

TY - JOUR
 AN - rayyan-504926600
 TI - Defining and describing birth centres in the Netherlands - a component study of the Dutch Birth Centre Study.
 Y1 - 2017
 Y2 - 7
 Y3 - 3
 T2 - BMC Pregnancy & Childbirth
 SN - 14712393
 VL - 17
 SP - 1-11
 AU - Hermus, M. A. A.
 AU - Boesveld, I. C.
 AU - Hitzert, M.
 AU - Franx, A.
 AU - de Graaf, J. P.
 AU - Steegers, E. A. P.
 AU - Wiegers, T. A.
 AU - van der Pal-de Bruin, K. M.
 UR - <https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=123921295&site=ehost-live&scope=site>
 PB - BioMed Central
 KW - BIRTHING centers
 KW - OBSTETRICS
 KW - MATERNAL health services
 KW - LABOR (Obstetrics)
 KW - CAREGIVERS
 KW - CORPORATE culture
 KW - DELIVERY (Obstetrics)
 KW - HEALTH facilities
 KW - HEALTH services accessibility
 KW - HOSPITAL admission & discharge
 KW - MEDICAL referrals
 KW - QUESTIONNAIRES
 KW - TERMS & phrases
 KW - MIDWIFERY
 KW - BURDEN of care
 KW - HOSPITAL birthing centers
 KW - NETHERLANDS
 KW - Birth centres
 KW - Definition
 KW - Delivery rooms
 KW - Midwife-led unit
 KW - Midwifery
 KW - Midwifery unit
 KW - the Netherlands
 KW - Netherlands
 AB - **Background:** During the last decade, a rapid increase of birth locations for low-risk births, other than conventional obstetric units, has been seen in the Netherlands. Internationally some of such locations are called birth centres. The varying international definitions for birth centres are not directly applicable for use within the Dutch obstetric system. A standard definition for a birth centre in the Netherlands is lacking. This study aimed to develop a definition of birth centres for use in the Netherlands, to identify these centres and to describe their characteristics. **Methods:** International definitions of birth centres were analysed to find common descriptions. In July 2013 the Dutch Birth Centre Questionnaire was sent to 46 selected Dutch birth locations that might qualify as birth centre. Questions included: location, reason for establishment, women served, philosophies, facilities that support physiological

birth, hotel-facilities, management, environment and transfer procedures in case of referral. Birth centres were visited to confirm the findings from the Dutch Birth Centre Questionnaire and to measure distance and time in case of referral to obstetric care.<bold>Results: </bold>From all 46 birth locations the questionnaires were received. Based on this information a Dutch definition of a birth centre was constructed. This definition reads: "Birth centres are midwifery-managed locations that offer care to low risk women during labour and birth. They have a homelike environment and provide facilities to support physiological birth. Community midwives take primary professional responsibility for care. In case of referral the obstetric caregiver takes over the professional responsibility of care." Of the 46 selected birth locations 23 fulfilled this definition. Three types of birth centres were distinguished based on their location in relation to the nearest obstetric unit: freestanding (n = 3), alongside (n = 14) and on-site (n = 6). Transfer in case of referral was necessary for all freestanding and alongside birth centres. Birth centres varied in their reason for establishment and their characteristics.<bold>Conclusions: </bold>Twenty-three Dutch birth centres were identified and divided into three different types based on location according to the situation in September 2013. Birth centres differed in their reason for establishment, facilities, philosophies, staffing and service delivery. [ABSTRACT FROM AUTHOR]

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N1 - Accession Number: 123921295; Hermus, M. A. A. 1,2,3,4; Email Address: Marieke.Hermus@tno.nl
Boesveld, I. C. 5 Hitzert, M. 6 Franx, A. 7 de Graaf, J. P. 6 Steegers, E. A. P. 6 Wiegers, T. A. 8 van der Palde Bruin, K. M. 1; Affiliation: 1: Department of Child Health, TNO, PO Box 22152301 CE Leiden, the Netherlands 2: Department of Obstetrics, Leiden University Medical Center, PO Box 96002300 RC Leiden, the Netherlands 3: Midwifery Practice Trivia, Werkmansbeemd 2, 4907 EW Oosterhout, the Netherlands 4: Wijde Omloop 32, 4904 PP Oosterhout, the Netherlands 5: Jan van Es Institute, Netherlands Expert Centre Integrated Primary Care, Wisselweg 33, 1314 CB Almere, the Netherlands 6: Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2040, 3000 CA Rotterdam, the Netherlands 7: Division Woman and Baby, University Medical Centre Utrecht, PO box 85500, 3508 GA Utrecht, the Netherlands 8: NIVEL (Netherlands Institute for Health Services Research), PO Box 15683500 BN Utrecht, the Netherlands; Source Info: 7/3/2017, Vol. 17, p1; Subject Term: BIRTHING centers; Subject Term: OBSTETRICS; Subject Term: MATERNAL health services; Subject Term: LABOR (Obstetrics); Subject Term: CAREGIVERS; Subject Term: CORPORATE culture; Subject Term: DELIVERY (Obstetrics); Subject Term: HEALTH facilities; Subject Term: HEALTH services accessibility; Subject Term: HOSPITAL admission & discharge; Subject Term: MEDICAL referrals; Subject Term: QUESTIONNAIRES; Subject Term: TERMS & phrases; Subject Term: MIDWIFERY; Subject Term: BURDEN of care; Subject Term: HOSPITAL birthing centers; Subject Term: NETHERLANDS; Author-Supplied Keyword: Birth centres; Author-Supplied Keyword: Definition; Author-Supplied Keyword: Delivery rooms; Author-Supplied Keyword: Midwife-led unit; Author-Supplied Keyword: Midwifery; Author-Supplied Keyword: Midwifery unit; Author-Supplied Keyword: the Netherlands; NAICS/Industry Codes: 621498 All Other Outpatient Care Centers; Number of Pages: 11p; Document Type: journal article | RAYYAN-INCLUSION: {"Christél"=>"Included"}
ER -

TY - JOUR

AN - rayyan-504926601

TI - Evaluating Maternity Units: a prospective cohort study of freestanding midwife-led primary maternity units in New Zealand-clinical outcomes.

Y1 - 2017

Y2 - 8

Y3 - 29

T2 - BMJ open

SN - 2044-6055

J2 - BMJ Open

VL - 7

IS - 8

SP - e016288

AU - Grigg, Celia P

AU - Tracy, Sally K
 AU - Tracy, Mark
 AU - Daellenbach, Rea
 AU - Kensington, Mary
 AU - Monk, Amy
 AU - Schmied, Virginia
 UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=28851782&site=ehost-live&scope=site>
 PB - BMJ Publishing Group Ltd
 CY - ["Division of Midwifery, School of Health Sciences, University of Nottingham, Nottingham, UK.", "University of Sydney, Sydney, Australia.", "University of Sydney, Sydney, Australia.", "Ara Institute of Canterbury, Christchurch, New Zealand.", "Ara Institute of Canterbury, Christchurch, New Zealand.", "University of Technology Sydney, Sydney, Australia.", "School of Nursing and Midwifery and the Family and Community Health, University of Western Sydney, Sydney, Australia."] England
 KW - Birthing Centers/*organization & administration
 KW - Delivery Rooms/*organization & administration
 KW - Delivery, Obstetric/*statistics & numerical data
 KW - Midwifery/*organization & administration
 KW - Adult
 KW - Apgar Score
 KW - Delivery, Obstetric/methods
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Labor, Obstetric
 KW - Logistic Models
 KW - Male
 KW - Multivariate Analysis
 KW - New Zealand
 KW - Patient Satisfaction
 KW - Perinatal Care/organization & administration
 KW - Pregnancy
 KW - Pregnancy Outcome
 KW - Prospective Studies
 KW - Young Adult
 KW - clinical outcomes
 KW - freestanding
 KW - midwife-led
 KW - primary maternity unit
 KW - tertiary hospital
 KW - Cohort Studies
 KW - Midwifery
 AB - Objective: To compare maternal and neonatal birth outcomes and morbidities associated with the intention to give birth in a freestanding primary level midwife-led maternity unit (PMU) or tertiary level obstetric-led maternity hospital (TMH) in Canterbury, Aotearoa/New Zealand.; Design: Prospective cohort study.; Participants: 407 women who intended to give birth in a PMU and 285 women who intended to give birth at the TMH in 2010-2011. All of the women planning a TMH birth were 'low risk', and 29 of the PMU cohort had identified risk factors.; Primary Outcomes: Mode of birth, Apgar score of less than 7 at 5 min and neonatal unit admission.; Secondary Outcomes: labour onset, analgesia, blood loss, third stage of labour management, perineal trauma, non-pharmacological pain relief, neonatal resuscitation, breastfeeding, gestational age at birth, birth weight, severe morbidity and mortality.; Results: Women who planned a PMU birth were significantly more likely to have a spontaneous vaginal birth (77.9%vs62.3%, adjusted OR (AOR) 1.61, 95% CI 1.08 to 2.39), and significantly less likely to have an instrumental assisted vaginal birth (10.3%vs20.4%, AOR 0.59, 95% CI 0.37 to 0.93). The emergency and elective caesarean section rates were not significantly different (emergency: PMU 11.6% vs TMH 17.5%, AOR 0.88, 95% CI 0.55 to 1.40; elective: PMU 0.7% vs TMH 2.1%, AOR 0.34, 95% CI 0.08 to 1.41). There were no significant differences between the cohorts in rates of 5 min Apgar score of <7 (2.0%vs2.1%, AOR 0.82, 95% CI 0.27 to 2.52) and neonatal

unit admission (5.9%vs4.9%, AOR 1.44, 95% CI 0.70 to 2.96). Planning to give birth in a primary unit was associated with similar or reduced odds of intrapartum interventions and similar odds of all measured neonatal well-being indicators.; Conclusions: The results of this study support freestanding midwife-led primary-level maternity units as physically safe places for well women to plan to give birth, with these women having higher rates of spontaneous vaginal births and lower rates of interventions and their associated morbidities than those who planned a tertiary hospital birth, with no differences in neonatal outcomes.; Competing Interests: Competing interests: None declared. (© Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.)

N1 - Accession Number: 28851782. Language: English. Date Revised: 20220317. Date Created: 20170831. Date Completed: 20180515. Update Code: 20221216. Publication Type: Journal Article, Multicenter Study. Journal ID: 101552874. Publication Model: Electronic. Cited Medium: Internet. NLM ISO Abbr: BMJ Open. PubMed Central ID: PMC5634452. Linked References: Birth. 2011 Jun;38(2):111-9. (PMID: 21599733); Int J Qual Health Care. 2009 Feb;21(1):18-26. (PMID: 19147597); Midwifery. 2015 Jun;31(6):597-605. (PMID: 25765744); Midwifery. 2012 Oct;28(5):619-26. (PMID: 22951423); BMJ Open. 2014 Oct 31;4(10):e006252. (PMID: 25361840); BMJ. 2011 Nov 23;343:d7400. (PMID: 22117057); Birth. 2010 Dec;37(4):341-6. (PMID: 21083728); BMC Pregnancy Childbirth. 2014 Jun 20;14:210. (PMID: 24951093); J R Coll Gen Pract. 1977 Nov;27(184):689-94. (PMID: 568177); Am J Obstet Gynecol. 2013 Oct;209(4):323.e1-6. (PMID: 23791692); Midwifery. 2010 Dec;26(6):603-8. (PMID: 19246135); Birth. 2012 Jun;39(2):135-44. (PMID: 23281862); Midwifery. 2015 Sep;31(9):879-87. (PMID: 26002990); Midwifery. 2010 Oct;26(5):526-31. (PMID: 20692078); Birth. 2010 Mar;37(1):28-36. (PMID: 20402719); BMC Pregnancy Childbirth. 2014 Jun 14;14:206. (PMID: 24929250); Lancet. 1985 Aug 24;2(8452):429-32. (PMID: 2863454); J Clin Ethics. 2013 Fall;24(3):225-38. (PMID: 24282850); BMJ Open. 2011 Jan 1;1(2):e000262. (PMID: 22021892); Am J Obstet Gynecol. 2010 Feb;202(2):152.e1-5. (PMID: 20004882); Birth. 2004 Sep;31(3):222-9. (PMID: 15330886); Birth. 2007 Sep;34(3):194-201. (PMID: 17718869); Community Health Stud. 1988;12(4):386-93. (PMID: 3243073); Women Birth. 2013 Dec;26(4):277-81. (PMID: 24139678); Am J Obstet Gynecol. 2014 Oct;211(4):390.e1-7. (PMID: 24662716). Linking ISSN: 20446055. Subset: MEDLINE; Date of Electronic Publication: 2017 Aug 29. ; Original Imprints: Publication: [London] : BMJ Publishing Group Ltd, 2011- | RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1136/bmjopen-2017-016288
ER -

TY - JOUR

AN - rayyan-504926602

TI - Freestanding Midwife Led Units: A Narrative Review.

Y1 - 2020

Y2 - 5

T2 - Iranian Journal of Nursing & Midwifery Research

SN - 17359066

VL - 25

IS - 3

SP - 181-188

AU - Bączek, Grażyna

AU - Puzyna, Urszula Tataj

AU - Sys, Dorota

AU - Baranowska, Barbara

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=142970575&site=ehost-live&scope=site>

PB - Wolters Kluwer India Pvt Ltd

KW - MIDWIVES

KW - BIRTHING centers

KW - MIDWIFERY education

KW - PREGNANT women

KW - PERINATAL care

KW - Birth setting

KW - birthing centers

KW - midwifery

KW - perinatal care

KW - review

KW - Midwifery

AB - Background: Strengthening of midwives' position and support for freestanding birth centers, frequently referred to as Freestanding Midwife led Units (FMUs), raise hopes for a return to humanized labor. Our study aimed to review published evidence regarding FMUs to systematize the knowledge of their functioning and to identify potential gaps in this matter. Materials and Methods: A structured integrative review of theoretical papers and empirical studies was conducted. The literature search included MEDLINE, Cochrane, Scopus, and Embase databases. The analysis included papers published in 1977-2017. Relevant documents were identified using various combinations of search terms and standard Boolean operators. The search included titles, abstracts, and keywords. Additional records were found through a manual search of reference lists from extracted papers. Results: Overall, 56 out of 107 originally found articles were identified as eligible for the review. Based on the critical analysis of published data, six groups of research problems were identified and discussed, namely, 1) specifics of FMUs, 2) costs of perinatal care at FMUs, 3) FMUs as a place for midwife education, 4) FMUs from midwives' perspective, 5) perinatal, maternal, and neonatal outcomes, and 6) FMUs from the perspective of a pregnant woman. Conclusions: FMUs offers a home like environment and complex midwifery support for women with uncomplicated pregnancies. Although emergency equipment is available as needed, FMU birth is considered a natural spontaneous process. Midwives' supervision over low-risk labors may provide many benefits, primarily related to lower medicalization and fewer medical interventions than in a hospital setting. [ABSTRACT FROM AUTHOR]

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N1 - Accession Number: 142970575; Bączek, Grażyna 1 Puzyna, Urszula Tataj 1; Email Address: urszulatp@op.pl Sys, Dorota 2 Baranowska, Barbara 3; Affiliation: 1: Department of Obstetrics and Gynecology Didactics, Medical University of Warsaw, Warszawa, Poland 2: Department of Reproductive Health, Centre of Postgraduate Medical Education, Warsaw, Poland 3: Department of Midwifery, Centre of Postgraduate Medical Education, Warsaw, Poland; Source Info: May/Jun2020, Vol. 25 Issue 3, p181; Subject Term: MIDWIVES; Subject Term: BIRTHING centers; Subject Term: MIDWIFERY education; Subject Term: PREGNANT women; Subject Term: PERINATAL care; Author-Supplied Keyword: Birth setting; Author-Supplied Keyword: birthing centers; Author-Supplied Keyword: midwifery; Author-Supplied Keyword: perinatal care; Author-Supplied Keyword: review; Number of Pages: 8p; Document Type: Article | RAYYAN-INCLUSION: {"Christél"=>"Included"}
ER -

TY - JOUR

AN - rayyan-504926603

TI - Mode of birth and medical interventions among women at low risk of complications: A cross-national comparison of birth settings in England and the Netherlands.

Y1 - 2017

Y2 - 7

Y3 - 27

T2 - PLoS one

SN - 1932-6203

J2 - PLoS One

VL - 12

IS - 7

SP - e0180846

AU - de Jonge, Ank

AU - Peters, Lilian

AU - Geerts, Caroline C

AU - van Roosmalen, Jos J M

AU - Twisk, Jos W R

AU - Brocklehurst, Peter

AU - Hollowell, Jennifer

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=28749944&site=ehost-live&scope=site>

PB - Public Library of Science

CY - ["Department of Midwifery Science, AVAG and Amsterdam Public Health research institute, VU University Medical Center at Amsterdam, Amsterdam, the Netherlands.", "Department of Midwifery Science, AVAG and Amsterdam Public Health research institute, VU University Medical Center at Amsterdam, Amsterdam, the Netherlands.", "Department of Midwifery Science, AVAG and Amsterdam Public Health research institute, VU University Medical Center at Amsterdam, Amsterdam, the Netherlands.", "Athena Institute, VU University, Amsterdam, the Netherlands.", "Department of Clinical Epidemiology and Biostatistics, VU University Medical Center Amsterdam, Amsterdam, the Netherlands.", "National Perinatal Epidemiology Unit (NPEU), University of Oxford, Oxford, United Kingdom.; Birmingham Clinical Trials Unit, University of Birmingham, Birmingham, United Kingdom.", "National Perinatal Epidemiology Unit (NPEU), University of Oxford, Oxford, United Kingdom."] United States

KW - Birthing Centers*

KW - Home Childbirth*

KW - Delivery, Obstetric/*statistics & numerical data

KW - Pregnancy Complications/*epidemiology

KW - Analgesia, Epidural

KW - Anesthesia

KW - Cesarean Section

KW - England/epidemiology

KW - Episiotomy

KW - Female

KW - Humans

KW - Labor, Obstetric/physiology

KW - Netherlands/epidemiology

KW - Oxytocin/pharmacology

KW - Patient Care Planning

KW - Perineum/pathology

KW - Pregnancy

KW - Risk Factors

KW - Netherlands

AB - Objectives: To compare mode of birth and medical interventions between broadly equivalent birth settings in England and the Netherlands.; Methods: Data were combined from the Birthplace study in England (from April 2008 to April 2010) and the National Perinatal Register in the Netherlands (2009). Low risk women in England planning birth at home (16,470) or in freestanding midwifery units (11,133) were compared with Dutch women with planned home births (40,468). Low risk English women with births planned in alongside midwifery units (16,418) or obstetric units (19,096) were compared with Dutch women with planned midwife-led hospital births (37,887).; Results: CS rates varied across planned births settings from 6.5% to 15.5% among nulliparous and 0.6% to 5.1% among multiparous women. CS rates were higher among low risk nulliparous and multiparous English women planning obstetric unit births compared to Dutch women planning midwife-led hospital births (adjusted (adj) OR 1.89 (95% CI 1.64 to 2.18) and 3.66 (2.90 to 4.63) respectively). Instrumental vaginal birth rates varied from 10.7% to 22.5% for nulliparous and from 0.9% to 5.7% for multiparous women. Rates were lower in the English comparison groups apart from planned births in obstetric units. Transfer, augmentation and episiotomy rates were much lower in England compared to the Netherlands for all midwife-led groups. In most comparisons, epidural rates were higher among English groups.; Conclusions: When considering maternal outcomes, findings confirm advantages of giving birth in midwife-led settings for low risk women. Further research is needed into strategies to decrease rates of medical intervention in obstetric units in England and to reduce rates of avoidable transfer, episiotomy and augmentation of labour in the Netherlands.

N1 - Accession Number: 28749944. Language: English. Date Revised: 20220408. Date Created: 20170728. Date Completed: 20171009. Update Code: 20221216. Publication Type: Comparative Study, Journal Article. Journal ID: 101285081. Publication Model: Electronic-eCollection; eCollection. Cited Medium: Internet. NLM ISO Abbr: PLoS One. PubMed Central ID: PMC5531544. Linked References: Cochrane Database Syst Rev. 2011 Dec 07;(12):CD000331. (PMID: 22161362); Cochrane Database Syst Rev. 2012 Sep 12;(9):CD000352. (PMID: 22972043); PLoS One. 2013 Sep 12;8(9):e74494. (PMID: 24069316); Acta Obstet Gynecol Scand.

2008;87(7):751-9. (PMID: 18607818); Midwifery. 2015 Jun;31(6):648-54. (PMID: 26203475); Obstet Gynecol. 2003 Sep;102(3):477-82. (PMID: 12962927); Lancet. 2014 Sep 20;384(9948):1129-45. (PMID: 24965816); PLoS Med. 2012;9(3):e1001184. (PMID: 22427745); BMJ Open. 2014 May 29;4(5):e005551. (PMID: 24875492); BMC Pregnancy Childbirth. 2016 Oct 28;16(1):329. (PMID: 27793112); CMAJ. 2009 Sep 15;181(6-7):377-83. (PMID: 19720688); Lancet. 2003 Nov 29;362(9398):1779-84. (PMID: 14654315); J Clin Epidemiol. 2007 Sep;60(9):883-91. (PMID: 17689804); BMJ. 2011 Nov 23;343:d7400. (PMID: 22117057); BMC Pregnancy Childbirth. 2014 May 29;14:179. (PMID: 24886482); BJOG. 2011 Mar;118(4):410-22. (PMID: 21176087); BJOG. 2012 Aug;119(9):1081-90. (PMID: 22702241); Cochrane Database Syst Rev. 2012 Aug 15;(8):CD000012. (PMID: 22895914); BJOG. 2015 Apr;122(5):720-8. (PMID: 25204886); BMC Health Serv Res. 2012 Mar 20;12:69. (PMID: 22433820); BJOG. 2008 Jun;115(7):842-50. (PMID: 18485162); Acta Obstet Gynecol Scand. 2010 Nov;89(11):1460-5. (PMID: 20955100); BMC Pregnancy Childbirth. 2014 Jun 14;14:206. (PMID: 24929250); BMC Pregnancy Childbirth. 2014 Jan 17;14:27. (PMID: 24438469); Birth. 2015 Mar;42(1):16-26. (PMID: 25613161); Am J Obstet Gynecol. 2002 Feb;186(2):198-203. (PMID: 11854635); Birth. 2015 Jun;42(2):156-64. (PMID: 25846937); Birth. 2013 Dec;40(4):247-55. (PMID: 24344705); Midwifery. 2015 Apr;31(4):482-8. (PMID: 25600327); BJOG. 2014 Jan;121(2):216-23. (PMID: 24373595); CMAJ. 2016 Mar 15;188(5):E80-90. (PMID: 26696622); BMJ Open. 2015 Jun 02;5(6):e007434. (PMID: 26038358); BMJ. 1996 Nov 23;313(7068):1309-13. (PMID: 8942693); Cochrane Database Syst Rev. 2016 Apr 28;4:CD004667. (PMID: 27121907); Sex Reprod Healthc. 2012 Dec;3(4):147-53. (PMID: 23182447); Birth. 2004 Mar;31(1):28-33. (PMID: 15015990). Linking ISSN: 19326203. Subset: MEDLINE; Grant Information: 08/1604/140 United Kingdom DH_ Department of Health Date of Electronic Publication: 2017 Jul 27. ; Original Imprints: Publication: San Francisco, CA : Public Library of Science | RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1371/journal.pone.0180846
ER -

TY - JOUR

AN - rayyan-504926604

TI - Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study.

Y1 - 2011

Y2 - 11

Y3 - 23

T2 - BMJ (Clinical research ed.)

SN - 1756-1833

J2 - BMJ

VL - 343

SP - d7400

AU - Brocklehurst, Peter

AU - Hardy, Pollyanna

AU - Hollowell, Jennifer

AU - Linsell, Louise

AU - Macfarlane, Alison

AU - McCourt, Christine

AU - Marlow, Neil

AU - Miller, Alison

AU - Newburn, Mary

AU - Petrou, Stavros

AU - Puddicombe, David

AU - Redshaw, Maggie

AU - Rowe, Rachel

AU - Sandall, Jane

AU - Silverton, Louise

AU - Stewart, Mary

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=22117057&site=ehost-live&scope=site>

PB - British Medical Association

CY - England

KW - Birthing Centers*
KW - Delivery Rooms*
KW - Home Childbirth*
KW - Pregnancy Outcome*
KW - Patient Care Planning/*statistics & numerical data
KW - Perinatal Care/*statistics & numerical data
KW - Adult
KW - Cohort Studies
KW - England
KW - Female
KW - Humans
KW - Midwifery
KW - Parturition
KW - Pregnancy
KW - Risk Factors

AB - Objective: To compare perinatal outcomes, maternal outcomes, and interventions in labour by planned place of birth at the start of care in labour for women with low risk pregnancies.; Design: Prospective cohort study.; Setting: England: all NHS trusts providing intrapartum care at home, all freestanding midwifery units, all alongside midwifery units (midwife led units on a hospital site with an obstetric unit), and a stratified random sample of obstetric units.; Participants: 64,538 eligible women with a singleton, term (≥ 37 weeks gestation), and "booked" pregnancy who gave birth between April 2008 and April 2010. Planned caesarean sections and caesarean sections before the onset of labour and unplanned home births were excluded.; Main Outcome Measure: A composite primary outcome of perinatal mortality and intrapartum related neonatal morbidities (stillbirth after start of care in labour, early neonatal death, neonatal encephalopathy, meconium aspiration syndrome, brachial plexus injury, fractured humerus, or fractured clavicle) was used to compare outcomes by planned place of birth at the start of care in labour (at home, freestanding midwifery units, alongside midwifery units, and obstetric units).; Results: There were 250 primary outcome events and an overall weighted incidence of 4.3 per 1000 births (95% CI 3.3 to 5.5). Overall, there were no significant differences in the adjusted odds of the primary outcome for any of the non-obstetric unit settings compared with obstetric units. For nulliparous women, the odds of the primary outcome were higher for planned home births (adjusted odds ratio 1.75, 95% CI 1.07 to 2.86) but not for either midwifery unit setting. For multiparous women, there were no significant differences in the incidence of the primary outcome by planned place of birth. Interventions during labour were substantially lower in all non-obstetric unit settings. Transfers from non-obstetric unit settings were more frequent for nulliparous women (36% to 45%) than for multiparous women (9% to 13%).; Conclusions: The results support a policy of offering healthy women with low risk pregnancies a choice of birth setting. Women planning birth in a midwifery unit and multiparous women planning birth at home experience fewer interventions than those planning birth in an obstetric unit with no impact on perinatal outcomes. For nulliparous women, planned home births also have fewer interventions but have poorer perinatal outcomes.

N1 - Accession Number: 22117057. Corporate Author: Birthplace in England Collaborative Group. Language: English. Date Revised: 20220408. Date Created: 20111126. Date Completed: 20120221. Update Code: 20221216. Publication Type: Comparative Study, Journal Article, Research Support, Non-U.S. Gov't. Journal ID: 8900488. Publication Model: Electronic. Cited Medium: Internet. NLM ISO Abbr: BMJ. PubMed Central ID: PMC3223531. Comment: Comment in: BMJ. 2012;344:e891. (PMID: 22315293). Comment in: BMJ. 2012;344:e893. (PMID: 22315294). Comment in: BMJ. 2012;344:e918. (PMID: 22315295). Comment in: Evid Based Med. 2012 Dec;17(6):e8. (PMID: 22474079). Linked References: Clin Perinatol. 1993 Jun;20(2):483-500. (PMID: 7689432); Acta Obstet Gynecol Scand. 2008;87(7):751-9. (PMID: 18607818); BJOG. 2009 Jun;116(7):933-42. (PMID: 19522797); Am J Obstet Gynecol. 2010 Sep;203(3):243.e1-8. (PMID: 20598284); BJOG. 2008 Apr;115(5):554-9. (PMID: 18333936); BMJ. 2011 Nov 23;343:d7400. (PMID: 22117057); Midwifery. 2008 Sep;24(3):256-9. (PMID: 18672321); BJOG. 2009 Aug;116(9):1177-84. (PMID: 19624439); Stat Med. 1998 Feb 28;17(4):407-29. (PMID: 9496720); CMAJ. 2009 Sep 15;181(6-7):377-83. (PMID: 19720688); Stat Med. 1998 Oct 15;17(19):2265-81. (PMID: 9802183); Cochrane Database Syst Rev. 2010 Sep 08;(9):CD000012. (PMID: 20824824). Linking ISSN: 09598138. Subset: MEDLINE; Grant Information: 08/1604/140 United Kingdom DH_ Department of Health; 10/1008/35 United Kingdom DH_ Department of Health Date of Electronic Publication: 2011 Nov 23. ; Original Imprints: Publication: London : British Medical Association | RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1136/bmj.d7400 U3 - Investigator: P Brocklehurst; A Macfarlane; N Marlow; R McCandlish; C

McCourt; A Miller; M Newburn; S Petrou; M Redshaw; J Sandall; L Silverton; C Warwick; K Sallah; J Demilew; M Blott; D Richmond; S Eardley; N Fulop; G Hartnoll; S Kenyon; G Lewis; M Forrester; C McKenzie; M McMahon; S Allen-Mills; G McConnell; J Walker; J Hollowell; N Patel; D Puddicombe; S Rance; J Rayment; R Rowe; L Schroeder; M Stewart; P Hardy; L Linsell; E Bosiak; M Gallagher; B Gatton; M Logan; V Roncaglione.
ER -

TY - JOUR

AN - rayyan-504926605

TI - Place of Birth and Concepts of Wellbeing: An Analysis from Two Ethnographic Studies of Midwifery Units in England.

Y1 - 2016

T2 - Anthropology in Action

SN - 0967201X

VL - 23

IS - 3

SP - 17-29

AU - McCourt, Christine

AU - Rayment, Juliet

AU - Rance, Susanna

AU - Sandall, Jane

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=123624951&site=ehost-live&scope=site>

PB - Berghahn Books

KW - ETHNOGRAPHIC analysis

KW - MIDWIFERY

KW - BIRTHING centers

KW - BIRTHPLACES

KW - CHILDBIRTH

KW - MATERNAL health services

KW - birth centre

KW - birthplace

KW - childbirth

KW - England

KW - maternity care

KW - midwife-led care

KW - midwifery units

KW - organisational ethnography

KW - place

KW - wellbeing

KW - Midwifery

AB - This article is based on analysis of a series of ethnographic case studies of midwifery units in England. Midwifery units¹ are spaces that were developed to provide more home-like and less medically oriented care for birth that would support physiological processes of labour, women's comfort and a positive experience of birth for women and their families. They are run by midwives, either on a hospital site alongside an obstetric unit (Alongside Midwifery Unit - AMU) or a freestanding unit away from an obstetric unit (Freestanding Midwifery Unit - FMU). Midwifery units have been designed and intended specifically as locations of wellbeing and although the meaning of the term is used very loosely in public discourse, this claim is supported by a large epidemiological study, which found that they provide safe care for babies while reducing use of medical interventions and with better health outcomes for the women. Our research indicated that midwifery units function as a protected space, one which uses domestic features as metaphors of home in order to promote a sense of wellbeing and to re-normalise concepts of birth, which had become inhabited by medical models and a preoccupation with risk. However, we argue that this protected space has a function for midwives as well as for birthing women. Midwifery units are intended to support midwives' wellbeing following decades of professional struggles to maintain autonomy, midwife-led care² and a professional identity founded on supporting normal, healthy birth. This development, which is focused on place of birth rather than other aspects of maternity care such as continuity, shows potential for restoring wellbeing on individual, professional and community levels, through improving rates of normal physiological

birth and improving experiences of providing and receiving care. Nevertheless, this very focus also poses challenges for health service providers attempting to provide a 'social model of care' within an institutional context. [ABSTRACT FROM AUTHOR]

AB - Copyright of Anthropology in Action is the property of Berghahn Books and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

N1 - Accession Number: 123624951; McCourt, Christine 1; Email Address: Christine.mccourt.1@city.ac.uk Rayment, Juliet 2; Email Address: Juliet.rayment.1@city.ac.uk Rance, Susanna 3; Email Address: s.rance@uel.ac.uk Sandall, Jane 4; Affiliation: 1: Professor of Maternal and Child Health at City, University of London 2: Research fellow in maternal and child health at City, University of London 3: Senior Research Fellow in the Institute for Health and Human Development, University of East London. 4: CBE, is a NIHR senior investigator and a Professor of Social Science and Women's Health at King's College London; Source Info: Winter2016, Vol. 23 Issue 3, p17; Subject Term: ETHNOGRAPHIC analysis; Subject Term: MIDWIFERY; Subject Term: BIRTHING centers; Subject Term: BIRTHPLACES; Subject Term: CHILDBIRTH; Subject Term: MATERNAL health services; Author-Supplied Keyword: birth centre; Author-Supplied Keyword: birthplace; Author-Supplied Keyword: childbirth; Author-Supplied Keyword: England; Author-Supplied Keyword: maternity care; Author-Supplied Keyword: midwife-led care; Author-Supplied Keyword: midwifery units; Author-Supplied Keyword: organisational ethnography; Author-Supplied Keyword: place; Author-Supplied Keyword: wellbeing; Number of Pages: 13p; Document Type: Article | RAYYAN-INCLUSION: {"Christel"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center ER -

TY - JOUR

AN - rayyan-504926606

TI - Planning birth in and admission to a midwife-led unit: development of a GAIN evidence-based guideline.

Y1 - 2017

Y2 - 3

T2 - MIDIRS Midwifery Digest

SN - 0961-5555

J2 - MIDIRS MIDWIFERY DIGEST

VL - 27

IS - 1

SP - 26-32

AU - Healy, Maria

AU - Gillen, Patricia

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=123724706&site=ehost-live&scope=site>

PB - MIDIRS

CY - ["Lecturer in midwifery education, School of Nursing and Midwifery, Queen's University Belfast, 97 Lisburn Road, Belfast BT9 7BL Northern Ireland", "Head of research and development for nurses, midwives and AHPs/lecturer Southern Health and Social Care Trust, Ulster University, Rosedale, 10 Moyallan Road, Gilford BT63 5JX Northern Ireland"]

KW - Childbirth

KW - Evaluation

KW - United Kingdom

KW - Alternative Birth Centers

KW - Midwifery Service

KW - Medical Practice, Evidence-Based

KW - Human

KW - Hospital Units

KW - Meetings

KW - Systematic Review

KW - Medline

KW - PubMed

KW - Cochrane Library

KW - Practice Guidelines

KW - Diffusion of Innovation

KW - Midwifery

AB - Background: Women with a straightforward pregnancy are encouraged to plan their birth in any of the following birth settings: home, freestanding midwifery unit, alongside midwifery unit or an obstetric unit (NICE 2014). Most recently published maternity strategies internationally, within the UK, and in particular, the Strategy for maternity care in Northern Ireland 2012-2018 (DHSSPS 2012), place a strong emphasis on the normalisation of pregnancy and birth as a means of improving outcomes and experiences for mothers and babies. However, women and maternity care professionals require guidelines to assist them in their decision-making in planning their place of birth. Aim: The aim of this paper is to outline the process involved in the development of evidence-based guidelines for the admission to midwife-led units (MLUs) through collaboration with key maternity care stakeholders including: HoMs, midwives, consultant obstetricians, consultant anaesthetists from the Health and Social Care Trusts, a GP, midwifery advisor, a representative from the Public Health Agency, Northern Ireland (NI) Practice and Education Council, a workplace union, and service users from a range of women's and parent groups. Method: Following approval from the RQIA's (Regulation and Quality Improvement Authority) GAIN Operational Committee to fund the project, requests for nominations to join the Guideline Development Group (GDG) were sent to the maternity care stakeholders and organisations, as well as women's and parent groups across NI. In total, 35 individuals became members of the GDG participating on the working or steering group, with a small number of participants taking part in both groups. The process included 12 meetings of the GDG between February 2014 and July 2015, with a specific remit to review and critically appraise relevant, up-to-date evidence relating to planning birth and the admission of a woman at the point of labour to either an alongside midwife-led unit (AMU) or freestanding midwife-led unit (FMU). The criteria were informed by the evidence and expert opinion, and made following robust inclusive discussion and challenge. Peer review was undertaken by two professors of midwifery, an obstetrician and a midwife lecturer. Outcomes: The process outcome was an evidence-based guideline for admission to midwife-led units, including the specific criteria for planning birth within MLUs, AMUs and FMUs. Implications for practice: The development of this evidence-based guideline will enable women and maternity care professionals in their decision to plan an MLU birth. MLUs utilising this guideline may have an increased number of women accessing their services and, therefore, will require regular review to ensure adequate midwifery staffing levels. Key words: Midwife-led care, midwife-led units, admission criteria, straightforward pregnancy, low risk, evidence-based practice, normal labour and birth, evidence-based midwifery.

N1 - Accession Number: 123724706. Language: English. Entry Date: 20180412. Revision Date: 20180412. Publication Type: Article; research; systematic review; tables/charts. Journal Subset: Editorial Board Reviewed; Europe; Expert Peer Reviewed; Nursing; UK & Ireland. Special Interest: Evidence-Based Practice. NLM UID: 9887374. | RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

ER -

TY - JOUR

AN - rayyan-504926607

TI - Relationships and trust: Two key pillars of a well-functioning freestanding midwifery unit.

Y1 - 2021

Y2 - 3

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X

J2 - Birth

VL - 48

IS - 1

SP - 104-113

AU - Rocca-Ihenacho, Lucia

AU - Yuill, Cassandra

AU - McCourt, Christine

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=33314346&site=ehost-live&scope=site>

PB - Wiley-Blackwell

CY - ["School of Health Sciences, Centre for Maternal and Child Health Research, City, University of London, London, UK.", "School of Health Sciences, Centre for Maternal and Child Health Research, City, University of

London, London, UK.", "School of Health Sciences, Centre for Maternal and Child Health Research, City, University of London, London, UK." United States

KW - Midwifery*

KW - Anthropology, Cultural

KW - England

KW - Female

KW - Humans

KW - Parturition

KW - Pregnancy

KW - Qualitative Research

KW - Trust

KW - birth center

KW - midwifery unit

KW - relationship-based care

KW - Midwifery

AB - Background: Despite strong evidence supporting the expansion of midwife-led unit provision, as a result of optimal maternal and perinatal outcomes, cost-effectiveness, and positive service user and staff experiences, scaling-up has been slow. Systemic barriers associated with gender, professional, economic, cultural, and social factors continue to constrain the expansion of midwifery as a public health intervention globally. This article aimed to explore relationships and trust as key components of a well-functioning freestanding midwifery unit (FMU).; Method(s): A critical realist ethnographic study of an FMU located in East London, England, was conducted over a period of 15 months. Recruitment of the 82 participants was purposive. Data collection included participant observation and semi-structured interviews, and data were analyzed thematically along with relevant local guidelines and documents.; Results: Twelve themes emerged. Relationships and Trust were identified as a core theme. The other 11 themes were grouped into six families, three of which: Ownership, Autonomy, and Continuous Learning; Team Spirit, Interdependency, and Power Relations; and Salutogenesis will be covered in this paper. The remaining three families: Friendly Environment; Having Time and Mindfulness; and Social Capital, will be covered in a separate paper.; Conclusions: A relationship-based model of care was crucial for both the functioning of the FMU and service users' satisfaction and may offer a compelling response to high levels of stress and burnout among midwives. (© 2020 Wiley Periodicals LLC.)

N1 - Accession Number: 33314346. Language: English. Date Revised: 20211025. Date Created: 20201214. Date Completed: 20211025. Update Code: 20221216. Publication Type: Journal Article, Research Support, Non-U.S. Gov't. Journal ID: 8302042. Publication Model: Print-Electronic. Cited Medium: Internet. NLM ISO Abbr: Birth. Linked References: Scarf V, Rossiter C, Vedam S, et al. Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis. *Midwifery*. 2018;62:240-255.; Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: findings from a new evidence informed framework for maternal and newborn care. *Lancet*. 2014;384:1129-1145. [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3).; Macfarlane AJ, Rocca-Ihenacho L, Turner LR. Survey of women's experience of care in a new freestanding midwifery unit in an inner city area of London, England 2. Specific aspects of care. *Midwifery*. 2014;30(9):1009-1020.; Overgaard C, Fenger-Grøn M, Sandall J. The impact of birthplace on women's birth experiences and perceptions of care. *Soc Sci Med*. 2012;74(7):973-981.; Schroeder L, Petrou S, Patel N, et al. Birthplace Cost Effectiveness Analysis of Planned Place of Birth: Individual Level Analysis, Birthplace In England Research Programme. London: Final Report part 5: NIHR Service Delivery and Organisation programme; 2011.; Walsh D, Spiby H, Grigg CP, et al. Mapping midwifery and obstetric units in England. *Midwifery*. 2018;56:9-16.; Blotkamp A, NMPA Project Team. National Maternity and Perinatal Audit: Organisational Report 2019. London: RCOG; 2019.; Renfrew MJ, Ateva E, Dennis-Antwi JA, et al. Midwifery is a vital solution -What is holding back global progress? *Birth*. 2019;46(3):396.; Walsh D, Spiby H, McCourt C, et al. Factors influencing the utilisation of free-standing and alongside midwifery units in England: a qualitative research study. *BMJ Open*. 2020;10(2):1-9.; McCourt C, Rance S, Rayment J, Sandall J. Birthplace Qualitative Organisational Case Studies: How Maternity Care Systems May Affect the Provision of Care in Different Settings, Birthplace in England Research Programme. Final Report Part 6. London: NIHR Service Delivery and Organisation programme; 2011.; McCourt C, Rayment J, Rance S, Sandall J. An Ethnographic Organisational Study Of Alongside Midwifery Units: A Follow-On Study From The Birthplace In England Programme. London: Health Services and Delivery Research; 2014.; Rocca-Ihenacho L. An Ethnographic Study Of The Philosophy, Culture And Practice In An Urban Freestanding Midwifery Unit. Unpublished PhD thesis. London: City, University of

London; 2017.; Mannion R, Davies HTO, Marshall MN. Cultural components of "high" and "low" performing hospitals. *J Health Org Manag.* 2005;431-439.; McCarthy D, Mueller K. Organizing for Higher Performance: Case Studies of Organized Delivery Systems. New York, NY: Commonwealth Fund; 2009.; Sandall J, Coxon K, Mackintosh NJ, Rayment-Jones H, Locock L, Page L. Relationships: The Pathway to Safe, High-Quality Maternity Care: Sheila Kitzinger Symposium at Green Templeton College, Oxford: Summary Report. Oxford: Green Templeton College; 2016.; Liberati EG, Tarrant C, Willars J, et al. Seven features of safety in maternity units: a framework based on multisite ethnography and stakeholder consultation. *BMJ Qual Saf.* 2020;1-13.; Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary. London: London the Stationery Office; 2013.; Kirkup B. The Report of the Morecambe Bay Investigation. An Independent Investigation into the Management, Delivery and Outcomes of Care Provided by the Maternity and Neonatal Services at the University Hospitals of Morecambe Bay NHS Foundation Trust from January 2004 to June 2013. London: The Stationery Office; 2015.; Hunter B, Fenwick J, Sidebotham M, Henley J. Midwives in the United Kingdom: Levels of burnout, depression, anxiety and stress and associated predictors. *Midwifery.* 2019;79:102526.; Rocca-Ihenacho L, Batinelli L, Thaelis E, Rayment J, Newburn M, McCourt C. Midwifery Unit Standards. London: City, University of London; 2018.; Rayment J, Rocca-Ihenacho L, Newburn M, Thaelis E, Batinelli L, McCourt C. The development of midwifery unit standards for Europe. *Midwifery.* 2020;86:1-7.; Brocklehurst P, Hardy P, Hollowell J, et al. Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. *BMJ.* 2011;343:d7400.; Crotty M. The Foundations of Social Research: Meaning and Perspective in the Research Process. St Leonards, Australia: Sage; 1998.; O'Reilly K. Key concepts in Ethnography. London: Sage; 2009.; Hammersley M, Atkinson P. Ethnography: Principles in Practice. London and New York: Routledge Taylor & Francis Group; 2007.; May T. Social Research: Issues, methods and process. Maidenhead: Open University Press; 2001.; Geertz C. The Interpretation of Cultures: Selected Essays. New York: Basic Books; 1973.; Spradley JP. Participant Observation. Belmont: Wadsworth, Cengage Learning; 1980.; Agar M. Speaking of Ethnography. Sage University Paper Series on Qualitative Research Methods, vol. 2. Beverly Hills, CA: Sage Publications; 1980.; Rocca-Ihenacho L, Redfearn R. Creating the Barkantine birth centre: the successes and challenges. *New Digest.* 2010;5:12.; Macfarlane AJ, Rocca-Ihenacho L, Turner LR, Roth C. Survey of women's experiences of care in a new freestanding midwifery unit in an inner-city area of London, England-1: Methods and women's overall ratings of care. *Midwifery.* 2014;30(9):998-1008.; Yuill C, Soria J, Rocca-Ihenacho L, Reeve-Jones C, McCourt C. The Barkantine Birth Centre: Celebrating 10 years as a Community Hub. London: Bart's Health NHS Trust; 2018.; Helliwell JF, Putnam RD. The social context of well-being. *Philos Transac R Soc.* 2004;359(1449):1435-1446.; McCourt C, Stevens T. Relationship and reciprocity in caseload midwifery. In: Hunter B, Deery R, eds. *Emotions in Midwifery and Reproduction.* New York, NY: Palgrave Macmillan; 2009;17-25.; Kennedy HP, Bisits A, Brodie P. Building Support Midwifery Collaborative Continuity Relationships of Care to Midwifery Continuity of Care: A Practical Guide; 2019; p. 93.; McCourt C, Rayment J, Rance S, Sandall J. Place of Birth and Concepts of Wellbeing: An Analysis from Two Ethnographic Studies of Midwifery Units in England. *Anthropol Action.* 2016;23(3):17-29.; McLachlan H, McCourt C, Coxon K, Forster D. Is Midwifery Continuity of Care Better for Women and Babies? What Is the Evidence?. In: Homer C, Brodie P, Sandall J, Leap N, eds. *Midwifery continuity of care: a practical guide.* Chatswood, Australia: Elsevier Health Sciences; 2019:1-20.; Walsh D. Subverting assembly-line birth: Childbirth in a free-standing birth centre. *Soc Sci Med.* 2006;62:1330-1340.; Walsh D. A birth centre's encounters with discourses of childbirth: how resistance led to innovation. *Sociol Health Illn.* 2007;29(2):216-232.; Stone N. Making physiological birth possible: birth at a free-standing birth centre in Berlin'. *Midwifery.* 2012;28:568-575.; McCourt C, Rance S, Rayment J, Sandall J. Organising safe and sustainable care in alongside midwifery units: Findings from an organisational ethnographic study. *Midwifery.* 2018;65:26-34.; Cull J, Hunter B, Henley J, Fenwick J, Sidebotham M. "Overwhelmed and out of my depth": Responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. *Women Birth.* 2020;33(6):e549-e557.; Mittelmark MB, Bauer GF. The meanings of salutogenesis. In: *The handbook of salutogenesis.* Cham: Springer; 2017:7-13.; Downe S, McCourt C. From being to becoming: reconstructing childbirth knowledges. In: Downe S, ed. *Normal Birth: Evidence and debate.* Oxford: Elsevier; 2008;3-27.; Salanova M, Agut S, Peiro JM. Linking organisational resources and work engagement to employee performance and customer loyalty: the mediation of service climate. *J Appl Psychol.* 2005;90:1217-1227.. Linking ISSN: 07307659. Subset: MEDLINE; Grant Information: CDRF 2009-24 United Kingdom DH_ Department of Health; CDRF 2009-24 Research Trainees Coordinating Centre Date of Electronic Publication: 2020 Dec 11. Current Imprints: Publication: <Mar. 2004- : Malden, MA : Wiley-Blackwell; Original Imprints: Publication: [Berkeley, CA : Medical Consumer Communications, c1982- | RAYYAN-INCLUSION: {"Christél"=>"Included"}>

DO - 10.1111/birt.12521

ER -

TY - JOUR

AN - rayyan-504926610

TI - Sop, Starve, Shut: the modern birth centre process.

Y1 - 2020

T2 - Midwifery Matters

SN - 0961-1479

J2 - MIDWIFERY MATTERS

IS - 164

SP - 6-8

AU - Kirkham, Mavis

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=142136305&site=ehost-live&scope=site>

PB - Association of Radical Midwives

KW - Alternative Birth Centers

KW - Health Facility Closure

KW - Midwifery

KW - Birth Setting

KW - Health Resource Allocation

KW - Personnel Shortage

KW - Consultants

KW - Patient Safety

AB - The article discusses the Freestanding midwife-led units (FMUs) being popular with women and midwives. Topics include excellent safety record providing hubs for provision of continuity of midwifery care; often called birth centers as they foster a social model of care centered on the woman and her relationship with a midwife; and FMUs being found to be the most cost effective birth place for women with straightforward pregnancies.

N1 - Accession Number: 142136305. Language: English. Entry Date: 20200312. Revision Date: 20200403. Publication Type: Article; pictorial. Journal Subset: Editorial Board Reviewed; Europe; Expert Peer Reviewed; Nursing; Peer Reviewed; UK & Ireland. NLM UID: 9503764. | RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article

ER -

TY - JOUR

AN - rayyan-504926612

TI - What influences birth place preferences, choices and decision-making amongst healthy women with straightforward pregnancies in the UK? A qualitative evidence synthesis using a 'best fit' framework approach.

Y1 - 2017

Y2 - 3

Y3 - 31

T2 - BMC Pregnancy & Childbirth

SN - 1471-2393

J2 - BMC PREGNANCY CHILDBIRTH

VL - 17

SP - 1-15

AU - Coxon, Kirstie

AU - Chisholm, Alison

AU - Malouf, Reem

AU - Rowe, Rachel

AU - Hollowell, Jennifer

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=122256667&site=ehost-live&scope=site>

PB - BioMed Central

CY - ["Faculty of Health, Social Care and Education, Kingston University and St. George's, University of

London, 6th Floor, Hunter Wing, St George's Campus, Cranmer Terrace, Tooting, London SW17 0RE, UK", "Policy Research Unit in Maternal Health and Care, National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Oxford OX3 7LF, UK", "Health Experiences Research Group, Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK U2 - PMID: NLM28359258."]

KW - Decision Making

KW - Patient Satisfaction

KW - Hospital Units

KW - Home Childbirth

KW - Alternative Birth Centers

KW - Health Services Accessibility

KW - Female

KW - Pregnancy

KW - Qualitative Studies

KW - Attitude to Health

KW - Human

KW - Systematic Review

AB - Background: English maternity care policy has supported offering women choice of birth setting for over twenty years, but only 13% of women in England currently give birth in settings other than obstetric units (OUs). It is unclear why uptake of non-OU settings for birth remains relatively low. This paper presents a synthesis of qualitative evidence which explores influences on women's experiences of birth place choice, preference and decision-making from the perspectives of women using maternity services. Methods: Qualitative evidence synthesis of UK research published January 1992-March 2015, using a 'best-fit' framework approach. Searches were run in seven electronic data bases applying a comprehensive search strategy. Thematic framework analysis was used to synthesise extracted data from included studies. Results: Twenty-four papers drawing on twenty studies met the inclusion criteria. The synthesis identified support for the key framework themes. Women's experiences of choosing or deciding where to give birth were influenced by whether they received information about available options and about the right to choose, women's preferences for different services and their attributes, previous birth experiences, views of family, friends and health care professionals and women's beliefs about risk and safety. The synthesis additionally identified that women's access to choice of place of birth during the antenatal period varied. Planning to give birth in OU was straightforward, but although women considering birth in a setting other than hospital OU were sometimes well-supported, they also encountered obstacles and described needing to 'counter the negativity' surrounding home birth or birth in midwife-led settings. Conclusions: Over the period covered by the review, it was straightforward for low risk women to opt for hospital birth in the UK. Accessing home birth was more complex and contested. The evidence on freestanding midwifery units (FMUs) is more limited, but suggests that women wanting to opt for an FMU birth experienced similar barriers. The extent to which women experienced similar problems accessing alongside midwifery units (AMUs) is unclear. Women's preferences for different birth options, particularly for 'hospital' vs non-hospital settings, are shaped by their pre-existing values, beliefs and experience, and not all women are open to all birth settings.

N1 - Accession Number: 122256667. Language: English. Entry Date: 20180730. Revision Date: 20220131. Publication Type: journal article; research; systematic review; tables/charts. Journal Subset: Biomedical; Europe; Peer Reviewed; UK & Ireland. Special Interest: Evidence-Based Practice. Grant Information: RTF/01/022/DH_/Department of Health/United Kingdom. NLM UID: 100967799. | RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.1186/s12884-017-1279-7

ER -

TY - JOUR

AN - rayyan-504926614

TI - Women's birthplace decision-making, the role of confidence: Part of the Evaluating Maternity Units study, New Zealand.

Y1 - 2015

Y2 - 6

T2 - Midwifery

SN - 1532-3099

J2 - Midwifery

VL - 31
 IS - 6
 SP - 597-605
 AU - Grigg, Celia P
 AU - Tracy, Sally K
 AU - Schmied, Virginia
 AU - Daellenbach, Rea
 AU - Kensington, Mary
 UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=25765744&site=ehost-live&scope=site>
 PB - Churchill Livingstone
 CY - ["Midwifery and Women's Health Research Unit, Faculty of Nursing and Midwifery, 88 Mallett St., The University of Sydney, Sydney 2050, NSW, Australia; University of Sydney, NSW, Australia. Electronic address: celia.grigg@sydney.edu.au.", "Centre for Midwifery & Women's Health Research Unit, The Royal Hospital for Women, Sydney, NSW, Australia; University of Sydney, NSW, Australia. Electronic address: sallytracy@sydney.edu.au.", "School of nursing and midwifery, Family and Community Health Research Group, University of Western Sydney, NSW, Australia. Electronic address: V.Schmied@uws.edu.au.", "School of Midwifery, Christchurch Polytechnic Institute of Technology, New Zealand. Electronic address: Rea.Daellenbach@cpit.ac.nz.", "School of Midwifery, Christchurch Polytechnic Institute of Technology, New Zealand. Electronic address: Mary.Kensington@cpit.ac.nz."] Scotland
 KW - Decision Making*
 KW - Health Services Research*
 KW - Patient Satisfaction*
 KW - Birthing Centers/*standards
 KW - Midwifery/*standards
 KW - Adolescent
 KW - Adult
 KW - Birthing Centers/statistics & numerical data
 KW - Female
 KW - Humans
 KW - Middle Aged
 KW - Midwifery/statistics & numerical data
 KW - New Zealand
 KW - Pregnancy
 KW - Prospective Studies
 KW - Surveys and Questionnaires
 KW - Confidence
 KW - Decision-making
 KW - Place of birth
 KW - Primary maternity unit
 KW - Tertiary hospital
 KW - Decision Making
 AB - Objective: to explore women's birthplace decision-making and identify the factors which enable women to plan to give birth in a freestanding midwifery-led primary level maternity unit rather than in an obstetric-led tertiary level maternity hospital in New Zealand.; Design: a mixed methods prospective cohort design.; Methods: data from eight focus groups (37 women) and a six week postpartum survey (571 women, 82%) were analysed using thematic analysis and descriptive statistics. The qualitative data from the focus groups and survey were the primary data sources and were integrated at the analysis stage; and the secondary qualitative and quantitative data were integrated at the interpretation stage.; Setting: Christchurch, New Zealand, with one tertiary maternity hospital and four primary level maternity units (2010-2012).; Participants: well (at 'low risk' of developing complications), pregnant women booked to give birth in one of the primary units or the tertiary hospital. All women received midwifery continuity of care, regardless of their intended or actual birthplace.; Findings: five core themes were identified: the birth process, women's self-belief in their ability to give birth, midwives, the health system and birth place. 'Confidence' was identified as the overarching concept influencing the themes. Women who chose to give birth in a primary maternity unit appeared to differ markedly in their beliefs regarding their optimal birthplace compared to women who chose to give birth in a tertiary maternity hospital. The women who planned a primary maternity unit birth

expressed confidence in the birth process, their ability to give birth, their midwife, the maternity system and/or the primary unit itself. The women planning to give birth in a tertiary hospital did not express confidence in the birth process, their ability to give birth, the system for transfers and/or the primary unit as a birthplace, although they did express confidence in their midwife.; Key Conclusions and Implications for Practice: birthplace is a profoundly important aspect of women's experience of childbirth. Birthplace decision-making is complex, in common with many other aspects of childbirth. A multiplicity of factors needs converge in order for all those involved to gain the confidence required to plan what, in this context, might be considered a 'countercultural' decision to give birth at a midwife-led primary maternity unit. (Copyright © 2015 The Authors. Published by Elsevier Ltd.. All rights reserved.)

N1 - Accession Number: 25765744. Language: English. Date Revised: 20220317. Date Created: 20150314. Date Completed: 20160928. Update Code: 20221216. Publication Type: Journal Article. Journal ID: 8510930. Publication Model: Print-Electronic. Cited Medium: Internet. NLM ISO Abbr: Midwifery. Linking ISSN: 02666138. Date of Electronic Publication: 2015 Feb 24. ; Original Imprints: Publication: Edinburgh ; New York : Churchill Livingstone, 1985- | RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.midw.2015.02.006
ER -

TY - JOUR

AN - rayyan-504926615

TI - Women's experiences of transfer from primary maternity unit to tertiary hospital in New Zealand: part of the prospective cohort Evaluating Maternity Units study.

Y1 - 2015

Y2 - 12

Y3 - 18

T2 - BMC Pregnancy & Childbirth

SN - 1471-2393

J2 - BMC PREGNANCY CHILDBIRTH

VL - 15

SP - 1-12

AU - Grigg, Celia P.

AU - Tracy, Sally K.

AU - Schmied, Virginia

AU - Monk, Amy

AU - Tracy, Mark B.

UR - <https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=111916997&site=ehost-live&scope=site>

PB - BioMed Central

CY - University of Sydney, Sydney, NSW, Australia U2 - PMID: NLM26679339.

KW - Alternative Birth Centers

KW - Administration

KW - Labor

KW - Psychosocial Factors

KW - Patient Satisfaction

KW - Transfer, Discharge

KW - Standards

KW - Hospitals, Special

KW - Prospective Studies

KW - New Zealand

KW - Midwifery

KW - Infant, Newborn

KW - Pregnancy

KW - Patient Care Plans

KW - Interviews

KW - Female

KW - Adult

KW - Young Adult

KW - Human

AB - Background: There is worldwide debate regarding the appropriateness and safety of different birthplaces for well women. The Evaluating Maternity Units (EMU) study's primary objective was to compare clinical outcomes for well women intending to give birth in either a tertiary level maternity hospital or a freestanding primary level maternity unit. Little is known about how women experience having to change their birthplace plans during the antenatal period or before admission to a primary unit, or transfer following admission. This paper describes and explores women's experience of these changes-a secondary aim of the EMU study.Methods: This paper utilised the six week postpartum survey data, from the 174 women from the primary unit cohort affected by birthplace plan change or transfer (response rate 73%). Data were analysed using descriptive statistics and thematic analysis. The study was undertaken in Christchurch, New Zealand, which has an obstetric-led tertiary maternity hospital and four freestanding midwife-led primary maternity units (2010-2012). The 702 study participants were well, pregnant women booked to give birth in one of these facilities, all of whom received continuity of midwifery care, regardless of their intended or actual birthplace.Results: Of the women who had to change their planned place of birth or transfer the greatest proportion of women rated themselves on a Likert scale as unbothered by the move (38.6%); 8.8% were 'very unhappy' and 7.6% 'very happy' (quantitative analysis). Four themes were identified, using thematic analysis, from the open ended survey responses of those who experienced transfer: 'not to plan', control, communication and 'my midwife'. An interplay between the themes created a cumulatively positive or negative effect on their experience. Women's experience of transfer in labour was generally positive, and none expressed stress or trauma with transfer.Conclusions: The women knew of the potential for change or transfer, although it was not wanted or planned. When they maintained a sense control, experienced effective communication with caregivers, and support and information from their midwife, the transfer did not appear to be experienced negatively. The model of continuity of midwifery care in New Zealand appeared to mitigate the negative aspects of women's experience of transfer and facilitate positive birth experiences.

N1 - Accession Number: 111916997. Language: English. Entry Date: 20160831. Revision Date: 20190710. Publication Type: journal article; research; tables/charts. Journal Subset: Biomedical; Europe; Peer Reviewed; UK & Ireland. NLM UID: 100967799. | RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12884-015-0770-2

ER -

TY - JOUR

AN - rayyan-504930494

TI - Prenatal maternal COVID-19 vaccination and pregnancy outcomes.

Y1 - 2021

Y2 - 10

Y3 - 1

T2 - Vaccine

SN - 1873-2518 (Electronic)

J2 - Vaccine

VL - 39

IS - 41

SP - 6037-6040

AU - Wainstock T

AU - Yoles I

AU - Sergienko R

AU - Sheiner E

AV - Department of Public Health, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel. Electronic address: wainstoc@bgu.ac.il.; Department of Obstetrics and Gynecology, Soroka University Medical Center, Ben-Gurion University of the Negev, Beer-Sheva, Israel.; Department of Public Health, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel.; Department of Obstetrics and Gynecology, Soroka University Medical Center, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

UR - <https://pubmed.ncbi.nlm.nih.gov/34531079/>

LA - eng

CY - Netherlands

KW - BNT162 Vaccine

KW - *COVID-19

KW - *COVID-19 Vaccines

KW - Female
KW - Humans
KW - Infant, Newborn
KW - Pregnancy
KW - Pregnancy Outcome
KW - Retrospective Studies
KW - SARS-CoV-2
KW - Vaccination
KW - Vaccines

AB - BACKGROUND: Prenatal maternal physiological changes may cause severe COVID-19 among pregnant women. The Pfizer-BioNTech COVID-19 vaccine (BNT162b2 mRNA) has been shown to be highly effective and it is recommended for individuals aged ≥ 16 years, including pregnant women, although the vaccine has not been tested on the latter. OBJECTIVE: To study the association between prenatal Pfizer-BioNTech COVID-19 vaccination, pregnancy course and outcomes. STUDY DESIGN: A retrospective cohort study was performed, including all women who delivered between January and June 2021 at Soroka University Medical Center, the largest birth center in Israel. Excluded were women diagnosed with COVID-19 in the past, multiple gestations or unknown vaccination status. Pregnancy, delivery and newborn complications were compared between women who received 1 or 2-dose vaccines during pregnancy and unvaccinated women. Multivariable models were used to adjust for background characteristics. RESULTS: A total of 4,399 women participated in this study, 913 (20.8%) of which were vaccinated during pregnancy. All vaccinations occurred during second or third trimesters. As compared to the unvaccinated women, vaccinated women were older, more likely to conceive following fertility treatments, to have sufficient prenatal care, and of higher socioeconomic position. In both crude and multivariable analyses, no differences were found between the groups in pregnancy, delivery and newborn complications, including gestational age at delivery, incidence of small for gestational age and newborn respiratory complications. CONCLUSIONS: Prenatal maternal COVID-19 vaccine has no adverse effects on pregnancy course and outcomes. These findings may help pregnant women and health care providers to make informed decision regarding vaccination.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.vaccine.2021.09.012
ER -

TY - JOUR
AN - rayyan-504930495
TI - Importance of the Birth Environment to Support Physiologic Birth.
Y1 - 2016
Y2 - 3
T2 - Journal of obstetric, gynecologic, and neonatal nursing : JOGNN
SN - 1552-6909 (Electronic)
J2 - J Obstet Gynecol Neonatal Nurs
VL - 45
IS - 2
SP - 285-94
AU - Stark MA
AU - Remyense M
AU - Zwelling E
UR - <https://pubmed.ncbi.nlm.nih.gov/26820356/>
LA - eng
CY - United States
KW - Delivery, Obstetric/nursing
KW - Female
KW - *Health Facility Environment/methods/standards
KW - Humans
KW - Labor, Obstetric/*psychology
KW - Midwifery/*methods
KW - *Natural Childbirth/methods/nursing/psychology
KW - Nurse's Role
KW - Obstetric Labor Complications/*prevention & control

KW - Parturition/*psychology
 KW - Pregnancy
 KW - Quality Improvement
 KW - Stress, Psychological/etiology/*prevention & control
 AB - The birth environment can support or hinder physiologic birth. Although most births occur in hospitals, there has been an increase in requests for home and birth center births. Nurses can support physiologic birth in different environments by ensuring a calm environment that helps reduce stress hormones known to slow labor. In any birth setting, nurses can encourage the use of facilities and equipment that support a physiologic labor and birth and aid the transition of the newborn.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
 DO - 10.1016/j.jogn.2015.12.008
 ER -

 TY - JOUR
 AN - rayyan-504930496
 TI - Birth Outcomes for Planned Home and Licensed Freestanding Birth Center Births in Washington State.
 Y1 - 2021
 Y2 - 11
 Y3 - 1
 T2 - Obstetrics and gynecology
 SN - 1873-233X (Electronic)
 J2 - Obstet Gynecol
 VL - 138
 IS - 5
 SP - 693-702
 AU - Nethery E
 AU - Schummers L
 AU - Levine A
 AU - Caughey AB
 AU - Souter V
 AU - Gordon W
 AV - School of Population and Public Health and the Department of Family Practice, University of British Columbia, Vancouver, British Columbia, Canada; Smooth Transitions, Foundation for Health Care Quality, Seattle, Washington; the Department of Obstetrics and Gynecology, Oregon Health & Science University, Portland, Oregon; and the Obstetrical Care Outcomes Assessment Program, the Department of Health Services, School of Public Health, University of Washington, and the Department of Midwifery, Bastyr University, Seattle, Washington.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34619716/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Birthing Centers/*statistics & numerical data
 KW - Cesarean Section/statistics & numerical data
 KW - Cohort Studies
 KW - Delivery, Obstetric/mortality/*statistics & numerical data
 KW - Female
 KW - Home Childbirth/mortality/*statistics & numerical data
 KW - Humans
 KW - Infant, Newborn
 KW - Midwifery/statistics & numerical data
 KW - Parity
 KW - Perinatal Care/statistics & numerical data
 KW - Perinatal Death
 KW - Perinatal Mortality
 KW - Pregnancy
 KW - Pregnancy Outcome/*epidemiology
 KW - Retrospective Studies

KW - Washington/epidemiology
KW - Young Adult
AB - OBJECTIVE: To describe rates of maternal and perinatal birth outcomes for community births and to compare outcomes by planned place of birth (home vs state-licensed, freestanding birth center) in a Washington State birth cohort, where midwifery practice and integration mirrors international settings. METHODS: We conducted a retrospective cohort study including all births attended by members of a statewide midwifery professional association that were within professional association guidelines and met eligibility criteria for planned birth center birth (term gestation, singleton, vertex fetus with no known fluid abnormalities at term, no prior cesarean birth, no hypertensive disorders, no prepregnancy diabetes), from January 1, 2015 through June 30, 2020. Outcome rates were calculated for all planned community births in the cohort. Estimated relative risks were calculated comparing delivery and perinatal outcomes for planned births at home to state-licensed birth centers, adjusted for parity and other confounders. RESULTS: The study population included 10,609 births: 40.9% planned home and 59.1% planned birth center births. Intrapartum transfers to hospital were more frequent among nulliparous individuals (30.5%; 95% CI 29.2-31.9) than multiparous individuals (4.2%; 95% CI 3.6-4.6). The cesarean delivery rate was 11.4% (95% CI 10.2-12.3) in nulliparous individuals and 0.87% (95% CI 0.7-1.1) in multiparous individuals. The perinatal mortality rate after the onset of labor (intrapartum and neonatal deaths through 7 days) was 0.57 (95% CI 0.19-1.04) per 1,000 births. Rates for other adverse outcomes were also low. Compared with planned birth center births, planned home births had similar risks in crude and adjusted analyses. CONCLUSION: Rates of adverse outcomes for this cohort in a U.S. state with well-established and integrated community midwifery were low overall. Birth outcomes were similar for births planned at home or at a state-licensed, freestanding birth center.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1097/AOG.0000000000004578
ER -

TY - JOUR
AN - rayyan-504930497
TI - Cardiovascular Sequels During and After Preeclampsia.
Y1 - 2018
T2 - Advances in experimental medicine and biology
SN - 0065-2598 (Print)
J2 - Adv Exp Med Biol
VL - 1065
SP - 455-470
AU - Paauw ND
AU - Lely AT
AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, University of Utrecht, Utrecht, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, University of Utrecht, Utrecht, The Netherlands. A.T.Lely@umcutrecht.nl.
UR - <https://pubmed.ncbi.nlm.nih.gov/30051401/>
LA - eng
CY - United States
KW - *Blood Pressure
KW - Cardiovascular Diseases/diagnosis/epidemiology/*physiopathology/therapy
KW - Cardiovascular System/*physiopathology
KW - Female
KW - Health Status
KW - Humans
KW - Kidney Diseases/diagnosis/epidemiology/*physiopathology/therapy
KW - Pre-Eclampsia/diagnosis/epidemiology/*physiopathology/therapy
KW - Pregnancy
KW - Prognosis
KW - Risk Factors
KW - Time Factors
KW - Pre-Eclampsia

AB - Preeclampsia is a pregnancy-specific disorder complicating 2%-8% of pregnancies worldwide and characterized by de novo development of hypertension and proteinuria. Current understanding of the pathophysiology of preeclampsia is limited. A main feature is disrupted spiral artery remodeling in the placenta, which restricts the blood flow to the placenta, which in turn leads to decreased uteroplacental perfusion. Impaired blood flow through the placenta might result in fetal growth restriction and secretion of several factors by the placenta-mainly pro-inflammatory cytokines and anti-angiogenic factors-which spread into the maternal circulation, leading to endothelial dysfunction, which subsequently results in disrupted maternal hemodynamics. To date, no treatment options are available apart from termination of pregnancy. Despite normalization of the maternal vascular disturbances after birth, it has become apparent that formerly preeclamptic women experience an increased risk to develop cardiovascular and kidney disease later in life. One well-accepted concept is that the development of preeclampsia is an indicator of maternal susceptibility to develop future cardiovascular conditions, although the increased risk might also be the result of organ damage caused during preeclampsia. Given the associations between preeclampsia and long-term complications, preeclampsia is acknowledged as woman-specific risk factor for cardiovascular disease. Current research focuses on finding effective screening and prevention strategies for the reduction of cardiovascular disease in women with a history of preeclampsia.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia

DO - 10.1007/978-3-319-77932-4_28

ER -

TY - JOUR

AN - rayyan-504930498

TI - Neonatal Outcomes After Delivery in Water.

Y1 - 2021

Y2 - 10

Y3 - 1

T2 - Obstetrics and gynecology

SN - 1873-233X (Electronic)

J2 - Obstet Gynecol

VL - 138

IS - 4

SP - 622-626

AU - Lanier AL

AU - Wiegand SL

AU - Fennig K

AU - Snow EK

AU - Maxwell RA

AU - McKenna D

AV - Wright State University Boonshoft School of Medicine, Dayton, Ohio.

UR - <https://pubmed.ncbi.nlm.nih.gov/34623074/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers/statistics & numerical data

KW - Cohort Studies

KW - Delivery, Obstetric/methods/*statistics & numerical data

KW - Female

KW - Hospitalization/statistics & numerical data

KW - Humans

KW - Infant, Newborn

KW - Intensive Care Units, Neonatal/*statistics & numerical data

KW - Natural Childbirth/*statistics & numerical data

KW - Pain/epidemiology

KW - Pregnancy

KW - Pregnancy Outcome/epidemiology

KW - Prospective Studies

KW - Resuscitation/statistics & numerical data

KW - *Water

AB - OBJECTIVE: To assess neonatal intensive care unit (NICU) admissions and neonatal outcomes after water birth or land birth in an alternative birthing center. METHODS: We conducted a prospective observational study of preselected low-risk parturients separated into three groups depending on their location for labor and delivery: land-land, water-land, and water-water. Delivery outcomes, labor length, maternal pain assessment, need for newborn resuscitation, and NICU admission and diagnoses were collected. The primary outcome was admission to the NICU. RESULTS: There were 2,077 total deliveries from April 2015 to December 2019, consisting of 458 land-land deliveries, 730 water-land deliveries, and 889 water-water deliveries. The rate of NICU admission was 2.8% (95% CI 1.5-4.8%) for land-land deliveries, 4.1% (2.8-5.8%) for water-land deliveries, and 2.0% (1.2-3.2%) for water-water deliveries. A post hoc power analysis revealed a 70% power to detect a 2.1% difference in NICU admissions between the water-land and water-water groups. CONCLUSION: In this cohort of low-risk pregnant women, births in water and on land were associated with similar rates of admission to the NICU.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1097/AOG.0000000000004545

ER -

TY - JOUR

AN - rayyan-504930499

TI - Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review.

Y1 - 2016

Y2 - 7

T2 - Maternal & child nutrition

SN - 1740-8709 (Electronic)

J2 - Matern Child Nutr

VL - 12

IS - 3

SP - 402-17

AU - Pérez-Escamilla R

AU - Martinez JL

AU - Segura-Pérez S

AV - Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, Connecticut, USA.; Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, Connecticut, USA.; Hispanic Health Council, Hartford, Connecticut, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/26924775/>

LA - eng

CY - England

KW - Africa South of the Sahara

KW - Asia

KW - *Breast Feeding

KW - *Child Health

KW - Europe

KW - Female

KW - Health Education

KW - Health Knowledge, Attitudes, Practice

KW - Health Promotion/*methods

KW - *Hospitals

KW - Humans

KW - Infant

KW - Observational Studies as Topic

KW - *Program Evaluation

KW - Randomized Controlled Trials as Topic

KW - Social Support

KW - Treatment Outcome

KW - United Nations

KW - United States
KW - World Health Organization
KW - Only Child
KW - Child
KW - Breast Feeding
KW - Child Welfare

AB - The Baby-friendly Hospital Initiative (BFHI) is a key component of the World Health Organization/United Nations Children's Fund Global Strategy for Infant and Young Child Feeding. The primary aim of this narrative systematic review was to examine the impact of BFHI implementation on breastfeeding and child health outcomes worldwide and in the United States. Experimental, quasi-experimental and observational studies were considered eligible for this review if they assessed breastfeeding outcomes and/or infant health outcomes for healthy, term infants born in a hospital or birthing center with full or partial implementation of BFHI steps. Of the 58 reports included in the systematic review, nine of them were published based on three randomized controlled trials, 19 followed quasi-experimental designs, 11 were prospective and 19 were cross-sectional or retrospective. Studies were conducted in 19 different countries located in South America, North America, Western Europe, Eastern Europe, South Asia, Eurasia and Sub-Saharan Africa. Adherence to the BFHI Ten Steps has a positive impact on short-term, medium-term and long-term breastfeeding (BF) outcomes. There is a dose-response relationship between the number of BFHI steps women are exposed to and the likelihood of improved BF outcomes (early BF initiation, exclusive breastfeeding (EBF) at hospital discharge, any BF and EBF duration). Community support (step 10) appears to be essential for sustaining breastfeeding impacts of BFHI in the longer term.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/mcn.12294
ER -

TY - JOUR
AN - rayyan-504930500
TI - Survival and Neurodevelopmental Outcomes among Periviable Infants.

Y1 - 2017

Y2 - 2

Y3 - 16

T2 - The New England journal of medicine

SN - 1533-4406 (Electronic)

J2 - N Engl J Med

VL - 376

IS - 7

SP - 617-628

AU - Younge N

AU - Goldstein RF

AU - Bann CM

AU - Hintz SR

AU - Patel RM

AU - Smith PB

AU - Bell EF

AU - Rysavy MA

AU - Duncan AF

AU - Vohr BR

AU - Das A

AU - Goldberg RN

AU - Higgins RD

AU - Cotten CM

AV - From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of

Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); 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From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).

Health, Bethesda, MD (R.D.H.); From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).; From the Department of Pediatrics, Duke University, Durham (N.Y., R.F.G., P.B.S., R.N.G., C.M.C.), and the Statistics and Epidemiology Unit, RTI International, Research Triangle Park (C.M.B., A.D.) - both in North Carolina; the Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).

and Lucile Packard Children's Hospital, Palo Alto, CA (S.R.H.); the Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta (R.M.P.); the Department of Pediatrics, University of Iowa, Iowa City (E.F.B., M.A.R.); the Department of Pediatrics, University of Wisconsin, Madison (M.A.R.); the Department of Pediatrics, University of Texas Medical School at Houston, Houston (A.F.D.); the Department of Pediatrics, Women and Infants' Hospital, Brown University, Providence, RI (B.R.V.); and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD (R.D.H.).

UR - <https://pubmed.ncbi.nlm.nih.gov/28199816/>

LA - eng

CY - United States

KW - Cerebral Palsy/epidemiology

KW - Female

KW - Hearing Loss/epidemiology

KW - Humans

KW - Incidence

KW - Infant

KW - Infant Mortality/*trends

KW - *Infant, Extremely Premature

KW - Infant, Newborn

KW - Infant, Premature, Diseases/mortality

KW - Male

KW - Maternal Age

KW - Neurodevelopmental Disorders/*epidemiology

KW - Neuropsychological Tests

KW - Survival Rate

KW - United States/epidemiology

KW - Vision Disorders/epidemiology

AB - BACKGROUND: Data reported during the past 5 years indicate that rates of survival have increased among infants born at the borderline of viability, but less is known about how increased rates of survival among these infants relate to early childhood neurodevelopmental outcomes. METHODS: We compared survival and neurodevelopmental outcomes among infants born at 22 to 24 weeks of gestation, as assessed at 18 to 22 months of corrected age, across three consecutive birth-year epochs (2000-2003 [epoch 1], 2004-2007 [epoch 2], and 2008-2011 [epoch 3]). The infants were born at 11 centers that participated in the National Institute of Child Health and Human Development Neonatal Research Network. The primary outcome measure was a three-level outcome - survival without neurodevelopmental impairment, survival with neurodevelopmental impairment, or death. After accounting for differences in infant characteristics, including birth center, we used multinomial generalized logit models to compare the relative risk of survival without neurodevelopmental impairment, survival with neurodevelopmental impairment, and death.

