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Clinical Librarian Service

Dynamed Plus and UptoDate
These are evidence based clinical information resources available to you, designed to provide an overview and recommendations on a wide selection of different medical conditions. To access these resources, simply “Click” on the tabs below. You can also get access to the Dynamed mobile app, which can be downloaded via apple or android app store or ask Clinical Librarians for help

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via OpenAthens login from Home

Click Here to Start Search
(Athens Login at Home)
Heavy menstrual bleeding: assessment and management. Clinical guideline [CG44] Published date: January 2007 Last updated: August 2016

Summary: This guideline covers assessing and treating heavy menstrual bleeding. It aims to help healthcare professionals offer the right treatments to women with heavy periods (menorrhagia) that affect their quality of life, taking into account the woman’s individual preferences. Click to view

Contraception. Quality standard [QS129] Published date: September 2016

Summary: This quality standard covers advice about all methods of contraception for women, including emergency contraception. It applies to young people (under 25) and adults. This includes all women of childbearing potential, and young people under 16 who are competent to consent to contraceptive treatment under the Department of Health’s. Click to view


Summary: This guideline covers diagnosing and treating fertility problems. It aims to reduce variation in practice and improve the way fertility problems are investigated and managed. Click to view

Electronic Medicines Compendium

Revised SPC: Glivec (imatinib) film-coated tablets
Summary: SPC now states that there have been post-marketing reports of spontaneous abortions and infant congenital anomalies from women who have taken imatinib. Click to view

Revised SPCs: Methadone Hydrochloride Oral Solutions (Rosemont pharmaceuticals Ltd) Summary: SPCs have been updated to state that there have been reports of neonates exposed to methadone during pregnancy developing visual disorders, in particular, nystagmus However, other factors have also been present and a definitive causal link to methadone has not been established. Click to view

National Partnership for Maternal Safety

National Partnership for Maternal Safety: Consensus Bundle on Venous Thromboembolism.
Abstract: This bundle, developed by a multidisciplinary working group and published by the National Partnership for Maternal Safety under the guidance of the Council on Patient Safety in Women’s Health Care, supports routine thromboembolism risk assessment for obstetric patients, with appropriate use of pharmacologic and mechanical thromboprophylaxis. Safety bundles outline critical clinical practices that should be implemented in every maternity unit. Click to view

Specialist Pharmacy Service

Is there a lactose-free oral contraceptive? All licensed oral contraceptives currently available contain lactose (Femulen® was previously available, but has now been discontinued). This Medicines Q&A lists lactose-free, non-oral alternatives Click to view
New and Updated Cochrane Systematic Reviews (Click on topics to view)

**Dietary supplementation with myo-inositol in women during pregnancy for treating gestational diabetes**

**New**

**Authors' conclusions:** There are insufficient data to evaluate the effect of myo-inositol for the treatment of gestational diabetes, with no data to examine the majority of outcomes in this review. There do not appear to be any benefits for the infant associated with exposure to myo-inositol such as reduced risk of being born large-for-gestational age. Although the risk of neonatal hypoglycaemia is reduced for the myo-inositol group, there is evidence of imprecision. Evidence from two studies suggested that myo-inositol was associated with a reduced change in maternal BMI and fasting blood sugar concentration compared with placebo. There is a lack of reporting of the clinically meaningful outcomes pre-specified for this review.

**Local oestrogen for vaginal atrophy in postmenopausal women**

**New**

**Authors' conclusions:** There was no evidence of a difference in efficacy between the various intravaginal oestrogenic preparations when compared with each other. However, there was low-quality evidence that intravaginal oestrogenic preparations improve the symptoms of vaginal atrophy in postmenopausal women when compared to placebo. There was low-quality evidence that oestrogen cream may be associated with an increase in endometrial thickness compared to oestrogen ring; this may have been due to the higher doses of cream used. However there was no evidence of a difference in the overall body of evidence in adverse events between the various oestrogenic preparations compared with each other or with placebo.

**Techniques for the interruption of tubal patency for female sterilisation.**

**New**

**Authors' conclusions:** Tubal sterilisation by partial salpingectomy, electrocoagulation, or using clips or rings, is a safe and effective method of contraception. Failure rates at 12 months post-sterilisation and major morbidity are rare outcomes with any of these techniques. Minor complications and technical failures appear to be more common with rings than clips. Electrocoagulation may be associated with less postoperative pain than the modified Pomeroy or tubal ring methods. Further research should include RCTs (for effectiveness) and controlled observational studies (for adverse effects) on sterilisation by minimally-invasive methods, i.e. tubal inserts and quinacrine.

**Baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding**

**New**

**Authors' conclusions:** This review demonstrates that there is no evidence from randomised controlled trials evaluating the effect of baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding, for healthy newborns. It is recommended that no changes are made to current practice guidelines without undertaking robust research, to include many patterns of breastfeeding and not limited to baby-led and scheduled breastfeeding. Future exploratory research is needed on baby-led breastfeeding that takes the mother's perspective into consideration.
Hyperbaric versus isobaric bupivacaine for spinal anaesthesia for caesarean section

Authors' conclusions: Data are limited for some of the outcomes. Reporting of the included trials is less than optimal. For these reasons the overall quality of evidence is low or very low for most of the outcomes, based on the GRADE method of assessment. This review found that intrathecal hyperbaric bupivacaine had a more rapid onset of sensory blockade at the 4th thoracic vertebra (T4) level than isobaric bupivacaine. However, despite incorporating more data in the analysis, we found little evidence that the need for conversion to general anaesthesia and supplemental analgesia differed between the hyperbaric or isobaric bupivacaine groups. This is mainly due to the rarity of these outcomes, variability in the dose, use of adjuvant drugs and differences in the technique used for regional anaesthesia. There were no differences in the adverse effects studied. Any possible advantage of hyperbaric bupivacaine needs to be confirmed in larger randomized trials. In future research, criteria for conversion to general anaesthesia need to be defined objectively and applied uniformly.

Screening for genital chlamydia infection

Authors' conclusions: Evidence about the effects of screening on C. trachomatis transmission is of low quality because of directness and risk of bias. There is moderate quality evidence that detection and treatment of chlamydia infection can reduce the risk of PID in women at individual level. There is an absence of RCT evidence about the effects of chlamydia screening in pregnancy. Future RCTs of chlamydia screening interventions should determine the effects of chlamydia screening in pregnancy, of repeated rounds of screening on the incidence of chlamydia-associated PID and chlamydia reinfection in general and high risk populations.

Cochrane Clinical Answers have been developed by Cochrane Innovations Ltd. and Wiley Online Library. Access: via Wiley Online Library or via http://cochraneclinicalanswers.com/

This Month’s Clinical Questions

How does surgery compare with medical therapy at improving outcomes in women with heavy menstrual bleeding? Click here to view answer

In women with early stage epithelial ovarian cancer, is there randomized controlled trial evidence to support the use of adjuvant chemotherapy? Click here to view answer

What are the effects of postpartum vitamin A supplementation in mothers and infants? Click here to view answer

Can oxytocin help to prevent postpartum hemorrhage in women who do not give birth in health facilities? Click here to view answer

What are the effects of interval debulking surgery in women with advanced epithelial ovarian cancer? Click here to view answer
Clinical Query Questions of the Month (ROCG)

Hypothyroidism in pregnancy (query bank). Published: 29 September 2016
In a primigravida with no antecedent history of thyroid problems with a thyroid stimulating hormone (TSH) of 5mIU/ml will levothyroxine supplementation have any impact on pregnancy outcome (preterm birth, pre eclampsia, antepartum haemorrhage) or neonatal outcome (intrapartum still birth, neonatal death, cognitive function, hypothyroidism at birth)? Click here to view Answer

Re-usable ventouse cups (query bank) Published: 29 September 2016
Is there evidence of cross contamination/infection from use of metal/silicone reusable ventouse cups? Are there any trials/data to back up the theoretical risk? Click here to view Answer

Endometrial biopsy in women taking warfarin (query bank). Published: 29 September 2016
What evidence is there to differ management in patients with postmenopausal bleeding who need an outpatient biopsy but are on warfarin? Click here to view Answer

Cervical length measurement in twin pregnancy (query bank). Published: 29 September 2016
What is the evidence for performing a cervical length monitoring in twin pregnancy? Click here to view Answer

Point of Care Information summaries Updates (Athens required when offsite)
Point of care information summaries insert latest evidence relevant to practice

