MERRY CHRISTMAS!

Best wishes for Christmas and the New Year from the Library staff: Karen, Renae, Helen, Heidi, & Glenn

Christmas Season Opening Hours

Medical Library
Closed: 24th - 26th December, 1st January
Reduced Hours: 27th, 28th & 31st December open 8am – 4pm
Normal Hours Resume 2nd January

Consumer Library (WNHL)
Closed: 24th December – 1st January inclusive

For access to the Medical Library during the closure request After Hours Access

EndNote X9 should now be available on your work computer!
If not, log a job with HSS

EndNote X9 is compatible with EndNote X8 and across platforms – you can create your library in EndNote X8 on a MAC, save it as a compressed library on a USB then open it in EndNote X9 on a PC (and vice versa).

See this short video for What’s New in X9
See our EndNote Guide for a free update for your home computer.

Staff publications

The latest Staff Publications include a Multi-Centre Study & 3 Reviews!
Go to: AA - WNHS / Most Recent Staff Publications / KEMH

You can also search the Staff Publications
Click on our Staff Publications tab from the Library Home page

Add your term to the search box (e.g. 2018) > click Go
Or scroll down the list of authors > click on a link to see their publications
New Books

New Ebooks!
Access these books online from the links provided (or the Library catalogue)

- Physical assessment of the newborn: a comprehensive approach to the art of physical examination (6th ed)
- Evidence-based care for breastfeeding mothers: a resource for midwives and allied healthcare professionals (2nd ed)
- Physical examination of the newborn at a glance
- Supporting sucking skills in breastfeeding infants (3rd ed)
- Breastfeeding and human lactation (5th ed)
- Comprehensive lactation consultant exam review (4th ed)
- Endocrine and reproductive physiology (5th ed)
- Medical secrets (6th ed)
- Emery's elements of medical genetics (15th ed)
New Print Books!
A complete list of new books in the medical library is available on the [website](#) (see ‘Announcements’)

- **Current Diagnosis and Treatment Psychiatry (3rd ed)**
- **Williams Obstetrics (25th ed)**
- **AWHONN’s high risk and critical care obstetrics (4th ed)**
- **Havard’s nursing guide to drugs (10th ed)**
- **Skills for midwifery practice: Australia & New Zealand edition**
- **Core curriculum for interdisciplinary lactation care**

^ Back to the top

News & Events from the WNHL

Health Events happening in December

- Nationwide (Month of December) - Decembeard Bowel Cancer Australia
New books from the WNHL

**Beautiful birth**: practical techniques to help you enjoy your birth

**Beyond the checkup from birth to age 4**: a paediatrician’s guide to calm, confident parenting

**Breastfeeding book**: everything you need to know about nursing your child from birth through weaning

**The barefoot investor for families**: the only kids’ money guide you’ll ever need.

**Copying with pregnancy loss**

**Happy birth, happy baby**: how birth changes the world

^ Back to the top

**Articles of Interest**

*Clinics reviews & themed journal issues:*

- Reproductive aging (*Obstetrics and Gynecology Clinics of North America*)
- Bronchopulmonary dysplasia: emerging concepts (*Seminars in Perinatology*)
Necrotizing enterocolitis (Seminars in Fetal and Neonatal Medicine)

Assisted reproductive technology (Best Practice & Research: Clinical Obstetrics & Gynaecology)

Pediatric emergency medicine (Pediatric Clinics of North America)

New and updated Cochrane reviews:

**Omega-3 fatty acid addition during pregnancy (conclusions changed & highlighted)**

*preterm birth < 37 weeks and early preterm birth < 34 weeks* were reduced in women receiving omega-3 LCPUFA compared with no omega-3. There was a possibly reduced risk of *perinatal death* and of *neonatal care admission*, a reduced risk of *LBW* babies; and possibly a small increased risk of *LGA* babies with omega-3 LCPUFA.

**Interventions during pregnancy to prevent preterm birth: an overview of Cochrane systematic reviews** *(new)*

The overview serves as a map and guide to all current evidence relevant to PTB prevention published in the Cochrane Library. Of 70 SRs with outcome data, 36 reviews of interventions were identified with the aim of preventing PTB. Just four of these SRs had evidence of clear benefit to women, with an additional four SRs reporting possible benefit. No SR reported clear harm.

**Oropharyngeal colostrum in preventing mortality and morbidity in preterm infants** *(new)*

The effect of oropharyngeal colostrum was uncertain because of small sample sizes and very low-quality evidence.

**Infant formulas containing hydrolysed protein for prevention of allergic disease** *(conclusion changed)*

found no evidence to support short-term or prolonged feeding with a hydrolysed formula compared with exclusive breast feeding for prevention of allergic disease. No evidence to support prolonged feeding with a hydrolysed formula compared with a cows milk formula for prevention of allergic disease in infants unable to be exclusively breast fed.

