Free Print Journal Issue Discards!

The Library is discarding 2015 print issues of the following journals:

JAMA; MJA; Scientific American; New Scientist.

If you would like any of these please see staff in the Medical Library

Or phone ex: 81581

Library Book Sale Continues!

More books have been added to the deselected Library book sale!

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At least 90% off!

Staff Publications

The full text of these recent staff publications is displayed in print in the Library and linked to in the Staff Publications page where possible:

WNHS staff member Ben Hartmann has contributed to a chapter about milk banking in the 2018 book

Breastfeeding and breast milk - from biochemistry to impact : a multidisciplinary introduction

Find it in the Library!

There are 14 new Staff Publications including a Case Report, Cohort Study & a Review!

Go to: AA - WNHS / Most Recent Staff Publications / KEMH

on our Staff Publications page!
We have completed staff publication records for 2017, 2016 and most of 2015 and will continue to work backwards as well as adding new research in 2018 when it appears! If we have missed your publication or need to change your details please Let Us Know!

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**New Books**

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

![Neurology: neonatology questions and controversies (3rd ed)](image)

![Hematology, immunology and genetics: neonatology questions and controversies (3rd ed)](image)

![Creasy and Resnik’s maternal-fetal medicine: principles and practice (8th ed)](image)

![Nephrology and fluid/electrolyte physiology: neonatology questions and controversies (3rd ed)](image)

![Essentials of perioperative nursing (6th ed)](image)
New Print Books!
A complete list of new books in the medical library is available on the [website](#) (see ‘Announcements’)

- **Handbook on injectable drugs** (Trissel: 19th ed)
- **Stedman’s medical dictionary** (28th ed)
- **Physical Assessment of the Newborn: A Comprehensive Approach to the Art of Physical Examination** (6th ed)
- **Explain pain supercharged: the clinician's handbook**
- **Manual of neonatal surgical intensive care** (3rd ed)
- **Contraception Today** (8th ed)
- **Textbook of Caesarean Section**
- **Breastfeeding: new anthropological approaches**
How to write and publish a scientific paper (8th ed)

Textbook of female sexual function and dysfunction: Diagnosis and treatment

Essentials of assessment report writing (2nd ed)

News & Events from the WNHL

Health Events happening in Oct-Nov

10th - October - World Mental Health Day

15th October - Pregnancy and Infant Loss Day

2nd November - Healthy Hips Day Healthy Hips Australia Ltd

11th - 17th November Perinatal Depression & Anxiety Awareness Week

12th - 18th November World Antibiotic Awareness Week NPS MedicineWise

12th - 18th November National Cervical Cancer Australian Cervical Cancer Foundation
New books from the WNHL

Awake at 3 a.m.: yoga therapy for anxiety and depression in pregnancy and early motherhood

Ask me about my uterus: a quest to make doctors believe in women’s pain

Caesarean birth: a positive approach to preparation and recovery

The motherhood: Australian women share what they wish they’d known about life with a newborn

The positive breastfeeding book: everything you need to feed your baby with confidence

The wonder down under: a user’s guide to the vagina

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Articles of Interest

Clinics reviews & themed journal issues:

Aboriginal, Torres Strait Islander and Māori Women’s Health Virtual Issue (ANZJOG)

The science to improve neonatal delivery room resuscitation (Seminars in Fetal and Neonatal Medicine)
New and updated Cochrane reviews:

**Oropharyngeal colostrum in preventing mortality and morbidity in preterm infants (new)**
Large, well-designed trials would be required to evaluate more precisely and reliably the effects of oropharyngeal colostrum on important outcomes for preterm infants.

**Infant formulas containing hydrolysed protein for prevention of allergic disease (updated, conclusions changed)**
Found no substantial evidence to support short-term or prolonged feeding with a hydrolysed formula compared with a cow's milk formula for prevention of allergic disease in infants unable to be exclusively breast fed.

**Ibuprofen for the treatment of patent ductus arteriosus in preterm or low birth weight (or both) infants (updated, 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.

**Naloxone for opioid-exposed newborn infants (updated)**
Found no evidence that administration of naloxone to infants exposed in utero to opioid during delivery affects any important outcomes. The efficacy and safety of naloxone for infants chronically exposed in utero to opioids in opioid-dependent women has not been assessed.

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

**Skin preparation for preventing infection following caesarean section (updated)**
Found insufficient evidence to determine what types of skin preparations may be most effective for preventing postcaesarean wound and surgical site infections.

