greater risk of maternal mortality in the UK during 2018–20 when compared to White women, according to recent findings. The underlying causes of this disparity remain a complex picture. This [briefing from the House of Lords library](#) looks at the latest research findings, as well as a recent parliamentary report on Black maternal health and the government's response.

Talking to babies: improving literacy and reducing inequalities

This [guide from the Royal College of Midwives](#) shows how important the role of the maternity support worker is in reducing health inequalities caused by poverty or low literacy levels.

Maternal mental health

The maternal mental health experiences of young mums

This [briefing from the Maternal Mental Health Alliance](#) explores the mental health experiences of young mums. Findings from a rapid review of the literature and focus groups from across the UK show that young mums aged 16–25 are at higher risk of experiencing mental health problems during pregnancy and after birth. It also finds that they face barriers in accessing support and, where they do access support, experiences of services can be poor.

Antidepressants in pregnancy: applying causal epidemiological methods to understand service-use outcomes in women and long-term neurodevelopmental outcomes in exposed children.

Health Technology Assessment, 2023, 27(15), pp.1-83

Women prescribed antidepressants during pregnancy had greater service use during and after pregnancy than those not prescribed antidepressants. The evidence against any substantial association with autism, attention deficit hyperactivity disorder or intellectual disability in the children of women who continued compared with those who discontinued antidepressants in pregnancy is reassuring. Potential association of initiation of antidepressants during pregnancy with offspring autism needs further investigation. **You can read the full report or a plain language summary here:** [National Institute for Health and Care Research](#)

Can we improve discussions with pregnant women about previous trauma?

[This is a plain English summary of an original research article.](#) Pregnancy can bring back painful memories for women who have experienced abuse. These women may face additional challenges during pregnancy; trauma can have an impact on their mental and physical health, their relationship with their partner, and bonding with their child. Discussions about previous trauma can be difficult for pregnant women and for their care providers. This research explored their views, and suggested ways to improve discussions.



You can read the original research paper here: [PLOS One](#)

Obstetric and neonatal outcomes in pregnant women with and without a history of specialist mental health care: a national population-based cohort study using linked routinely collected data in England.

The Lancet Psychiatry, 2023, 10(10), pp.748-759

Pregnant women with pre-existing mental illnesses have increased risks of adverse obstetric and neonatal outcomes compared with pregnant women without pre-existing mental illnesses. We aimed to estimate these differences in risks according to the highest level of pre-pregnancy specialist mental health care, defined as psychiatric hospital admission, crisis resolution team (CRT) contact, or specialist community care only, and the timing of the most recent care episode in the 7 years before pregnancy.

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Women's experiences of social support during pregnancy: a qualitative systematic review.

BMC Pregnancy and Childbirth, 2023, 23(1), p.782

This systematic review sheds light on women's experiences of social support during pregnancy. The results indicate a broad variety of emotional support experienced and valued by pregnant women from different sources. Additionally, women expressed satisfaction and dissatisfaction with tangible and intangible support forms. It was also highlighted that spirituality played an essential role in reducing stress and offering coping mechanisms for some, whereas spirituality increased stress levels for others.

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Pregnancy complications

Alternative magnesium sulphate regimens for women with pre-eclampsia and eclampsia.

The overall objective of [this Cochrane review](#) was to assess if one magnesium sulphate regimen is better than another when used for the care of women with pre-eclampsia or eclampsia, or both, to reduce the risk of severe morbidity and mortality for the woman and her baby. Despite the number of trials evaluating various magnesium sulphate regimens for eclampsia prophylaxis and treatment, there is still no compelling evidence that one particular regimen is more effective than another.

Different intensities of glycaemic control for women with gestational diabetes mellitus.

The [overall objective of this Cochrane review](#) was to assess the effect of different intensities of glycaemic control in pregnant women with GDM on maternal and infant health outcomes.

Pregnancy complications increase the risk of heart attacks and stroke in women with high blood pressure

[This is a plain English summary of a research article.](#) High blood pressure increases the risk of diseases of the heart and blood vessels (cardiovascular disease). New research suggests that, for women with high blood pressure, having a pregnancy complication (such as early birth) further increases their risk of cardiovascular disease in future. **You can read the full research article here:** [Hypertension](#)



Prevention of cervical cancer: what are the risks and benefits of different treatments?

[This is a plain English summary of an original research article.](#) Surgeons use different procedures to remove abnormal cells in the cervix (the neck of the womb) and treat early cervical cancer. These treatments effectively reduce the risk that cancer will develop and spread, but they carry a risk of premature birth in future pregnancies. New research ranked the success and risks of different surgical treatments. **You can read the full research article here:** [The Lancet](#)

Viral rash in pregnancy

Information from [the UK Health Security Agency](#) on the investigation, diagnosis and management of a pregnant woman who has, or is exposed to, viral rash illness.

Labour

Impact of discontinuing oxytocin in active labour on neonatal morbidity: an open-label, multicentre, randomised trial.