RESULTS: Data on the primary outcome were available for 4274 of 4458 infants (96%) born at the 11 centers. The percentage of infants who survived increased from 30% (424 of 1391 infants) in epoch 1 to 36% (487 of 1348 infants) in epoch 3 ($P<0.001$). The percentage of infants who survived without neurodevelopmental impairment increased from 16% (217 of 1391) in epoch 1 to 20% (276 of 1348) in epoch 3 ($P=0.001$), whereas the percentage of infants who survived with neurodevelopmental impairment did not change significantly (15% [207 of 1391] in epoch 1 and 16% [211 of 1348] in epoch 3, $P=0.29$). After adjustment for changes in the baseline characteristics of the infants over time, both the rate of survival with neurodevelopmental impairment (as compared with death) and the rate of survival without neurodevelopmental impairment (as compared with death) increased over time (adjusted relative risks, 1.27 [95% confidence interval {CI}, 1.01 to 1.59] and 1.59 [95% CI, 1.28 to 1.99], respectively). CONCLUSIONS: The rate of survival without neurodevelopmental impairment increased between 2000 and 2011 in this large cohort of periviable infants. (Funded by the National Institutes of Health and others; ClinicalTrials.gov numbers, NCT00063063 and NCT00009633 .).

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1056/NEJMoa1605566

ER -

TY - JOUR

AN - rayyan-504930502

TI - [Home births].
 Y1 - 2016
 T2 - Revue medicale de Bruxelles
 SN - 0035-3639 (Print)
 J2 - Rev Med Brux
 VL - 37
 IS - 4
 SP - 261-268
 AU - Welffens K
 AU - Kirkpatrick C
 AU - Daelemans C
 AU - Derisbourg S
 AV - Service d'Obstétrique, Hôpital Erasme, Route de Lennik 808, Bruxelles, Belgium.; Service d'Obstétrique, Hôpital Erasme, Route de Lennik 808, Bruxelles, Belgium.; Service d'Obstétrique, Hôpital Erasme, Route de Lennik 808, Bruxelles, Belgium.; Service d'Obstétrique, Hôpital Erasme, Route de Lennik 808, Bruxelles, Belgium.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28525224/>
 LA - fre
 CY - Belgium
 KW - Female
 KW - *Home Childbirth/adverse effects/statistics & numerical data
 KW - Humans
 KW - Pregnancy
 AB - In Belgium, very few women give birth outside the delivery room. In the United Kingdom and in the Netherlands, they are more numerous. Several studies evaluated obstetric and neonatal outcomes of home births compared with hospital births. We selected seven recent and large studies (with cohorts of more than 5.000 women) using PubMed, Science Direct and Cochrane Database of Systematic Reviews. Several questions were examined. Is there any difference in maternal and neonatal outcomes depending on the intended place of birth? Does parity affect outcomes ? What are the characteristics of women who choose to deliver at home ? We conclude that giving birth at home improves obstetric outcomes but is riskier for the baby, especially for the first one. The women delivering at home are mainly white Europeans, between 25 and 35 years old, in a relationship, multiparous and wealthier. In order to avoid this increased risk for the baby while preserving the obstetric advantages, alongside birth centers offer an intermediate solution. They combine the reassuring home-like atmosphere with the safety of the hospital. In Belgium, the first alongside birth center " Le Cocon " (a low technicity unit distinct from the delivery room) offers now this type of alternative place of birth for women in Hôpital Erasme in Brussels.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focused on home birth
 ER -

 TY - JOUR
 AN - rayyan-504930503
 TI - Exploring Why Birth Center Clients Choose Hospitalization for Labor and Birth.
 Y1 - 2021
 Y2 - 2
 T2 - Nursing for women's health
 SN - 1751-486X (Electronic)
 J2 - Nurs Womens Health
 VL - 25
 IS - 1
 SP - 30-42
 AU - Sanders SA
 AU - Niemczyk NA
 AU - Burke JG
 AU - McCarthy AM
 AU - Terry MA
 UR - <https://pubmed.ncbi.nlm.nih.gov/33453158/>

LA - eng
 CY - United States
 KW - Adult
 KW - Birthing Centers/*statistics & numerical data
 KW - *Decision Making
 KW - Delivery, Obstetric/statistics & numerical data
 KW - Female
 KW - Hospitalization/*statistics & numerical data
 KW - Humans
 KW - *Labor, Obstetric
 KW - Midwifery
 KW - *Parturition
 KW - Patient Preference/*statistics & numerical data
 KW - Pennsylvania
 KW - Pregnancy
 KW - Surveys and Questionnaires
 KW - Young Adult
 AB - OBJECTIVE: To identify demographic and clinical factors associated with birth center clients electing hospitalization for labor and birth and to explore the timing and rationale for elective hospitalization via health records. DESIGN: A secondary analysis of multiyear data from a quality assurance project at a single birth center. We compared two subsamples-birth center preference group and hospital preference group-and described the apparent rationale for transfers among clients in the latter group. SETTING: A single freestanding birth center where all midwives have admitting privileges at a local hospital and can accompany labor transfers. PARTICIPANTS: All cases included in the analytic sample represent women with low-risk pregnancies who were eligible for birth center birth. The birth center preference group represents clients planning to give birth at the center, and the hospital preference group consists of clients who elected for hospitalization. MEASUREMENTS: Relevant demographic and clinical information was provided for the entire analytic sample and was matched with available data collected systematically by birth center staff via chart review. The data set also included anonymous responses to an e-mailed questionnaire from clients identified by birth center staff. RESULTS: Approximately 56.1% (N = 1,155) of the cases in the data set were eligible for comparative analysis. The birth center preference and hospital preference groups included 899 (77.8%) and 256 (22.2%) individuals, respectively. In the hospital preference group, Black clients (n = 23), those who were publicly insured (n = 49), and primiparas (n = 101) were significantly overrepresented. Chart review data and questionnaire responses highlighted insurance restrictions, family preferences, pain relief options, and postpartum care as influential factors among members of the hospital preference subsample. CONCLUSION: The present analysis shows associations between certain individual characteristics and elective hospitalization during labor for birth center clients. Health record data and questionnaire responses indicated a variety of reasons for electing hospitalization, illustrating the complexity of clients' decision-making during pregnancy and birth.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.nwh.2020.11.007
 ER -

 TY - JOUR
 AN - rayyan-504930504
 TI - Salary and Workload of Midwives Across Birth Center Practice Types and State Regulatory Structures.
 Y1 - 2022
 Y2 - 3
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 67
 IS - 2
 SP - 244-250
 AU - Ross L
 AU - Jolles D
 AU - Hoehn-Velasco L

AU - Wright J
 AU - Bauer K
 AU - Stapleton S
 AV - American Association of Birth Centers, Perkiomenville, Pennsylvania.; Frontier Nursing University, Versailles, Kentucky.; Department of Economics, Georgia State University, Atlanta, Georgia.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35191600/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Midwifery/methods
 KW - *Nurse Midwives
 KW - Pregnancy
 KW - Salaries and Fringe Benefits
 KW - United States
 KW - Workload
 KW - Midwifery
 AB - INTRODUCTION: Expansion of the midwifery-led birth center model of care is one pathway to improving maternal and newborn health. There are a variety of practice types among birth centers and a range of state regulatory structures of midwifery practice across the United States. This study investigated how those variations relate to pay and workload for midwives at birth centers. METHODS: Data from the American Association of Birth Centers Practice Survey and the Bureau of Labor Statistics' report on occupational employment and wage statistics were analyzed to explore how midwife salaries and workload at birth centers compare within and beyond the birth center model. RESULTS: Survey results from 161 birth centers across the United States demonstrate wide variation in nurse-midwife salaries and are inconsistent with nurse-midwife salaries across all settings as reported by the Bureau of Labor Statistics. The reported number of hours worked by midwives within the birth center model is high. Salaries of midwives who work in birth center-only practices were consistently lower than salaries of midwives who worked in blended birth center and hospital practices, independent of the midwife's level of experience, geographic region of the country, and state regulatory structure. DISCUSSION: Further research is needed to understand how to bring salaries and workload for midwives at birth centers into alignment with national averages.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
 DO - 10.1111/jmwh.13331
 ER -

 TY - JOUR
 AN - rayyan-504930506
 TI - Kristen's Birth Story.
 Y1 - 2016
 T2 - The Journal of perinatal education
 SN - 1058-1243 (Print)
 J2 - J Perinat Educ
 VL - 25
 IS - 1
 SP - 6-8
 AU - Mosier K
 UR - <https://pubmed.ncbi.nlm.nih.gov/26848245/>
 LA - eng
 CY - United States
 AB - Kristen shares the story of the birth of her son. She had a rapid labor and was not sure, because she was moving so quickly, that she could have the natural birth she planned. After a wait in triage, Kristen, with the support of her husband and mother, and with the encouragement, support, and protection of her midwife, gave birth to her son.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal
DO - 10.1891/1058-1243.25.1.6
ER -

TY - JOUR
AN - rayyan-504930507
TI - Birth Center Breastfeeding Rates: A Literature Review.
Y1 - 2022
Y2 - 11
Y3 - 01
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 47
IS - 6
SP - 310-317
AU - George EK
AV - Erin K. George is a PhD Candidate, Boston College, W. F. Connell School of Nursing, Chestnut Hill, MA.
The author can be reached via email at erin.george@bc.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/35857035/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - *Breast Feeding
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Postpartum Period
KW - Pregnancy
KW - United States
KW - Breast Feeding

AB - INTRODUCTION: Breastfeeding rates in the United States fall short of national targets and are marked by racial and ethnic disparities. Birth centers are associated with high rates of breastfeeding initiation and duration, yet no systematic review has compiled reported birth center breastfeeding data. METHODS: A PRISMA-guided literature review was conducted in CINAHL, PubMed, and Web of Science to retrieve quantitative studies that reported breastfeeding data in birth centers. Inclusion criteria focused on English language studies published since 2011 with breastfeeding outcomes from birth centers in the United States. RESULTS: Ten studies were included for analysis. Breastfeeding rates that exceeded actual and target national breastfeeding rates were reported among all 10 studies. Characteristics about breastfeeding outcomes were reported heterogeneously across the studies, which included a range of breastfeeding timepoints (immediately postpartum up to 6 weeks postpartum) and definitions of breastfeeding. DISCUSSION: Although breastfeeding rates reported in birth centers are higher than national breastfeeding rates and targets, authors of the included studies did not explore or analyze these rates in-depth. Developing standard definitions and data collection may enhance research about breastfeeding outcomes in birth centers. CLINICAL IMPLICATIONS: Giving birth in a birth center is associated with higher than national breastfeeding rates.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/NMC.0000000000000862
ER -

TY - JOUR
AN - rayyan-504930508
TI - Factors affecting third-stage management and postpartum hemorrhage in planned midwife-led home and birth center births in the United States.
Y1 - 2020
Y2 - 12
T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)
 J2 - Birth
 VL - 47
 IS - 4
 SP - 397-408
 AU - Erickson EN
 AU - Bovbjerg ML
 AU - Cheyney MJ
 AV - School of Nursing, Oregon Health and Science University, Portland, OR, USA.; Department of Epidemiology, Oregon State University, Portland, OR, USA.; National Perinatal Epidemiology Centre, University College Cork, Cork, Ireland.; Department of Anthropology, Oregon State University, Portland, OR, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/32725831/>
 LA - eng
 CY - United States
 KW - Adult
 KW - *Birthing Centers
 KW - Databases, Factual
 KW - Female
 KW - *Home Childbirth
 KW - Humans
 KW - Labor Stage, Third
 KW - Midwifery/*standards
 KW - Multivariate Analysis
 KW - Oxytocin/therapeutic use
 KW - Postpartum Hemorrhage/*epidemiology/*prevention & control
 KW - Pregnancy
 KW - Regression Analysis
 KW - United States/epidemiology
 KW - Midwifery
 AB - BACKGROUND: Postpartum hemorrhage (PPH) is a potential childbirth complication. Little is known about how third-stage labor is managed by midwives in the United States, including use of uterotonic medication during community birth. Access to uterotonic medication may vary based on credentials of the midwife or state regulations governing midwifery. METHODS: Using data from the Midwives of North America 2.0 database (2004-2009), we describe the PPH incidence for women giving birth in the community, their demographic and clinical characteristics, and methods used by midwives to address PPH. We also examined PPH rates by midwifery credentials and by the presence of regulations for legal midwifery practice. RESULTS: Of the 17 836 vaginal births, 15.9% had blood loss of over 500 mL and 3.3% had 1000 mL or greater blood loss. Midwives used pharmaceuticals to prevent or treat postpartum bleeding in 6.3% and 13.9% of births, respectively, and the rate of hospital transfer after birth was 1.4% (n = 247). In adjusted analyses, PPH was less likely when births occurred at home vs a birth center, if the midwife had a CNM/CM credential vs a CPM/LM/LDM credential, or if the woman was multiparous without a history of PPH or prior cesarean birth. PPH was more likely in states with barriers to midwifery practice compared with regulated states (OR: 1.26; 95% CI, 1.16-1.38). CONCLUSIONS: Women giving birth in the community experienced low overall incidence of PPH-related hospital transfer. However, the occurrence of PPH itself would likely be reduced with improved legal access to uterotonic medication.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/birt.12497
 ER -

 TY - JOUR
 AN - rayyan-504930509
 TI - Promoting self-management of breast and nipple pain in breastfeeding women: Protocol of a pilot randomized controlled trial.
 Y1 - 2019
 Y2 - 6
 T2 - Research in nursing & health

SN - 1098-240X (Electronic)
 J2 - Res Nurs Health
 VL - 42
 IS - 3
 SP - 176-188
 AU - Lucas R
 AU - Bernier K
 AU - Perry M
 AU - Evans H
 AU - Ramesh D
 AU - Young E
 AU - Walsh S
 AU - Starkweather A
 AV - School of Nursing, University of Connecticut, Storrs, Connecticut.; P20 Center for Accelerating Precision Pain Self-Management, School of Nursing, University of Connecticut, Storrs, Connecticut.; School of Nursing, University of Connecticut, Storrs, Connecticut.; School of Nursing, University of Connecticut, Storrs, Connecticut.; Family Birthing Center, Manchester Memorial Hospital, Manchester, Connecticut.; Department of Nursing, University of Saint Joseph, West Hartford, Connecticut.; School of Nursing, University of Connecticut, Storrs, Connecticut.; P20 Center for Accelerating Precision Pain Self-Management, School of Nursing, University of Connecticut, Storrs, Connecticut.; School of Nursing, University of Connecticut, Storrs, Connecticut.; P20 Center for Accelerating Precision Pain Self-Management, School of Nursing, University of Connecticut, Storrs, Connecticut.; School of Nursing, University of Connecticut, Storrs, Connecticut.; P20 Center for Accelerating Precision Pain Self-Management, School of Nursing, University of Connecticut, Storrs, Connecticut.; School of Nursing, University of Connecticut, Storrs, Connecticut.; P20 Center for Accelerating Precision Pain Self-Management, School of Nursing, University of Connecticut, Storrs, Connecticut.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30835887/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Breast Feeding/adverse effects/*psychology
 KW - Female
 KW - Humans
 KW - Longitudinal Studies
 KW - Mothers/*education
 KW - *Nipples
 KW - Patient Satisfaction
 KW - Pilot Projects
 KW - Postnatal Care/*methods
 KW - Self Care/methods
 KW - Self-Management/*education
 KW - Breast Feeding
 AB - The majority of women experience pain during breastfeeding initiation with few strategies to manage breast and nipple pain. In fact, women cite breast and nipple pain as among the most common reasons for breastfeeding cessation. To address this important issue, we developed a breastfeeding self-management (BSM) intervention, based on the Individual and Family Self-Management Theory Framework. In this framework, self-management is conceptualized as a process in which women use knowledge, beliefs, and social facilitation to achieve breastfeeding goals. The purpose of this longitudinal pilot randomized controlled trial was to test the feasibility, acceptability, and preliminary efficacy of the BSM intervention with women initiating breastfeeding. Recruitment of 60 women intending to breastfeed occurred within 48 hr of delivery and women were randomized to either the intervention or usual care group. The BSM intervention group received BSM education modules that included information of how to manage breast and nipple pain and self-management support through biweekly texting from the study nurse, and were asked to complete a daily breastfeeding journal. Primary outcomes measured at baseline, 1, 2, and 6 weeks will be used to (a) evaluate feasibility, acceptability, and preliminary efficacy of the BSM intervention, and (b) assess the influence of protective and risk factors of breastfeeding pain (including individual genetic polymorphisms related to pain sensitivity) on process variables for self-management of breastfeeding and breastfeeding pain, and on proximal (breastfeeding pain severity and interference, breastfeeding frequency) and distal

outcomes (breastfeeding exclusivity and duration and general well-being).

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1002/nur.21938

ER -

TY - JOUR

AN - rayyan-504930510

TI - Optimal settings for childbirth.

Y1 - 2018

Y2 - 12

T2 - Minerva ginecologica

SN - 1827-1650 (Electronic)

J2 - Minerva Ginecol

VL - 70

IS - 6

SP - 687-699

AU - Setola N

AU - Iannuzzi L

AU - Santini M

AU - Cocina GG

AU - Naldi E

AU - Branchini L

AU - Morano S

AU - Escuriet Peiró R

AU - Downe S

AV - TESIS Center, Department of Architecture, University of Florence, Florence, Italy -

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Health Care Professions, Careggi University Hospital, Florence, Italy.; Department of Health Sciences,

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Turin, Turin, Italy.; Department of Architecture, University of Florence, Florence, Italy.; MondoDonna Onlus,

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Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics and Maternal-Infant Sciences

(DINOEMI), University of Genoa, Genoa, Italy.; Catalan Health Service, Generalitat de Catalunya, Barcelona,

Spain.; Research in Childbirth and Health Unit (ReaCH), School of Community Health and Midwifery,

University of Central Lancashire, Preston, UK.

UR - <https://pubmed.ncbi.nlm.nih.gov/30299042/>

LA - eng

CY - Italy

KW - Delivery, Obstetric/*standards

KW - Female

KW - Humans

KW - Italy

KW - Labor, Obstetric/*physiology

KW - Maternal Health Services/*standards

KW - Pregnancy

AB - Many studies highlight how health is influenced by the settings in which people live, work, and receive health care. In particular, the setting in which childbirth takes place is highly influential. The physiological processes of women's labor and birth are enhanced in optimal ("salutogenic," or health promoting) environments. Settings can also make a difference in the way maternity staff practice. This paper focuses on how positive examples of Italian birth places incorporate principles of healthy settings. The "Margherita" Birth Center in Florence and the Maternity Home "Il Nido" in Bologna were purposively selected as cases where the physical-environmental setting seemed to reflect an embedded model of care that promotes health in the context of childbirth. Narrative accounts of the project design were collected from lead professional and direct inspections performed to elicit the key salutogenic components of the physical layout. Comparisons between cases with a standard hospital labor ward layout were performed. Cross-case similarities emerged. The physical characteristics mostly related to optimal settings were a result of collaborative design decisions with stakeholders and users, and the resulting local intention to maximize safe physiological birth,

psychosocial wellbeing, facilitate movement and relaxation, prioritize space for privacy, intimacy, and favor human contact and relationships. The key elements identified in this paper have the potential to inform further investigations for the design or renovation of all birth places (including hospitals) in order to optimize the salutogenic component of any setting in any country.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.23736/S0026-4784.18.04327-7

ER -

TY - JOUR

AN - rayyan-504930511

TI - Which low- and middle-income countries have midwife-led birthing centres and what are the main characteristics of these centres? A scoping review and scoping survey.

Y1 - 2023

Y2 - 8

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 123

SP - 103717

AU - Nove A

AU - Bazirete O

AU - Hughes K

AU - Turkmani S

AU - Callander E

AU - Scarf V

AU - Forrester M

AU - Mandke S

AU - Pairman S

AU - Homer CS

AV - Novametrics Ltd, Duffield, Derbyshire, UK. Electronic address: andrea@novametrics.org.; Novametrics Ltd, Duffield, Derbyshire, UK; University of Rwanda School of Nursing and Midwifery, Kigali, Rwanda.; Novametrics Ltd, Duffield, Derbyshire, UK.; Burnet Institute Global Women's and Newborn Health Group, Melbourne, Vic, Australia.; Monash University Health Systems Services & Policy Unit, Melbourne, Vic, Australia.; University of Technology Sydney School of Nursing and Midwifery, Sydney, NSW, Australia.; International Confederation of Midwives, The Hague, The Netherlands.; International Confederation of Midwives, The Hague, The Netherlands.; International Confederation of Midwives, The Hague, The Netherlands.; Burnet Institute Global Women's and Newborn Health Group, Melbourne, Vic, Australia.; University of Technology Sydney School of Nursing and Midwifery, Sydney, NSW, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/37182478/>

LA - eng

CY - Scotland

KW - Pregnancy

KW - Infant, Newborn

KW - Female

KW - Humans

KW - *Midwifery

KW - Developing Countries

KW - *Birthing Centers

KW - Parturition

KW - Surveys and Questionnaires

AB - Evidence about the safety and benefits of midwife-led care during childbirth has led to midwife-led settings being recommended for women with uncomplicated pregnancies. However, most of the research on this topic comes from high-income countries. Relatively little is known about the availability and characteristics of midwife-led birthing centres in low- and middle-income countries (LMICs). This study aimed to identify which LMICs have midwife-led birthing centres, and their main characteristics. The study was conducted in two parts: a scoping review of peer-reviewed and grey literature, and a scoping survey of professional midwives' associations and United Nations Population Fund country offices. We used nine

academic databases and the Google search engine, to locate literature describing birthing centres in LMICs in which midwives or nurse-midwives were the lead care providers. The review included 101 items published between January 2012 and February 2022. The survey consisted of a structured online questionnaire, and responses were received from 77 of the world's 137 low- and middle-income countries. We found at least one piece of evidence indicating that midwife-led birthing centres existed in 57 low- and middle-income countries. The evidence was relatively strong for 24 of these countries, i.e. there was evidence from at least two of the three types of source (peer-reviewed literature, grey literature, and survey). Only 14 of them featured in the peer-reviewed literature. Low- and lower-middle-income countries were more likely than upper-middle-income countries to have midwife-led birthing centres. The most common type of midwife-led birthing centre was freestanding. Public-sector midwife-led birthing centres were more common in middle-income than in low-income countries. Some were staffed entirely by midwives and some by a multidisciplinary team. We identified challenges to the midwifery philosophy of care and to effective referral systems. The peer-reviewed literature does not provide a comprehensive picture of the locations and characteristics of midwife-led birthing centres in low- and middle-income countries. Many of our findings echo those from high-income countries, but some appear to be specific to some or all low- and middle-income countries. The study highlights knowledge gaps, including a lack of evidence about the impact and costs of midwife-led birthing centres in low- and middle-income countries.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2023.103717

ER -

TY - JOUR

AN - rayyan-504930512

TI - Naomi's Birth.

Y1 - 2010

T2 - The Journal of perinatal education

SN - 1548-8519 (Electronic)

J2 - J Perinat Educ

VL - 19

IS - 4

SP - 4-6

AU - Mueller LA

AV - LAUREN A. MUELLER is a nurse and now a full-time mom living in Maryland. She firmly believes that women should be empowered to approach childbirth with excitement and joy instead of fear and anxiety.

UR - <https://pubmed.ncbi.nlm.nih.gov/21886415/>

LA - eng

CY - United States

AB - A first-time mother, who is also a nurse, tells the story of her drug-free birth at a free-standing birth center.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal

DO - 10.1624/105812410X530866

ER -

TY - JOUR

AN - rayyan-504930513

TI - Evidence-based labor management: before labor (Part 1).

Y1 - 2020

Y2 - 2

T2 - American journal of obstetrics & gynecology MFM

SN - 2589-9333 (Electronic)

J2 - Am J Obstet Gynecol MFM

VL - 2

IS - 1

SP - 100080

AU - Berghella V

AU - Di Mascio D

AV - Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, Sidney Kimmel Medical

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Gynecology, Sidney Kimmel Medical College of Thomas Jefferson University, Philadelphia, PA; Department of
Maternal and Child Health and Urological Sciences, Sapienza University of Rome, Italy.
UR - <https://pubmed.ncbi.nlm.nih.gov/33345992/>

LA - eng

CY - United States

KW - *Douglas

KW - Female

KW - Humans

KW - *Labor, Obstetric

KW - *Midwifery

KW - Parturition

KW - Perineum

KW - Pregnancy

AB - In preparation for labor and delivery, there is high-quality evidence for providers to recommend perineal massage with oil for 5-10 minutes daily starting at 34 weeks until labor; ≥ 1 daily sets of repeated voluntary contractions of the pelvic floor muscles, performed at least several days of the week starting at approximately 30-32 weeks gestation; no x-ray pelvimetry; sweeping of membranes weekly starting at 37-38 weeks gestation; for women with a risk factor for abnormal outcome plans should be made to deliver in a hospital setting; for low-risk women, alongside birth center birth is associated with maternal benefits and higher satisfaction, compared with hospital birth; midwife-led care for low-risk women; continuous support by a professional such as doula, midwife, or nurse during labor; and training of birth attendants in low- and middle-income countries.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1016/j.ajogmf.2019.100080

ER -

TY - Review

AN - rayyan-504930514

TI - Quality of Care.

Y1 - 2017

Y2 - 11

Y3 - 27

AU - Peabody J

AU - Shimkhada R

AU - Adeyi O

AU - Wang H

AU - Broughton E

AU - Kruk ME

UR - <https://pubmed.ncbi.nlm.nih.gov/30212166/>

LA - eng

CY - Washington (DC)

AB - Just after dawn, Vivej arrives at the hospital with her newborn under her arm to see you. She is 21 years old, two days postpartum, and exhausted after 36 hours of protracted labor. She is worried because she cannot get her firstborn, Esmile, to breastfeed. You learn that she delivered at a birthing clinic near her home and tells you that, even after her water broke, it took more than a day before the birth attendant could deliver her son. Your examination reveals a dire clinical picture: Esmile is lethargic and hypotonic, he has a poor suck reflex, his temperature is 39.8  C, his pulse is 180, and his breathing is labored. You check his white blood count, confirming leukocytosis. A spinal tap shows pleocytosis. You start him on fluids and antibiotics for neonatal sepsis with likely meningitis and quickly turn your attention to Vivej. Her situation is easier to diagnose but no less urgent: she is febrile and tachycardic, her blood pressure is 85/50. You give her fluids and start her on antibiotics. Ultimately, despite your efforts, both mother and child die. What went wrong? This chapter looks narrowly at these situations—the critical points after access and availability (including affordability) are already accomplished, when patients are in health care facilities that are staffed and equipped with appropriate technology. These are the situations in which the inputs are brought together and it is up to the provider to improve the health of the patient. Simply put, this chapter looks at the

decisions and actions of the provider when seeing a patient. It is at this critical moment when we expect the doctor or nurse, or whoever is caring for the patient, to provide the best possible care by skillfully combining the available resources and technologies with the best clinical evidence and professional judgment. Esmile and Vivej received poor-quality care at the time of delivery. Several clinical steps were not taken. The prolonged rupture of membranes was not diagnosed in a timely manner. Vivej needed either to have her labor induced or, failing that, to be referred for a cesarean section. Prophylactic antibiotics should have been administered. Just as important, the provider at the birthing center needed support and professional oversight, with guidelines, supervision, or default referral systems in place to provide a path to the best care possible. The multiple failures in this case led to puerperal and neonatal sepsis. At worst, these conditions have a fatality rate greater than one in four; at best, they lead to protracted care, recovery, and clinical expense that could have been avoided. It is possible, however, to imagine providers in a different setting, with the same physical resources, giving better care and avoiding this tragic scenario. In the next section, we answer the questions raised in this scenario and in countless clinics and hospitals around the world. How much variation is there in the quality of care? How do we measure clinical practice? How and where has quality been systematically improved and practice variation reduced? What elements of care variation can be addressed by policy and what are the costs? Most important, what can be done to elevate the care given by providers in developing country settings? Our focus, therefore, is on the steps that can be taken to optimize the quality of care for patients like Esmile in pediatrics, Vivej in obstetrics, and other patients receiving care for the clinical conditions considered throughout the nine volumes of the third edition of Disease Control Priorities (DCP3).

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.1596/978-1-4648-0527-1_ch10

ER -

TY - JOUR

AN - rayyan-504930515

TI - Facility Design: Reimagining Approaches to Childbirth in Hospital and Birth Center Settings.

Y1 - 2019

T2 - The Journal of perinatal & neonatal nursing

SN - 1550-5073 (Electronic)

J2 - J Perinat Neonatal Nurs

VL - 33

IS - 1

SP - 26-34

AU - Breedlove G

AU - Rathbun L

AV - Grow Midwives, LLC, Shawnee, Kansas.

UR - <https://pubmed.ncbi.nlm.nih.gov/30543565/>

LA - eng

CY - United States

KW - Birth Setting/trends

KW - Delivery Rooms/*legislation & jurisprudence/*standards

KW - Delivery, Obstetric/methods

KW - Facility Design and Construction

KW - Female

KW - Guidelines as Topic/*standards

KW - Hospital Design and Construction/*standards

KW - Humans

KW - Infant, Newborn

KW - Maternal Mortality

KW - Outcome Assessment, Health Care

KW - *Parturition

KW - Pregnancy

KW - Risk Assessment

KW - United States

AB - Few maternity care clinicians are aware of the current regulations that guide design standards for childbirth facilities in the United States or the regulatory history. There is considerable variance among state

regulations as well as oversight of facility standards for healthcare settings. Understanding evidence-based recommendations on how facility design affects health outcomes is critical to reversing the rise in maternal mortality and morbidity. A variety of measures can be implemented that promise to improve user satisfaction, quality of care, and efficiency for all who engage in the childbirth environment. Recommendations for change include broader assessment to better understand how clinicians and consumers simultaneously maneuver within a complex system. Key metrics include evaluation of workflow within available space, patient acuity and census patterns, integration of evidence-based recommendations, and options that promote physiologic birth. For the changes to succeed, human centered design must be implemented and diverse clinicians and consumers engaged in all phases of planning and implementation. Exploring characteristics and outcomes of low-risk women who receive care in a freestanding birth center or the European alongside maternity unit provides opportunity to reimagine and address improvements for inpatient, hospital birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong study design
DO - 10.1097/JPN.0000000000000376
ER -

TY - JOUR

AN - rayyan-504930516

TI - Home and Birth Center Birth in the United States: Time for Greater Collaboration Across Models of Care.

Y1 - 2019

Y2 - 5

T2 - Obstetrics and gynecology

SN - 1873-233X (Electronic)

J2 - Obstet Gynecol

VL - 133

IS - 5

SP - 1033-1050

AU - Caughey AB

AU - Cheyney M

AV - Department of Obstetrics and Gynecology, Oregon Health & Science University, Portland, and the Department of Anthropology, Oregon State University, Corvallis, Oregon.

UR - <https://pubmed.ncbi.nlm.nih.gov/31022111/>

LA - eng

CY - United States

KW - Birthing Centers/*organization & administration

KW - *Delivery of Health Care

KW - Delivery, Obstetric/*statistics & numerical data

KW - Female

KW - Home Childbirth/*statistics & numerical data

KW - Humans

KW - *Maternal Health Services

KW - Pregnancy

KW - United States

AB - There has been a small, but significant, increase in community births (home and birth-center births) in the United States in recent years. The rate increased by 20% from 2004 to 2008, and another 59% from 2008 to 2012, though the overall rate is still low at less than 2%. Although the United States is not the only country with a large majority of births occurring in the hospital, there are other high-resource countries where home and birth-center birth are far more common and where community midwives (those attending births at home and in birth centers) are far more central to the provision of care. In many such countries, the differences in perinatal outcomes between hospital and community births are small, and there are lower rates of maternal morbidity in the community setting. In the United States, perinatal mortality appears to be higher for community births, though there has yet to be a national study comparing outcomes across settings that controls for planned place of birth. Rates of intervention, including cesarean delivery, are significantly higher in hospital births in the United States. Compared with the United States, countries that have higher rates of community births have better integrated systems with clearer national guidelines governing risk criteria and planned birth location, as well as transfer to higher levels of care. Differences in outcomes, systems, approaches, and client motivations are important to understand, because they are critical to the

processes of person-centered care and to risk reduction across all birth settings.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1097/AOG.0000000000003215

ER -

TY - JOUR

AN - rayyan-504930517

TI - Strengthening Interprofessional Collaboration to Improve Transfers Between a Freestanding Birth Center and an Academic Medical Center.

Y1 - 2022

Y2 - 11

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 67

IS - 6

SP - 753-758

AU - Danhausen K

AU - Diaz HL

AU - McCain MA

AU - McGinigle M

AV - Vanderbilt University School of Nursing, Nashville, Tennessee.; Vanderbilt University School of Nursing, Nashville, Tennessee.; Vanderbilt University School of Nursing, Nashville, Tennessee.; Vanderbilt University School of Nursing, Nashville, Tennessee.

UR - <https://pubmed.ncbi.nlm.nih.gov/36433687/>

LA - eng

CY - United States

KW - Pregnancy

KW - Infant, Newborn

KW - Female

KW - Humans

KW - *Birthing Centers

KW - *Midwifery/education

KW - Parturition

KW - Academic Medical Centers

KW - Patient Transfer

AB - The number of individuals choosing to give birth in a freestanding birth center has doubled since 2004. As many as half of all pregnant persons planning for a birth center birth ultimately develop medical complications and are unable to give birth outside of the hospital. Integrating birth centers into their regional perinatal health care system optimizes outcomes by establishing predetermined pathways for antepartum and intrapartum transfers of care and facilitates ongoing communication and cooperation among clinicians. The Vanderbilt Birth Center is a freestanding birth center that is operated by an academic medical center and partners with a hospital-based midwifery practice that cares for patients transferring from the birth center. Since the inception of the birth center in 2015, the entire perinatal team has worked to improve the process and experience of patient transfer from birth center to hospital care. This article will present strategies implemented through the ongoing collaboration between birth center and hospital health care providers. These include adopting a shared electronic health record, clinical practice guidelines that align across birth sites, preparing birth center patients prenatally for the possibility hospital transfer, the presentation of a united team across birth sites, clear and widely disseminated communication pathways for hospital admission and patient handoff, and ongoing opportunities for interteam communication, collaboration, and education. These strategies may benefit similar midwifery practice models as they seek to partner with larger health care systems and improve the transfer experience for their patients.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13437

ER -

TY - JOUR

AN - rayyan-504930518
TI - Complementary and Integrative Health Practices in a Brazilian Freestanding Birth Center: A Cross-Sectional Study.
Y1 - 2022
Y2 - 8
Y3 - 5
T2 - Holistic nursing practice
SN - 1550-5138 (Electronic)
J2 - Holist Nurs Pract
AU - Leister N
AU - Teixeira TT
AU - Mascarenhas VHA
AU - Gouveia LMR
AU - Caroci-Becker A
AU - Riesco ML
AV - Centre for Maternal & Child Health Research, School of Health Sciences, City University of London, London, England (Dr Leister); School of Nursing, University of São Paulo, São Paulo, Brazil (Ms Teixeira and Drs Gouveia and Riesco); and Department of Midwifery, School of Arts, Sciences and Humanities, University of São Paulo, São Paulo, Brazil (Mr Mascarenhas and Dr Caroci-Becker).
UR - <https://pubmed.ncbi.nlm.nih.gov/35947420/>
LA - eng
CY - United States
KW - Cross-Sectional Studies
KW - Cesarean Section
AB - The study aimed to analyze the use of complementary and integrative health practices (CIHPs) during labor and birth in a freestanding birth center. A total of 28 different CIHPs were applied with or used by laboring women. The most adopted CIHPs were mind-body practices (99.9%) and natural products (35.5%), mostly used by primiparous women ($P < .05$). Adopting CIHPs can increase care quality, increase positive experiences during childbirth, and promote evidence-based choices.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/HNP.0000000000000535
ER -

TY - JOUR
AN - rayyan-504930519
TI - A Collaborative Model of a Community Birth Center and a Tertiary Care Medical Center.
Y1 - 2020
Y2 - 3
T2 - Obstetrics and gynecology
SN - 1873-233X (Electronic)
J2 - Obstet Gynecol
VL - 135
IS - 3
SP - 696-702
AU - Lotshaw RR
AU - Phillippi JC
AU - Buxton M
AU - McNeill-Simaan E
AU - Newton JM
AV - Department of Obstetrics and Gynecology, Vanderbilt University Medical Center, and the School of Nursing, Vanderbilt University, Nashville, Tennessee.
UR - <https://pubmed.ncbi.nlm.nih.gov/32028505/>
LA - eng
CY - United States
KW - Birthing Centers/*statistics & numerical data
KW - Female
KW - Humans

KW - Patient Transfer/*statistics & numerical data
 KW - Pregnancy
 KW - *Tertiary Care Centers
 AB - OBJECTIVE: To describe the development, implementation, and evaluation of a collaborative model between a freestanding birth center and a tertiary care medical center. METHODS: An interdisciplinary team developed a freestanding accredited birth center in collaboration with a tertiary care medical center in the southeast United States. We performed a retrospective cohort study of all women obtaining care at the birth center and assessed the rate (and 95% CIs) of cesarean delivery, patient transfers, and adverse maternal and neonatal events. RESULTS: Between January 2017 and December 2018, 1,394 women initiated prenatal care at the birth center. The study cohort consisted of 1,061 women who continued their prenatal care and planned to deliver at the birth center, of whom 358 (34%) were subsequently transferred before admission and 703 (66%) presented to the birth center in labor. Of those, 573 (82%) were subsequently delivered vaginally in the birth center, and 130 (18%) were transferred for hospital birth. Of those admitted to the birth center in labor, 41 ultimately underwent cesarean delivery for an overall cesarean delivery rate of 6% (95% CI 4-8%). Maternal transfers for postpartum hemorrhage occurred in eight patients (1%; 95% CI 1-2%). There were 39 neonatal intensive care admissions (6%; 95% CI 4-8%), eight cases (1%; 95% CI 0.5-2%) of 5-minute Apgar scores less than 7, and two previable neonatal deaths (0.3%; 95% CI 0-1%). CONCLUSION: We describe a collaborative model between a freestanding birth center and a tertiary care medical center, which provided women with access to a traditional birth center experience while maintaining access to the specialized care provided by a tertiary care medical center. We believe that the model may facilitate options for maternity care in regional perinatal systems.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1097/AOG.0000000000003723
 ER -

 TY - JOUR
 AN - rayyan-504930520
 TI - Interprofessional Communication and Collaboration During Emergent Birth Center Transfers: A Quality Improvement Project.
 Y1 - 2020
 Y2 - 7
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 65
 IS - 4
 SP - 555-561
 AU - Olvera L
 AU - Smith JS
 AU - Prater L
 AU - Hastings-Tolsma M
 AV - Allen Birthing Center, Allen, Texas.; Inanna Birth and Women's Care, Denton, Texas.; Louise Herrington School of Nursing, Baylor University, Dallas, Texas.; Louise Herrington School of Nursing, Baylor University, Dallas, Texas.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31944567/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Allied Health Personnel/education
 KW - Attitude of Health Personnel
 KW - Birthing Centers/*standards
 KW - Communication
 KW - Cooperative Behavior
 KW - Emergencies
 KW - Female
 KW - Humans
 KW - *Interprofessional Relations

KW - Male
KW - Middle Aged
KW - Nurse Midwives
KW - Parturition
KW - Patient Care Team
KW - Patient Transfer/*standards
KW - Pregnancy
KW - *Quality Improvement

AB - INTRODUCTION: Midwifery care in the birth center setting has proven to be a safe and ideal option for some low-risk women. Although rare, perinatal complications that require emergent transfer to a higher level of care can occur in community birth settings. Optimal perinatal outcomes during emergent transfers depend on excellent interprofessional communication and collaboration. The purpose of this quality improvement project was to implement interprofessional emergent birth center transfer mock drills in order to improve communication and collaboration among birth center midwives, local paramedics, and receiving hospital staff during emergent birth center transfers. PROCESS: Birth center midwives and hospital staff provided education sessions on perinatal emergencies and the scope of practice for midwives for local paramedics. Paramedics' knowledge level was assessed with pretests and posttests, before and after the education sessions, respectively. An interprofessional, collaborative mock drill was then organized and included birth center, paramedic, and hospital staff. All participants received a questionnaire after the drill. OUTCOMES: Mean test scores after paramedic education sessions increased by 43.5% (n = 95, P <.001). The Likert-type scale questionnaire given to mock drill participants after drill completion revealed that 97% indicated probable support for the sustainability of future mock drills in the birth center setting (n = 10). DISCUSSION: Health care providers can help improve perinatal outcomes during emergent transfers from the community setting by having clearly outlined guidelines and procedures and communicating efficiently with interprofessional members of the health care team. Both interprofessional education sessions and collaborative mock drills are effective methods to increase knowledge of perinatal emergencies, thus improving interprofessional communication and collaboration during emergent birth center transfers.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13076

ER -

TY - Comparative Study

AN - rayyan-504930521

TI - Maternal and neonatal outcomes at an alongside birth center and at a hospital.

Y1 - 2012

Y2 - 2

T2 - Revista de saude publica

SN - 1518-8787 (Electronic)

J2 - Rev Saude Publica

VL - 46

IS - 1

SP - 77-86

AU - Schneck CA

AU - Riesco ML

AU - Bonadio IC

AU - Diniz CS

AU - Oliveira SM

AV - Curso de Obstetrícia, Escola de Artes, Ciências e Humanidades, Universidade de São Paulo, São Paulo, SP, Brasil. camillaschneck@usp.br

UR - <https://pubmed.ncbi.nlm.nih.gov/22249753/>

LA - ["eng", "por"]

CY - Brazil

KW - Adolescent

KW - Adult

KW - Apgar Score

KW - Birthing Centers/*statistics & numerical data

KW - Brazil

KW - Child
KW - Cross-Sectional Studies
KW - Female
KW - Hospitals, General/statistics & numerical data
KW - Hospitals, Public/statistics & numerical data
KW - Humans
KW - Infant, Newborn
KW - Maternal Age
KW - Maternal-Child Health Centers/*statistics & numerical data
KW - Outcome Assessment, Health Care
KW - Parity
KW - Pregnancy
KW - *Pregnancy Outcome
KW - Risk Factors
KW - Socioeconomic Factors
KW - Young Adult

AB - OBJECTIVE: To compare maternal and neonatal outcomes in low-risk women assisted in an alongside birth center and at a hospital. METHODS: A cross-sectional study was conducted with a representative sample of low-risk women in São Paulo (Southeastern Brazil), from 2003 to 2006. The study included 991 women who delivered a child at the alongside birth center and 325 who delivered a child at a hospital. Data were obtained from medical records. A comparative analysis was performed for all of the women, who were stratified according to parity. The chi-square test and Fisher's exact test were used to compare outcomes between women who delivered in alongside birth center and those who gave birth in the hospital. RESULTS: There was a homogeneous distribution of women according to parity (45.4% were nulliparous, and 54.6% had one or more previous deliveries). Statistically significant differences were found in the frequency of amniotomy (more frequent in nulliparous women treated at the hospital), the use of oxytocin during labor, and the use of postpartum analgesia (both more frequent among women of any parity treated at the hospital). The rate of episiotomy was higher in nulliparous women, both in the alongside birth center and at the hospital. Neonatal interventions were more frequent at the hospital and included aspiration of the upper airways, gastric aspiration, gastric lavage, and the use of an open oxygen mask. Other events that occurred with greater frequency at the hospital included caput succedaneum, respiratory discomfort, and admittance to the neonatal unit. There was no difference in Apgar scores at the fifth minute or cases of maternal or perinatal death. CONCLUSIONS: Care at the alongside birth center involved fewer interventions and had maternal and neonatal outcomes similar to those of the hospital setting.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population, Alongside birth center
DO - 10.1590/s0034-89102012000100010
ER -

TY - JOUR
AN - rayyan-504930522
TI - Maternal Outcomes in Birth Centers: An Integrative Review of the Literature.
Y1 - 2016
Y2 - 1
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 61
IS - 1
SP - 21-51
AU - Alliman J
AU - Phillippi JC
UR - <https://pubmed.ncbi.nlm.nih.gov/26773853/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - *Delivery, Obstetric

KW - Female
 KW - Hospitals
 KW - Humans
 KW - *Maternal Health Services
 KW - Parturition
 KW - Patient Transfer
 KW - Pregnancy
 KW - *Pregnancy Complications/epidemiology/prevention & control
 AB - INTRODUCTION: The birth center, a relatively recent innovation in maternity care, is an increasingly popular location of birth. The purpose of this integrative literature review is to assess the research on maternal outcomes from birth center care. METHODS: Using methods by Whittemore and Knafl, we conducted an integrative review of studies of birth centers published in English since 1980. Twenty-three quantitative sources and 9 qualitative sources describing maternal outcomes of birth center care were reviewed and synthesized. RESULTS: Outcomes for women receiving birth care were positive. Spontaneous vaginal birth rates and perineal integrity were higher for women beginning care in a birth center compared to women in hospital care. Rates of cesarean birth were also lower for women planning birth center care. Transfer rates are difficult to compare across studies, but antepartum transfer rates ranged from 13% to 27.2%. Intrapartum transfer rates ranged from 11.6% to 37.4%, and from 11.6% to 16.5% in studies published from 2011 to 2013. Nulliparous women had higher rates of transfer than multiparous women. Few severe maternal outcomes and no maternal deaths were reported in any studies. Women were satisfied with the comprehensive, personalized care that they received from birth centers. DISCUSSION: Quantitative studies reviewed included more than 84,300 women. The heterogeneity of the studies and variations of practice limit generalization of findings. However, even with multisite studies enrolling a variety of birth centers and practice changes over time, the consistency of positive outcomes supports this model of care. Policy makers in the United States should consider supporting the birth center model as a means of improving maternal outcomes.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/jmwh.12356
 ER -

 TY - JOUR
 AN - rayyan-504930523
 TI - Newborn Screening Knowledge and Attitudes Among Midwives and Out-of-Hospital-Birth Parents.
 Y1 - 2020
 T2 - The Journal of perinatal & neonatal nursing
 SN - 1550-5073 (Electronic)
 J2 - J Perinat Neonatal Nurs
 VL - 34
 IS - 4
 SP - 357-364
 AU - Coupal E
 AU - Hart K
 AU - Wong B
 AU - Rothwell E
 AV - ARUP Laboratories, Salt Lake City (Ms Coupal); Utah Kim Hart, Utah Department of Health, Salt Lake City (Ms Coupal); Utah Department of Health, Salt Lake City (Ms Hart); College of Nursing, University of Utah, Salt Lake City (Dr Wong); and Department of Ob/Gyn, School of Medicine, University of Utah, Salt Lake City (Dr Rothwell).
 UR - <https://pubmed.ncbi.nlm.nih.gov/33079810/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Cross-Sectional Studies
 KW - Female
 KW - Health Knowledge, Attitudes, Practice
 KW - *Home Childbirth/nursing/psychology/statistics & numerical data
 KW - Humans

KW - Infant, Newborn
 KW - *Midwifery/education/methods
 KW - Needs Assessment
 KW - *Neonatal Screening/methods/nursing
 KW - *Parents/education/psychology
 KW - Pregnancy
 KW - United States
 KW - Midwifery
 KW - Mass Screening
 AB - Midwifery and nursing are collaborative partners in both education and practice. Understanding needs and barriers to clinical services such as newborn screening is essential. This study examined knowledge and attitudes of midwives and out-of-hospital-birth parents about newborn blood spot screening (NBS). Descriptive and cross-sectional surveys were distributed to midwives and out-of-hospital-birth parents from birth center registries and the Utah Health Department of Vital Records. Seventeen midwife surveys (response rate: 17%) and 113 parent surveys (response rate: 31%) were returned. Most midwives and out-of-hospital-birth parents reported satisfactory knowledge scores about NBS. Only 5% of parents (n = 6) did not participate in NBS. Most midwives reported that NBS is important and encouraged patients to consider undergoing NBS. Some concerns included the lack of education for both midwives and out-of-hospital patients and the trauma and accuracy of the heel prick soon after birth. Both midwives and out-of-hospital-birth parents expressed a need for improved NBS education. Additional studies are needed to ascertain whether this trend is seen with similar populations throughout the United States, to further elucidate the factors that drive NBS nonparticipation, and to develop educational resources for midwives and their patients.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1097/JPN.0000000000000525
 ER -

 TY - Comment
 AN - rayyan-504930524
 TI - The Family Health and Birth Center--a nurse-midwife-managed center in Washington, DC.
 Y1 - 2010
 Y2 - 9
 T2 - Alternative therapies in health and medicine
 SN - 1078-6791 (Print)
 J2 - Altern Ther Health Med
 VL - 16
 IS - 5
 SP - 58-60
 AU - Lubic RW
 AU - Flynn C
 AV - Developing Families Center, Washington, DC, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/20882732/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Black or African American/*statistics & numerical data
 KW - Birthing Centers/*organization & administration
 KW - District of Columbia/epidemiology
 KW - Female
 KW - Health Services Accessibility/statistics & numerical data
 KW - Humans
 KW - Maternal Health Services/organization & administration
 KW - Midwifery/*organization & administration
 KW - Models, Nursing
 KW - *Nurse's Role
 KW - Patient Acceptance of Health Care/*ethnology
 KW - Pregnancy
 KW - Pregnancy Complications/*ethnology/prevention & control

KW - Pregnancy Outcome/ethnology
KW - Primary Nursing/organization & administration
KW - Young Adult
KW - Midwifery
KW - Family Health
KW - Washington

AB - The Family Health and Birth Center (FHBC) is a family- and community-centered collaborative partnership designed to address the needs of women and families in the geographic area known as Ward 5 in Washington, DC. This community is predominantly low-income and African American; however, in recent years, a growing Latina and middle-income white population have sought out FHBC's services. Based on the midwifery model, FHBC provides prenatal care and midwifery-supported and -attended births in the freestanding birth center or at the nearby Washington Hospital Center. Through the collaborative partnership housed in a former supermarket and known as the Developing Families Center (DFC), FHBC works closely with the Healthy Babies Project and the United Planning Organization's Early Childhood Development Center. The aim of these partnerships is to provide midwifery-supported prenatal and birthing care within a framework of understanding the social context of health care. Together, the DFC/FHBC collaborative partnership provides a comprehensive system of health care for this predominantly underserved population. The purpose of this article is to highlight the FHBC--our perspective on the history of the founding of this center as a nurse-midwife-led model of care. Included in this issue is a comparative case study conducted by Palmer et al at the Urban Institute that systematically contrasts the care provided by three different models of maternity care serving low-income African American women in Washington, DC. Using qualitative methodology, the study analyzes the content and delivery of care, and the cost-effectiveness of FHBC as compared to a large city hospital and a federally qualified health care center. Study findings indicate that the combined elements of nurse-midwife-led maternal and child care with a focus on the social and educational context of pregnancy, birth, and infant/toddler better meet the needs of the population than do the comparison models.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article,wrong study design

ER -

TY - JOUR

AN - rayyan-504930525

TI - Internet Search for Midwifery Fellowship Programs.

Y1 - 2018

Y2 - 11

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 63

IS - 6

SP - 678-681

AU - Niles PM

AU - Hunt R

UR - <https://pubmed.ncbi.nlm.nih.gov/30358088/>

LA - eng

CY - United States

KW - Certification

KW - *Education, Nursing, Graduate

KW - *Fellowships and Scholarships

KW - Female

KW - Humans

KW - Information Seeking Behavior

KW - *Internet

KW - Internship and Residency

KW - Midwifery/*education

KW - Nurse Midwives/*education

KW - Pregnancy

KW - Search Engine
 KW - United States
 KW - Internet
 KW - Midwifery
 AB - INTRODUCTION: The purpose of this study was to identify existing US midwifery fellowships and their key attributes. METHODS: The study team adapted an internet-search methodology that was recently used to identify nurse practitioner fellowships and residencies and identified 1) search terms likely to locate websites describing or promoting midwifery fellowship or residency programs and 2) program attributes likely to be outlined in the websites. Two investigators conducted full, independent Google searches and then reconciled minor differences in terminology and findings via teleconference and simultaneous reviews of websites. RESULTS: Eight programs were identified that had sufficient information on a website to clearly establish them as midwifery fellowship programs. No programs used the term residency. The fellowship programs tended to be located in the western United States and predominantly focused on newly graduated certified nurse-midwives. Four programs were operated by university units, with the clinical experience located in the hospital. Four programs were operated by birth centers, with the clinical experience obtained in a combination of birth center, home, and/or hospital setting. Typical program lengths varied but were reported to be about 12 months. DISCUSSION: This study offers baseline information on the current midwifery fellowship offerings available via public internet search. This study also identifies key attributes of fellowships that may be helpful to stakeholders as they consider the role of fellowships for midwifery graduates and any need for accountability, such as accreditation review, among the programs.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1111/jmwh.12924
 ER -

 TY - JOUR
 AN - rayyan-504930526
 TI - Choosing a Birth Setting: A Shared Decision-Making Approach.
 Y1 - 2022
 Y2 - 7
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 67
 IS - 4
 SP - 510-514
 AU - George EK
 AU - Mitchell S
 AU - Stacey D
 AV - Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts.; Birth Sanctuary, Gainesville, Alabama.; Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35616249/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - Decision Making
 KW - *Decision Making, Shared
 KW - Female
 KW - Hospitals
 KW - Humans
 KW - Infant, Newborn
 KW - Parturition
 KW - Patient Participation
 KW - Pregnancy
 KW - United States
 AB - Perinatal outcomes vary widely depending on individual birth settings (birth center, home, and hospital). The purpose of this case study is to explore a patient-centered, shared decision-making approach to achieve an informed, values-based choice about birth settings. Engaging in a shared decision-making

approach regarding birth setting options would support people to have the information and ability to judge for themselves how benefits and risks across birth center, home, and hospital settings would best fit with their values and personal health. A patient decision aid about birth setting options could facilitate increased equity regarding access to birth settings that offer improved perinatal health outcomes, helping to reduce perinatal health disparities in the United States.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13377

ER -

TY - JOUR

AN - rayyan-504930527

TI - Are women attending a midwifery-led birthing center at increased risk of anal sphincter injury?

Y1 - 2020

Y2 - 3

T2 - International urogynecology journal

SN - 1433-3023 (Electronic)

J2 - Int Urogynecol J

VL - 31

IS - 3

SP - 583-589

AU - O'Leary BD

AU - Ciprike V

AV - Department of Obstetrics and Gynaecology, Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Ireland. bobbydoleary@gmail.com.; Department of Obstetrics and Gynaecology, Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Ireland.

UR - <https://pubmed.ncbi.nlm.nih.gov/31901952/>

LA - eng

CY - England

KW - Anal Canal

KW - *Birthing Centers

KW - Delivery, Obstetric

KW - Female

KW - Humans

KW - Infant, Newborn

KW - *Midwifery

KW - *Obstetric Labor Complications/epidemiology/etiology

KW - Pregnancy

KW - Retrospective Studies

KW - Risk Factors

KW - Midwifery

AB - INTRODUCTION AND HYPOTHESIS: In recent years there has been renewed interest in midwifery-led care for women, with studies reporting similar neonatal outcomes despite lower rates of intervention in midwifery-led birthing centers. Research into obstetric anal sphincter injuries (OASI) in these birthing centers is scarce. The objective of this study was to compare the rate of OASI after spontaneous vaginal delivery in nulliparous women in consultant or midwifery-led units over a ten-year period. METHODS: All spontaneous vaginal deliveries in nulliparous women from 2008 to 2017 were analyzed in a single-center retrospective study. Women who had neuraxial analgesia were excluded. The primary endpoint was OASI. Labor characteristics in both groups were compared, and a multiple regression model was created. RESULTS: During the study period, there were 3260 spontaneous vaginal deliveries in nulliparous women; 75.7% (2467/3260) delivered in the consultant-led unit and 24.3% (793/3260) in the midwifery-led unit (MLU). Women delivering in the MLU had a greater risk of anal sphincter injury than those delivering in the CLU (4.9% [39/793] vs 2.5% [62/2467], OR 2.01, 95% CI 1.32 - 3.01). Significant risk factors that increased the risk of OASI on regression analysis were birthweight and delivery in the midwifery-led unit. CONCLUSIONS: Women delivering in the midwifery-led unit appear to be at double the risk of OASI when compared to those delivering in the consultant-led unit. These results are in contrast to previous studies in midwifery-led centers. This difference may be site-specific and further research is required before these results form part of patient counseling.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
DO - 10.1007/s00192-019-04218-y
ER -

TY - Comment
AN - rayyan-504930528
TI - Birthing Centers Staffed by Skilled Birth Attendants: Can They Be Effective ... at Scale?
Y1 - 2016
Y2 - 3
T2 - Global health, science and practice
SN - 2169-575X (Electronic)
J2 - Glob Health Sci Pract
VL - 4
IS - 1
SP - 1-3
UR - <https://pubmed.ncbi.nlm.nih.gov/27016537/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - Delivery, Obstetric
KW - Home Childbirth
KW - Humans
KW - Midwifery
KW - *Parturition

AB - Peripheral-level birthing centers may be appropriate and effective in some circumstances if crucial systems requirements can be met. But promising models don't necessarily scale well, so policy makers and program managers need to consider what requirements can and cannot be met feasibly at scale. Apparently successful components of the birthing center model, such as engagement of traditional birth attendants and use of frontline staff who speak the local language, appear conducive to use in other similar settings.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.9745/GHSP-D-16-00063
ER -

TY - JOUR
AN - rayyan-504930529
TI - A Program Evaluation of Behavioral Health Integration in a Freestanding Birth Center.
Y1 - 2021
Y2 - 1
Y3 - 01
T2 - The Journal of perinatal & neonatal nursing
SN - 1550-5073 (Electronic)
J2 - J Perinat Neonatal Nurs
VL - 35
IS - 1
SP - 29-36
AU - Holmquist J
AU - Fischl AFR
AU - Niemczyk NA
AV - Department of Health Promotion and Development, University of Pittsburgh School of Nursing, Pittsburgh, Pennsylvania. Dr Holmquist currently works for The Midwife Center for Birth and Women's Health, Pittsburgh, Pennsylvania.
UR - <https://pubmed.ncbi.nlm.nih.gov/33528185/>
LA - eng
CY - United States
KW - Adult
KW - Behavioral Medicine/*methods

KW - Birthing Centers/*organization & administration
KW - Depression, Postpartum/diagnosis/*prevention & control
KW - Female
KW - Humans
KW - Mass Screening/methods
KW - Mothers/*psychology
KW - Patient Acceptance of Health Care/psychology
KW - Perinatal Care/*organization & administration
KW - Pregnancy
KW - Program Evaluation
KW - Psychiatric Status Rating Scales
KW - Health Behavior
KW - Self-Evaluation Programs

AB - The objective of this evaluation was to evaluate the integration of behavioral health services at a freestanding birth center. Program evaluation included (1) retrospective health record reviews and (2) provider and client evaluation of satisfaction. In May 2017, an urban freestanding birth center initiated grant-funded integrated behavioral health services. Participants included women receiving perinatal care from May 2016 to April 2018 (n = 831). Clients (n = 414) and providers (n = 9) were surveyed through e-mail, with 166 (40%) and 7 (78%) responses, respectively. Depressive symptoms were measured with the Edinburgh Postnatal Depression Scale. Screening and treatment of depression were identified from health records. The on-site therapist saw 21% of women who birthed during the program's first year. Compared with the year before the program began, in the program's first year, more women were screened for depression at least once (401/415 (96.6%) vs 413/415 (99.5%), $P = .002$) and more women with an indication received treatment (62.5% [105/168] vs 34.5% [38/110], $P < .001$). Provider and client satisfaction was high. The on-site therapist provided services easily integrated into the freestanding birth center practice, resulting in increased depression screening and treatment, with overwhelming client and provider satisfaction.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/JPN.0000000000000533
ER -

TY - JOUR

AN - rayyan-504930530

TI - Neonatal outcomes of births in freestanding birth centers and hospitals in the United States, 2016-2019.

Y1 - 2022

Y2 - 1

T2 - American journal of obstetrics and gynecology

SN - 1097-6868 (Electronic)

J2 - Am J Obstet Gynecol

VL - 226

IS - 1

SP - 116.e1-116.e7

AU - Grünebaum A

AU - McCullough LB

AU - Bornstein E

AU - Lenchner E

AU - Katz A

AU - Spiryda LB

AU - Klein R

AU - Chervenak FA

AV - Department of Obstetrics and Gynecology, Lenox Hill Hospital, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY. Electronic address: amosgrune@gmail.com.; Department of Obstetrics and Gynecology, Lenox Hill Hospital, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY.; Department of Obstetrics and Gynecology, Lenox Hill Hospital, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY.; Departments of Biostatistics and Data Management, New York University Rory Meyers College of Nursing, New York, NY.; Department of Obstetrics and Gynecology, Lenox Hill Hospital, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY.; Department of Obstetrics and Gynecology, Phelps Memorial Hospital

Center, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY.; Department of Obstetrics and Gynecology, Lenox Hill Hospital, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY.; Department of Obstetrics and Gynecology, Lenox Hill Hospital, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, NY.

UR - <https://pubmed.ncbi.nlm.nih.gov/34217722/>

LA - eng

CY - United States

KW - Adult

KW - *Birthing Centers

KW - Cohort Studies

KW - Databases, Factual

KW - *Delivery, Obstetric

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Infant, Newborn, Diseases/*epidemiology/etiology

KW - Male

KW - Pregnancy

KW - Pregnancy Outcome

KW - Retrospective Studies

KW - United States/epidemiology

KW - Young Adult

KW - Hospital Units

KW - United States

AB - BACKGROUND: Births in freestanding birth centers have more than doubled between 2007 and 2019. Although birthing centers, which are defined by the American College of Obstetricians and Gynecologists as "... freestanding facilities that are not hospitals," are being promoted as offering women fewer interventions than hospitals, there are limited recent data available on neonatal outcomes in these settings. OBJECTIVE: To compare several important measures of neonatal safety between 2 United States birth settings and birth attendants: deliveries in freestanding birth centers and hospital deliveries by midwives and physicians. STUDY DESIGN: This is a retrospective cohort study using the United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, and Division of Vital Statistics natality online database for the years 2016 to 2019. All term, singleton, low-risk births were eligible for inclusion. The study outcomes were several neonatal outcomes including neonatal death, neonatal seizures, 5-minute Apgar scores of <4 and <7, and neonatal death in nulliparous and in multiparous women. Outcomes were compared between the following 3 groups: births in freestanding birth centers, in-hospital births by a physician, and in-hospital births by a midwife. The prevalence of each neonatal outcome among the different groups was compared using Pearson chi-squared test, with the in-hospital midwife births being the reference group. Multivariate logistic regression models were performed to account for several potential confounding factors such as maternal prepregnancy body mass index, maternal weight gain, parity, gestational weeks, and neonatal birthweight and calculated as adjusted odds ratio. RESULTS: The study population consisted of 9,894,978 births; 8,689,467 births (87.82%) were in-hospital births by MDs and DOs, 1,131,398 (11.43%) were in-hospital births by midwives, and 74,113 (0.75%) were births in freestanding birth centers. Freestanding birth center deliveries were less likely to be to non-Hispanic Black or Hispanic, less likely to women with public insurance, less likely to be women with their first pregnancy, and more likely to be women with advanced education and to have pregnancies at ≥ 40 weeks' gestation. Births in freestanding birth center had a 4-fold increase in neonatal deaths (3.64 vs 0.95 per 10,000 births: adjusted odds ratio, 4.00; 95% confidence interval, 2.62-6.1), a more than 7-fold increase in neonatal deaths for nulliparous patients (6.8 vs 0.92 per 10,000 births: adjusted odds ratio, 7.7; 95% confidence interval, 4.42-13.76), a more than 2-fold increase in neonatal seizures (3.91 vs 1.94 per 10,000 births: adjusted odds ratio, 2.19; 95% confidence interval, 1.48-3.22), and a more than 7-fold increase of a 5-minute Apgar score of <4 (194.84 vs 28.5 per 10,000 births: adjusted odds ratio, 7.46; 95% confidence interval, 7-7.95). Compared with hospital midwife deliveries, hospital physician deliveries had significantly higher adverse neonatal outcomes ($P<0.001$). CONCLUSION: Births in United States freestanding birth centers are associated with an increased risk of adverse neonatal outcomes such as neonatal deaths, seizures, and low 5-minute Apgar scores. Therefore, when counseling women about the location of birth, it should be conveyed that births in freestanding birth centers are not among the safest birth settings for

neonates compared with hospital births attended by either midwives or physicians.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.ajog.2021.06.093

ER -

TY - JOUR

AN - rayyan-504930531

TI - The Cost of Home Birth in the United States.

Y1 - 2021

Y2 - 10

Y3 - 1

T2 - International journal of environmental research and public health

SN - 1660-4601 (Electronic)

J2 - Int J Environ Res Public Health

VL - 18

IS - 19

AU - Anderson DA

AU - Gilkison GM

AV - Department of Economics and Business, Centre College, Danville, KY 40422, USA.; Department of Economics and Business, Centre College, Danville, KY 40422, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/34639661/>

LA - eng

CY - Switzerland

KW - *Birthing Centers

KW - Female

KW - *Home Childbirth

KW - Humans

KW - Infant, Newborn

KW - *Midwifery

KW - Pregnancy

KW - Risk

KW - United States

AB - Policy decisions about the accessibility of home birth hinge on questions of safety and affordability. Families consider safety and cost along with the comfort and familiarity of birthing venues. A substantial literature addresses safety concerns, generally reporting that for low-risk mothers in the care of credentialed midwives, the safety of planned home births is comparable to that in birth centers and hospitals. The lack of notable safety tradeoffs for low-risk mothers elevates the relevance of the economic efficiency of home births. The available cost figures for home births are largely out of date or anecdotal. The purpose of this research is to offer scholars, policymakers, and families improved estimates of both the cost of home births and the potential savings from greater access to home births. On the basis of a nationwide study, we estimate that the average cost of a home birth in the United States is USD 4650, which is significantly below existing cost estimates for an uncomplicated birth center or hospital birth. Further, we find that each shift of one percent of births from hospitals to homes would represent an annual cost savings to society of at least USD 321 million.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Focused on home birth

DO - 10.3390/ijerph181910361

ER -

TY - JOUR

AN - rayyan-504930532

TI - From a Place of Love: The Experiences of Birthing in a Black-Owned Culturally-Centered Community Birth Center.

Y1 - 2022

T2 - Journal of health disparities research and practice

SN - 2166-5222 (Print)

J2 - J Health Dispar Res Pract

VL - 15
IS - 2
SP - 47-60
AU - Karbeah J
AU - Hardeman R
AU - Katz N
AU - Orionzi D
AU - Kozhimannil KB
AV - Center for Antiracism Research for Health Equity, University of Minnesota School of Public Health.; Center for Antiracism Research for Health Equity, University of Minnesota School of Public Health.; Yale University.; University of California San Francisco.; Rural Health Research Center, University of Minnesota School of Public Health.
UR - <https://pubmed.ncbi.nlm.nih.gov/37275571/>
LA - eng
CY - United States
AB - INTRODUCTION: Racial and ethnic disparities in perinatal health outcomes are among the greatest threats to population health in the United States. Black birthing communities are most impacted by these inequities due to structural racism throughout society and within health care settings. Although multiple studies have shown that structural racism and the disrespect associated with this system of inequity are the root causes of observed perinatal inequities, little scholarship has centered the needs of Black birthing communities to create alternative care models. Leaning on reproductive justice and critical race theoretical frameworks, this study explores good birth experiences as described by Black birthing people. METHODS: Thematic analysis of two focus groups and three one-on-one interviews conducted with clients at a Black-owned free-standing culturally-centered birth center (n=10). RESULTS: We found that Black birthing persons' concerns centered on three main themes: agency, historically- and culturally-safe birthing experiences, and relationship-centered care. Many participants pointed directly to past experiences of medical mistreatment and obstetric racism when defining their ideal birth experience. CONCLUSION: Black birthing people seeking care from culturally-informed providers often do so because they have been mistreated, disregarded, and neglected within traditional care settings. The needs articulated by our study participants provide a powerful framework for understanding alternative patient-centered models of care that can be developed to improve the care experiences of Black birthing people in the pursuit of birth equity.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
ER -

TY - JOUR
AN - rayyan-504930533
TI - Midwifery care at a freestanding birth center: a safe and effective alternative to conventional maternity care.
Y1 - 2013
Y2 - 10
T2 - Health services research
SN - 1475-6773 (Electronic)
J2 - Health Serv Res
VL - 48
IS - 5
SP - 1750-68
AU - Benatar S
AU - Garrett AB
AU - Howell E
AU - Palmer A
AV - The Urban Institute, Washington, DC.
UR - <https://pubmed.ncbi.nlm.nih.gov/23586867/>
LA - eng
CY - United States
KW - Adult
KW - Birth Certificates
KW - *Birthing Centers

KW - Cesarean Section/statistics & numerical data
KW - District of Columbia
KW - Female
KW - Humans
KW - Midwifery/*methods
KW - *Obstetrics
KW - Pregnancy
KW - Pregnancy Outcome
KW - Prenatal Care/*standards
KW - Propensity Score
KW - Workforce
KW - Midwifery

AB - OBJECTIVE: To estimate the effect of a midwifery model of care delivered in a freestanding birth center on maternal and infant outcomes when compared with conventional care. DATA SOURCES/STUDY SETTING: Birth certificate data for women who gave birth in Washington D.C. and D.C. residents who gave birth in other jurisdictions. STUDY DESIGN: Using propensity score modeling and instrumental variable analysis, we compare maternal and infant outcomes among women who receive prenatal care from birth center midwives and women who receive usual care. We match on observable characteristics available on the birth certificate, and we use distance to the birth center as an instrument. DATA COLLECTION/EXTRACTION METHODS: Birth certificate data from 2005 to 2008. PRINCIPAL FINDINGS: Women who receive birth center care are less likely to have a C-section, more likely to carry to term, and are more likely to deliver on a weekend, suggesting less intervention overall. While less consistent, findings also suggest improved infant outcomes. CONCLUSIONS: For women without medical complications who are able to be served in either setting, our findings suggest that midwife-directed prenatal and labor care results in equal or improved maternal and infant outcomes.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
DO - 10.1111/1475-6773.12061
ER -

TY - JOUR
AN - rayyan-504930534
TI - A midwifery-led in-hospital birth center within an academic medical center: successes and challenges.
Y1 - 2013
Y2 - 10
T2 - The Journal of perinatal & neonatal nursing
SN - 1550-5073 (Electronic)
J2 - J Perinat Neonatal Nurs
VL - 27
IS - 4
SP - 302-10
AU - Perdion K
AU - Lesser R
AU - Hirsch J
AU - Barger M
AU - Kelly TF
AU - Moore TR
AU - Lacoursiere DY
AV - Department of Reproductive Medicine, University of California San Diego, La Jolla, California (Mss Perdion, Lesser, and Hirsch, and Drs Kelly, Moore, and LaCoursiere) and Hahn School of Nursing and Health Science, University of San Diego, San Diego, California (Dr Barger). Ms Lesser is currently at Kaiser Permanente Walnut Creek, California.
UR - <https://pubmed.ncbi.nlm.nih.gov/24096338/>
LA - eng
CY - United States
KW - Academic Medical Centers
KW - California
KW - Cooperative Behavior

KW - Delivery Rooms/*statistics & numerical data
KW - Education
KW - Female
KW - Humans
KW - Infant, Newborn
KW - *Midwifery/methods/organization & administration
KW - Models, Organizational
KW - Parturition
KW - Patient Care Team
KW - *Perinatal Care/methods/organization & administration
KW - Practice Guidelines as Topic
KW - Practice Patterns, Nurses'/*statistics & numerical data
KW - Pregnancy
KW - Pregnancy Outcome
KW - Midwifery

AB - The University of California San Diego Community Women's Health Program (CWHP) has emerged as a successful and sustainable coexistence model of women's healthcare. The cornerstone of this midwifery practice is California's only in-hospital birth center. Located within the medical center, this unique and physically separate birth center has been the site for more than 4000 births. With 10% cesarean delivery and 98% breast-feeding rates, it is an exceptional example of low-intervention care. Integrating this previously freestanding birth center into an academic center has brought trials of mistrust and ineffectual communication. Education, consistent leadership, and development of multidisciplinary guidelines aided in overcoming these challenges. This collaborative model provides a structure in which residents learn to be respectful consultants and appreciate differences in medical practice. The CWHP and its Birth Center illustrates that through persistence and flexibility a collaborative model of maternity services can flourish and not only positively influence new families but also future generations of providers.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

DO - 10.1097/JPN.0b013e3182a3cd42
ER -

TY - JOUR

AN - rayyan-504930535

TI - A Model of True CHOICES: Learnings from a Comprehensive Sexual and Reproductive Health Clinic in Tennessee that Provides Abortions and Opened the City's First Birth Center.

Y1 - 2022

Y2 - 11

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 67

IS - 6

SP - 689-695

AU - Grayson N

AU - Quinones N

AU - Oseguera T

AV - CHOICES: Center for Reproductive Health, Memphis, Tennessee, United States.; CHOICES: Center for Reproductive Health, Memphis, Tennessee, United States.; CHOICES: Center for Reproductive Health, Memphis, Tennessee, United States.

UR - <https://pubmed.ncbi.nlm.nih.gov/36471539/>

LA - eng

CY - United States

KW - Pregnancy

KW - Infant, Newborn

KW - Female

KW - Humans

KW - Male

KW - *Birthing Centers
 KW - *Abortion, Spontaneous
 KW - Tennessee
 KW - Reproductive Health
 KW - Gender Identity
 AB - Memphis Center for Reproductive Health staff is passionate about ensuring that everyone has access to the full continuum of comprehensive reproductive health care (including abortion, gender-affirming care, miscarriage management, and community birth) regardless of race, gender identity, sexual orientation, HIV status, economic status, or religious beliefs. Memphis, Tennessee, has a history of limited community birth options (birthing outside of hospital walls). In 2017, when home birth services were added to CHOICES and plans for opening Memphis' first freestanding birth center were being imagined, it was intentional to create a model in which midwifery care could be accessible for patients who may be eligible for state-funded health care services, those considered at higher health risk than traditional low-risk midwifery patients, or both. In fact, individuals and their families with limited out-of-pocket funds and those historically marginalized would purposely receive holistic, individualized care based on their unique health care needs and personal desires, driven by a reproductive justice framework. In this article, we outline the success and challenges of addressing the reproductive health needs of marginalized communities, including the benefits of a nonprofit business model, operationalizing reproductive justice concepts, and the reclamation of Black midwifery. We also discuss the challenges of caring for Black birthing people and providing abortion and gender-affirming care in a politically hostile environment. Although individuals have complex needs, at its core, CHOICES believes that every person must be seen as whole human beings and that each can be cared for by a midwife. The CHOICES approach is informed by evidence-based information, clinical judgment, and an intentional partnership with and investment in a people who have historically been and are presently pushed to the margins, neglected, and blamed for poor health outcomes and demise. Striving to adapt the CHOICES model of care in other parts of the country is important now more than ever following the Supreme Court decision to overturn Roe v. Wade.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
 DO - 10.1111/jmwh.13448
 ER -

 TY - JOUR
 AN - rayyan-504930536
 TI - A true choice of place of birth? Swiss women's access to birth hospitals and birth centers.
 Y1 - 2022
 T2 - PloS one
 SN - 1932-6203 (Electronic)
 J2 - PLoS One
 VL - 17
 IS - 7
 SP - e0270834
 AU - Rauch S
 AU - Arnold L
 AU - Stuermer Z
 AU - Rauh J
 AU - Rost M
 AV - Institute of Geography and Geology, University of Wuerzburg, Wuerzburg, Germany.; Institute of Psychology, Friedrich-Schiller-University of Jena, Jena, Germany.; Institute for Biomedical Ethics, University of Basel, Basel, Switzerland.; Institute of Geography and Geology, University of Wuerzburg, Wuerzburg, Germany.; Institute for Biomedical Ethics, University of Basel, Basel, Switzerland.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35793367/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - *COVID-19/epidemiology
 KW - Female
 KW - Hospitals
 KW - Humans

KW - Infant, Newborn

KW - Pandemics

KW - Pregnancy

KW - Switzerland/epidemiology

AB - While the place of birth plays a crucial role for women's birth experiences, the interest in out-of-hospital births has increased during the Covid-19 pandemic. Related to this, various international policies recommend enabling women to choose where to give birth. We aimed to analyze Swiss women's choice between birth hospitals and birth centers. Employing spatial accessibility analysis, we incorporated four data types: highly disaggregated population data, administrative data, street network data, addresses of birth hospitals and birth centers. 99.8% of Swiss women of childbearing age were included in the analysis (N = 1.896.669). We modelled car travel times from a woman's residence to the nearest birth hospital and birth center. If both birth settings were available within 30 minutes, a woman was considered to have a true choice. Only 58.2% of women had a true choice. This proportion varied considerably across Swiss federal states. The main barrier to a true choice was limited accessibility of birth centers. Median travel time to birth hospitals was 9.8 (M = 12.5), to birth centers 23.9 minutes (M = 28.5). Swiss women are insufficiently empowered to exercise their reproductive autonomy as their choice of place of birth is significantly limited by geographical constraints. It is an ethical and medical imperative to provide women with a true choice. We provide high-resolution insights into the accessibility of birth settings and strong arguments to (re-)examine the need for further birth centers (and birth hospitals) in specific geographical areas. Policy-makers are obligated to improve the accessibility of birth centers to advance women's autonomy and enhance maternal health outcomes after childbirth. The Covid-19 pandemic offers an opportunity to shift policy.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1371/journal.pone.0270834

ER -

TY - JOUR

AN - rayyan-504930538

TI - Place of Birth Preferences and Relationship to Maternal and Newborn Outcomes Within the American Association of Birth Centers Perinatal Data Registry, 2007-2020.