**Interventionist versus expectant care for severe pre-eclampsia between 24 and 34 weeks’ gestation**
These data were insufficient to reach any firm conclusions about the comparative effects of these alternative strategies for the care of women with severe, early onset pre-eclampsia, in the absence of an over-riding maternal or fetal indication for delivery. Nevertheless, the apparent increase in some measures of neonatal morbidity associated with interventionist care suggested that early delivery would need to be justified by a realistic expectation of harm to the mother if the pregnancy was continued.

Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems (updated)

The possible reduction in hypertension, pre-eclampsia and preterm birth (low-quality evidence), and the reduction in the composite outcome 'maternal death or severe morbidity' (high-quality evidence) with high-dose calcium supplementation should be considered when making decisions about the use of calcium supplementation during pregnancy, particularly for those with low dietary intake or high risk of pre-eclampsia.

Antihypertensive drug therapy for mild to moderate hypertension during pregnancy (updated, conclusions changed)

Antihypertensive drug therapy for mild to moderate hypertension during pregnancy reduces the risk of severe hypertension and the need for additional antihypertensive drugs. The effect on total reported fetal and neonatal death (including miscarriage) remains unclear. Beta blockers and calcium channel blockers appear to be more effective than the alternatives for preventing severe hypertension.

Non-clinical interventions for reducing unnecessary caesarean section (updated, conclusions changed)

Found eight interventions to have a beneficial effect on at least one primary outcome measure with low-, moderate- or high-certainty evidence, and no moderate- or high-certainty evidence of adverse effects.

Epidermal growth factor receptor blockers for the treatment of ovarian cancer (updated, conclusions changed)

These data suggest that alone, inhibition of the epidermal growth factor receptor (EGFR) pathway has minimal, if any, beneficial effect and may cause harm due to side effects that erode quality of life.

Vasodilators for women undergoing fertility treatment (updated)

Evidence was insufficient to show whether vasodilators increase the live birth rate in women undergoing fertility treatment. However, low-quality evidence suggests that vasodilators may slightly increase clinical pregnancy rates. Moderate-quality evidence shows that vasodilators increase some side effects, such as headache and tachycardia, in comparison with placebo or no treatment.

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

It remains unknown whether chemoradiotherapy or primary surgery is the best approach for stage IB2 cervical cancer. Women with stage IB2 cervical cancer have a high chance of cancer recurrence after surgery, which is usually treated with chemoradiotherapy. The morbidity risk of combined
surgery and chemoradiotherapy cancer treatment is higher than either treatment on its own.

**Positron emission tomography (PET) and magnetic resonance imaging (MRI) for assessing tumour resectability in advanced epithelial ovarian/fallopian tube/primary peritoneal cancer (new)**

In women with advanced stage ovarian cancer, no firm conclusions can be drawn regarding the accuracy of FDG-PET/CT, conventional MRI, or (DW-)MRI to assess incomplete debulking surgery. The level of evidence is insufficient to advise routine addition of FDG-PET/CT or MRI to clinical practice.

**Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women (updated)**

Pelvic floor muscle training (PFMT) is better than no treatment, placebo or inactive control treatments for women with stress urinary incontinence (SUI) or urinary incontinence (UI) (all types). The authors are confident that PFMT can cure or improve symptoms of SUI and all other types of UI.

**Antigen-specific active immunotherapy for ovarian cancer (updated)**

Found no evidence of effective immunotherapy for ovarian cancer. Although promising immunological responses have been observed for most strategies evaluated, they do not coincide with clinical benefits for women with ovarian cancer.

**Evidently Cochrane:**

**Blood pressure targets – how low can you get?**

In this blog for people with cardiovascular disease taking treatment for high blood pressure, Robert Walton, a Cochrane UK Senior Fellow in General Practice, looks at the latest Cochrane evidence on what blood pressure targets to aim for, balancing the benefits of treatment against risk of side effects.

**Falls prevention in older people: what can nurses do?**

In this blog for nurses, Helen Cowan reflects on the latest Cochrane evidence on falls preventions in care homes and hospitals and reflects in the context of her nursing practice.

**Other items of interest:**

**Comprehensive literature search for animal studies may have saved STRIDER trial (BMJ)**

The recent announcement that the STRIDER (sildenafil therapy in dismal prognosis early onset fetal growth restriction) trial intervention resulted in 11 infant deaths due to lung related problems raises many serious questions.