The Lancet, 2023, 402(10417), pp. 2091-2100

Oxytocin is effective in reducing labour duration but can be associated with fetal and maternal complications that could potentially be reduced by discontinuing the treatment during labour. We aimed to assess the impact of discontinuing oxytocin during active labour on neonatal morbidity. Among participants receiving oxytocin in early labour, discontinuing oxytocin when the active phase is reached does not clinically or statistically significantly reduce neonatal morbidity compared with continuous oxytocin.

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Midwives' practice of maternal positions throughout active second stage labour: an integrative review.

British Journal of Midwifery, 2023, 31(8), pp. 468-476

Research exploring global studies of midwives' practice of maternal positions in second stage labour, and establish what could be learnt and adapted for use in Brunei. There were four key findings: maternal positions practised by midwives, midwives as the prime decision maker, midwives' personal convenience and comfort, and barriers to practising maternal positions.

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Women's experiences of induction of labour during the COVID-19 pandemic: a cross-sectional survey.

British Journal of Midwifery, 2023, 31(10), pp.548-557

Induction of labour is an increasingly common intervention. This study's aim was to explore women's experiences of induction, in particular of decision making and choice.


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Postpartum Care

Obstetric anal sphincter injuries: are defunctioning colostomies required?

British Journal of Midwifery, 2023, 31(8), pp. 428-434

Obstetric anal sphincter injury leads to significant morbidity in women. The long-term complications include anal incontinence, ano-vaginal or recto-vaginal fistula and psychological distress. The role of a defunctioning colostomy in women with severe perineal



tears in the immediate postnatal period is discussed.

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Perceptions and experiences of the prevention, detection, and management of postpartum haemorrhage: a qualitative evidence synthesis

The overall objective of [this Cochrane review](#) was to explore the perceptions and experiences of women, community members, lay health workers, and skilled healthcare providers who have experience with PPH or with preventing, detecting, and managing PPH, in community or health facility settings.

Infant Feeding

New elearning module: Breastfeeding and Perinatal Mental Health

This [Breastfeeding and Perinatal Mental Health e-learning programme from eLearning for Healthcare](#) promotes holistic caregiving and integrated support for families by raising awareness of the interplay between breastfeeding, parent-infant relationships, and perinatal mental health. It also provides guidance, resources and practical tools to support users to build skills in reflective practice and develop confidence in having sensitive conversations.

Why breast milk matters.

British Journal of Midwifery, 2023, 31(10), pp.592-596

Midwives understand the benefits of breastfeeding, both for the infant and mother. However, the biochemical and physiological reasons for the superiority of breast milk are less widely known. This is, in part, because of the extraordinary complexity of breast milk's composition.

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Neonatal care

Infant mortality and health inequalities

This [short research briefing from the House of Commons Library](#) examines the progress to date in reducing the infant mortality rate in England.

New measures to avoid topiramate exposure in pregnancy

The [CMDh1 endorsed new measures recommended by EMA's safety committee \(PRAC\) in September](#) to avoid exposure of children to topiramate-containing medicines in the womb, because the medicine may increase the risk of neurodevelopmental problems after exposure during pregnancy. Topiramate is already known to cause serious birth defects when used during pregnancy.

Nasal interfaces for neonatal resuscitation.

The [overall objective of this Cochrane review](#) was to determine whether newborn infants receiving PPV in the delivery room with a nasal interface compared to a face mask, laryngeal mask airway (LMA), or another type of nasal interface have reduced mortality and morbidity.

A brief overview of obstetric brachial plexus palsy.

British Journal of Midwifery, 2023, 31(10), pp.576-583

Obstetric brachial plexus palsy is an injury in newborn babies that is often associated with increased force on the neck during passage through the birth canal. This puts excessive



strain on the brachial plexus and causes nerve injury.

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Deferred cord clamping, cord milking, and immediate cord clamping at preterm birth: a systematic review and individual participant data meta-analysis.

The Lancet, 2023, 402(10418), pp. 2209-2222

This study provides high-certainty evidence that deferred cord clamping, compared with immediate cord clamping, reduces death before discharge in preterm infants. This effect appears to be consistent across several participant-level and trial-level subgroups. These results will inform international treatment recommendations.

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Short, medium, and long deferral of umbilical cord clamping compared with umbilical cord milking and immediate clamping at preterm birth: a systematic review and network meta-analysis with individual participant data.

The Lancet, 2023, 402(10418), pp. 2223-2234

This study found that long deferral of clamping leads to reduced odds of death before discharge in preterm infants. In infants assessed as requiring immediate resuscitation, this finding might only be generalisable if there are provisions for such care with the cord intact. These results are based on thoroughly cleaned and checked individual participant data and can inform future guidelines and practice.

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Pregnancy and baby loss

[NICE Clinical Knowledge Summary \(CKS\): Miscarriage](#)

Miscarriage should be suspected if a woman who is pregnant, or has symptoms of pregnancy (such as amenorrhoea or breast tenderness), presents with vaginal bleeding, with or without pain, in the first 24 weeks of pregnancy. [Last revised in October 2023]



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Royal Marsden Manual is an online textbook of evidence based clinical procedures related to every aspect of care from clinical nursing and midwifery experts:

<https://www.rmmonline.co.uk/>