Y1 - 2022

Y2 - 4

Y3 - 01

T2 - The Journal of perinatal & neonatal nursing

SN - 1550-5073 (Electronic)

J2 - J Perinat Neonatal Nurs

VL - 36

IS - 2

SP - 150-160

AU - Jolles DR

AU - Montgomery TM

AU - Blankstein Breman R

AU - George E

AU - Craddock J

AU - Sanders S

AU - Niemczyk NA

AU - Stapleton S

AU - Bauer K

AU - Wright J

AV - Frontier University, Tucson, Arizona (Dr Jolles); American Association of Birth Centers Research Committee, Perkiomenville, Pennsylvania (Drs Jolles, Niemczyk, and Stapleton and Mss Sanders, Bauer, and Wright); Department of Nursing, Temple University College of Public Health, Philadelphia, Pennsylvania (Dr Montgomery); University of Maryland School of Nursing, Baltimore (Dr Blankstein Breman); Boston College Connell School of Nursing, Boston, Massachusetts (Ms George); University of Maryland College of Social Work, Baltimore (Dr Craddock); and Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania (Ms Sanders and Dr Niemczyk).

UR - <https://pubmed.ncbi.nlm.nih.gov/35476769/>

LA - eng

CY - United States
 KW - *Birthing Centers
 KW - Cesarean Section
 KW - Female
 KW - Hispanic or Latino
 KW - Humans
 KW - Infant, Newborn
 KW - Parturition
 KW - Pregnancy
 KW - Registries
 KW - United States/epidemiology
 AB - PURPOSE: The purpose of this study was to describe sociodemographic variations in client preference for birthplace and relationships to perinatal health outcomes. METHODS: Descriptive data analysis (raw number, percentages, and means) showed that preference for birthplace varied across racial and ethnic categories as well as sociodemographic categories including educational status, body mass index, payer status, marital status, and gravidity. A subsample of medically low-risk childbearing people, qualified for birth center admission in labor, was analyzed to assess variations in maternal and newborn outcomes by site of first admission in labor. RESULTS: While overall clinical outcomes exceeded national benchmarks across all places of admission in the sample, disparities were noted including higher cesarean birth rates among Black and Hispanic people. This variation was larger within the population of people who preferred to be admitted to the hospital in labor in the absence of medical indication. CONCLUSION: This study supports that the birth center model provides safe delivery care across the intersections of US sociodemographics. Findings from this study highlight the importance of increased access and choice in place of birth for improving health equity, including decreasing cesarean birth and increasing breastfeeding initiation.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1097/JPN.0000000000000647
 ER -

 TY - JOUR
 AN - rayyan-504930539
 TI - The impact of birth settings on pregnancy outcomes in the United States.
 Y1 - 2023
 Y2 - 5
 T2 - American journal of obstetrics and gynecology
 SN - 1097-6868 (Electronic)
 J2 - Am J Obstet Gynecol
 VL - 228
 IS - 5
 SP - S965-S976
 AU - Grünebaum A
 AU - Bornstein E
 AU - McLeod-Sordjan R
 AU - Lewis T
 AU - Wasden S
 AU - Combs A
 AU - Katz A
 AU - Klein R
 AU - Warman A
 AU - Black A
 AU - Chervenak FA
 AV - Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY. Electronic address: AGrunebaum@Northwell.edu.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY.; Department of Medicine, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hofstra Northwell School of Nursing and Physician Assistant Studies, Northwell Health, New York, NY.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, South Shore University Hospital, Bay Shore, NY.; Department of

Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, North Shore University Hospital, Manhasset, NY.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY.; Division of Medical Ethics, Department of Medicine, Lenox Hill Hospital, New York, NY.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY.; Department of Obstetrics and Gynecology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Lenox Hill Hospital, New York, NY.

UR - <https://pubmed.ncbi.nlm.nih.gov/37164501/>

LA - eng

CY - United States

KW - Pregnancy

KW - Infant, Newborn

KW - Female

KW - Humans

KW - United States/epidemiology

KW - Pregnancy Outcome/epidemiology

KW - *Midwifery

KW - *Home Childbirth

KW - Birth Setting

KW - Infant Mortality

KW - Pregnancy Outcome

KW - United States

AB - In the United States, 98.3% of patients give birth in hospitals, 1.1% give birth at home, and 0.5% give birth in freestanding birth centers. This review investigated the impact of birth settings on birth outcomes in the United States. Presently, there are insufficient data to evaluate levels of maternal mortality and severe morbidity according to place of birth. Out-of-hospital births are associated with fewer interventions such as episiotomies, epidural anesthesia, operative deliveries, and cesarean deliveries. When compared with hospital births, there are increased rates of avoidable adverse perinatal outcomes in out-of-hospital births in the United States, both for those with and without risk factors. In one recent study, the neonatal mortality rates were significantly elevated for all planned home births: 13.66 per 10,000 live births (242/177,156; odds ratio, 4.19; 95% confidence interval, 3.62-4.84; $P < .0001$) vs 3.27 per 10,000 live births for in-hospital Certified Nurse-Midwife-attended births (745/2,280,044; odds ratio, 1). These differences increased further when patients were stratified by recognized risk factors such as breech presentation, multiple gestations, nulliparity, advanced maternal age, and postterm pregnancy. Causes of the increased perinatal morbidity and mortality include deliveries of patients with increased risks, absence of standardized criteria to exclude high-risk deliveries, and that most midwives attending out-of-hospital births in the United States do not meet the gold standard for midwifery regulation, the International Confederation of Midwives' Global Standards for Midwifery Education. As part of the informed consent process, pregnant patients interested in out-of-hospital births should be informed of its increased perinatal risks. Hospital births should be supported for all patients, especially those with increased risks.

N1 - RAYYAN-INCLUSION: {"Christél" => "Excluded"}

DO - 10.1016/j.ajog.2022.08.011

ER -

TY - JOUR

AN - rayyan-504930540

TI - Contrasting Birth Preferences to Practices in El Paso, Texas.

Y1 - 2022

T2 - Frontiers in global women's health

SN - 2673-5059 (Electronic)

J2 - Front Glob Womens Health

VL - 3

SP - 830512

AU - Curtis RS

AU - Vadney R
 AU - Heckert C
 AU - Román C
 AV - Independent Researcher, El Paso, TX, United States.; Independent Researcher, El Paso, TX, United States.; Department of Sociology and Anthropology, The University of Texas at El Paso, El Paso, TX, United States.; Department of Sociology and Anthropology, The University of Texas at El Paso, El Paso, TX, United States.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35425936/>
 LA - eng
 CY - Switzerland
 KW - Texas
 AB - Despite calls for increased access to midwifery and a reduction in unnecessary labor interventions by the World Health Organization, the American College of Obstetrics and Gynecologists, and the American Public Health Association, for many birthing parents in the United States, this model remains out of reach. Only 10% of U.S. births are attended by midwives, and in Texas, which leads the nation in maternal morbidity and mortality, that number is <7%. This study examines an unmet demand for personalized, low-intervention midwifery care in El Paso, Texas and the surrounding area through surveys and focus groups aimed at exploring women's perceptions of their birthing experiences and access to different models of perinatal care. Resulting data suggests a high level of satisfaction with midwifery among those who were able to access it, while those who had used obstetric care often reported limited options and feelings of trauma.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
 DO - 10.3389/fgwh.2022.830512
 ER -

 TY - JOUR
 AN - rayyan-504930541
 TI - Client Experience with the Ontario Birth Center Demonstration Project.
 Y1 - 2021
 Y2 - 3
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 66
 IS - 2
 SP - 174-184
 AU - Reszel J
 AU - Weiss D
 AU - Darling EK
 AU - Sidney D
 AU - Van Wagner V
 AU - Soderstrom B
 AU - Rogers J
 AU - Holmberg V
 AU - Peterson WE
 AU - Khan BM
 AU - Walker MC
 AU - Sprague AE
 AV - Better Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; CHEO Research Institute, CHEO, Ottawa, Ontario, Canada.; Better Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; School of Epidemiology and Public Health, University of Ottawa, Ottawa, Ontario, Canada.; McMaster Midwifery Research Centre, McMaster University, Hamilton, Ontario, Canada.; Better Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; Midwifery Education Program, Ryerson University, Toronto, Ontario, Canada.; Midwifery Education Program, Ryerson University, Toronto, Ontario, Canada.; Association of Ontario Midwives (AOM), Toronto, Ontario, Canada.; Midwifery Education Program, Ryerson University, Toronto, Ontario, Canada.; Better

Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; School of Nursing, University of Ottawa, Ottawa, Ontario, Canada.; Better Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; Better Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.; Department of Obstetrics, Gynecology, and Newborn Care, The Ottawa Hospital, Ottawa, Ontario, Canada.; Department of Obstetrics and Gynecology, Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada.; Better Outcomes Registry & Network (BORN) Ontario, Children's Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada.; CHEO Research Institute, CHEO, Ottawa, Ontario, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/33336882/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Cross-Sectional Studies

KW - Female

KW - Humans

KW - Infant, Newborn

KW - *Midwifery

KW - Ontario

KW - Parturition

KW - Patient Satisfaction

KW - Pregnancy

AB - INTRODUCTION: In 2014, 2 new freestanding midwifery-led birth centers opened in Ontario, Canada. As one part of a larger mixed-methods evaluation of the first year of operations of the centers, our primary objective was to compare the experiences of women receiving midwifery care who intended to give birth at the new birth centers with those intending to give birth at home or in hospital. METHODS: We conducted a cross-sectional survey of women cared for by midwives with admitting privileges at one of the 2 birth centers. Consenting women received the survey 3 to 6 weeks after their due date. We stratified the analysis by intended place of birth at the beginning of labor, regardless of where the actual birth occurred. One composite indicator was created (Composite Satisfaction Score, out of 20), and statistical significance ($P < .05$) was assessed using one-way analysis of variance. Responses to the open-ended questions were reviewed and grouped into broader categories. RESULTS: In total, 382 women completed the survey (response rate 54.6%). Half intended to give birth at a birth center ($n = 191$). There was a significant difference on the Composite Satisfaction Scores between the birth center (19.4), home (19.5), and hospital (18.9) groups ($P < .001$). Among women who intended to give birth in a birth center, scores were higher in the women admitted to the birth center compared with those who were not ($P = .037$). Overall, women giving birth at a birth center were satisfied with the learners present at their birth, the accessibility of the centers, and the physical amenities, and they had suggestions for minor improvements. DISCUSSION: We found positive experiences and high satisfaction among women receiving midwifery care, regardless of intended place of birth. Women admitted to the birth centers had positive experiences with these new centers; however, future research should be planned to reassess and further understand women's experiences.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1111/jmwh.13164

ER -

TY - JOUR

AN - rayyan-504930542

TI - Factors influencing birth setting decision making in the United States: An integrative review.

Y1 - 2022

Y2 - 9

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 49

IS - 3

SP - 403-419
AU - George EK
AU - Shorten A
AU - Lyons KS
AU - Edmonds JK
AV - William F. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts, USA.; University of Alabama at Birmingham School of Nursing, Birmingham, Alabama, USA.; William F. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts, USA.; William F. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/35441421/>
LA - eng
CY - United States
KW - Birth Setting
KW - *Birthing Centers
KW - Decision Making
KW - Female
KW - Humans
KW - Infant, Newborn
KW - *Midwifery
KW - Parturition
KW - *Perinatal Death
KW - Pregnancy
KW - United States
AB - BACKGROUND: The United States has the highest perinatal morbidity and mortality (M&M) rates among all high-resource countries in the world. Birth settings (birth center, home, or hospital) influence clinical outcomes, experience of care, and health care costs. Increasing use of low-intervention birth settings can reduce perinatal M&M. This integrative review evaluated factors influencing birth setting decision making among women and birthing people in the United States. METHODS: A search strategy was implemented within the CINAHL, PubMed, PsycInfo, and Web of Science databases. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guided the review, and the Johns Hopkins Nursing Evidence-Based Practice model was used to evaluate methodological quality and appraisal of the evidence. The Whittemore and Knafl integrative review framework informed the extraction and analysis of the data and generation of findings. RESULTS: We identified 23 articles that met inclusion criteria. Four analytical themes were generated that described factors that influence birth setting decision making in the United States: "Birth Setting Safety vs. Risk," "Influence of Media, Family, and Friends on Birth Setting Awareness," "Presence or Absence of Choice and Control," and "Access to Options." DISCUSSION: Supporting women and birthing people to make informed decisions by providing information about birth setting options and variations in models of care by birth setting is a critical patient-centered strategy to ensure equitable access to low-intervention birth settings. Policies that expand affordable health insurance to cover midwifery care in all birth settings are needed to enable people to make informed choices about birth location that align with their values, individual pregnancy characteristics, and preferences.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article
DO - 10.1111/birt.12640
ER -

TY - JOUR
AN - rayyan-504930543
TI - United States community births increased by 20% from 2019 to 2020.
Y1 - 2022
Y2 - 9
T2 - Birth (Berkeley, Calif.)
SN - 1523-536X (Electronic)
J2 - Birth
VL - 49
IS - 3
SP - 559-568
AU - MacDorman MF

AU - Barnard-Mayers R
 AU - Declercq E
 AV - Maryland Population Research Center, University of Maryland, College Park, Maryland, USA.; Boston University School of Public Health, Boston, Massachusetts, USA.; Boston University School of Public Health, Boston, Massachusetts, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35218065/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - *Birthing Centers
 KW - *COVID-19/epidemiology
 KW - Female
 KW - *Home Childbirth
 KW - Humans
 KW - Infant, Newborn
 KW - Pandemics
 KW - Parturition
 KW - Pregnancy
 KW - United States/epidemiology
 KW - United States
 AB - BACKGROUND: Anecdotal and emerging evidence suggested that the 2020 COVID-19 pandemic may have influenced women's attitudes toward community birth. Our purpose was to examine trends in community births from 2019 to 2020, and the risk profile of these births. METHODS: Recently released 2020 birth certificate data were compared with prior years' data to analyze trends in community births by socio-demographic and medical characteristics. RESULTS: In 2020, there were 71 870 community births in the United States, including 45 646 home births and 21 884 birth center births. Community births increased by 19.5% from 2019 to 2020. Planned home births increased by 23.3%, while birth center births increased by 13.2%. Increases occurred in every US state, and for all racial and ethnic groups, particularly non-Hispanic Black mothers (29.7%), although not all increases were statistically significant. In 2020, 1 of every 50 births in the United States was a community birth (2.0%). Women with planned home and birth center births were less likely than women with hospital births to have several characteristics associated with poor pregnancy outcomes, including teen births, smoking during pregnancy, obesity, and preterm, low birthweight, and multiple births. More than two-thirds of planned home births were self-paid, compared with one-third of birth center and just 3% of hospital births. CONCLUSIONS: It is to the great credit of United States midwives working in home and birth center settings that they were able to substantially expand their services during a worldwide pandemic without compromising standards in triaging women to optimal settings for safe birth.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1111/birt.12627
 ER -

 TY - JOUR
 AN - rayyan-504930544
 TI - Associations between prolonged second stage of labor and maternal and neonatal outcomes in freestanding birth centers: a retrospective analysis.
 Y1 - 2022
 Y2 - 2
 Y3 - 4
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 22
 IS - 1
 SP - 99
 AU - Niemczyk NA
 AU - Ren D
 AU - Stapleton SR
 AV - Department of Health Promotion and Development, School of Nursing, University of Pittsburgh, 3500

Victoria Street, 440 Victoria Building, Pittsburgh, PA, 15261, USA. nan37@pitt.edu.; Center for Research and Evaluation, School of Nursing, University of Pittsburgh, 3500 Victoria Street, 440 Victoria Building, Pittsburgh, PA, 15261, USA.; American Association of Birth Centers, 3123 Gottschall Road, Perkiomenville, PA, 18074, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/35120470/>

LA - eng

CY - England

KW - Adult

KW - Birthing Centers/*standards

KW - Female

KW - Guidelines as Topic/*standards

KW - Humans

KW - Infant, Newborn

KW - *Labor Stage, Second

KW - Obstetric Labor Complications/therapy

KW - Patient Transfer/*standards

KW - Postpartum Period

KW - Pregnancy

KW - Retrospective Studies

KW - Time Factors

KW - United States

KW - Labor Stage, Third

AB - BACKGROUND: Current guidelines for second stage management do not provide guidance for community birth providers about when best to transfer women to hospital care for prolonged second stage. Our goal was to increase the evidence base for these providers by: 1) describing the lengths of second stage labor in freestanding birth centers, and 2) determining whether proportions of postpartum women and newborns experiencing complications change as length of second stage labor increases. METHODS: This study is a retrospective analysis of de-identified client-level data collected in the American Association of Birth Centers Perinatal Data Registry, including women giving birth in freestanding birth centers January 1, 2007 to December 31, 2016. We plotted proportions of postpartum women and newborns transferred to hospital care against length of the second stage of labor, and assessed significance of these with the Cochran-Armitage test for trend or chi-square test. Secondary maternal and newborn outcomes were compared for dyads with normal and prolonged second stages of labor using Fisher's exact test. RESULTS: Second stage labor exceeded 3 hours for 2.3% of primiparous women and 2 hours for 6.6% of multiparous women. Newborn transfers increased as second stage increased from < 15 minutes to > 2 hours (0.6% to 6.33%, p for trend = 0.0008, for primiparous women, and 1.4% to 10.6%, p for trend < 0.0001, for multiparous women.) Postpartum transfers for multiparous women increased from 1.4% after second stage < 15 minutes to greater than 4% for women after second stage exceeding 2 hours (p for trend < 0.0001.) CONCLUSIONS: Complications requiring hospitalization of postpartum women and newborns become more common as the length of the second stage increases. Birth center guidelines should consider not just presence of progress but also absolute length of time as indications for transfer.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1186/s12884-022-04421-8

ER -

TY - JOUR

AN - rayyan-504930545

TI - Strong Start Innovation: Equitable Outcomes Across Public and Privately Insured Clients Receiving Birth Center Care.

Y1 - 2022

Y2 - 11

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 67

IS - 6

SP - 746-752

AU - Jolles D
 AU - Hoehn-Velasco L
 AU - Ross L
 AU - Stapleton S
 AU - Joseph J
 AU - Alliman J
 AU - Bauer K
 AU - Marcelle E
 AU - Wright J
 AV - Frontier Nursing University, Versailles, Kentucky.; Department of Economics, Georgia State University, Atlanta, Georgia.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; Commonsense Childbirth, Winter Garden, Florida.; Frontier Nursing University, Versailles, Kentucky.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; Midwifery Melanated, LLC, Washington, District of Columbia.; American Association of Birth Centers, Perkiomenville, Pennsylvania.
 UR - <https://pubmed.ncbi.nlm.nih.gov/36480161/>
 LA - eng
 CY - United States
 KW - Aged
 KW - Pregnancy
 KW - Infant, Newborn
 KW - Female
 KW - United States
 KW - Humans
 KW - *Birthing Centers
 KW - Prospective Studies
 KW - Medicare
 KW - *Midwifery/methods
 KW - Cesarean Section
 AB - INTRODUCTION: The Birth Center model of care is a health care delivery innovation in its fourth decade of demonstration across the United States. The purpose of this research was to evaluate the model's potential for decreasing poverty-related health disparities among childbearing families. METHODS: Between 2013 and 2017, 26,259 childbearing people received care within the 45 Center for Medicare and Medicaid Innovation Strong Start birth center sites. Secondary analysis of the prospective American Association of Birth Centers Perinatal Data Registry was conducted. Descriptive statistics described sociobehavioral, medical risk factors, and core clinical outcomes to inform the logistic regression model. Privately insured consumers were independently compared with 2 subgroups of Medicaid beneficiaries: Strong Start enrollees (midwifery-led care with peer counselors) and non-Strong Start Medicaid beneficiaries (midwifery-led care without peer counselors). RESULTS: After controlling for medical risk factors, Strong Start Medicaid beneficiaries achieved similar outcomes to privately insured consumers with no significant differences in maternal or newborn outcomes between groups. Perinatal outcomes included induction of labor (adjusted odds ratio [aOR], 0.86; 95% CI 0.61-1.13), epidural analgesia use (aOR, 1.00; 95% CI, 0.68-1.48), cesarean birth (aOR, 1.16; 95% CI, 0.87-1.53), exclusive breastfeeding on discharge (aOR, 1.11; 95% CI, 0.48-2.56), low Apgar score at 5 minutes (aOR, 1.23; 95% CI, 0.86-1.83), low birth weight (aOR, 1.12; 95% CI, 0.77-1.64), and antepartum transfer of care after the first prenatal appointment (aOR, 1.53; 95% CI, 0.97-2.40). Medicaid beneficiaries who were not enrolled in the Strong Start midwifery-led, peer counselor program demonstrated similar results except for having higher epidural analgesia use (aOR, 1.30; 95% CI, 1.10-1.53) and significantly lower exclusive breastfeeding on discharge (aOR, 0.57; 95% CI, 0.40-0.81) than their privately insured counterparts. DISCUSSION: The midwifery-led birth center model of care complemented by peer counselors demonstrated a pathway to achieve health equity.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1111/jmwh.13439
 ER -

 TY - JOUR
 AN - rayyan-504930550
 TI - Serial clinical observation for management of newborns at risk of early-onset sepsis.

Y1 - 2020
Y2 - 4
T2 - Current opinion in pediatrics
SN - 1531-698X (Electronic)
J2 - Curr Opin Pediatr
VL - 32
IS - 2
SP - 245-251
AU - Berardi A
AU - Bedetti L
AU - Spada C
AU - Lucaccioni L
AU - Frymoyer A
AV - Neonatal Intensive Care Unit, Maternal and Child Department, University Hospital.; PhD Program in Clinical and Experimental Medicine, Maternal and Child Department.; Pediatric Postgraduate School, Maternal and Child Department, University of Modena and Reggio Emilia, Italy.; Neonatal Intensive Care Unit, Maternal and Child Department, University Hospital.; Department of Pediatrics, School of Medicine, Stanford University, Stanford, California, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/31851052/>
LA - eng
CY - United States
KW - Age of Onset
KW - Anti-Bacterial Agents/therapeutic use
KW - *Asymptomatic Infections
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Infant, Newborn, Diseases/microbiology/prevention & control
KW - Male
KW - Neonatal Screening/*methods
KW - Neonatal Sepsis/*diagnosis
KW - Practice Guidelines as Topic
KW - Risk Assessment/*methods
KW - Risk Factors
KW - Streptococcal Infections/diagnosis/*prevention & control
KW - Streptococcus agalactiae
KW - Sepsis
AB - PURPOSE OF REVIEW: Current management approaches for asymptomatic neonates at risk of early onset sepsis remain controversial. Strategies based entirely on clinical observation (SCO, serial clinical observation) have gained consensus. RECENT FINDINGS: We briefly compare different strategies for managing asymptomatic newborns suggested in four high-income countries. Then this review details the existing differences in carrying out the SCO in the United Kingdom, the USA, and Italy; the experiences from the studies performed using the SCO; and open questions regarding this strategy. Advantages and limitations of SCO are also discussed. There is a need to assess which symptoms at birth are more predictive of early onset sepsis and therefore require immediate interventions versus those symptoms that can be monitored and re-evaluated. SUMMARY: SCO strategy may require changes in the processes of newborn care at birthing centers. Nonetheless, SCO is safe and is associated with fewer laboratory evaluations and unnecessary antibiotics. Thoughtful and thorough practices related to the care of all newborns will benefit any birthing centre. VIDEO ABSTRACT: <http://links.lww.com/MOP/A40>.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1097/MOP.0000000000000864
ER -

TY - JOUR
AN - rayyan-504930551
TI - The American Association of Birth Centers: history, membership, and current initiatives.
Y1 - 2009

Y2 - 9
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 54
IS - 5
SP - 387-392
AU - Phillippi JC
AU - Alliman J
AU - Bauer K
AV - Julia C. Phillippi, CNM, MSN, is a lecturer at Vanderbilt University School of Nursing in Nashville, TN, and a PhD student at the University of Tennessee, Knoxville, TN. She practices on a locum tenens basis with the Women's Wellness & Maternity Center and Lisa Ross Birth & Women's Center in Knoxville, TN. Jill Alliman, CNM, MSN, is the Center Director for Women's Wellness & Maternity Center, an accredited nonprofit birth center in Madisonville, TN, where she has provided full scope care for more than 22 years. She is Chair of the Legislative Committee and former President of the American Association of Birth Centers. Kate Bauer, MBA, is the Executive Director of the American Association of Birth Centers, located in Perkiomenville, PA, and the Project Administrator of the AABC Uniform Data Set.; Julia C. Phillippi, CNM, MSN, is a lecturer at Vanderbilt University School of Nursing in Nashville, TN, and a PhD student at the University of Tennessee, Knoxville, TN. She practices on a locum tenens basis with the Women's Wellness & Maternity Center and Lisa Ross Birth & Women's Center in Knoxville, TN. Jill Alliman, CNM, MSN, is the Center Director for Women's Wellness & Maternity Center, an accredited nonprofit birth center in Madisonville, TN, where she has provided full scope care for more than 22 years. She is Chair of the Legislative Committee and former President of the American Association of Birth Centers. Kate Bauer, MBA, is the Executive Director of the American Association of Birth Centers, located in Perkiomenville, PA, and the Project Administrator of the AABC Uniform Data Set.;
UR - <https://pubmed.ncbi.nlm.nih.gov/19720340/>
LA - eng
CY - United States
KW - Birthing Centers/*economics/*legislation & jurisprudence
KW - Female
KW - Humans
KW - *Insurance, Health, Reimbursement
KW - Insurance, Liability/*economics
KW - Lobbying
KW - *Midwifery/economics/methods/organization & administration
KW - Nurse Midwives
KW - Pregnancy
KW - United States
AB - The American Association of Birth Centers (AABC) is a multidisciplinary membership organization dedicated to the birth center model of care. This article reviews the history, membership, and current policy initiatives of the AABC. The history of AABC includes the promotion of research, education, and national and state policies that are supportive of birth center care. Current AABC priorities address three main pressures to birth center sustainability: high malpractice insurance rates, the lack of a federally mandated birth center facility fee, and low rates of certified nurse-midwife/certified midwife reimbursement. The AABC is addressing these concerns through lobbying, collaborating with other national organizations, and the promotion of birth research.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article, Alongside birth center
DO - 10.1016/j.jmwh.2008.12.009

ER -

TY - JOUR

AN - rayyan-504930552

TI - Home or hospital? Midwife or physician? Preferences for maternity care provider and place of birth among Western Australian students.

Y1 - 2016

Y2 - 2

T2 - Women and birth : journal of the Australian College of Midwives

SN - 1878-1799 (Electronic)

J2 - Women Birth

VL - 29

IS - 1

SP - e33-8

AU - Stoll KH

AU - Hauck YL

AU - Hall WA

AV - School of Population & Public Health, Faculty of Medicine, University of British Columbia, 2206 East Mall, Vancouver, BC V6T-1Z3, Canada. Electronic address: kstoll@alumni.ubc.ca.; School of Nursing and Midwifery, Curtin University, Perth, WA 6845, Australia; Department of Nursing and Midwifery Education and Research, King Edward Memorial Hospital, Bagot Road, Subiaco, WA 6008, Australia. Electronic address: y.hauck@curtin.edu.au.; Associate Director, Graduate Programs School of Nursing, University of British Columbia, T. 201 2211 Wesbrook Mall, Vancouver, BC V6T 2B5, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/26319505/>

LA - eng

CY - Netherlands

KW - Adolescent

KW - Birthing Centers

KW - *Choice Behavior

KW - Consumer Behavior/*statistics & numerical data

KW - Cross-Sectional Studies

KW - Delivery, Obstetric/statistics & numerical data

KW - Female

KW - Home Childbirth/*statistics & numerical data

KW - Hospitals

KW - Humans

KW - Infant, Newborn

KW - Midwifery/*statistics & numerical data

KW - Obstetrics

KW - Parturition/*psychology

KW - Physicians

KW - Pregnancy

KW - Students/*psychology

KW - Western Australia

KW - Midwifery

AB - BACKGROUND: Australian caesarean birth rates have exceeded 30% in most states and are approaching 45%, on average, in private hospitals. Australian midwifery practice occurs almost exclusively in hospitals; less than 3% of women deliver at home or in birthing centres. It is unclear whether the trend towards hospital-based, high interventionist birth reflects preferences of the next generation of maternity care consumers. AIM AND METHODS: We conducted a descriptive cross-sectional online survey of 760 Western Australian (WA) university students in 2014, to examine their preferences for place of birth, type of maternity care, mode of birth and attitudes towards birth. FINDINGS: More students who preferred midwives (35.8%) had vaginal birth intentions, contested statements that birth is unpredictable and risky, and valued patient-provider relationships. More students who preferred obstetricians (21.8%) expressed concerns about childbirth safety, feared birth, held favourable views towards obstetric technology, and expressed concerns about the impact of pregnancy and birth on the female body. One in 8 students preferred out-of-hospital birth settings, supporting consumer demand for midwife-attended births at home and in birthing centres.

Stories and experiences of friends and family shaped students' care provider preferences, rather than the media or information learned at school. CONCLUSION: Students who express preferences for midwives have significantly different views about birth compared to students who prefer obstetricians. Increasing access to midwifery care in all settings (hospital, birthing centre and home) is a cost effective strategy to decrease obstetric interventions for low risk women and a desirable option for the next generation.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1016/j.wombi.2015.07.187

ER -

TY - JOUR

AN - rayyan-504930553

TI - Shedding Light on Inherited Thrombophilias: The Impact on Pregnancy.

Y1 - 2016

Y2 - 1

T2 - The Journal of perinatal & neonatal nursing

SN - 1550-5073 (Electronic)

J2 - J Perinat Neonatal Nurs

VL - 30

IS - 1

SP - 36-44

AU - Dobbenga-Rhodes Y

AV - Birthing Center, Washington Hospital Healthcare System, Fremont, California.

UR - <https://pubmed.ncbi.nlm.nih.gov/26813390/>

LA - eng

CY - United States

KW - Anticoagulants/*therapeutic use

KW - Chemoprevention/methods

KW - Disease Management

KW - Female

KW - Humans

KW - Maternal Mortality

KW - Pregnancy

KW - *Pregnancy Complications, Hematologic/diagnosis/mortality/physiopathology/therapy

KW - Pregnancy Outcome

KW - Pregnancy, High-Risk

KW - *Thrombophilia/complications/diagnosis/mortality/therapy

KW - *Venous Thromboembolism/etiology/prevention & control

KW - Thrombophilia

AB - Physiologic changes of pregnancy result in a hypercoagulable state, placing the risk for venous thromboembolic events at 1 in 1600 births. Venous thromboembolic events are one of the leading causes of maternal mortality. A correlation among venous thromboembolic events, pregnancy complications, and inherited thrombophilia continues to be investigated. This article primarily focuses on the impact of inherited thrombophilias on pregnancy, labor, and birth and yet also addresses acquired thrombophilia. Prophylactic and therapeutic perinatal anticoagulation are lifesaving and pregnancy-sparing interventions. Interprofessional management of these high-risk pregnancies allows for increased surveillance to reduce perinatal morbidity and mortality.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1097/JPN.0000000000000146

ER -

TY - JOUR

AN - rayyan-504930554

TI - Improving Our Maternity Care Now Through Community Birth Settings.

Y1 - 2022

Y2 - 10

Y3 - 1

T2 - The Journal of perinatal education

SN - 1058-1243 (Print)

J2 - J Perinat Educ

VL - 31

IS - 4

SP - 184-187

AU - Sakala C

AU - Hernández-Cancio S

AU - Wei R

UR - <https://pubmed.ncbi.nlm.nih.gov/36277227/>

LA - eng

CY - United States

AB - This contribution reprints the Executive Summary from a technical report issued by the National Partnership for Women & Families within its larger Improving Our Maternity Care Now project. This project identifies the priority of continuing the long, challenging work of maternity care system transformation, while also increasing access to high-performing care models that can help meet current urgent, dire needs for equitable high-quality care now. The Community Birth Settings report (encompassing birth center and planned home birth care) is the second in a series of four reports on these care models, which share distinctive features. They reliably provide highly appropriate services that minimize both underuse of beneficial practices and overuse of unneeded, often harmful practices. They prioritize relationship-based, whole person care that builds trust, confidence and resilience and helps meet the varied needs of birthing families. They incorporate skills and knowledge to support the innate physiologic processes of birthing people and their fetuses/newborns. They achieve remarkable results for consequential outcomes relative to standard maternity care. And childbearing people greatly desire access to these forms of care relative to current access and use. Community-based versions offering trustworthy, respectful, culturally-congruent care are especially powerful. The community birth settings report includes recommendations for federal policymakers, state policymakers, and private sector decision makers to increase access to these settings. It was carried out in partnership with the American Association of Birth Centers, American College of Nurse-Midwives, Birth Center Equity, National Association of Certified Professional Midwives, and National Black Midwives Alliance. Access the full project through <https://www.nationalpartnership.org/improvingmaternitycare/>. The project is supported by the Yellow Chair Foundation. Reproduced with permission of the National Partnership for Women & Families.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type

DO - 10.1891/JPE-2022-0015

ER -

TY - JOUR

AN - rayyan-504930555

TI - The acceptability and feasibility of an intercultural birth center in the highlands of Chiapas, Mexico.

Y1 - 2013

Y2 - 4

Y3 - 16

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 13

SP - 94

AU - Tucker K

AU - Ochoa H

AU - Garcia R

AU - Sievwright K

AU - Chambliss A

AU - Baker MC

AV - Department of International Health, NHS, Georgetown University, Washington, DC 20057, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/23587122/>

LA - eng

CY - England
 KW - Adult
 KW - *Attitude of Health Personnel
 KW - *Birthing Centers/statistics & numerical data
 KW - Female
 KW - Focus Groups
 KW - Health Knowledge, Attitudes, Practice/*ethnology
 KW - Health Services Accessibility
 KW - Home Childbirth
 KW - Humans
 KW - Interprofessional Relations
 KW - Interviews as Topic
 KW - Mexico
 KW - *Midwifery/education/standards
 KW - Patient Preference/*ethnology
 KW - Pregnancy
 AB - BACKGROUND: An intercultural birthing house was established in the Highlands of Chiapas, Mexico, as an intervention to reduce maternal mortality among indigenous women. This birth center, known locally as the Casa Materna, is a place where women can come to give birth with their traditional birth attendant. However, three months after opening, no woman had used the birthing house. METHODS: This study reports on the knowledge, attitudes and practices related to childbirth and use of the Casa Materna from the perspective of the health workers, traditional birth attendants and the program's target population. Structured interviews, in-depth interviews and focus group discussions were conducted with participants from each of these groups. Data was searched for emerging themes and coded. RESULTS AND CONCLUSIONS: Findings show that the potential success of this program is jeopardized by lack of transport and a strong cultural preference for home births. The paper highlights the importance of community participation in planning and implementing such an intervention and of establishing trust and mutual respect among key actors. Recommendations are provided for moving forward the maternal health agenda of indigenous women in Chiapas.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center
 DO - 10.1186/1471-2393-13-94
 ER -

 TY - Comparative Study
 AN - rayyan-504930556
 TI - Vaginal birth after cesarean: neonatal outcomes and United States birth setting.
 Y1 - 2017
 Y2 - 4
 T2 - American journal of obstetrics and gynecology
 SN - 1097-6868 (Electronic)
 J2 - Am J Obstet Gynecol
 VL - 216
 IS - 4
 SP - 403.e1-403.e8
 AU - Tilden EL
 AU - Cheyney M
 AU - Guise JM
 AU - Emeis C
 AU - Lapidus J
 AU - Biel FM
 AU - Wiedrick J
 AU - Snowden JM
 AV - Department of Nurse-Midwifery, School of Nursing, Oregon Health and Science University, Portland, OR. Electronic address: tildene@ohsu.edu.; Anthropology department, Oregon State University, Corvallis, OR.; Department of Obstetrics & Gynecology, Oregon Health and Science University, Portland, OR.; Department of Nurse-Midwifery, School of Nursing, Oregon Health and Science University, Portland, OR.;

Biostatistics & Design Program, Oregon Health and Science University, Portland, OR; Oregon Clinical and Translational Research Institute, Oregon Health and Science University, Portland, OR.; Department of Obstetrics & Gynecology, Oregon Health and Science University, Portland, OR.; Biostatistics & Design Program, Oregon Health and Science University, Portland, OR.; Department of Obstetrics & Gynecology, Oregon Health and Science University, Portland, OR.

UR - <https://pubmed.ncbi.nlm.nih.gov/27956202/>

LA - eng

CY - United States

KW - Adult

KW - Apgar Score

KW - Birthing Centers/*statistics & numerical data

KW - Cohort Studies

KW - Female

KW - Home Childbirth/*statistics & numerical data

KW - Hospitalization/*statistics & numerical data

KW - Humans

KW - Infant

KW - Infant Mortality

KW - Pregnancy

KW - Respiration, Artificial/statistics & numerical data

KW - Retrospective Studies

KW - Seizures/epidemiology

KW - United States/epidemiology

KW - Vaginal Birth after Cesarean/*statistics & numerical data

KW - Infant, Newborn

AB - BACKGROUND: Women who seek vaginal birth after cesarean delivery may find limited in-hospital options. Increasing numbers of women in the United States are delivering by vaginal birth after cesarean delivery out-of-hospital. Little is known about neonatal outcomes among those who deliver by vaginal birth after cesarean delivery in- vs out-of-hospital. OBJECTIVE: The purpose of this study was to compare neonatal outcomes between women who deliver via vaginal birth after cesarean delivery in-hospital vs out-of-hospital (home and freestanding birth center). STUDY DESIGN: We conducted a retrospective cohort study using 2007-2010 linked United States birth and death records to compare singleton, term, vertex, nonanomalous, and liveborn neonates who delivered by vaginal birth after cesarean delivery in- or out-of-hospital. Descriptive statistics and multivariate regression analyses were conducted to estimate unadjusted, absolute, and relative birth-setting risk differences. Analyses were stratified by parity and history of vaginal birth. Sensitivity analyses that involved 3 transfer status scenarios were conducted. RESULTS: Of women in the United States with a history of cesarean delivery (n=1,138,813), only a small proportion delivered by vaginal birth after cesarean delivery with the subsequent pregnancy (n=109,970; 9.65%). The proportion of home vaginal birth after cesarean delivery births increased from 1.78-2.45%. A pattern of increased neonatal morbidity was noted in unadjusted analysis (neonatal seizures, Apgar score <7 or <4, neonatal seizures), with higher morbidity noted in the out-of-hospital setting (neonatal seizures, 23 [0.02%] vs 6 [0.19%; P<.001]; Apgar score <7, 2859 [2.68%] vs 139 [4.42%; P<.001]; Apgar score <4, 431 [0.4%] vs 23 [0.73; P=.01]). A similar, but nonsignificant, pattern of increased risk was observed for neonatal death and ventilator support among those neonates who were born in the out-of-hospital setting. Multivariate regression estimated that neonates who were born in an out-of-hospital setting had higher odds of poor outcomes (neonatal seizures [adjusted odds ratio, 8.53; 95% confidence interval, 2.87-25.4]; Apgar score <7 [adjusted odds ratio, 1.62; 95% confidence interval, 1.35-1.96]; Apgar score <4 [adjusted odds ratio, 1.77; 95% confidence interval, 1.12-2.79]). Although the odds of neonatal death (adjusted odds ratio, 2.1; 95% confidence interval, 0.73-6.05; P=.18) and ventilator support (adjusted odds ratio, 1.36; 95% confidence interval, 0.75-2.46) appeared to be increased in out-of-hospital settings, findings did not reach statistical significance. Women birthing their second child by vaginal birth after cesarean delivery in out-of-hospital settings had higher odds of neonatal morbidity and death compared with women of higher parity. Women who had not birthed vaginally prior to out-of-hospital vaginal birth after cesarean delivery had higher odds of neonatal morbidity and mortality compared with women who had birthed vaginally prior to out-of-hospital vaginal birth after cesarean delivery. Sensitivity analyses generated distributions of plausible alternative estimates by outcome. CONCLUSION: Fewer than 1 in 10 women in the United States with a previous cesarean delivery delivered by vaginal birth after cesarean delivery in any setting, and increasing proportions

of these women delivered in an out-of-hospital setting. Adverse outcomes were more frequent for neonates who were born in an out-of-hospital setting, with risk concentrated among women birthing their second child and women without a history of vaginal birth. This information urgently signals the need to increase availability of in-hospital vaginal birth after cesarean delivery and suggests that there may be benefit associated with increasing options that support physiologic birth and may prevent primary cesarean delivery safely. Results may inform evidence-based recommendations for birthplace among women who seek vaginal birth after cesarean delivery.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.ajog.2016.12.001

ER -

TY - JOUR

AN - rayyan-504930557

TI - Rebirth in a COVID hospital: a point of view.

Y1 - 2021

Y2 - 4

T2 - Minerva obstetrics and gynecology

SN - 2724-6450 (Electronic)

J2 - Minerva Obstet Gynecol

VL - 73

IS - 2

SP - 261-267

AU - Dorizzi C

AU - Scotton F

AU - Merlin F

AU - Guidetti G

AU - Marcon E

AU - Montemurro D

AU - Rigo A

AU - Benini P

AV - Department of Obstetrics and Gynecology, Ospedali Riuniti Padova Sud, Monselice, Padua, Italy - carlo.dorizzi@aullss6.veneto.it.; Department of Cardiac-Thoracic-Vascular Sciences and Public Health, University of Padua, Padua, Italy.; Department of Obstetrics and Gynecology, Ospedali Riuniti Padova Sud, Monselice, Padua, Italy.; Department of Obstetrics and Gynecology, Ospedali Riuniti Padova Sud, Monselice, Padua, Italy.; Ospedali Riuniti Padova Sud, Monselice, Padua, Italy.; Ospedali Riuniti Padova Sud, Monselice, Padua, Italy.; Ospedali Riuniti Padova Sud, Monselice, Padua, Italy.; ULSS 6 Euganea, Padua, Italy.

UR - <https://pubmed.ncbi.nlm.nih.gov/33435661/>

LA - eng

CY - Italy

KW - Adult

KW - *Attitude to Health

KW - COVID-19/*epidemiology

KW - Cross-Sectional Studies

KW - Delivery Rooms/*organization & administration

KW - *Delivery, Obstetric

KW - Female

KW - Health Facility Closure

KW - Hospitals, Isolation/organization & administration

KW - Humans

KW - Italy/epidemiology

KW - Life Style

KW - Pandemics

KW - Parity

KW - Pregnancy

KW - Pregnant Women/*psychology

KW - Prenatal Care/statistics & numerical data

KW - Surveys and Questionnaires/statistics & numerical data

KW - Women, Working/statistics & numerical data

KW - Young Adult

AB - BACKGROUND: Since COVID-19 was declared a pandemic, governments have taken actions to limit the transmission of the virus such as lockdown measures and reorganization of the local Health System. Quarantine measures have influenced pregnant women's daily lives. The aim of this study was to understand the impact of the changes imposed by COVID-19 emergency on the well-being of pregnant women and how the transformation of Schiavonia Hospital into a dedicated COVID hospital affected their pregnancy experience. METHODS: A cross-sectional survey was conducted. Pregnant women who gave birth in Schiavonia Hospital during the period May-September 2020 have been included. The assessment examined clinical characteristics, attitudes in relation to the pandemic and how it affected birth plans, perception of information received, and attitudes regards giving birth in a COVID hospital. RESULTS: One hundred four women responded to the survey, with an enrolment rate of 58%. About the influence of COVID-19 pandemic, 51% of respondents reported changing some aspect of their lifestyle. The identification of Schiavonia Hospital as COVID hospital did not modify the trust in the facility and in the obstetrics ward for the 90% of women, in fact for the 85.6% it was the planned Birth Center since the beginning of pregnancy. The communication was complete and exhaustive for 82.7% of the respondents. CONCLUSIONS: Despite the COVID hospital transformation, the women who came to give birth at Schiavonia Birth Center rated the healthcare assistance received at high level, evidencing high affection for the structure and the healthcare workers.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.23736/S2724-606X.20.04701-2

ER -

TY - Comparative Study

AN - rayyan-504930559

TI - Fetal macrosomia in home and birth center births in the United States: Maternal, fetal, and newborn outcomes.

Y1 - 2020

Y2 - 12

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 47

IS - 4

SP - 409-417

AU - Pillai S

AU - Cheyney M

AU - Everson CL

AU - Bovbjerg ML

AV - College of Public Health and Human Sciences, Oregon State University, Corvallis, OR, USA.; College of Liberal Arts, Oregon State University, Corvallis, OR, USA.; College of Health and Human Sciences, Colorado State University, Fort Collins, CO, USA.; College of Public Health and Human Sciences, Oregon State University, Corvallis, OR, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/33058197/>

LA - eng

CY - United States

KW - Adult

KW - Birth Injuries/epidemiology

KW - *Birthing Centers

KW - Cesarean Section/statistics & numerical data

KW - Delivery, Obstetric/*methods

KW - Female

KW - Fetal Macrosomia/diagnosis/*epidemiology

KW - *Home Childbirth

KW - Humans

KW - Infant

KW - Infant Mortality/*trends

KW - Infant, Newborn
KW - Logistic Models
KW - Obstetric Labor Complications/diagnosis/epidemiology
KW - Postpartum Hemorrhage/epidemiology
KW - Pregnancy
KW - Pregnancy Outcome
KW - Retrospective Studies
KW - United States/epidemiology
KW - Fetal Macrosomia
KW - United States

AB - BACKGROUND: Fetal macrosomia is associated with negative outcomes, although less is known about how severities of macrosomia influence these outcomes. Planned community births in the United States have higher rates of gestational age-adjusted macrosomia than planned hospital births, providing a novel population to examine macrosomia morbidity. METHODS: Maternal and neonatal outcomes associated with grade 1 (4000-4499 g), grade 2 (4500-4999 g), and grade 3 (≥ 5000 g) macrosomia were compared to normal birthweight newborns (2500-3999 g), using data from the MANA Statistics Project-a registry of planned community births, 2012-2018 (n = 68 966). Outcomes included perineal trauma, postpartum hemorrhage, cesarean birth, neonatal birth injury, shoulder dystocia, neonatal respiratory distress, neonatal intensive care unit (NICU) stay >24 hours, and perinatal death. Logistic regressions controlled for parity and mode of birth, obesity, gestational diabetes, and preeclampsia. RESULTS: Sixteen percent of the sample were grade 1 macrosomic, 3.3% were grade 2 macrosomic, and 0.4% were grade 3 macrosomic. Macrosomia grades 1-3 were associated in a dose-response fashion with higher odds of all outcomes, compared to non-macrosomia. The adjusted odds ratios and 95% confidence intervals for postpartum hemorrhage for grade 1, grade 2, and grade 3 macrosomia vs normal birthweight were 1.75 (1.56-1.96), 2.12 (1.70-2.63), and 5.18 (3.47-7.74), respectively. Other outcomes had similar patterns. DISCUSSION: The adjusted odds of negative outcomes increase as grade of macrosomia increases in planned community births; results are comparable with the published literature. Pre-birth fetal weight estimation is imprecise; prenatal supports and shared decision-making processes should reflect these complexities.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/birt.12506

ER -

TY - JOUR

AN - rayyan-504930560

TI - Midwife-to-newborn ratio and neonatal outcome in healthy term infants.

Y1 - 2020

Y2 - 9

T2 - Acta paediatrica (Oslo, Norway : 1992)

SN - 1651-2227 (Electronic)

J2 - Acta Paediatr

VL - 109

IS - 9

SP - 1787-1790

AU - Dani C

AU - Papini S

AU - Iannuzzi L

AU - Pratesi S

AV - Department of Neurosciences, Psychology, Drug Research and Child Health, University of Florence, Florence, Italy.; Margherita Birth Center, Careggi University Hospital of Florence, Florence, Italy.; School of Midwifery, University of Florence, Florence, Italy.; Division of Neonatology, Careggi University Hospital of Florence, Florence, Italy.; Margherita Birth Center, Careggi University Hospital of Florence, Florence, Italy.

UR - <https://pubmed.ncbi.nlm.nih.gov/31965623/>

LA - eng

CY - Norway

KW - Breast Feeding

KW - Female

KW - Hospitalization

KW - Humans
KW - Infant
KW - Infant Mortality
KW - Infant, Newborn
KW - Intensive Care Units, Neonatal
KW - *Midwifery
KW - Parturition
KW - Pregnancy
KW - Midwifery

AB - AIM: To assess the effect of midwife-to-infant ratio on healthy term infant outcome. METHODS: Infants were enrolled in an inhospital midwife-led centre and an obstetrician-led centre with different midwife-to-infant ratios (1:2.5-1:5 vs 1:7-1:15). The primary endpoint was exclusive breastfeeding rate; secondary endpoints were neonatal admission in neonatal care unit rate and length of hospital stay. RESULTS: One hundred and ten infants were enrolled in both midwife- and obstetrician-led centre. Exclusive breastfeeding rate at discharge was higher (88% vs 78%, $P = .048$) in infants born in the midwife- than in the obstetrician-led centre. Admission rate in neonatal care units (9% vs 2%, $P = .017$) and stay in hospital duration (3.1 ± 1.8 vs 2.6 ± 0.8 days, $P = .008$) were higher in the obstetrician- than in the midwife-led centre. Birth in the midwife-led centre increased the likelihood of exclusive breastfeeding (OR: 2.04, 1.07-3.92), while newborns' admission in neonatal care units decreased it (OR : 0.17, 0.07-0.43). CONCLUSION: Healthy term infants' neonatal outcome is negatively associated with a low midwife-to-infant ratio which decreases exclusive breastfeeding rate and is associated with a higher likelihood of admission in neonatal care units and longer stay in hospital.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

DO - 10.1111/apa.15180

ER -

TY - JOUR

AN - rayyan-504930562

TI - A Qualitative Study of US Women's Perspectives on Confidence for Physiologic Birth in the Birth Center Model of Prenatal Care.

Y1 - 2022

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 67

IS - 4

SP - 435-441

AU - Neerland CE

AU - Skalisky AE

AV - University of Minnesota School of Nursing, Minneapolis, Minnesota.; University of Minnesota School of Nursing, Minneapolis, Minnesota.

UR - <https://pubmed.ncbi.nlm.nih.gov/35246924/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Child, Preschool

KW - Female

KW - Humans

KW - Infant

KW - Infant, Newborn

KW - *Midwifery

KW - Parturition/physiology

KW - Pregnancy

KW - Prenatal Care

KW - Qualitative Research

AB - INTRODUCTION: The purpose of this study was to increase understanding of the components of the US birth center model of prenatal care and how the birth center prenatal care model contributes to birthing people's confidence for physiologic childbirth. METHODS: This was a qualitative descriptive study using semistructured interviews with individuals who gave birth in freestanding birth centers. Birthing people were recruited from freestanding birth centers in a Midwestern US state and were between the ages of 18 and 42, were English-speaking, and had experienced a birth center birth within the previous 6 months. Interviews were transcribed and analyzed using Glaser's constant comparative method. RESULTS: Twelve women who gave birth in birth centers, representing urban and rural settings, participated. Four core categories were identified encompassing the components of birth center prenatal care and how the birth center model contributes to women's confidence for physiologic birth: birth center culture and processes, midwifery model of care within the birth center, internal influences, and outside influences. DISCUSSION: Women who gave birth in birth centers believed that the birth center culture and environment, the midwifery model of care in the birth center, internal influences including the belief that birth is a normal physiologic process, and outside influences including family support and positive birth stories contributed to their confidence for physiologic birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13349

ER -

TY - JOUR

AN - rayyan-504930563

TI - Prenatal care in US birth centers: Midwives' perceptions of contributors to birthing People's confidence in physiologic birth.

Y1 - 2022

Y2 - 10

Y3 - 13

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

AU - Neerland CE

AU - Delkoski SL

AU - Skalisky AE

AU - Avery MD

AV - The University of Minnesota School of Nursing, Minneapolis, Minnesota, USA.; The University of Minnesota School of Nursing, Minneapolis, Minnesota, USA.; The University of Minnesota School of Nursing, Minneapolis, Minnesota, USA.; The University of Minnesota School of Nursing, Minneapolis, Minnesota, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/36226921/>

LA - eng

CY - United States

KW - Prenatal Care

AB - OBJECTIVE: The purpose of this study was to describe US freestanding birth center models of prenatal care and to examine how the components of this care contribute to birthing people's confidence in their ability to have a physiologic birth. DESIGN: This was a qualitative descriptive study utilizing semi-structured interviews with birth center midwives. Data were analyzed using thematic analysis, constant comparative method and consensus coding to ensure rigor. SETTING AND PARTICIPANTS: Midwives from six urban and rural freestanding birth centers in a Midwestern US state were interviewed. Twelve birth center midwives participated. FINDINGS: Six themes emerged: the birth center physical space and organization of care, dimensions of midwifery care within the birth center, continuity of care and seamless service, the empowered birthing person, physiologic birth as normative, and the hospital paradigm and US cultures of birth. KEY CONCLUSIONS: We identified significant components of birth center models of prenatal care that midwives believe enhance birthing people's confidence for physiologic childbirth. These components may be considered for application to other settings and may improve perinatal care and outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/birt.12676

ER -

TY - JOUR

AN - rayyan-504930564
TI - Why Restoring Birth as Ceremony Can Promote Health Equity.
Y1 - 2022
Y2 - 4
Y3 - 1
T2 - AMA journal of ethics
SN - 2376-6980 (Electronic)
J2 - AMA J Ethics
VL - 24
IS - 4
SP - E326-332
AU - Farrell MV
AV - Serves on the board of the National Latina Institute for Reproductive Justice and advises Birth Detroit and Birth Center Equity.
UR - <https://pubmed.ncbi.nlm.nih.gov/35405060/>
LA - ["eng", "spa"]
CY - United States
KW - Female
KW - *Health Equity
KW - Health Promotion
KW - Humans
KW - *Midwifery
KW - Parturition
KW - Pregnancy
AB - Until the mid-20th century, birth in the United States for Latinx Indigenous peoples was an ancestral ceremony guided by midwives and traditional healers (parteras curanderas). As American physicians and nurses increasingly differentiated themselves from traditional midwives, midwives of color in particular were disparaged and excluded from helping women give birth and thus from making birth a cultural foothold in their lives. As a result, communities of Latinx Indigenous peoples were culturally and spiritually separated-via the marginalization of parteras-from important health traditions, which caused suffering and illness. Reimplementation of birth as ceremony means babies can be born (and communities reborn) into an ancestral cultural ecology characterized by safety and cultural reclamation of healing.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1001/amajethics.2022.326
ER -

TY - JOUR
AN - rayyan-504930565
TI - Identifying the Key Elements of Racially Concordant Care in a Freestanding Birth Center.
Y1 - 2019
Y2 - 9
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 64
IS - 5
SP - 592-597
AU - Karbeah J
AU - Hardeman R
AU - Almanza J
AU - Kozhimannil KB
AV - Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota.; Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota.; University of Minnesota Physicians Group, Minneapolis, Minnesota.; Department of Obstetrics and Gynecology, University of Minnesota School of Medicine, Minneapolis, Minnesota.; Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota.

UR - <https://pubmed.ncbi.nlm.nih.gov/31373434/>

LA - eng

CY - United States

KW - *Black or African American

KW - Birthing Centers

KW - Cultural Competency

KW - Doulas

KW - Healthcare Disparities

KW - Humans

KW - Interviews as Topic

KW - Minnesota

KW - Nurse Midwives

KW - *Nurse-Patient Relations

KW - Perinatal Care

KW - Students, Nursing

AB - INTRODUCTION: There is empirical evidence that the quality of interpersonal care patients receive varies dramatically along racial and ethnic lines, with African American people often reporting much lower quality of care than their white counterparts. Improving the interpersonal relationship between clinicians and patients has been identified as one way to improve quality of care. Specifically, research has identified that patients feel more satisfied with the care that they receive from clinicians with whom they share a racial identity. However, little is known about how clinicians provide racially concordant care. The goal of this analysis was to identify the key components of high-quality care that were most salient for African American birthworkers providing perinatal care to African American patients. METHODS: We conducted semistructured interviews (30 to 90 minutes) with clinicians (N = 10; midwives, student midwives, and doulas) who either worked at or worked closely with an African American-owned birth center in North Minneapolis, Minnesota. We used inductive coding methods to analyze data and to identify key themes. RESULTS: Providing racially concordant perinatal care to African American birthing individuals required clinicians to acknowledge and center the sociocultural realities and experiences of their patients. Four key themes emerged in our analysis. The first overarching theme identified was the need to acknowledge how cultural identity of patients is fundamental to the clinical encounter. The second theme that emerged was a commitment to racial justice. The third and fourth themes were agency and cultural humility, which highlight the reciprocal nature of the clinician-patient relationship. DISCUSSION: The most salient aspect of the care that birthworkers of color provide is their culturally centered approach. This approach and all subsequent themes suggest that achieving birth equity for pregnant African American people starts by acknowledging and honoring their sociocultural experiences.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1111/jmwh.13018

ER -

TY - JOUR

AN - rayyan-504930566

TI - Limits of prenatal care coordination for improving birth outcomes among Medicaid participants.

Y1 - 2022

Y2 - 11

T2 - Preventive medicine

SN - 1096-0260 (Electronic)

J2 - Prev Med

VL - 164

SP - 107240

AU - Cross-Barnet C

AU - Benatar S

AU - Courtot B

AU - Hill I

AV - Centers for Medicare & Medicaid Services, 7500 Security Blvd, WB-19-72, Baltimore, MD 21244, United States of America. Electronic address: caitlin.cross-barnet@cms.hhs.gov.; Urban Institute, 500 L'Enfant Plaza SW, Washington, DC 20024, United States of America.; Urban Institute, 500 L'Enfant Plaza SW, Washington, DC 20024, United States of America.; Urban Institute, 500 L'Enfant Plaza SW, Washington, DC 20024, United States of America.

States of America.

UR - <https://pubmed.ncbi.nlm.nih.gov/36063876/>

LA - eng

CY - United States

KW - Infant, Newborn

KW - Female

KW - Pregnancy

KW - United States

KW - Humans

KW - Prenatal Care

KW - Medicaid

KW - *Premature Birth

KW - Cesarean Section

KW - Birth Weight

KW - *Maternal Health Services

AB - Maternity Care Homes (MCHs) intend to address clinical and psychosocial needs for perinatal patients and are commonly implemented for Medicaid beneficiaries. Rigorous evidence supporting MCHs' effectiveness for improving birth outcomes is thin, but most studies consider only clinical and demographic factors from administrative data. To assess birth outcomes with controls for psychosocial variables known to affect them, this paper considers quantitative participant-level data from the Strong Start for Mothers and Newborns prenatal care initiative, with qualitative case study data to further contextualize results. From 2013 to 2017, Strong Start served over 45,000 Medicaid beneficiaries in 32 states, D.C., and Puerto Rico through MCHs, group prenatal care, or freestanding birth centers. Participant data included risks screens for food insecurity, depression, anxiety, pregnancy intention, and intimate partner violence, in addition to clinical and demographic information. After clinical, demographic and psychosocial risks were controlled in a regression model, Strong Start birth center participants showed significantly lower rates of preterm birth, low birthweight, and cesarean section relative to MCH participants ($p < .01$). In group prenatal care, White participants showed lower rates of preterm birth ($p < .01$) and Black participants showed lower rates of low birthweight ($p < .05$) relative to MCH participants. Strong Start participants reported appreciation for MCH care managers' support, but community and clinical referrals often had long waiting lists or were inaccessible. Transformative care models focusing on provider continuity, relationship building, and patient activation may offer more promise for improving birth outcomes than supplementing medical models with care management and other resources.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.1016/j.ypmed.2022.107240

ER -

TY - JOUR

AN - rayyan-504930567

TI - Economic implications of home births and birth centers: a structured review.

Y1 - 2008

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 35

IS - 2

SP - 136-46

AU - Henderson J

AU - Petrou S

AV - National Perinatal Epidemiology Unit, University of Oxford, Oxford, United Kingdom.

UR - <https://pubmed.ncbi.nlm.nih.gov/18507585/>

LA - eng

CY - United States

KW - Birthing Centers/*economics

KW - *Delivery, Obstetric/economics/methods

KW - Female

KW - Health Care Costs
 KW - Home Childbirth/*economics
 KW - Humans
 KW - Length of Stay
 KW - Maternal Health Services/*economics
 KW - Natural Childbirth/*economics
 KW - Pregnancy
 AB - BACKGROUND: It is widely perceived that home births and birth centers may help decrease the costs of maternity care for women with uncomplicated pregnancies and deliveries. This structured review examines the literature relating to the economic implications of home births and birth center care compared with hospital maternity care. METHODS: The bibliographic databases MEDLINE (from 1950), CINAHL (from 1982), EMBASE (from 1980), and an "in-house" database, Econ2, were searched for relevant English language publications using MeSH and free text terms. Data were extracted with respect to the study design, inclusion criteria, clinical and cost results, and details of what was included in the cost calculations. RESULTS: Eleven studies were included from the United Kingdom, United States, Australia, and Canada. Two studies focused on home births versus other forms and locations of care, whereas nine focused on birth centers versus other forms and locations of care. Resource use was generally lower for women cared for at home and in birth centers due to lower rates of intervention, shorter lengths of stay, or both. However, this fact did not always translate into lower costs because, in the U.K. where many studies were conducted, more midwives of a higher grade were employed to manage the birth centers than are usually employed in maternity units, and because of costs of converting existing facilities into delivery rooms. The quality of much of the literature was poor, although no studies were excluded for this reason. Selection bias was likely to be a problem in those studies not based on randomized controlled trials because, even where birth center eligibility was applied throughout, women who choose to deliver at home or in a birth center are likely to be different in terms of expectations and approach from women choosing to deliver in hospital. CONCLUSIONS: This review highlights the paucity of economic literature relating to home births and birth centers. Differences in results between studies may be attributed to differences in health care systems, differences in methods used, and differences in costs included. Further economic research that involves detailed bottom-up costing of alternative options for place of birth and measures multiple outcomes, including women's preferences, would help address the question of whether out-of-hospital birth is beneficial in economic terms.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Economics,wrong outcome
 DO - 10.1111/j.1523-536X.2008.00227.x
 ER -

 TY - JOUR
 AN - rayyan-504930568
 TI - Making cesarean delivery SAFE in low- and middle-income countries.
 Y1 - 2019
 Y2 - 8
 T2 - Seminars in perinatology
 SN - 1558-075X (Electronic)
 J2 - Semin Perinatol
 VL - 43
 IS - 5
 SP - 260-266
 AU - Harrison MS
 AU - Goldenberg RL
 AV - Department of Obstetrics and Gynecology, University of Colorado Anschutz Medical Campus, Denver, CO, USA. Electronic address: margo.harrison@ucdenver.edu.; Department of Obstetrics and Gynecology, Columbia University Medical Center, New York, NY, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30979600/>
 LA - eng
 CY - United States
 KW - Adult
 KW - *Cesarean Section/mortality
 KW - Delivery of Health Care/*standards

KW - Developing Countries
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Maternal Health Services/organization & administration/*standards
KW - Patient Safety
KW - Pilot Projects
KW - Pregnancy
KW - Pregnancy Outcome
KW - Quality of Health Care/*standards

AB - Cesarean birth (CB) rates are rising, globally. The global burden of CB is having a mixed effect on pregnancy outcomes and requires significant clinical and economic resources. The context of CB care in low- and middle-income countries is further complicated by barriers to facility-based care itself, followed by issues with quality and delivery of care in these resource-limited settings. The objective of this commentary is to propose an original, new, flexible, comprehensive care model for delivering SAFE cesarean delivery care in very low-resource settings. This model, the SAFE model for cesarean delivery care in low- and middle-income countries, developed by the authors, does not assume the current care model is working. It does not assume that even traditional hospital settings are what is needed to solve the problem of delivering high-quality, easily accessible CB care in the most remote and geographically isolated communities. The novel model promotes a decentralized care program that brings emergency obstetric care to women instead of the converse through four concepts: the care should be cloSe (community-based), it should be very dedicated to Action (transfer of care), it should be Focused on and highly specific to labor and delivery (cesarean birth center), and finally, it should be committed to high-quality care through iterative Evidence-based quality improvement programming and data collection.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1053/j.semperi.2019.03.015
ER -

TY - JOUR
AN - rayyan-504930569
TI - Postpartum emotions.
Y1 - 2012
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 102
SP - 32-3
AU - Turner S
AV - The Ventura Birth Center, California, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/22856075/>
LA - eng
CY - United States
KW - Adaptation, Psychological
KW - Attitude to Health
KW - Depression, Postpartum/*psychology
KW - Female
KW - Humans
KW - Infant Care/psychology
KW - Infant, Newborn
KW - Maternal Behavior/*psychology
KW - Mother-Child Relations
KW - Mothers/*psychology
KW - *Object Attachment
KW - Postpartum Period/*psychology
KW - Pregnancy
KW - *Self Efficacy
KW - Postpartum Period

KW - Emotions
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
 ER -

TY - JOUR
 AN - rayyan-504930570
 TI - Achieving higher-value obstetrical care.
 Y1 - 2017
 Y2 - 3
 T2 - American journal of obstetrics and gynecology
 SN - 1097-6868 (Electronic)
 J2 - Am J Obstet Gynecol
 VL - 216
 IS - 3
 SP - 250.e1-250.e14
 AU - Woo VG
 AU - Lundeen T
 AU - Matula S
 AU - Milstein A
 AV - Clinical Excellence Research Center, Stanford University, Stanford, CA; Department of Obstetrics and Gynecology, Kaiser Permanente Medical Center, Oakland, CA.; Clinical Excellence Research Center, Stanford University, Stanford, CA; Global Health Sciences, University of California, San Francisco, CA.; Clinical Excellence Research Center, Stanford University, Stanford, CA.; Clinical Excellence Research Center, Stanford University, Stanford, CA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28041927/>
 LA - eng
 CY - United States
 KW - Female
 KW - Guidelines as Topic
 KW - *Health Care Costs
 KW - Humans
 KW - Obstetrics/*economics
 KW - Pregnancy
 KW - United States
 AB - Obstetrical care in the United States is unnecessarily costly. Birth is 1 of the most common reasons for healthcare use in the United States and 1 of the top expenditures for payers every year. However, compared with other Organization for Economic Cooperation and Development countries, the United States spends substantially more money per birth without better outcomes. Our team at the Clinical Excellence Research Center, a center that is focused on improving value in healthcare, spent a year studying ways in which obstetrical care in the United States can deliver better outcomes at a lower cost. After a thoughtful discovery process, we identified ways that obstetrical care could be delivered with higher value. In this article, we recommend 3 redesign steps that foster the delivery of higher-value maternity care: (1) to provide long-acting reversible contraception immediately after birth, (2) to tailor prenatal care according to women's unique medical and psychosocial needs by offering more efficient models such as fewer in-person visits or group care, and (3) to create hospital-affiliated integrated outpatient birth centers as the planned place of birth for low-risk women. For each step, we discuss the redesign concept, current barriers and implementation solutions, and our estimation of potential cost-savings to the United States at scale. We estimate that, if this model were adopted nationally, annual US healthcare spending on obstetrical care would decline by as much as 28%.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Economics
 DO - 10.1016/j.ajog.2016.12.033
 ER -

TY - JOUR
 AN - rayyan-504930571
 TI - Birth Outcomes of Women with Obesity Enrolled for Care at Freestanding Birth Centers in the United

States.
Y1 - 2021
Y2 - 1
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 66
IS - 1
SP - 14-23
AU - Jevitt CM
AU - Stapleton S
AU - Deng Y
AU - Song X
AU - Wang K
AU - Jolles DR
AV - University of British Columbia, Vancouver, British Columbia, Canada.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; Yale Center for Analytical Sciences, Yale School of Public Health, New Haven, Connecticut.; Yale Center for Analytical Sciences, Yale School of Public Health, New Haven, Connecticut.; Yale Center for Analytical Sciences, Yale School of Public Health, New Haven, Connecticut.; American Association of Birth Centers, Perkiomenville, Pennsylvania.
UR - <https://pubmed.ncbi.nlm.nih.gov/33377279/>
LA - eng
CY - United States
KW - Adult
KW - *Birthing Centers
KW - Body Mass Index
KW - Cesarean Section/statistics & numerical data
KW - Delivery, Obstetric/*statistics & numerical data
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Labor, Obstetric
KW - Midwifery/statistics & numerical data
KW - Obesity/*epidemiology
KW - Obesity, Maternal/epidemiology
KW - Obstetric Labor Complications/*epidemiology
KW - Parturition
KW - Postpartum Hemorrhage/epidemiology
KW - Pregnancy
KW - Pregnancy Outcome
KW - United States/epidemiology
KW - Young Adult
KW - Obesity
KW - United States
AB - INTRODUCTION: Current US guidelines for the care of women with obesity generalize obesity-related risks to all women regardless of overall health status and assume that birth will occur in hospitals. Perinatal outcomes for women with obesity in US freestanding birth centers need documentation. METHODS: Pregnancies recorded in the American Association of Birth Centers Perinatal Data Registry were analyzed (n = 4,455) to form 2 groups of primiparous women (n = 964; 1:1 matching of women with normal body mass indices [BMIs] and women with obese BMIs [>30]), using propensity score matching to address the imbalance of potential confounders. Groups were compared on a range of outcomes. Differences between groups were evaluated using χ^2 test for categorical variables and Student's t test for continuous variables. Paired t test and McNemar's test evaluated the differences among the matched pairs. RESULTS: The majority of women with obese BMIs experienced uncomplicated perinatal courses and vaginal births. There were no significant differences in antenatal complications, proportion of prolonged pregnancy, prolonged first and second stage labor, rupture of membranes longer than 24 hours, postpartum hemorrhage, or newborn outcomes between women with obese BMIs and normal BMIs. Among all women with intrapartum referrals

or transfers (25.3%), the primary indications were prolonged first stage or second stage (55.4%), inadequate pain relief (14.8%), client choice or psychological issue (7.0%), and meconium (5.3%). Primiparous women with obesity who started labor at a birth center had a 30.7% transfer rate and an 11.1% cesarean birth rate. DISCUSSION: Women with obese BMIs without medical comorbidity can receive safe and effective midwifery care at freestanding birth centers while anticipating a low risk for cesarean birth. The risks of potential, obesity-related perinatal complications should be discussed with women when choosing place of birth; however, pregnancy complicated by obesity must be viewed holistically, not simply through the lens of obesity.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13194

ER -

TY - Case Reports

AN - rayyan-504930572

TI - Roots Community Birth Center: A culturally-centered care model for improving value and equity in childbirth.

Y1 - 2020

Y2 - 3

T2 - Healthcare (Amsterdam, Netherlands)

SN - 2213-0772 (Electronic)

J2 - Healthc (Amst)

VL - 8

IS - 1

SP - 100367

AU - Hardeman RR

AU - Karbeah J

AU - Almanza J

AU - Kozhimannil KB

AV - Division of Health Policy & Management, University of Minnesota School of Public Health, USA.

Electronic address: Dr.RHardeman@gmail.com.; Division of Health Policy & Management, University of Minnesota School of Public Health, USA.; Women's Health Specialists, UMP, Adjunct Clinical Faculty, UMN School of Medicine, Dept of OB/Gyn, USA.; Division of Health Policy & Management, University of Minnesota School of Public Health, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/31371235/>

LA - eng

CY - Netherlands

KW - Birthing Centers/organization & administration/*standards/statistics & numerical data

KW - Cohort Studies

KW - Community Networks/organization & administration/standards/statistics & numerical data

KW - Costs and Cost Analysis

KW - Female

KW - Health Equity/*standards/statistics & numerical data

KW - Humans

KW - Parturition

KW - Pregnancy

KW - Retrospective Studies

KW - United States

AB - Pernicious racial disparities in birth outcomes in the United States have their roots in structural racism-the systematic allocation of opportunities and resources based on race. These inequities, caused by systemic factors which contribute to lower quality of care, negatively impact the lives of Blacks/African Americans. The development of new maternity care models hold potential to reduce disparities and costs by focusing on the root cause of racism. Roots Community Birth Center is an African American-owned, midwife-led freestanding birth center in North Minneapolis. Roots provides a culturally-centered model of care during pregnancy, childbirth, and the postpartum period. The culturally-centered care model utilized by Roots Community Birth Center offers culturally-centered care that is community based, accepts Medicaid beneficiaries, and provides prenatal and postpartum visits that are customized to the needs of the birthing individual. Like other institutions, this birth center faces the financial challenges associated with maternity care payment models

and inadequate Medicaid reimbursement, challenges that directly interfere with the center's culturally-centered care model which advocates for longer prenatal visits and close follow-up postpartum. The birth center model of care has proven effective; over the last four years Roots has had 284 families with zero preterm births. The culturally-centered care model used by Roots is not currently well-supported by maternity care payment models that were designed in large part to reflect typical care provided by obstetricians and hospitals.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.hjdsi.2019.100367

ER -

TY - JOUR

AN - rayyan-504930573

TI - Policies and Practices on Out-of-Hospital Birth: a Review of Qualitative Studies in the Time of Coronavirus.

Y1 - 2023

T2 - Current sexual health reports

SN - 1548-3584 (Print)

J2 - Curr Sex Health Rep

VL - 15

IS - 1

SP - 36-48

AU - Quattrocchi P

AV - University of Udine, Udine, Italy. GRID: grid.5390.f. ISNI: 0000 0001 2113 062X

UR - <https://pubmed.ncbi.nlm.nih.gov/36530373/>

LA - eng

CY - United States

AB - PURPOSE OF REVIEW: The purpose of this review is to summarize the current knowledge on out-of-hospital births (at home or in an independent birth center) in high-income countries in the time of coronavirus. Qualitative studies published between 2020 and 2022 providing findings on women's and health providers' perspectives and experiences, as well as policies and practices implemented, are synthesized.

RECENT FINDINGS: During the COVID-19 pandemic, the number of women choosing the home or a birth center to deliver has grown considerably. Main reasons for this choice include fear of contagion in facilities and restrictions during delivery and the post-partum period, especially women's separation from their companion of choice and their newborn. Findings suggest that homebirth within a public model has several advantages in the experience of birth for both women and professionals during the pandemic period, maintaining the benefits of biomedicine when needed. SUMMARY: During the COVID-19 pandemic, the interest in out-of-hospital birth increased in high-income countries, and the number of women choosing the home or a birth center to deliver has grown considerably. This review aims to give a more in-depth understanding of women's and health providers' perspectives on and experiences of out-of-hospital birth services during this period. Twenty-five studies in different countries, including the USA, Canada, Australia, Switzerland, the Netherlands, the UK, Spain, Croatia, and Norway, were reviewed. Findings stress that out-of-hospital birth has allowed women to deliver according to their wishes and needs. In addition, the pandemic experience represents an opportunity for policy to better support and integrate out-of-hospital services in the health care system in the future.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1007/s11930-022-00354-7

ER -

TY - JOUR

AN - rayyan-504930574

TI - Comparison of professionalism and job satisfaction between Korean midwives in birthing centers and midwives in hospitals.