Prevention of contrast-induced complications
Updated 2016 Sep 12 04:26 PM (ET)
- gadolinium-enhanced magnetic resonance imaging during pregnancy may increase risk of perinatal death (JAMA 2016 Sep 6) view update
- sodium bicarbonate may not reduce risk of contrast-induced nephropathy compared to IV saline (Ann Intern Med 2016 Mar 15) view update
- iodixanol (iso-osmolar contrast agent) might reduce risk of contrast-induced nephropathy compared to low-osmolar contrast media (Ann Intern Med 2016 Mar 15) view update

Prevention of preterm labor and preterm birth
Updated 2016 Sep 10 10:53 AM (ET)
- cervical pessary reduces risk of spontaneous preterm birth at < 34 weeks compared to expectant management in women with twin gestation and cervical length ≤ 25 mm (Am J Obstet Gynecol 2016 Feb) view update
- review of prevention of preterm birth with vaginal progesterone or 17-alpha-hydroxyprogesterone caproate (Am J Obstet Gynecol 2016 Jan) view update
- in women with a twin pregnancy, prophylactic oral beta-mimetic therapy may not reduce preterm birth (Cochrane Database Syst Rev 2015 Dec 8) view update
OBSTETRICS

Safety of magnetic resonance imaging and gadolinium in pregnancy (September 2016)

Magnetic resonance imaging (MRI) may be used for diagnostic imaging in pregnancy when ultrasound examination is inadequate; however, fetal safety has not been conclusively established. Recently, the largest study of MRI in pregnancy (over 1700 exposed and 1.4 million unexposed births) reported that first-trimester MRI was not associated with significantly increased risks for stillbirth, neonatal death, congenital anomaly, neoplasm, or vision or hearing loss in children followed up to age four years, when adjustments were made for differences between exposure groups [1]. The study also found that gadolinium exposure at any time during pregnancy was associated with an increased risk for stillbirth and neonatal death. Children exposed in utero were at increased risk for rheumatological, inflammatory, or infiltrative skin conditions, but not congenital anomalies or nephrogenic systemic fibrosis (NSF). This study is a major addition to the body of evidence supporting the safety of MRI in pregnancy when medically indicated. It also provides the first data supporting existing recommendations to avoid use of gadolinium-based contrast agents in pregnant women, when possible.

Practice Changing Research

Title: Moderate exercise does not increase risk of preterm birth in healthy pregnant women.
Citation: NIHR Signal. Published: September 2016
Comment: This is an expert commentary of a systematic review which pooled 9 trials (2059 healthy pregnant women) and found that women with an uncomplicated pregnancy who exercise (35-90mins 3-4 times a week) are no more likely to have a pre-term birth than those who don’t exercise.  Click to view

Title: Group Prenatal Care Compared With Traditional Prenatal Care: A Systematic Review and Meta-analysis.
Citation: Obstet Gynecol. 2016 Sep;128(3):551-61. doi: 10.1097/AOG.0000000000001560 Published: September 2016
Conclusions: Available data suggest that women who participate in group care have similar rates of preterm birth, neonatal intensive care unit admission, and breastfeeding. Click to view

Title: Neuraxial analgesia to increase the success rate of external cephalic version: a systematic review and meta-analysis of randomized controlled trials.
Conclusions: Administration of neuraxial analgesia significantly increases the success rate of external cephalic version among women with malpresentation at term or late preterm, which then significantly increases the incidence of vaginal delivery. Click to view

Title: Pregnancy: High Glucose Leads to Worse Outcomes.
Citation: BMJ 2016;354:i4694. Published: September 2016
Conclusions: This review and meta-analysis identified a large number of studies in various countries. There was a graded linear association between fasting and post-load glucose concentration across
the whole glucose distribution and most adverse perinatal outcomes in women without pre-existing or gestational diabetes. The lack of a clear threshold at which risk increases means that decisions regarding thresholds for diagnosing gestational diabetes are somewhat arbitrary. Research should now investigate the clinical and cost-effectiveness of applying different glucose thresholds for diagnosis of gestational diabetes on perinatal and longer term outcomes. Click to view

**Title:** Accuracy of Onsite Tests to Detect Asymptomatic Bacteriuria in Pregnancy: A Systematic Review and Meta-analysis

**Citation:** *Obstet Gynecol.* 2016 Sep;128(3):495-503. doi: 10.1097/AOG.0000000000001597.

**Publication Date:** September, 2016

**Conclusions:** The specificity of onsite tests is high; however, the sensitivity is not with the result that they will fail to detect a substantial number of cases of asymptomatic bacteriuria. Click to view

**Title:** Self-Administered Lidocaine Gel for Intrauterine Device Insertion in Nulliparous Women: A Randomized Controlled Trial.