**Naloxone for opioid-exposed newborn infants** *(updated)*

insufficient evidence to determine whether naloxone confers any important benefits to newborn infants with cardiorespiratory or neurological depression that may be due to intrauterine exposure to opioid.

**Ibuprofen for the treatment of patent ductus arteriosus in preterm or low birth weight (or both) infants** *(conclusions changed)*

Ibuprofen is as effective as indomethacin in closing a PDA. Ibuprofen reduces the risk of NEC and transient renal insufficiency. Therefore, of these two drugs, ibuprofen appears to be the drug of choice. The effectiveness of ibuprofen versus paracetamol is assessed in a separate review. Oro-gastric administration of ibuprofen appears as effective as IV administration.
Mefloquine for preventing malaria in pregnant women (conclusions changed)
Mefloquine was more efficacious than sulfadoxine-pyrimethamine in HIV-uninfected women or daily cotrimoxazole prophylaxis in HIV-infected pregnant women for prevention of malaria infection and was associated with lower risk of maternal anaemia, and no adverse effects on pregnancy outcomes. However, the high proportion of mefloquine-related adverse events constitutes an important barrier to its effectiveness for malaria preventive treatment in pregnant women.

Maternal position in the second stage of labour for women with epidural anaesthesia (conclusions changed)
Sensitivity analysis of studies at low risk of bias indicated that recumbent positions may reduce the need for operative birth and caesarean section, without increasing instrumental delivery. Mothers may be more satisfied with their experience of childbirth by adopting a recumbent position.

Skin preparation for preventing infection following caesarean section (updated)
There was insufficient evidence available from the included RCTs to fully evaluate different agents and methods of skin preparation for preventing infection following caesarean section.

Progestogen for preventing miscarriage in women with recurrent miscarriage of unclear etiology (updated)
For women with unexplained recurrent miscarriages, supplementation with progestogen therapy probably reduces the rate of miscarriage in subsequent pregnancies.

Interventionist versus expectant care for severe pre-eclampsia between 24 and 34 weeks' gestation (updated)
This review suggested that an expectant approach to the management of women with severe early onset pre-eclampsia may be associated with decreased morbidity for the baby. However, this evidence was based on data from only six trials.

Antihypertensive drug therapy for mild to moderate hypertension during pregnancy (conclusions changed)
Antihypertensive drug therapy for mild to moderate hypertension during pregnancy reduces the risk of severe hypertension. The effect on other clinically important outcomes remains unclear. If antihypertensive drugs are used, beta blockers and calcium channel blockers appear to be more effective than the alternatives for preventing severe hypertension.

Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems (updated)
The limited evidence on low-dose calcium supplementation suggests a reduction in pre-eclampsia, hypertension and admission to neonatal high care, but needs to be confirmed by larger, high-quality trials.

Non-clinical interventions for reducing unnecessary caesarean section (conclusions changed)
Few interventions with moderate- or high-certainty evidence, mainly targeting healthcare professionals (implementation of guidelines combined with mandatory second opinion, implementation of guidelines combined with audit and feedback, physician education by local opinion leader) have been shown to safely reduce caesarean section rates.

Hysteroscopy for treating subfertility associated with suspected major uterine cavity abnormalities (updated)
Uncertainty remains concerning an important benefit with the hysteroscopic removal of submucous
fibroids for improving the clinical pregnancy rates in women with otherwise unexplained subfertility.

**Oral and intrauterine progestogens for atypical endometrial hyperplasia (conclusions changed)**

No RCTS of women with atypical endometrial hyperplasia, and findings derive from a subgroup of 19 women in a larger RCT. All six women who used the LNG-IUS system achieved regression of atypical hyperplasia, but there was insufficient evidence to draw any conclusions regarding the relative efficacy of LNG-IUS versus oral progesterone (MPA) in this group of women.

**In vitro maturation in subfertile women with polycystic ovarian syndrome undergoing assisted reproduction (updated)**

There is still no evidence from properly conducted randomised controlled trials upon which to base any practice recommendations regarding IVM before in vitro fertilisation (IVF) or intracytoplasmic sperm injection for women with polycystic ovarian syndrome. Very low-quality evidence showed that clinical pregnancy was higher with IVM when compared to IVF, whereas the incidence of ovarian hyperstimulation syndrome was zero in both studies in both groups.

**Laparoscopy versus laparotomy for the management of early stage endometrial cancer (updated)**

This review found low to moderate-certainty evidence to support the role of laparoscopy for the management of early endometrial cancer.

**Type II or type III radical hysterectomy compared to chemoradiotherapy as a primary intervention for stage IB2 cervical cancer (new)**

There is an absence of high-certainty evidence on the relative benefits and harms of primary radical hysterectomy versus primary chemoradiotherapy for stage IB2 cervical cancer.