Y1 - 2020

Y2 - 9

Y3 - 30

T2 - Korean journal of women health nursing

SN - 2093-7695 (Electronic)

J2 - Korean J Women Health Nurs
 VL - 26
 IS - 3
 SP - 222-230
 AU - Kim B
 AU - Kang SJ
 AV - College of Nursing, Ewha Womans University, Seoul, Korea.; College of Nursing, Ewha Womans University, Seoul, Korea.
 UR - <https://pubmed.ncbi.nlm.nih.gov/36313173/>
 LA - eng
 CY - Korea (South)
 KW - Job Satisfaction
 KW - Midwifery
 AB - PURPOSE: Midwives working in hospitals (MWH) have limited roles in managing and assisting births independently. To find ways to successfully integrate midwifery into care systems, exploring midwives' work-related perceptions might be the first step. The purpose of this study was to compare professionalism and job satisfaction between Korean midwives working in birthing centers (MWBC) and MWH. METHODS: A descriptive comparative design was used, querying 19 MWBC and 53 MWH in Korea. Data were accrued from October to November 2017 using the Professionalism Inventory Scale and the Job Satisfaction Scale. RESULTS: Age, marital status, monthly income, length of career as a midwife, and length of career in the current workplace were significantly different between MWBC and MWH. The level of professionalism among MWBC showed significant differences by position at the birthing center ($t=16.19$, $p=.001$). Professionalism and job satisfaction among MWH showed significant differences depending on perceived professional performance ($F=9.95$, $p<.001$ and $F=11.04$, $p<.001$, respectively). Levels of professionalism and job satisfaction were higher for MWBC than for MWH. CONCLUSION: Educational programs designed to enhance professionalism and expand the role of MWH are suggested. Also, policy changes that clearly define job roles and improvement of the legal system is required, so MWH in Korea can effectively perform their midwifery work and be properly reimbursed.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.4069/kjwhn.2020.09.08
 ER -

 TY - Comparative Study
 AN - rayyan-504930575
 TI - Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns.
 Y1 - 2019
 Y2 - 6
 T2 - Birth (Berkeley, Calif.)
 SN - 1523-536X (Electronic)
 J2 - Birth
 VL - 46
 IS - 2
 SP - 234-243
 AU - Alliman J
 AU - Stapleton SR
 AU - Wright J
 AU - Bauer K
 AU - Slider K
 AU - Jolles D
 AV - Frontier Nursing University, Hyden, Kentucky.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; Frontier Nursing University, Hyden, Kentucky.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31102319/>
 LA - eng
 CY - United States

KW - Adult
 KW - Benchmarking
 KW - Birthing Centers/*organization & administration
 KW - Cesarean Section/*statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant, Low Birth Weight
 KW - Infant, Newborn
 KW - Maternal-Child Health Services/*organization & administration
 KW - Medicaid
 KW - Midwifery/*methods
 KW - Models, Organizational
 KW - Pregnancy
 KW - Premature Birth/*epidemiology
 KW - Prenatal Care/*methods
 KW - Registries
 KW - Risk Factors
 KW - United States
 KW - Young Adult
 AB - BACKGROUND: A recent Center for Medicare and Medicaid Innovation report evaluated the four-year Strong Start for Mothers and Newborns Initiative, which sought to improve maternal and newborn outcomes through exploration of three enhanced, evidence-based care models. This paper reports the socio-demographic characteristics, care processes, and outcomes for mothers and newborns engaged in care with American Association of Birth Centers (AABC) sites. METHODS: The authors examined data for 6424 Medicaid or Children's Health Insurance Program (CHIP) beneficiaries in birth center care who gave birth between 2013 and 2017. Using data from the AABC Perinatal Data Registry™, descriptive statistics were used to evaluate socio-behavioral and medical risks, and core perinatal quality outcomes. Comparisons are made between outcomes in the AABC sample and national data during the study period. RESULTS: Childbearing mothers enrolled at AABC sites had diverse socio-behavioral risk factors similar to the national profile. The AABC sites exceeded national quality benchmarks for low birthweight (3.28%), preterm birth (4.42%), and primary cesarean birth (8.56%). Racial disparities in perinatal indicators were present within the Strong Start sample; however, they were at narrower margins than in national data. The enhanced model of care was notable for use of midwifery-led prenatal, labor, and birth care and decreased hospital admission. CONCLUSIONS: Birth center care improves population health, patient experience, and value. The model demonstrates the potential to decrease racial disparity and improve population health. Reduction of regulatory barriers and implementation of sustainable reimbursement are warranted to move the model to scale for Medicaid beneficiaries nationwide.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/birt.12433
 ER -

 TY - Comparative Study
 AN - rayyan-504930576
 TI - Safety of the Stockholm Birth Center study: a critical review.
 Y1 - 2005
 Y2 - 6
 T2 - Birth (Berkeley, Calif.)
 SN - 0730-7659 (Print)
 J2 - Birth
 VL - 32
 IS - 2
 SP - 145-50
 AU - Fahy K
 AU - Colyvas K
 AV - School of Nursing and Midwifery, Faculty of Health, University of Newcastle, Callaghan, New South Wales, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/15918872/>

LA - eng
 CY - United States
 KW - Birthing Centers/*standards
 KW - Female
 KW - *Hospitalization
 KW - Humans
 KW - Maternal Health Services/*standards
 KW - Reproducibility of Results
 KW - *Research Design
 KW - Retrospective Studies
 KW - Selection Bias
 KW - Sweden
 AB - This paper critically appraised the validity and generalizability of the safety of the Stockholm Birth Center care study to determine if it can be relied on to answer the question, "Is primiparous labor and birth in a birth center as safe for babies as standard medical care?" The retrospective cohort study is summarized, and statistical and methodological aspects are evaluated. Errors that were identified include selection bias and two forms of performance bias, both involving the independent variable. Nondefinition and lack of control of the independent variable and minor statistical errors were also noted. More serious concerns relate to the validity of an intention-to-treat analysis. Some methodological problems reduced validity of the study and ability to generalize the findings to other birth centers. Birth center care is a desirable and established birth option. A more useful approach to improving maternity care provision could involve comparing multiple birth center sites with each other to find best practice so that it can be analyzed and duplicated.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
 DO - 10.1111/j.0730-7659.2005.00358.x
 ER -

 TY - JOUR
 AN - rayyan-504930577
 TI - Birth centres and the national maternity services review: response to consumer demand or compromise?
 Y1 - 2011
 Y2 - 12
 T2 - Women and birth : journal of the Australian College of Midwives
 SN - 1878-1799 (Electronic)
 J2 - Women Birth
 VL - 24
 IS - 4
 SP - 165-72
 AU - Dahlen H
 AU - Jackson M
 AU - Schmied V
 AU - Tracy S
 AU - Priddis H
 AV - School of Nursing and Midwifery, College of Health and Science, University of Western Sydney, Building ER, Parramatta Campus, Locked Bag 1797, Penrith South DC, NSW 1797, Australia. h.dahlen@uws.edu.au
 UR - <https://pubmed.ncbi.nlm.nih.gov/21167799/>
 LA - eng
 CY - Netherlands
 KW - Australia
 KW - *Birthing Centers
 KW - Continuity of Patient Care
 KW - Evaluation Studies as Topic
 KW - Female
 KW - *Health Care Reform
 KW - *Health Services Accessibility
 KW - *Home Childbirth

KW - Humans
 KW - *Maternal Health Services
 KW - *Midwifery
 KW - Pregnancy
 KW - Research Report
 AB - BACKGROUND: In February 2009 the Improving Maternity Services in Australia - The Report of the Maternity Services Review (MSR) was released and recommended improving women's access to and availability of birth centres. It was unclear if this was in response to an overwhelming request for birth centres in the submissions received by the commonwealth or a compromise for excluding homebirth from the maternity service reforms. AIM: The aim of this paper was to examine what was said in the submissions to the MSR about birth centres. METHODS: Data for this study comprised 832 submissions to the MSR that are publicly available on the Commonwealth of Australia Department of Health and Ageing website. All 832 submissions were downloaded, and read for any mention of the words 'birth centre', 'birth center'. Content analysis was used to categorise and report the data. RESULTS: Of the 832 submissions to the MSR 197 (24%) mentioned birth centres while 470 (60%) of the submissions mentioned homebirth. Only 31 (4%) of the submissions to the Maternity Review mentioned birth centres without mentioning home birth also. Most of the submissions emphasised that 'everything should be on the menu' when it came to place of birth and care provider. Reasons for choosing a birth centre were identified as: 'the best compromise available, 'the right and natural way' and 'the birth centre as safe'. Women had certain requirements of a birth centre that included: 'continuity of carer', 'midwife led', 'a sanctum from medicalised care', 'resources to cope with demand', 'close to home', and 'flexible guidelines and admission criteria'. Women weighed up a series of requirements when deciding whether to give birth in a birth centre. DISCUSSION: The recommendation by the MSR to expand birth centres and ignore home birth is at odds with the strong view expressed that 'everything should be on the menu'. The requirements women described of birth centre care are also at odds with current trends. CONCLUSION: If there is to be an expansion of birth centres, service providers need to make sure that women's views are central to the design. Women will not cease having homebirths due to expanded birth centre options.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.wombi.2010.11.001
 ER -

 TY - JOUR
 AN - rayyan-504930578
 TI - A mobile cesarean birth center as a solution to improve access to surgical birth in rural Ethiopia: a mixed methods research protocol.
 Y1 - 2021
 Y2 - 12
 Y3 - 15
 T2 - Pilot and feasibility studies
 SN - 2055-5784 (Print)
 J2 - Pilot Feasibility Stud
 VL - 7
 IS - 1
 SP - 218
 AU - Harrison MS
 AU - Yarinbab T
 AU - Dorsey-Holliman B
 AU - Aarons GA
 AU - Betran AP
 AU - Goldenberg RL
 AU - Muldrow M
 AV - Department of Obstetrics & Gynecology, University of Colorado, Mail Stop B198-2, Academic Office 1, 12631 E. 17th Avenue, Rm 4211, Aurora, CO, 80045, USA. margo.harrison@cuanschutz.edu.; Mizan Tepi University Teaching Hospital, Mizan Aman, Ethiopia.; University of Colorado Adult & Child Consortium for Research and Delivery Science, Aurora, CO, USA.; University of California San Diego, La Jolla, CA, USA.; UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Sexual and Reproductive Health and Research, World

Health Organization Human Reproduction Programme, Geneva, Switzerland.; Columbia University Medical Center, New York, NY, USA.; Village Health Partnership, Denver, CO, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/34906256/>

LA - eng

CY - England

AB - BACKGROUND: As an evidence-based intervention to prevent maternal and neonatal morbidity and mortality, cesarean birth at rates of under 2%, which is the case in rural Southwest Ethiopia, is an unacceptable public health problem and represents an important disparity in the use of this life-saving treatment compared to more developed regions. The objective of this study is to explore an innovative clinical solution (a mobile cesarean birth center) to low cesarean birth rates resulting from the Three Delays to emergency obstetric care in isolated and underserved regions of Ethiopia, and the world. METHODS: We will use mixed but primarily qualitative methods to explore and prepare the mobile cesarean birth center for subsequent implementation in communities in Bench Sheko and West Omo Zones. This will involve interviews and focus groups with key stakeholders and retreat settings for user-centered design activities. We will present stakeholders with a prototype surgical truck that will help them conceive of the cesarean birth center concept and discuss implementation issues related to staffing, supplies, referral patterns, pre- and post-operative care, and relationship to locations for vaginal birth. DISCUSSION: Completion of our study aims will allow us to describe participants' perceptions about barriers and facilitators to cesarean birth and their attitudes regarding the appropriateness, acceptability, and feasibility of a mobile cesarean birth center as a solution. It will also result in a specific, measurable, attainable, relevant, and timely (SMART) implementation blueprint(s), with implementation strategies defined, as well as recruitment plans identified. This will include the development of a logic model and process map, a timeline for implementation with strategies selected that will guide implementation, and additional adaptation/adjustment of the mobile center to ensure fit for the communities of interest. TRIAL REGISTRATION: There is no healthcare intervention on human participants occurring as part of this research, so the study has not been registered.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1186/s40814-021-00955-4

ER -

TY - JOUR

AN - rayyan-504930579

TI - Rural resilience: The role of birth centers in the United States.

Y1 - 2020

Y2 - 12

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 47

IS - 4

SP - 430-437

AU - Jolles D

AU - Stapleton S

AU - Wright J

AU - Alliman J

AU - Bauer K

AU - Townsend C

AU - Hoehn-Velasco L

AV - Frontier Nursing University, Versailles, KY, USA.; American Association of Birth Centers, Perkiomenville, PA, USA.; American Association of Birth Centers, Perkiomenville, PA, USA.; American Association of Birth Centers, Perkiomenville, PA, USA.; Frontier Nursing University, Versailles, KY, USA.; American Association of Birth Centers, Perkiomenville, PA, USA.; American Association of Birth Centers, Perkiomenville, PA, USA.; Frontier Nursing University, Versailles, KY, USA.; American Association of Birth Centers, Perkiomenville, PA, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/33270283/>

LA - eng

CY - United States

KW - Birthing Centers/*organization & administration

KW - Female
 KW - *Health Services Accessibility
 KW - Humans
 KW - Infant, Newborn
 KW - Logistic Models
 KW - Maternal Health Services/*organization & administration/standards
 KW - Models, Organizational
 KW - Pregnancy
 KW - Rural Health/*standards
 KW - Rural Population
 KW - United States
 AB - PURPOSE: To explore the role of the birth center model of care in rural health and maternity care delivery in the United States. METHODS: All childbearing families enrolled in care at an American Association of Birth Centers Perinatal Data Registry(TM) user sites between 2012 and 2020 are included in this descriptive analysis. FINDINGS: Between 2012 and 2020, 88 574 childbearing families enrolled in care with 82 American Association of Birth Centers Perinatal Data Registry(TM) user sites. Quality outcomes exceeded national benchmarks across all geographic regions in both rural and urban settings. A stable and predictable rate of transfer to a higher level of care was demonstrated across geographic regions, with over half of the population remaining appropriate for birth center level of care throughout the perinatal episode of care. Controlling for socio demographic and medical risk factors, outcomes were as favorable for clients in rural areas compared with urban and suburban communities. CONCLUSIONS: Rural populations cared for within the birth center model of care experienced high-quality outcomes. HEALTH POLICY IMPLICATIONS: A major focus of the United States maternity care reform should be the expansion of access to birth center models of care, especially in underserved areas such as rural communities.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/birt.12516
 ER -

 TY - JOUR
 AN - rayyan-504930580
 TI - Cesarean delivery or vaginal birth: a survey of patient and clinician thresholds.
 Y1 - 2007
 Y2 - 1
 T2 - Obstetrics and gynecology
 SN - 0029-7844 (Print)
 J2 - Obstet Gynecol
 VL - 109
 IS - 1
 SP - 67-72
 AU - Walker SP
 AU - McCarthy EA
 AU - Ugoni A
 AU - Lee A
 AU - Lim S
 AU - Permezel M
 AV - Department of Obstetrics and Gynaecology, University of Melbourne, Victoria, Australia.
 spwalker@unimelb.edu.au
 UR - <https://pubmed.ncbi.nlm.nih.gov/17197589/>
 LA - eng
 CY - United States
 KW - Attitude of Health Personnel
 KW - Cesarean Section
 KW - *Delivery, Obstetric
 KW - Female
 KW - Humans
 KW - *Parturition
 KW - Patient Satisfaction

KW - Pregnancy

KW - *Risk

AB - OBJECTIVE: To estimate what level of additional fetal risk women and their caregivers in late pregnancy considered acceptable to avoid a cesarean and achieve a vaginal birth. METHODS: Six hundred women in late pregnancy and 294 obstetric consultants, registrars, midwives, and medical students were recruited to the study. With the assistance of a visual probability aid representing 10,000 births, they were asked to consider what level of fetal risk of death or serious disability they would consider acceptable to avoid cesarean and achieve vaginal birth. RESULTS: The median level of fetal risk deemed acceptable to achieve a vaginal birth for pregnant women was 10 per 10,000 births (95% confidence interval [CI] 10-13 per 10,000), although the range of responses was wide (1-5,000 per 10,000). Among staff, the median level of acceptable fetal risk was 13 per 10,000 births (95% CI 10-20 per 10,000). Women participating in lower intervention models of care, such as the birth center or team midwifery, were more tolerant of fetal risk (odds ratios [ORs] 2.1, 95% CI 1.6-2.9 and 1.5, 95% CI 1.0-2.3, for accepting a fetal risk of 20 per 10,000 or greater), whereas women with a complicated pregnancy were less tolerant of fetal risk (OR 0.7, 95% CI 0.5-0.9). CONCLUSION: Pregnant women and their caregivers have a low tolerance for fetal risk associated with vaginal birth. This study demonstrates the difficulty of minimizing obstetric intervention rates in the face of high expectations for fetal outcome. Obstetric and demographic factors were found to significantly impact the "acceptable fetal risk" threshold, which highlights the importance of individualized counseling regarding mode of birth. LEVEL OF EVIDENCE: III.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1097/01.AOG.0000250902.67911.ce

ER -

TY - JOUR

AN - rayyan-504930581

TI - The Experience of Land and Water Birth Within the American Association of Birth Centers Perinatal Data Registry, 2012-2017.

Y1 - 2020

T2 - The Journal of perinatal & neonatal nursing

SN - 1550-5073 (Electronic)

J2 - J Perinat Neonatal Nurs

VL - 34

IS - 1

SP - 16-26

AU - Snapp C

AU - Stapleton SR

AU - Wright J

AU - Niemczyk NA

AU - Jolles D

AV - Prisma Health-Upstate, Greenville, South Carolina (Dr Snapp); American Association of Birth Centers, Perkiomenville, Pennsylvania (Dr Stapleton and Ms Wright); Department of Health Promotion and Development, University of Pittsburgh, Pittsburgh, Pennsylvania (Dr Niemczyk); and Frontier Nursing University, Hyden, Kentucky (Dr Jolles).

UR - <https://pubmed.ncbi.nlm.nih.gov/31834005/>

LA - eng

CY - United States

KW - Adult

KW - Birth Injuries/*prevention & control

KW - *Delivery Rooms

KW - Female

KW - Health Services Accessibility

KW - Humans

KW - Infant, Newborn

KW - *Natural Childbirth/education/methods

KW - Obstetric Labor Complications/*prevention & control

KW - Patient Preference

KW - Pregnancy

KW - Pregnancy Outcome/epidemiology
 KW - Procedures and Techniques Utilization
 KW - Registries/statistics & numerical data
 KW - Relaxation Therapy/methods
 KW - *Residence Characteristics
 KW - Stress, Psychological/etiology/prevention & control
 KW - United States
 KW - Registries
 AB - Consumer demand for water birth has grown within an environment of professional controversy. Access to nonpharmacologic pain relief through water immersion is limited within hospital settings across the United States due to concerns over safety. The study is a secondary analysis of prospective observational Perinatal Data Registry (PDR) used by American Association of Birth Center members (AABC PDR). All births occurring between 2012 and 2017 in the community setting (home and birth center) were included in the analysis. Descriptive, correlational, and relative risk statistics were used to compare maternal and neonatal outcomes. Of 26 684 women, those giving birth in water had more favorable outcomes including fewer prolonged first- or second-stage labors, fetal heart rate abnormalities, shoulder dystocias, genital lacerations, episiotomies, hemorrhage, or postpartum transfers. Cord avulsion occurred rarely, but it was more common among water births. Newborns born in water were less likely to require transfer to a higher level of care, be admitted to a neonatal intensive care unit, or experience respiratory complication. Among childbearing women of low medical risk, personal preference should drive utilization of nonpharmacologic care practices including water birth. Both land and water births have similar good outcomes within the community setting.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1097/JPN.0000000000000450
 ER -

 TY - JOUR
 AN - rayyan-504930582
 TI - Smooth Transitions: Enhancing Interprofessional Collaboration when Planned Community Births Transfer to Hospital Care.
 Y1 - 2022
 Y2 - 11
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 67
 IS - 6
 SP - 701-706
 AU - Hays K
 AU - Denmark M
 AU - Levine A
 AU - de Regt RH
 AU - Andersen HF
 AU - Weiss K
 AV - Department of Midwifery, Bastyr University, Kenmore, Washington.; Smooth Transitions, Foundation for Health Care Quality, Seattle, Washington.; Department of Midwifery, Bastyr University, Kenmore, Washington.; Smooth Transitions, Foundation for Health Care Quality, Seattle, Washington.; Smooth Transitions, Foundation for Health Care Quality, Seattle, Washington.; Eastside Maternal-Fetal Medicine, Pediatrix Medical Group, Bellevue, Washington.; Smooth Transitions, Foundation for Health Care Quality, Seattle, Washington.; Elson S. Floyd College of Medicine, Washington State University, Spokane, Washington.; Lacey Fire District 3, Lacey, Washington.
 UR - <https://pubmed.ncbi.nlm.nih.gov/36433815/>
 LA - eng
 CY - United States
 KW - Pregnancy
 KW - Female
 KW - Infant, Newborn
 KW - Humans

KW - *Home Childbirth
KW - *Midwifery
KW - *Birthing Centers
KW - Health Personnel
KW - Hospitals
KW - *Nurse Midwives

AB - In Washington state, planned community births are attended by direct entry licensed midwives (LMs) and certified nurse-midwives (CNMs). The most recently published vital statistics data from 2018 reported that 3.6% of the 84,648 births in Washington occurred at home or in freestanding birthing centers. Approximately 16.2% of planned home birth and birth center clients experience intrapartum or early postpartum transfer to the hospital, while 1.8% of their newborns do. The safety of and satisfaction with these types of referrals depends on multisystem processes performed by a variety of health care professionals. Smooth Transitions is a quality improvement (QI) initiative in Washington state that was developed to enhance interprofessional collaboration between community-based midwives, emergency medical services (EMS), and hospital personnel to improve the quality of hospital transfers from planned community settings. Key interventions to date have included (1) information sharing to dispel misconceptions and provide context regarding community births and midwives; (2) co-creation of transfer guidelines; (3) regularly held interprofessional meetings to review transfers and build relationships; and (4) ongoing review of qualitative feedback that captures the perspectives of all involved. Responses on questionnaires and audits indicate that Smooth Transitions has had a positive impact on provider, staff, and patient experiences with hospital transfers. Future endeavors will include strengthening quantitative data collection processes to measure safety indicators, expanding relationships with EMS, and building a case review process that is legally protected. By engaging representatives of all stakeholder groups and addressing community-to-hospital transfers as a multisystems issue, replication of the Smooth Transitions QI Program nationally could promote increased community midwifery integration by enhancing the referral experience for both patients and caregivers.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1111/jmwh.13441

ER -

TY - JOUR

AN - rayyan-504930583

TI - Catalyzing Collaboration Among Interprofessional Birth Transfer Teams Through Simulation.

Y1 - 2023

Y2 - 4

Y3 - 28

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

AU - Baayd J

AU - Lloyd M

AU - Garcia G

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UR - <https://pubmed.ncbi.nlm.nih.gov/37114662/>

LA - eng
CY - United States
AB - INTRODUCTION: Planned home or birth center births sometimes require emergency transfers to a hospital. Poor communication among members of the birth care team during a transfer can lead to unfavorable outcomes for the birthing person and newborn. To improve the quality of birth transfers in Utah, the Utah Women and Newborns Quality Collaborative partnered with the LIFT Simulation Design Lab to develop and pilot an interprofessional birth transfer simulation training. METHODS: We engaged community stakeholders to identify learning objectives and co-design the simulation trainings using principles of participatory design. We conducted 5 simulation trainings featuring birth transfers during a postpartum hemorrhage. The LIFT Lab evaluated the trainings to determine if they were feasible, acceptable, and effective. Measures included a post-training form asking participants to evaluate the quality of the training and a 9-question pre- and post-training survey measuring changes in participants' self-efficacy regarding components of birth transfer. The changes were assessed for significance using a paired t test. RESULTS: A total of 102 participants attended the 5 trainings; all health care provider groups were well represented. Most participants felt the simulations were similar to real situations and would benefit others in their professions. All participants said the trainings were a good use of their time. Following the training, participants had significantly higher levels of self-efficacy regarding their ability to manage birth transfers. DISCUSSION: Birth transfer simulation trainings are an acceptable, feasible, and effective method for training interprofessional birth care teams.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13497

ER -

TY - JOUR

AN - rayyan-504930584

TI - Outcomes of planned home birth: an integrative review.

Y1 - 2007

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 52

IS - 4

SP - 323-33

AU - Fullerton JT

AU - Navarro AM

AU - Young SH

AV - Monitoring & Evaluation, Project Concern International. jfullerton@san.rr.com

UR - <https://pubmed.ncbi.nlm.nih.gov/17603954/>

LA - eng

CY - United States

KW - Adult

KW - Female

KW - Global Health

KW - Home Childbirth/*nursing/*statistics & numerical data

KW - Humans

KW - Infant, Newborn

KW - Midwifery/*statistics & numerical data

KW - Patient Care Planning/statistics & numerical data

KW - Pregnancy

KW - Pregnancy Outcome/*epidemiology

KW - Prenatal Care/statistics & numerical data

KW - Referral and Consultation/statistics & numerical data

KW - Social Support

KW - Socioeconomic Factors

AB - Current evidence indicates the critical importance of several factors that contribute to improved perinatal outcomes: a facilitating environment at the place of birth, skilled birth attendance, and the

continuum of perinatal care for women and newborns. This level of care is often referred to as "first-level" care, and is most readily provided in birthing centers and primary level health facilities. However, there is a body of evidence that has been compiled over the past several decades that addresses the safety of planned home birth, under circumstances that emulate these elements of "first-level" care. These studies demonstrate a remarkable consistency in the generally favorable results of maternal and neonatal outcomes, both over time and among diverse population groups. These outcomes are also favorable when viewed in comparison to various reference groups (birth center births, planned hospital births, and vital statistics). These data should influence policy in support of planned home birth, including policy that endorses building or sustaining a home birth infrastructure in parallel to the efforts to build capacity for facility-based birth. Such public policy would also be in keeping with the fundamental right of women to have choice in childbirth, particularly when options are equally good.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focused on home birth
DO - 10.1016/j.jmwh.2007.02.016
ER -

TY - JOUR

AN - rayyan-504930585

TI - Swedish women's interest in home birth and in-hospital birth center care.

Y1 - 2003

Y2 - 3

T2 - Birth (Berkeley, Calif.)

SN - 0730-7659 (Print)

J2 - Birth

VL - 30

IS - 1

SP - 11-22

AU - Hildingsson I

AU - Waldenström U

AU - Rådestad I

AV - Department of Caring and Public Health Sciences, Mälardalen University, Västerås, Sweden.

UR - <https://pubmed.ncbi.nlm.nih.gov/12581035/>

LA - eng

CY - United States

KW - Adolescent

KW - Adult

KW - Cohort Studies

KW - Delivery Rooms/*statistics & numerical data

KW - Delivery, Obstetric/nursing/*psychology/*statistics & numerical data

KW - Female

KW - Home Childbirth/*statistics & numerical data

KW - Humans

KW - Logistic Models

KW - Middle Aged

KW - Midwifery

KW - Patient Satisfaction/*statistics & numerical data

KW - Pregnancy

KW - Prevalence

KW - Surveys and Questionnaires

KW - Sweden/epidemiology

AB - BACKGROUND: In Sweden, few alternatives to a hospital birth are available, and little is known about consumer interest in alternative birth care. The aim of this study was to determine women's interest in home birth and in-hospital birth center care in Sweden, and to describe the characteristics of these women.

METHODS: All Swedish-speaking women booked for antenatal care during 3 weeks during 1 year were invited to participate in the study. Three questionnaires, completed after the first booking visit in early pregnancy, at 2 months, and 1 year after the birth, asked about the women's interest in two alternative birth options and a wide range of possible explanatory variables. RESULTS: Consent to participate in the study was

given by 3283 women (71% of all women eligible). The rates of response to the three questionnaires were 94, 88, and 88 percent, respectively. One percent of participants consistently expressed an interest in home birth on all three occasions, and 8 percent expressed an interest in birth center care. A regression analysis showed five factors that were associated with an interest in home birth: a wish to have the baby's siblings (OR 20.2; 95% CI 6.2-66.5) and a female friend (OR 15.2; 95% CI 6.2-37.4) present at the birth, not wanting pharmacological pain relief during labor and birth (OR 4.7; 95% CI 1.4-15.3), low level of education (OR 4.5; 95% CI 1.8-11.4), and dissatisfaction with medical aspects of intrapartum care (OR 3.6; 95% CI 1.4-9.2). An interest in birth center care was associated with experience of being in control during labor and birth (OR 8.3; 95% CI 3.2-21.6), not wanting pharmacological pain relief (OR 2.3; 95% CI 1.3-4.1), and a preference to have a known midwife at the birth (OR 2.2; 95% CI 1.6-2.9). CONCLUSION: If Swedish women were offered free choice of place of birth, the home birth rate would be 10 times higher, and the 20 largest hospitals would need to have a birth center. Women interested in alternative models of care view childbirth as a social and natural event, and their needs should be considered.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1046/j.1523-536x.2003.00212.x

ER -

TY - JOUR

AN - rayyan-504930586

TI - A Descriptive Study of Maternal Choices for Labor Pain Relief.

Y1 - 2022

Y2 - 7

Y3 - 01

T2 - The Journal of perinatal & neonatal nursing

SN - 1550-5073 (Electronic)

J2 - J Perinat Neonatal Nurs

VL - 36

IS - 3

SP - 274-283

AU - Rhode MA

AU - Murdock EL

AU - Linares CZ

AU - Brou L

AV - St Joseph Hospital Certified Nurse Midwives, Denver, Colorado (Mss Rhode and Murdock); Birth Center of Denver, Denver, Colorado (Ms Linares); and SCL Health Consultant, Denver, Colorado (Ms Brou).

UR - <https://pubmed.ncbi.nlm.nih.gov/35894725/>

LA - eng

CY - United States

KW - *Analgesia, Epidural/methods

KW - *Analgesia, Obstetrical/methods

KW - Female

KW - Humans

KW - *Labor Pain/therapy

KW - *Labor, Obstetric

KW - Pregnancy

KW - Prospective Studies

AB - DESIGN: In a setting with a wider than usual variety of available labor pain relief methods, a prospective, descriptive study was conducted of labor pain relief methods desired by low-risk women prenatally, during labor, and at delivery. SUBJECTS/METHODS: Of all women registering for care between 2017 and 2020, a total of 2562 women were screened for low-risk status and then offered study participation, if eligible. Of 1185 eligible women, 512 remained at low risk until admission in labor and completed the study. Pain relief methods chosen were compared with the type of labor, type of delivery, and between delivery sites. RESULTS/CONCLUSIONS: Hydrotherapy and a "none/unmedicated" labor were favored by a majority of subjects, regardless of ultimate method used. Multiple labor pain relief methods were used by 54.5% of subjects. Epidural analgesia most often occurred with augmented labor. Hydrotherapy was used more by those with spontaneous labors, water birth deliveries, and birth center births. Effectiveness of all pain relief measures was rated above average. Differences between planned

hospital and planned birth center births were clear on most variables. Results can be used by childbirth educators, health professionals, and administrators to respect and improve the individualization of care and satisfaction of laboring women.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/JPN.0000000000000667
ER -

TY - JOUR

AN - rayyan-504930587

TI - Birth Satisfaction Scale/Birth Satisfaction Scale-Revised (BSS/BSS-R): A large scale United States planned home birth and birth centre survey.

Y1 - 2016

Y2 - 10

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 41

SP - 9-15

AU - Fleming SE

AU - Donovan-Batson C

AU - Burduli E

AU - Barbosa-Leiker C

AU - Hollins Martin CJ

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AV - Seattle University College of Nursing, 901 12th Avenue, Seattle, WA 98122, United States. Electronic address: fleminsu@seattleu.edu.; Washington State University College of Nursing, P.O. Box 1495, Spokane, WA 99210-1495, United States. Electronic address: eburduli@wsu.edu.; Washington State University College of Nursing, P.O. Box 1495, Spokane, WA 99210-1495, United States. Electronic address: celestina@wsu.edu.; School of Nursing, Midwifery and Social Care, Edinburgh Napier University (Sighthill Campus), 9 Sighthill Court, Midlothian EH11 4BN, United Kingdom. Electronic address: C.HollinsMartin@napier.ac.uk.; Buckinghamshire New University, High Wycombe Campus, Queen Alexandra Rd, High Wycombe, Buckinghamshire HP11 2JZ, United Kingdom. Electronic address: colin.martin@bucks.ac.uk.

UR - <https://pubmed.ncbi.nlm.nih.gov/27494569/>

LA - eng

CY - Scotland

KW - Adolescent

KW - Adult

KW - Birthing Centers/*standards/statistics & numerical data

KW - Female

KW - Home Childbirth/*standards/statistics & numerical data

KW - Humans

KW - Middle Aged

KW - Parturition/*psychology

KW - *Patient Satisfaction

KW - Pregnancy

KW - Surveys and Questionnaires

KW - United States

AB - OBJECTIVE: to explore the prevalence of birth satisfaction for childbearing women planning to birth in their home or birth centers in the United States. Examining differences in birth satisfaction of the home and birth centers; and those who birthed in a hospital using the 30-item Birth Satisfaction Scale (BSS) and the 10-item Birth Satisfaction Scale-Revised (BSS-R). STUDY DESIGN: a quantitative survey using the BSS and BSS-R were employed. Additional demographic data were collected using electronic linkages (QualtricsTM). PARTICIPANTS: a convenience sample of childbearing women (n=2229) who had planned to birth in their home or birth center from the US (United States) participated. Participants were recruited via professional and personal contacts, primarily their midwives. RESULTS: the total 30-item BSS score mean was 128.98 (SD 16.92) and the 10-item BSS-R mean score was 31.94 (SD 6.75). Sub-scale mean scores quantified the quality of care provision, women's personal attributes, and stress experienced during labour. Satisfaction was higher

for women with vaginal births compared with caesareans deliveries. In addition, satisfaction was higher for women who had both planned to deliver in a home or a birth centre, and who had actually delivered in a home or a birth center. KEY CONCLUSIONS: total and subscale birth satisfaction scores were positive and high for the overall sample IMPLICATIONS FOR PRACTICE: the BSS and the BSS-R provide a robust tool to quantify women's experiences of childbirth between variables such as birth types, birth settings and providers.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2016.07.008

ER -

TY - JOUR

AN - rayyan-504930588

TI - Breech birth at home: outcomes of 60 breech and 109 cephalic planned home and birth center births.

Y1 - 2018

Y2 - 10

Y3 - 11

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 18

IS - 1

SP - 397

AU - Fischbein SJ

AU - Freeze R

AV - Birthing Instincts, Inc., Los Angeles, CA, USA.; Wabash College, 211 Center Hall, Crawfordsville, IN, 47933, USA. rixa.freeze@gmail.com.

UR - <https://pubmed.ncbi.nlm.nih.gov/30305050/>

LA - eng

CY - England

KW - Apgar Score

KW - Birth Weight

KW - Birthing Centers/*statistics & numerical data

KW - Blood Loss, Surgical

KW - *Breech Presentation/therapy

KW - Cesarean Section/statistics & numerical data

KW - Delivery, Obstetric/*statistics & numerical data

KW - Female

KW - Home Childbirth/*statistics & numerical data

KW - Humans

KW - Infant, Newborn

KW - Male

KW - Parity

KW - Patient Transfer/statistics & numerical data

KW - Perineum/injuries

KW - Pregnancy

KW - Retrospective Studies

AB - BACKGROUND: Research on outcomes of out-of-hospital breech birth is scarce. This study evaluates the outcomes of singleton term breech and cephalic births in a home or birth center setting. METHODS: This is a retrospective observational cohort study of 60 breech and 109 cephalic planned out-of-hospital term singleton births during a 6 year period with a single obstetrician. Outcomes measured included mode of delivery; birth weights; 1 & 5-min Apgar scores; ante-, intra-, and post-partum transports; perineal integrity; and other maternal and neonatal morbidity. RESULTS: 50 breech and 102 cephalic presentations were still in the obstetrician's care at the onset of labor; of those, 10 breech and 11 cephalic mothers required transport during labor. 76% of breech and 92.2% of cephalic births were planned to occur at home, with the remainder at a freestanding birth center. When compared to the cephalic group, the breech group had a higher rate of antepartum and in-labor transfer of care and cesarean section. Among completed out-of-hospital births, the breech group had a significantly higher rate of 1-min Apgar scores < 7 but no significant

difference at 5 min. Rates of vaginal birth for both groups were high, with 84% of breech and 97.1% of cephalic mothers giving birth vaginally in this series. Compared to primiparas, multiparas in both groups had less perineal trauma and higher rates of out-of-hospital birth, vaginal birth, and spontaneous vaginal birth. No breech infant or mother required postpartum hospital transport, while one cephalic infant and one cephalic mother required postpartum transport. Of the babies born out-of-hospital, there was one short-term and one longer-term birth injury among the breech group and one short-term brachial plexus injury in the cephalic group. CONCLUSIONS: A home or birth center setting leads to high rates of vaginal birth and good maternal outcomes for both breech and cephalic term singleton presentations. Out-of-hospital vaginal breech birth under specific protocol guidelines and with a skilled provider may be a reasonable choice for women wishing to avoid a cesarean section-especially when there is no option of a hospital breech birth. However, this study is underpowered to calculate uncommon adverse neonatal outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1186/s12884-018-2033-5
ER -

TY - JOUR

AN - rayyan-504930589

TI - Birth setting, labour experience, and postpartum psychological distress.

Y1 - 2017

Y2 - 7

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 50

SP - 110-116

AU - MacKinnon AL

AU - Yang L

AU - Feeley N

AU - Gold I

AU - Hayton B

AU - Zelkowitz P

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UR - <https://pubmed.ncbi.nlm.nih.gov/28412526/>

LA - eng

CY - Scotland

KW - Adult

KW - Cohort Studies

KW - Female

KW - Humans

KW - Labor, Obstetric/*psychology

KW - Longitudinal Studies

KW - Parturition/psychology

KW - Pregnancy

KW - Prospective Studies

KW - Quebec

KW - Risk Factors

KW - Stress Disorders, Post-Traumatic/complications/*psychology

KW - Stress, Psychological/*etiology/*psychology

KW - Surveys and Questionnaires

KW - Tertiary Care Centers/organization & administration
KW - Postpartum Period
AB - OBJECTIVE: although psychosocial risk factors have been identified for postpartum depression (PPD) and perinatal posttraumatic stress disorder (PTSD), the role of labour- and birth-related factors remains unclear. The present investigation explored the impact of birth setting, subjective childbirth experience, and their interplay, on PPD and postpartum PTSD. METHOD: in this prospective longitudinal cohort study, three groups of women who had vaginal births at a tertiary care hospital, a birthing center, and those transferred from the birthing centre to the tertiary care hospital were compared. Participants were followed twice during pregnancy (12-14 and 32-34 weeks gestation) and twice after childbirth (1-3 and 7-9 weeks postpartum). RESULTS: symptoms of PPD and PTSD did not significantly differ between birth groups; however, measures of subjective childbirth experience and obstetric factors did. Moderation analyses indicated a significant interaction between pain and birth group, such that higher ratings of pain among women who were transferred was associated with greater symptoms of postpartum PTSD. CONCLUSION AND IMPLICATIONS FOR PRACTICE: women who are transferred appear to have a unique experience that may put them at greater risk for postpartum psychological distress. It may be beneficial for care providers to help prepare women for pain management and potential unexpected complications, particularly if it is their first childbirth.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.midw.2017.03.023
ER -

TY - JOUR
AN - rayyan-504930591
TI - Professionally responsible counseling about birth location during the COVID-19 pandemic.
Y1 - 2020
Y2 - 6
Y3 - 25
T2 - Journal of perinatal medicine
SN - 1619-3997 (Electronic)
J2 - J Perinat Med
VL - 48
IS - 5
SP - 450-452
AU - Grünebaum A
AU - McCullough LB
AU - Bornstein E
AU - Klein R
AU - Dudenhausen JW
AU - Chervenak FA
AV - Department of Obstetrics and Gynecology, Lenox Hill Hospital, 100 East 77St., New York, NY 10075, USA.; Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, NY, USA.; Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, NY, USA.; Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, NY, USA.; Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, NY, USA.; Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, NY, USA.; Lenox Hill Hospital, Zucker School of Medicine at Hofstra/Northwell, New York, NY, USA.; Faculty of Health Sciences Brandenburg, Potsdam, Germany.; Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, NY, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/32401227/>
LA - eng
CY - Germany
KW - *Betacoronavirus
KW - *Birth Setting
KW - COVID-19
KW - Coronavirus Infections/*prevention & control
KW - Delivery, Obstetric/ethics/methods
KW - Directive Counseling/ethics/*methods

KW - Evidence-Based Medicine
KW - Female
KW - Hospitalization
KW - Humans
KW - Pandemics/*prevention & control
KW - Patient Participation/methods
KW - Patient Safety
KW - Pneumonia, Viral/*prevention & control
KW - Pregnancy
KW - Prenatal Care/ethics/*methods
KW - SARS-CoV-2

AB - If the worries about the coronavirus disease 2019 (COVID-19) pandemic are not already enough, some pregnant women have been questioning whether the hospital is a safe or safe enough place to deliver their babies and therefore whether they should deliver out-of-hospital during the pandemic. In the United States, planned out-of-hospital births are associated with significantly increased risks of neonatal morbidity and death. In addition, there are obstetric emergencies during out-of-hospital births that can lead to adverse outcomes, partly because of the delay in transporting the woman to the hospital. In other countries with well-integrated obstetric services and well-trained midwives, the differences in outcomes of planned hospital birth and planned home birth are smaller. Women are empowered to make informed decisions when the obstetrician makes ethically justified recommendations, which is known as directive counseling. Recommendations are ethically justified when the outcomes of one form of management is clinically superior to another. The outcomes of morbidity and mortality and of infection control and prevention of planned hospital birth are clinically superior to those of out-of-hospital birth. The obstetrician therefore should recommend planned hospital birth and recommend against planned out-of-hospital birth during the COVID-19 pandemic. The COVID-19 pandemic has increased stress levels for all patients and even more so for pregnant patients and their families. The response in this difficult time should be to mitigate this stress and empower women to make informed decisions by routinely providing counseling that is evidence-based and directive.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: viewpoint
DO - 10.1515/jpm-2020-0183
ER -

TY - JOUR
AN - rayyan-504930593
TI - Utilization of Maternal Healthcare Services among Adolescent Mothers in Indonesia.
Y1 - 2023
Y2 - 2
Y3 - 25
T2 - Healthcare (Basel, Switzerland)
SN - 2227-9032 (Print)
J2 - Healthcare (Basel)
VL - 11
IS - 5
AU - Gayatri RV
AU - Hsu YY
AU - Damato EG
AV - International Doctoral Program in Nursing, Department of Nursing, College of Medicine, National Cheng Kung University, Tainan 70101, Taiwan.; National Polytechnic of Health Bandung Ministry of Health, Republic of Indonesia, Bandung 40171, Indonesia.; Department of Nursing, College of Medicine, National Cheng Kung University, Tainan 70101, Taiwan.; School of Nursing, Case Western Reserve University, Cleveland, OH 44106, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/36900683/>
LA - eng
CY - Switzerland
KW - Adolescent
AB - Providing maternal healthcare services is one of the strategies to decrease maternal mortality. Despite the availability of healthcare services, research investigating the utilization of healthcare services for

adolescent mothers in Indonesia is still limited. This study aimed to examine the utilization of maternal healthcare services and its determinants among adolescent mothers in Indonesia. Secondary data analysis was performed using the Indonesia Demographic and Health Survey 2017. Four hundred and sixteen adolescent mothers aged 15-19 years were included in the data analysis of frequency of antenatal care (ANC) visits and place of delivery (home/traditional birth vs. hospital/birth center) represented the utilization of maternal healthcare services. Approximately 7% of the participants were 16 years of age or younger, and over half lived in rural areas. The majority (93%) were having their first baby, one-fourth of the adolescent mothers had fewer than four ANC visits and 33.5% chose a traditional place for childbirth. Pregnancy fatigue was a significant determinant of both antenatal care and the place of delivery. Older age (OR 2.43; 95% CI 1.12-5.29), low income (OR 2.01; 95% CI 1.00-3.74), pregnancy complications of fever (OR 2.10; 95% CI 1.31-3.36), fetal malposition (OR 2.01; 95% CI 1.19-3.38), and fatigue (OR 3.63; 95% CI 1.27-10.38) were significantly related to four or more ANC visits. Maternal education (OR 2.14; 95% CI 1.35-3.38), paternal education (OR 1.62; 95% CI 1.02-2.57), income level (OR 2.06; 95% CI 1.12-3.79), insurance coverage (OR 1.68; 95% CI 1.11-2.53), and presence of pregnancy complications such as fever (OR 2.03; 95% CI 1.33-3.10), convulsion (OR 7.74; 95% CI 1.81-32.98), swollen limbs (OR 11.37; 95% CI 1.51-85.45), and fatigue (OR 3.65; 95% CI 1.50-8.85) were significantly related to the place of delivery. Utilization of maternal healthcare services among adolescent mothers was determined by not only socioeconomic factors but also pregnancy complications. These factors should be considered to improve the accessibility, availability, and affordability of healthcare utilization among pregnant adolescents.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.3390/healthcare11050678
ER -

TY - JOUR

AN - rayyan-504930594

TI - Neonatal Outcomes in the Birth Center Setting: A Systematic Review.

Y1 - 2018

Y2 - 1

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 63

IS - 1

SP - 68-89

AU - Phillippi JC

AU - Danhausen K

AU - Alliman J

AU - Phillippi RD

UR - <https://pubmed.ncbi.nlm.nih.gov/29419926/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - *Delivery, Obstetric

KW - Developed Countries

KW - Female

KW - Humans

KW - Infant

KW - *Infant Health

KW - *Infant Mortality

KW - Infant, Newborn

KW - Labor, Obstetric

KW - Pregnancy

KW - *Pregnancy Outcome

AB - INTRODUCTION: This systematic review investigates the effect of the birth center setting on neonatal mortality in economically developed countries to aid women and clinicians in decision making. METHODS: We searched the Google Scholar, CINAHL, and PubMed databases using key terms birth/birthing center or out of hospital with perinatal/neonatal outcomes. Ancestry searches identified additional studies, and an alert was

set for new publications. We included primary source studies in English, published after 1980, conducted in a developed country, and researching planned birth in centers with guidelines similar to American Association of Birth Centers standards. After initial review, we conducted a preliminary analysis, assessing which measures of neonatal health, morbidity, and mortality were included across studies. RESULTS: Neonatal mortality was selected as the sole summary measure as other measures were sporadically reported or inconsistently defined. Seventeen studies were included, representing at least 84,500 women admitted to a birth center in labor. There were substantial differences of study design, sampling techniques, and definitions of neonatal outcomes across studies, limiting conclusive statements of the effect of intrapartum care in a birth center. No reviewed study found a statistically increased rate of neonatal mortality in birth centers compared to low-risk women giving birth in hospitals, nor did data suggest a trend toward higher neonatal mortality in birth centers. As in all birth settings, nulliparous women, women aged greater than 35 years, and women with pregnancies of more than 42 weeks' gestation may have an increased risk of neonatal mortality. DISCUSSION: There are substantial flaws in the literature concerning the effect of birth center care on neonatal outcomes. More research is needed on subgroups at risk of poor outcomes in the birth center environment. To expedite research, consistent use of national and international definitions of perinatal and neonatal mortality within data registries and greater detail on adverse outcomes would be beneficial.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.12701

ER -

TY - JOUR

AN - rayyan-504930595

TI - Intrapartum care in the twenty-first century.

Y1 - 2002

Y2 - 12

T2 - The Nursing clinics of North America

SN - 0029-6465 (Print)

J2 - Nurs Clin North Am

VL - 37

IS - 4

SP - 771-9

AU - Reale B

AV - School of Nursing, University of Pennsylvania, 420 Guardian Drive, Philadelphia, PA 19104, USA.

realeb@nursing.upenn.edu

UR - <https://pubmed.ncbi.nlm.nih.gov/12587374/>

LA - eng

CY - United States

KW - Delivery, Obstetric/methods/*trends

KW - Evidence-Based Medicine

KW - Female

KW - Humans

KW - Midwifery/methods/*trends

KW - Nurse's Role

KW - Pregnancy

KW - United States

AB - Women will continue seeking obstetrical care from nurses, midwives, and physicians throughout the twenty-first century. In many areas of the country, they will be able to find a midwife who will assist them in having a very personal birth experience. The ACNM remains committed to producing more midwives. More midwives may mean that practitioners educated in normal pregnancy will attend the vast majority of normal births, freeing physician colleagues to best use their skills and expertise in caring for women with medical and obstetrical problems. As most midwives are likely to continue working in hospital settings, those settings will continue to change, offering women more of the comforts and amenities of home. Home birth and water birth may continue to be available with midwives in attendance, though the forces of economics and insurers may restrict the availability of these options for women. Women desiring care in a birth center may find it difficult to locate one within a reasonable distance. The in-hospital "birthing suite", with a midwife in attendance, will be the most likely setting for the vast majority of midwifery attended births. A collection of more evidence through research will stir debate amongst health care providers. Increased access to that

information will bring consumers into the debate as well. In the twenty-first century, information will be a very powerful force of change in obstetrical health care. In recent years, legal liability and economics have strongly influenced obstetrical practice. Though this may continue to be true, the impact of more evidence on which to base practice, and the new access that women have to that information, will undoubtedly affect the way care is delivered. A central slogan of the ACNM is "Listen to Women". That will happen more than ever in the twenty-first century. There will be more midwives, more evidence to support midwifery care, and more women learning that birth can and should be a personal, healthy, and empowering experience. These women will seek midwives who practice wisely, blending science with art and intuition. They will learn that the childbirth wisdom that has been passed down through the ages, from woman to midwife to healer to nurse and to midwife, again, delivers the birth experience back to the mother and the healthy baby to the world [3,7].

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.1016/s0029-6465(02)00022-1

ER -

TY - JOUR

AN - rayyan-504930596

TI - Preferences for birth center care in the Netherlands: an exploration of ethnic differences.

Y1 - 2017

Y2 - 3

Y3 - 6

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 17

IS - 1

SP - 79

AU - Lescure D

AU - Schepman S

AU - Batenburg R

AU - Wiegers TA

AU - Verbakel E

AV - NIVEL, Utrecht, The Netherlands. dominiquelescore2401@gmail.com.; Ministry of Health, The Hague, The Netherlands.; NIVEL, Utrecht, The Netherlands.; NIVEL, Utrecht, The Netherlands.; Radboud University, Nijmegen, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/28264660/>

LA - eng

CY - England

KW - Adult

KW - *Birthing Centers

KW - Educational Status

KW - *Ethnicity

KW - Female

KW - Humans

KW - Linear Models

KW - Midwifery

KW - Morocco/ethnology

KW - Netherlands

KW - *Patient Preference

KW - Pregnancy

KW - Prenatal Care

KW - Socioeconomic Factors

KW - Suriname/ethnology

KW - Surveys and Questionnaires

KW - Turkey/ethnology

KW - Young Adult

AB - BACKGROUND: To examine the preferences for comprehensive services and facilities in a new proposed

birth center which will be established in a large Dutch city, specifically among pregnant women from different ethnic backgrounds. METHODS: The analyses of this study were based on a survey among 200 pregnant women living in The Hague, the Netherlands in 2011. Multiple linear regression was applied to analyze if preferences differ by ethnic background, controlling for various other predictors. RESULTS: Pregnant women had relatively strong preferences for comprehensive services and facilities to be offered by the new proposed birth center compared to both other dimensions of birth center care: extensive practical information and comfortable accommodation. With regard to ethnic differences, non-Dutch women had higher preferences for comprehensive care compared to Dutch women. This difference between Dutch and non-Dutch women increased with their level of education. CONCLUSIONS: Especially for non-Dutch women, birth centers that are able to provide comprehensive services and facilities can potentially be a good setting in which to give birth compared to hospitals or at home. In particular, higher educated non-Dutch women had a preference for the personalized care that could be offered by this new birth center.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12884-017-1254-3

ER -

TY - Comparative Study

AN - rayyan-504930597

TI - Cesarean Outcomes in US Birth Centers and Collaborating Hospitals: A Cohort Comparison.

Y1 - 2017

Y2 - 1

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 62

IS - 1

SP - 40-48

AU - Thornton P

AU - McFarlin BL

AU - Park C

AU - Rankin K

AU - Schorn M

AU - Finnegan L

AU - Stapleton S

UR - <https://pubmed.ncbi.nlm.nih.gov/27926797/>

LA - eng

CY - United States

KW - Adult

KW - *Birthing Centers

KW - *Cesarean Section

KW - Cohort Studies

KW - Female

KW - Hospitalization

KW - *Hospitals

KW - Humans

KW - Logistic Models

KW - Maternal Health Services

KW - Midwifery

KW - Odds Ratio

KW - Pregnancy

KW - Risk Factors

KW - United States

KW - Young Adult

AB - INTRODUCTION: High rates of cesarean birth are a significant health care quality issue, and birth centers have shown potential to reduce rates of cesarean birth. Measuring this potential is complicated by lack of randomized trials and limited observational comparisons. Cesarean rates vary by provider type, setting, and clinical and nonclinical characteristics of women, but our understanding of these dynamics is

incomplete. METHODS: We sought to isolate labor setting from other risk factors in order to assess the effect of birth centers on the odds of cesarean birth. We generated low-risk cohorts admitted in labor to hospitals (n = 2527) and birth centers (n = 8776) using secondary data obtained from the American Association of Birth Centers (AABC). All women received prenatal care in the birth center and midwifery care in labor, but some chose hospital admission for labor. Analysis was intent to treat according to site of admission in spontaneous labor. We used propensity score adjustment and multivariable logistic regression to control for cohort differences and measured effect sizes associated with setting. RESULTS: There was a 37% (adjusted odds ratio [OR], 0.63; 95% confidence interval [CI], 0.50-0.79) to 38% (adjusted OR, 0.62; 95% CI, 0.49-0.79) decreased odds of cesarean in the birth center cohort and a remarkably low overall cesarean rate of less than 5% in both cohorts. DISCUSSION: These findings suggest that low rates of cesarean in birth centers are not attributable to labor setting alone. The entire birth center care model, including prenatal preparation and relationship-based midwifery care, should be studied, promoted, and implemented by policy makers interested in achieving appropriate cesarean rates in the United States.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.12553

ER -

TY - JOUR

AN - rayyan-504930598

TI - Strategies to Promote Postpartum Visit Attendance Among Medicaid Participants.

Y1 - 2019

Y2 - 9

T2 - Journal of women's health (2002)

SN - 1931-843X (Electronic)

J2 - J Womens Health (Larchmt)

VL - 28

IS - 9

SP - 1246-1253

AU - Rodin D

AU - Silow-Carroll S

AU - Cross-Barnet C

AU - Courtot B

AU - Hill I

AV - Health Management Associates, New York, New York.; Health Management Associates, New York, New York.; Research and Rapid-Cycle Evaluation Group, Center for Medicare and Medicaid Innovation (CMMI), Centers for Medicare and Medicaid Services, Baltimore, Maryland.; Health Policy Center, The Urban Institute, Washington, District of Columbia.; Health Policy Center, The Urban Institute, Washington, District of Columbia.

UR - <https://pubmed.ncbi.nlm.nih.gov/31259648/>

LA - eng

CY - United States

KW - Continuity of Patient Care/*standards

KW - Female

KW - Focus Groups

KW - *Health Promotion

KW - Health Services Accessibility

KW - Humans

KW - Infant, Newborn

KW - *Medicaid

KW - *Postnatal Care

KW - Postpartum Period

KW - Prenatal Care/standards

KW - Program Evaluation

KW - Qualitative Research

KW - United States

KW - Medicaid

AB - Background: Postpartum care is important for promoting maternal and infant health and well-being.

Nationally, less than 60% of Medicaid-enrolled women attend their postpartum visit. The Strong Start for Mothers and Newborns II Initiative, an enhanced prenatal care program, intended to improve birth outcomes among Medicaid beneficiaries, enrolled 45,599 women, and included a variety of approaches to increasing engagement in postpartum care. Methods: This study analyzes qualitative case studies that include coded notes from 739 interviews with 1,074 key informants and 133 focus groups with 951 women; 4 years of annual memos capturing activities by each of 27 awardees and 24 Birth Center sites; and a review of interview and survey data from Medicaid officials in 20 states. Results: Strong Start prenatal care included education and support regarding postpartum care and concerns. Key informants identified Strong Start services and other strategies they perceived as increasing access to postpartum care, including provider and/or care coordinator continuity across prenatal, delivery, and postpartum visits; efforts to address information gaps and link women to appropriate resources; enhancing services to meet needs such as treatment for depression; addressing barriers related to transportation and childcare; and aligning incentives to encourage prioritization of postpartum care among patients and providers. They also identified ongoing barriers to postpartum visit attendance. Conclusions: Postpartum care is essential to maternal and infant health. Medicaid enrolls many high-risk women and is the largest payer for postpartum care. Using lessons from Strong Start, providers who serve Medicaid-enrolled women can advance strategies to improve postpartum visit access and attendance.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1089/jwh.2018.7568
ER -

TY - JOUR

AN - rayyan-504930600

TI - Prevalence of Perineal Lacerations in Women Giving Birth at Midwife-Led Birth Centers in Japan: A Retrospective Descriptive Study.

Y1 - 2015

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 60

IS - 4

SP - 419-27

AU - Suto M

AU - Takehara K

AU - Misago C

AU - Matsui M

UR - <https://pubmed.ncbi.nlm.nih.gov/26255802/>

LA - eng

CY - United States

KW - Adult

KW - *Birthing Centers

KW - *Delivery, Obstetric

KW - Female

KW - Humans

KW - Japan/epidemiology

KW - Lacerations/*epidemiology

KW - *Midwifery

KW - Obstetric Labor Complications/*epidemiology/etiology

KW - Parity

KW - Perineum/*injuries

KW - Pregnancy

KW - Prevalence

KW - Retrospective Studies

KW - Risk Factors

KW - Midwifery

KW - Japan

AB - INTRODUCTION: Perineal lacerations during birth can cause ongoing physical, psychological, and social problems. However, the prevalence of lacerations following normal spontaneous vaginal birth in women with low-risk pregnancies is unknown. We investigated the prevalence of perineal lacerations and factors associated with lacerations among low-risk Japanese women who had normal spontaneous vaginal births. METHODS: Pregnant women who were cared for between January 1, 2008, and June 30, 2011, in 3 midwife-led birth centers in Tokyo, Japan, where invasive medical interventions are rarely applied, were included. We investigated the prevalence of perineal lacerations and conducted univariate and multivariate analyses on the relationship between the prevalence of lacerations and selected maternal and neonatal characteristics. RESULTS: A total of 1881 pregnant women had initial antenatal care at one of the 3 study sites. Of these, 1521 were eligible for inclusion. Intact perineum rates were 49.5% (209/422) and 69.9% (768/1099) in nulliparous and multiparous women, respectively. First-degree lacerations occurred in 36.7% (155/422) of nulliparous women and 27.1% (298/1099) of multiparous women, and second-degree lacerations occurred in 13.5% (57/422) of nulliparous women and 3.0% (33/1099) of multiparous women. One multiparous woman experienced a third-degree laceration (0.1%). No women suffered fourth-degree or cervical lacerations. Logistic regression analyses showed that older age (≥ 35 years), the hands-and-knees position, and using a birthing chair during birth increased the risk of perineal laceration both in nulliparous and in multiparous women. In addition, waterbirths increased the risk of perineal laceration in multiparous women. DISCUSSION: In normal spontaneous vaginal births among a low-risk population, it is possible to avoid episiotomy and achieve a high rate of intact perineum, with few second-degree and third-degree lacerations. N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"} DO - 10.1111/jmwh.12324 ER -

TY - JOUR
AN - rayyan-504930601
TI - The opportunity costs of birth in Australia: Hospital resource savings for a post-COVID-19 era.
Y1 - 2021
Y2 - 6
T2 - Birth (Berkeley, Calif.)
SN - 1523-536X (Electronic)
J2 - Birth
VL - 48
IS - 2
SP - 274-282
AU - Callander EJ
AU - Bull C
AU - McInnes R
AU - Toohill J
AV - Faculty of Medicine, Nursing and Health Sciences, School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia.; School of Nursing and Midwifery, Griffith University, Gold Coast, QLD, Australia.; School of Nursing and Midwifery, Griffith University, Gold Coast, QLD, Australia.; Clinical Excellence Division, Queensland Health, Brisbane, QLD, Australia.
UR - <https://pubmed.ncbi.nlm.nih.gov/33580537/>
LA - eng
CY - United States
KW - Adult
KW - Australia/epidemiology
KW - *Birthing Centers/economics/statistics & numerical data
KW - *COVID-19/epidemiology/prevention & control
KW - Cesarean Section/statistics & numerical data
KW - Cost Savings/methods
KW - Delivery, Obstetric/economics/methods
KW - Female
KW - *Health Care Rationing/methods/statistics & numerical data
KW - *Home Childbirth/economics/statistics & numerical data
KW - Humans
KW - Infant, Newborn

KW - Models, Theoretical

KW - Needs Assessment

KW - Pregnancy

KW - SARS-CoV-2

KW - Australia

AB - BACKGROUND: COVID-19 caused significant disruptions to health systems globally; however, restricting the family presence during birth saw an increase in women considering community birth options. This study aimed to quantify the hospital resource savings that could occur if all low-risk women in Australia gave birth at home or in birth centers. METHODS: A whole-of-population linked administrative data set containing all women (n = 44 498) who gave birth in Queensland, Australia, between 01/07/2012 and 30/06/2015 was reweighted to represent all Australian women giving birth in 2017. A static microsimulation model of woman and infant health service resource use was created based on 2017 data. The model was comprised of a base model, representing "current" care, and a counterfactual model, representing hypothetical scenarios where all low-risk Australian women gave birth at home or in birth centers. RESULTS: If all low-risk women gave birth at home in 2017, cesarean rates would have reduced from 13.4% to 2.7%. Similarly, there would have been 860 fewer inpatient bed days and 10.1 fewer hours of women's intensive care unit time per 1000 births. If all women gave birth in birth centers, cesarean rates would have reduced to 6.7%. In addition, over 760 inpatient bed days would have been saved along with 5.6 hours of women's intensive care unit time per 1000 births. CONCLUSIONS: Significant health resource savings could occur by shifting low-risk births from hospitals to home birth and birth center services. Greater examination of Australian women's preferences for home birth and birth center birth models of care is needed.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Economics,wrong outcome

DO - 10.1111/birt.12538

ER -

TY - JOUR

AN - rayyan-504930605

TI - Trends in facility-based childbirth and barriers to care at a birth center and community hospital in rural Chiapas, Mexico: A mixed-methods study.

Y1 - 2023

Y2 - 1

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 116

SP - 103507

AU - Truong S

AU - Montaña M

AU - Sullivan MM

AU - Macias V

AU - Flores H

AU - Mata H

AU - Molina RL

AV - Harvard Medical School, 25 Shattuck St., Boston, MA 02115, USA. Electronic address: samanthatruong@companerosensalud.mx.; Compañeros En Salud (Partners In Health-Mexico), Calle Primera Poniente Sur #25, Ángel Albino Corzo, Chiapas, Mexico, 30370.; Harvard T.H. Chan School of Public Health, FXB Center for Health and Human Rights, 677 Huntington Avenue Boston, MA 02115, USA.; Compañeros En Salud (Partners In Health-Mexico), Calle Primera Poniente Sur #25, Ángel Albino Corzo, Chiapas, Mexico, 30370.; Harvard Medical School, 25 Shattuck St., Boston, MA 02115, USA; Compañeros En Salud (Partners In Health-Mexico), Calle Primera Poniente Sur #25, Ángel Albino Corzo, Chiapas, Mexico, 30370; Brigham and Women's Hospital, Division of Global Health Equity, 75 Francis St, Boston, MA 02115, USA.; Compañeros En Salud (Partners In Health-Mexico), Calle Primera Poniente Sur #25, Ángel Albino Corzo, Chiapas, Mexico, 30370.; Harvard Medical School, 25 Shattuck St., Boston, MA 02115, USA; Department of Obstetrics and Gynecology, Division of Global and Community Health, Beth Israel Deaconess Medical Center, 330 Brookline Ave, Kirstein 3, Boston, MA 02215, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/36288677/>

LA - eng
CY - Scotland
KW - Pregnancy
KW - Infant, Newborn
KW - Female
KW - Humans
KW - Male
KW - *Birthing Centers
KW - Hospitals, Community
KW - Retrospective Studies
KW - Parturition
KW - Delivery, Obstetric
KW - Rural Population
KW - *Maternal Health Services
KW - Health Services Accessibility
KW - *Home Childbirth
KW - Qualitative Research
KW - Hospitals, Rural
AB - OBJECTIVE: To assess trends in childbirth at a hospital-birth center among women living in Compañeros En Salud (CES)-affiliated communities in Chiapas, Mexico and explore barriers to childbirth care. Our hypothesis was that despite interventions to support and incentivize childbirth at the hospital-birth center, the proportion of births at the hospital-birth center among women from Compañeros En Salud-affiliated communities has not significantly changed after two years. We suspected that this may be due to structural factors impacting access to care and/or perceptions of care impacting desire to deliver at the birth center. DESIGN: This explanatory mixed-methods study included a retrospective Compañeros En Salud maternal health census review followed by quantitative surveys and semi-structured qualitative interviews. PARTICIPANTS AND SETTING: Participants were women living in municipalities in the mountainous Sierra Madre region of Chiapas, Mexico who received prenatal care in one of 10 community clinics served by Compañeros En Salud. Participants were recruited if they gave birth anywhere other than the primary-level rural hospital and adjacent birth center supported by Compañeros En Salud, either at home or at other facilities. MEASUREMENTS: We compared rates of birth at the hospital-birth center, other health facilities, and at home from 2017-2018. We conducted surveys and interviews with women who gave birth between January 2017-July 2018 at home or at facilities other than the hospital-birth center to understand perceptions of care and decision-making surrounding childbirth location. FINDINGS: We found no significant difference in rates of overall number of women birthing at the hospital-birth center from Compañeros En Salud-affiliated communities between 2017 and 2018 ($p=0.36$). Analysis of 158 surveys revealed distance (30.4%), time (27.8%), and costs (25.9%) as reasons for not birthing at the hospital-birth center. From 27 interviews, negative perceptions and experiences of the hospital included low-quality and disrespectful care, low threshold for medical interventions, and harm and suffering. Partners or family members influenced most decisions about childbirth location. KEY CONCLUSIONS: Interventions to minimize logistical barriers may not be sufficient to overcome distance and perceptions of low-quality, disrespectful care. IMPLICATIONS FOR PRACTICE: Better understanding of complex decision-making around childbirth will guide Compañeros En Salud in developing interventions to further meet the needs and preferences of birthing women in rural Chiapas.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center
DO - 10.1016/j.midw.2022.103507
ER -

TY - JOUR
AN - rayyan-504930606
TI - Utilizing a Video-Based Learning Platform for Teaching Breastfeeding Medicine.
Y1 - 2022
Y2 - 11
T2 - Cureus
SN - 2168-8184 (Print)
J2 - Cureus

VL - 14
 IS - 11
 SP - e31327
 AU - Hammond JD 2nd
 AU - Brucker J
 AU - Seul L
 AU - Adler M
 AU - Higgins Joyce A
 AV - Pediatrics, Northwestern University Feinberg School of Medicine, Chicago, USA.; Medical Education, Northwestern University Feinberg School of Medicine, Chicago, USA.; Medical Education, Northwestern University Feinberg School of Medicine, Chicago, USA.; Pediatrics, Northwestern University Feinberg School of Medicine, Chicago, USA.; Pediatrics, Northwestern University Feinberg School of Medicine, Chicago, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/36514579/>
 LA - eng
 CY - United States
 KW - Breast Feeding
 AB - The American Academy of Pediatrics (AAP) supports exclusive breastfeeding of infants. However, conversations surrounding breastfeeding can be sensitive in nature and cause discomfort for both learners and parents. Additionally, bedside teaching of breastfeeding medicine is a relatively large time commitment which can be difficult for learners rotating through busy delivery centers. These factors along with others have led to known knowledge gaps in medical students, residents, fellows, and even attending knowledge of skill-based breastfeeding competencies supported by the AAP. We aimed to address these gaps by creating a video-based breastfeeding education module working in collaboration with certified lactation consultants at the largest birthing center in Illinois, United States. This technical report describes the utilization of Panopto audio-visual software (Panopto Inc., Seattle, Washington, United States) to successfully create a video-based curriculum for teaching breastfeeding medicine.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.7759/cureus.31327
 ER -

 TY - JOUR
 AN - rayyan-504930607
 TI - Social Determinants of Health and their influence on the choice of birth control methods.
 Y1 - 2019
 Y2 - 8
 Y3 - 19
 T2 - Revista brasileira de enfermagem
 SN - 1984-0446 (Electronic)
 J2 - Rev Bras Enferm
 VL - 72
 IS - 4
 SP - 1044-1051
 AU - Ferreira HLOC
 AU - Barbosa DFF
 AU - Aragão VM
 AU - Oliveira TMF
 AU - Castro RCMB
 AU - Aquino PS
 AU - Pinheiro AKB
 AV - Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.; Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.; Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.; Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.; Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.; Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31432964/>
 LA - ["eng", "por"]
 CY - Brazil
 KW - Adolescent

KW - Adult
KW - Birthing Centers/organization & administration/statistics & numerical data
KW - Brazil
KW - *Choice Behavior
KW - Contraception Behavior/*psychology/statistics & numerical data
KW - Contraceptive Agents/*therapeutic use
KW - Cross-Sectional Studies
KW - Female
KW - Humans
KW - Retrospective Studies
KW - Social Determinants of Health/*statistics & numerical data
KW - Social Determinants of Health
AB - OBJECTIVE: To verify the association between Social Determinants of Health and birth control methods used by women of childbearing age. METHODS: Documentary and retrospective study, performed at a Brazilian Natural Birth Center with evaluation of the medical records of patients seen between 2003 and 2011 (n=2410). Data were collected on identification and general history, gynecological, sexual and obstetric. RESULTS: Hormone birth control methods were the most used among participants (25.0%); followed by barrier methods (21.5%) and surgical methods (19.3%). Statistical associations were observed regarding age, menarche, onset of sexual activity, pregnancy, miscarriage, smoking, hypertension, marital status, gynecological care and schooling with the choice of methods. CONCLUSION: The results confirm the importance of studies involving Social Determinants of Health, since they interfere in the way women choose birth control methods and the risks that this choice may pose to their health.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1590/0034-7167-2017-0574
ER -

TY - JOUR
AN - rayyan-504930608
TI - Pregnancy and ischemic stroke: a practical guide to management.
Y1 - 2018
Y2 - 2
T2 - Current opinion in neurology
SN - 1473-6551 (Electronic)
J2 - Curr Opin Neurol
VL - 31
IS - 1
SP - 44-51
AU - van Alebeek ME
AU - de Heus R
AU - Tuladhar AM
AU - de Leeuw FE
AV - Department of Neurology, Radboud University Medical Center, Donders Institute for Brain Cognition and Behaviour, Nijmegen.; Division of Woman and Baby, University Utrecht Medical Center, Birth Center, Utrecht, The Netherlands.; Department of Neurology, Radboud University Medical Center, Donders Institute for Brain Cognition and Behaviour, Nijmegen.; Department of Neurology, Radboud University Medical Center, Donders Institute for Brain Cognition and Behaviour, Nijmegen.
UR - <https://pubmed.ncbi.nlm.nih.gov/29120921/>
LA - eng
CY - England
KW - Brain Ischemia/diagnosis/*therapy
KW - Female
KW - Humans
KW - Pregnancy
KW - Pregnancy Complications, Cardiovascular/diagnosis/*therapy
KW - Puerperal Disorders/diagnosis/*therapy
KW - Stroke/diagnosis/*therapy
KW - Stroke

AB - PURPOSE OF REVIEW: Ischemic stroke during pregnancy or the puerperium is a devastating disease during a crucial period in life and warrants a specific approach. To date, current practice is mainly based on expert opinion because of a lack of randomized controlled trials and high-quality observational studies. The present review is intended as a practical guide to (acute) management of ischemic stroke during pregnancy and puerperium. RECENT FINDINGS: Recent findings showed that the incidence of stroke during pregnancy is rising. In 2014, the first guideline for the prevention of stroke in women was released, however on many (pregnancy) related topics the evidence was too scarce to make clear evidence-based recommendations.

SUMMARY: The risk of ischemic stroke is elevated especially from the third trimester until 6 weeks postpartum. MRI is the most accurate and well tolerated diagnostic option but low-dose CT-head is a valid alternative. Reperfusion therapies should not be withheld from a pregnant woman with moderate-to-severe stroke when benefits outweigh the risk. Aspirin up to 150mg daily is considered well tolerated during pregnancy and lactation period. Multidisciplinary care is essential when counseling these women in the acute and later stages.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1097/WCO.0000000000000522

ER -

TY - JOUR

AN - rayyan-504930609

TI - First-time mothers' satisfaction with their birth experience - a cross-sectional study.

Y1 - 2019

Y2 - 12

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 79

SP - 102540

AU - Johansson C

AU - Finnbogadóttir H

AV - Department of Obstetrics and Gynaecology, Ystad Hospital, Kristianstadsvägen 3, Ystad 271 33, Sweden. Electronic address: christel.x.johansson@skane.se.; Faculty of Health and Society, Department of Care Science, Malmö University, Malmö, Sweden.

UR - <https://pubmed.ncbi.nlm.nih.gov/31580998/>

LA - eng

CY - Scotland

KW - Adolescent

KW - Adult

KW - Cross-Sectional Studies

KW - Delivery, Obstetric/*psychology

KW - Female

KW - Humans

KW - Middle Aged

KW - *Parity

KW - *Patient Satisfaction

KW - Pregnancy

KW - Retrospective Studies

KW - Surveys and Questionnaires

KW - Sweden

KW - Visual Analog Scale

KW - Young Adult

KW - Cesarean Section

AB - OBJECTIVE: To explore first-time mothers' satisfaction with their birth experience using Visual Analog Scale and to identify possible risk factors for a negative birth experience. DESIGN: A cross-sectional design using retrospective data collection from electronic medical files. SETTING: A birthing center in southern Sweden, which has approximately 1400 births annually. PARTICIPANTS: Primiparous women (N = 584) who gave birth during 2017. The cut-off point for a negative birth experience was set as ≤ 4 on the Visual Analog

Scale. MEASUREMENTS AND FINDINGS: The mean age of the women was 29 years (SD 5.1; range 16-47 years). Prevalence of a negative birth experience was 9.6%. The strongest risk factors for a negative birth experience were having obstetric anal sphincter injuries (AOR 2.8 CI 95% 1.1-7.2) and oxytocin augmentation started in the first stage of labor (AOR 2.2 CI 95% 1.1-4.4). KEY CONCLUSIONS: Women who had their labours augmented with oxytocin or sustained an anal sphincter injury were statistically significantly more likely to have a negative birth experience. However, it is uncertain whether the women scored pain experience or birth experience when they reported their satisfaction on the Visual Analog Scale; further investigation is required. IMPLICATIONS FOR PRACTICE: It is important to use a reliable and validated instrument to measure birth experience in order to promote respectful and supportive care for new mothers.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1016/j.midw.2019.102540
ER -

TY - JOUR
AN - rayyan-504930610
TI - Telemedicine for neonatal resuscitation.
Y1 - 2014
Y2 - 9
T2 - Neonatal network : NN
SN - 1539-2880 (Electronic)
J2 - Neonatal Netw
VL - 33
IS - 5
SP - 283-7
AU - Scheans P
UR - <https://pubmed.ncbi.nlm.nih.gov/25161137/>
LA - eng
CY - United States
KW - *Clinical Competence
KW - *Communication
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Neonatal Nursing/*organization & administration
KW - Patient Care Team/*organization & administration
KW - *Patient Safety
KW - Resuscitation/*nursing
KW - Telemedicine/*organization & administration
KW - United States
KW - Telemedicine

AB - Maintaining high levels of readiness for neonatal resuscitation in low-risk maternity settings is challenging. The neonatal resuscitation program (NRP) algorithm is a community standard in the United States; yet training is biannual, and exposure to enough critical events to be proficient at timely implementation of the algorithm and the advanced procedures is rare. Evidence supports hands-free leadership to help prevent task saturation and communication to promote patient safety. Telemedicine for neonatal resuscitation involves the addition of remote, expert NRP leadership (a NICU-based neonatal nurse practitioner) via camera link to augment effectiveness of the low-risk birth center team. Unanticipated outcomes to report include faster times to transfer initiation and neuroprotective cooling. The positive impact of remote NRP leadership could lead to use of telemedicine to support teams at birthing centers throughout the United States as well as around the world.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1891/0730-0832.33.5.283
ER -

TY - JOUR
AN - rayyan-504930612
TI - The characteristics of women who birth at home, in a birth centre or in a hospital labour ward: A study

of a nationally-representative sample of 1835 pregnant women.

Y1 - 2015

Y2 - 10

T2 - Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives

SN - 1877-5764 (Electronic)

J2 - Sex Reprod Healthc

VL - 6

IS - 3

SP - 132-7

AU - Steel A

AU - Adams J

AU - Frawley J

AU - Broom A

AU - Sibbritt D

AV - Office of Research, Endeavour College of Natural Health, Level 2, 269 Wickham St, Fortitude Valley, QLD 4006, Australia; Australian Research Centre in Complementary and Integrative Medicine, Faculty of Health, University of Technology Sydney, 235-253 Jones St, Ultimo, NSW 2006, Australia. Electronic address: amie.steel@uts.edu.au.; Office of Research, Endeavour College of Natural Health, Level 2, 269 Wickham St, Fortitude Valley, QLD 4006, Australia.; Office of Research, Endeavour College of Natural Health, Level 2, 269 Wickham St, Fortitude Valley, QLD 4006, Australia.; School of Social Sciences, The University of New South Wales, Sydney, NSW 2052, Australia.; Office of Research, Endeavour College of Natural Health, Level 2, 269 Wickham St, Fortitude Valley, QLD 4006, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/26842635/>

LA - eng

CY - Netherlands

KW - Adult

KW - Australia

KW - *Birthing Centers

KW - *Choice Behavior

KW - Cross-Sectional Studies

KW - Delivery, Obstetric/psychology

KW - Employment

KW - Female

KW - Health Knowledge, Attitudes, Practice

KW - *Home Childbirth

KW - *Hospitals

KW - Humans

KW - Insurance, Health

KW - Obstetric Labor Complications/psychology

KW - Pain Management

KW - Pregnancy

KW - Ethnic Groups

AB - OBJECTIVES: A woman's choice of birth setting can depend on a variety of factors including her preference, availability of services and legislative environment. However, examination of the characteristics of women in relation to their birth environment has been limited in scope and design. This study presents the comparative characteristics of women who birth at home, in a birth centre or in a standard hospital setting. METHODS: Cross-sectional survey of women (n = 2445) identified as pregnant or recently given birth in the 2009 survey of the "young" cohort (n = 8012) from the Australian Longitudinal Study on Women's Health. RESULTS: Women's birth setting was associated with a variety of factors including employment status, private health insurance, attitudes towards obstetric care, health status, use of intrapartum pain management, and adverse birth events. CONCLUSION: Women's choice of birth setting may be affected by factors such as government and institutional policy, personal values, and economic situation. The confluence of these factors for individual women can impact on the birth settings available to women and the corresponding choices they make. A clear understanding of these factors is important to ensure women access the most appropriate birth environment to achieve the best maternal and foetal health outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center

DO - 10.1016/j.srhc.2015.04.002

ER -

TY - JOUR

AN - rayyan-504930614

TI - Trends and state variations in out-of-hospital births in the United States, 2004-2017.