**Citation:** *Obstet Gynecol.* 2016 Sep;128(3):621-8. doi: 10.1097/AOG.0000000000001596

**Published:** Sept. 2016.

**Conclusions:** For nulliparous women, self-administered vaginal lidocaine gel does not reduce pain with IUD insertion, but does decrease pain with tenaculum placement. Click to view

**Title:** Adjusting enoxaparin dosage according to anti-FXa levels and pregnancy outcome in thrombophilic women. A randomised controlled trial.

**Citation:** *Thromb Haemost.* 2016 Jul 21;116(4).

**Published:** Jul 2016.

**Conclusions:** In conclusion, dose of enoxaparin adjusted according to anti-factor Xa levels compared to fixed dose, does not reduce the risk of PMPC recurrence in thrombophilic women. Click to view

**Title:** Association Between MRI Exposure During Pregnancy and Fetal and Childhood Outcomes.

**Citation:** *JAMA.* 2016 Sep 6;316(9):952-961. doi: 10.1001/jama.2016.12126

**Published:** 6 Sept 2016.

**Conclusions:** Exposure to MRI during the first trimester of pregnancy compared with nonexposure was not associated with increased risk of harm to the fetus or in early childhood. Gadolinium MRI at any time during pregnancy was associated with an increased risk of a broad set of rheumatological, inflammatory, or infiltrative skin conditions and for stillbirth or neonatal death. The study may not have been able to detect rare adverse outcomes. Click to view

**Title:** Prospective risk of stillbirth and neonatal complications in twin pregnancies: systematic review and meta-analysis

**Citation:** BMJ 2016;354:i4353.

**Published:** September, 2016

**Authors conclusions:** To minimise perinatal deaths, in uncomplicated dichorionic twin pregnancies delivery should be considered at 37 weeks’ gestation; in monochorionic pregnancies delivery should be considered at 36 weeks. Click to view

**Title:** Risk for Congenital Malformation With H1N1 Influenza Vaccine: A Cohort Study With Sibling Analysis

**Citation:** Ann Intern Med. Published online 20 September 2016 doi:10.7326/M16-0139.

**Published:** September, 2016

**Conclusions:** This Swedish population-based study evaluating 40,983 offspring prenatally exposed v 197,588 unexposed offspring showed that the H1N1 vaccination during pregnancy does not seem to be linked to overall congenital malformation in offspring. Click to view
Title: A prediction model of vaginal birth after cesarean in the preterm period.
Published: Jun, 2016
Conclusions: A cross-validated predictive model was created for patients undergoing a trial of labor after cesarean delivery in the preterm period using 8 variables known on admission. These factors were notably different from factors used in the model for term patients. This new model can be used to counsel patients in the preterm period who want to undergo a trial of labor after cesarean delivery on their predicted vaginal birth after cesarean delivery success. Click to view

Title: Omission of fetal sampling in treatment of subsequent pregnancies in fetal-neonatal alloimmune thrombocytopenia.
Conclusions: The 2 recommended protocols of intensive initial treatment followed by empiric escalation of therapy at 32 weeks of gestation are reasonably safe, effective in increasing fetal platelet counts, and allow omission of fetal blood sampling by increasing the fetal platelet count in almost all cases. Click to view

Title: Exercise during pregnancy in normal-weight women and risk of preterm birth: a systematic review and meta-analysis of randomized controlled trials.
Published: Jun, 2016
Conclusions: Aerobic exercise for 35-90 minutes 3-4 times per week during pregnancy can be safely performed by normal-weight women with singleton, uncomplicated gestations because this is not associated with an increased risk of preterm birth or with a reduction in mean gestational age at delivery. Exercise was associated with a significantly higher incidence of vaginal delivery and a significantly lower incidence of cesarean delivery, with a significantly lower incidence of gestational diabetes mellitus and hypertensive disorders and therefore should be encouraged. Click to view