**Evidently Cochrane:**

**Psychological therapies for treatment-resistant depression in adults**

Sophia Fedorowicz, a Master’s student at Staffordshire University, with a background in psychology, looks at the latest Cochrane evidence on psychological therapies for treatment-resistant depression in adults.

**Other items of interest:**

**A systematic review and meta-analysis of the effects of antenatal anxiety on postpartum outcomes** ([Archives of Women’s Mental Health](https://doi.org/10.1002/ajm2.24257))

Antenatal anxiety is associated with PPD up to the first 10 months, independent of prenatal depression, and with lower odds of breastfeeding.

**Association of Body Fat and Risk of Breast Cancer in Postmenopausal Women With Normal Body Mass Index: A Secondary Analysis of a Randomized Clinical Trial and Observational Study** ([JAMA Oncology](https://doi.org/10.1001/jamaoncol.2019.3199))

In postmenopausal women with normal BMI, relatively high body fat levels were associated with an elevated risk of invasive breast cancer and altered levels of circulating metabolic and inflammatory factors.
Cervical cancer prevention in the community: resources for Aboriginal women (WACCPP)
Scroll down to Resources for Aboriginal women for PDF access. The Cervical Screening Flipchart is available in the Consumer Library, A Block.

Outcome of Infants with Therapeutic Hypothermia after Perinatal Asphyxia and Early-Onset Sepsis (Neonatology)
A good outcome was reported in the majority of infants with perinatal asphyxia, TH, and early-onset sepsis. Cooling should not be withheld from these infants.

Cord Blood Biomarkers of Cardiac Dysfunction and Damage in Term Growth-Restricted Fetuses Classified by Severity Criteria (Fetal Diagnosis and Therapy)
Cardiac dysfunction and cell damage is a common feature of term SGA and IUGR fetuses despite of the severity criteria for perinatal outcome.

We need to treat pregnant women as adults (ANZJOG)
Current Controversies in Obstetrics and Gynaecology - Opinion

Vaginal delivery: An argument against requiring consent (ANZJOG)
Current Controversies in Obstetrics and Gynaecology - Opinion

Association of Nurse Workload With Missed Nursing Care in the Neonatal Intensive Care Unit (JAMA Pediatrics)
Focusing exclusively on infant-to-nurse ratios to address missed care may be limiting; nurses’ subjective workload is typically unmeasured but has promise for tailored workload interventions.

Optimal Conventional Mechanical Ventilation in Full-Term Newborns
A Systematic Review (Advances in Neonatal Care)
Synchronized intermittent mandatory ventilation with a 6 mL/kg tidal volume and a positive end-expiratory pressure of 8 cm H2O may be advantageous in full-term newborns.

Health outcomes associated with use of hormonal contraception: breast cancer (Current Opinion in Obstetrics and Gynecology)
Purpose of review: To review recent literature on health outcomes associated with use of hormonal contraception with a focus on breast cancer.

Effect of metformin in addition to dietary and lifestyle advice for pregnant women who are overweight or obese: the GRoW randomised, double-blind, placebo-controlled trial (Lancet Diabetes & Endocrinology)
For pregnant women who are overweight or obese, metformin given in addition to dietary and lifestyle advice initiated at 10–20 weeks’ gestation does not improve pregnancy and birth outcomes.

Excessive Gestational Weight Gain (Journal of Midwifery & Women’s Health)
Reviews the current research regarding maternal and neonatal risks associated with excessive GWG, as well as the interventions that have demonstrated promise for addressing this problem.

Postpartum venous thromboembolism prophylaxis may cause more harm than benefit: a critical analysis of international guidelines through an evidence-based lens (BJOG)
Based on prediction models and expert opinion, most obstetric venous thromboembolism guidelines
recommend low-molecular-weight heparin for many postpartum women, including most delivering by caesarean. This review reveals major oversights.

**Association Between Concomitant Hysterectomy and Repeat Surgery for Pelvic Organ Prolapse Repair in a Cohort of Nearly 100,000 Women (Obstetrics & Gynecology)**

Hysterectomy at the time of prolapse repair is associated with a decreased risk of future POP surgery by 1–3% and is independently associated with higher perioperative morbidity.

**Research protocol for the exploration of experiences of Aboriginal Australian mothers and healthcare professionals when using the Edinburgh Postnatal Depression Scale: a process-oriented validation study using triangulated participatory mixed methods (BMJ Open)**

This mixed-methods research protocol seeks to explore the views and experiences of Aboriginal mothers and healthcare professionals in relation to the Edinburgh Postnatal Depression Scale (EPDS), and is intended to highlight potential barriers in perinatal mental health conceptualisation, engagement and response style.

For more popular articles, see the [Journal Alerts](#) guide.