Y1 - 2019

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 46

IS - 2

SP - 279-288

AU - MacDorman MF

AU - Declercq E

AV - Maryland Population Research Center, University of Maryland, College Park, Maryland.; Community Health Sciences Department, Boston University School of Public Health, Boston, Massachusetts.

UR - <https://pubmed.ncbi.nlm.nih.gov/30537156/>

LA - eng

CY - United States

KW - Adolescent

KW - Adult

KW - Birth Certificates

KW - Birthing Centers/statistics & numerical data/*trends

KW - Delivery, Obstetric/economics/*statistics & numerical data

KW - Female

KW - Health Services Accessibility/*statistics & numerical data

KW - Home Childbirth/economics/statistics & numerical data/*trends

KW - Humans

KW - Infant, Newborn

KW - Medicaid/*economics

KW - Poisson Distribution

KW - Pregnancy

KW - Pregnancy Outcome

KW - Regression Analysis

KW - Socioeconomic Factors

KW - United States

KW - Young Adult

AB - BACKGROUND: Out-of-hospital births have been increasing in the United States, although past studies have found wide variations between states. Our purpose was to examine trends in out-of-hospital births, the risk profile of these births, and state differences in women's access to these births. METHODS: National birth certificate data from 2004 to 2017 were analyzed. Newly available national data on method of payment for the delivery (private insurance, Medicaid, self-pay) were used to measure access to out-of-hospital birth options. RESULTS: After a gradual decline from 1990 to 2004, the number of out-of-hospital births increased from 35 578 in 2004 to 62 228 in 2017. In 2017, 1 of every 62 births in the United States was an out-of-hospital birth (1.61%). Home births increased by 77% from 2004 to 2017, whereas birth center births more than doubled. Out-of-hospital births were more common in the Pacific Northwest and less common in the southeastern states such as Alabama, Louisiana, and Mississippi. Women with planned home and birth center births were less likely to have a number of population characteristics associated with poor pregnancy outcomes, including teen births, smoking during pregnancy, obesity, and preterm, low birthweight, and multiple births. More than 2/3 of planned home births were self-paid, compared with 1/3 of birth center and just 3% of hospital births, with large variations by state. CONCLUSIONS: Lack of insurance or Medicaid coverage is an important limiting factor for women desiring out-of-hospital birth in most states. Recent increases in out-of-hospital births despite important limiting factors highlight the strong motivation of some women to choose out-of-hospital birth.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1111/birt.12411

ER -

TY - JOUR

AN - rayyan-504930615

TI - Improving Compliance With Revised Newborn Hepatitis B Vaccination Policy.

Y1 - 2021

Y2 - 12

Y3 - 1

T2 - Hospital pediatrics

SN - 2154-1671 (Electronic)

J2 - Hosp Pediatr

AU - Pulsifer A

AU - Puopolo KM

AU - Skerritt L

AU - Dhudasia MB

AU - Pyle BA

AU - Schumacher A

AU - Mukhopadhyay S

AV - Division of Neonatology, Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania.; Pennsylvania Hospital, Philadelphia, Pennsylvania.; Division of Neonatology, Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania.; Center for Pediatric Clinical Effectiveness, Children's Hospital of Philadelphia Research Institute, Philadelphia, Pennsylvania.; Division of Neonatology, Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania.; Internal Medicine, College of Medicine, Drexel University, Philadelphia, Pennsylvania.; Division of Neonatology, Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania.; Center for Pediatric Clinical Effectiveness, Children's Hospital of Philadelphia Research Institute, Philadelphia, Pennsylvania.; Pennsylvania Hospital, Philadelphia, Pennsylvania.; Pennsylvania Hospital, Philadelphia, Pennsylvania.; Division of Neonatology, Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania.; Center for Pediatric Clinical Effectiveness, Children's Hospital of Philadelphia Research Institute, Philadelphia, Pennsylvania.; Division of Neonatology, Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania.

UR - <https://pubmed.ncbi.nlm.nih.gov/34808667/>

LA - eng

CY - United States

KW - Infant, Newborn

KW - Vaccination

AB - BACKGROUND: In September 2017, the American Academy of Pediatrics issued guidance recommending hepatitis B vaccine be administered to well newborns with birth weight ≥ 2000 g within 24 hours after birth. At that time, $\sim 85\%$ of well newborns were vaccinated before discharge at our center; however, only 35% were vaccinated within 24 hours after birth. Our aim was to vaccinate 70% of eligible newborns within 24 hours after birth by June 2018 while maintaining the overall rate of vaccination.

METHODS: A multidisciplinary improvement team analyzed existing vaccine administration processes in the well-newborn nursery. From October 2017 to January 2018, changes were made to activation of vaccine orders and to obtaining and documenting the consent processes. Vaccine administration was bundled with routine care given ≤ 24 hours after birth, and parent scripting was changed from offering vaccine as an option to stating it as a recommendation. From November 2016 to June 2019, we determined the overall rate and timing of vaccination using statistical process control methods. RESULTS: Among 10 887 eligible infants, the proportion administered hepatitis B vaccine ≤ 24 hours after birth increased from 35.5% to 78.8% after process changes with special-cause variation on process control charts. Proportion of infants receiving vaccine any time before discharge also increased from 86.5% to 92.3%. CONCLUSIONS: Specific process changes allowed our birth center to comply with the recommended timing for hepatitis B vaccination of ≤ 24 hours after birth among eligible newborns.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1542/hpeds.2021-005969

ER -

TY - JOUR

AN - rayyan-504930616

TI - What are the risk factors associated with hospital birth among women planning to give birth in a birth center in Washington State?

Y1 - 2018

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 45

IS - 2

SP - 130-136

AU - Stephenson-Famy A

AU - Masarie KS

AU - Lewis A

AU - Schiff MA

AV - Department of Obstetrics and Gynecology, Maternal-Fetal Medicine at University of Washington School of Medicine, Seattle, WA, USA.; Department of Obstetrics and Gynecology, Maternal-Fetal Medicine at University of Washington School of Medicine, Seattle, WA, USA.; University of Washington Medicine Northwest Hospital, Seattle, WA, USA.; Department of Epidemiology, University of Washington School of Public Health, Seattle, WA, USA.; Department of Obstetrics and Gynecology at University of Washington School of Medicine, Seattle, WA, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/29251376/>

LA - eng

CY - United States

KW - Adolescent

KW - Adult

KW - Birthing Centers/*statistics & numerical data

KW - Body Mass Index

KW - Delivery Rooms/*statistics & numerical data

KW - Female

KW - Humans

KW - Insurance, Health

KW - Logistic Models

KW - *Maternal Age

KW - Multivariate Analysis

KW - *Parity

KW - Pregnancy

KW - Pregnancy Complications

KW - Prenatal Care/economics

KW - Retrospective Studies

KW - Risk Factors

KW - Washington

KW - Young Adult

AB - BACKGROUND: Few studies have evaluated risk factors associated with hospital birth among women planning to give birth in a birth center in the United States. This study describes the obstetrical risk factors for hospital birth among women intending to deliver in a birth center in Washington State. METHODS: We performed a retrospective cohort study of Washington State birth certificate data for women with singleton, term pregnancies planning to give birth at a birth center from 2004 to 2011. We assessed risk factors for hospital birth including demographic, obstetrical, and medical characteristics. We used multivariable logistic regression to estimate the odds ratio (OR) and 95% confidence interval (CI) of the association between risk factors and hospital birth. RESULTS: Among the 7118 women planning to give birth at a birth center during the study period, 7% (N = 501) had a hospital birth, and 93% delivered at a birth center (N = 6617). The strongest risk factors for hospital transfer included nulliparity (OR 7.2 [95% CI 5.3-9.8]), maternal age >40 years (OR 3.7 [95% CI 2.1-6.7]), inadequate prenatal care (OR 3.7 [95% CI 2.7-5.0]), body mass index

≥30 (OR 2.1 [95% CI 1.6-3.0]), government health insurance (OR 9.3 [95% CI 5.0-17.1]), and hypertension (10.1 [95% CI 5.7-18.1]). Among nulliparous women, all of these demographic and obstetrical factors remained strongly associated with hospital birth. CONCLUSIONS: This information may be useful for counseling women who plan a birth center birth about the risk of hospital birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/birt.12329

ER -

TY - JOUR

AN - rayyan-504930617

TI - Each one unique.

Y1 - 2008

T2 - The Journal of perinatal education

SN - 1058-1243 (Print)

J2 - J Perinat Educ

VL - 17

IS - 4

SP - 4-7

AU - Boehme E

AV - ELAINE BOEHME is a stay-at-home mom to her two wonderful boys. Her family expects a third amazing birth experience at a local birth center in October.

UR - <https://pubmed.ncbi.nlm.nih.gov/19436530/>

LA - eng

CY - United States

KW - Tocopherols

AB - A young mother shares the stories of her two sons' births. Her first birth experience was complicated by muscle spasms and changes in her baby's heart rate during labor and, later, by medical problems with her baby in the days after birth. The mother's strength and commitment shine through at every twist and turn during labor and the days after her son's birth. Two years later, in contrast to her first son's birth, the mother's second son was born so quickly that labor presented a different set of challenges. The mother's confidence in birth and in herself are essential facets of the stories of the births of her two sons.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal

DO - 10.1624/105812408X364053

ER -

TY - JOUR

AN - rayyan-504930618

TI - Long-term renal and cardiovascular risk after preeclampsia: towards screening and prevention.

Y1 - 2016

Y2 - 2

T2 - Clinical science (London, England : 1979)

SN - 1470-8736 (Electronic)

J2 - Clin Sci (Lond)

VL - 130

IS - 4

SP - 239-46

AU - Paauw ND

AU - Luijken K

AU - Franx A

AU - Verhaar MC

AU - Lely AT

AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht 3584 CX, The Netherlands n.d.paauw-2@umcutrecht.nl.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht 3584 CX, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht 3584 CX, The Netherlands.; Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht 3584 CX, The Netherlands.; Department of Obstetrics, Wilhelmina Children's

Hospital Birth Center, University Medical Center Utrecht, Utrecht 3584 CX, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/26769659/>

LA - eng

CY - England

KW - Cardiovascular Diseases/diagnosis/epidemiology/physiopathology/*prevention & control

KW - Female

KW - Humans

KW - Incidence

KW - Kidney Failure, Chronic/diagnosis/epidemiology/physiopathology/*prevention & control

KW - Mass Screening/*methods/standards

KW - Practice Guidelines as Topic

KW - Pre-Eclampsia/diagnosis/*epidemiology/physiopathology

KW - Predictive Value of Tests

KW - Pregnancy

KW - *Preventive Health Services/standards

KW - Prognosis

KW - Risk Assessment

KW - Risk Factors

KW - Time Factors

KW - Pre-Eclampsia

AB - Preeclampsia (PE) is a hypertensive pregnancy disorder complicating up to 1-5% of pregnancies, and a major cause of maternal and fetal morbidity and mortality. In recent years, observational studies have consistently shown that PE carries an increased risk for the mother to develop cardiovascular and renal disease later in life. Women with a history of PE experience a 2-fold increased risk of long-term cardiovascular disease (CVD) and an approximate 5-12-fold increased risk of end-stage renal disease (ESRD). Recognition of PE as a risk factor for renal disease and CVD allows identification of a young population of women at high risk of developing of cardiovascular and renal disease. For this reason, current guidelines recommend cardiovascular screening and treatment for formerly preeclamptic women. However, these recommendations are based on low levels of evidence due to a lack of studies on screening and prevention in formerly preeclamptic women. This review lists the incidence of premature CVD and ESRD observed after PE and outlines observed abnormalities that might contribute to the increased CVD risk with a focus on kidney-related disturbances. We discuss gaps in current knowledge to guide optimal screening and prevention strategies. We emphasize the need for research on mechanisms of late disease manifestations, and on effective screening and therapeutic strategies aimed at reducing the late disease burden in formerly preeclamptic women.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Focus on pre-eclampsia

DO - 10.1042/CS20150567

ER -

TY - JOUR

AN - rayyan-504930619

TI - Using a Birth Center Model of Care to Improve Reproductive Outcomes in Informal Settlements-a Case Study.

Y1 - 2019

Y2 - 4

T2 - Journal of urban health : bulletin of the New York Academy of Medicine

SN - 1468-2869 (Electronic)

J2 - J Urban Health

VL - 96

IS - 2

SP - 208-218

AU - Wallace J

AV - Global Health Consultant, Baltimore, MD, USA. jmgwallace@gmail.com.

UR - <https://pubmed.ncbi.nlm.nih.gov/29869316/>

LA - eng

CY - United States

KW - Adult
 KW - Bangladesh
 KW - Birthing Centers/*standards/statistics & numerical data
 KW - Child
 KW - Female
 KW - Humans
 KW - Infant Care/*standards/statistics & numerical data
 KW - Infant, Newborn
 KW - Male
 KW - Maternal Health Services/*standards/statistics & numerical data
 KW - Mothers/*education
 KW - *Practice Guidelines as Topic
 KW - Pregnancy
 KW - Urban Population/*statistics & numerical data
 KW - Women's Health/*standards/statistics & numerical data
 AB - The world is becoming increasingly urban. For the first time in history, more than 50% of human beings live in cities (United Nations, Department of Economic and Social Affairs, Population Division, ed. (2015)). Rapid urbanization is often chaotic and unstructured, leading to the formation of informal settlements or slums. Informal settlements are frequently located in environmentally hazardous areas and typically lack adequate sanitation and clean water, leading to poor health outcomes for residents. In these difficult circumstances women and children fair the worst, and reproductive outcomes for women living in informal settlements are grim. Insufficient uptake of antenatal care, lack of skilled birth attendants and poor-quality care contribute to maternal mortality rates in informal settlements that far outpace wealthier urban neighborhoods (Chant and McIlwaine (2016)). In response, a birth center model of maternity care is proposed for informal settlements. Birth centers have been shown to provide high quality, respectful, culturally appropriate care in high resource settings (Stapleton et al. J Midwifery Women's Health 58(1):3-14, 2013; Hodnett et al. Cochrane Database Syst Rev CD000012, 2012; Brocklehurst et al. BMJ 343:d7400, 2011). In this paper, three case studies are described that support the use of this model in low resource, urban settings.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1007/s11524-018-0257-3
 ER -

 TY - JOUR
 AN - rayyan-504930620
 TI - Appendix: birth can safely take place at home and in birthing centers: the coalition for improving maternity services:
 Y1 - 2007
 T2 - The Journal of perinatal education
 SN - 1058-1243 (Print)
 J2 - J Perinat Educ
 VL - 16
 SP - 81S-8S
 AU - Leslie MS
 AU - Romano A
 AV - MAYRI SAGADY LESLIE is a faculty member in the School of Nursing at Georgetown University in Washington, DC. She is also a member of the CIMS Leadership Team. AMY ROMANO completed her nurse-midwifery training at Yale University School of Nursing and has practiced in a birth center and in the home setting. She is currently a resident expert and the Web site editor of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).
 UR - https://pubmed.ncbi.nlm.nih.gov/18523673/
 LA - eng
 CY - United States
 KW - Appendix
 AB - Although most women in the United States give birth in hospitals, a substantial body of research suggests that planned home birth or birth in freestanding birth centers have equally good or better outcomes for low-risk women. Out-of-hospital birth often facilitates mother-friendly care. Rationales and systematic

reviews of both home birth and freestanding birth center birth are presented.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1624/105812407X173236

ER -

TY - News

AN - rayyan-504930621

TI - A freestanding birthing center trumps hospitals.

Y1 - 2013

Y2 - 8

T2 - The American journal of nursing

SN - 1538-7488 (Electronic)

J2 - Am J Nurs

VL - 113

IS - 8

SP - 17

AU - Potera C

UR - <https://pubmed.ncbi.nlm.nih.gov/23883985/>

LA - eng

CY - United States

KW - Birthing Centers/*statistics & numerical data

KW - District of Columbia

KW - Female

KW - Humans

KW - Nurse Midwives

KW - Pregnancy

KW - Quality of Health Care

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type

DO - 10.1097/01.NAJ.0000432948.27150.80

ER -

TY - Comparative Study

AN - rayyan-504930622

TI - Potential Medicaid cost savings from maternity care based at a freestanding birth center.

Y1 - 2014

T2 - Medicare & medicaid research review

SN - 2159-0354 (Electronic)

J2 - Medicare Medicaid Res Rev

VL - 4

IS - 3

AU - Howell E

AU - Palmer A

AU - Benatar S

AU - Garrett B

AV - The Urban Institute-Health Policy Center.; The Urban Institute-Health Policy Center.; The Urban Institute-Health Policy Center.; The Urban Institute-Health Policy Center.

UR - <https://pubmed.ncbi.nlm.nih.gov/25250198/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers/*economics/statistics & numerical data

KW - Cost Savings/*economics/statistics & numerical data

KW - Cost-Benefit Analysis/statistics & numerical data

KW - District of Columbia

KW - Female

KW - Humans

KW - Infant, Newborn
 KW - Maternal-Child Nursing/*economics/statistics & numerical data
 KW - Medicaid/*economics
 KW - Midwifery/*economics/statistics & numerical data
 KW - Poverty/*economics/statistics & numerical data
 KW - Pregnancy
 KW - United States
 KW - Young Adult
 KW - Cost Savings
 KW - Medicaid
 AB - OBJECTIVES: Medicaid pays for about half the births in the United States, at very high cost. Compared to usual obstetrical care, care by midwives at a birth center could reduce costs to the Medicaid program. This study draws on information from a previous study of the outcomes of birth center care to determine whether such care reduces Medicaid costs for low income women. METHODS: The study uses results from a study of maternal and infant outcomes at the Family Health and Birth Center in Washington, D.C. Costs to Medicaid are derived from birth center data and from other national sources of the cost of obstetrical care. RESULTS: We estimate that birth center care could save an average of \$1,163 per birth (2008 constant dollars), or \$11.6 million per 10,000 births per year. CONCLUSIONS: Medicaid is the leading payer for maternity services. As Medicaid faces continuing cost increases and budget constraints, policy makers should consider a larger role for midwives and birth centers in maternity care for low-risk Medicaid pregnant women.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Economics
 DO - 10.5600/mmrr.004.03.a06
 ER -

 TY - JOUR
 AN - rayyan-504930623
 TI - We Are Not Asking Permission to Save Our Own Lives: Black-Led Birth Centers to Address Health Inequities.
 Y1 - 2022
 Y2 - 4
 Y3 - 01
 T2 - The Journal of perinatal & neonatal nursing
 SN - 1550-5073 (Electronic)
 J2 - J Perinat Neonatal Nurs
 VL - 36
 IS - 2
 SP - 138-149
 AU - Welch L
 AU - Branch Canady R
 AU - Harmell C
 AU - White N
 AU - Snow C
 AU - Kane Low L
 AV - Birth Detroit, Detroit, Michigan (Mss Welch, Harmell, White, and Snow); Birth Center Equity, Boston, Massachusetts (Ms Welch); Michigan Public Health Institute, Lansing (Dr Canady); Public Health, Michigan State University, Lansing (Dr Canady); and School of Nursing, Women's and Gender Studies, Obstetrics and Gynecology, University of Michigan, Ann Arbor (Dr Kane Low).
 UR - <https://pubmed.ncbi.nlm.nih.gov/35476768/>
 LA - eng
 CY - United States
 KW - Black or African American
 KW - *Birthing Centers
 KW - Female
 KW - Health Inequities
 KW - Humans
 KW - Infant
 KW - Infant, Newborn

KW - Parturition
KW - Pregnancy
KW - Prenatal Care
KW - Socioeconomic Factors
KW - African Continental Ancestry Group
AB - PURPOSE: While favorable outcomes of birth centers are documented, Black-led birth centers and maternal health models are rarely highlighted. Such disparities are manifestations of institutional racism. A nascent body of literature suggests that culturally affirming care provided by Black-led birth centers benefit all birthing people-regardless of race. Birth Detroit is one such maternal health model led by Black women that offers a justice response to inequitable care options in Black communities. METHODS: This article describes a departure from traditional White supremacist research models that privilege quantitative outcomes to the exclusion of iterative processes, lived experiences, and consciousness-raising. A community organizing approach to birth center development led by Black women and rooted in equity values of safety, love, trust, and justice is outlined. RESULTS: Birth Detroit is a Black-led, community-informed model that includes integration of evidence-based approaches to improving health outcomes and that embraces community midwifery prenatal care and a strategic trajectory to open a birth center in the city of Detroit. CONCLUSION: Birth Detroit demonstrates the operationalization of a Black feminist standpoint, lifts up the power of communities to lead in their own care, and offers a blueprint for action to improve inequities and maternal-infant health in Black communities.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1097/JPN.0000000000000649
ER -

TY - Comparative Study
AN - rayyan-504930624
TI - In-hospital birth center with the same medical guidelines as standard care: a comparative study of obstetric interventions and outcomes.
Y1 - 2011
Y2 - 6
T2 - Birth (Berkeley, Calif.)
SN - 1523-536X (Electronic)
J2 - Birth
VL - 38
IS - 2
SP - 120-8
AU - Gottvall K
AU - Waldenström U
AU - Tingstig C
AU - Grunewald C
AV - Karolinska Institutet, Department of Public Health Sciences, Stockholm, Sweden.
UR - <https://pubmed.ncbi.nlm.nih.gov/21599734/>
LA - eng
CY - United States
KW - Adult
KW - *Delivery Rooms
KW - *Delivery, Obstetric
KW - Female
KW - Humans
KW - Postnatal Care
KW - *Practice Guidelines as Topic
KW - Pregnancy
KW - *Pregnancy Outcome
KW - Risk Factors
AB - BACKGROUND: A challenge of obstetric care is to optimize maternal and infant health outcomes and the mother's experience of childbirth with the least possible intervention in the normal process. The aim of this study was to investigate the effects of modified birth center care on obstetric procedures during delivery and on maternal and neonatal outcomes. METHODS: In a cohort study 2,555 women who signed in for birth

center care during pregnancy were compared with all 9,382 low-risk women who gave birth in the standard delivery ward in the same hospital from March 2004 to July 2008. Odds ratios (OR) were calculated with 95% confidence interval (CI) and adjusted for maternal background characteristics, elective cesarean section, and gestational age. RESULTS: The modified birth center group included fewer emergency cesarean sections (primiparas: OR: 0.69, 95% CI: 0.58-0.83; multiparas: OR: 0.34, 95% CI: 0.23-0.51), and in multiparas the vacuum extraction rate was reduced (OR: 0.42, 95% CI: 0.26-0.67). In addition, epidural analgesia was used less frequently (primiparas: OR: 0.47, 95% CI: 0.41-0.53; multiparas: OR: 0.25, 95% CI: 0.20-0.32). Fetal distress was less frequently diagnosed in the modified birth center group (primiparas: OR: 0.72, 95% CI: 0.59-0.87; multiparas: OR: 0.45, 95% CI: 0.29-0.69), but no statistically significant differences were found in neonatal hypoxia, low Apgar score less than 7 at 5 minutes, or proportion of perinatal deaths (OR: 0.40, 95% CI: 0.14-1.13). Anal sphincter tears were reduced (primiparas: OR: 0.73, 95% CI: 0.55-0.98; multiparas: OR: 0.41, 95% CI: 0.20-0.83). CONCLUSION: Midwife-led comprehensive care with the same medical guidelines as in standard care reduced medical interventions without jeopardizing maternal and infant health.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

DO - 10.1111/j.1523-536X.2010.00461.x

ER -

TY - JOUR

AN - rayyan-504930625

TI - Neonatal cardiac hypertrophy: the role of hyperinsulinism-a review of literature.

Y1 - 2020

Y2 - 1

T2 - European journal of pediatrics

SN - 1432-1076 (Electronic)

J2 - Eur J Pediatr

VL - 179

IS - 1

SP - 39-50

AU - Paauw ND

AU - Stegeman R

AU - de Vroede MAMJ

AU - Termote JUM

AU - Freund MW

AU - Breur JMPJ

AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Pediatric Cardiology, Wilhelmina Children's Hospital, University Medical Center Utrecht, PO Box 85090, 3508, AB, Utrecht, The Netherlands.; Department of Neonatology, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Pediatric Endocrinology, Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Neonatology, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Pediatric Cardiology, Klinikum Oldenburg, University of Oldenburg, Oldenburg, Germany.; Department of Pediatric Cardiology, Wilhelmina Children's Hospital, University Medical Center Utrecht, PO Box 85090, 3508, AB, Utrecht, The Netherlands. h.breur@umcutrecht.nl.

UR - <https://pubmed.ncbi.nlm.nih.gov/31840185/>

LA - eng

CY - Germany

KW - Cardiomyopathy, Hypertrophic/*diagnosis/*etiology/therapy

KW - Congenital Hyperinsulinism/*complications/diagnosis/physiopathology

KW - Diagnosis, Differential

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Pregnancy

KW - Prenatal Diagnosis

KW - Prognosis
 KW - Risk Factors
 KW - Cardiomegaly
 KW - Hyperinsulinism
 AB - Hypertrophic cardiomyopathy (HCM) in neonates is a rare and heterogeneous disorder which is characterized by hypertrophy of heart with histological and functional disruption of the myocardial structure/composition. The prognosis of HCM depends on the underlying diagnosis. In this review, we emphasize the importance to consider hyperinsulinism in the differential diagnosis of HCM, as hyperinsulinism is widely associated with cardiac hypertrophy (CH) which cannot be distinguished from HCM on echocardiographic examination. We supply an overview of the incidence and treatment strategies of neonatal CH in a broad spectrum of hyperinsulinemic diseases. Reviewing the literature, we found that CH is reported in 13 to 44% of infants of diabetic mothers, in approximately 40% of infants with congenital hyperinsulinism, in 61% of infants with leprechaunism and in 48 to 61% of the patients with congenital generalized lipodystrophy. The correct diagnosis is of importance since there is a large variation in prognoses and there are various strategies to treat CH in hyperinsulinemic diseases. Conclusion: The relationship between CH and hyperinsulinism has implications for clinical practice as it might help to establish the correct diagnosis in neonates with cardiac hypertrophy which has both prognostic and therapeutic consequences. In addition, CH should be recognized as a potential comorbidity which might necessitate treatment in all neonates with known hyperinsulinism. What is Known: • Hyperinsulinism is currently not acknowledged as a cause of hypertrophic cardiomyopathy (HCM) in textbooks and recent Pediatric Cardiomyopathy Registry publications. What is New: • This article presents an overview of the literature of hyperinsulinism in neonates and infants showing that hyperinsulinism is associated with cardiac hypertrophy (CH) in a broad range of hyperinsulinemic diseases. • As CH cannot be distinguished from HCM on echocardiographic examination, we emphasize the importance to consider hyperinsulinism in the differential diagnosis of HCM/CH as establishing the correct diagnosis has both prognostic and therapeutic consequences.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: high risk pregnant persons
 DO - 10.1007/s00431-019-03521-6
 ER -

 TY - JOUR
 AN - rayyan-504930626
 TI - Associations between Place of Birth, Type of Attendant, and Small for Gestational Age Births among Pregnant non-Hispanic Black Medicaid Recipients.
 Y1 - 2022
 Y2 - 3
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 67
 IS - 2
 SP - 202-208
 AU - Hansel S
 AU - Kuyateh MH
 AU - Bello-Ogunu F
 AU - Stranton DT
 AU - Hicks K
 AU - Huber LRB
 AV - Department of Bioinformatics and Genomics, University of North Carolina at Charlotte, Charlotte, North Carolina.; Quality Improvement, Cabarrus Health Alliance, Kannapolis, North Carolina.; Department of Public Health Sciences, University of North Carolina at Charlotte, Charlotte, North Carolina.; Pharmacovigilance Center, Defense Health Agency, Falls Church, Virginia, United States.; Tobacco Control Center, Wake Forest Baptist Health, Winston-Salem, North Carolina, United States.; Department of Public Health Sciences, University of North Carolina at Charlotte, Charlotte, North Carolina.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35107209/>
 LA - eng
 CY - United States

KW - Black People
KW - Female
KW - Gestational Age
KW - Humans
KW - Infant, Newborn
KW - *Infant, Newborn, Diseases
KW - Medicaid
KW - Parturition
KW - Pregnancy
KW - *Pregnancy Complications
KW - United States
KW - Hispanic Americans

AB - INTRODUCTION: Although non-Hispanic Black women have increased risks of adverse birth outcomes compared with non-Hispanic white women in the United States, there is a lack of research specifically focusing on non-Hispanic Black women. Thus, this study's purpose was to evaluate whether place of birth and type of attendant used during labor is associated with having a newborn born small for gestational age (SGA) among non-Hispanic Black Medicaid recipients. METHODS: This study used 2017 Natality data from the National Vital Statistics System for non-Hispanic Black women who used Medicaid as a source of payment (N = 322,604). Type of attendant (ie, the medical professional who assisted during childbirth), place of birth (ie, setting where the woman gave birth), maternal factors, and SGA were obtained from birth certificates. We used multivariate logistic regression to investigate the association between place of birth, type of birth attendant, and newborns born SGA. RESULTS: After adjustment, women who used a certified nurse-midwife or other midwife as an attendant during labor had statistically significant decreased odds of having a neonate born SGA compared with those who had a physician as an attendant (odds ratio [OR], 0.69; 95% CI, 0.66-0.71 and OR, 0.68; 95% CI, 0.55-0.85, respectively). Those who gave birth in a birthing center or had planned home births also had statistically significant decreased odds of having a neonate born SGA (OR, 0.52; 95% CI, 0.38-0.69 and OR, 0.37; 95% CI, 0.21-0.66, respectively). However, those who had an unplanned home birth had twice the odds of having a neonate born SGA compared with those who gave birth at a hospital or clinic (OR, 2.00; 95% CI, 1.50-2.64). DISCUSSION: Given the racial disparity in adverse birth outcomes for non-Hispanic Black women, the observed associations provide justification for future research to determine whether birthing location and birth attendant are related to SGA.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.13312

ER -

TY - Comparative Study

AN - rayyan-504930627

TI - A comparison of labour and birth experiences of women delivering in a birthing centre and at home in the Netherlands.

Y1 - 2006

Y2 - 12

T2 - Midwifery

SN - 0266-6138 (Print)

J2 - Midwifery

VL - 22

IS - 4

SP - 339-47

AU - Borquez HA

AU - Wiegers TA

AV - Netherlands Institute for Health Services Research (NIVEL), PO Box 1568, 3500 BN, Utrecht, the Netherlands. haborquez@hotmail.com

UR - <https://pubmed.ncbi.nlm.nih.gov/16647170/>

LA - eng

CY - Scotland

KW - Adult

KW - *Birthing Centers

KW - Female

KW - Home Childbirth/*nursing
KW - Humans
KW - Labor, Obstetric/psychology
KW - Midwifery/*organization & administration
KW - Mothers/*psychology
KW - Netherlands
KW - *Nurse-Patient Relations
KW - Nursing Methodology Research
KW - *Patient Satisfaction

KW - Pregnancy

KW - Social Support

KW - Surveys and Questionnaires

AB - OBJECTIVE: to compare the labour and birth experiences of women who delivered at home without complications with the experiences of women who delivered in a birth centre without complications. DESIGN: a descriptive study using postal questionnaires at 1-6 months after birth of a consecutive sample of postpartum women. SETTING: women were recruited from one birth centre and three midwifery practices in an urban area of the Netherlands between September and December 2003. PARTICIPANTS: 193 women; 129 delivered at home and 64 delivered in the birth centre. FINDINGS: the home-birth group perceived less pain (mean score home birth 6.291, birth-centre birth 6.977), desired less pain-relieving medication (home birth 7.9%, birth-centre birth 21.9%), believed they knew their midwife better (home birth 36%, birth-centre birth 10% 'knew her well'), and rated their birth setting 'higher' than the birth-centre group (mean score home birth 4.70, birth-centre birth 4.01). Furthermore, the birth-centre group emphasised safety, having medical help available, and convenience, whereas the home-birth group placed more importance on the home being trustworthy and dependable, having their own place and belongings, and feeling comfortable and relaxed. KEY CONCLUSIONS: having an understanding of a woman's labour and delivery experience allows health-care providers to continue to improve the quality of maternity care. The environment can have a positive effect on a woman's birth experience; recommendations have been proposed that can be applied to all pregnant and labouring women. IMPLICATIONS FOR PRACTICE: identification and understanding of the factors in the environment that make the labour and birth experience more positive should be incorporated into the education and preparation for an upcoming birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2005.12.004

ER -

TY - JOUR

AN - rayyan-504930628

TI - Where Do You Feel Safest? Demographic Factors and Place of Birth.

Y1 - 2017

Y2 - 1

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 62

IS - 1

SP - 88-92

AU - Sperlich M

AU - Gabriel C

AU - Seng J

UR - <https://pubmed.ncbi.nlm.nih.gov/27623132/>

LA - eng

CY - United States

KW - Adolescent

KW - Adult

KW - Black or African American

KW - *Attitude to Health

KW - *Birthing Centers

KW - *Delivery, Obstetric

KW - Demography
KW - Educational Status
KW - Emotions
KW - Female
KW - *Home Childbirth
KW - *Hospitals
KW - Humans
KW - Logistic Models
KW - Michigan
KW - Parturition
KW - Poverty
KW - Pregnancy
KW - Pregnancy Trimester, Third
KW - *Safety
KW - Socioeconomic Factors
KW - Surveys and Questionnaires
KW - White People
KW - Young Adult

AB - INTRODUCTION: The vast majority of planned out-of-hospital births in the United States occur among white women; no study has addressed whether black women prefer out-of-hospital birth less or whether this racial disparity is due to other causes such as constrained access. This study sought to answer the question of whether white and black women feel safest giving birth in out-of-hospital settings at different rates and whether this answer is associated with other socioeconomic indicators. METHODS: An interview of 634 nulliparous women during the third trimester of their pregnancy in Michigan provided data regarding where women felt safest giving birth. Feeling safest giving birth out-of-hospital was examined in relation to socioeconomic factors including race, age, household income, education, residence in a high-crime neighborhood, partnered status, and type of insurance. RESULTS: This study found that black and white women say they feel safest giving birth in out-of-hospital settings at similar rates (11.5% and 13.1%, respectively). Logistic regression results showed that poverty and having education beyond high school were the only sociodemographic indicators significantly associated with feeling safest giving birth out-of-hospital. DISCUSSION: Disparities evident in planned home birth and birth center rates cannot be explained by racial differences in feelings toward out-of-hospital birth and should be addressed more specifically in public policy and future studies.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1111/jmwh.12498

ER -

TY - JOUR

AN - rayyan-504930629

TI - Findings from the Italian Babies Born Better Survey.

Y1 - 2018

Y2 - 12

T2 - Minerva ginecologica

SN - 1827-1650 (Electronic)

J2 - Minerva Ginecol

VL - 70

IS - 6

SP - 663-675

AU - Skoko E

AU - Raval di C

AU - Vannacci A

AU - Nespoli A

AU - Akooji N

AU - Balaam MC

AU - Battisti A

AU - Cericco M

AU - Iannuzzi L

AU - Morano S
AU - Downe S
AV - Human Rights in Maternity and Childbirth Research Unit, Multimedia Lab for Comparative Law, Department of Political Sciences, Roma Tre University, Rome, Italy - elena.skoko@gmail.com.; CiaoLapo Onlus, Charity for Healthy Pregnancy and Perinatal Loss Support, Prato, Italy.; CiaoLapo Onlus, Charity for Healthy Pregnancy and Perinatal Loss Support, Prato, Italy.; Department of Neurosciences, Psychology, Drug Research and Child Health, University of Florence, Florence, Italy.; Department of Medicine and Surgery, School of Medicine and Surgery, University of Milano-Bicocca, Milan, Italy.; Faculty of Health and Wellbeing, University of Central Lancashire, Preston, UK.; Research in Childbirth and Health Unit (ReaCH), School of Community Health and Midwifery, University of Central Lancashire, Preston, UK.; Human Rights in Maternity and Childbirth Research Unit, Multimedia Lab for Comparative Law, Department of Political Sciences, Roma Tre University, Rome, Italy.; La Goccia Magica, Charity for Peer-to-Peer Breastfeeding Support, Rome, Italy.; Department of Health Care Professions, Careggi University Hospital, Florence, Italy.; Department of Neurology, Ophthalmology, Gynecology and Maternal Infant, University of Genoa, Genoa, Italy.; Research in Childbirth and Health Unit (ReaCH), School of Community Health and Midwifery, University of Central Lancashire, Preston, UK.
UR - <https://pubmed.ncbi.nlm.nih.gov/30264953/>
LA - eng
CY - Italy
KW - Adult
KW - Breast Feeding/psychology
KW - Delivery, Obstetric/*psychology
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Italy
KW - Midwifery
KW - Parturition/*psychology
KW - Patient Satisfaction
KW - Pregnancy
KW - *Pregnancy Outcome
KW - Prenatal Care/*standards
KW - Surveys and Questionnaires
KW - Young Adult
AB - BACKGROUND: The most recent WHO recommendations "Intrapartum care for a positive childbirth experience" highlight the need to identify women-centered interventions and outcomes for intrapartum care, and to include service users' experiences and qualitative research into the assessment of maternity care. Babies Born Better (B3) is a trans-European survey designed to capture service user views and experiences of maternity care provision. Italian service users contributed to the survey. METHODS: The B3 Survey is an anonymous, mixed-method online survey, translated into 22 languages. We separated out the Italian responses and analyzed them using computer-assisted qualitative software (MAXQDA) and SPSS and STATA for quantitative data analysis. Simple descriptives were used for the numeric data, and content analysis for the qualitative responses. Geomapping was based on the coded qualitative data and postcodes (using Tableau Public). RESULTS: There were 1000 respondents from every region of Italy, using a range of places of birth (hospital, birth center, home) and experiencing care with both midwives and obstetricians. Most identified positive experiences of care, as well as some practices they would like to change. Both positive and critical comments included provision of care based on the type of providers, clinical procedures, the birth environment, and breastfeeding support. There were clear differences in the geomapped data across Italian regions. CONCLUSIONS: Mothers highly value respectful, skilled and loving care that gives them a strong sense of personal achievement and confidence, and birth environments that support this. There was distinct variation in the percentage of positive comments made across Italian regions.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: No access to full text
DO - 10.23736/S0026-4784.18.04296-X
ER -

TY - JOUR
AN - rayyan-504930630

TI - The Experience and Motivations of Midwives of Color in Minnesota: Nothing for Us Without Us.
 Y1 - 2019
 Y2 - 9
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 64
 IS - 5
 SP - 598-603
 AU - Almanza J
 AU - Karbeah J
 AU - Kozhimannil KB
 AU - Hardeman R
 AV - University of Minnesota Physicians Group, Minneapolis, Minnesota.; Department of Obstetrics and Gynecology, University of Minnesota School of Medicine, Minneapolis, Minnesota.; Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota.; Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota.; Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31379090/>
 LA - eng
 CY - United States
 KW - *Black or African American
 KW - *Attitude of Health Personnel
 KW - Birthing Centers
 KW - Humans
 KW - Interviews as Topic
 KW - Minnesota
 KW - *Motivation
 KW - *Nurse Midwives
 KW - *Nurse-Patient Relations
 KW - Color
 KW - Motivation
 AB - INTRODUCTION: Racial disparities in birth outcomes originate with a confluence of factors including social determinants of health, toxic stress, structural racism, and barriers to engaging, high-quality perinatal care. Historically and currently, midwives are disproportionately white, and attention to the racial and ethnic diversity of midwives is an increasing focus in birth equity efforts. This qualitative study helps fill the gap in literature by assessing the perspectives and motivations of midwives of color. METHODS: Building on concepts from critical race theory, semistructured interviews (30-90 minutes long) were used to elicit an authentic voice from midwives of color, who primarily identified as African American. Participants (N = 7) were midwives who were affiliated with an African American-owned birth center in north Minneapolis, Minnesota. Participants represented an estimated 58% of all midwives of color in the state of Minnesota. Emergent themes were identified using a grounded theory, inductive approach. Three rounds of coding were conducted, and key themes were identified and analyzed. RESULTS: Three primary themes emerged as motivations for midwives of color: 1) offering racially concordant care to the community, 2) racial justice as a primary motivation in their work, and 3) providing physically and emotionally safe care. Racially concordant care was identified both as a motivating factor and as a way of providing physically and emotionally safe care. DISCUSSION: Findings suggest that midwives of color maintain a critical analysis of and commitment to eliminating racial perinatal inequities. Their motivation to provide racially concordant care elicits an urgency in current efforts to recruit and train more midwives of color, recognizing the current lack of racial and ethnic diversity in the field. Understanding how to support the work of equity-minded midwives of color may help to improve access to racially concordant health care providers and care that better meets the unique needs of African American individuals.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Midwifery in general
 DO - 10.1111/jmwh.13021
 ER -

TY - JOUR
AN - rayyan-504930631
TI - Using evidence to educate birthing center nursing staff about infant states, cues, and behaviors.
Y1 - 2002
Y2 - 9
T2 - MCN. The American journal of maternal child nursing
SN - 0361-929X (Print)
J2 - MCN Am J Matern Child Nurs
VL - 27
IS - 5
SP - 294-8
AU - White C
AU - Simon M
AU - Bryan A
AV - North Woods Community Health Center, Minong, WI, USA. whitetc@centurytel.net
UR - <https://pubmed.ncbi.nlm.nih.gov/12209061/>
LA - eng
CY - United States
KW - Adult
KW - Birthing Centers/*standards
KW - Education, Nursing, Continuing/methods
KW - Female
KW - Humans
KW - *Infant Behavior
KW - Infant Care/*methods
KW - Infant, Newborn
KW - Maternal-Child Nursing/*education/standards
KW - Nursing Methodology Research
KW - Parent-Child Relations
KW - Parenting/*psychology
KW - Parents/*education
KW - Quality Assurance, Health Care
KW - United States
KW - Infant
KW - Cues
AB - The authors sought to apply evidence from research to nursing practice. Research about infant states, cues, and behaviors was presented to a birthing center nursing staff and expectant parent class instructors. Posttest results indicated that the staff's knowledge and skill in interpreting infant behavior for parents increased after an educational session. The results are important, for research supports the idea that parent-infant attachment affects both parents and infants by promoting a loving relationship and improved infant development, a healthy self-image, and better relationships later in life. Cue sensitivity has been documented as the origin of parent-infant attachment. Cue sensitivity involves recognition of individualized infant body language and provision of an appropriate response. Parents who are sensitive to their infant's needs and who respond consistently and appropriately foster a mutually satisfying reciprocal interaction that leads to a healthy relationship. Incorporating information about infant states, cues, and behaviors into prenatal education can provide parents with an introduction to quality parent-child interactions.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/00005721-200209000-00011
ER -

TY - Comment
AN - rayyan-504930632
TI - Birth Center Model of Care.
Y1 - 2017
Y2 - 2
Y3 - 14
T2 - JAMA

SN - 1538-3598 (Electronic)
J2 - JAMA
VL - 317
IS - 6
SP - 646
AU - Woo VG
AU - Milstein A
AU - Platchek T
AV - Clinical Excellence Research Center, Stanford University, Stanford, California.; Clinical Excellence Research Center, Stanford University, Stanford, California.; Department of Pediatrics, Lucile Packard Children's Hospital, Palo Alto, California.
UR - <https://pubmed.ncbi.nlm.nih.gov/28196250/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - Humans
KW - *Maternal Health Services
KW - Prenatal Care
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Response to critique
DO - 10.1001/jama.2016.20482
ER -

TY - Comment
AN - rayyan-504930633
TI - Birth Center Model of Care.
Y1 - 2017

Y2 - 2
Y3 - 14
T2 - JAMA
SN - 1538-3598 (Electronic)
J2 - JAMA
VL - 317
IS - 6
SP - 645-646
AU - Rathbun L
AV - American Association of Birth Centers, Perkiomenville, Pennsylvania.
UR - <https://pubmed.ncbi.nlm.nih.gov/28196247/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - Humans
KW - *Maternal Health Services
KW - Prenatal Care
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: commentary, wrong publication type
DO - 10.1001/jama.2016.20479
ER -

TY - JOUR
AN - rayyan-504930635
TI - Bypassing birthing centres for child birth: a community-based study in rural Chitwan Nepal.
Y1 - 2016
Y2 - 10
Y3 - 21
T2 - BMC health services research
SN - 1472-6963 (Electronic)
J2 - BMC Health Serv Res

VL - 16
 IS - 1
 SP - 597
 AU - Shah R
 AV - Shree Medical and Technical College, Bharatpur-12, Chitwan, Nepal. rajani_shah89@yahoo.com.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27769230/>
 LA - eng
 CY - England
 KW - Adult
 KW - Birthing Centers/*statistics & numerical data
 KW - Cross-Sectional Studies
 KW - Delivery, Obstetric/standards/*statistics & numerical data
 KW - Female
 KW - Health Facilities/standards/statistics & numerical data
 KW - Health Services Accessibility/standards/statistics & numerical data
 KW - Hospitals, Maternity/standards/statistics & numerical data
 KW - Humans
 KW - Maternal Mortality
 KW - Nepal
 KW - Pregnancy
 KW - Quality of Health Care
 KW - Residence Characteristics/statistics & numerical data
 KW - Rural Health/statistics & numerical data
 KW - Social Class
 KW - Only Child
 KW - Child
 AB - BACKGROUND: Child delivery in a health facility is important to reduce maternal mortality. Bypassing nearby birthing facility to deliver at a hospital is common in developing countries including Nepal. Very little is known about the extent and determinants of bypassing the birthing centres in Nepal. This study measures the status of bypassing, characteristics of bypassers and their reasons for bypassing. METHODS: A community-based cross-sectional study was carried out in six rural village development committees of Chitwan district of Nepal. Structured interviews were conducted with 263 mothers who had given birth at a health facility and whose nearest facility was a birthing centre. Descriptive statistics, univariate and multivariable logistic regression analysis were performed. RESULTS: More than half of the mothers had bypassed the nearer birthing centres to deliver at hospital. Living in plain area [aOR: 2.467; 95 % CI: 1.005-6.058], higher wealth index [aOR: 4.981; 95 % CI: 2.482-9.999], advantaged caste/ethnicity [aOR: 2.172; 95 % CI: 1.153-4.089], older age [aOR: 2.222; 95 % CI: 1.050-4.703] and first birth [aOR: 2.032; 95 % CI: 1.060-3.894] were associated with higher likelihood of bypassing. Among the reasons of bypassing as reported by the bypassers, lack of operation, video x-ray, and blood test facilities were the most common ones, followed by the lack of medicines/drugs and equipment, lack of skilled service provider, and inadequate physical facilities, among others. CONCLUSIONS: Quality of service at the birthing centres needs to be given a high consideration to increase their use as well as to ensure an equitable access to the quality care by all.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Wrong setting
 DO - 10.1186/s12913-016-1848-x
 ER -

 TY - JOUR
 AN - rayyan-504930636
 TI - Midwifing the notion of a 'good' birth: a philosophical analysis.
 Y1 - 2016
 Y2 - 6
 T2 - Midwifery
 SN - 1532-3099 (Electronic)
 J2 - Midwifery
 VL - 37
 SP - 25-31
 AU - Smythe E

AU - Hunter M
 AU - Gunn J
 AU - Crowther S
 AU - Couper JM
 AU - Wilson S
 AU - Payne D
 AV - Auckland University of Technology, P O Box 92006, Auckland 1142, New Zealand. Electronic address: Liz.smythe@aut.ac.nz.; Auckland University of Technology, P O Box 92006, Auckland 1142, New Zealand.; Auckland University of Technology, P O Box 92006, Auckland 1142, New Zealand.; Auckland University of Technology, P O Box 92006, Auckland 1142, New Zealand; Faculty of Health and Social Care, Robert Gordon University, Garthdee Road, Aberdeen, AB10 7AQ, UK.; Auckland University of Technology, P O Box 92006, Auckland 1142, New Zealand.; Warkworth Birthing Centre, 56 View Road, Warkworth, New Zealand.; Auckland University of Technology, P O Box 92006, Auckland 1142, New Zealand.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27217234/>
 LA - eng
 CY - Scotland
 KW - Birthing Centers/standards
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Life Change Events
 KW - Midwifery/methods/*standards
 KW - New Zealand
 KW - Parturition/*psychology
 KW - *Philosophy
 KW - Pregnancy
 KW - Qualitative Research
 KW - Midwifery
 AB - OBJECTIVE: to ponder afresh what makes a good birth experience in a listening manner. DESIGN: a hermeneutic approach that first explores the nature of how to listen to a story that is already familiar to us and then draws on Heidegger's notion of the fourfold to seek to capture how the components of a 'good birth' come together within experience. SETTING: primary birthing centre, New Zealand PARTICIPANTS: the focus of this paper is the story of one participant. It was her second birth; her first birth involved a lot of medical intervention. She had planned to travel one hour to the tertiary birthing unit but in labour chose to stay at the Birth Centre. Her story seems to portray a 'very good birth'. FINDINGS: in talking of birth, the nature of a research approach is commonly to focus on one aspect: the place, the care givers, or the mode of care. In contrast, we took on the challenge of first listening to all that was involved in one woman's story. We came to see that what made her experience 'good' was 'everything' gathered together in a coherent and supportive oneness. Heidegger's notion of the fourfold helped reveal that one cannot talk about one thing without at the same time talking about all the other things as well. Confidence was the thread that held the story together. KEY CONCLUSIONS: there is value in putting aside the fragmented approach of explicating birth to recognise the coming together of place, care, situation, and the mystery beyond explanation. Women grow a confidence in place when peers and community encourage the choice based on their own experience. Confidence of caregiver comes in relationship. Feeling confident within 'self' is part of the mystery. When confidence in the different dimensions holds together, birth is 'good'. IMPLICATIONS OR PRACTICE: one cannot simply build a new birthing unit and assume it will offer a good experience of birth. Experience is about so much more. Being mindful of the dimensions of confidence that need to be built up and sheltered is a quest for wise leaders. Protecting the pockets where we know 'good birth' already flourishes is essential.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.midw.2016.03.012
 ER -

 TY - JOUR
 AN - rayyan-504930637
 TI - Severity and frequency of moral distress among midwives working in birth centers.
 Y1 - 2019
 Y2 - 11

T2 - Nursing ethics
 SN - 1477-0989 (Electronic)
 J2 - Nurs Ethics
 VL - 26
 IS - 7
 SP - 2364-2372
 AU - Zolala S
 AU - Almasi-Hashiani A
 AU - Akrami F
 AV - Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.; Department of Epidemiology and Reproductive Health, Reproductive Epidemiology Research Center, Royan Institute for Reproductive Biomedicine, ACECR, Tehran, Iran.; Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30348054/>
 LA - eng
 CY - England
 KW - Adult
 KW - Attitude of Health Personnel
 KW - Birthing Centers/organization & administration/standards/statistics & numerical data
 KW - Cross-Sectional Studies
 KW - Female
 KW - Humans
 KW - Iran
 KW - Job Satisfaction
 KW - Male
 KW - Nurse Midwives/*psychology/statistics & numerical data
 KW - Pregnancy
 KW - Stress Disorders, Post-Traumatic/*classification/etiology/psychology
 KW - Surveys and Questionnaires
 KW - Midwifery
 AB - BACKGROUND: When individuals are aware of the appropriate ethical practice, but lack the ability to do it, they will suffer from moral distress. Moral distress is a frequent phenomenon in clinical practice which can have different effects on the performance of physicians, nurses, and midwives, and therefore patients and health care systems. RESEARCH OBJECTIVE: The present study aimed to determine the severity and frequency of moral distress in midwives working in birth centers. RESEARCH DESIGN: This study is a descriptive cross-sectional research. Researcher-made questionnaire was used to gather data. PARTICIPANTS AND RESEARCH CONTEXT: A total of 180 midwives working in the labor ward of the public birth centers affiliated to Shahid Beheshti University of Medical Sciences were included to the study by census. ETHICAL CONSIDERATIONS: Official permission for data collecting was obtained from the directors of the birth centers affiliated to Shahid Beheshti University of Medical Sciences. Then, after explaining the objectives of the study and assuring the confidentiality of information, verbal consent of the participants was obtained. FINDINGS: The total mean \pm standard deviation of the severity and frequency of moral distress were 3.85 ± 0.75 and 3.03 ± 0.48 , respectively. The highest severity and the lowest frequency of moral distress were obtained for the assistance for abortion and the lowest severity of moral distress was related to the organizational domain. However, the highest frequency of moral distress was related to futile care field. The mean of moral distress severity in the midwives with associate degree was significantly lower than other levels of education. Also, there was a significant relationship between age and moral distress frequency ($p = 0.010$). DISCUSSION: The midwives' moral distress was relatively high as expected. This finding is consistent with the results of similar studies in intensive care unit nurses. CONCLUSION: After identifying the level and most important factors of moral distress among midwives, the next step is empower them to prevent moral distress, in particular efforts to change structures.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1177/0969733018796680
 ER -

 TY - JOUR
 AN - rayyan-504930638

TI - Being Known: A Grounded Theory Study of the Meaning of Quality Maternity Care to People of Color in Boston.

Y1 - 2021

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 66

IS - 4

SP - 452-458

AU - Roder-DeWan S

AU - Baril N

AU - Belanoff CM

AU - Declercq ER

AU - Langer A

AV - Neighborhood Birth Center, Boston, Massachusetts.; Neighborhood Birth Center, Boston, Massachusetts.; Department of Community Health Sciences, Boston University School of Public Health, Boston, Massachusetts.; Department of Community Health Sciences, Boston University School of Public Health, Boston, Massachusetts.; Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, Massachusetts.

UR - <https://pubmed.ncbi.nlm.nih.gov/34240539/>

LA - eng

CY - United States

KW - Boston

KW - Female

KW - Grounded Theory

KW - Humans

KW - Infant, Newborn

KW - *Maternal Health Services

KW - Pregnancy

KW - Qualitative Research

KW - Quality of Health Care

KW - *Skin Pigmentation

KW - Color

AB - INTRODUCTION: Experiences of people of color with maternity care are understudied but understanding them is important to improving quality and reducing racial disparities in birth outcomes in the United States. This qualitative study explored experiences with maternity care among people of color to describe the meaning of quality maternity care to the cohort and, ultimately, to inform the design of a freestanding birth center in Boston. METHODS: Using a grounded theory design and elements of community-based participatory research, community activists developing Boston's first freestanding birth center and academics collaborated on this study. Semistructured interviews and focus groups with purposefully sampled people of color were conducted and analyzed using a constant comparative method. Interviewees described their maternity care experiences, ideas about perfect maternity care, and how a freestanding birth center might meet their needs. Open coding, axial coding, and selective coding were used to develop a local theory of what quality care means. RESULTS: A total of 23 people of color participated in semistructured interviews and focus groups. A core phenomenon arose from the narratives: being known (ie, being seen or heard, or being treated as individuals) during maternity care was an important element of quality care. Contextual factors, including interpersonal and structural racism, power differentials between perinatal care providers and patients, and the bureaucratic nature of hospital-based maternity care, facilitated negative experiences. People of color did extra work to prevent and mitigate negative experiences, which left them feeling traumatized, regretful, or sad about maternity care. This extra work came in many forms, including cognitive work such as worrying about racism and behavioral changes such as dressing differently to get health care needs met. DISCUSSION: Being known characterizes quality maternity care among people of color in our sample. Maternity care settings can provide personalized care that helps clients feel known without requiring them to do extra work to achieve this experience.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/jmwh.13240

ER -
TY - JOUR
AN - rayyan-504930639
TI - Benefits and Challenges of a Nurse-Midwife Fellowship: A Review of the Ruth B. Stifel Fellowship Program at The Midwife Center for Birth and Women's Health.
Y1 - 2015
Y2 - 5
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 60
IS - 3
SP - 263-266
AU - McCarthy AM
UR - <https://pubmed.ncbi.nlm.nih.gov/25808366/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - *Fellowships and Scholarships
KW - Female
KW - Humans
KW - Infant, Newborn
KW - *Maternal Health Services
KW - Midwifery/*education
KW - Nurse Midwives/*education
KW - Patient Acceptance of Health Care
KW - Pregnancy
KW - *Women's Health
KW - Women's Health
KW - Midwifery
AB - New graduate nurse-midwives are looking for a bridge between their education and clinical practice, whereas birth centers often have a difficult time recruiting midwives to hire. At the same time, women are seeking birth center and midwifery care in growing numbers. A well-designed fellowship program helps address all of these needs in a supported, safe way. This article describes one birth center's fellowship program and the benefits and challenges of the program. This article is part of a special series of articles that address midwifery innovations in clinical practice, education, interprofessional collaboration, health policy, and global health.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/jmwh.12303
ER -

TY - JOUR
AN - rayyan-504930640
TI - Barriers to Self-Disclosing Level of Maternal Care: What Are Wisconsin Hospitals Worried About?
Y1 - 2021
Y2 - 4
T2 - WMJ : official publication of the State Medical Society of Wisconsin
SN - 2379-3961 (Electronic)
J2 - WMJ
VL - 120
IS - 1
SP - 45-50
AU - Racine JL
AU - Gillespie K
AU - Hartke K
AU - Wautlet C

AU - Antony KM

AV - Department of Obstetrics and Gynecology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, jlracine@wisc.edu.; Department of Obstetrics and Gynecology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin.; Wisconsin Department of Health Services, Madison, Wisconsin.; Department of Obstetrics and Gynecology, Medical College of Wisconsin, Milwaukee, Wisconsin.; Wisconsin Association for Perinatal Care, Madison, Wisconsin.; Department of Obstetrics and Gynecology, Medical College of Wisconsin, Milwaukee, Wisconsin.; Wisconsin Perinatal Quality Collaborative,, Madison, Wisconsin.; Department of Obstetrics and Gynecology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin.

UR - <https://pubmed.ncbi.nlm.nih.gov/33974765/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Female

KW - Hospitals

KW - Humans

KW - Infant, Newborn

KW - *Maternal Health Services

KW - *Obstetrics

KW - Pregnancy

KW - United States

KW - Wisconsin

AB - **OBJECTIVE:** The American College of Obstetrics and Gynecology (ACOG) has recommended every hospital disclose their level of maternal care (LOMC) to categorize the capabilities of their birthing center and regionalize perinatal care. Of the 98 birthing centers in Wisconsin, 44% have self-disclosed their LOMC. In many states, disclosing LOMC is mandated but, despite evidence and professional association recommendations, Wisconsin relies on voluntary self-reporting. We surveyed all birthing centers in Wisconsin to better understand the barriers to disclosing their LOMC. **STUDY DESIGN:** An anonymous survey was sent to all 98 birthing centers in Wisconsin. Survey recipients were hospital administrators, nursing supervisors, or physician directors of obstetric units. The survey sought information on perceived barriers to completing self-assessments and disclosing their hospital's LOMC. Quantitative descriptive statistics were used for data analysis. **RESULTS:** Of 98 birth centers in Wisconsin, 40 (40.8%) responded. Fifteen of the 40 responses were from birthing centers that have not yet disclosed their LOMC. Of these, 93% were unsure how to disclose, 73% found the paperwork confusing, and 80% did not have the time or staff to complete the paperwork. Respondents did not report lack of departmental support, concerns about losing business or reputation, or future physician recruitment as barriers. Of all respondents, 77.5% were aware of ACOG's LOMC recommendations, but only 35% thought disclosing their LOMC would be beneficial to maternal care. **CONCLUSIONS:** Birthing centers in Wisconsin need further guidance on how to complete a self-assessment of their LOMC. In order to increase self-disclosure of LOMC, statewide perinatal organizations will need to continue to emphasize the benefits of releasing this information. Organizations should also provide additional support to level 1 and 2 birthing centers and improve maternal and neonatal care overall.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

ER -

TY - JOUR

AN - rayyan-504930641

TI - Intensive Approaches to Prenatal Care May Reduce Risk of Gestational Diabetes.

Y1 - 2021

Y2 - 5

T2 - Journal of women's health (2002)

SN - 1931-843X (Electronic)

J2 - J Womens Health (Larchmt)

VL - 30

IS - 5

SP - 713-721

AU - Benatar S

AU - Paez K
 AU - Johnston EM
 AU - Lucado J
 AU - Castillo G
 AU - Cross-Barnet C
 AU - Hill I
 AV - Health Policy Center, Urban Institute, Washington, District of Columbia, USA.; American Institutes for Research, Washington, District of Columbia, USA.; Health Policy Center, Urban Institute, Washington, District of Columbia, USA.; American Institutes for Research, Washington, District of Columbia, USA.; American Institutes for Research, Washington, District of Columbia, USA.; Research and Rapid-Cycle Evaluation Group, Center for Medicare and Medicaid Innovation (CMMI), Centers for Medicare and Medicaid Services, Baltimore, Maryland, USA.; Health Policy Center, Urban Institute, Washington, District of Columbia, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/33035107/>
 LA - eng
 CY - United States
 KW - *Diabetes, Gestational/epidemiology/prevention & control
 KW - Ethnicity
 KW - Female
 KW - Humans
 KW - *Maternal Health Services
 KW - Pregnancy
 KW - Prenatal Care
 KW - Risk Factors
 KW - United States/epidemiology
 KW - Diabetes, Gestational
 AB - Objectives: To observe gestational diabetes mellitus (GDM) prevalence among participants receiving enhanced prenatal care through one of three care models: Birth Centers, Group Prenatal Care, and Maternity Care Homes. Materials and Methods: This study draws upon data collected from 2014 to 2017 as part of the Strong Start II evaluation and includes data from nearly 46,000 women enrolled across 27 awardees with more than 200 sites throughout the United States. Descriptive and statistical analyses utilized data from participant surveys completed upon entry to the program and a limited chart review. Results: A total of 6.3% of Strong Start participants developed GDM during their pregnancy. Rates varied significantly and substantially by model. After adjusting for participant risk factors, we find that Birth Center participants of all races and ethnicities experienced significantly lower rates of GDM than women of the same race/ethnicity in Maternity Care Homes. Conclusions: The lower rates of gestational diabetes among women receiving Birth Center prenatal care suggest the need for further investigation of how prenatal care approaches can reduce GDM and address health disparities.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1089/jwh.2020.8464
 ER -

 TY - JOUR
 AN - rayyan-504930642
 TI - The Integration of Ontario Birth Centers into Existing Maternal-Newborn Services: Health Care Provider Experiences.
 Y1 - 2018
 Y2 - 8
 Y3 - 8
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 63
 IS - 5
 SP - 541-9
 AU - Reszel J
 AU - Sidney D
 AU - Peterson WE

AU - Darling EK
 AU - Van Wagner V
 AU - Soderstrom B
 AU - Rogers J
 AU - Graves E
 AU - Khan B
 AU - Sprague AE
 UR - <https://pubmed.ncbi.nlm.nih.gov/30088845/>
 LA - eng
 CY - United States
 KW - Infant, Newborn
 AB - INTRODUCTION: In 2014, 2 freestanding, midwifery-led birth centers opened in Ontario, Canada. The purpose of this study was to qualitatively investigate the integration of the birth centers into the local, preexisting intrapartum systems from the perspective of health care providers and managerial staff. METHODS: Focus groups or interviews were conducted with health care providers (paramedics, midwives, nurses, physicians) and managerial staff who had experienced urgent and/or nonurgent maternal or newborn transports from a birth center to one of 4 hospitals in Ottawa or Toronto. A descriptive qualitative approach to data analysis was undertaken. RESULTS: Twenty-four health care providers and managerial staff participated in a focus group or interview. Participants described positive experiences transporting women and/or newborns from the birth centers to hospitals; these positive experiences were attributed to the collaborative planning, training, and communication that occurred prior to opening the birth centers. The degree of integration was dependent on hospital-specific characteristics such as history, culture, and the presence or absence of midwifery privileging. Participants described the need for only minor improvements to administrative processes as well as the challenge of keeping large numbers of staff updated with respect to urgent transport policies. Planning and opening of the birth centers was seen as a driving force in further integrating midwifery care and improving interprofessional practice. DISCUSSION: The collaborative approach for the planning and implementation of the birth centers was a key factor in the successful integration into the existing maternal-newborn system and contributed to improving integrated professional practice among midwives, paramedics, nurses, and physicians. This approach may be used as a template for the integration of other new independent health care facilities and programs into the existing health care system.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/jmwh.12883
 ER -

 TY - JOUR
 AN - rayyan-504930643
 TI - Outcomes of care in birth centers: demonstration of a durable model.
 Y1 - 2013
 Y2 - 1
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 58
 IS - 1
 SP - 3-14
 AU - Stapleton SR
 AU - Osborne C
 AU - Illuzzi J
 AV - American Association of Birth Centers, USA. susanstapleton71@gmail.com
 UR - <https://pubmed.ncbi.nlm.nih.gov/23363029/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - *Birthing Centers/statistics & numerical data
 KW - Cesarean Section

KW - Female
KW - Fetal Death
KW - Hospitalization
KW - Humans
KW - Infant, Newborn
KW - Intention to Treat Analysis
KW - Maternal Mortality
KW - *Midwifery
KW - *Obstetric Labor Complications
KW - Postnatal Care
KW - Pregnancy
KW - Prospective Studies
KW - United States/epidemiology
KW - Young Adult

AB - INTRODUCTION: The safety and effectiveness of birth center care have been demonstrated in previous studies, including the National Birth Center Study and the San Diego Birth Center Study. This study examines outcomes of birth center care in the present maternity care environment. METHODS: This was a prospective cohort study of women receiving care in 79 midwifery-led birth centers in 33 US states from 2007 to 2010. Data were entered into the American Association of Birth Centers Uniform Data Set after obtaining informed consent. Analysis was by intention to treat, with descriptive statistics calculated for maternal and neonatal outcomes for all women presenting to birth centers in labor including those requiring transfer to hospital care. RESULTS: Of 15,574 women who planned and were eligible for birth center birth at the onset of labor, 84% gave birth at the birth center. Four percent were transferred to a hospital prior to birth center admission, and 12% were transferred in labor after admission. Regardless of where they gave birth, 93% of women had a spontaneous vaginal birth, 1% an assisted vaginal birth, and 6% a cesarean birth. Of women giving birth in the birth center, 2.4% required transfer postpartum, whereas 2.6% of newborns were transferred after birth. Most transfers were nonemergent, with 1.9% of mothers or newborns requiring emergent transfer during labor or after birth. There were no maternal deaths. The intrapartum fetal mortality rate for women admitted to the birth center in labor was 0.47/1000. The neonatal mortality rate was 0.40/1000 excluding anomalies. DISCUSSION: This study demonstrates the safety of the midwifery-led birth center model of collaborative care as well as continued low obstetric intervention rates, similar to previous studies of birth center care. These findings are particularly remarkable in an era characterized by increases in obstetric intervention and cesarean birth nationwide.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.1111/jmwh.12003

ER -

TY - JOUR

AN - rayyan-504930644

TI - Management of postpartum hemorrhage: how to improve maternal outcomes?

Y1 - 2018

Y2 - 6

Y3 - 8

T2 - Journal of thrombosis and haemostasis : JTH

SN - 1538-7836 (Electronic)

J2 - J Thromb Haemost

AU - Henriquez DDCA

AU - Bloemenkamp KWM

AU - van der Bom JG

AV - Center for Clinical Transfusion Research, Sanquin Research and Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Birth Center, Wilhelmina's Children Hospital, Division Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research and Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/29883040/>

LA - eng

CY - England
KW - Postpartum Period
AB - Postpartum hemorrhage is the leading cause of maternal mortality and severe morbidity. Despite efforts to improve maternal outcomes, management of postpartum hemorrhage still faces at least four challenges, discussed in this review. First, current definitions for severe postpartum hemorrhage hamper early identification of women with a high risk of adverse outcomes. Adaptations to the definitions and the use of clinical tools such as shock index and early warning systems may facilitate this early identification. Second, surgical and radiological interventions to prevent hysterectomy are not always successful. More knowledge on the influence of patient and bleeding characteristics on the success rates of these interventions is necessary. Scarce data suggest that early timing of intrauterine balloon tamponade may improve maternal outcomes, whereas early timing of arterial embolization seems to be unrelated to maternal outcomes. Third, fluid resuscitation with crystalloids and colloids is unavoidable in the early phases of postpartum hemorrhage but may result in dilutional coagulopathy. Effects of different volumes of clear fluids on the occurrence of dilutional coagulopathy and maternal outcomes is unknown. Fourth, a better understanding of diagnosis and correction of coagulopathy during postpartum hemorrhage is needed. Low plasma fibrinogen levels at the start of postpartum hemorrhage predict progression to severe hemorrhage, but standard coagulation screens are time consuming. A solution may be point-of-care coagulation testing; however, clinical usefulness during postpartum hemorrhage has not been demonstrated. To date, early administration of tranexamic acid is the only hemostatic intervention that was proven to improve outcomes in women with postpartum hemorrhage.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/jth.14200
ER -

TY - JOUR
AN - rayyan-504930645
TI - Castor oil as a natural alternative to labor induction: A retrospective descriptive study.
Y1 - 2018
Y2 - 4
T2 - Women and birth : journal of the Australian College of Midwives
SN - 1878-1799 (Electronic)
J2 - Women Birth
VL - 31
IS - 2
SP - e99-e104
AU - DeMaria AL
AU - Sundstrom B
AU - Moxley GE
AU - Banks K
AU - Bishop A
AU - Rathbun L
AV - College of Health and Human Sciences, Purdue University, West Lafayette, IN, USA. Electronic address: ademaria@purdue.edu.; Department of Communication, College of Charleston, Charleston, SC, USA.; Emory University School of Medicine, Emory University, Atlanta, GA, USA.; Belk College of Business, University of North Carolina at Charlotte, Charlotte, NC, USA.; Honors College, College of Charleston, Charleston, SC, USA.; Charleston Birth Place, North Charleston, SC, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/28838804/>
LA - eng
CY - Netherlands
KW - Administration, Oral
KW - Adult
KW - Birthing Centers
KW - Castor Oil/*administration & dosage/pharmacology
KW - Female
KW - Gestational Age
KW - Humans
KW - Labor Onset/*drug effects
KW - Labor, Induced/*methods

KW - Labor, Obstetric/*drug effects
KW - Pregnancy
KW - Pregnancy Outcome
KW - Prenatal Care
KW - Prospective Studies
KW - Retrospective Studies
KW - United States

AB - AIM: To describe birthing outcomes among women who consumed castor oil cocktail as part of a freestanding birth center labor induction protocol. METHODS: De-identified data from birth logs and electronic medical records were entered into SPSS Statistics 22.0 for analysis for all women who received the castor oil cocktail (n=323) to induce labor between January 2008 and May 2015 at a birth center in the United States. Descriptive statistics were analyzed for trends in safety and birthing outcomes. RESULTS: Of the women who utilized the castor oil cocktail to stimulate labor, 293 (90.7%) birthed vaginally at the birth center or hospital. The incidence of maternal adverse effects (e.g., nausea, vomiting, extreme diarrhea) was less than 7%, and adverse effects of any kind were reported in less than 15% of births. An independent sample t-test revealed that parous women were more likely to birth vaginally at the birth center after using the castor oil cocktail than their nulliparous counterparts ($p<.010$), while gestational age ($p=.26$), woman's age ($p=.23$), and body mass index ($p=.28$) were not significantly associated. CONCLUSIONS: Nearly 91% of women in the study who consumed the castor oil cocktail to induce labor were able to give birth vaginally with little to no maternal or fetal complications. Findings indicate further research is needed to compare the safety and effectiveness of natural labor induction methodologies, including castor oil, to commonly used labor induction techniques in a prospective study or clinical trial.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.wombi.2017.08.001
ER -

TY - JOUR
AN - rayyan-504930646
TI - Breastfeeding among Mothers on Opioid Maintenance Treatment: A Literature Review.
Y1 - 2016
Y2 - 8
T2 - Journal of human lactation : official journal of International Lactation Consultant Association
SN - 1552-5732 (Electronic)
J2 - J Hum Lact
VL - 32
IS - 3
SP - 521-9
AU - Tsai LC
AU - Doan TJ
AV - The Birth Center, San Francisco General Hospital and Trauma Center, San Francisco, CA, USA.; School of Nursing, San Francisco State University, San Francisco, CA, USA jungdoan@sfsu.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/27053175/>
LA - eng
CY - United States
KW - Analgesics, Opioid/adverse effects/therapeutic use
KW - Breast Feeding/*statistics & numerical data
KW - Buprenorphine/therapeutic use
KW - Female
KW - Health Promotion/*methods
KW - Humans
KW - Infant, Newborn
KW - Methadone/therapeutic use
KW - Neonatal Abstinence Syndrome/rehabilitation
KW - *Opiate Substitution Treatment
KW - Opioid-Related Disorders/*rehabilitation
KW - Breast Feeding
KW - Analgesics, Opioid

AB - Although there is an abundance of interventional studies to increase breastfeeding rates, little is known about how to support and promote breastfeeding among mothers on opioid maintenance treatment (OMT). The studies on maternal OMT mainly focus on medication excreted in breast milk and breastfeeding benefits for infants with neonatal abstinence syndrome (NAS). We aim to review interventions to improve breastfeeding outcomes among mothers on OMT to make recommendations for practice and future research. We searched CINAHL, PubMed, PsycINFO, and the Cochrane Database of Systematic Reviews for articles, preferably experimental/quasi-experimental studies published within the past 10 years, that examined interventions to increase rates of breastfeeding initiation and duration among mothers on OMT. Nine studies met our inclusion criteria, comprising 5 categories: 4 combined obstetric and addiction care, 1 rooming-in, 1 Baby-Friendly hospital, 2 inpatient/outpatient NAS treatment, and 1 divided methadone dose. Breastfeeding rates were relatively higher for divided methadone dose (81% initiated any breastfeeding) and rooming-in (62% initiated any breastfeeding); lower in Baby-Friendly hospital (24%) and inpatient/outpatient NAS treatment (45% and 24%, respectively); and mixed in combined obstetric and addiction care programs (2 studies reported 70% and 76%; 2 studies reported 17% and 28%). Studies that included both methadone and buprenorphine did not specify breastfeeding results by medication. We recommend future research to differentiate breastfeeding types and duration by OMT medication. Qualitative studies are needed to explore maternal view on breastfeeding regarding need, barrier, and motivating factors in order to develop effective interventions to promote breastfeeding among mothers on OMT.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1177/0890334416641909
ER -

TY - JOUR

AN - rayyan-504930647

TI - Outcomes of childbearing Medicaid beneficiaries engaged in care at Strong Start birth center sites between 2012 and 2014.

Y1 - 2017

Y2 - 12

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 44

IS - 4

SP - 298-305

AU - Jolles DR

AU - Langford R

AU - Stapleton S

AU - Cesario S

AU - Koci A

AU - Alliman J

AV - Nurse-midwife El Rio Community Health Center, Faculty, Frontier Nursing University, Tucson, AZ, USA.; Texas Woman's University, Houston, TX, USA.; American Association of Birth Centers Perinatal Data Registry, Perkiomenville, PA, USA.; Texas Woman's University, Houston, TX, USA.; Texas Woman's University, Houston, TX, USA.; American Association of Birth Centers Perinatal Data Registry, Perkiomenville, PA, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/28850706/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers

KW - Cesarean Section/*statistics & numerical data

KW - Episiotomy/*statistics & numerical data

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Logistic Models

KW - *Medicaid

KW - Midwifery/*methods

KW - Pregnancy
KW - Pregnancy Outcome
KW - Prenatal Care/*methods
KW - Prospective Studies
KW - Registries
KW - Risk Factors
KW - United States
KW - Young Adult
KW - Medicaid

AB - BACKGROUND: Variations in care for pregnant women have been reported to affect pregnancy outcomes. METHODS: This study examined data for all 3136 Medicaid beneficiaries enrolled at American Association of Birth Centers (AABC) Center for Medicare and Medicaid Innovation Strong Start sites who gave birth between 2012 and 2014. Using the AABC Perinatal Data Registry, descriptive statistics were used to evaluate socio-behavioral and medical risks, and core perinatal quality outcomes. Next, the 2082 patients coded as low medical risk on admission in labor were analyzed for effective care and preference sensitive care variations. Finally, using binary logistic regression, the associations between selected care processes and cesarean delivery were explored. RESULTS: Medicaid beneficiaries enrolled at AABC sites had diverse socio-behavioral and medical risk profiles and exceeded quality benchmarks for induction, episiotomy, cesarean, and breastfeeding. Among medically low-risk women, the model demonstrated effective care variations including 82% attendance at prenatal education classes, 99% receiving midwifery-led prenatal care, and 84% with midwifery- attended birth. Patient preferences were adhered to with 83% of women achieving birth at their preferred site of birth, and 95% of women using their preferred infant feeding method. Elective hospitalization in labor was associated with a 4-times greater risk of cesarean birth among medically low-risk childbearing Medicaid beneficiaries. CONCLUSIONS: The birth center model demonstrates the capability to achieve the triple aims of improved population health, patient experience, and value.