Title: Surgical treatment of stress urinary incontinence-trans-obturator tape compared with tension-free vaginal tape-5-year follow up: an economic evaluation.
Published: Jun, 2016
Conclusions: The results suggest that TOT is cost-effective compared with TVT in the treatment of stress urinary incontinence. Click to view

Title: Double-balloon catheter versus prostaglandin E2 for cervical ripening and labour induction: a systematic review and meta-analysis of randomised controlled trials.
Citation: BJOG. 2016 Aug 17. doi: 10.1111/1471-0528.14256.
Published: August, 2016
Conclusions: The double-balloon catheter demonstrated greater safety and cost-effectiveness than PGE2 agents for cervical ripening and labour induction. The efficacy profiles of both methods were similar. Click to view

Title: Maternal vitamin D deficiency and fetal distress/birth asphyxia: a population-based nested case–control study
Published: September, 2016
**Conclusions:** Low vitamin D levels in early pregnancy may be associated with emergency caesarean section due to suspected fetal distress and birth asphyxia. If our findings are supported by further studies, preferably on severe birth asphyxia, vitamin D supplementation/sun exposure in pregnancy may lower the risk of subsequent birth asphyxia. [Click to view]

**Title:** Valvular heart disease and pregnancy: management of prosthetic valves  
**Citation:** Heart  doi:10.1136/heartjnl-2015-308199  
**Published:** October 2016  
**Summary:** This review discusses the pregnancy risks in women with prosthetic heart valves, strategies for anticoagulation in women with mechanical heart valves, and the management of complications. [Click to view]

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**Pregnancy and Childbirth**

**Title:** A concept analysis of women’s vulnerability during pregnancy, birth and the postnatal period  
**Author(s):** Mackintosh, Nicola, Sandall, Jane  
**Abstract** This concept analysis has clarified how the term vulnerability is currently understood and used in relation to pregnancy, birth and the postnatal period. Vulnerability should be viewed as a complex phenomenon rather than a singular concept. A 'vulnerability journey plan' has the potential to identify how reparative interventions may develop the woman's capacity for resilience and influence the degree of vulnerability experienced. Methodology based around complex theory should be explored in future work about vulnerability. [Click to view]

**Title:** Antidepressant use during pregnancy and risk of postpartum hemorrhage: A systematic review and meta-analysis  
**Author(s):** Eganhouse DJ, Gutierrez L, Cuellar L, Velasquez C.  
**Abstract:** Nurse leaders used the Centers for Disease Control and Prevention’s survey on Maternity Practices in Infant Nutrition and Care, as well as Baby-Friendly Hospital Initiative guidelines, to transform maternity care in a safety-net hospital with more than 3,500 births annually. Implementing evidence-based guidelines to support breastfeeding was essential for a vulnerable population characterized by minimal prenatal care and high rates of diabetes, hypertension, obesity, and poverty. Research showing the importance of breastfeeding in protecting against these factors guided extensive changes in our maternity care model. The nursing and medical teams changed long-held practices that separated women from their newborns and observed substantial improvements in breastfeeding initiation and exclusive breastfeeding rates at discharge. [Click to view]

**Title:** Gastrochisis: A Review of Management and Outcomes  
**Citation:** Obstetrical and Gynecological Survey, Sep 2016, vol./is. 71/9(537-544), 0029-7828;1533-9866 (01 Sep 2016)  
**Summary:** After participating in this activity, the reader should be able to describe common pregnancy complications associated with gastrochisis; discuss options for prenatal and antenatal fetal surveillance; counsel parents regarding prenatal predictors of neonatal outcome and long-term prognosis; and describe the evidence-based recommendations for timing and mode of delivery. [Click to view]
Title: Meta-analysis of antenatal infection and risk of asthma and eczema
Citation: Medicine (United States), 2016, vol./is. 95/35(no pagination), 0025-7974;1536-5964 (2016)
Author(s): Zhu T., Zhang L., Qu Y., Mu D.
Conclusions: The results from this meta-analysis and systematic review provide evidence that maternal infection during pregnancy might be related to subsequent asthma and eczema in offspring. However, there was variation of included studies with regard to type of maternal infection, age of children, and methods of exposure ascertainment. Additional studies are needed to further confirm these associations.