The ERAS cesarean delivery recommendations (Parts 1–3) break down the surgical delivery process into a “focused” pathway that starts at 30–60 minutes before skin incision for both scheduled and unscheduled cesarean deliveries until hospital discharge along with a longer “optimized” pathway that manages antenatal education, maternal comorbidities, and immediate neonatal needs after
delivery.

SMFM Consult Series #46: Evaluation and management of polyhydramnios (AJOG)
Guidance from the Society of Maternal-Fetal Medicine

Low-dose aspirin is associated with reduced spontaneous preterm birth in nulliparous women (AJOG)
This secondary analysis of a RCT found that low-dose aspirin is associated with a substantial decrease in spontaneous preterm birth <34 weeks in healthy nulliparous women without comorbidities.

2019 Canadian Guideline for Physical Activity throughout Pregnancy (Society of Obstetricians & Gynecologists of Canada/Canadian Society for Exercise Physiology)
These Guidelines encourage pregnant women to get 150 minutes per week of moderate-intensity exercise. The evidence indicates that this can help reduce a pregnant woman's risk of depression and pregnancy-related illnesses by 25% or more, and the risk of developing gestational high blood pressure, preeclampsia and gestational diabetes by 40%.

Impact of a prenatal episode and diagnosis in women with serious mental illnesses on neonatal complications (prematurity, low birth weight, and hospitalization in neonatal intensive care units) (Archives of Women’s Mental Health)
The aim of this study was to determine, in women with severe mental illnesses, whether a prenatal episode was related to neonatal complications and if a specific disorder was associated with a higher risk.

Risk of stillbirth in low-risk singleton term pregnancies following fertility treatment: a national cohort study (BJOG)
Found a systematically increased risk of stillbirth in low-risk term pregnancies following IVF/ICSI. Whether the risk was related to the treatment or underlying subfertility is uncertain.

Prognostic Accuracy of Heart Rate Variability Analysis in Neonatal Encephalopathy: A Systematic Review (Neonatology)
HRV metrics are a promising bedside tool for early prediction of brain injury and neurodevelopmental outcome in babies with NE. Due to the small number of studies available further research is needed to refine this tool so that it can be used in clinical practice.

Effect of Aspirin on Cardiovascular Events and Bleeding in the Healthy Elderly (NEJM)
The use of low-dose aspirin as a primary prevention strategy in older adults resulted in a significantly higher risk of major hemorrhage and did not result in a significantly lower risk of cardiovascular disease than placebo.

Next-Generation Sequencing to Diagnose Suspected Genetic Disorders (NEJM)
Review: clinical next-generation sequencing is being used frequently in medical practices in which genetic testing has traditionally taken place. Emerging diagnostic applications include rapid-reporting approaches in intensive care settings (especially neonatal and pediatric) and use early in the course of complex disease.

Effect of Lactation on Maternal Hypertension: A Systematic Review (Breastfeeding Medicine)
Lactation is associated with a beneficial effect on maternal blood pressure that persists for decades.
These results add to the growing body of literature demonstrating the protective association of lactation on maternal cardiovascular risk.

**Cancer cachexia and myopenia – Update on management strategies and the direction of future research for optimizing body composition in cancer – A narrative review (Cancer Treatment Reviews)**

Myopenia is recognized as an independent predictor of poorer outcomes in cancer. Preservation of muscle mass and quality could improve outcomes in cancer. Multidisciplinary and multimodal therapies are discussed in this review and are likely to be key in managing this complex syndrome in the future.

**When Does the Odds Ratio Not Equal the Relative Risk, and Why Should You Care? (Journal of Midwifery & Women’s Health)**

Commentary: “Researchers report an odds ratio (OR) when they should, if possible, report a relative risk (RR) instead. The reason to care about this is that an OR can overstate the effect of the intervention or exposure, sometimes dramatically, and enough to mislead the clinician.”

**Congenital malformations are associated with secondhand smoke among nonsmoking women: A meta-analysis (Birth)**

Thirty-three studies with a total of 31,944 cases and 32,335 controls were included. Secondhand smoke exposure increases the risk for overall and several organ-system malformations.

**The experience of maternity care for migrant women living with female genital mutilation: A qualitative synthesis (Birth)**

Migrant women with a history of FGM frequently encounter negative attitudes when accessing the maternity services in their host countries. Women’s experiences suggest a concerning absence of sensitive and empathetic care; a more woman-centered approach is recommended.

For more popular articles, see the Journal Alerts guide.