N1 - RAYYAN-INCLUSION: {"Christel"=>"Included"}

DO - 10.1111/birt.12302

ER -

TY - JOUR

AN - rayyan-504930648

TI - Prevalence of common aneuploidy in twin pregnancies.

Y1 - 2022

Y2 - 5

T2 - Journal of human genetics

SN - 1435-232X (Electronic)

J2 - J Hum Genet

VL - 67

IS - 5

SP - 261-265

AU - Konishi A

AU - Samura O

AU - Muromoto J

AU - Okamoto Y

AU - Takahashi H

AU - Kasai Y

AU - Ichikawa M

AU - Yamada N

AU - Kato N

AU - Sato H

AU - Hamada H

AU - Nakanami N

AU - Machi M

AU - Ichizuka K

AU - Sunami R

AU - Tanaka T

AU - Yonetani N

AU - Kamei Y
 AU - Nagamatsu T
 AU - Matsumoto M
 AU - Tairaku S
 AU - Fujiwara A
 AU - Nakamura H
 AU - Harada T
 AU - Watanabe T
 AU - Sasaki S
 AU - Kawaguchi S
 AU - Minami S
 AU - Ogawa M
 AU - Miura K
 AU - Suzumori N
 AU - Kojima J
 AU - Kotani T
 AU - Sasaki R
 AU - Baba T
 AU - Toyofuku A
 AU - Endo M
 AU - Takeshita N
 AU - Taketani T
 AU - Sase M
 AU - Matsubara K
 AU - Hayata K
 AU - Hamada Y
 AU - Egawa M
 AU - Kakinuma T
 AU - Matsushima S
 AU - Kitagawa M
 AU - Shiga T
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UR - <https://pubmed.ncbi.nlm.nih.gov/34974528/>

LA - eng

CY - England

KW - Aneuploidy

KW - Chromosome Aberrations

KW - *Chromosome Disorders/epidemiology/genetics

KW - *Down Syndrome/epidemiology/genetics

KW - Female

KW - Humans

KW - Pregnancy

KW - Pregnancy, Twin

KW - Prevalence

KW - Retrospective Studies

KW - Trisomy/genetics

KW - Twins

AB - The incidence of chromosomal abnormalities in twin pregnancies is not well-studied. In this retrospective study, we investigated the frequency of chromosomal abnormalities in twin pregnancies and compared the incidence of chromosomal abnormalities in dichorionic diamniotic (DD) and monochorionic diamniotic (MD) twins. We used data from 57 clinical facilities across Japan. Twin pregnancies of more than 12 weeks of gestation managed between January 2016 and December 2018 were included in the study. A total of 2899 and 1908 cases of DD and MD twins, respectively, were reported, and the incidence of chromosomal abnormalities in one or both fetuses was 0.9% (25/2899) and 0.2% (4/1908) in each group ($p = 0.004$). In this study, the most common chromosomal abnormality was trisomy 21 (51.7% [15/29]), followed by trisomy 18 (13.8% [4/29]) and trisomy 13 (6.9% [2/29]). The incidence of trisomy 21 in MD twins was lower than that in DD twins (0.05% vs. 0.5%, $p = 0.007$). Trisomy 21 was less common in MD twins, even when compared with the expected incidence in singletons (0.05% vs. 0.3%, RR 0.15 [95% CI 0.04-0.68]). The risk of chromosomal abnormality decreases in twin pregnancies, especially in MD twins.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1038/s10038-021-01001-0

ER -

TY - JOUR

AN - rayyan-504930649

TI - Comfort over Pain in Pregnancy.

Y1 - 2016

Y2 - 6

T2 - Pain management nursing : official journal of the American Society of Pain

Management Nurses

SN - 1532-8635 (Electronic)

J2 - Pain Manag Nurs

VL - 17

IS - 3

SP - 197-203

AU - Charles NA

AU - Yount S

AU - Morgan A

AV - Bay Area Hospital, Coos Bay, Oregon; Waterfall Clinic, North Bend, Oregon; and Belle Vie Gentle Birth Center, Salem, Oregon. Electronic address: lenorecharles@hotmail.com.; Frontier Nursing University, Hyden, Kentucky.; Bay Area Hospital, Coos Bay, Oregon.

UR - <https://pubmed.ncbi.nlm.nih.gov/27105573/>

LA - eng

CY - United States

KW - Acupuncture Therapy/nursing/standards

KW - Adolescent

KW - Adult

KW - Aromatherapy/nursing/standards

KW - Chronic Pain/*complications/nursing

KW - Female

KW - Holistic Nursing/methods/standards

KW - Humans

KW - Hypnosis/methods

KW - Massage/nursing/standards

KW - Patient Comfort/methods/*standards

KW - *Patient Satisfaction

KW - *Perception

KW - Pregnancy

KW - Pregnancy Complications/nursing/therapy

KW - Surveys and Questionnaires

AB - Pregnancy is often a time when chronic pain is exacerbated, or when acute pain appears. Frequently the easiest intervention within reach, for both chronic and acute pain, is a prescription. However, medication cannot correct the cause of the pain; instead it alters the person's experiential perception of the pain. In

addition, medication exposes both mother and fetus to risks. To provide simple, evidence-based, holistic/alternative remedies for women who experienced nonemergent pain during pregnancy. Holistic/alternative techniques for increasing comfort were taught to the participants and individualized during three sessions. Levels of pain and comfort were measured before and after the treatment, using the validated General Comfort Questionnaire and Pain Outcomes Profile. Pain scores decreased from an average of 5.8/10 to 3.5/10 ($p = .00$). Comfort scores increased from an average of 17.5 to 30 ($p = .00$).
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.pmn.2013.03.003
ER -

TY - JOUR

AN - rayyan-504930650

TI - Determinants of future cardiovascular health in women with a history of preeclampsia.

Y1 - 2015

Y2 - 10

T2 - Maturitas

SN - 1873-4111 (Electronic)

J2 - Maturitas

VL - 82

IS - 2

SP - 153-61

AU - Zoet GA

AU - Koster MP

AU - Velthuis BK

AU - de Groot CJ

AU - Maas AH

AU - Fauser BC

AU - Franx A

AU - van Rijn BB

AV - Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands. Electronic address: g.zoet@umcutrecht.nl.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands.; Department of Obstetrics and Gynaecology, VU University Medical Center Amsterdam, de Boelelaan 1117, 1081 HV Amsterdam, The Netherlands.; Department of Cardiology, Radboud University Medical Center, Geert Grooteplein-Zuid 10, 6525 GA Nijmegen, The Netherlands.; Department of Reproductive Medicine & Gynaecology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands; Academic Unit of Human Development and Health, University of Southampton, Princess Anne Hospital, Coxford Road, Southampton SO16 5YA, United Kingdom.

UR - <https://pubmed.ncbi.nlm.nih.gov/26255680/>

LA - eng

CY - Ireland

KW - Adult

KW - Cardiovascular Diseases/*diagnosis/diagnostic imaging/prevention & control

KW - Carotid Intima-Media Thickness

KW - Female

KW - Humans

KW - Middle Aged

KW - *Pre-Eclampsia

KW - Pregnancy

KW - Risk Assessment

KW - Risk Factors

KW - Women's Health

KW - Pre-Eclampsia

AB - Women who develop preeclampsia have an increased risk of cardiovascular disease (CVD) later in life. However, current guidelines on cardiovascular risk assessment and prevention are unclear on how and when to screen these women postpartum, and about the role of a positive history of preeclampsia in later-life CVD risk management. The aim of this review is to discuss the present knowledge on commonly used cardiovascular screening modalities available to women with a history of preeclampsia, and to discuss recent developments in early detection of CVD using cardiovascular imaging. Furthermore, we explore how female-specific risk factors may have additional value in cardiovascular screening, in particular in relatively young women, although their implementation in clinical practice is challenged by inconsistent results and lack of long-term outcome data. Non-invasive imaging techniques, e.g., coronary artery intima-media thickness (CIMT), can be helpful to detect subclinical atherosclerotic disease, and coronary artery calcium scoring (CACS) has shown to be effective in early detection of cardiovascular damage. However, while more short-term and long-term follow-up studies are becoming available, few studies have investigated women with a history of preeclampsia in the fourth and fifth decade of life, when early signs of premature CVD are most likely to become apparent. Further studies are needed to inform new and improved clinical practice guidelines, and provide long-term strategies to effectively prevent CVD, specifically targeted at women with a history of preeclampsia. Additionally, evaluation of feasibility, cost-effectiveness, and implementation of CVD screening and prevention initiatives targeted at former preeclampsia patients are needed.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia

DO - 10.1016/j.maturitas.2015.07.004

ER -

TY - JOUR

AN - rayyan-504930651

TI - Idiopathic multifocal choroiditis and punctate inner choroidopathy: an evaluation in pregnancy.

Y1 - 2022

Y2 - 2

T2 - Acta ophthalmologica

SN - 1755-3768 (Electronic)

J2 - Acta Ophthalmol

VL - 100

IS - 1

SP - 82-88

AU - de Groot EL

AU - van Huet RAC

AU - Bloemenkamp KWM

AU - de Boer JH

AU - Ossewaarde-van Norel J

AV - Department of Ophthalmology, University Medical Center Utrecht, Utrecht, the Netherlands.;

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Department of Ophthalmology, University Medical Center Utrecht, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/34009733/>

LA - eng

CY - England

KW - Angiogenesis Inhibitors/administration & dosage

KW - Choroiditis/*diagnosis/drug therapy

KW - Female

KW - Fluorescein Angiography/*methods

KW - Fundus Oculi

KW - Humans

KW - Immunosuppressive Agents/*therapeutic use

KW - Intravitreal Injections

KW - Pregnancy

KW - *Pregnancy Complications

KW - Prognosis

KW - Receptors, Vascular Endothelial Growth Factor/antagonists & inhibitors
 KW - Retrospective Studies
 KW - Tomography, Optical Coherence/*methods
 KW - *Visual Acuity
 KW - White Dot Syndromes/*diagnosis/drug therapy
 AB - PURPOSE: To evaluate the clinical course of idiopathic multifocal choroiditis (MFC) and punctate inner choroidopathy (PIC) and the efficacy and safety of treatment options during pregnancy. METHODS: Patients with MFC or PIC and a pregnancy in 2011-2019 from two academic centres were enrolled. For the most recent pregnancy, data on best-corrected visual acuity (BCVA) before and after pregnancy, relapse rate in pregnancy and postpartum period and obstetric, maternal and neonatal outcomes were collected. Treatment regimens consisted of a wait-and-see regime and an immunosuppressive treatment regime with systemic corticosteroids and/or azathioprine, both combined with intravitreal antivascular endothelial growth factor injections when indicated. RESULTS: Sixteen women (26 affected eyes) were included. Median Snellen BCVA was 20/19 before pregnancy and 20/18 after delivery. In seven pregnancies a wait-and-see regime and in nine pregnancies an immunosuppressive treatment regime was carried out. Fourteen intravitreal anti-VEGF injections were given in six pregnancies. The relapse rate during pregnancy was 44% and in the postpartum period 31%. Maternal/obstetrical and fetal complications occurred in 31% and 13% of the pregnancies, respectively. Fifteen healthy children were born and one pregnancy ended in a stillbirth in a patient with a complicated obstetrical history. One patient treated with azathioprine developed intrahepatic cholestasis of pregnancy (ICP). CONCLUSIONS: Among women with MFC and PIC BCVA remained stable during pregnancy despite a relapse rate of 44% in pregnancy. No major maternal, obstetric and fetal complications occurred in pregnant patients treated with systemic corticosteroids, azathioprine or intravitreal anti-VEGF injections, though one patient developed ICP while treated with azathioprine.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
 DO - 10.1111/aos.14898
 ER -

 TY - JOUR
 AN - rayyan-504930652
 TI - Development and validation of a national data registry for midwife-led births: the Midwives Alliance of North America Statistics Project 2.0 dataset.
 Y1 - 2014
 Y2 - 1
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 59
 IS - 1
 SP - 8-16
 AU - Cheyney M
 AU - Bovbjerg M
 AU - Everson C
 AU - Gordon W
 AU - Hannibal D
 AU - Vedam S
 UR - <https://pubmed.ncbi.nlm.nih.gov/24479670/>
 LA - eng
 CY - United States
 KW - Benchmarking
 KW - Birthing Centers/*statistics & numerical data
 KW - Datasets as Topic/*standards
 KW - Delivery Rooms/*statistics & numerical data
 KW - Delivery, Obstetric/statistics & numerical data
 KW - Female
 KW - Home Childbirth/*statistics & numerical data
 KW - Humans

KW - Infant, Newborn
KW - Midwifery/*statistics & numerical data
KW - Nurse Midwives
KW - Pregnancy
KW - *Pregnancy Outcome
KW - Registries/*standards
KW - United States
KW - Registries
KW - North America
KW - Midwifery

AB - INTRODUCTION: In 2004, the Midwives Alliance of North America's (MANA's) Division of Research developed a Web-based data collection system to gather information on the practices and outcomes associated with midwife-led births in the United States. This system, called the MANA Statistics Project (MANA Stats), grew out of a widely acknowledged need for more reliable data on outcomes by intended place of birth. This article describes the history and development of the MANA Stats birth registry and provides an analysis of the 2.0 dataset's content, strengths, and limitations. METHODS: Data collection and review procedures for the MANA Stats 2.0 dataset are described, along with methods for the assessment of data accuracy. We calculated descriptive statistics for client demographics and contributing midwife credentials, and assessed the quality of data by calculating point estimates, 95% confidence intervals, and kappa statistics for key outcomes on pre- and postreview samples of records. RESULTS: The MANA Stats 2.0 dataset (2004-2009) contains 24,848 courses of care, 20,893 of which are for women who planned a home or birth center birth at the onset of labor. The majority of these records were planned home births (81%). Births were attended primarily by certified professional midwives (73%), and clients were largely white (92%), married (87%), and college-educated (49%). Data quality analyses of 9932 records revealed no differences between pre- and postreviewed samples for 7 key benchmarking variables (kappa, 0.98-1.00). DISCUSSION: The MANA Stats 2.0 data were accurately entered by participants; any errors in this dataset are likely random and not systematic. The primary limitation of the 2.0 dataset is that the sample was captured through voluntary participation; thus, it may not accurately reflect population-based outcomes. The dataset's primary strength is that it will allow for the examination of research questions on normal physiologic birth and midwife-led birth outcomes by intended place of birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article
DO - 10.1111/jmwh.12165
ER -

TY - JOUR

AN - rayyan-504930654

TI - Planned Out-of-Hospital Birth as a Risk Factor for Nonreceipt of Hepatitis B Immunization.

Y1 - 2023

Y2 - 6

Y3 - 8

T2 - The Pediatric infectious disease journal

SN - 1532-0987 (Electronic)

J2 - Pediatr Infect Dis J

AU - Higgins DM

AU - Haynes AL

AU - Jensen JC

AU - O'Leary ST

AU - Moss A

AU - Calonge N

AV - From the Department of Epidemiology, Colorado School of Public Health, Aurora, CO.; Department of Family Medicine, University of Colorado School of Medicine, Aurora, CO.; Department of Pediatrics, University of Colorado School of Medicine, Aurora, CO; and.; Adult and Child Center for Health Outcomes Research and Delivery Science (ACCORDS), University of Colorado/Children's Hospital Colorado, Aurora, CO.; From the Department of Epidemiology, Colorado School of Public Health, Aurora, CO.; From the Department of Epidemiology, Colorado School of Public Health, Aurora, CO.; Department of Pediatrics, University of Colorado School of Medicine, Aurora, CO; and.; Adult and Child Center for Health Outcomes Research and Delivery Science (ACCORDS), University of Colorado/Children's Hospital Colorado, Aurora, CO.; From the

Department of Epidemiology, Colorado School of Public Health, Aurora, CO.

UR - <https://pubmed.ncbi.nlm.nih.gov/37310892/>

LA - eng

CY - United States

AB - BACKGROUND: The hepatitis B vaccine (HBV) is recommended at birth to prevent perinatal hepatitis B transmission; however, many newborns still do not receive HBV. The extent to which planned out-of-hospital births, which have increased over the past decade, are associated with nonreceipt of the HBV birth dose is unknown. The purpose of this study was to determine whether a planned out-of-hospital birth location is associated with the nonreceipt of the HBV birth dose. METHODS: We performed a retrospective cohort study of all births from 2007 to 2019 recorded in the Colorado birth registry. χ^2 analyses were used to compare maternal demographics by birth location. Univariate and multiple logistic regression were used to evaluate the association of birth location with nonreceipt of the HBV birth dose. RESULTS: In total 1.5% of neonates born in freestanding birth centers and 0.1% of neonates born at a planned home birth received HBV compared to 76.3% of neonates born in a hospital location. After adjusting for confounders, this translated to a large increase in the odds of not receiving HBV compared to in-hospital births [freestanding birth center (aodds ratio (aOR): 172.98, 95% confidence interval (CI): 136.98-219.88); planned home birth (aOR: 502.05, 95% CI: 363.04-694.29)]. Additionally, older maternal age, White/non-Hispanic race and ethnicity, higher income, and private or no insurance were associated with nonreceipt of the HBV birth dose. CONCLUSIONS: Planned out-of-hospital birth is a risk factor for nonreceipt of the HBV birth dose. As births in these locations become more common, targeted policies and education are warranted.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1097/INF.0000000000003992

ER -

TY - JOUR

AN - rayyan-504930655

TI - The Rankin Inlet Birthing Centre: community midwifery in the Inuit context.

Y1 - 2011

Y2 - 4

T2 - International journal of circumpolar health

SN - 2242-3982 (Electronic)

J2 - Int J Circumpolar Health

VL - 70

IS - 2

SP - 178-85

AU - Douglas VK

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UR - <https://pubmed.ncbi.nlm.nih.gov/21481300/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - *Community Health Centers

KW - Female

KW - Humans

KW - Interviews as Topic

KW - *Inuit

KW - *Midwifery

KW - Nunavut

KW - Pregnancy

KW - Midwifery

AB - OBJECTIVES: To trace the historical development of the Rankin Inlet Birthing Centre since its inception in 1993 in the context of plans to make it the nucleus of a system of community birthing centres throughout Nunavut. STUDY DESIGN: This is an analytical historical study using a combination of oral history interviews, government documents and existing literature. METHODS: Oral history interviews with current and former employees of the Birthing Centre, founding organizers and women who gave birth there were combined with a review of the literature using MEDLINE, Anthropology PLUS, CINAHL and Historical Abstracts, as well as a search of the records of the Nunavut Government and the debates of the Nunavut Legislature and its

predecessor, the NWT Legislature. Results. The Rankin Inlet Birthing Centre has been successful, but only marginally so. The majority of births for residents of this region still occur in southern hospitals, either in Churchill or Winnipeg. Although the long-term plan for the Centre is to train and employ Inuit midwives, thus far only two maternity care workers are employed at the Centre. All the midwives are from southern Canada and rotate through the Centre and the community on fixed terms. The Centre has been very successful at gaining and retaining support at the political level, with a strong official commitment to it from the Nunavut Legislature, and active support from the medical communities in the Kivalliq and in Manitoba through the Northern Health Unit at the University of Manitoba. Community support within Rankin Inlet is less apparent and has been halting. Plans to extend the model of the Centre to other communities are long-standing, but have been slow to come to fruition. DISCUSSION: The Rankin Inlet Birthing Centre has remained an important, but peripheral, institution in Rankin Inlet. It is in many ways a southern institution located in the Arctic; for this reason, and due to the social networks present in Rankin Inlet itself, it has suffered from a lack of enthusiastic support from the community. However, the staff at the Birthing Centre are aware of its shortcomings and explicitly support more community-centred approaches in other communities.

CONCLUSIONS: The staff and clients of the Rankin Inlet Birthing Centre have broadly recognized the challenges it faces. Future expansion is likely to adapt to local traditions and requirements, leading to new birthing centres that will be integrated into their communities.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article
DO - 10.3402/ijch.v70i2.17803
ER -

TY - JOUR

AN - rayyan-504930656

TI - Maternity Care Preferences for Future Pregnancies Among United States Childbearers: The Impacts of COVID-19.

Y1 - 2021

T2 - Frontiers in sociology

SN - 2297-7775 (Electronic)

J2 - Front Sociol

VL - 6

SP - 611407

AU - Gildner TE

AU - Thayer ZM

AV - Department of Anthropology, Dartmouth College, Hanover, NH, United States.; Department of Anthropology, Washington University in St. Louis, St. Louis, MO, United States.; Department of Anthropology, Dartmouth College, Hanover, NH, United States.; Ecology, Evolution, Environment and Society Program, Dartmouth College, Hanover, NH, United States.

UR - <https://pubmed.ncbi.nlm.nih.gov/33869560/>

LA - eng

CY - Switzerland

KW - Pregnancy

KW - United States

AB - The COVID-19 pandemic has impacted maternity care decisions, including plans to change providers or delivery location due to pandemic-related restrictions and fears. A relatively unexplored question, however, is how the pandemic may shape future maternity care preferences post-pandemic. Here, we use data collected from an online convenience survey of 980 women living in the United States to evaluate how and why the pandemic has affected women's future care preferences. We hypothesize that while the majority of women will express a continued interest in hospital birth and OB/GYN care due to perceived safety of medicalized birth, a subset of women will express a new interest in out-of-hospital or "community" care in future pregnancies. However, factors such as local provider and facility availability, insurance coverage, and out-of-pocket cost could limit access to such future preferred care options. Among our predominately white, educated, and high-income sample, a total of 58 participants (5.9% of the sample) reported a novel preference for community care during future pregnancies. While the pandemic prompted the exploration of non-hospital options, the reasons women preferred community care were mostly consistent with factors described in pre-pandemic studies, (e.g. a preference for a natural birth model and a desire for more person-centered care). However, a relatively high percentage (34.5%) of participants with novel preference for community care indicated that they expected limitations in their ability to access these services. These

findings highlight how the pandemic has potentially influenced maternity care preferences, with implications for how providers and policy makers should anticipate and respond to future care needs.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.3389/fsoc.2021.611407

ER -

TY - JOUR

AN - rayyan-504930657

TI - The duration of spontaneous active and pushing phases of labour among 75,243 US women when intervention is minimal: A prospective, observational cohort study.

Y1 - 2022

Y2 - 6

T2 - EClinicalMedicine

SN - 2589-5370 (Electronic)

J2 - EClinicalMedicine

VL - 48

SP - 101447

AU - Tilden EL

AU - Snowden JM

AU - Bovbjerg ML

AU - Cheyney M

AU - Lapidus J

AU - Wiedrick J

AU - Caughey AB

AV - Department Nurse-Midwifery, School of Nursing, Oregon Health and Science University , 577, 3181 SW Sam Jackson Park Rd., Portland, OR 97214, USA.; UpLift Lab, Oregon State University, Corvallis, OR, USA.; Department of Obstetrics and Gynecology, School of Medicine, Oregon Health and Science University, Portland, OR, USA.; UpLift Lab, Oregon State University, Corvallis, OR, USA.; Oregon Health and Science University/Portland State University School of Public Health, Portland, OR, USA.; UpLift Lab, Oregon State University, Corvallis, OR, USA.; College of Public Health and Human Sciences, Oregon State University, Corvallis, OR, USA.; UpLift Lab, Oregon State University, Corvallis, OR, USA.; Department of Anthropology, Oregon State University, Corvallis, OR, USA.; Oregon Health and Science University/Portland State University School of Public Health, Portland, OR, USA.; Oregon Health and Science University Biostatistics and Design Program, Portland, OR, USA.; Oregon Health and Science University/Portland State University School of Public Health, Portland, OR, USA.; Oregon Health and Science University Biostatistics and Design Program, Portland, OR, USA.; Department Nurse-Midwifery, School of Nursing, Oregon Health and Science University , 577, 3181 SW Sam Jackson Park Rd., Portland, OR 97214, USA.; Department of Obstetrics and Gynecology, School of Medicine, Oregon Health and Science University, Portland, OR, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/35783483/>

LA - eng

CY - England

KW - Cohort Studies

AB - BACKGROUND: Friedman's curve, despite acknowledged limitations, has greatly influenced labour management. Interventions to hasten birth are now ubiquitous, challenging the contemporary study of normal labour. Our primary purpose was to characterise normal active labour and pushing durations in a large, contemporary sample experiencing minimal intervention, stratified by parity, age, and body mass index (BMI). METHODS: This is a secondary analysis of the national, validated Midwives Alliance of North America 4·0 (MANA Stats) data registry (n = 75,243), prospectively collected between Jan 1, 2012 and Dec 31, 2018 to describe labour and birth in home and birth center settings where common obstetric interventions [i.e., oxytocin, planned cesarean] are not available. The MANA Stats cohort includes pregnant people who intended birth in these settings and prospectively collects labour and birth processes and outcomes regardless of where birth or postpartum care ultimately occurs. Survival curves were calculated to estimate labour duration percentiles (e.g. 10th, 50th, 90th, and others of interest), by parity and sub-stratified by age and BMI. FINDINGS: Compared to multiparous women (n = 32,882), nulliparous women (n = 15,331) had significantly longer active labour [e.g., median 7.5 vs. 3.3 h; 95th percentile 34.8 vs. 12.0 h] and significantly longer pushing phase [e.g., median 1.1 vs. 0.2 h; 95th percentile 5.5 vs. 1.1 h]. Among nulliparous women, maternal age >35 was associated with longer active first stage of labour and longer pushing phase, and BMI

>30 kg/m² was associated with a longer active first stage of labour but a shorter pushing phase. Patterns among multiparous women were different, with those >35 years of age experiencing a slightly more rapid active labour and no difference in pushing duration, and those with BMI >30 kg/m² experiencing a slightly longer active labour but, similarly, no difference in pushing duration. INTERPRETATION: Nulliparous women had significantly longer active first stage and pushing phase durations than multiparous women, with further variation noted by age and by BMI. Contemporary US women with low-risk pregnancies who intended birth in settings absent common obstetric interventions and in spontaneous labour with a live, vertex, term, singleton, non-anomalous fetus experienced labour durations that were often longer than prior characterizations, particularly among nulliparous women. Results overcome prior and current sampling limitations to refine understanding of normal labour durations and time thresholds signaling 'labour dystocia'. FUNDING: OHSU Nursing Innovation and OHSU University Shared Resources.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.eclinm.2022.101447
ER -

TY - JOUR
AN - rayyan-504930658
TI - Midwifery and Birth Centers Under State Medicaid Programs: Current Limits to Beneficiary Access to a High-Value Model of Care.
Y1 - 2020
Y2 - 12
T2 - The Milbank quarterly
SN - 1468-0009 (Electronic)
J2 - Milbank Q
VL - 98
IS - 4
SP - 1091-1113
AU - Courtot B
AU - Hill I
AU - Cross-Barnet C
AU - Markell J
AV - The Urban Institute, Health Policy Center.; The Urban Institute, Health Policy Center.; Center for Medicare and Medicaid Innovation.; The Urban Institute, Health Policy Center.
UR - <https://pubmed.ncbi.nlm.nih.gov/32930433/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - Female
KW - *Health Services Accessibility
KW - Humans
KW - Maternal-Child Health Services/*economics/standards
KW - *Medicaid
KW - *Midwifery
KW - Pregnancy
KW - *Prenatal Care
KW - United States
KW - Midwifery
AB - Policy Points Birth center services must be covered under Medicaid per federal mandate, but reimbursement and other policy barriers prevent birth centers from serving more Medicaid patients. Midwifery care provided through birth centers improves maternal and infant outcomes and lowers costs for Medicaid beneficiaries. Birth centers offer an array of birth options and have resources to care for patients with medical and psychosocial risks. Addressing the barriers identified in this study would promote birth centers' participation in Medicaid, leading to better outcomes for Medicaid-covered mothers and newborns and significant savings for the Medicaid program. CONTEXT: Midwifery care, particularly when offered through birth centers, has shown promise in both improving pregnancy outcomes and containing costs. The national evaluation of Strong Start for Mothers and Newborns II, an initiative that tested enhanced prenatal care models for Medicaid beneficiaries, found that women receiving prenatal care at Strong Start birth

centers experienced superior birth outcomes compared to matched and adjusted counterparts in typical Medicaid care. We use qualitative evaluation data to investigate birth centers' experiences participating in Medicaid, and identify policies that influence Medicaid beneficiaries' access to midwives and birth centers. METHODS: We analyzed data from more than 200 key informant interviews and 40 focus groups conducted during four case study rounds; a phone-based survey of Medicaid officials in Strong Start states; and an Internet-based survey of birth center sites. We identified themes related to access to midwives and birth centers, focusing on influential Medicaid policies. FINDINGS: Medicaid beneficiaries chose birth center care because they preferred midwife providers, wanted a more natural birth experience, or in some cases sought certain pain relief methods or birth procedures not available at hospitals. However, Medicaid enrollees currently have less access to birth centers than privately insured women. Many birth centers have difficulty contracting with managed care organizations and participating in Medicaid value-based delivery system reforms, and birth center reimbursement rates are sometimes too low to cover the actual cost of care. Some birth centers significantly limit Medicaid business because of low reimbursement rates and threats to facility sustainability. CONCLUSIONS: Medicaid beneficiaries do not have the same access to maternity care providers and birth settings as their privately insured counterparts. Medicaid policy barriers prevent some birth centers from serving more Medicaid patients, or threaten the financial sustainability of centers. By addressing these barriers, more Medicaid beneficiaries could access care that is associated with positive birth outcomes for mothers and newborns, and the Medicaid program could reap significant savings.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/1468-0009.12473

ER -

TY - JOUR

AN - rayyan-504930663

TI - Choices.

Y1 - 2008

T2 - Midwifery today with international midwife

SN - 1551-8892 (Print)

J2 - Midwifery Today Int Midwife

IS - 86

SP - 14-5, 66

AU - Wakeland E

AV - Natchez Trace Health and Birth Center, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/18630004/>

LA - eng

CY - United States

KW - Adult

KW - *Birthing Centers

KW - *Choice Behavior

KW - Female

KW - Health Knowledge, Attitudes, Practice

KW - Health Services Accessibility

KW - *Home Childbirth

KW - Humans

KW - Mothers/education

KW - *Patient Rights

KW - *Patient Satisfaction

KW - Pregnancy

KW - *Prenatal Care

KW - United States

KW - Women's Health

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type

ER -

TY - JOUR

AN - rayyan-504930665

TI - Sexuality among fathers of newborns in Jamaica.
 Y1 - 2015
 Y2 - 2
 Y3 - 21
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 15
 SP - 44
 AU - Gray PB
 AU - Reece JA
 AU - Coore-Desai C
 AU - Dinnall-Johnson T
 AU - Pellington S
 AU - Samms-Vaughan M
 AV - Department of Anthropology, University of Nevada, 4505 S. Maryland Parkway, Box 455003, Las Vegas, NV, 89154-5003, USA. peter.gray@unlv.edu.; Department of Child and Adolescent Health, University of the West Indies, Mona Campus, Mona, Jamaica. jodyreece@yahoo.com.; Department of Child and Adolescent Health, University of the West Indies, Mona Campus, Mona, Jamaica. cooredesai@gmail.com.; Department of Child and Adolescent Health, University of the West Indies, Mona Campus, Mona, Jamaica. tdinnall@gmail.com.; Department of Child and Adolescent Health, University of the West Indies, Mona Campus, Mona, Jamaica. sydonniesp@gmail.com.; Department of Child and Adolescent Health, University of the West Indies, Mona Campus, Mona, Jamaica. msammsvaughan@gmail.com.
 UR - <https://pubmed.ncbi.nlm.nih.gov/25886162/>
 LA - eng
 CY - England
 KW - Adult
 KW - Cohort Studies
 KW - Demography
 KW - Fathers/*psychology
 KW - Female
 KW - Humans
 KW - *Interpersonal Relations
 KW - Jamaica
 KW - Male
 KW - *Paternal Behavior
 KW - Postpartum Period/psychology
 KW - Pregnancy
 KW - Sexual Partners/*psychology
 KW - Sexuality/*psychology
 KW - Socioeconomic Factors
 KW - Infant, Newborn
 AB - BACKGROUND: While a growing body of research has addressed pregnancy and postpartum impacts on female sexuality, relatively little work has been focused upon men. A few studies suggest that a fraction of men report decreases in libido during a partner's pregnancy and/or postpartum, with alterations in men's sexual behavior also commonly aligning with those of a partner. Here, we investigate sexuality among fathers of newborn children in Jamaica. In Jamaica, as elsewhere in the Caribbean, relationship dynamics can be fluid, contributing to variable paternal roles and care, as well as a high fraction of children born into visiting relationships in which parents live apart from each other. METHODS: During July-September, 2011, 3410 fathers of newborns with an average age of 31 (SD = 8) years participated in the fatherhood arm of a national birth cohort study (JAKids). These fathers answered questions about sociodemographic background, relationship quality and sexuality (e.g., various components of sexual function such as sex drive and sexual satisfaction as well as number of sexual partners the previous 12 months and sexual intercourse the previous week) during a visit to a hospital or birth center within a day or two of their child being born. RESULTS: Showed that sex drive was more variable than other components (erections, ejaculation, problem assessment) of sexual function, though sexual satisfaction was generally high. Thirty percent of men reported two or more sexual partners the previous 12 months. Nearly half of men indicated not engaging in

sexual intercourse the past week. Multivariate analyses showed that relationship status was related to various aspects of men's sexuality, such as men in visiting relationships reporting more sexual partners and more openness to casual sex. Relationship quality was the most consistent predictor of men's sexuality, with men in higher quality relationships reporting higher sexual satisfaction, fewer sexual partners, and higher frequency of sex, among other findings. CONCLUSIONS: These results provide an unusually large, quantitative look at men's sexuality during the transition to fatherhood in Jamaica, offering helpful insight to would-be parents, clinicians or others seeking to anticipate the effects of a partner's pregnancy on men's sexuality.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1186/s12884-015-0475-6

ER -

TY - JOUR

AN - rayyan-504930666

TI - Outcomes for the First Year of Ontario's Birth Center Demonstration Project.

Y1 - 2018

Y2 - 9

Y3 - 10

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 63

IS - 5

SP - 532-40

AU - Sprague AE

AU - Sidney D

AU - Darling EK

AU - Van Wagner V

AU - Soderstrom B

AU - Rogers J

AU - Graves E

AU - Coyle D

AU - Sumner A

AU - Holmberg V

AU - Khan B

AU - Walker MC

UR - <https://pubmed.ncbi.nlm.nih.gov/30199126/>

LA - eng

CY - United States

AB - INTRODUCTION: In 2014, Ontario opened 2 stand-alone midwifery-led birth centers. Using mixed methods, we evaluated the first year of operations for quality and safety, client experience, and integration into the maternity care community. This article reports on our study of safety and quality of care. METHODS: This descriptive evaluation focused on women admitted to a birth center at the beginning of labor. For context, we matched this cohort (on a 1:4 basis) with similar low-risk midwifery clients giving birth in a hospital. Data sources included Ontario's Better Outcomes Registry and Network (BORN) Information System, the Canadian Institute for Health Information, Ontario census data, and birth center records. RESULTS: Of 495 women admitted to a birth center, 87.9% experienced a spontaneous vaginal birth, regardless of the eventual location of birth, and 7.7% had a cesarean birth. The transport rate to a hospital was 26.3%. When compared with midwifery clients with a planned hospital birth, rates of intervention (epidural analgesia, labor augmentation, assisted vaginal birth, and cesarean birth) were significantly lower in the planned birth center group, even when controlled for previous cesarean birth and body mass index. Markers of potential morbidity were identified in about 10% of birth center births; however, there were no short-term health impacts up to discharge from midwifery care at 6 weeks postpartum. Care was low in intervention and safe (minimal negative outcomes and transport rates comparable to the literature). DISCUSSION: In the first year of operation, care was consistent with national guidelines, and morbidity and mortality rates and intervention rates were low for women with low-risk pregnancies seeking a low-intervention approach for labor and birth. Further evaluation to confirm these findings is required as the

number of births grows.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.12884

ER -

TY - JOUR

AN - rayyan-504930667

TI - Prior cesarean section--an acceptable risk for vaginal delivery at free-standing midwife-led birth centers?

Results of the analysis of vaginal birth after cesarean section (VBAC) in German birth centers.

Y1 - 2009

Y2 - 2

T2 - European journal of obstetrics, gynecology, and reproductive biology

SN - 1872-7654 (Electronic)

J2 - Eur J Obstet Gynecol Reprod Biol

VL - 142

IS - 2

SP - 106-10

AU - David M

AU - Gross MM

AU - Wiemer A

AU - Pachaly J

AU - Vetter K

AV - Charité-Universitätsmedizin Berlin, Campus Virchow-Klinikum, Klinik für Frauenheilkunde und

Geburtshilfe, Germany. matthias.david@charite.de

UR - <https://pubmed.ncbi.nlm.nih.gov/19042076/>

LA - eng

CY - Ireland

KW - Adult

KW - Birthing Centers/*statistics & numerical data

KW - Female

KW - Germany

KW - Humans

KW - Infant, Newborn

KW - Midwifery

KW - Pregnancy

KW - Pregnancy Outcome

KW - Retrospective Studies

KW - Risk Assessment

KW - Vaginal Birth after Cesarean/*statistics & numerical data

KW - Cesarean Section

AB - OBJECTIVES: Is out-of-hospital vaginal birth at a birth center safe for women with a previous cesarean section? Do their maternal or neonatal outcomes vary significantly from those of a "non-cesarean" control group? STUDY DESIGN: Retrospective evaluation of prospectively collected data on documented singleton births (cephalic presentation, >34/0 weeks of gestation), all of which were second births, occurring between 2000 and 2004 in 1 of 80 German birth centers. Births that occurred in the birth center or when labor had started in the birth center prior to transfer were included for analysis. RESULTS: Three hundred and sixty four women (5.3%) had a previous cesarean. The control group included 6448 parae II with no previous cesarean. Significant differences ($p<0.05$) between these two groups included: the transfer rate of mothers from a birth center to a hospital clinic during labor, the number of emergency transfers, the method of delivery (repeat cesarean), and the Apgar score at 5 min ≤ 7 . CONCLUSIONS: At best, vaginal birth after cesarean (VBAC) is possible at a birth center if good cooperation exists with an emergency birth clinic near the birth center, allowing for a responsible and timely transfer to this hospital. Because serious maternal and neonatal complications are rare, further continuous observational studies with larger sets of data are necessary to determine safety of free-standing birth center care for women having VBAC.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.ejogrb.2008.09.015

ER -

TY - JOUR
AN - rayyan-504930668
TI - Factors associated with low Apgar in newborns in birth center.
Y1 - 2019
Y2 - 12
T2 - Revista brasileira de enfermagem
SN - 1984-0446 (Electronic)
J2 - Rev Bras Enferm
VL - 72
SP - 297-304
AU - Santos NCP
AU - Vogt SE
AU - Duarte ED
AU - Pimenta AM
AU - Madeira LM
AU - Abreu MNS
AV - Hospital Sofia Feldman. Belo Horizonte, Minas Gerais, Brazil.; Hospital Sofia Feldman. Belo Horizonte, Minas Gerais, Brazil.; Universidade Federal de Minas Gerais. Belo Horizonte, Minas Gerais, Brazil.; Universidade Federal de Minas Gerais. Belo Horizonte, Minas Gerais, Brazil.; Hospital Sofia Feldman. Belo Horizonte, Minas Gerais, Brazil.; Universidade Federal de Minas Gerais. Belo Horizonte, Minas Gerais, Brazil.
UR - <https://pubmed.ncbi.nlm.nih.gov/31851267/>
LA - ["eng", "por"]
CY - Brazil
KW - Adult
KW - *Apgar Score
KW - Birthing Centers/organization & administration/statistics & numerical data
KW - Chi-Square Distribution
KW - Cross-Sectional Studies
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Pregnancy
KW - Risk Factors
AB - OBJECTIVE: to analyze factors associated with Apgar of 5 minutes less than 7 of newborns of women selected for care at the Center for Normal Birth (ANC). METHOD: a descriptive cross-sectional study with data from 9,135 newborns collected between July 2001 and December 2012. The analysis used absolute and relative frequency frequencies and bivariate analysis using Pearson's chi-square test or the exact Fisher. RESULTS: fifty-three newborns (0.6%) had Apgar less than 7 in the 5th minute. The multivariate analysis found a positive association between low Apgar and gestational age less than 37 weeks, gestational pathologies and interurrences in labor. The presence of the companion was a protective factor. CONCLUSION: the Normal Birth Center is a viable option for newborns of low risk women as long as the protocol for screening low-risk women is followed.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital,wrong population
DO - 10.1590/0034-7167-2018-0924
ER -

TY - JOUR
AN - rayyan-504930669
TI - Low primary cesarean rate and high VBAC rate with good outcomes in an Amish birthing center.
Y1 - 2012
Y2 - 11
T2 - Annals of family medicine
SN - 1544-1717 (Electronic)
J2 - Ann Fam Med
VL - 10

IS - 6
 SP - 530-7
 AU - Deline J
 AU - Varnes-Epstein L
 AU - Dresang LT
 AU - Gideonsen M
 AU - Lynch L
 AU - Frey JJ 3rd
 AV - Amish Birthing Center, La Farge, WI 54639, USA. jdeline@vmh.org
 UR - <https://pubmed.ncbi.nlm.nih.gov/23149530/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Amish
 KW - Birthing Centers
 KW - Cesarean Section/*statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant Mortality
 KW - Infant, Newborn
 KW - Obstetric Labor Complications/*epidemiology
 KW - Parturition/*ethnology
 KW - Pregnancy
 KW - Retrospective Studies
 KW - Trial of Labor
 KW - United States
 KW - Vaginal Birth after Cesarean/*statistics & numerical data
 KW - Wisconsin
 AB - PURPOSE: Recent national guidelines encourage a trial of labor after cesarean (TOLAC) as a means of increasing vaginal births after cesarean (VBACs) and decreasing the high US cesarean birth rate and its consequences (2010 National Institute of Health Consensus Statement and American College of Obstetricians and Gynecologists revised guideline). A birthing center serving Amish women in Southwestern Wisconsin offered an opportunity to look at the effects of local culture and practices that support vaginal birth and TOLAC. This study describes childbirth and perinatal outcomes during a 17-year period in LaFarge, Wisconsin. METHODS: We undertook a retrospective analysis of the records of all women admitted to the birth center in labor. Main outcome measures include rates of cesarean deliveries, TOLAC and VBAC deliveries, and perinatal outcomes for 927 deliveries between 1993 and 2010. RESULTS: The cesarean rate was 4% (35 of 927), the TOLAC rate was 100%, and the VBAC rate was 95% (88 of 92). There were no cases of uterine rupture and no maternal deaths. The neonatal death rate of 5.4 of 1,000 was comparable to that of Wisconsin (4.6 of 1,000) and the United States (4.5 of 1,000). CONCLUSIONS: Both the culture of the population served and a number of factors relating to the management of labor at the birthing center have affected the rates of cesarean delivery and TOLAC. The results of the LaFarge Amish study support a low-technology approach to delivery where good outcomes are achieved with low cesarean and high VBAC rates.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1370/afm.1403
 ER -

 TY - JOUR
 AN - rayyan-504930670
 TI - Hyperbilirubinemia in Term Newborns Needing Phototherapy within 48 Hours after Birth in a Japanese Birth Center.
 Y1 - 2018
 Y2 - 9
 Y3 - 11
 T2 - The Kobe journal of medical sciences
 SN - 1883-0498 (Electronic)
 J2 - Kobe J Med Sci

VL - 64
 IS - 1
 SP - E20-E25
 AU - Tsujimae S
 AU - Yoshii K
 AU - Yamana K
 AU - Fujioka K
 AU - Iijima K
 AU - Morioka I
 AV - Department of Pediatrics, Kobe University Graduate School of Medicine, Kobe, Japan.; Department of Pediatrics, Chibune General Hospital, Osaka, Japan.; Department of Pediatrics, Chibune General Hospital, Osaka, Japan.; Department of Pediatrics, Kobe University Graduate School of Medicine, Kobe, Japan.; Department of Pediatrics, Kobe University Graduate School of Medicine, Kobe, Japan.; Department of Pediatrics, Kobe University Graduate School of Medicine, Kobe, Japan.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30282894/>
 LA - eng
 CY - Japan
 KW - Age of Onset
 KW - Bilirubin/blood
 KW - Birthing Centers
 KW - Female
 KW - Humans
 KW - Hyperbilirubinemia, Neonatal/blood/etiology/*therapy
 KW - Infant, Newborn
 KW - Japan
 KW - Jaundice, Neonatal/blood/etiology/therapy
 KW - Male
 KW - *Phototherapy
 KW - Retrospective Studies
 KW - Term Birth
 AB - BACKGROUND: Hyperbilirubinemia in term newborns needing phototherapy within 48 hours after birth, early-onset hyperbilirubinemia, has not been evaluated in recent Japanese healthy birth centers. In this study, we sought to determine the cause of early-onset hyperbilirubinemia in a Japanese healthy birth center and to evaluate the 1992 Kobe University phototherapy treatment criterion requiring total serum bilirubin (TSB) and unbound bilirubin (UB). METHODS: In this retrospective observational study, we collected data on newborns diagnosed with early-onset hyperbilirubinemia between 2009 and 2016 at the Chibune General Hospital. Causes of the disease were investigated, as well as which index (TSB or UB) was used for treatment decisions. RESULTS: Overall, 76 term newborns were included in the analysis. Twenty-seven newborns (36%) found the cause (ABO blood type incompatibility [n=17, 22%], polycythemia [n=8, 11%], and cephalohematoma [n=2, 3%]). However, 49 newborns (64%) did not find any causes (i.e., idiopathic hyperbilirubinemia). Of these, 27 observed more than 5% weight loss from birth weight. Seventy (92%) newborns had abnormal TSB only, and 5 (7%) had abnormal TSB and UB values. Only 1 (1%) newborn with only abnormal UB values received phototherapy. CONCLUSIONS: Altogether, data from this Japanese healthy birth center suggest that many apparently healthy newborns with or without excessive weight loss develop early-onset hyperbilirubinemia. In the 1992 Kobe University phototherapy treatment criterion, TSB, not UB, was the main index used to make treatment decisions in these patients.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital
 ER -
 TY - JOUR
 AN - rayyan-504930672
 TI - Recent Trends in Out-of-Hospital Births in the United States.
 Y1 - 2013
 Y2 - 9
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health
 VL - 58
 IS - 5
 SP - 494-501
 AU - MacDorman MF
 AU - Declercq E
 AU - Mathews TJ
 UR - <https://pubmed.ncbi.nlm.nih.gov/26055924/>
 LA - eng
 CY - United States
 KW - Birth Certificates
 KW - Birthing Centers/statistics & numerical data/*trends
 KW - Female
 KW - Home Childbirth/statistics & numerical data/*trends
 KW - Humans
 KW - Infant, Newborn
 KW - Midwifery
 KW - Pregnancy
 KW - United States
 AB - INTRODUCTION: Although out-of-hospital births are still relatively rare in the United States, it is important to monitor trends in these births, as they can affect patterns of facility usage, clinician training, and resource allocation, as well as health care costs. Trends and characteristics of home and birth center births are analyzed to more completely profile contemporary out-of-hospital births in the United States. METHODS: National birth certificate data were used to examine a recent increase in out-of-hospital births. RESULTS: After a gradual decline from 1990 to 2004, the number of out-of-hospital births increased from 35,578 in 2004 to 47,028 in 2010. In 2010, 1 in 85 US infants (1.18%) was born outside a hospital; about two-thirds of these were born at home, and most of the rest were born in birth centers. The proportion of home births increased by 41%, from 0.56% in 2004 to 0.79% in 2010, with 10% of that increase occurring in the last year. The proportion of birth center births increased by 43%, from 0.23% in 2004 to 0.33% in 2010, with 14% of the increase in the last year. About 90% of the total increase in out-of hospital births from 2004 to 2010 was a result of increases among non-Hispanic white women, and 1 in 57 births to non-Hispanic white women (1.75%) in 2010 was an out-of-hospital birth. Most home and birth center births were attended by midwives. DISCUSSION: Home and birth center births in the United States are increasing, and the rate of out-of-hospital births is now at the highest level since 1978. There has been a decline in the risk profile of out-of-hospital births, with a smaller proportion of out-of-hospital births in 2010 than in 2004 occurring to adolescents and unmarried women and fewer preterm, low-birth-weight, and multiple births.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: More recent update included
 DO - 10.1111/jmwh.12092
 ER -

 TY - Comparative Study
 AN - rayyan-504930673
 TI - Comparison of midwifery-led and consultant-led maternity care for low risk deliveries in Nepal.
 Y1 - 2003
 Y2 - 9
 T2 - Health policy and planning
 SN - 0268-1080 (Print)
 J2 - Health Policy Plan
 VL - 18
 IS - 3
 SP - 330-7
 AU - Rana TG
 AU - Rajopadhyaya R
 AU - Bajracharya B
 AU - Karmacharya M
 AU - Osrin D

AV - Women's Health Project, UNICEF Nepal, UK. gerana@unicef.org.np
 UR - <https://pubmed.ncbi.nlm.nih.gov/12917274/>
 LA - eng
 CY - England
 KW - Birthing Centers/*organization & administration/statistics & numerical data
 KW - Delivery Rooms/*organization & administration/statistics & numerical data
 KW - Delivery, Obstetric/methods
 KW - Female
 KW - Humans
 KW - Maternal-Child Nursing/*organization & administration
 KW - Meconium
 KW - Midwifery/*organization & administration
 KW - Nepal/epidemiology
 KW - Oxytocin/administration & dosage
 KW - Pregnancy
 KW - Pregnancy Complications/epidemiology
 KW - Risk Assessment
 KW - Treatment Outcome
 KW - Nepal
 KW - Referral and Consultation
 KW - Midwifery
 AB - OBJECTIVE: To evaluate Nepal's first independent midwifery unit, the Patan Hospital Birthing Centre (BC), as a model for training and service provision for low risk deliveries. Specifically, to compare its efficacy with that of an adjacent Consultant-led Maternity Unit (CMU). METHODS: Unpaired comparison of delivery procedures and outcomes at the Patan Hospital, Lalitpur. The sample was 988 women (550 at BC, 438 at CMU). Women judged to be at low risk of complications were enrolled at delivery at each facility. Information was collected by standardized interviews and record review. Main outcome measures were incidence of complications of labour, technical procedures and access to postnatal care and family planning services. RESULTS: Artificial rupture of membranes was more likely to be performed at the BC (RR 1.26, 95% CI 1.10-1.44). Augmentation of labour with oxytocin was less likely to be performed (RR 0.26, 95% CI 0.20-0.33), as was episiotomy (RR 0.64, 95% CI 0.57-0.72). The incidence of oxytocic augmentation was high at the CMU (205/438: 46.9%). The incidence of moderately or thickly meconium-stained liquor was lower at the BC than at the CMU (RR 0.62, 95% CI 0.43-0.91), a finding that was associated with oxytocic augmentation of labour. No significant differences were found for duration or complications of labour, mode of delivery, birth weight, neonatal Apgar score or admission to the special care baby unit. Women delivering at the BC were more likely to attend both postnatal (RR 1.33, 95% CI 1.18-1.51) and family planning clinics (RR 1.85, 95% CI 1.44-2.38). CONCLUSIONS: After appropriate screening, intrapartum care for low risk deliveries is effectively provided by midwives. The Birthing Centre model should be considered throughout the developing world, particularly as a site for training of skilled attendants.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
 DO - 10.1093/heapol/czg039
 ER -

 TY - JOUR
 AN - rayyan-504930674
 TI - Adequacy of prenatal assistance in birth houses and causes associated with hospital transfers.
 Y1 - 2019
 T2 - Revista gaucha de enfermagem
 SN - 1983-1447 (Electronic)
 J2 - Rev Gaucha Enferm
 VL - 40
 SP - e20180419
 AU - Oliveira TCDM
 AU - Pereira ALF
 AU - Penna LHG
 AU - Rafael RMR

AU - Pereira AV
 AV - Universidade do Estado do Rio de Janeiro (UERJ). Faculdade de Enfermagem, Programa de Pós-Graduação em Enfermagem. Rio de Janeiro, Rio de Janeiro. Brasil.; Universidade do Estado do Rio de Janeiro (UERJ). Faculdade de Enfermagem, Programa de Pós-Graduação em Enfermagem. Rio de Janeiro, Rio de Janeiro. Brasil.; Universidade do Estado do Rio de Janeiro (UERJ). Faculdade de Enfermagem, Programa de Pós-Graduação em Enfermagem. Rio de Janeiro, Rio de Janeiro. Brasil.; Universidade do Estado do Rio de Janeiro (UERJ). Faculdade de Enfermagem, Programa de Pós-Graduação em Enfermagem. Rio de Janeiro, Rio de Janeiro. Brasil.; Universidade Federal Fluminense (UFF), Escola de Enfermagem Aurora de Afonso Costa. Niterói, Rio de Janeiro, Brasil.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31576969/>
 LA - ["por", "eng"]
 CY - Brazil
 KW - Adolescent
 KW - Adult
 KW - Amnion
 KW - Amniotic Fluid
 KW - Apgar Score
 KW - *Birthing Centers
 KW - Chi-Square Distribution
 KW - Cross-Sectional Studies
 KW - Female
 KW - Heart Rate, Fetal
 KW - Humans
 KW - Infant, Newborn
 KW - Meconium
 KW - Mothers
 KW - *Patient Transfer
 KW - Pregnancy
 KW - Prenatal Care/*standards
 KW - Rupture, Spontaneous
 KW - Young Adult
 AB - OBJECTIVE: To analyze the adequacy of prenatal care in a Birth Center and the causes associated with maternal and newborn transfers to the hospital. METHODS: Cross-sectional study of the care provided at the only Birth Center in Rio de Janeiro, from 2009 to 2014. Statistical analyzes were based on the χ^2 test and Prevalence Ratio (PR). RESULTS: Suitable prenatal care was predominant (42.8%) and there was no association ($p = 0.55$) with the transfers. Maternal transfer is caused by the ruptured amniotic sac (PR = 2.09, 95% CI 1.62-2.70) and altered fetal heart rates (PR = 3.06, 95% CI, 2.13-4.39). Newborn transfers are associated with the presence of meconium in the amniotic fluid (PR = 2.40, 95% CI 1.30-4.43); Apgar below 7 (PR = 5.33, 95% CI 2.65-10.73); and ventilatory assistance at birth (PR = 9.41, 95% CI 5.52-16.04). CONCLUSION: Complications during intrapartum care are the causes associated with transfers.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1590/1983-1447.2019.20180419
 ER -
 TY - JOUR
 AN - rayyan-504930675
 TI - Factors Associated With Exclusive Direct Breastfeeding in the First 3 Months.
 Y1 - 2022
 Y2 - 8
 T2 - Nursing for women's health
 SN - 1751-486X (Electronic)
 J2 - Nurs Womens Health
 VL - 26
 IS - 4
 SP - 299-307
 AU - Wood NK
 AU - Odom-Maryon T

AU - Smart DA
UR - <https://pubmed.ncbi.nlm.nih.gov/35714762/>

LA - eng
CY - United States
KW - *Breast Feeding/methods
KW - Cross-Sectional Studies
KW - Feeding Methods
KW - Female
KW - Humans
KW - Infant
KW - Infant, Newborn
KW - *Mothers
KW - Surveys and Questionnaires
KW - Breast Feeding
KW - Fibrinogen

AB - OBJECTIVE: To identify factors associated with exclusive direct breastfeeding in the first 3 months among mother and infant dyads living in the United States. DESIGN: A secondary analysis of data collected using a cross-sectional online survey completed over a 4-month period in late 2019. PARTICIPANTS: We recruited a convenience sample of 370 mothers with healthy full-term singleton infants between 1 and 12 weeks of age whose feeding methods consisted of direct breastfeeding at least once a day. Mothers had not returned to work/school at the time of the survey completion. MEASUREMENTS: The questionnaire consisted of 34 questions about maternal and infant factors that influence decisions about infant feeding, professional support, and parental preferences. RESULTS: Mothers who practiced feeding on demand (adjusted OR [aOR] = 35.76, 95% confidence interval [CI] [2.04, 500.00]) and mothers of infants 1 to 4 weeks of age (aOR = 2.74, 95% CI [1.54, 4.85]) were more likely to use exclusive direct breastfeeding. The odds of exclusive direct breastfeeding decreased with mothers who breastfed with a nipple shield while in the hospital/birth center/home (aOR = 0.13, 95% CI [0.05, 0.35]), used pacifiers (aOR = 0.31, 95% CI [0.21, 0.65]), or had perceptions of insufficient milk (aOR = 0.11, 95% CI [0.04, 0.26]). CONCLUSION: Demand feeding and an infant's age of 1 to 4 weeks contributed to exclusive direct breastfeeding. Lower rates of exclusive direct breastfeeding were associated with the use of nipple shields immediately after birth, pacifier use, and perceptions of insufficient milk. Further investigation is warranted to fully differentiate exclusive direct breastfeeding from exclusive breastfeeding.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.nwh.2022.05.006
ER -

TY - JOUR

AN - rayyan-504930676

TI - Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants recommendations of the Advisory Committee on Immunization Practices (ACIP).

Y1 - 2008

Y2 - 5

Y3 - 30

T2 - MMWR. Recommendations and reports : Morbidity and mortality weekly report.
Recommendations and reports

SN - 1545-8601 (Electronic)

J2 - MMWR Recomm Rep

VL - 57

SP - 1-51

AU - Murphy TV

AU - Slade BA

AU - Broder KR

AU - Kretsinger K

AU - Tiwari T

AU - Joyce PM

AU - Iskander JK

AU - Brown K

AU - Moran JS
 AV - Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, Atlanta, GA 30333, USA. tkm4@cdc.gov
 UR - <https://pubmed.ncbi.nlm.nih.gov/18509304/>
 LA - eng
 CY - United States
 KW - Diphtheria/diagnosis/epidemiology/*prevention & control
 KW - Diphtheria-Tetanus Vaccine/*administration & dosage/adverse effects
 KW - Diphtheria-Tetanus-Pertussis Vaccine/*administration & dosage/adverse effects
 KW - Diphtheria-Tetanus-acellular Pertussis Vaccines/*administration & dosage/adverse effects
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Postpartum Period
 KW - Pregnancy
 KW - Tetanus/diagnosis/epidemiology/*prevention & control
 KW - United States/epidemiology
 KW - Vaccination
 KW - Whooping Cough/diagnosis/epidemiology/*prevention & control
 KW - Infant
 KW - Tetanus
 AB - In 2005, two tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines were licensed and recommended for use in adults and adolescents in the United States: ADACEL (sanofi pasteur, Swiftwater, Pennsylvania), which is licensed for use in persons aged 11--64 years, and BOOSTRIX (GlaxoSmithKline Biologicals, Rixensart, Belgium), which is licensed for use in persons aged 10-18 years. Both Tdap vaccines are licensed for single-dose use to add protection against pertussis and to replace the next dose of tetanus and diphtheria toxoids vaccine (Td). Available evidence does not address the safety of Tdap for pregnant women, their fetuses, or pregnancy outcomes sufficiently. Available data also do not indicate whether Tdap-induced transplacental maternal antibodies provide early protection against pertussis to infants or interfere with an infant's immune responses to routinely administered pediatric vaccines. Until additional information is available, CDC's Advisory Committee on Immunization Practices recommends that pregnant women who were not vaccinated previously with Tdap: 1) receive Tdap in the immediate postpartum period before discharge from hospital or birthing center, 2) may receive Tdap at an interval as short as 2 years since the most recent Td vaccine, 3) receive Td during pregnancy for tetanus and diphtheria protection when indicated, or 4) defer the Td vaccine indicated during pregnancy to substitute Tdap vaccine in the immediate postpartum period if the woman is likely to have sufficient protection against tetanus and diphtheria. Although pregnancy is not a contraindication for receiving Tdap vaccine, health-care providers should weigh the theoretical risks and benefits before choosing to administer Tdap vaccine to a pregnant woman. This report 1) describes the clinical features of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants, 2) reviews available evidence of pertussis vaccination during pregnancy as a strategy to prevent infant pertussis, 3) summarizes Tdap vaccination policy in the United States, and 4) presents recommendations for use of Td and Tdap vaccines among pregnant and postpartum women.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 ER -
 TY - JOUR
 AN - rayyan-504930677
 TI - Examining respect, autonomy, and mistreatment in childbirth in the US: do provider type and place of birth matter?
 Y1 - 2023
 Y2 - 5
 Y3 - 1
 T2 - Reproductive health
 SN - 1742-4755 (Electronic)
 J2 - Reprod Health
 VL - 20

IS - 1
 SP - 67
 AU - Niles PM
 AU - Baumont M
 AU - Malhotra N
 AU - Stoll K
 AU - Strauss N
 AU - Lyndon A
 AU - Vedam S
 AV - New York University, 433 First Avenue, Room 644, New York, NY, 10010, USA.
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 University of British Columbia, BC Women's Hospital, Shaughnessy Building E416 4500 Oak Street,
 Vancouver, BC, V6H 3N1, Canada.; Department of Family Practice, Faculty of Medicine, University of British
 Columbia, Suite 320-5950 University Boulevard, Vancouver, BC, V6T 1Z3, Canada.; Every Mother Counts, 333
 Hudson St Suite 1006, New York, NY, 10013, USA.; New York University, 433 First Avenue, Room 644, New
 York, NY, 10010, USA.; University of British Columbia, BC Women's Hospital, Shaughnessy Building E416
 4500 Oak Street, Vancouver, BC, V6H 3N1, Canada.
 UR - <https://pubmed.ncbi.nlm.nih.gov/37127624/>
 LA - eng
 CY - England
 KW - Pregnancy
 KW - Female
 KW - Humans
 KW - United States
 KW - Cross-Sectional Studies
 KW - *Maternal Health Services
 KW - Parturition
 KW - Delivery, Obstetric
 KW - *Midwifery
 AB - BACKGROUND: Analyses of factors that determine quality of perinatal care consistently rely on clinical
 markers, while failing to assess experiential outcomes. Understanding how model of care and birth setting
 influence experiences of respect, autonomy, and decision making, is essential for comprehensive assessment
 of quality. METHODS: We examined responses (n = 1771) to an online cross-sectional national survey
 capturing experiences of perinatal care in the United States. We used validated patient-oriented measures
 and scales to assess four domains of experience: (1) decision-making, (2) respect, (3) mistreatment, and (4)
 time spent during visits. We categorized the provider type and birth setting into three groups: midwife at
 community birth, midwife at hospital-birth, and physician at hospital-birth. For each group, we used
 multivariate logistic regression, adjusted for demographic and clinical characteristics, to estimate the odds of
 experiential outcomes in all the four domains. RESULTS: Compared to those cared for by physicians in
 hospitals, individuals cared for by midwives in community settings had more than five times the odds of
 experiencing higher autonomy (aOR: 5.22, 95% CI: 3.65-7.45), higher respect (aOR: 5.39, 95% CI: 3.72-
 7.82) and lower odds of mistreatment (aOR: 0.16, 95% CI: 0.10-0.26). We found significant differences
 across birth settings: participants cared for by midwives in the community settings had significantly better
 experiential outcomes than those in the hospital settings: high- autonomy (aOR: 2.97, 95% CI: 2.66-4.27),
 respect (aOR: 4.15, 95% CI: 2.81-6.14), mistreatment (aOR: 0.20, 95% CI: 0.11-0.34), time spent (aOR:
 8.06, 95% CI: 4.26-15.28). CONCLUSION: Participants reported better experiential outcomes when cared for
 by midwives than by physicians. And for those receiving midwifery care, the quality of experiential outcomes
 was significantly higher in community settings than in hospital settings. Care settings matter and structures
 of hospital-based care may impair implementation of the person-centered midwifery care model.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1186/s12978-023-01584-1
 ER -

 TY - JOUR
 AN - rayyan-504930678
 TI - Cesarean sections in a birth center.
 Y1 - 2011

Y2 - 12
T2 - Revista de saude publica
SN - 1518-8787 (Electronic)
J2 - Rev Saude Publica
VL - 45
IS - 6
SP - 1036-43
AU - Osava RH
AU - Silva FM
AU - Tuesta EF
AU - Oliveira SM
AU - Amaral MC
AV - Escola de Artes, Ciências e Humanidades, Universidade de São Paulo, São Paulo, SP, Brasil.
UR - <https://pubmed.ncbi.nlm.nih.gov/22124737/>
LA - ["eng", "por"]
CY - Brazil
KW - Adult
KW - Birthing Centers/statistics & numerical data
KW - Brazil
KW - Breech Presentation/epidemiology
KW - Cesarean Section/*statistics & numerical data
KW - Cross-Sectional Studies
KW - Delivery, Obstetric/statistics & numerical data
KW - Dystocia/epidemiology
KW - Female
KW - Fetal Distress/epidemiology
KW - Gestational Age
KW - Humans
KW - Maternal Age
KW - Parity
KW - Pregnancy
KW - Pregnancy Complications/*epidemiology
KW - Risk Factors
KW - Cesarean Section
AB - OBJECTIVE: To estimate the prevalence of cesarean sections in a birth center of a hospital and identify factors associated. METHODS: Cross-sectional study including medical records of 2,441 births assisted in a birth center in the city of São Paulo, southeastern Brazil, between March and April 2005. The dependent variable (type of delivery) included vaginal delivery and cesarean section. The independent variables were grouped into four categories: demographic characteristics; current and past obstetric history; intrapartum care; and perinatal outcomes. Prevalence ratios and 95% confidence intervals (95% CI) were estimated to assess the association between type of delivery and maternal and newborn variables. RESULTS: Of all deliveries, 14.9% were cesarean sections. Cesarean section in the current pregnancy was associated with past cesarean sections (PR = 3.19, 95%CI: 2.64;3.84); gestational age > 40 weeks (PR = 1.32, 95%CI: 1.09;1.61); cervical dilation of up to 4 cm on admission (PR = 3.22, 95%CI: 2.31;4.50); and meconium-stained amniotic fluid (PR = 2.5, 95%CI: 2.05;3.06). Regarding newborn characteristics cesarean section was associated with birth weight >4 kg (PR = 1.86, 95%CI: 1.29;2.66). Among women with history of past cesarean sections, having had also a prior vaginal delivery was a protective factor for cesarean section in the current pregnancy (PR = 0.46, 95%CI: 0.30;0.71). Factors related to fetal conditions including fetal stress, meconium-stained amniotic fluid, breech presentation and macrosomia accounted for 47.8% (175) while those related to the mechanism of birth including arrest disorders, functional dystocia and malposition accounted for 31,3% (115) of all indications for a cesarian section [corrected]. CONCLUSIONS: Prevalence of c-section was consistent with World Health Organization recommendations. Increased risk of c-section was associated with prior history of c-sections, cervical dilation of at least 4 cm upon admission, gestational age > 40 weeks, meconium-stained amniotic fluid, and birthweight > 4 kg.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital,wrong population
DO - 10.1590/s0034-89102011000600005

ER -

TY - JOUR

AN - rayyan-504930679

TI - The Impact of Culturally-Centered Care on Peripartum Experiences of Autonomy and Respect in Community Birth Centers: A Comparative Study.

Y1 - 2022

Y2 - 4

T2 - Maternal and child health journal

SN - 1573-6628 (Electronic)

J2 - Matern Child Health J

VL - 26

IS - 4

SP - 895-904

AU - Almanza JI

AU - Karbeah J'

AU - Tessier KM

AU - Neerland C

AU - Stoll K

AU - Hardeman RR

AU - Vedam S

AV - Department of OBGyn, University of Minnesota Medical School, 606, 24th Avenue South, Suite 300, Minneapolis, MN, 55454, USA. alman054@umn.edu.; , 1002 Livingston Ave, West St. Paul, MN, 55118, USA. alman054@umn.edu.; Population Health Sciences Predoctoral Trainee, Division of Health Policy Management, University of Minnesota School of Public Health, 420 Delaware St SE MMC 729, Minneapolis, MN, 55455, Canada.; Department of OBGyn, University of Minnesota Medical School, 606, 24th Avenue South, Suite 300, Minneapolis, MN, 55454, USA.; Masonic Cancer Center, Biostatistics Core, University of Minnesota, 717 Delaware St SE, Minneapolis, MN, 55455, USA.; Department of OBGyn, University of Minnesota Medical School, 606, 24th Avenue South, Suite 300, Minneapolis, MN, 55454, USA.; University of Minnesota School of Nursing, 5-140 Weaver Densford Hall, 308 Harvard St SE, Minneapolis, MN, 55455, USA.; Birth Place Lab, Department of Family Practice, Faculty of Medicine, University of British Columbia, 304-5950 University Boulevard, Vancouver, BC, V6K 1N3, Canada.; Department of OBGyn, University of Minnesota Medical School, 606, 24th Avenue South, Suite 300, Minneapolis, MN, 55454, USA.; Population Health Sciences Predoctoral Trainee, Division of Health Policy Management, University of Minnesota School of Public Health, 420 Delaware St SE MMC 729, Minneapolis, MN, 55455, Canada.; Birth Place Lab, Department of Family Practice, Faculty of Medicine, University of British Columbia, 304-5950 University Boulevard, Vancouver, BC, V6K 1N3, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/34817759/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Child

KW - Female

KW - Humans

KW - Infant, Newborn

KW - *Maternal Health Services

KW - Parturition

KW - Perinatal Care

KW - Peripartum Period

KW - Pregnancy

AB - **OBJECTIVE:** National studies report that birth center care is associated with reduced racial and ethnic disparities and reduced experiences of mistreatment. In the US, there are very few BIPOC-owned birth centers. This study examines the impact of culturally-centered care delivered at Roots, a Black-owned birth center, on the experience of client autonomy and respect. **METHODS:** To investigate if there was an association between experiences of autonomy and respect for Roots versus the national Giving Voice to Mothers (GVtM) participants, we applied Wilcoxon rank-sum tests for the overall sample and stratified by race. **RESULTS:** Among BIPOC clients in the national GVtM sample and the Roots sample, MADM and MORi

scores were statistically higher for clients receiving culturally-centered care at Roots (MADM $p < 0.001$, MORI $p = 0.011$). No statistical significance was found in scores between BIPOC and white clients at Roots Birth Center, however there was a tighter range among BIPOC individuals receiving care at Roots showing less variance in their experience of care. CONCLUSIONS FOR PRACTICE: Our study confirms previous findings suggesting that giving birth at a community birth center is protective against experiences of discrimination when compared to care in the dominant, hospital-based system. Culturally-centered care might enhance the experience of perinatal care even further, by decreasing variance in BIPOC experience of autonomy and respect. Policies on maternal health care reimbursement should add focus on making community birth sustainable, especially for BIPOC provider-owners offering culturally-centered care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1007/s10995-021-03245-w

ER -

TY - JOUR

AN - rayyan-504930680

TI - Implementing Screening Guidelines for Preeclampsia Prevention in a Birth Center: A Quality Improvement Project.

Y1 - 2020

T2 - The Journal of perinatal & neonatal nursing

SN - 1550-5073 (Electronic)

J2 - J Perinat Neonatal Nurs

VL - 34

IS - 4

SP - 324-329

AU - Giles LA

AV - Allen Birthing Center, Allen, Texas.

UR - <https://pubmed.ncbi.nlm.nih.gov/32804877/>

LA - eng

CY - United States

KW - Adult

KW - Aspirin/*therapeutic use

KW - Birthing Centers/standards

KW - Female

KW - Gestational Age

KW - Humans

KW - Outcome and Process Assessment, Health Care

KW - Platelet Aggregation Inhibitors/therapeutic use

KW - Practice Guidelines as Topic

KW - *Pre-Eclampsia/diagnosis/nursing/prevention & control

KW - Pregnancy

KW - Pregnancy Outcome/epidemiology

KW - Pregnancy, High-Risk

KW - Prenatal Diagnosis/*methods

KW - Quality Improvement/organization & administration

KW - Risk Assessment/*methods

KW - Risk Factors

KW - Texas/epidemiology

KW - Pre-Eclampsia

KW - Mass Screening

AB - The aim of the project was to identify women at risk for developing preeclampsia who present for birth center care in order to initiate preventative treatment and retain them within the birth center practice. Birth center patients with preeclampsia disqualify for birth center care requiring hospital transfer. The target population consisted of pregnant women choosing birth center care with certified nurse midwives. Quality improvement method was utilized. Over 5-weeks, patients with 12 to 28 weeks' gestation were screened for preeclampsia risk factors; patients with high risk for preeclampsia initiated low-dose aspirin (LDA). All patients were evaluated for preeclampsia diagnosis up to 2 weeks postpartum. Outcomes were evaluated through chart audits. Screening for preeclampsia risk significantly increased LDA use. Preeclampsia screening

did not statistically reduce incidences of preeclampsia but did show a moderate reduction. Use of LDA did not statistically reduce preeclampsia diagnoses but had a large reduction effect. Screening for preeclampsia in birth center patients results in increased use of LDA and potentially decreased rates of hospital transfer. Implementing preeclampsia screening is cost-effective and allows for increased patient retention.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

outcome,Focus on pre-eclampsia

DO - 10.1097/JPN.0000000000000489

ER -

TY - JOUR

AN - rayyan-504930681

TI - Implementing newborn mock codes.

Y1 - 2007

Y2 - 7

T2 - MCN. The American journal of maternal child nursing

SN - 0361-929X (Print)

J2 - MCN Am J Matern Child Nurs

VL - 32

IS - 4

SP - 230-5; quiz 236-7

AU - Blakely TG

AV - Neonatal Resuscitation Program, Women's Hospital Birthing Center, University of Michigan Hospitals, Ann Arbor, MI, USA. tgblakely@frontiernet.net

UR - <https://pubmed.ncbi.nlm.nih.gov/17667287/>

LA - eng

CY - United States

KW - Attitude of Health Personnel

KW - Cardiopulmonary Resuscitation/*education/nursing

KW - Clinical Competence

KW - Education, Nursing, Continuing/*organization & administration

KW - Health Knowledge, Attitudes, Practice

KW - Humans

KW - Infant, Newborn

KW - Inservice Training/*organization & administration

KW - Internet

KW - Needs Assessment

KW - Nursing Staff, Hospital/*education/psychology

KW - Obstetric Nursing/education/organization & administration

KW - Patient Care Team/organization & administration

KW - Pediatric Nursing/education/organization & administration

KW - Planning Techniques

KW - Program Development/*methods

KW - *Role Playing

KW - Self Efficacy

AB - This article describes the implementation of a newborn mock code program. Although the Neonatal Resuscitation Program (NRP) is one of the most widely used health education programs in the world and is required for most hospital providers who attend deliveries, research tells us that retention of NRP skills deteriorates rapidly after completion of the course. NRP requires coordination and cooperation among all providers; however, a lack of leadership and teamwork during resuscitation (often associated with a lack of confidence) has been noted. Implementation of newborn mock code scenarios can encourage teamwork, communication, skills building, and increased confidence levels of providers. Mock codes can help providers become strong team members and team leaders by helping them be better prepared for serious situations in the delivery room. Implementation of newborn mock codes can be effectively accomplished with appropriate planning and consideration for adult learning behaviors.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1097/01.NMC.0000281962.56207.44

ER -

TY - Comparative Study
 AN - rayyan-504930682
 TI - [Good practices, interventions, and results: a comparative study between a birthing center and hospitals of the Brazilian Unified National Health System in the Southeastern Region, Brazil].
 Y1 - 2023
 T2 - Cadernos de saude publica
 SN - 1678-4464 (Electronic)
 J2 - Cad Saude Publica
 VL - 39
 IS - 4
 SP - e00160822
 AU - Medina ET
 AU - Mouta RJO
 AU - Carmo CND
 AU - Filha MMT
 AU - Leal MDC
 AU - Gama SGND
 AV - Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brasil.; Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brasil.; Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.; Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.; Vice-Presidência de Ensino, Informação e Comunicação, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.; Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.
 UR - <https://pubmed.ncbi.nlm.nih.gov/37075342/>
 LA - por
 CY - Brazil
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Pregnancy
 KW - *Birthing Centers
 KW - Brazil
 KW - Cross-Sectional Studies
 KW - *Delivery, Obstetric/methods
 KW - *Hospitals, Public
 KW - Retrospective Studies
 KW - Quality of Health Care
 AB - This study aims to compare obstetric care in a birthing center and in hospitals of the Brazilian Unified National Health System (SUS) considering good practices, interventions, and maternal and perinatal results in the Southeast Region of Brazil. A cross-sectional study was conducted with comparable retrospective data from two studies on labor and birth. A total of 1,515 puerperal women of usual risk of birthing centers and public hospitals in the Southeast region were included. Propensity score weighting was used to balance the groups according to the following covariates: age, skin-color, parity, membrane integrity, and cervix dilation at hospitalization. Logistic regressions were used to estimate odds ratios (OR) and 95% confidence intervals (95%CI) between the place of birth and outcomes. In birthing centers, compared to hospitals, the puerperal woman had a higher chance of having a companion (OR = 86.31; 95%CI: 29.65-251.29), eating or drinking (OR = 862.38; 95%CI: 120.20-6,187.33), walking around (OR = 7.56; 95%CI: 4.65-12.31), using non-pharmacological methods for pain relief (OR = 27.82; 95%CI: 17.05-45.40), being in an upright position (OR = 252.78; 95%CI: 150.60-423.33), and a lower chance of using oxytocin (OR = 0.22; 95%CI: 0.16-0.31), amniotomy (OR = 0.01; 95%CI: 0.01-0.04), episiotomy (OR = 0.01; 95%CI: 0.00-0.02), and Kristeller maneuvers (OR = 0.01; 95%CI: 0.00-0.02). Also, in birthing centers the newborn had a higher chance of exclusive breastfeeding (OR = 1.84; 95%CI: 1.16-2.90) and a lower chance of airway (OR = 0.24; 95%CI: 0.18-0.33) and gastric aspiration (OR = 0.15; 95%: 0.10-0.22). Thus, birthing centers offers a greater supply of good practices and fewer interventions in childbirth and birth care, with more safety and care without influence on the outcomes.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
 DO - 10.1590/0102-311XPT160822

ER -

TY - JOUR

AN - rayyan-504930684

TI - Variations in Umbilical Cord Hematopoietic and Mesenchymal Stem Cells With Bronchopulmonary Dysplasia.