Title: Effects of low-glycemic-index diets in pregnancy on maternal and newborn outcomes in pregnant women: a meta-analysis of randomized controlled trials
Citation: European Journal of Nutrition, Sep 2016(1-11), 1436-6207;1436-6215 (09 Sep 2016)
Author(s): Zhang R., Han S et al.
Conclusions: Low-GI diets may have beneficial effects on maternal outcomes for those at risk of developing high glucose levels, without causing adverse effects on newborn outcomes. However, results should be interpreted with caution because of the evidence of heterogeneity and limited number of studies.

Title: Effects of Maternal Diet During Pregnancy on the Risk of Childhood Acute Lymphoblastic Leukemia: A Systematic Review.
Citation: Nutrition and Cancer, Oct 2016, vol./is. 68/7(1065-1072), 0163-5581;1532-7914 ( Oct 2016)
Author(s): Abiri B., Kelishadi R., Sadeghi H., Azizi-Soleiman F
Conclusions: The finding of these studies suggest that maternal diet composed largely of vegetables, fruits, and protein sources before and during pregnancy can reduce the risk of ALL in offspring. Maternal alcohol intake had no effect. Nevertheless, inherent limitations of case-control studies like measurement error, random error, recall bias, and selection bias preclude conclusive evidence. Persuading pregnant women to follow a healthy diet rich in fruits, vegetables, and protein may reduce the risk of childhood ALL. Avoiding alcohol intake seems prudent.

Title: Lifestyle intervention can reduce the risk of gestational diabetes: a meta-analysis of randomized controlled trials.
Citation: Obesity Reviews, Oct 2016, vol./is. 17/10(960-969), 1467-7881;1467-789X (01 Oct 2016)
Author(s): Song C., Li J., Leng J., Ma R.C., Yang X.
Conclusions: We conclude that lifestyle modification during pregnancy, especially before the 15th gestational week, can reduce the risk of GDM.

Title: Dietary exposures during pregnancy, lactation or infancy and risk of allergic diseases: A systematic review and meta-analysis.
Citation: Allergy: European Journal of Allergy and Clinical Immunology, August 2016, vol./is. 71/(54), 1398-9995 (August 2016)
Author(s): Garcia-Larsen V et al.
Conclusions: Supplementation with n-3, probiotics and multivitamins during pregnancy, and increased fish intake during infancy, might reduce the risk of allergic disease in high risk infants.
**Obs & Gynae in the News – media stories explained**

**Contraceptive pills not proven to protect against the flu**  Monday September 19 2016

""How taking the pill could protect you from the flu," was the curious headline on a recent Mail Online article. The equally curious animal study involved female mice who had their ovaries surgically removed. **Click to view**

**Women dying needlessly due to not attending cervical screening**  Friday September 16 2016

"The lives of hundreds more cervical cancer patients could be saved if all those eligible went for screening," BBC News reports. An analysis estimates an additional 347 deaths per year in England could be prevented if all eligible women. **Click to view**

**Could fertility breakthrough lead to babies with no mothers?**  Thursday September 15 2016

"Fertility breakthrough means babies could be conceived from skin cells – so men can have babies with each other," is the excitable headline in the Daily Mirror. But the research in the news is at an early stage – and was in mice. **Click to view**

**Coil 'more effective' than morning after pill.**  Monday September 12 2016

"Women should use the coil rather than the morning-after pill as emergency contraception, according to official new guidelines," the Mail Online reports. The guidelines, from the National Institute for Health and Care Excellence... **Click to view**

**C-section babies 'more likely' to grow up obese.**  Wednesday September 7 2016

"Babies born by caesarean more likely to be obese as adults, study suggests," The Guardian reports. A US study found that babies born via caesarean section had a 64% increased risk of becoming obese compared to their siblings born by vaginal delivery... **Click to view**

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**Electronic journals**

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You will need an Athens password.

- American Journal of Obstetrics & Gynecology
- Archives of Gynecology & Obstetrics
- BJOG: An International Journal of Obstetrics and Gynaecology
- Clinical Obstetrics and Gynecology
- European Journal of Obstetrics & Gynecology and Reproductive Biology
- Obstetrics & Gynecology
- Prenatal diagnosis
- Ultrasound in obstetrics and gynaecology
- Journal of Maternal-Fetal & Neonatal Medicine
- Journal of Obstetric Gynecologic and Neonatal Nursing
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