Y1 - 2019

T2 - Frontiers in pediatrics

SN - 2296-2360 (Print)

J2 - Front Pediatr

VL - 7

SP - 475

AU - Chaudhury S

AU - Saqibuddin J

AU - Birkett R

AU - Falcon-Girard K

AU - Kraus M

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AV - Division of Hematology/Stem Cell Transplant, Department of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine, Chicago, IL, United States.; Division of Neonatology, Department of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine, Chicago, IL, United States.; Division of Neonatology, Department of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine, Chicago, IL, United States.; ViaCord LLC, A Perkin Elmer Company, Cambridge, MA, United States.; ViaCord LLC, A Perkin Elmer Company, Cambridge, MA, United States.; Department of Pathology, NorthShore University, Evanston, IL, United States.; Department of Obstetrics & Gynecology and Maternal Fetal Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, United States.; Division of Neonatology, Department of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine, Chicago, IL, United States.

UR - <https://pubmed.ncbi.nlm.nih.gov/31799226/>

LA - eng

CY - Switzerland

AB - Objective: To test the hypothesis that umbilical cord blood-derived CD34+ hematopoietic stem cells (HPSC), cord tissue-derived CD90+ and CD105+ mesenchymal stem cells (MSC) vary with bronchopulmonary dysplasia (BPD). Methods: We conducted a prospective longitudinal study at a large birth center (Prentice Women's Hospital in Chicago, IL). Premature infants (N = 200) were enrolled in 2:1:1 ratio based on gestational age (GA): mildly preterm (31-32 weeks), moderately preterm (29-30 weeks), and extremely preterm (23-28 weeks). Cord blood (CB) and cord tissues (CT) were collected at birth using commercial banking kits, and analyzed for collection blood volume, tissue mass, CD34+, CD90+, CD105+ counts, and concentrations. Multiplex immunoassay was used to measure 12 cytokines and growth factors in CB plasma of 74 patients. BPD severity was defined according to NIH consensus definitions. Univariate and multivariate regression models were used to identify perinatal covariates and assess associations between stem cell concentrations, cytokines, and BPD outcomes. Results: Of 200 patients enrolled (mean GA = 30 ± 2 weeks), 30 developed mild, 24 moderate, and 19 severe BPD. Concentrations of HPSC and MSC, as measured by %CD34+, %CD90+, and %CD105+ of total cells, increased with degree of prematurity. Collection parameters varied with GA, birth weight (BW), gender, prolonged rupture of membranes, mode of delivery, chorioamnionitis, and multiple gestation. Moderate-severe BPD or death was increased with lower GA, BW, Apgar scores, and documented delayed cord clamping. %CD34+ and %CD90+ were increased with BPD and directly correlated with BPD severity. Severe BPD was positively associated with %CD34+ (beta-coefficient = 0.9; 95% CI = 0.4-1.5; P < 0.01) and %CD90+ (beta-coefficient = 0.4; 95% CI = 0.2-0.6; P < 0.001) after adjustment for covariates. CB plasma granulocyte-colony stimulating factor (G-CSF) was inversely associated with %CD90+, and decreased with BPD. Below median G-CSF combined with elevated %CD90+ predicted BPD (positive predictive value = 100%). Conclusions: CB and CT collections yielded high concentrations of HPSCs and MSCs in BPD infants, accompanied by low circulating G-CSF. These variations suggest possible mechanisms by which stem cell differentiation and function predict BPD.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.3389/fped.2019.00475
ER -

TY - JOUR
AN - rayyan-504930685
TI - Who am I?
Y1 - 2012
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 103
SP - 45-6
AU - Turner S
AV - The Ventura Birth Center, Ventura, California, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/23061153/>
LA - eng
CY - United States
KW - *Adaptation, Psychological
KW - Anecdotes as Topic
KW - *Ego
KW - Family Health
KW - *Family Relations
KW - Female
KW - Humans
KW - *Oocyte Donation
KW - *Tissue Donors
KW - *Truth Disclosure

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - JOUR
AN - rayyan-504930686
TI - Prevalence and risk factors for hyperbilirubinemia among newborns from a low-risk birth setting using delayed cord clamping in Japan.
Y1 - 2021
Y2 - 1
T2 - Japan journal of nursing science : JJNS
SN - 1742-7924 (Electronic)
J2 - Jpn J Nurs Sci
VL - 18
IS - 1
SP - e12372
AU - Shinohara E
AU - Kataoka Y
AV - Graduate School of Nursing Science, St. Luke's International University, Tokyo, Japan.; Division of Women's Health and Midwifery, St. Luke's International University, Tokyo, Japan.
UR - <https://pubmed.ncbi.nlm.nih.gov/32803859/>
LA - eng
CY - Japan
KW - *Birth Setting
KW - Constriction
KW - Female
KW - Humans
KW - *Hyperbilirubinemia

KW - Infant
 KW - Infant, Newborn
 KW - Japan/epidemiology
 KW - Pregnancy
 KW - Prevalence
 KW - Retrospective Studies
 KW - Risk Factors
 AB - AIM: Neonatal jaundice is a common problem among infants. Among the several risk factors are East Asian race and delayed cord clamping. Birth centers manage low-risk term deliveries using physiological management, which may include delayed cord clamping. This study aimed to investigate the occurrence of hyperbilirubinemia, a pathological process of jaundice, and its risk factors among neonates born at a Japanese birth center. METHODS: This was a retrospective cohort study. Data were collected from March 2006 to October 2014 from healthy mothers and neonates at a birth center in a metropolitan area of Japan. Demographic data and background factors of hyperbilirubinemia, including blood and transcutaneous values of jaundice, were collected and statistically analyzed. RESULTS: Of the 1,211 neonates analyzed, 4.7% exceeded the standard transcutaneous bilirubin value, and 1.8% needed phototherapy. Multiple logistic regression with adjusted odds ratios (ORs) and 95% confidence intervals (95% CIs) was used to identify the risk factors of hyperbilirubinemia, which were found to be cephalohematoma (OR = 30.18, 95% CI 5.63-161.69), delay of meconium elimination (OR = 2.66, 95% CI 1.28-5.51), previous history of phototherapy of siblings (OR = 10.28, 95% CI 3.53-29.92), and primiparity (OR = 4.55, 95% CI 2.59-8.02). CONCLUSIONS: In low-risk Japanese neonates delivered at a birth center expected to practice delayed cord clamping, the rate of neonates requiring phototherapy was not high compared to previous studies, and the identified risk factors of hyperbilirubinemia were related to bilirubin metabolism.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/jjns.12372
 ER -

 TY - JOUR
 AN - rayyan-504930687
 TI - Adoption of Consensus Guidelines for Safe Prevention of the Primary Cesarean Delivery by Freestanding Birth Centers.
 Y1 - 2022
 Y2 - 9
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 67
 IS - 5
 SP - 580-585
 AU - Niemczyk NA
 AU - Ren D
 AU - Jolles DR
 AU - Wright J
 AU - Christy E
 AU - Stapleton SR
 AV - Department of Health Promotion and Development, University of Pittsburgh, School of Nursing, Pittsburgh, Pennsylvania.; Center for Research and Evaluation, University of Pittsburgh, School of Nursing, Pittsburgh, Pennsylvania.; Frontier Nursing University, Versailles, Kentucky.; American Association of Birth Centers, Perkiomenville, Pennsylvania.; Department of Health Promotion and Development, University of Pittsburgh, School of Nursing, Pittsburgh, Pennsylvania.; American Association of Birth Centers, Perkiomenville, Pennsylvania.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35776073/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - Cesarean Section
 KW - Female

KW - Humans
 KW - Infant, Newborn
 KW - Labor Stage, First
 KW - *Labor, Obstetric
 KW - Pregnancy
 KW - Retrospective Studies
 AB - INTRODUCTION: Slow or arrested progress in labor is the most frequent (64%) indication for nonemergent transfer of laboring people from freestanding birth centers to the hospital. After the 2014 publication of the Consensus Statement on Safe Prevention of Primary Cesarean Delivery (Consensus Statement), many freestanding birth centers changed their clinical practice guidelines to allow more time for active labor in the birth center prior to hospital transfer. The result of these changes has not been evaluated in birth centers. Evaluation of adoption of guidelines based on the Consensus Statement in hospitals has shown inconsistent results. METHODS: Birth centers were contacted to determine whether they changed clinical practice guidelines in response to the Consensus Statement. A before-after analysis compared outcomes for the 2 calendar years before and the 2 calendar years after adoption of new guidelines with a retrospective analysis of deidentified client-level data collected in the American Association of Birth Centers Perinatal Data Registry. RESULTS: A third of responding birth centers (11 of 33) changed their clinical practice guidelines, mostly redefining the onset of active labor as beginning at 6 cm cervical dilatation and allowing 4 hours of arrest of dilatation in active labor before transfer to the hospital. These changes were associated with fewer diagnoses of prolonged first stage of labor (13.8% vs 8.0%, $P < .01$) but not with fewer intrapartum transfers (14.0% vs 14.7%, $P = .55$) or cesarean births (5.0 vs 4.1%, $P = .26$). DISCUSSION: We found no evidence that making these practice changes was associated with better outcomes. Two hours of a lack of documented cervical change in active labor is likely long enough to diagnose arrested progress in labor. Research on proportion of morbidity and mortality associated with prolonged labor could inform practice guidelines for transfers.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1111/jmwh.13381
 ER -

 TY - JOUR
 AN - rayyan-504930688
 TI - Clinical Course for Patients With Trisomy 13 and 18 Pursuing Life-Prolonging Therapies Versus Comfort-Directed Care.
 Y1 - 2021
 Y2 - 10
 T2 - The American journal of hospice & palliative care
 SN - 1938-2715 (Electronic)
 J2 - Am J Hosp Palliat Care
 VL - 38
 IS - 10
 SP - 1225-1229
 AU - Milligan MCP
 AU - Jackson LE
 AU - Maurer SH
 AV - Department of Pediatrics, University of Pittsburgh School of Medicine, 6619UPMC Children's Hospital of Pittsburgh, PA, USA.; Department of Pediatrics, Children's Hospital of Philadelphia, PA, USA.; Department of Pediatrics, University of Pittsburgh School of Medicine, PA, USA.; Division of Newborn Medicine, 6619UPMC Children's Hospital of Pittsburgh, PA, USA.; Department of Pediatrics, University of Pittsburgh School of Medicine, 6619UPMC Children's Hospital of Pittsburgh, PA, USA.; Division of Palliative Medicine & Supportive Care, 6619UPMC Children's Hospital of Pittsburgh, PA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/33375814/>
 LA - eng
 CY - United States
 KW - Child
 KW - Humans
 KW - Infant
 KW - Infant, Newborn

KW - *Palliative Care
 KW - *Patient Comfort
 KW - Retrospective Studies
 KW - Trisomy
 KW - Trisomy 13 Syndrome/therapy
 KW - Trisomy 18 Syndrome
 AB - BACKGROUND: Care for infants with Trisomy 13 and 18 is evolving with more children being offered medical and surgical interventions. Parents and clinicians of children diagnosed with trisomy 13 and 18 would benefit from understanding how parental goals of care correlate with the subsequent clinical course of children with these conditions. OBJECTIVE: To describe and compare parental goals of care (GOC) and clinical course in infants with trisomy 13 and 18. DESIGN: Single center, retrospective (2013-19) analysis of electronic health record repository at a birthing center and a tertiary care hospital. MEASUREMENTS: ICD-9/10 codes were used to identify patients with trisomy 13 or 18 born between 2013-2019. Their records were abstracted for their diagnosis, hospitalization days, interventions, GOC, death location and length of life. RESULT: Twenty-eight total patients were identified; trisomy 13, mosaic trisomy 13 and trisomy 18 were diagnosed in 9, 2 and 17 patients respectively. Among the 26 patients with complete trisomy 13 or 18, 8 had life-prolonging and 18 had comfort care goals at birth/diagnosis. Life-prolonging goals were not associated with longer life ($p = 0.36$) but were associated with more mean hospital days (70 vs. 12, $p = 0.01$), ICU days (66 vs. 9, $p = 0.009$), intubation (7/8 vs 7/18, $p = 0.04$), and death in ICU (7/7 vs. 10/17, $p = 0.02$). Zero patients underwent cardiac surgery. CONCLUSION: Parental GOC did not affect length of life in children with complete trisomy, but did alter treatment intensity. This may inform decision making for patients with trisomy 13 or 18.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1177/1049909120985210
 ER -

 TY - JOUR
 AN - rayyan-504930689
 TI - Swedish women's interest in models of midwifery care - Time to consider the system? A prospective longitudinal survey.
 Y1 - 2016
 Y2 - 3
 T2 - Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives
 SN - 1877-5764 (Electronic)
 J2 - Sex Reprod Healthc
 VL - 7
 SP - 27-32
 AU - Hildingsson I
 AU - Karlström A
 AU - Haines H
 AU - Johansson M
 AV - Department of Nursing, Mid Sweden University, Sundsvall, Sweden; Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden. Electronic address: ingegerd.hildingsson@kbh.uu.se.; Department of Nursing, Mid Sweden University, Sundsvall, Sweden.; Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden; Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden; Northeast Health Wangaratta, Education and Research Unit, Melbourne Medical School, Rural Health Academic Centre, The University of Melbourne, Melbourne, Australia.; Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden; Department of Clinical Science and Education, Karolinska Institutet, Södersjukhuset, Stockholm, Sweden.
 UR - <https://pubmed.ncbi.nlm.nih.gov/26826042/>
 LA - eng
 CY - Netherlands
 KW - Adult
 KW - *Attitude to Health
 KW - *Continuity of Patient Care

KW - *Delivery, Obstetric
KW - *Fear
KW - Female
KW - Humans
KW - Longitudinal Studies
KW - *Midwifery
KW - Models, Nursing
KW - Mothers/*psychology
KW - Parturition
KW - Pregnancy
KW - Prospective Studies
KW - Sweden

AB - BACKGROUND: Sweden has an international reputation for offering high quality maternity care, although models that provide continuity of care are rare. The aim was to explore women's interest in models of care such as continuity with the same midwife, homebirth and birth center care. METHODS: A prospective longitudinal survey where 758 women's interest in models such as having the same midwife throughout antenatal, intrapartum and postpartum care, homebirth with a known midwife, and birth center care were investigated. RESULTS: Approximately 50% wanted continuity of care with the same midwife throughout pregnancy, birth and the postpartum period. Few participants were interested in birth center care or home birth. Fear of giving birth was associated with a preference for continuity with midwife. CONCLUSIONS: Continuity with the same midwife could be of certain importance to women with childbirth fear. Models that offer continuity of care with one or two midwives are safe, cost-effective and enhance the chance of having a normal birth, a positive birth experience and possibly reduce fear of birth. The evidence is now overwhelming that all women should have maternity care delivered in this way.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.srhc.2015.11.002
ER -

TY - JOUR
AN - rayyan-504930690
TI - Transfers among women intending a birth center delivery in the San Diego birth center study.
Y1 - 2009
Y2 - 3
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 54
IS - 2
SP - 104-10
AU - Nguyen US
AU - Rothman KJ
AU - Demissie S
AU - Jackson DJ
AU - Lang JM
AU - Ecker JL

AV - Institute for Aging Research, Hebrew SeniorLife, 1200 Centre St., Boston, MA 02131-1097, USA. Uyen-SaNguyen@hrca.harvard.edu

UR - <https://pubmed.ncbi.nlm.nih.gov/19249655/>

LA - eng
CY - United States
KW - Birthing Centers
KW - Cesarean Section
KW - *Delivery, Obstetric
KW - Female
KW - *Hospitalization
KW - Humans
KW - *Obstetric Labor Complications

KW - Parity
KW - Parturition
KW - *Patient Transfer
KW - Pregnancy
AB - Using data from the San Diego Birth Center Study that enrolled underserved women between 1994 and 1996, we examined demographic, sociobehavioral, and medical predictors of hospital transfer in a group of women who intended to deliver at a freestanding birth center. Of the 1808 women, 34.6% transferred to the hospital antenatally and 19.6% transferred during labor, while 45.7% delivered at the birth center. Compared with multiparous women who had never had a cesarean and never had a previous hospital delivery, nulliparous women were 2.0 times more likely (95% confidence interval [CI], 1.4-2.7), multiparous women with a previous cesarean were 2.6 times more likely (95% CI, 1.7-3.8), and women without a previous cesarean but who had a previous hospital delivery were 2.1 times more likely (95% CI, 1.5-3.0) to transfer after adjusting for other predictors of transfer. Nulliparity, cesarean history and having a previous hospital delivery were among the strongest predictors of a hospital transfer even after adjusting for demographic, sociobehavioral, and other medical conditions. Understanding predictors of transfer may assist practitioners, patients, and policy makers in considering the appropriateness of individuals for birth center delivery or to target further education to reduce nonmedical transfers.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.jmwh.2008.11.002
ER -

TY - JOUR
AN - rayyan-504930691
TI - Planned Place of Birth-Impact of Psychopathological Risk Factors on the Choice of Birthplace and Its Postpartum Effect on Psychological Adaption: An Exploratory Study.
Y1 - 2022
Y2 - 1
Y3 - 6
T2 - Journal of clinical medicine
SN - 2077-0383 (Print)
J2 - J Clin Med
VL - 11
IS - 2
AU - Winter C
AU - Junge-Hoffmeister J
AU - Bittner A
AU - Gerstner I
AU - Weidner K
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UR - <https://pubmed.ncbi.nlm.nih.gov/35053986/>
LA - eng
CY - Switzerland
KW - Adaptation, Psychological
AB - The choice of birthplace may have an important impact on a woman's health. In this longitudinal study, we investigated the psychopathological risk factors that drive women's choice of birthplace, since their influence is currently not well understood. The research was conducted in 2011/12 and we analyzed data of 177 women (obstetric unit, n = 121; free standing midwifery unit, n = 42; homebirth, n = 14). We focused antepartally (M = 34.3 ± 3.3) on sociodemographic and risk factors of psychopathology, such as prenatal distress (Prenatal Distress Questionnaire), depressiveness (Edinburgh Postnatal Depression Scale), birth anxiety (Birth Anxiety Scale), childhood trauma (Childhood Trauma Questionnaire), and postpartally (M =

6.65 ± 2.6) on birth experience (Salmon's Item List), as well as psychological adaption, such as postpartum depressive symptoms (Edinburgh Postnatal Depression Scale) and birth anxiety felt during birth (modified Birth Anxiety Scale). Women with fear of childbirth and the beginning of birth were likely to plan a hospital birth. In contrast, women with fear of touching and palpation by doctors and midwives, as well as women with childhood trauma, were more likely to plan an out-of-hospital birth. Furthermore, women with planned out-of-hospital births experienced a greater relief of their birth anxiety during the birth process than women with planned hospital birth. Our results especially show that women with previous mental illnesses, as well as traumatic experiences, seem to have special needs during childbirth, such as a safe environment and supportive care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.3390/jcm11020292

ER -

TY - JOUR

AN - rayyan-504930692

TI - Maternal and neonatal outcomes in birth centers versus hospitals among women with low-risk pregnancies in Japan: A retrospective cohort study.

Y1 - 2018

Y2 - 1

T2 - Japan journal of nursing science : JJNS

SN - 1742-7924 (Electronic)

J2 - Jpn J Nurs Sci

VL - 15

IS - 1

SP - 91-96

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AU - Eto H

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UR - <https://pubmed.ncbi.nlm.nih.gov/28371359/>

LA - eng

CY - Japan

KW - Adult

KW - Apgar Score

KW - *Birthing Centers

KW - Female

KW - Humans

KW - Infant

KW - Infant, Newborn

KW - Japan

KW - Midwifery

KW - Parity

KW - Pregnancy

KW - *Pregnancy Outcome

KW - Retrospective Studies

KW - Risk Factors

KW - Tokyo

KW - Young Adult

KW - Cohort Studies

AB - AIM: In order for low-risk pregnant women to base birth decisions on the risks and benefits, they need evidence of birth outcomes from birth centers. The purpose of this study was to describe and compare the maternal and neonatal outcomes of low-risk women who gave birth in birth centers and hospitals in Japan.

METHODS: The participants were 9588 women who had a singleton vaginal birth at 19 birth centers and two

hospitals in Tokyo. The data were collected from their medical records, including their age, parity, mode of delivery, maternal position at delivery, duration of labor, intrapartum blood loss, perineal trauma, gestational weeks at birth, birth weight, Apgar score, and stillbirths. For the comparison of birth centers with hospitals, adjusted odds ratios for the birth outcomes were estimated by using a logistic regression analysis. RESULTS: The number of women who had a total blood loss of >1 L was higher in the midwife-led birth centers than in the hospitals but the incidence of perineal lacerations was lower. There were fewer infants who were born at the midwife-led birth centers with Apgar scores of <7, compared to the hospitals. CONCLUSION: This study was the first to compare important maternal and neonatal outcomes of birth centers and hospitals. Additional research, using matched baseline characteristics, could clarify the comparisons for maternal and neonatal outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jjns.12171

ER -

TY - JOUR

AN - rayyan-504930693

TI - A mirage of change: family-centered maternity care in practice.

Y1 - 2010

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 37

IS - 2

SP - 160-7

AU - Jimenez V

AU - Klein MC

AU - Hivon M

AU - Mason C

AV - Department of Family Medicine, McGill University, Montreal, Quebec, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/20557539/>

LA - eng

CY - United States

KW - Adult

KW - *Attitude of Health Personnel

KW - *Attitude to Health

KW - *Delivery of Health Care

KW - Delivery, Obstetric/*psychology

KW - Female

KW - Humans

KW - Pregnancy

AB - BACKGROUND: Since the 1970s, the movement to "humanize" birth in North America has evolved into "family-centered maternity care," which has focused on providing evidence-based maternity care that is responsive to the needs of women and their families. The objective of this research was to explore women's birth experiences within the context of the numerous changes that have occurred in perinatal care and to determine how information and knowledge acquired about pregnancy and birth influenced women's birth experiences. METHODS: Semi-structured interviews were conducted in prenatal health clinics in Montreal and Vancouver with 36 women before and after birth. RESULTS: Most study participants were unaware of the range of available providers and birth settings. Of the women who were more aware of their options, those selecting a birth center or home birth and midwives had different notions of risk than those who planned a hospital birth. Study participants felt generally well informed, but thought that information sharing, collaborative decision making, or both were inadequate during labor and birth within the hospital setting. CONCLUSIONS: Despite positive changes in recent years, family-centered maternity care in Canada still needs to be improved. Women's ability to use their acquired prenatal knowledge to feel satisfied by their birth experience continues to be undermined by a system of care that does not prioritize women's informed choice. Further systemic change is required to align maternity care with the needs of Canadian birthing women and their families.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/j.1523-536X.2010.00396.x
ER -

TY - JOUR

AN - rayyan-504930694

TI - Implementation of guidelines about women with previous cesarean section through educational/motivational interventions.

Y1 - 2022

Y2 - 12

T2 - International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics

SN - 1879-3479 (Electronic)

J2 - Int J Gynaecol Obstet

VL - 159

IS - 3

SP - 810-816

AU - Monari F

AU - Menichini D

AU - Bertucci E

AU - Neri I

AU - Perrone E

AU - Facchinetti F

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UR - <https://pubmed.ncbi.nlm.nih.gov/35396724/>

LA - eng

CY - United States

KW - Infant, Newborn

KW - Female

KW - Pregnancy

KW - Humans

KW - Adult

KW - Trial of Labor

KW - *Vaginal Birth after Cesarean

KW - Cesarean Section

KW - Labor, Induced

KW - *Labor, Obstetric

AB - OBJECTIVE: To investigate the effect of a quality improvement project with an educational/motivational intervention in northern Italy on the implementation of the trial of labor after cesarean section (CS).

METHOD: A pre-post study design was used. Every birth center (n = 23) of the Emilia-Romagna region was included. Gynecologist opinion leaders were first trained about Italian CS recommendations. Barriers to implementation were discussed and shared. Educational/motivational interventions were implemented. Data of multipara with previous CS, with a single, cephalic pregnancy at term, were collected during two periods, before (2012-2014) and after (2017-2019) the intervention (2015-2016). The primary outcome was the rate of vaginal birth after CS (VBAC) and perinatal outcomes. RESULTS: A total of 20 496 women were included. The VBAC rate increased from 18.1% to 23.1% after intervention (P < 0.001). The likelihood of VBAC-adjusted for age 40 years or older, Caucasian, body mass index (BMI, calculated as weight in kilograms

divided by the square of height in meters) at least 30, previous vaginal delivery, and labor induction-was increased by the intervention by 42% (odds ratio 1.42, 95% confidence interval 1.31-1.54). Neonatal well-being was improved by intervention; neonates requiring resuscitation decreased from 2.1% to 1.6% (P = 0.001). CONCLUSION: Educating and motivating gynecologists toward the trial of labor after CS is worth pursuing. Health quality improvement is demonstrated by increased VBAC even improving neonatal well-being.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.1002/ijgo.14212

ER -

TY - JOUR

AN - rayyan-504930696

TI - Analysis of the Perinatal Care System in a Remote and Mountainous District of Nepal.

Y1 - 2022

Y2 - 10

T2 - Maternal and child health journal

SN - 1573-6628 (Electronic)

J2 - Matern Child Health J

VL - 26

IS - 10

SP - 1976-1982

AU - Thomas JW

AU - Levy DP

AU - Sherpa AJ

AU - Lama L

AU - Judkins A

AU - Chambers AA

AU - Crandall H

AU - Schoenhals S

AU - Bjella KB

AU - Vaughan JH

AU - Grubb PH

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UR - <https://pubmed.ncbi.nlm.nih.gov/36002697/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Child

KW - Delivery, Obstetric

KW - Female

KW - Health Facilities

KW - Health Services Accessibility

KW - Humans

KW - Infant, Newborn

KW - *Maternal Health Services

KW - Nepal/epidemiology
KW - *Perinatal Care
KW - Pregnancy
KW - Prenatal Care
KW - Mountaineering
KW - Nepal

AB - INTRODUCTION: Despite significant improvements in recent years, maternal and neonatal health outcomes remain poor in many regions of the world. One such area is in the remote mountainous regions of Nepal. The purpose of this study is to describe the current antenatal care practices and delivery support in a mountainous district of Nepal. METHODS: This study took place in Solukhumbu District between December 2015 and February 2018. A household survey was created using evidence-based maternal and neonatal care indicators. Women who had delivered within the previous two years were surveyed regarding antenatal and delivery care they received. A standardized health facility survey was used to evaluate the operational status of health facilities. The study was approved by the Nepal Ministry of Health and the University of Utah IRB. RESULTS: A total of 487 households and 19 facilities were surveyed. 35.7% (174/487) of deliveries occurred in a health facility (hospital, primary health care center or birthing center). 35.2% (171/486) of deliveries were attended by a skilled birth attendant. 52.8% (47/89) of women who did not deliver in a facility noted that transportation issues and not having sufficient time to travel during labor prevented them from delivering in a facility. No health posts had staff trained in obstetric and neonatal emergencies. DISCUSSION: The majority of women in Solukhumbu District do not receive high quality antenatal and delivery care. An intervention that would make antenatal care and delivery support more accessible could improve maternal and infant outcomes in this district and other similar regions.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: physician-led
DO - 10.1007/s10995-022-03479-2
ER -

TY - JOUR
AN - rayyan-504930697
TI - The characteristics of behaviour change interventions used among Pacific people: a systematic search and narrative synthesis.

Y1 - 2021

Y2 - 3

Y3 - 4

T2 - BMC public health

SN - 1471-2458 (Electronic)

J2 - BMC Public Health

VL - 21

IS - 1

SP - 435

AU - Matenga-Ikihele A

AU - McCool J

AU - Dobson R

AU - Fa'alau F

AU - Whittaker R

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UR - <https://pubmed.ncbi.nlm.nih.gov/33663438/>

LA - eng

CY - England

KW - Australia

KW - *Behavior Therapy

KW - Humans

KW - New Zealand
 KW - *Social Support
 AB - BACKGROUND: Pacific people living in New Zealand, Australia, United States, and the Pacific region continue to experience a disproportionately high burden of long-term conditions, making culturally contextualised behaviour change interventions a priority. The primary aim of this study was to describe the characteristics of behaviour change interventions designed to improve health and effect health behaviour change among Pacific people. METHODS: Electronic searches were carried out on OVID Medline, PsycINFO, PubMed, Embase and SCOPUS databases (initial search January 2019 and updated in January 2020) for studies describing an intervention designed to change health behaviour(s) among Pacific people. Titles and abstracts of 5699 papers were screened; 201 papers were then independently assessed. A review of full text was carried out by three of the authors resulting in 208 being included in the final review. Twenty-seven studies were included, published in six countries between 1996 and 2020. RESULTS: Important characteristics in the interventions included meaningful partnerships with Pacific communities using community-based participatory research and ensuring interventions were culturally anchored and centred on collectivism using family or social support. Most interventions used social cognitive theory, followed by popular behaviour change techniques instruction on how to perform a behaviour and social support (unspecified). Negotiating the spaces between Eurocentric behaviour change constructs and Pacific worldviews was simplified using Pacific facilitators and talanoa. This relational approach provided an essential link between academia and Pacific communities. CONCLUSIONS: This systematic search and narrative synthesis provides new and important insights into potential elements and components when designing behaviour change interventions for Pacific people. The paucity of literature available outside of the United States highlights further research is required to reflect Pacific communities living in New Zealand, Australia, and the Pacific region. Future research needs to invest in building research capacity within Pacific communities, centering self-determining research agendas and findings to be led and owned by Pacific communities.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1186/s12889-021-10420-9
 ER -

 TY - JOUR
 AN - rayyan-504930698
 TI - Epidural analgesia and risks of cesarean and operative vaginal deliveries in nulliparous and multiparous women.
 Y1 - 2010
 Y2 - 9
 T2 - Maternal and child health journal
 SN - 1573-6628 (Electronic)
 J2 - Matern Child Health J
 VL - 14
 IS - 5
 SP - 705-712
 AU - Nguyen UDT
 AU - Rothman KJ
 AU - Demissie S
 AU - Jackson DJ
 AU - Lang JM
 AU - Ecker JL
 AV - Institute for Aging Research Hebrew SeniorLife, 1200 Centre Street, Boston, 02131, MA, USA. uyen-sanguyen@hrca.harvard.edu.; RTI Health Solutions, Research Triangle Park, NC, and Department of Epidemiology, Boston University School of Public Health, Boston, MA, USA.; Department of Biostatistics, Boston University School of Public Health, Boston, MA, USA.; University of the Western Cape School of Public Health, Cape Town, South Africa.; International Relations at Watson Institute, Brown University, Providence, RI, USA.; Department of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School, Boston, MA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/19760498/>
 LA - eng

CY - United States
 KW - Adult
 KW - Analgesia, Epidural/*statistics & numerical data
 KW - Analgesia, Obstetrical/*statistics & numerical data
 KW - Cesarean Section/*statistics & numerical data
 KW - Cohort Studies
 KW - Extraction, Obstetrical/*statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Labor Stage, First
 KW - Parity
 KW - Pregnancy
 KW - Pregnancy Outcome
 KW - Prospective Studies
 KW - Risk
 KW - Young Adult
 KW - Analgesia, Epidural
 AB - Objective is to examine the effect of epidural analgesia in first stage of labor on occurrence of cesarean and operative vaginal deliveries in nulliparous women and multiparous women without a previous cesarean delivery. Design of the Prospective cohort study. Prenatal care was received at 12 free-standing health centers, 7 private physician offices, or 2 hospital-based clinics; babies were delivered at a free standing birth center or at 3 hospitals, all in San Diego, CA. This study of 2,052 women used data from the San Diego Birth Center Study that enrolled women between 1994 and 1996 to compare the birthing management of the collaborative Certified Nurse Midwife-Medical Doctor Model with that of the traditional Medical Doctor Model. Main Outcome Measures of the Cesarean or operative vaginal deliveries. After adjusting for differences between women who used and those who did not use epidural analgesia in 1st stage of labor, epidural use was associated with a 2.5 relative risk (95% CI: 1.8, 3.4) for operative vaginal delivery in nulliparous women, and a 5.9 relative risk (95% CI: 3.2, 11.1) in multiparous women. Epidural use was associated with a 2.4 relative risk (95% CI: 1.5, 3.7) for cesarean delivery in nulliparous women, and a 1.8 relative risk (95% CI: 0.6, 5.3) in multiparous women. Epidural anesthesia increases the risk for operative vaginal deliveries in both nulliparous and multiparous women, and increases risk for cesarean deliveries in nulliparous more so than in multiparous women.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1007/s10995-009-0515-9
 ER -

 TY - English Abstract
 AN - rayyan-504930699
 TI - [Birth center, symbols and assistance-related principles].
 Y1 - 2004
 Y2 - 9
 T2 - Revista brasileira de enfermagem
 SN - 0034-7167 (Print)
 J2 - Rev Bras Enferm
 VL - 57
 IS - 5
 SP - 537-40
 AU - Hoga LA
 AV - Escola de Enfermagem da Universidade de São Paulo. kikatuca@usp.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/15997794/>
 LA - por
 CY - Brazil
 KW - *Birthing Centers
 KW - Brazil
 KW - Female

KW - Humans
KW - Infant, Newborn
KW - Pregnancy
KW - *Symbolism
AB - The first Birth Center of the Family Health Program has specific symbols. The purpose was the identification of symbols that permeate the ideas, beliefs, values, practices, and principles that guide the assistance given at the Birth Center. Ethnography was the research method; thematic oral history was the resource employed to interview obstetric nurses in the House. RESULTS: The House has the symbolic value of innovation in assisted deliveries. Humanized care to pregnant women is the principle that guide practices. FINAL CONSIDERATIONS: The symbols of the House and the care practices developed constitute a reference to the other birth centers being proposed in Brazil, and should be known by obstetrical nurses.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language,background article
DO - 10.1590/s0034-71672004000500004
ER -

TY - JOUR
AN - rayyan-504930700
TI - Apgar score of 0 at 5 minutes and neonatal seizures or serious neurologic dysfunction in relation to birth setting.
Y1 - 2013
Y2 - 10
T2 - American journal of obstetrics and gynecology
SN - 1097-6868 (Electronic)
J2 - Am J Obstet Gynecol
VL - 209
IS - 4
SP - 323.e1-6
AU - Grünebaum A
AU - McCullough LB
AU - Sapra KJ
AU - Brent RL
AU - Levene MI
AU - Arabin B
AU - Chervenak FA
AV - Department of Obstetrics and Gynecology, Weill Medical College of Cornell University, New York, NY.
UR - <https://pubmed.ncbi.nlm.nih.gov/23791692/>
LA - eng
CY - United States
KW - Adult
KW - *Apgar Score
KW - Birthing Centers/*statistics & numerical data
KW - Delivery Rooms/*statistics & numerical data
KW - Delivery, Obstetric/*statistics & numerical data
KW - Female
KW - Home Childbirth/*statistics & numerical data
KW - Humans
KW - Infant, Newborn
KW - Midwifery/*statistics & numerical data
KW - Nervous System Diseases/*epidemiology
KW - Obstetrics/*statistics & numerical data
KW - Pregnancy
KW - Risk
KW - Seizures/*epidemiology
KW - United States/epidemiology
KW - Young Adult
KW - Apgar Score

AB - OBJECTIVE: To examine the occurrence of 5-minute Apgar scores of 0 and seizures or serious neurologic dysfunction for 4 groups by birth setting and birth attendant (hospital physician, hospital midwife, free-standing birth center midwife, and home midwife) in the United States from 2007-2010. METHODS: Data from the United States Centers for Disease Control's National Center for Health Statistics birth certificate data files were used to assess deliveries by physicians and midwives in and out of the hospital for the 4-year period from 2007-2010 for singleton term births (≥ 37 weeks' gestation) and ≥ 2500 g. Five-minute Apgar scores of 0 and neonatal seizures or serious neurologic dysfunction were analyzed for 4 groups by birth setting and birth attendant (hospital physician, hospital midwife, freestanding birth center midwife, and home midwife). RESULTS: Home births (relative risk [RR], 10.55) and births in free-standing birth centers (RR, 3.56) attended by midwives had a significantly higher risk of a 5-minute Apgar score of 0 ($P < .0001$) than hospital births attended by physicians or midwives. Home births (RR, 3.80) and births in freestanding birth centers attended by midwives (RR, 1.88) had a significantly higher risk of neonatal seizures or serious neurologic dysfunction ($P < .0001$) than hospital births attended by physicians or midwives. CONCLUSION: The increased risk of 5-minute Apgar score of 0 and seizures or serious neurologic dysfunction of out-of-hospital births should be disclosed by obstetric practitioners to women who express an interest in out-of-hospital birth. Physicians should address patients' motivations for out-of-hospital delivery by continuously improving safe and compassionate care of pregnant, fetal, and neonatal patients in the hospital setting.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.ajog.2013.06.025

ER -

TY - JOUR

AN - rayyan-504930701

TI - Rural community birth: Maternal and neonatal outcomes for planned community births among rural women in the United States, 2004-2009.

Y1 - 2018

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 45

IS - 2

SP - 120-129

AU - Nethery E

AU - Gordon W

AU - Bovbjerg ML

AU - Cheyney M

AV - School of Population and Public Health, University of British Columbia, Vancouver, BC, Canada.; Department of Midwifery, Bastyr University, Kenmore, WA, USA.; College of Public Health and Human Sciences, Oregon State University, Corvallis, OR, USA.; Department of Anthropology, Oregon State University, Corvallis, OR, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/29131385/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers/*statistics & numerical data

KW - Delivery, Obstetric/*statistics & numerical data

KW - Female

KW - Health Policy

KW - Health Services Accessibility

KW - Home Childbirth/*statistics & numerical data

KW - Hospitalization/*statistics & numerical data

KW - Humans

KW - Logistic Models

KW - Midwifery/*statistics & numerical data

KW - Multivariate Analysis

KW - Pregnancy

KW - Pregnancy Outcome
 KW - Risk Factors
 KW - Rural Health
 KW - Rural Population
 KW - United States
 KW - Infant, Newborn
 AB - BACKGROUND: Approximately 22% of women in the United States live in rural areas with limited access to obstetric care. Despite declines in hospital-based obstetric services in many rural communities, midwifery care at home and in free standing birth centers is available in many rural communities. This study examines maternal and neonatal outcomes among planned home and birth center births attended by midwives, comparing outcomes for rural and nonrural women. METHODS: Using the Midwives Alliance of North America Statistics Project 2.0 dataset of 18 723 low-risk, planned home, and birth center births, rural women (n = 3737) were compared to nonrural women. Maternal outcomes included mode of delivery (cesarean and instrumental delivery), blood transfusions, severe events, perineal lacerations, or transfer to hospital and a composite (any of the above). The primary neonatal outcome was a composite of early neonatal intensive care unit or hospital admissions (longer than 1 day), and intrapartum or neonatal deaths. Analysis involved multivariable logistic regression, controlling for sociodemographics, antepartum, and intrapartum risk factors. RESULTS: Rural women had different risk profiles relative to nonrural women and reduced risk of adverse maternal and neonatal outcomes in bivariable analyses. However, after adjusting for risk factors and confounders, there were no significant differences for a composite of maternal (adjusted odds ratio [aOR] 1.05 [95% confidence interval {CI} 0.93-1.19]) or neonatal (aOR 1.13 [95% CI 0.87-1.46]) outcomes between rural and nonrural pregnancies. CONCLUSION: Among this sample of low-risk women who planned midwife-led community births, no increased risk was detected by rural vs nonrural status.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/birt.12322
 ER -

 TY - JOUR
 AN - rayyan-504930703
 TI - Potential selection bias associated with using geocoded birth records for epidemiologic research.
 Y1 - 2016
 Y2 - 3
 T2 - Annals of epidemiology
 SN - 1873-2585 (Electronic)
 J2 - Ann Epidemiol
 VL - 26
 IS - 3
 SP - 204-11
 AU - Ha S
 AU - Hu H
 AU - Mao L
 AU - Roussos-Ross D
 AU - Roth J
 AU - Xu X
 AV - Department of Epidemiology, College of Public Health and Health Professions, College of Medicine, University of Florida, Gainesville.; Department of Epidemiology, College of Public Health and Health Professions, College of Medicine, University of Florida, Gainesville.; Department of Geography, University of Florida, Gainesville.; Department of Obstetrics and Gynecology, University of Florida, Gainesville.; Department of Pediatrics, College of Medicine, University of Florida, Gainesville.; Department of Epidemiology and Biostatistics, School of Public Health, Texas A&M Health Science Center, College Station. Electronic address: xiaohui.xu@sph.tamhsc.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/26907541/>
 LA - eng
 CY - United States
 KW - Adult
 KW - *Birth Certificates
 KW - *Epidemiologic Research Design

KW - Female
KW - Florida
KW - Geographic Information Systems
KW - *Geographic Mapping
KW - Humans
KW - Infant, Newborn
KW - Logistic Models
KW - Male
KW - Maternal Age
KW - Retrospective Studies
KW - Rural Population
KW - *Selection Bias
KW - Urban Population
KW - Birth Certificates
KW - Selection Bias

AB - PURPOSE: There is an increasing use of geocoded birth registry data in environmental epidemiology research. Ungeocoded records are routinely excluded. METHODS: We used classification and regression tree analysis and logistic regression to investigate potential selection bias associated with this exclusion among all singleton Florida births in 2009 (n = 210,285). RESULTS: The rate of unsuccessful geocoding was 11.5% (n = 24,171). This ranged between 0% and 100% across zip codes. Living in a rural zip code was the strongest predictor of being ungeocoded. Other predictors for geocoding status varied with urbanity status. In urban areas, maternal race (adjusted odds ratio [aOR] ranging between 1.08 for Hispanic and 1.18 for black compared to white), maternal age [aOR: 1.16 (1.10-1.23) for ages 20-34 compared to <20], maternal nativity [aOR: 1.20 (1.15-1.25) for non-US versus US born], delivery at a birth center [aOR: 1.72 (1.49-2.00) compared to hospital delivery], multiparity [aOR: 0.91 (0.88-0.94)], maternal smoking [aOR: 0.82 (0.76-0.88)], and having nonprivate insurance [aOR: 1.25 (1.20-1.30) for Medicaid versus private insurance] were significantly associated with being ungeocoded. In rural areas, births delivered at birth center [aOR: 2.91 (1.80-4.73)] or home [aOR: 1.94 (1.28-2.95)] had increased odds compared to hospital births. The characteristics predictive of being ungeocoded were also significantly associated with adverse birth outcomes such as low birth weight and preterm delivery, and the association for maternal age was different when ungeocoded births were included and excluded. CONCLUSIONS: Geocoding status is not random. Women with certain exposure-outcome characteristics may be more likely to be ungeocoded and excluded, indicating potential selection bias.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1016/j.annepidem.2016.01.002

ER -

TY - JOUR

AN - rayyan-504930704

TI - Birth during the Covid-19 pandemic: What childbearing people in the United States needed to achieve a positive birth experience.

Y1 - 2022

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 49

IS - 2

SP - 341-351

AU - Combellick JL

AU - Basile Ibrahim B

AU - Julien T

AU - Scharer K

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AU - Powell Kennedy H

AV - School of Nursing, Yale University, Orange, Connecticut, USA.; School of Public Health, University of Minnesota, Minneapolis, Minnesota, USA.; School of Nursing, Yale University, Orange, Connecticut, USA.;

School of Nursing, Yale University, Orange, Connecticut, USA.; School of Nursing, Yale University, Orange, Connecticut, USA.; School of Nursing, Yale University, Orange, Connecticut, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/35218067/>

LA - eng

CY - United States

KW - *COVID-19

KW - Cross-Sectional Studies

KW - Female

KW - Humans

KW - Infant, Newborn

KW - *Maternal Health Services

KW - *Midwifery/methods

KW - Pandemics

KW - Parturition

KW - Pregnancy

KW - Qualitative Research

KW - United States/epidemiology

KW - United States

AB - BACKGROUND: The COVID pandemic exposed many inadequacies in the maternity care system in the United States. Maternity care protocols put in place during this crisis often did not include input from childbearing people or follow prepandemic guidelines for high-quality care. Departure from standard maternity care practices led to unfavorable and traumatic experiences for childbearing people. This study aimed to identify what childbearing people needed to achieve a positive birth experience during the pandemic. METHODS: This mixed-methods, cross-sectional study was conducted among individuals who gave birth during the COVID pandemic from 3/1/2020 to 11/1/2020. Participants were sampled via a Web-based questionnaire that was distributed nationally. Descriptive and bivariate statistics were analyzed. Thematic and content analyses of qualitative data were based on narrative information provided by participants. Qualitative and convergent quantitative data were reported. RESULTS: Participants (n = 707) from 46 states and the District of Columbia completed the questionnaire with 394 contributing qualitative data about their experiences. Qualitative findings reflected women's priorities for (a) the option of community birth, (b) access to midwives, (c) the right to an advocate at birth, and (d) the need for transparent and affirming communication. Quantitative data reinforced these findings. Participants with a midwife provider felt significantly better informed. Those who gave birth in a community setting (at home or in a freestanding birth center) also reported significantly higher satisfaction and felt better informed. Participants of color (BIPOC) were significantly less satisfied and more stressed while pregnant and giving birth during the pandemic. CONCLUSIONS: High-quality maternity care places childbearing people at the center of care. Prioritizing the needs of childbearing people, in COVID times or otherwise, is critical for improving their experiences and delivering efficacious and safe care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/birt.12616

ER -

TY - JOUR

AN - rayyan-504930705

TI - Universal precautions: the case for consistently trauma-informed reproductive healthcare.

Y1 - 2022

Y2 - 5

T2 - American journal of obstetrics and gynecology

SN - 1097-6868 (Electronic)

J2 - Am J Obstet Gynecol

VL - 226

IS - 5

SP - 671-677

AU - Owens L

AU - Terrell S

AU - Low LK

AU - Loder C

AU - Rhizal D
 AU - Scheiman L
 AU - Seng J
 AV - Department of Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI. Electronic address: laureno@med.umich.edu.; University of Michigan Medical School, Ann Arbor, MI.; Department of Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI; University of Michigan School of Nursing, Ann Arbor, MI.; Department of Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.; University of Michigan School of Nursing, Ann Arbor, MI; Birth Center, Von Voigtlander Women's Hospital, University of Michigan Health, Ann Arbor, MI.; Birth Center, Von Voigtlander Women's Hospital, University of Michigan Health, Ann Arbor, MI.; Department of Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI; University of Michigan School of Nursing, Ann Arbor, MI; College of Literature, Science, and the Arts, University of Michigan, Ann Arbor, MI.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34418349/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Child
 KW - Delivery of Health Care
 KW - Female
 KW - Humans
 KW - Male
 KW - Pregnancy
 KW - Prevalence
 KW - Reproductive Health
 KW - *Sex Offenses
 KW - United States
 KW - *Universal Precautions
 KW - Universal Precautions
 AB - In the United States, about 1 in 5 women have experienced childhood sexual abuse, and a similar proportion experience rape as adults. Childhood sexual abuse and other forms of trauma have serious impacts on our patients' reproductive health. The American College of Obstetricians and Gynecologists recommends universal screening for a history of sexual abuse and universal application of a trauma-informed approach to care. Despite these recommendations, universal screening is far from universally practiced, and trauma-informed care, despite being the standard of care, is far from standard. Given the high prevalence of trauma in the United States, its impact on perinatal outcomes, the sensitive nature of reproductive healthcare, and the likelihood that many patients may not disclose their trauma history, we advocate for trauma-informed reproductive healthcare as the standard of care.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1016/j.ajog.2021.08.012
 ER -

 TY - JOUR
 AN - rayyan-504930706
 TI - Outcomes of Cannabis Use During Pregnancy Within the American Association of Birth Centers Perinatal Data Registry 2007-2020: Opportunities Within Midwifery-Led Care.
 Y1 - 2022
 Y2 - 7
 Y3 - 01
 T2 - The Journal of perinatal & neonatal nursing
 SN - 1550-5073 (Electronic)
 J2 - J Perinat Neonatal Nurs
 VL - 36
 IS - 3
 SP - 264-273
 AU - Joseph-Lemon L
 AU - Thompson H

AU - Verostick L
 AU - Shizuka Oura H
 AU - Jolles DR
 AV - El Rio Health, Tucson, Arizona (Ms Joseph-Lemon); Elephant Circle, Palisade, Colorado (Dr Thompson); Conemaugh OB/Gyne Associates, Duke Life Point Conemaugh, Johnstown, Pennsylvania (Dr Verostick); Mel and Enid Zuckerman College of Public Health, the University of Arizona, Tucson (Ms Shizuka Oura); and Frontier Nursing University, Versailles, Kentucky (Dr Jolles).
 UR - <https://pubmed.ncbi.nlm.nih.gov/35894723/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - *Cannabis/adverse effects
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Midwifery
 KW - Pregnancy
 KW - Pregnancy Outcome/epidemiology
 KW - *Premature Birth/epidemiology
 KW - Registries
 KW - United States/epidemiology
 KW - Cannabis
 KW - Midwifery
 AB - BACKGROUND: Healthcare providers require data on associations between perinatal cannabis use and birth outcomes. METHODS: This observational secondary analysis come from the largest perinatal data registry in the United States related to the midwifery-led birth center model care (American Association of Birth Centers Perinatal Data Registry; N = 19 286). Births are planned across all birth settings (home, birth center, hospital); care is provided by midwives and physicians. RESULTS: Population data show that both early and persistent self-reports of cannabis use were associated with higher rates of preterm birth, low-birth-weight, lower 1-minute Apgar score, gestational weight gain, and postpartum hemorrhage. Once controlled for medical and social risk factors using logistic regression, differences for childbearing people disappeared except that the persistent use group was less likely to experience "no intrapartum complications" (adjusted odds ratio [aOR] = 0.49; 95% confidence interval [CI], 0.32-0.76; P < .01), more likely to experience an indeterminate fetal heart rate in labor (aOR = 3.218; 95% CI, 2.23-4.65; P < .05), chorioamnionitis (aOR = 2.8; 95% CI, 1.58-5.0; P < .01), low-birth-weight (aOR = 1.8; 95% CI, 1.08-3.05; P < .01), and neonatal intensive care unit (NICU) admission (aOR = 2.4; 95% CI, 1.30-4.69; P < .05). CONCLUSIONS: Well-controlled data demonstrate that self-reports of persistent cannabis use through the third trimester are associated with an increased risk of low-birth-weight and NICU admission.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1097/JPN.0000000000000668
 ER -

 TY - JOUR
 AN - rayyan-504930707
 TI - Trends in out-of-hospital births in the United States, 1990-2012.
 Y1 - 2014
 Y2 - 3
 T2 - NCHS data brief
 SN - 1941-4927 (Electronic)
 J2 - NCHS Data Brief
 IS - 144
 SP - 1-8
 AU - MacDorman MF
 AU - Matthews TJ
 AU - Declercq E
 UR - <https://pubmed.ncbi.nlm.nih.gov/24594003/>
 LA - eng

CY - United States
KW - Adult
KW - Birthing Centers/*trends
KW - Delivery, Obstetric/*trends
KW - Female
KW - Housing
KW - Humans
KW - Infant, Low Birth Weight
KW - Infant, Newborn
KW - Midwifery
KW - Pregnancy
KW - Pregnancy, Multiple/statistics & numerical data
KW - Premature Birth/epidemiology
KW - United States
KW - Young Adult

AB - Although still relatively rare, out-of-hospital births have accounted for a growing share of U.S. births since 2004. In 2012, 1.36% of U.S. births were born outside a hospital, up from 1.26% in 2011 and 0.87% in 2004. The 2012 level is the highest level since 1975. Most of the total increase in out-of-hospital births from 2004–2012 was a result of the increase among non-Hispanic white women, and by 2012, 1 in 49 births to non-Hispanic white women (2.05%) occurred outside a hospital. In 2012, six states had 3%–6% of their births occur outside a hospital. For an additional five states, between 2% and 3% of their births were out-of-hospital births. Variations in the percentages of out-of-hospital births by state may be influenced by differences in state laws pertaining to midwifery practice or out-of-hospital births, as well as by the availability of a nearby birthing center. The number of U.S. birthing centers increased from 170 in 2004 to 195 in 2010 and to 248 in January 2013; 13 states still did not have a birthing center in the most recent period. Compared with hospital births, home and birthing center births tended to have lower risk profiles, with fewer births to teen mothers and fewer preterm, low birthweight, and multiple births. From 2004 through 2012, there was a decline in the risk profile of out-of-hospital births, with fewer births in 2012 than in 2004 to teen and older mothers and fewer preterm and low birthweight births. The lower risk profile of out-of-hospital than hospital births suggests that appropriate selection of low-risk women as candidates for out-of-hospital birth is occurring. Although not representative of all U.S. births, 88% of home births in a 36-state reporting area (comprising 71% of U.S. births) were planned in 2012. Unplanned home births are more likely than planned home births to be born preterm and at low birthweight.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: More recent update included

ER -

TY - JOUR

AN - rayyan-504930708

TI - Local birthing services for rural women: Adaptation of a rural New South Wales maternity service.

Y1 - 2016

Y2 - 12

T2 - The Australian journal of rural health

SN - 1440-1584 (Electronic)

J2 - Aust J Rural Health

VL - 24

IS - 6

SP - 385-391

AU - Durst M

AU - Rolfe M

AU - Longman J

AU - Robin S

AU - Dhnaram B

AU - Mullany K

AU - Wright I

AU - Barclay L

AV - University of Wollongong Graduate School of Medicine, Wollongong, New South Wales, Australia.;

University Centre for Rural Health North Coast, University of Sydney, Lismore, New South Wales, Australia.;
University Centre for Rural Health North Coast, University of Sydney, Lismore, New South Wales, Australia.;
University Centre for Rural Health North Coast, University of Sydney, Lismore, New South Wales, Australia.;
University Centre for Rural Health North Coast, University of Sydney, Lismore, New South Wales, Australia.;
University Centre for Rural Health North Coast, University of Sydney, Lismore, New South Wales, Australia.;
University of Wollongong Graduate School of Medicine, Wollongong, New South Wales, Australia.; University
of Wollongong Graduate School of Medicine, Wollongong, New South Wales, Australia.; Illawarra Health and
Medical Research Institute and The Wollongong Hospital Department of Paediatrics, Wollongong, New South
Wales, Australia.; University Centre for Rural Health North Coast, University of Sydney, Lismore, New South
Wales, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/27381020/>

LA - eng

CY - Australia

KW - Adolescent

KW - Adult

KW - Female

KW - *Hospitals, Rural

KW - Humans

KW - *Maternal Health Services

KW - Midwifery

KW - New South Wales

KW - *Parturition

KW - Pregnancy

KW - Registries

KW - Retrospective Studies

KW - Young Adult

KW - Wales

AB - OBJECTIVE: To describe the outcomes of a public hospital maternity unit in rural New South Wales (NSW) following the adaptation of the service from an obstetrician and general practitioner-obstetrician (GPO)-led birthing service to a low-risk midwifery group practice (MGP) model of care with a planned caesarean section service (PCS). DESIGN: A retrospective descriptive study using quantitative methodology. SETTING: Maternity unit in a small public hospital in rural New South Wales, Australia. PARTICIPANTS: Data were extracted from the ward-based birth register for 1172 births at the service between July 2007 and June 2012. MAIN OUTCOME MEASURES: Birth numbers, maternal characteristics, labour, birthing and neonatal outcomes. RESULTS: There were 750 births over 29 months in GPO and 277 and 145 births over 31 months in MGP and PCS, respectively, totalling 422 births following the change in model of care. The GPO had 553 (73.7%) vaginal births and 197 (26.3%) caesarean section (CS) births (139 planned and 58 unplanned). There were almost universal normal vaginal births in MGP (>99% or 276). For normal vaginal births, more women in MGP had no analgesia (45.3% versus 25.1%) or non-invasive analgesia (47.9% versus 38.6%) and episiotomy was less common in MGP than GPO (1.9% versus 3.4%). Neonatal outcomes were similar for both groups with no difference between Apgar scores at 5 min, neonatal resuscitations or transfer to high-level special care nurseries. CONCLUSION: This study demonstrates how a rural maternity service maintained quality care outcomes for low-risk women following the adaptation from a GPO to an MGP service.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital,wrong population

DO - 10.1111/ajr.12310

ER -

TY - Comparative Study

AN - rayyan-504930709

TI - [Birthplace free-standing birth center -- perinatal data in comparison with clinic deliveries in Bavaria and Berlin].

Y1 - 2004

Y2 - 6

T2 - Zeitschrift fur Geburtshilfe und Neonatologie

SN - 0948-2393 (Print)

J2 - Z Geburtshilfe Neonatol

VL - 208
 IS - 3
 SP - 110-7
 AU - David M
 AU - Pachaly J
 AU - Vetter K
 AU - Kentenich H
 AV - Humboldt-Universität zu Berlin, Universitätsklinikum Charité, Klinik für Frauenheilkunde und Geburtshilfe, Campus Virchow-Klinikum. matthias.david@charite.de
 UR - <https://pubmed.ncbi.nlm.nih.gov/15229818/>
 LA - ger
 CY - Germany
 KW - Adult
 KW - Berlin
 KW - Birthing Centers/*statistics & numerical data
 KW - Cesarean Section/statistics & numerical data
 KW - Delivery Rooms/*statistics & numerical data
 KW - Episiotomy/statistics & numerical data
 KW - Female
 KW - Fetal Death/*epidemiology
 KW - Germany
 KW - Hospital Mortality
 KW - Humans
 KW - *Infant Mortality
 KW - Infant, Newborn
 KW - Male
 KW - *Maternal Mortality
 KW - Outcome and Process Assessment, Health Care/statistics & numerical data
 KW - Pregnancy
 KW - Retrospective Studies
 KW - Risk Factors
 KW - Socioeconomic Factors
 AB - QUESTION: The purpose of this investigation is to find any differences between important maternal and infantile perinatal data from a clinic and a birth center group. Is the perinatal and/or maternal mortality in the birth center group higher? What influence do different socioeconomic factors have on the clinic group? PATIENTS AND METHODS: We have carried out a retrospective comparison of the obstetric parameters from all birth center deliveries in the states Berlin and Bavaria for the years 1999 and 2000 (n = 3,060) and the perinatal data investigations of selected clinical groups of both states (n = 55,875). RESULTS: Objective parameters in both groups regarding week of potation at delivery, parity, age of pregnant women, infantile measures, primi- and multiparae and Apgar scales were comparable. There are significant differences in the delivery mode (spontaneous deliveries: birth centers > clinics; operative deliveries: birth centers < clinics), in blood loss over 1,000 ml (birth centers > clinics), in the episiotomy and perineal tear rate (birth centers < clinics), in the infantile transfer rate to a neonatology unit (birth centers < clinics) and in the frequency of necessary neonatological measures in the neonate (birth centers > clinics). The perinatal and maternal mortality in the groups were similar. Within the clinical group the socioeconomic status and a background of immigration had no significant influence on the perinatal data. CONCLUSION: The retrospective data show that the more "invasive" clinical obstetrics leads to a similar postnatal condition of the neonates in comparison to the birth house group. Further comparative studies over several years are necessary to make statements about the occurrence of rare risks and maternal mortality in the free-standing birth center groups.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
 DO - 10.1055/s-2004-819004
 ER -

 TY - JOUR
 AN - rayyan-504930710
 TI - Maternal and newborn morbidity by birth facility among selected United States 2006 low-risk births.

Y1 - 2010
Y2 - 2
T2 - American journal of obstetrics and gynecology
SN - 1097-6868 (Electronic)
J2 - Am J Obstet Gynecol
VL - 202
IS - 2
SP - 152.e1-5
AU - Wax JR
AU - Pinette MG
AU - Cartin A
AU - Blackstone J
AV - Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, Maine Medical Center, Portland, ME, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/20004882/>
LA - eng
CY - United States
KW - Cohort Studies
KW - Female
KW - Home Childbirth/*adverse effects
KW - Humans
KW - Infant Mortality
KW - Infant, Newborn
KW - Midwifery
KW - Morbidity
KW - Pregnancy
KW - Retrospective Studies
KW - Time Factors
KW - United States
AB - OBJECTIVE: We sought to evaluate perinatal morbidity by delivery location (hospital, freestanding birth center, and home). STUDY DESIGN: Selected 2006 US birth certificate data were accessed online from the Centers for Disease Control and Prevention. Low-risk maternal and newborn outcomes were tabulated and compared by birth facility. RESULTS: A total of 745,690 deliveries were included, of which 733,143 (97.0%) occurred in hospital, 4661 (0.6%) at birth centers, and 7427 (0.9%) at home. Compared with hospital deliveries, home and birthing center deliveries were associated with more frequent prolonged and precipitous labors. Home births experienced more frequent 5-minute Apgar scores <7. In contrast, home and birthing center deliveries were associated with less frequent chorioamnionitis, fetal intolerance of labor, meconium staining, assisted ventilation, neonatal intensive care unit admission, and birthweight <2500 g. CONCLUSION: Home births are associated with a number of less frequent adverse perinatal outcomes at the expense of more frequent abnormal labors and low 5-minute Apgar scores.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
DO - 10.1016/j.ajog.2009.09.037
ER -

TY - JOUR
AN - rayyan-504930711
TI - Recruiting Latina families in a study of infant iron deficiency: a description of barriers, study adjustments and review of the literature.
Y1 - 2011
Y2 - 2
T2 - WMJ : official publication of the State Medical Society of Wisconsin
SN - 1098-1861 (Print)
J2 - WMJ
VL - 110
IS - 1
SP - 26-31
AU - Phillips AK

AU - Fischer BA
AU - Baxter RJ
AU - Shafranski SA
AU - Coe CL
AU - Kling PJ
AV - University of Wisconsin, School of Medicine and Public Health, Madison, Wis 53715, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/21473510/>
LA - eng
CY - United States
KW - Adult
KW - Anemia, Iron-Deficiency/*epidemiology
KW - Chi-Square Distribution
KW - Clinical Trials as Topic
KW - Culture
KW - Female
KW - *Hispanic or Latino
KW - Humans
KW - Infant, Newborn
KW - *Patient Selection
KW - Prospective Studies
KW - Research Design
KW - Risk Factors
KW - Wisconsin/epidemiology
KW - Infant
KW - Hispanic Americans
KW - Oxalic Acid
KW - Iron
KW - Norisoprenoids
AB - BACKGROUND: Maternal minority status is a risk factor for iron deficiency in infancy and pregnancy. Because language and cultural differences may limit research participation, a prospective study examining iron deficiency included maternal minority status as an inclusionary criterion. Cognizant of potential barriers to recruitment, goals were to quantify eligible Latina enrollees and refusals, examine participation barriers, and devise possible solutions. METHODS: Mothers and their full-term newborns were eligible if the women were anemic, diabetic during pregnancy, of minority and/or lower socioeconomic status, and/or delivered an infant outside the average weight range for gestational age. Self-reported ethnicity and reasons for participation refusal were documented. RESULTS: During the first 18 months, 255 mothers and their infants were enrolled. Based on inclusionary criteria and the percentage of minority women admitted to the birthing center in a year, we anticipated 25% minority enrollees, with 16.3% Latina. Although 27% minority enrollment was obtained, only 8% were Latina ($P < 0.01$). System barriers, researcher perception barriers, and participant perception barriers were encountered. Over the next 8 months, addressing these recruitment barriers improved Latina enrollment. CONCLUSION: Enrollment barriers are significant hurdles to overcome, but with increased understanding and effort, more successful inclusion of Latina families can be achieved.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
ER -

TY - JOUR
AN - rayyan-504930712
TI - When patients hurt us.
Y1 - 2018
Y2 - 12
T2 - Medical teacher
SN - 1466-187X (Electronic)
J2 - Med Teach
VL - 40
IS - 12
SP - 1308-1309

AU - Cyrus KD
 AU - Angoff NR
 AU - Illuzzi JL
 AU - Schwartz ML
 AU - Wilkins KM
 AV - a Department of Psychiatry Director of the Standardized Patient Program , Yale School of Medicine, The Teaching & Learning Center (TLC) , New Haven , CT , USA.; b Yale School of Medicine , New Haven , CT , USA.; c Vidone Birthing Center, St. Raphael Campus, Yale School of Medicine , New Haven , CT , USA.; b Yale School of Medicine , New Haven , CT , USA.; b Yale School of Medicine , New Haven , CT , USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/29375008/>
 LA - eng
 CY - England
 KW - *Aggression
 KW - *Attitude of Health Personnel
 KW - Education, Medical/*organization & administration
 KW - Humans
 KW - Internship and Residency/organization & administration
 KW - Occupational Health/*statistics & numerical data
 KW - *Professional-Patient Relations
 KW - Students, Medical
 KW - Workplace Violence/*statistics & numerical data
 AB - In this thoughtful article, medical educators in various stages of their careers (resident, mid-career clinician-educators, medical school deans) reflect upon increasing reports of harassment and mistreatment of trainees by patients. In addition to providing a general overview of the limited literature on this topic, the authors describe their own experience collecting information on trainee mistreatment by patients at their institution. They explore the universal difficulty that educators face regarding how to best address this mistreatment and support both faculty and trainees. Given the current sociopolitical climate, there has never been a more urgent need to critically examine this issue. The authors call on the greater medical education community to join them in these important conversations.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
 DO - 10.1080/0142159X.2018.1428291
 ER -

 TY - JOUR
 AN - rayyan-504930713
 TI - Physician-led, hospital-linked, birth care centers can decrease cesarean section rates without increasing rates of adverse events.
 Y1 - 2013
 Y2 - 9
 T2 - Birth (Berkeley, Calif.)
 SN - 1523-536X (Electronic)
 J2 - Birth
 VL - 40
 IS - 3
 SP - 155-63
 AU - O'Hara MH
 AU - Frazier LM
 AU - Stemberbridge TW
 AU - McKay RS
 AU - Mohr SN
 AU - Shalat SL
 AV - Department of Obstetrics and Gynecology, The University of Kansas School of Medicine-Wichita, Wichita, Kansas.
 UR - <https://pubmed.ncbi.nlm.nih.gov/24635500/>
 LA - eng
 CY - United States

KW - Adult
KW - Birthing Centers/*statistics & numerical data
KW - Breast Feeding
KW - Cesarean Section/*statistics & numerical data
KW - Cohort Studies
KW - Delivery Rooms/*statistics & numerical data
KW - Delivery, Obstetric/statistics & numerical data
KW - Female
KW - Humans
KW - Obstetrics/statistics & numerical data
KW - Pregnancy
KW - Retrospective Studies
KW - Young Adult
KW - Cesarean Section

AB - BACKGROUND: This study compares outcomes at a hospital-linked, physician-led, birthing center to a traditional hospital labor and delivery service. METHODS: Using de-identified electronic medical records, a retrospective cohort design was employed to evaluate 32,174 singleton births during 1998-2005. RESULTS: Compared with hospital service, birth care center delivery was associated with a lower rate of cesarean sections (adjusted Relative Risk = 0.73, 95% confidence interval 0.59-0.91; $p < 0.001$) without an increased rate of operative vaginal delivery (adjusted Relative Risk = 1.04, 95% confidence interval 0.97-1.13; $p = 0.25$) and a higher initiation of breastfeeding (adjusted Relative Risk = 1.28, 95% confidence interval 1.25-1.30; $p \leq 0.001$). A maternal length of stay greater than 72 hours occurred less frequently in the birth care center (adjusted Relative Risk = 0.60, 95% confidence interval 0.55-0.66; $p < 0.001$). Comparing only women without major obstetrical risk factors, the differences in outcomes were reduced but not eliminated. Adverse maternal and infant outcomes were not increased at the birth care center. CONCLUSION: A hospital-linked, physician-led, birth care center has the potential to lower rates of cesarean sections without increasing rates of operative vaginal delivery or other adverse maternal and infant outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: physician-led,wrong population
DO - 10.1111/birt.12051
ER -

TY - JOUR
AN - rayyan-504930715
TI - A descriptive study of "being with woman" during labor and birth.
Y1 - 2009
Y2 - 3
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 54
IS - 2
SP - 111-8
AU - Hunter LP
AV - San Diego State University, School of Nursing, 5500 Campanile Drive, San Diego, CA 92182, USA.
lhunter@mail.sdsu.edu
UR - <https://pubmed.ncbi.nlm.nih.gov/19249656/>
LA - eng
CY - United States
KW - Adult
KW - Delivery Rooms
KW - Delivery, Obstetric/psychology
KW - Female
KW - Hospitals
KW - Humans
KW - Labor, Obstetric/psychology
KW - Midwifery/*methods

KW - Nurse Midwives/psychology

KW - Parturition/*psychology

KW - Pregnancy

KW - Social Support

KW - Young Adult

AB - The objective of this study was to learn more about women's perceptions of the nurse-midwifery practice of "being with woman" during childbirth. The descriptive, correlational design used a convenience sample of 238 low-risk postpartum women in a hospital nurse-midwifery practice, with two childbirth settings: a standard labor and delivery unit and an in-hospital birth center. The main outcome measure was a 29-item seven-response Likert scale questionnaire, the Positive Presence Index (PPI), administered to women cared for during labor and birth by nurse-midwives to measure the concept of being with woman. Statistical analysis demonstrated women who gave birth in the in-hospital birth center or who began labor in the in-hospital birth center prior to an indicated transfer to the standard labor and delivery unit gave higher PPI scores than women who were admitted to and gave birth on the standard labor and delivery unit. Parity, ethnicity, number of midwives attending, presence of personal support persons, length of labor, and pain relief medications were unrelated to PPI scores. Two coping/comfort techniques, music therapy and breathing, were found to be correlated with reported higher PPI scores than those of women who did not use the techniques. These results can be used to encourage continued use of midwifery care and for low client to midwife caseloads during childbirth, and to modify hospital settings to include more in-hospital birth centers.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center

DO - 10.1016/j.jmwh.2008.10.006

ER -

TY - JOUR

AN - rayyan-504930716

TI - Maternal and newborn health profile in a first nations community in Canada.

Y1 - 2013

Y2 - 10

T2 - Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC

SN - 1701-2163 (Print)

J2 - J Obstet Gynaecol Can

VL - 35

IS - 10

SP - 905-913

AU - Oliveira AP

AU - Kalra S

AU - Wahi G

AU - McDonald S

AU - Desai D

AU - Wilson J

AU - Jacobs L

AU - Smoke S

AU - Hill P

AU - Hill K

AU - Kandasamy S

AU - Morrison K

AU - Teo K

AU - Miller R

AU - Anand SS

AV - Departments of Medicine and Clinical Epidemiology, McMaster University, Hamilton ON; Chanchlani Research Centre, McMaster University, Hamilton ON.; Chanchlani Research Centre, McMaster University, Hamilton ON.; Department of Pediatrics, McMaster University, Hamilton ON.; Departments of Obstetrics and Gynecology and Radiology, McMaster University, Hamilton ON.; Population Health Research Institute, Hamilton ON.; Six Nations Birthing Centre, Ohsweken ON.; Six Nations Birthing Centre, Ohsweken ON.; Six

Nations Birthing Centre, Ohsweken ON.; Six Nations Birthing Centre, Ohsweken ON.; Six Nations Birthing Centre, Ohsweken ON.; Chanchlani Research Centre, McMaster University, Hamilton ON.; Department of Pediatrics, McMaster University, Hamilton ON; Population Health Research Institute, Hamilton ON.; Departments of Medicine and Clinical Epidemiology, McMaster University, Hamilton ON; Population Health Research Institute, Hamilton ON.; Six Nations Health Services, Ohsweken ON.; Departments of Medicine and Clinical Epidemiology, McMaster University, Hamilton ON; Chanchlani Research Centre, McMaster University, Hamilton ON; Population Health Research Institute, Hamilton ON.

UR - <https://pubmed.ncbi.nlm.nih.gov/24165058/>

LA - eng

CY - Netherlands

KW - Adult

KW - Birth Weight

KW - Body Mass Index

KW - Canada

KW - Female

KW - *Health Status

KW - Humans

KW - Infant, Newborn

KW - *Population Groups

KW - Pregnancy

KW - Retrospective Studies

KW - Smoking/epidemiology

KW - Weight Gain

AB - OBJECTIVES: We sought to characterize maternal health profiles and birth outcomes among First Nations people living in Southern Ontario. METHODS: We performed a retrospective chart review of all 453 women from the Six Nations Reserve, Ontario, who were pregnant between 2005 and 2010. Maternal health behaviours, past medical history, physical measurements, birth outcomes, and newborn characteristics were abstracted. Key maternal and newborn characteristics were compared with those of a cohort of non-First Nations women recruited from nearby Hamilton, Ontario. RESULTS: The average age of women in the study cohort was 25.1 ± 6.2 (mean \pm SD) years, and 75.8% were multiparous. The mean pre-pregnancy BMI was 28.3 ± 6.6 kg/m², and the average weight gain in pregnancy was 14.9 ± 8.3 kg. Mean weight gain during pregnancy was inversely associated with pre-pregnancy BMI, and 57.1% of women gained more than the recommended weight. The prevalence of type 2 diabetes or gestational diabetes was 4.7%, hypertension was present before or during pregnancy in 5.6%, and 35% used tobacco during pregnancy. The mean gestational age at delivery was 39.5 ± 1.7 weeks and the mean crude birth weight was 3619 ± 557 g. The main determinants of newborn weight included sex of the newborn, pre-pregnancy BMI, and weight gain during pregnancy. Compared with a contemporary cohort of 622 non-First Nations mothers and newborns, First Nations mothers were, on average, younger (25.1 vs. 32.1 years; $P < 0.001$), had a higher mean pre-pregnancy BMI (28.3 vs. 26.8 kg/m²; $P < 0.001$), and were more likely to use tobacco during pregnancy (35.0% vs. 14.4%; $P < 0.001$). First Nations newborns had significantly higher mean birth weight (+176 grams) and length (+2.3 cm) than non-First Nations newborns. CONCLUSION: First Nations mothers from the Six Nations Reserve tended to have a high pre-pregnancy BMI, tended to gain more than the recommended weight during pregnancy, and commonly used tobacco during pregnancy. Programs to prevent overweight/obesity and excess weight gain during pregnancy and to minimize smoking are required among women of child-bearing age in this community.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1016/S1701-2163(15)30812-4

ER -

TY - Historical Article

AN - rayyan-504930717

TI - Description of a successful collaborative birth center practice among midwives and an obstetrician.

Y1 - 2012

Y2 - 9

T2 - Obstetrics and gynecology clinics of North America

SN - 1558-0474 (Electronic)

J2 - Obstet Gynecol Clin North Am
 VL - 39
 IS - 3
 SP - 347-57
 AU - Stevens JR
 AU - Witmer TL
 AU - Grant RL
 AU - Cammarano DJ 3rd
 AV - Reading Birth and Women's Center, Reading, PA 19607, USA. RBWCjs@gmail.com
 UR - <https://pubmed.ncbi.nlm.nih.gov/22963694/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - Cooperative Behavior
 KW - Female
 KW - History, 20th Century
 KW - Humans
 KW - *Interprofessional Relations
 KW - Male
 KW - Maternal Health Services/history/*organization & administration/standards
 KW - Midwifery/history/*organization & administration/standards
 KW - Models, Organizational
 KW - Nurse Midwives/education/*organization & administration
 KW - Obstetrics/history/*organization & administration/standards
 KW - Outcome Assessment, Health Care
 KW - Physician-Nurse Relations
 KW - Pregnancy
 KW - Reproducibility of Results
 KW - United States
 KW - Workforce
 KW - Midwifery
 AB - Collaboration among professional groups is essential for safe and efficient health care. Midwifery care is optimized when allowed to function independently within an integrated health care system of support to address complications should they arise. A formal process for collaboration facilitates a smooth, expedient flow of information and decision making in a time of need, maximizing safety and efficiency. This article describes a successful collaborative model among four midwives and one obstetrician that addresses the impending maternity health care provider shortage, the needs of vulnerable populations, and cost-efficiency through appropriate use of technology and choice of health care provider.
 N1 - RAYYAN-INCLUSION: {"Christel"=>"Included"}
 DO - 10.1016/j.ogc.2012.05.003
 ER -

 TY - JOUR
 AN - rayyan-504930718
 TI - Barriers to utilization of childbirth services of a rural birthing center in Nepal: A qualitative study.
 Y1 - 2017
 T2 - PLoS one
 SN - 1932-6203 (Electronic)
 J2 - PLoS One
 VL - 12
 IS - 5
 SP - e0177602
 AU - Khatri RB
 AU - Dangi TP
 AU - Gautam R
 AU - Shrestha KN
 AU - Homer CSE

AV - Center for Research and Development, Kathmandu, Nepal.; Ministry of Home Affairs, Government of Nepal, Kathmandu, Nepal.; Department of Public Health, Aarhus University, Aarhus, Denmark.; Department of Sociology and Anthropology, Tribhuvan University, Kathmandu, Nepal.; Faculty of Health, University of Technology Sydney, New South Wales, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/28493987/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers/*statistics & numerical data

KW - Delivery, Obstetric/*statistics & numerical data

KW - Demography

KW - Female

KW - Humans

KW - Maternal Health Services/*statistics & numerical data

KW - Nepal/epidemiology

KW - Pregnancy

KW - *Qualitative Research

KW - Rural Population/*statistics & numerical data

KW - Trust

KW - Young Adult

KW - Nepal

AB - BACKGROUND: Maternal mortality and morbidity are public health problems in Nepal. In rural communities, many women give birth at home without the support of a skilled birth attendant, despite the existence of rural birthing centers. The aim of this study was to explore the barriers and provide pragmatic recommendations for better service delivery and use of rural birthing centers. METHODS: We conducted 26 in-depth interviews with service users and providers, and three focus group discussions with community key informants in a rural community of Rukum district. We used the Adithya Cattamanchi logic model as a guiding framework for data analysis. RESULTS: Irregular and poor quality services, inadequate human and capital resources, and poor governance were health system challenges which prevented service delivery. Contextual barriers including difficult geography, poor birth preparedness practices, harmful culture practices and traditions and low level of trust were also found to contribute to underutilization of the birthing center. CONCLUSION: The rural birthing center was not providing quality services when women were in need, which meant women did not use the available services properly because of systematic and contextual barriers. Approaches such as awareness-raising activities, local resource mobilization, ensuring access to skilled providers and equipment and other long-term infrastructure development works could improve the quality and utilization of childbirth services in the rural birthing center. This has resonance for other centers in Nepal and similar countries.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Wrong setting

DO - 10.1371/journal.pone.0177602

ER -

TY - JOUR

AN - rayyan-504930729

TI - Perinatal outcomes of women intending to give birth in birth centers in Australia.

Y1 - 2010

Y2 - 3

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 37

IS - 1

SP - 28-36

AU - Laws PJ

AU - Tracy SK

AU - Sullivan EA

AV - Perinatal and Reproductive Epidemiology Research Unit, School of Women's and Children's Health, University of New South Wales, Sydney, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/20402719/>

LA - eng

CY - United States

KW - Adult

KW - Australia

KW - Birthing Centers/*standards/*statistics & numerical data

KW - Female

KW - Humans

KW - Infant Mortality

KW - Infant, Newborn

KW - *Intention

KW - Parity

KW - *Perinatal Mortality

KW - Pregnancy

KW - Pregnant Women/*psychology

KW - Risk Factors

KW - Stillbirth/epidemiology

KW - Term Birth

AB - BACKGROUND: A recent Australian study showed perinatal mortality was lower among women who gave birth in a birth center than in a comparable low-risk group of women who gave birth in a hospital. The current study used the same large population database to investigate whether perinatal outcomes were improved for women intending to give birth in a birth center at the onset of labor, regardless of the actual place of birth. METHODS: Data were obtained from the National Perinatal Data Collection (NPDC) in Australia. The study included 822,955 mothers who gave birth during the 5-year period, 2001 to 2005, and their 836,919 babies. Of these, 22,222 women (2.7%) intended to give birth in a birth center at the onset of labor. Maternal and perinatal factors and outcomes were compared according to the intended place of birth. Data were not available on congenital anomalies, or cause, or timing of death. RESULTS: Women intending to give birth in a birth center at the onset of labor had lower rates of intervention and of adverse perinatal outcomes compared with women intending to give birth in a hospital, including less preterm birth and low birthweight. No statistically significant difference was found in perinatal mortality for term babies of mothers intending to give birth in a birth center compared with term babies of low-risk women intending to give birth in a hospital (1.3 per 1,000 births [99% CI = 0.66, 1.95] vs 1.7 per 1,000 births [99% CI = 1.50, 1.80], respectively). CONCLUSIONS: Term babies of women who intended to give birth in a birth center were less likely to be admitted to a neonatal intensive care unit or special care nursery, and no significant difference was found in other perinatal outcomes compared with term babies of low-risk women who intended to give birth in a hospital labor ward. Birth center care remains a viable option for eligible women giving birth at term.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/j.1523-536X.2009.00375.x

ER -

TY - JOUR

AN - rayyan-504930730

TI - Giving birth during the COVID-19 pandemic, perspectives from a sample of the United States birthing persons during the first wave: March-June 2020.

Y1 - 2021

Y2 - 12

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 48

IS - 4

SP - 524-533

AU - Breman RB

AU - Neerland C

AU - Bradley D

AU - Burgess A

AU - Barr E
AU - Burcher P
AV - Department of Partnerships, Professional Education and Practice, University of Maryland School of Nursing, Baltimore, MD, USA.; University of Minnesota School of Nursing, Minneapolis, MN, USA.; Clinical Affairs, Ovia Health, Boston, MA, USA.; C-ONQS Program Director Women and Children Service Line, WellSpan Health, York, PA, USA.; University of Maryland School of Nursing, Baltimore, MD, USA.; Wellspan, York Hospital, York, PA, USA.; Pennsylvania State University College of Medicine, Hershey, PA, USA.; Drexel University College of Medicine, Philadelphia, PA, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/34114262/>
LA - eng
CY - United States
KW - *COVID-19
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Mental Health
KW - *Pandemics
KW - Parturition
KW - Pregnancy
KW - SARS-CoV-2
KW - United States/epidemiology
KW - United States
AB - BACKGROUND: The COVID-19 pandemic forced hospitals in the United States to adjust policy and procedure in order to provide safe care and prevent the spread of disease. At the beginning of the pandemic, media and case reports described pressure for medical interventions, visitor restrictions, separation from newborns, and an increase in patient demand for community birth (home and birth center). The purpose of this study was to describe birth experiences during the COVID-19 pandemic centering the birthing person's perspective. METHODS: A survey was e-mailed to users of the Ovia Pregnancy app reaching a national convenience sample who gave birth between March 1, 2020, and June 11, 2020. Survey topics included birth location, the Mothers on Respect index, and open-ended questions capturing patient perspectives on the pandemic's effect on their birth experiences. Differences were assessed based on state-level COVID rate and by race. Content analysis was performed to analyze open-ended responses. RESULTS: Respondents from highly impacted COVID-19 states more frequently changed or considered changing their birth location. Racial differences were also found with Black respondents reporting significantly more preterm births and lower respect scores when compared to White respondents. Six themes emerged from the content analysis: Institutional Policies, Changes in Care, Hospital Staff Interactions, Sub-par Care, Issues of Support, and Mental Health. DISCUSSION: The health care community must continue to adapt policies and procedures to best support birthing patients during the COVID-19 pandemic. The community must also continue to address the reality that Black patients receive less respectful care compared with White patients.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1111/birt.12559
ER -

TY - JOUR
AN - rayyan-504930731
TI - Impact of statewide safe sleep legislation on hospital practices and rates of sudden unexpected infant deaths.
Y1 - 2020
Y2 - 6
Y3 - 12
T2 - Injury epidemiology
SN - 2197-1714 (Print)
J2 - Inj Epidemiol
VL - 7
SP - 22
AU - Bechtel K

AU - Gawel M
 AU - Vincent GA
 AU - Violano P
 AV - Department of Pediatrics, Section of Pediatric Emergency Medicine, Yale School of Medicine, New Haven, CT, USA. kirsten.bechtel@yale.edu.; Department of Injury Prevention, Community Outreach, and Research, Yale New Haven Hospital, New Haven, CT, USA. kirsten.bechtel@yale.edu.; Child Fatality Review Panel, New Haven, CT, USA. kirsten.bechtel@yale.edu.; Department of Injury Prevention, Community Outreach, and Research, Yale New Haven Hospital, New Haven, CT, USA.; Child Fatality Review Panel, New Haven, CT, USA.; Office of the Chief Medical Examiner, New Haven, CT, USA.; Department of Injury Prevention, Community Outreach, and Research, Yale New Haven Hospital, New Haven, CT, USA.; Child Fatality Review Panel, New Haven, CT, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/32532344/>
 LA - eng
 CY - England
 KW - Infant
 AB - BACKGROUND: Sudden Unexpected Infant Death (SUID) is the leading cause of death in the post-neonatal period in the United States. In 2015, Connecticut (CT) passed legislation to reduce the number of SUIDs from hazardous sleep environments requiring birthing hospitals/centers provide anticipatory guidance on safe sleep to newborn caregivers before discharge. The objective of our study was to understand the barriers and facilitators for compliance with the safe sleep legislation by birthing hospitals and to determine the effect of this legislation on SUIDs associated with unsafe sleep environments. METHODS: We surveyed the directors and/or educators of the 27 birthing hospitals & one birthing center in CT, about the following: 1) methods of anticipatory guidance given to parents at newborn hospital discharge; 2) knowledge about the legislation; and 3) barriers and facilitators to complying with the law. We used a voluntary online, anonymous survey. In addition, we evaluated the proportion of SUID cases presented at the CT Child Fatality Review Panel as a result of unsafe sleep environments before (2011-2015) and after implementation of the legislation (2016-2018). Chi-Square and Fisher's exact tests were used to evaluate the proportion of deaths due to Positional Asphyxia/Accident occurring before and after legislation implementation. RESULTS: All 27 birthing hospitals and the one birthing center in CT responded to the request for the method of anticipatory guidance provided to caregivers. All hospitals reported providing anticipatory guidance; the birthing center did not provide any anticipatory guidance. The materials provided by 26/27 (96%) of hospitals was consistent with the American Academy of Pediatrics (AAP) Guidelines. There was no significant change in rates of SUID in CT before (58.86/100,000) and after (55.92/100,000) the passage of the legislation ($p = 0.78$). However, more infants died from positional asphyxia after (20, 27.0%) than before the enactment of the law ($p < 0.01$). CONCLUSIONS: Despite most CT hospitals providing caregivers with anticipatory guidance on safe sleep at newborn hospital discharge, SUIDs rates associated with positional asphyxia increased in CT after the passage of the legislation. The role of legislation for reducing the number of SUIDs from hazardous sleep environments should be reconsidered.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1186/s40621-020-00247-0
 ER -
 TY - JOUR
 AN - rayyan-504930732
 TI - Absorbable subcuticular staples versus suture for caesarean section closure: a randomised clinical trial.
 Y1 - 2019
 Y2 - 3
 T2 - BJOG : an international journal of obstetrics and gynaecology
 SN - 1471-0528 (Electronic)
 J2 - BJOG
 VL - 126
 IS - 4
 SP - 502-510
 AU - Madsen AM
 AU - Dow ML
 AU - Lohse CM
 AU - Tessmer-Tuck JA

AV - Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, MN, USA.; Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, MN, USA.; Department of Health Science Research, Mayo Clinic, Rochester, MN, USA.; Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, MN, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/30461155/>

LA - eng

CY - England

KW - Adult

KW - Cesarean Section/*methods

KW - Female

KW - Humans

KW - Operative Time

KW - Patient Satisfaction

KW - Pregnancy

KW - Prospective Studies

KW - Surgical Stapling/methods

KW - *Suture Techniques

KW - *Sutures

KW - Treatment Outcome

KW - Cesarean Section

AB - OBJECTIVE: To compare outcomes of efficiency, safety, patient, and surgeon satisfaction between absorbable subcuticular staples and subcuticular suture for caesarean section skin closure. DESIGN: A prospective, randomised, non-blinded, parallel-group trial. SETTING: Mayo Clinic Family Birth Center in Rochester, MN, USA. POPULATION: At least 18 years old and 24 weeks' gestation, undergoing caesarean section. Exclusion criteria were body mass index >50, chorioamnionitis, intrauterine fetal death, and multifetal gestation. METHODS: Patients were stratified by prior caesarean section, body mass index, and surgeon level and randomised to absorbable subcuticular staples or subcuticular suture. Electronic medical records and surveys were used. MAIN OUTCOME MEASURES: Primary outcomes were total operating time, from incision start to close. Secondary outcomes included subcuticular skin closure time, patient and surgeon satisfaction, percutaneous injuries, pain (analgesic use), cosmesis, and wound complications. RESULTS: Of 220 randomised patients, 206 were included in the final analysis (103 per group). Baseline characteristics were similar. The primary outcome of total operative time was not significantly different between groups [54.0 (44.9-63.6) versus 58.0 (50.4-68.2) minutes, $P = 0.053$]. The subcuticular staple group had shorter subcuticular skin closure time [median 2.6 (1.8-4.0) versus 8.5 (6.2-10.5) minutes, $P < 0.001$]. There were no differences in analgesic use, wound complications, cosmesis or patient satisfaction. One needlestick injury occurred with suture. Surgeons were more likely to recommend (97% versus 85%, $P = 0.004$) and use (98% versus 82%, $P < 0.001$) absorbable subcuticular staples. CONCLUSION: For caesarean section skin closure, absorbable subcuticular staples did not result in significantly different total operative times compared with sutures. Analgesic use, wound complications, and cosmesis were comparable. Patient and surgeon satisfaction were high with both methods. TWEETABLE ABSTRACT: Absorbable subcuticular staples associated with a similar total operative time compared with suture.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population,high risk pregnant persons

DO - 10.1111/1471-0528.15532

ER -

TY - JOUR

AN - rayyan-504930733

TI - Justified skepticism about Apgar scoring in out-of-hospital birth settings.

Y1 - 2015

Y2 - 7

T2 - Journal of perinatal medicine

SN - 1619-3997 (Electronic)

J2 - J Perinat Med

VL - 43

IS - 4

SP - 455-60

AU - Grünebaum A

AU - McCullough LB
 AU - Brent RL
 AU - Arabin B
 AU - Levene MI
 AU - Chervenak FA
 UR - <https://pubmed.ncbi.nlm.nih.gov/24756040/>
 LA - eng
 CY - Germany
 KW - *Apgar Score
 KW - Birthing Centers/*statistics & numerical data
 KW - Female
 KW - Home Childbirth/*statistics & numerical data
 KW - Humans
 KW - *Infant, Newborn
 KW - Midwifery/*statistics & numerical data
 KW - Pregnancy
 KW - United States
 KW - Apgar Score
 AB - BACKGROUND: The Apgar score is used worldwide to assess the newborn infant shortly after birth. Apgar scores, including mean scores and those with high cut-off scores, have been used to support claims that planned home birth is as safe as hospital birth. The purpose of this study was to determine the distribution of 5 min Apgar scores among different birth settings and providers in the USA. METHODS: We obtained data from the National Center for Health Statistics of the US Centers for Disease Control birth certificate data for 2007-2010 for all singleton, term births of infants weighing ≥ 2500 g (n=13,830,531). Patients were then grouped into six categories by birth setting and birth attendant: hospital-based physician, hospital-based midwife, freestanding birth center with either certified nurse midwife and/or other midwife, and home-based delivery with either certified nurse midwife or other midwife. The distribution of each Apgar score from 0 to 10 was assessed for each group. RESULTS: Newborns delivered by other midwives or certified nurse midwives (CNMs) in a birthing center or at home had a significantly higher likelihood of a 5 min maximum Apgar score of 10 than those delivered in a hospital [52.63% in birthing centers, odds ratio (OR) 29.19, 95% confidence interval (CI): 28.29-30.06, and 52.44% at home, OR 28.95, 95% CI: 28.40-29.50; CNMs: 16.43% in birthing centers, OR 5.16, 95% CI: 4.99-5.34, and 36.9% at home births, OR 15.29, 95% CI: 14.85-15.73]. CONCLUSIONS: Our study shows an inexplicable bias of high 5 min Apgar scores of 10 in home or birthing center deliveries. Midwives delivering at home or in birthing centers assigned a significantly higher proportion of Apgar scores of 10 when compared to midwives or physicians delivering in the hospital. Studies that have claimed the safety of out-of-hospital deliveries by using higher mean or high cut-off 5 min Apgar scores and reviews based on these studies should be treated with skepticism by obstetricians and midwives, by pregnant women, and by policy makers. The continued use of studies using higher mean or high cut-off 5 min Apgar scores, and a bias of high Apgar score, to advocate the safety of home births is inappropriate.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1515/jpm-2014-0003
 ER -

 TY - JOUR
 AN - rayyan-504930734
 TI - Tibetan women's perspectives and satisfaction with delivery care in a rural birth center.
 Y1 - 2015
 Y2 - 6
 T2 - International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics
 SN - 1879-3479 (Electronic)
 J2 - Int J Gynaecol Obstet
 VL - 129
 IS - 3
 SP - 244-7
 AU - Gipson JD

AU - Gyaltsen K
 AU - Gyal L
 AU - Kyi T
 AU - Hicks AL
 AU - Pebley AR
 AV - Department of Community Health Sciences, Fielding School of Public Health, University of California, Los Angeles (UCLA), Los Angeles, CA, USA; California Center for Population Research, UCLA, Los Angeles, CA, USA. Electronic address: jgipson@ucla.edu.; Tso-ngon (Qinghai) University Tibetan Medical College (TUTMC), Xining City, Qinghai Province, China; Kumbum Tibetan Medical Hospital, Kumbum Monastery, Lushar (CH: Huangzhong), Qinghai Province, China.; Tso-ngon (Qinghai) University Tibetan Medical College (TUTMC), Xining City, Qinghai Province, China.; Tibetan Birth and Training Center, Tongren County of Huangnan Prefecture, Qinghai Province, China.; California Center for Population Research, UCLA, Los Angeles, CA, USA; Department of Health Care Policy, Harvard Medical School, Boston, MA, USA.; Department of Community Health Sciences, Fielding School of Public Health, University of California, Los Angeles (UCLA), Los Angeles, CA, USA; California Center for Population Research, UCLA, Los Angeles, CA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/25790795/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - Birthing Centers/economics/*standards/statistics & numerical data
 KW - Culturally Competent Care
 KW - Decision Making
 KW - Delivery, Obstetric/economics/*standards/statistics & numerical data
 KW - Family Relations
 KW - Female
 KW - Focus Groups
 KW - Health Services Accessibility
 KW - Home Childbirth/economics
 KW - Humans
 KW - *Patient Satisfaction
 KW - Perception
 KW - Physician-Patient Relations
 KW - Rural Health Services/economics/*standards/statistics & numerical data
 KW - Surveys and Questionnaires
 KW - Tibet
 KW - Transportation
 KW - Young Adult
 AB - **OBJECTIVE:** To identify sociodemographic characteristics and factors involved in Tibetan women's decisions to deliver at the Tibetan Birth and Training Center (TBTC) in rural western China. **METHODS:** In the present mixed-methods study, a random sample of married women who delivered at the TBTC between June 2011 and June 2012 were surveyed. Additionally, four focus group discussions were conducted among married women living in the TBTC catchment area. Descriptive analyses were conducted, and dominant themes were identified. **RESULTS:** In focus group discussions, women (n=33) reported that improved roads and transportation meant that access to health facilities was easier than in the past. Although some of the 114 survey participants voiced negative perceptions of healthcare facilities and providers, 99 (86.8%) indicated that they chose to deliver at the TBTC because they preferred to have a doctor present. Most women (75 [65.8%]) said their mother/mother-in-law made the final decision about delivery location. Women valued logistic and cultural aspects of the TBTC, and 108 (94.7%) said that they would recommend the TBTC to a friend. **CONCLUSION:** Study participants preferred delivery care that combines safety and comfort. The findings highlight avenues for further promotion of facility delivery among populations with lower rates of skilled deliveries.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center
 DO - 10.1016/j.ijgo.2014.12.012
 ER -

TY - JOUR
AN - rayyan-504930735
TI - Midwifery education in the U.S. - Certified Nurse-Midwife, Certified Midwife and Certified Professional Midwife.
Y1 - 2018
Y2 - 5
T2 - Midwifery
SN - 1532-3099 (Electronic)
J2 - Midwifery
VL - 60
SP - 9-12
AU - Marzalik PR
AU - Feltham KJ
AU - Jefferson K
AU - Pekin K
AV - College of Nursing, The Ohio State University, 1585 Neil Avenue, Columbus, OH, USA. Electronic address: marzalik.4@osu.edu.; Eleanor Wade Custer School of Nursing, Shenandoah University, Winchester, VA, USA. Electronic address: kfeltham@su.edu.; New York State Association of Licensed Midwives, Brooklyn, NY, USA; ACNM Committee for Advancement of Midwifery Practice, Silver Spring, MD, USA. Electronic address: jjbmidwiferyny@gmail.com.; Clinical Director&Founder, Premier Birth Center, 125 Premier Place, Winchester, VA, USA; Professional Development, NARM Board of Directors, Lilburn, GA, USA; Virginia Midwifery Advisory Board, Henrico, VA, USA. Electronic address: kimpekin@gmail.com.
UR - <https://pubmed.ncbi.nlm.nih.gov/29471175/>
LA - eng
CY - Scotland
KW - Certification/*trends
KW - Clinical Competence/standards
KW - Education, Nursing, Graduate/trends
KW - Humans
KW - Nurse Midwives/*education
KW - United States
KW - Midwifery
AB - US midwifery education is provided through graduate education for the CNM/CM and didactic education with apprenticeship for the CPM. Clinical practice varies throughout the country depending on the credential held and current state legislation. A lack of clinical sites for midwifery education is a significant challenge to all programs and a barrier to meeting the national maternity care provider shortage.
N1 - RAYYAN-INCLUSION: {"Christel"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Midwifery in general
DO - 10.1016/j.midw.2018.01.020
ER -

TY - JOUR
AN - rayyan-504930736
TI - The effect of waterbirth on neonatal mortality and morbidity: a systematic review and meta-analysis.
Y1 - 2015
Y2 - 10
T2 - JBI database of systematic reviews and implementation reports
SN - 2202-4433 (Electronic)
J2 - JBI Database System Rev Implement Rep
VL - 13
IS - 10
SP - 180-231
AU - Davies R
AU - Davis D
AU - Pearce M
AU - Wong N
AV - 1 Nursing and Midwifery, Faculty of Health, University of Canberra, Australia2 The Australian Capital

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UR - <https://pubmed.ncbi.nlm.nih.gov/26571292/>

LA - eng

CY - Australia

KW - *Baths

KW - Delivery, Obstetric/methods/*mortality

KW - Female

KW - Humans

KW - Infant

KW - *Infant Mortality

KW - Infant, Newborn

KW - Natural Childbirth/methods/*mortality

KW - Pregnancy

KW - Prospective Studies

KW - Retrospective Studies

KW - Water

KW - Infant Mortality

AB - BACKGROUND: Women have been giving birth in water in many centers across the globe; however, the practice remains controversial. Qualitative studies highlight the benefits that waterbirth confers on the laboring woman, though due to the nature of the intervention, it is not surprising that there are few randomized controlled trials available to inform practice. Much of the criticism directed at waterbirth focuses on the potential impact on the neonate. OBJECTIVES: The objective of this review was to systematically synthesize the best available evidence regarding the effect of waterbirth, compared to landbirth, on the mortality and morbidity of neonates born to low risk women. INCLUSION CRITERIA: This review considered studies that included low risk, well, pregnant women who labor and birth spontaneously, at term (37-42 weeks), with a single baby in a cephalic presentation. Low risk pregnancies are defined as pregnancies with an absence of co-morbidity or obstetric complication, such as maternal diabetes, previous cesarean section, high blood pressure or other illness. Women may be experiencing their first or subsequent pregnancy. The fetus must also be well and without any co-morbidity or complication. The intervention of interest is waterbirth. The comparator is landbirth. Women and their babies must be cared for by qualified maternity healthcare providers throughout their labor and birth. The birth setting must be clearly described but can include home, hospital or birth center, either freestanding or attached to a hospital. This review considered randomized controlled trials, quasi-experimental studies and observational prospective and retrospective cohort studies. SEARCH STRATEGY: A multi-step search strategy was utilized to find published and unpublished studies, in English between January 1999 and June 2014. METHODOLOGICAL QUALITY: The first author assessed the quality of all eligible studies. The three secondary authors independently assessed six studies each, followed by group discussion using the appropriate Joanna Briggs Institute appraisal checklist. DATA EXTRACTION: Data were extracted using a standardized extraction tool from Joanna Briggs Institute. DATA SYNTHESIS: Quantitative studies were pooled, where possible, for meta-analysis using software provided by Cochrane. Effect sizes were expressed as odds ratio or relative risk, according to study design, and the 95% confidence intervals were calculated. Heterogeneity was assessed statistically using the standard Chi-square test. RESULTS: The meta-analyses of 12 studies showed that for the majority of outcomes measured in this review there is little difference between waterbirth and landbirth groups. Meta-analysis was not conducted for mortality within 24 days of birth. Heterogeneity was significant between studies for APGAR (Appearance, Pulse, Grimace, Activity, and Respiration). scores ≤ 7 at one minute and admission to Special Care nursery. Sensitivity analysis for case control studies describing infection found results that were not statistically significant (OR 0.74, 95% CI 0.05-11.06). Results of meta-analysis were also not significant for studies describing resuscitation with oxygen (OR 1.12, 95% CI 0.14-8.79) and Respiratory Distress Syndrome (OR 0.81, 95% CI 0.44-1.49). Results comparing APGAR scores ≤ 7 at five minutes for waterbirth and landbirth groups results for included RCTs demonstrated results that were not statistically significant (OR 6.4, 95% CI 0.63-64.71). However, results for included cohort studies describing APGAR scores ≤ 7 at 5 minutes indicate neonates are less likely to have scores ≤ 7 in the waterbirth group (OR 0.32, 95% CI 0.15-0.68). Data were not statistically significant for meta-analysis describing admission to NICU (OR 0.51, 95% CI 0.13-1.96) between water and landbirth groups. The differences in arterial (MD 0.02, 95% CI 0.01-0.02) and venous (MD 0.03, 95% CI 0.03-0.03) cord pH, while statistically significant, were clinically negligible. CONCLUSIONS: Analyses of data reporting on a variety of neonatal clinical

outcomes comparing land with waterbirth do not suggest that outcomes are worse for babies born following waterbirth. Meta-analysis of results for five-minute APGAR scores ≤ 7 should be treated with caution due to the different direction of results for meta-analysis of data from randomized controlled trials and cohort studies. Data measuring cord pH (an objective measure of neonatal wellbeing) were robust and showed no difference between groups. Overall this review was limited by heterogeneity between studies and meta-analysis could not be conducted on a number of outcomes. Waterbirth does not appear to be associated with adverse outcomes for the neonate in a population of low risk women. IMPLICATIONS FOR PRACTICE: There is no evidence to suggest that the practice of waterbirth in a low risk population is harmful to the neonate. IMPLICATIONS FOR RESEARCH: There is a paucity of high level evidence to guide practice in the area of waterbirth. It is unlikely that randomized controlled trials on waterbirth will be acceptable to childbearing women or maternity caregivers. Observational studies are a more appropriate choice for researchers in this field as they offer a more practical and ethical approach.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.11124/jbisrir-2015-2105
ER -

TY - JOUR

AN - rayyan-504930737

TI - Kidney Function After a Hypertensive Disorder of Pregnancy: A Longitudinal Study.

Y1 - 2018

Y2 - 5

T2 - American journal of kidney diseases : the official journal of the National Kidney Foundation

SN - 1523-6838 (Electronic)

J2 - Am J Kidney Dis

VL - 71

IS - 5

SP - 619-626

AU - Paauw ND

AU - van der Graaf AM

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AU - van der Ham DP

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UR - <https://pubmed.ncbi.nlm.nih.gov/29289477/>

LA - eng

CY - United States

KW - Adult

KW - Age Factors

KW - Albuminuria/diagnosis/epidemiology

KW - Cohort Studies

KW - *Disease Progression

KW - Female

KW - Follow-Up Studies

KW - Glomerular Filtration Rate

KW - Humans
KW - Hypertension, Pregnancy-Induced/*diagnosis/epidemiology
KW - Incidence
KW - Kidney Failure, Chronic/*epidemiology/etiology
KW - Kidney Function Tests
KW - Longitudinal Studies
KW - Middle Aged
KW - Netherlands
KW - Pregnancy
KW - Registries
KW - Renal Insufficiency, Chronic/diagnosis/*epidemiology
KW - Risk Assessment
KW - Time Factors
KW - Kidney

AB - BACKGROUND: Registry-based studies report an increased risk for end-stage kidney disease after hypertensive disorders of pregnancy (HDPs). It is unclear whether HDPs lead to an increased incidence of chronic kidney disease (CKD) and/or progression of kidney function decline. STUDY DESIGN: Subanalysis of the Prevention of Renal and Vascular Endstage Disease (PREVEND) Study, a Dutch population-based cohort with follow-up of 5 visits approximately 3 years apart. SETTING & PARTICIPANTS: Women without and with patient-reported HDPs (non-HDP, n=1,805; HDP, n=977) were identified. Mean age was 50 years at baseline and median follow-up was 11 years. FACTOR: An HDP. OUTCOMES: (1) The incidence of CKD using Cox regression and (2) the course of kidney function (estimated glomerular filtration rate [eGFR] and 24-hour albuminuria) over 5 visits using generalized estimating equation analysis adjusted for age, mean arterial pressure, and renin-angiotensin system (RAS) blockade. CKD was defined as eGFR<60mL/min/1.73m(2) and/or 24-hour albuminuria with albumin excretion > 30mg, and end-stage kidney disease was defined as receiving dialysis or kidney transplantation. RESULTS: During follow-up, none of the women developed end-stage renal disease and the incidence of CKD during follow-up was similar across HDP groups (HR, 1.04; 95% CI, 0.79-1.37; P=0.8). Use of RAS blockade was higher after HDP at all visits. During a median of 11 years, we observed a decrease in eGFR in both groups, with a slightly steeper decline in the HDP group (98±15 to 88±16 vs 99±17 to 91±15mL/min/1.73m(2); P(group)<0.01, P(group*visit)<0.05). The group effect remained significant after adjusting for mean arterial pressure, but disappeared after adjusting for RAS blockade. The 24-hour albuminuria did not differ between groups. LIMITATIONS: No obstetric records available. HDPs defined by patient report rather than health records. CONCLUSIONS: HDPs did not detectably increase the incidence of CKD. During follow-up, we observed no differences in albuminuria, but observed a marginally lower eGFR after HDP that was no longer statistically significant after adjusting for the use of RAS blockers. In this population, we were unable to identify a significant risk for kidney function decline after patient-reported HDP.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1053/j.ajkd.2017.10.014

ER -

TY - JOUR

AN - rayyan-504930739

TI - Changes to Birth Plans Due to COVID-19: A Survey of Utah Midwives and Doulas.

Y1 - 2023

Y2 - 5

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 68

IS - 3

SP - 353-363

AU - Ellis J

AU - Ward K

AU - Garrett K

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AU - Clark E
AU - Baksh L
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AV - College of Nursing, University of Utah, Salt Lake City, Utah.; College of Nursing, University of Utah, Salt Lake City, Utah.; College of Nursing, University of Utah, Salt Lake City, Utah.; College of Nursing, University of Utah, Salt Lake City, Utah.; Division of Maternal and Fetal Medicine, University of Utah, Salt Lake City, Utah.; Division of Maternal and Fetal Medicine, University of Utah, Salt Lake City, Utah.; Utah Department of Public Health, Salt Lake City, Utah.; College of Nursing, University of Utah, Salt Lake City, Utah.; Family and Preventive Medicine, University of Utah, Salt Lake City, Utah.
UR - <https://pubmed.ncbi.nlm.nih.gov/37073545/>
LA - eng
CY - United States
KW - Pregnancy
KW - Female
KW - Humans
KW - *Midwifery
KW - *COVID-19/epidemiology
KW - Utah/epidemiology
KW - COVID-19 Testing
KW - *Douglas
KW - Pandemics
KW - Cross-Sectional Studies
KW - Utah
KW - Midwifery
AB - INTRODUCTION: This study seeks to understand the experiences of Utah midwives and doulas caring for patients during the recent coronavirus disease 2019 (COVID-19) pandemic. Specifically, the goal of the study was to describe the perceived impact on the community birth system and explore differences in the access and use of personal protective equipment (PPE) between in- and out-of-hospital births. METHODS: This study used a cross-sectional, descriptive study design. A 26-item survey developed by the research team was sent via email to Utah birth workers, including nurse-midwives, community midwives, and doulas. Quantitative data were collected during December 2020 and January 2021. Descriptive statistics were used in the analysis. RESULTS: Of the 409 birth workers who were sent a link to the survey, 120 (30%) responded: 38 (32%) CNMs, 30 (25%) direct-entry or community midwives, and 52 (43%) doulas. The majority (79%) reported changes to clinical practice during the COVID-19 pandemic. Community midwives (71%) who responded indicated practice volume increased. Survey participants reported an increased patient preference for home births (53%) and birth center births (43%). Among those with one or more patient transfers to the hospital, 61% experienced a change in the process. One participant reported that it took 43 minutes longer to transfer to the hospital. Community midwives and doulas reported poor access to a regular source of PPE. DISCUSSION: Survey participants reported changes to planned birth locations during the COVID-19 pandemic. When necessary, transfers to hospitals were reported to be slower. Community midwives and doulas reported having insufficient access to PPE and reported limited knowledge about COVID-19 testing resources and resources for educating patients on COVID-19. This study adds an important perspective to the existing literature on COVID-19 by indicating that policymakers should include community birth partners in community planning for natural disasters and future pandemics.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1111/jmwh.13491
ER -

TY - Comparative Study
AN - rayyan-504930740
TI - Birth centers in Australia: a national population-based study of perinatal mortality associated with giving birth in a birth center.
Y1 - 2007
Y2 - 9
T2 - Birth (Berkeley, Calif.)
SN - 0730-7659 (Print)

J2 - Birth
 VL - 34
 IS - 3
 SP - 194-201
 AU - Tracy SK
 AU - Dahlen H
 AU - Caplice S
 AU - Laws P
 AU - Wang YA
 AU - Tracy MB
 AU - Sullivan E
 AV - Australian Institute of Health and Welfare National Perinatal Statistics Unit, School of Women's and Children's Health, University of New South Wales, Sydney, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/17718869/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Australia/epidemiology
 KW - Birthing Centers/*statistics & numerical data
 KW - Databases as Topic
 KW - Delivery Rooms
 KW - Female
 KW - Humans
 KW - *Infant Mortality
 KW - Infant, Newborn
 KW - Parity
 KW - Pregnancy
 KW - Stillbirth/epidemiology
 KW - Term Birth
 KW - Australia
 AB - BACKGROUND: Perinatal mortality is a rare outcome among babies born at term in developed countries after normal uncomplicated pregnancies; consequently, the numbers involved in large databases of routinely collected statistics provide a meaningful evaluation of these uncommon events. The National Perinatal Data Collection records the place of birth and information on the outcomes of pregnancy and childbirth for all women who give birth each year in Australia. Our objective was to describe the perinatal mortality associated with giving birth in "alongside hospital" birth centers in Australia during 1999 to 2002 using nationally collected data. METHODS: This population-based study included all 1,001,249 women who gave birth in Australia during 1999 to 2002. Of these women, 21,800 (2.18%) gave birth in a birth center. Selected perinatal outcomes (including stillbirths and neonatal deaths) were described for the 4-year study period separately for first-time mothers and for women having a second or subsequent birth. A further comparison was made between deaths of low-risk term babies born in hospitals compared with deaths of term babies born in birth centers. RESULTS: The total perinatal death rate attributed to birth centers was significantly lower than that attributed to hospitals (1.51/1,000 vs 10.03/1,000). The perinatal mortality rate among term births to primiparas in birth centers compared with term births among low-risk primiparas in hospitals was 1.4 versus 1.9 per 1,000; the perinatal mortality rate among term births to multiparas in birth centers compared with term births among low-risk multiparas in hospitals was 0.6 versus 1.6 per 1,000. CONCLUSIONS: This study using Australian national data showed that the overall rate of perinatal mortality was lower in alongside hospital birth centers than in hospitals irrespective of the mother's parity.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
 DO - 10.1111/j.1523-536X.2007.00171.x
 ER -

 TY - JOUR
 AN - rayyan-504930741
 TI - Facilitators of prenatal care access in rural Appalachia.
 Y1 - 2014

Y2 - 12
T2 - Women and birth : journal of the Australian College of Midwives
SN - 1878-1799 (Electronic)
J2 - Women Birth
VL - 27
IS - 4
SP - e28-35
AU - Phillippi JC
AU - Myers CR
AU - Schorn MN
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1200 Volunteer Boulevard, Knoxville, TN 37996, United States.; Vanderbilt University School of Nursing, 461
21st Avenue South, Nashville, TN 37240, United States.
UR - <https://pubmed.ncbi.nlm.nih.gov/25181958/>
LA - eng
CY - Netherlands
KW - Adult
KW - Appalachian Region
KW - Female
KW - Health Care Surveys
KW - Health Services Accessibility/*statistics & numerical data
KW - Humans
KW - Infant, Newborn
KW - Insurance, Health
KW - Interviews as Topic
KW - Midwifery
KW - Patient Acceptance of Health Care/*psychology/statistics & numerical data
KW - Patient-Centered Care
KW - Pregnancy
KW - Premature Birth
KW - *Prenatal Care
KW - Professional-Patient Relations
KW - Qualitative Research
KW - Rural Population/*statistics & numerical data
KW - Socioeconomic Factors
KW - Tennessee
KW - Prenatal Care
AB - BACKGROUND: There are many providers and models of prenatal care, some more effective than others. However, quantitative research alone cannot determine the reasons beneficial models of care improve health outcomes. Perspectives of women receiving care from effective clinics can provide valuable insight. METHODS: We surveyed 29 women receiving care at a rural, Appalachian birth center in the United States with low rates of preterm birth. Semi-structured interviews and demographic questionnaires were analyzed using conventional qualitative content analysis of manifest content. FINDINGS: Insurance was the most common facilitator of prenatal access. Beneficial characteristics of the provider and clinic included: personalized care, unrushed visits, varied appointment times, short waits, and choice in the type and location of care. CONCLUSION: There is a connection between compassionate and personalized care and positive birth outcomes. Women were willing to overcome barriers to access care that met their needs. To facilitate access to prenatal care and decrease health disparities, healthcare planners, and policy makers need to ensure all women can afford to access prenatal care and allow women a choice in their care provider. Clinic administrators should create a welcoming clinic environment with minimal wait time. Unrushed, woman-centered prenatal visits can increase access to and motivation for care and are easily integrated into prenatal care with minimal cost.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.wombi.2014.08.001
ER -

TY - JOUR
 AN - rayyan-504930742
 TI - "Putting the baby back in the body": The re-embodiment of pregnancy to enhance safety in a free-standing birth center.
 Y1 - 2022
 Y2 - 1
 T2 - Midwifery
 SN - 1532-3099 (Electronic)
 J2 - Midwifery
 VL - 104
 SP - 103172
 AU - Stone NI
 AU - Downe S
 AU - Dykes F
 AU - Rothman BK
 AV - Department of Midwifery Science, Protestant College of Applied Sciences, Teltower Damm 118-122, 14167 Berlin, Germany. Electronic address: stone@eh-berlin.de.; THRIVE Center, Research in Childbirth and Health (ReaCH) group, University of Central Lancashire, Preston, UK.; Department Emeritus of Maternal and Infant Health, Maternal and Infant Nutrition and Nurture unit (MAINN), University of Central Lancashire, Preston, UK.; Department of Sociology, City University of New York, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34749122/>
 LA - eng
 CY - Scotland
 KW - *Birthing Centers
 KW - Delivery, Obstetric
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Midwifery
 KW - Parturition
 KW - Pregnancy
 KW - Qualitative Research
 AB - The general discourse in most countries is that technological surveillance during pregnancy and childbirth is synonymous with safety, while women's individual experiences are less likely regarded as critical. The aim of this ethnographic study at a birth center in Germany was to describe how midwives and their clients construct risk and safety. The data collection methods included participant observation and semi-structured interviews. 'Putting the baby back in the body' was the major theme that emerged, supported by three sub-themes. The women in this study relied on scans at the beginning of pregnancy to make their baby real to them, but became more confident in their capacity to sense their baby after experiencing the first fetal movements. The midwives fostered this confidence by using interactive palpation of the abdomen with the women, thus supporting their individual sensory experience, and, in the midwives' view, enhancing overall safety during pregnancy and at birth.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.midw.2021.103172
 ER -

TY - JOUR
 AN - rayyan-504930743
 TI - Contribution of Maternal Obesity to Medically Indicated and Elective Formula Supplementation in a Baby-Friendly Hospital.
 Y1 - 2019
 Y2 - 5
 T2 - Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine
 SN - 1556-8342 (Electronic)
 J2 - Breastfeed Med
 VL - 14
 IS - 4

SP - 236-242
 AU - Colling K
 AU - Ward L
 AU - Beck A
 AU - Nommsen-Rivers LA
 AV - 1 Nutritional Sciences, College of Allied Health Sciences, University of Cincinnati, Cincinnati, Ohio.; 2 Neonatology, Perinatal Institute, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio.; 3 Family Birthing Center, Mercy Health-Anderson Hospital, Cincinnati, Ohio.; 4 Department of Pediatrics, College of Medicine, University of Cincinnati, Cincinnati, Ohio.; 3 Family Birthing Center, Mercy Health-Anderson Hospital, Cincinnati, Ohio.; 1 Nutritional Sciences, College of Allied Health Sciences, University of Cincinnati, Cincinnati, Ohio.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30864830/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Breast Feeding/*statistics & numerical data
 KW - Female
 KW - Guideline Adherence
 KW - *Health Promotion
 KW - *Hospitals
 KW - Humans
 KW - Infant Formula/*statistics & numerical data
 KW - Infant, Newborn
 KW - Logistic Models
 KW - Male
 KW - Obesity/*epidemiology
 KW - Ohio/epidemiology
 KW - Pregnancy
 KW - Socioeconomic Factors
 KW - Young Adult
 KW - Obesity
 AB - Objective: Determine if maternal obesity increases use of medically indicated or elective formula in the context of a Baby-Friendly Hospital with high prevalence of obesity. Study Design: We conducted a secondary analysis of mothers who initiated breastfeeding of their term, singleton infant born at a Baby-Friendly community hospital in 2016. We defined medically indicated as formula given per physician order; and elective as formula given per maternal request. We used multinomial logistic regression to determine the odds ratio (OR) and 95% confidence interval (95% CI) for medically indicated and elective formula (each versus exclusive breastfeeding) by obesity status. We adjusted for available covariates and mediating conditions that may be exacerbated by obesity. Results: A total of 1,245 mothers met inclusion criteria, of which 41% were obese. Exclusive breastfeeding, medically indicated formula, and elective formula were 84% versus 70%, 5% versus 12%, and 11% versus 18%, in nonobese versus obese women, respectively. After adjusting for covariates, obesity significantly increased the risk for medically indicated (OR 2.6 [95% CI 1.7-4.1]) and elective (OR 2.0 [95% CI 1.5-2.8]) formula. After additionally adjusting for conditions exacerbated by obesity, the risk of medically indicated formula was attenuated by 48% (OR 1.7 [95% CI 1.02-2.7]), and there was little attenuation of the risk of elective formula (OR 1.8 [95% CI 1.3-2.6]). Conclusions: In a setting with high obesity prevalence and strong support for exclusive breastfeeding, obesity accounted for 36% of medically indicated formula and 21% of elective formula use. In this era of globally increasing maternal obesity prevalence, there is an urgent need to develop successful strategies for supporting breastfeeding that goes above and beyond standard Baby-Friendly approaches.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1089/bfm.2018.0185
 ER -

 TY - JOUR
 AN - rayyan-504930745
 TI - A Survey of University Students' Preferences for Midwifery Care and Community Birth Options in 8 High-

Income Countries.

Y1 - 2020

Y2 - 1

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 65

IS - 1

SP - 131-141

AU - Stoll KH

AU - Downe S

AU - Edmonds J

AU - Gross MM

AU - Malott A

AU - McAra-Couper J

AU - Sadler M

AU - Thomson G

AV - Division of Midwifery, University of British Columbia, Vancouver, British Columbia, Canada.; School of Community Health and Midwifery, University of Central Lancashire, Preston, Lancashire, United Kingdom.; Connell School of Nursing, Boston College, Boston, Massachusetts.; Midwifery Research and Education Unit, Hannover Medical School, Hannover, Germany.; Midwifery Education Program, McMaster University, Hamilton, Ontario, Canada.; Centre for Midwifery & Women's Health Research, Faculty of Health & Environmental Sciences, Auckland University of Technology, Auckland, New Zealand.; Department of History and Social Sciences, Faculty of Liberal Arts, Universidad Adolfo Ibáñez, Santiago, Chile.; School of Community Health and Midwifery, University of Central Lancashire, Preston, Lancashire, United Kingdom.; International Childbirth Attitudes-Prior to Pregnancy (ICAPP) Study Team (see list of names in Acknowledgments).

UR - <https://pubmed.ncbi.nlm.nih.gov/31957228/>

LA - eng

CY - United States

KW - Adult

KW - Attitude to Health

KW - *Choice Behavior

KW - Cross-Sectional Studies

KW - Delivery, Obstetric/*psychology

KW - Developed Countries

KW - Female

KW - Humans

KW - Midwifery/*statistics & numerical data

KW - Parturition/*psychology

KW - Pregnancy

KW - Pregnancy Outcome/psychology

KW - Prospective Studies

KW - Students/*psychology/statistics & numerical data

KW - Universities

KW - Midwifery

AB - INTRODUCTION: Midwifery care is associated with positive birth outcomes, access to community birth options, and judicious use of interventions. The aim of this study was to characterize and compare maternity care preferences of university students across a range of maternity care systems and to explore whether preferences align with evidence-based recommendations and options available. METHODS: A cross-sectional, web-based survey was completed in 2014 and 2015 by a convenience sample of university students in 8 high-income countries across 4 continents (N = 4569). In addition to describing preferences for midwifery care and community birth options across countries, this study examined sociodemographic characteristics, psychological factors, knowledge about pregnancy and birth, and sources of information that shaped students' attitudes toward birth in relation to preferences for midwifery care and community birth options. RESULTS: Approximately half of the student respondents (48.2%) preferred midwifery-led care for a healthy pregnancy; 9.5% would choose to give birth in a birthing center, and 4.5% preferred a home birth.

Preference for midwifery care varied from 10.3% among women in the United States to 78.6% among women in the United Kingdom. Preferences for home birth varied from 0.3% among US women to 18.3% among Canadian women. Women, health science students, those with low childbirth fear, those who learned about pregnancy and birth from friends (compared with other sources, eg, the media), and those who responded from Europe were significantly more likely to prefer midwifery care and community birth. High confidence in knowledge of pregnancy and birth was linked to significantly higher odds of community birth preferences and midwifery care preferences. DISCUSSION: It would be beneficial to integrate childbirth education into high school curricula to promote knowledge of midwifery care, pregnancy, and childbirth and to reduce fear among prospective parents. Community birth options need to be expanded to meet demand among the next generation of maternity service users.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/jmwh.13069

ER -

TY - JOUR

AN - rayyan-504930746

TI - MRI-derived aortic characteristics after pregnancy: The AMBITYON study.

Y1 - 2018

Y2 - 7

T2 - Pregnancy hypertension

SN - 2210-7797 (Electronic)

J2 - Pregnancy Hypertens

VL - 13

SP - 46-50

AU - Gerbrand Zoet GA

AU - Anna Sverrisdóttir AK

AU - Anouk Eikendal ALM

AU - Arie Franx A

AU - Tim Leiner T

AU - Bas van Rijn BB

AV - Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands. Electronic address: g.zoet@umcutrecht.nl.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB Utrecht, The Netherlands; Academic Unit of Human Development and Health, University of Southampton, Princess Anne Hospital, Coxford Road, Southampton SO16 5YA, United Kingdom.

UR - <https://pubmed.ncbi.nlm.nih.gov/30177070/>

LA - eng

CY - Netherlands

KW - Adult

KW - Aorta, Thoracic/diagnostic imaging/*physiopathology

KW - Cardiovascular Diseases/diagnostic imaging/*physiopathology

KW - Cohort Studies

KW - Female

KW - Humans

KW - Magnetic Resonance Imaging, Cine

KW - Mass Screening/methods

KW - Netherlands

KW - *Parity

KW - Pregnancy

KW - Prospective Studies

KW - Pulse Wave Analysis

KW - Regional Blood Flow

KW - Surveys and Questionnaires

KW - Vascular Stiffness

AB - OBJECTIVES: Pregnancy and pregnancy complications have been associated with increased arterial stiffness even at young age. In this study we assessed the impact of parity on CMR-derived aortic characteristics as early markers of atherosclerosis and arterial stiffness in healthy women between 25 and 35 years. STUDY DESIGN: We studied 68 women who participated in the AMBITION study, a prospective population-based cohort study for assessment of atherosclerotic burden by MRI and traditional CVD risk factors in healthy, young adults. Of these women, 40 (58.8%) were nulliparous, 13 (19.1%) were primiparous and 15 (22.1%) were multiparous. MAIN OUTCOME MEASURES: Descending thoracic aortic wall thickness (AWT) and pulse wave velocity (PWV) were measured using 3.0T CMR. RESULTS: AWT measurements were similar between nulliparous women and primi- or multiparous women ($1.6 \text{ mm} \pm 0.2 \text{ mm}$ vs. $1.6 \text{ mm} \pm 0.2 \text{ mm}$; $p = 0.79$). Correction for age and systolic blood pressure did not change these results. Applying percentile based cut-off values showed a non-significant increase in AWT in parous women. PWV measurements did not differ between nulliparous women and parous women ($4.5 \text{ m/s} \pm 0.7 \text{ m/s}$ vs. $4.5 \text{ m/s} \pm 0.8 \text{ m/s}$; $p = 0.78$). Correction for age and systolic blood pressure did not influence these results. Using percentile based cut-off values, showed an increasing likelihood of higher PWV-values in parous women, although not statistically significant. CONCLUSIONS: Direct measurement of aortic AWT and PWV by CMR showed no difference between nulliparous and parous women, probably indicating limited effect of pregnancy on arterial stiffness and early markers of atherosclerosis. TRIAL REGISTRATION: Netherlands Trial Register (NTR) number: 4742.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1016/j.preghy.2018.04.018

ER -

TY - JOUR

AN - rayyan-504930747

TI - Thrombomodulin is upregulated in the kidneys of women with pre-eclampsia.

Y1 - 2021

Y2 - 3

Y3 - 11

T2 - Scientific reports

SN - 2045-2322 (Electronic)

J2 - Sci Rep

VL - 11

IS - 1

SP - 5692

AU - van Aanhold CCL

AU - Bos M

AU - Mirabito Colafella KM

AU - van der Hoorn MP

AU - Wolterbeek R

AU - Bruijn JA

AU - Bloemenkamp KWM

AU - van den Meiracker AH

AU - Danser AHJ

AU - Baelde HJ

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Erasmus Medical Center, Rotterdam, The Netherlands.; Department of Internal Medicine, Erasmus Medical Center, Rotterdam, The Netherlands.; Department of Pathology, Leiden University Medical Center, L1Q, Room P0-107, 2300 RC, Leiden, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/33707524/>

LA - eng

CY - England

KW - Animals

KW - Female

KW - Humans

KW - Kidney/drug effects/*metabolism

KW - Kidney Glomerulus/drug effects/metabolism

KW - Pre-Eclampsia/*genetics

KW - Pregnancy

KW - Pyrimidines/pharmacology

KW - Rats, Inbred WKY

KW - Receptor, Endothelin A/metabolism

KW - Sulfonamides/pharmacology

KW - Sunitinib/pharmacology

KW - Thrombomodulin/*genetics

KW - Up-Regulation/drug effects/*genetics

KW - Kidney

KW - Pre-Eclampsia

KW - Eclampsia

KW - Thrombomodulin

AB - The endothelial glycoprotein thrombomodulin regulates coagulation, vascular inflammation and apoptosis. In the kidney, thrombomodulin protects the glomerular filtration barrier by eliciting crosstalk between the glomerular endothelium and podocytes. Several glomerular pathologies are characterized by a loss of glomerular thrombomodulin. In women with pre-eclampsia, serum levels of soluble thrombomodulin are increased, possibly reflecting a loss from the glomerular endothelium. We set out to investigate whether thrombomodulin expression is decreased in the kidneys of women with pre-eclampsia and rats exposed to an angiogenesis inhibitor. Thrombomodulin expression was examined using immunohistochemistry and qPCR in renal autopsy tissues collected from 11 pre-eclamptic women, 22 pregnant controls and 11 hypertensive non-pregnant women. Further, kidneys from rats treated with increasing doses of sunitinib or sunitinib in combination with endothelin receptor antagonists were studied. Glomerular thrombomodulin protein levels were increased in the kidneys of women with pre-eclampsia. In parallel, in rats exposed to sunitinib, glomerular thrombomodulin was upregulated in a dose-dependent manner, and the upregulation of glomerular thrombomodulin preceded the onset of histopathological changes. Selective ET(A)R blockade, but not dual ET(A/B)R blockade, normalised the sunitinib-induced increase in thrombomodulin expression and albuminuria. We propose that glomerular thrombomodulin expression increases at an early stage of renal damage induced by antiangiogenic conditions. The upregulation of this nephroprotective protein in glomerular endothelial cells might serve as a mechanism to protect the glomerular filtration barrier in pre-eclampsia.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia,high risk pregnant persons

DO - 10.1038/s41598-021-85040-9

ER -

TY - English Abstract

AN - rayyan-504930748

TI - [Maternal and perinatal outcomes of an alongside hospital birth center in the city of São Paulo, Brazil].

Y1 - 2010

Y2 - 9

T2 - Revista da Escola de Enfermagem da U S P

SN - 0080-6234 (Print)

J2 - Rev Esc Enferm USP

VL - 44

IS - 3

SP - 812-8
 AU - Lobo SF
 AU - de Oliveira SM
 AU - Schneck CA
 AU - da Silva FM
 AU - Bonadio IC
 AU - Riesco ML
 AV - Universidade Braz Cubas, Mogi das Cruzes, SP, Brasil. sheilafagundeslobo@ig.com.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/20964062/>
 LA - por
 CY - Brazil
 KW - Adolescent
 KW - Adult
 KW - Birthing Centers
 KW - Brazil
 KW - Delivery, Obstetric
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Obstetric Nursing
 KW - Retrospective Studies
 KW - Urban Health
 KW - Young Adult
 AB - The aim of this study was to describe the maternal and perinatal results of care in the alongside hospital birth center Casa de Maria (CPN-CM), located in the city of São Paulo. The random sample included 991 women and their newborns, attended between 2003 and 2006. The results showed that 92.2% of women had a companion of her choice during childbirth and the practices commonly used were shower or immersion bath (92.9%), amniotomy (62.6%), walking (47.6%), massage comfort (29.8%) and episiotomy (25.7%). Regarding newborns, 99.9% of them had Apgar scores =7 in the fifth minute, 9.3% received aspiration of the upper airway, no one needed to be intubated and 1.4% were removed to the hospital. The model of care in the CPN-CM provides maternal and perinatal outcomes expected for low obstetric risk women, and means a safe option and less interventionist model in normal childbirth.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language, Alongside birth center
 DO - 10.1590/s0080-62342010000300037
 ER -

 TY - JOUR
 AN - rayyan-504930749
 TI - Variability on red blood cell transfusion practices among Brazilian neonatal intensive care units.
 Y1 - 2010
 Y2 - 1
 T2 - Transfusion
 SN - 1537-2995 (Electronic)
 J2 - Transfusion
 VL - 50
 IS - 1
 SP - 150-9
 AU - dos Santos AM
 AU - Guinsburg R
 AU - Procianoy RS
 AU - Sadeck Ldos S
 AU - Netto AA
 AU - Rugolo LM
 AU - Luz JH
 AU - Bomfim O
 AU - Martinez FE

AU - de Almeida MF
 AV - Hospital São Paulo, Universidade Federal de São Paulo, São Paulo, SP, Brazil.
 ameliamiyashiro@yahoo.com.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/19709390/>
 LA - eng
 CY - United States
 KW - Apgar Score
 KW - Brazil/epidemiology
 KW - Diabetes, Gestational/epidemiology
 KW - Erythrocyte Transfusion/*statistics & numerical data
 KW - Female
 KW - Guideline Adherence/statistics & numerical data
 KW - Hospitals, Public/statistics & numerical data
 KW - Hospitals, University/*statistics & numerical data
 KW - Humans
 KW - Hypertension, Pregnancy-Induced/epidemiology
 KW - Infant, Newborn
 KW - Infant, Newborn, Diseases/*epidemiology/*therapy
 KW - *Infant, Premature
 KW - Infant, Very Low Birth Weight
 KW - Intensive Care Units, Neonatal/*statistics & numerical data
 KW - Length of Stay/statistics & numerical data
 KW - Logistic Models
 KW - Multivariate Analysis
 KW - Practice Guidelines as Topic
 KW - Pregnancy
 KW - Erythrocyte Transfusion
 AB - BACKGROUND: Guidelines for red blood cell (RBC) transfusions exist; however, transfusion practices vary among centers. This study aimed to analyze transfusion practices and the impact of patients and institutional characteristics on the indications of RBC transfusions in preterm infants. STUDY DESIGN AND METHODS: RBC transfusion practices were investigated in a multicenter prospective cohort of preterm infants with a birth weight of less than 1500 g born at eight public university neonatal intensive care units of the Brazilian Network on Neonatal Research. Variables associated with any RBC transfusions were analyzed by logistic regression analysis. RESULTS: Of 952 very-low-birth-weight infants, 532 (55.9%) received at least one RBC transfusion. The percentages of transfused neonates were 48.9, 54.5, 56.0, 61.2, 56.3, 47.8, 75.4, and 44.7%, respectively, for Centers 1 through 8. The number of transfusions during the first 28 days of life was higher in Center 4 and 7 than in other centers. After 28 days, the number of transfusions decreased, except for Center 7. Multivariate logistic regression analysis showed higher likelihood of transfusion in infants with late onset sepsis (odds ratio [OR], 2.8; 95% confidence interval [CI], 1.8-4.4), intraventricular hemorrhage (OR, 9.4; 95% CI, 3.3-26.8), intubation at birth (OR, 1.7; 95% CI, 1.0-2.8), need for umbilical catheter (OR, 2.4; 95% CI, 1.3-4.4), days on mechanical ventilation (OR, 1.1; 95% CI, 1.0-1.2), oxygen therapy (OR, 1.1; 95% CI, 1.0-1.1), parenteral nutrition (OR, 1.1; 95% CI, 1.0-1.1), and birth center (p < 0.001). CONCLUSIONS: The need of RBC transfusions in very-low-birth-weight preterm infants was associated with clinical conditions and birth center. The distribution of the number of transfusions during hospital stay may be used as a measure of neonatal care quality.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1111/j.1537-2995.2009.02373.x
 ER -

 TY - Clinical Trial
 AN - rayyan-504930750
 TI - Does birth center care during a woman's first pregnancy have any impact on her future reproduction?
 Y1 - 2002
 Y2 - 9
 T2 - Birth (Berkeley, Calif.)
 SN - 0730-7659 (Print)
 J2 - Birth

VL - 29
 IS - 3
 SP - 177-81
 AU - Gottvall K
 AU - Waldenström U
 AV - Department of Nursing, Karolinska Institutet, Stockholm, Sweden.
 UR - <https://pubmed.ncbi.nlm.nih.gov/12153648/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Birth Intervals
 KW - Birthing Centers/*organization & administration
 KW - Continuity of Patient Care
 KW - Delivery Rooms/*organization & administration
 KW - Female
 KW - Humans
 KW - Maternal Health Services/*organization & administration
 KW - *Models, Nursing
 KW - Nurse Midwives
 KW - Parity
 KW - Patient Care Team
 KW - Patient Satisfaction/*statistics & numerical data
 KW - Pregnancy
 KW - Registries
 KW - *Reproduction
 KW - Surveys and Questionnaires
 KW - Sweden
 AB - BACKGROUND: Women's experiences of childbirth may affect their future reproduction, and the model of care affects their experiences, suggesting that a causal link may exist between model of care and future reproduction. The study objective was to examine whether the birth center model of care during a woman's first pregnancy affects whether or not she has a second baby, and on the spacing to the next birth.
 METHODS: Between October 1989 and July 1993, a total of 1860 women at low medical risk in early pregnancy, who participated in a randomized controlled trial of in-hospital birth center care versus standard care, gave birth. The 1063 primiparas in the trial, 543 in the birth center group and 520 in the standard care group, were included in a secondary analysis in which women's personal identification codes were linked to the Swedish National Birth Register, which included information about their subsequent birth during the following 7 to 10 years. Time to an event curves were constructed by means of the Kaplan Meier method.
 RESULTS: The observation period after the first birth was on average 8.8 years in the birth center group and 8.7 years in the standard care group. No statistical difference was found between the groups in time to second birth, which was 2.85 and 2.82 years, respectively (median; log-rank 1.26; p=0.26). CONCLUSION: A woman's model of care, such as birth center care, during her first pregnancy does not seem to be a sufficiently important factor to affect subsequent reproduction in Sweden.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital,wrong population
 DO - 10.1046/j.1523-536x.2002.00185.x
 ER -

 TY - JOUR
 AN - rayyan-504930751
 TI - Trends and characteristics of home and other out-of-hospital births in the United States, 1990-2006.
 Y1 - 2010
 Y2 - 3
 Y3 - 3
 T2 - National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System
 SN - 1551-8922 (Print)
 J2 - Natl Vital Stat Rep

VL - 58
 IS - 11
 SP - 1-14, 16
 AU - MacDorman MF
 AU - Menacker F
 AU - Declercq E
 AV - Division of Vital Statistics, National Center for Health Statistics, Hyattsville, MD, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/20575315/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - Birth Certificates
 KW - Birth Order
 KW - Birthing Centers/*statistics & numerical data/trends
 KW - Female
 KW - Home Childbirth/*statistics & numerical data/trends
 KW - Humans
 KW - Infant, Newborn
 KW - Marital Status
 KW - Maternal Age
 KW - Midwifery/*statistics & numerical data/trends
 KW - Pregnancy
 KW - United States
 KW - Young Adult
 AB - OBJECTIVES: This report examines trends and characteristics of out-of-hospital and home births in the United States. METHODS: Descriptive tabulations of data are presented and interpreted. RESULTS: In 2006, there were 38,568 out-of-hospital births in the United States, including 24,970 home births and 10,781 births occurring in a freestanding birthing center. After a gradual decline from 1990 to 2004, the percentage of out-of-hospital births increased by 3% from 0.87% in 2004 to 0.90% in 2005 and 2006. A similar pattern was found for home births. After a gradual decline from 1990 to 2004, the percentage of home births increased by 5% to 0.59% in 2005 and remained steady in 2006. Compared with the U.S. average, home birth rates were higher for non-Hispanic white women, married women, women aged 25 and over, and women with several previous children. Home births were less likely than hospital births to be preterm, low birthweight, or multiple deliveries. The percentage of home births was 74% higher in rural counties of less than 100,000 population than in counties with a population size of 100,000 or more. The percentage of home births also varied widely by state; in Vermont and Montana more than 2% of births in 2005-2006 were home births, compared with less than 0.2% in Louisiana and Nebraska. About 61% of home births were delivered by midwives. Among midwife-delivered home births, one-fourth (27%) were delivered by certified nurse midwives, and nearly three-fourths (73%) were delivered by other midwives. DISCUSSION: Women may choose home birth for a variety of reasons, including a desire for a low-intervention birth in a familiar environment surrounded by family and friends and cultural or religious concerns. Lack of transportation in rural areas and cost factors may also play a role.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
 ER -
 TY - Comparative Study
 AN - rayyan-504930752
 TI - Infant outcomes of certified nurse midwife attended home births: United States 2000 to 2004.
 Y1 - 2010
 Y2 - 9
 T2 - Journal of perinatology : official journal of the California Perinatal Association
 SN - 1476-5543 (Electronic)
 J2 - J Perinatol
 VL - 30
 IS - 9
 SP - 622-7

AU - Malloy MH
 AV - Department of Pediatrics, University of Texas Medical Branch, Galveston, TX, USA. mmalloy@utmb.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/20182433/>
 LA - eng
 CY - United States
 KW - Delivery Rooms/*statistics & numerical data
 KW - Female
 KW - Home Childbirth/*statistics & numerical data
 KW - Humans
 KW - *Infant Mortality
 KW - Infant, Newborn
 KW - Infant, Newborn, Diseases/*epidemiology
 KW - *Nurse Midwives
 KW - Odds Ratio
 KW - Pregnancy
 KW - United States/epidemiology
 KW - Infant
 KW - United States
 AB - OBJECTIVE: Home births attended by certified nurse midwives (CNMs) make up an extremely small proportion of births in the United States (<1.0%) and are not supported by the American College of Obstetrics and Gynecology (ACOG). The primary objective of this analysis was to examine the safety of certified nurse midwife attended home deliveries compared with certified nurse midwife in-hospital deliveries in the United States as measured by the risk of adverse infant outcomes among women with term, singleton, vaginal deliveries. STUDY DESIGN: United States linked birth and infant death files for the years 2000 to 2004 were used for the analysis. Adverse neonatal outcomes including death were determined by place of birth and attendant type for in-hospital certified nurse midwife, in-hospital 'other' midwife, home certified nurse midwife, home 'other' midwife, and free-standing birth center certified nurse midwife deliveries. RESULT: For the 5-year period there were 1 237 129 in-hospital certified nurse midwife attended births; 17 389 in-hospital 'other' midwife attended births; 13 529 home certified nurse midwife attended births; 42 375 home 'other' midwife attended births; and 25 319 birthing center certified nurse midwife attended births. The neonatal mortality rate per 1000 live births for each of these categories was, respectively, 0.5 (deaths=614), 0.4 (deaths=7), 1.0 (deaths=14), 1.8 (deaths=75), and 0.6 (deaths=16). The adjusted odds ratio (95% confidence interval) for neonatal mortality for home certified nurse midwife attended deliveries vs in-hospital certified nurse midwife attended deliveries was 2.02 (1.18, 3.45). CONCLUSION: Deliveries at home attended by CNMs and 'other midwives' were associated with higher risks for mortality than deliveries in-hospital by CNMs.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focused on home birth
 DO - 10.1038/jp.2010.12
 ER -

 TY - JOUR
 AN - rayyan-504930753
 TI - Frequency and characteristics of hospital-sponsored pertussis revaccination programs in the southern United States.
 Y1 - 2015
 Y2 - 9
 Y3 - 1
 T2 - American journal of health-system pharmacy : AJHP : official journal of the American Society of Health-System Pharmacists
 SN - 1535-2900 (Electronic)
 J2 - Am J Health Syst Pharm
 VL - 72
 IS - 17
 SP - S115-9
 AU - Johnson JL
 AU - Riley TT

AV - Clinical Assistant Professor of Pharmacy, Xavier University of Louisiana, New Orleans, LA
jjohns46@xula.edu.; Clinical Pharmacy Manager, Central Mississippi Medical Center, Jackson, MS.
UR - <https://pubmed.ncbi.nlm.nih.gov/26272891/>

LA - eng

CY - England

KW - Centers for Disease Control and Prevention, U.S.

KW - Diphtheria-Tetanus-acellular Pertussis Vaccines/*administration & dosage

KW - Female

KW - Hospital Bed Capacity

KW - Hospitals/*statistics & numerical data

KW - Humans

KW - Immunization Programs/*statistics & numerical data

KW - Immunization, Secondary/*statistics & numerical data

KW - Ownership

KW - Policy

KW - *Postpartum Period

KW - Practice Guidelines as Topic

KW - Southeastern United States

KW - Southwestern United States

KW - United States

AB - **OBJECTIVE:** The Centers for Disease Control and Prevention (CDC) released guidelines in December, 2006, recommending revaccination against Bordetella pertussis with Tdap for all post-partum women and healthcare workers. The CDC recommendations specifically state "the postpartum Tdap should be administered before discharge from the hospital or birthing center" and "hospitals and ambulatory-care facilities should provide Tdap for healthcare personnel." The purpose of this survey was to determine the frequency and characteristics of hospital-sponsored pertussis revaccination programs in the southern United States. **METHODS:** A twenty-six question electronic survey was sent to a representative of either the infection control or pharmacy department of hospitals in the following south central states: Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas. The survey was designed to collect information regarding the institution's demographic factors and Tdap vaccination policies. **RESULTS:** Thirty-seven of 120 surveys (30.8%) were returned. Thirty respondents (81.1%) reported awareness of the 2006 CDC recommendations. Of the 29 institutions offering labor and delivery services, 14 (48.3%) confirmed having a post-partum vaccination policy, 12 (41.4%) reported having no post-partum vaccination policy, and 3 (10.3%) were unaware of whether a policy was currently in place. Of the 37 responding institutions, 34 (91.9%) offer employee vaccinations, although only 31 of those 34 programs (91.1%) offer Tdap to employees. **CONCLUSION:** According to survey responses, many institutions have not yet implemented Tdap vaccination programs for post-partum patients or healthcare workers according to CDC recommendations. There was no correlation between institution demographics and the presence or characteristics of Tdap revaccination programs.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.2146/sp150020

ER -

TY - JOUR

AN - rayyan-504930754

TI - Placentophagy: What Should Nurses Recommend?

Y1 - 2018

T2 - MCN. The American journal of maternal child nursing

SN - 1539-0683 (Electronic)

J2 - MCN Am J Matern Child Nurs

VL - 43

IS - 2

SP - 111

AU - Killion MM

AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via e-mail at molly.killion@ucsf.edu.

UR - <https://pubmed.ncbi.nlm.nih.gov/29300190/>
LA - eng
CY - United States
KW - Feeding Behavior/*physiology
KW - Female
KW - Humans
KW - Placenta/chemistry/*metabolism
KW - Postpartum Period/metabolism
KW - Pregnancy
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/NMC.0000000000000416
ER -

TY - JOUR
AN - rayyan-504930756
TI - Congenital hypothyroidism in Iran.
Y1 - 2003
Y2 - 8
T2 - Indian journal of pediatrics
SN - 0019-5456 (Print)
J2 - Indian J Pediatr
VL - 70
IS - 8
SP - 625-8
AU - Ordoookhani A
AU - Mirmiran P
AU - Najafi R
AU - Hedayati M
AU - Azizi F
AV - Endocrine Research Center, Teleghani Hospital, Shaheed Beheshti University of Medical Sciences, Tehran, Iran.

UR - <https://pubmed.ncbi.nlm.nih.gov/14510082/>
LA - eng
CY - India
KW - *Congenital Hypothyroidism
KW - Consanguinity
KW - Female
KW - Fetal Blood/metabolism
KW - Humans
KW - Hypothyroidism/blood/*epidemiology/genetics
KW - Incidence
KW - Infant, Newborn
KW - Iodine/urine
KW - Iran/epidemiology
KW - Male
KW - Pilot Projects
KW - Thyrotropin/blood
KW - Iran
KW - Hypothyroidism
KW - Congenital Hypothyroidism

AB - OBJECTIVE: Following elimination of iodine deficiency in Iran, the program of screening for congenital hypothyroidism (CH) was established in 1998. The descriptive findings of the study are reported here. METHODS: From February 1998 to June 2001, cord blood spot samples from 8 hospitals and a rural birth center in Tehran and Damavand were collected and tested for TSH measurement using a two-site IRMA method. TSH values > or = 20 microU/mL were recalled. The diagnosis of CH was confirmed using age adjusted reference values for serum TSH and T4 levels. RESULTS: Of 20107 screened neonates, 256 had cord TSH values > or = 20 microU/mL (recall rate: 1.3%) and 22 showed hypothyroidism (1:914 live births).

History of maternal ingestion of drugs and dietary goitrogens were negative and minimal, respectively. 15 out of 21 CH neonates had parental consanguinity. The odds ratio of CH occurrence in blood-related to non-related marriages was 6.9 (CI=1.82-25.87). Thyroid dysgenesis occurred in 10 neonates; 1:2011 births. Urinary iodine excretion was between 12-22 (n=3) and 40-42.5 (n=5) microg/dL in 10 eutopic neonates (2 not assessed). CONCLUSION: Parental consanguinity and iodine excess could be the causative factors for the high incidence of CH.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1007/BF02724251

ER -

TY - JOUR

AN - rayyan-504930757

TI - Confidential enquiry into maternal deaths in the Netherlands, 2006-2018.

Y1 - 2022

Y2 - 4

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 101

IS - 4

SP - 441-449

AU - Kallianidis AF

AU - Schutte JM

AU - Schuringa LEM

AU - Beenackers ICM

AU - Bloemenkamp KWM

AU - Braams-Lisman BAM

AU - Cornette J

AU - Kuppens SM

AU - Rietveld AL

AU - Schaap T

AU - Stekelenburg J

AU - Zwart JJ

AU - van den Akker T

AV - Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics and Gynecology, Isala Hospital, Zwolle, the Netherlands.; Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Anesthesiology, Wilhelmina Children's Hospital, Utrecht, the Netherlands.; Division Woman and Baby, Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics and Gynecology, Tergooi, Blaricum, the Netherlands.; Department of Obstetrics and Gynecology, Erasmus MC, University Medical Center, Rotterdam, the Netherlands.; Department of Obstetrics and Gynecology, Catharina Ziekenhuis, Eindhoven, the Netherlands.; Department of Obstetrics and Gynecology, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands.; Division Woman and Baby, Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Health Sciences, Global Health, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands.; Department of Obstetrics and Gynecology, Leeuwarden Medical Center, Leeuwarden, the Netherlands.; Department of Obstetrics and Gynecology, Deventer Hospital, Deventer, the Netherlands.; Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Athena Institute, VU, Amsterdam, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/35352820/>

LA - eng

CY - United States

KW - Cause of Death

KW - Cohort Studies

KW - Female

KW - Humans

KW - *Maternal Death
 KW - Netherlands/epidemiology
 KW - Pregnancy
 KW - *Pregnancy Complications/etiology
 KW - Netherlands
 AB - INTRODUCTION: To calculate the maternal mortality ratio (MMR) for 2006-2018 in the Netherlands and compare this with 1993-2005, and to describe women's characteristics, causes of death and improvable factors. MATERIAL AND METHODS: We performed a nationwide, cohort study of all maternal deaths between January 1, 2006 and December 31, 2018 reported to the Audit Committee Maternal Mortality and Morbidity. Main outcome measures were the national MMR and causes of death. RESULTS: Overall MMR was 6.2 per 100 000 live births, a decrease from 12.1 in 1993-2005 (risk ratio [RR] 0.5). Women with a non-western ethnic background had an increased MMR compared with Dutch women (MMR 6.5 vs. 5.0, RR 1.3). The MMR was increased among women with a background from Surinam/Dutch Antilles (MMR 14.7, RR 2.9). Half of all women had an uncomplicated medical history (79/161, 49.1%). Of 171 pregnancy-related deaths within 1 year postpartum, 102 (60%) had a direct and 69 (40%) an indirect cause of death. Leading causes within 42 days postpartum were cardiac disease (n = 21, 14.9%), hypertensive disorders (n = 20, 14.2%) and thrombosis (n = 19, 13.5%). Up to 1 year postpartum, the most common cause of death was cardiac disease (n = 32, 18.7%). Improvable care factors were identified in 76 (47.5%) of all deaths. CONCLUSIONS: Maternal mortality halved in 2006-2018 compared with 1993-2005. Cardiac disease became the main cause. In almost half of all deaths, improvable factors were identified and women with a background from Surinam/Dutch Antilles had a threefold increased risk of death compared with Dutch women without a background of migration.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1111/aogs.14312
 ER -

 TY - JOUR
 AN - rayyan-504930758
 TI - Elucidating the context for implementing nonpharmacologic care for neonatal opioid withdrawal syndrome: a qualitative study of perinatal nurses.
 Y1 - 2021
 Y2 - 11
 Y3 - 4
 T2 - BMC pediatrics
 SN - 1471-2431 (Electronic)
 J2 - BMC Pediatr
 VL - 21
 IS - 1
 SP - 489
 AU - Shuman CJ
 AU - Wilson R
 AU - VanAntwerp K
 AU - Morgan M
 AU - Weber A
 AV - School of Nursing, University of Michigan, 400 N. Ingalls, Ste. 4162, Ann Arbor, MI, USA. clayshu@med.umich.edu.; Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor, MI, USA. clayshu@med.umich.edu.; Center for the Study of Drugs, Alcohol, Smoking, and Health, University of Michigan, Ann Arbor, MI, USA. clayshu@med.umich.edu.; Department of Nursing, St. Cloud State University, St. Cloud, MN, USA.; St. Cloud Hospital, St. Cloud, MN, USA.; School of Nursing, University of Michigan, 400 N. Ingalls, Ste. 4162, Ann Arbor, MI, USA.; School of Nursing, University of Cincinnati, Cincinnati, OH, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34736443/>
 LA - eng
 CY - England
 KW - Analgesics, Opioid/adverse effects
 KW - Child
 KW - Female

KW - Humans
KW - Infant, Newborn
KW - Intensive Care Units, Neonatal
KW - Mothers
KW - *Neonatal Abstinence Syndrome/drug therapy
KW - *Opioid-Related Disorders
KW - Pregnancy
AB - BACKGROUND: Up to 95% of neonates exposed to opioids in utero experience neonatal opioid withdrawal syndrome at birth. Nonpharmacologic approaches (e.g., breastfeeding; rooming-in; skin-to-skin care) are evidence-based and should be implemented. These approaches, especially breastfeeding, rely on engagement of the neonates' mothers to help deliver them. However, little is known about the structural and social dynamic context barriers and facilitators to implementing maternal-delivered nonpharmacologic care. METHODS: Using a qualitative descriptive design, perinatal nurses from a Midwest United States hospital family birthing center, neonatal intensive care unit, and inpatient pediatric unit were interviewed. These units were involved in caring for mothers and neonates affected by opioid use. Telephone interviews followed a semi-structured interview guide developed for this study, were audio-recorded, and lasted about 30-60 min. Interviews were transcribed verbatim and independently analyzed by five investigators using the constant comparative method. Themes were discussed until reaching consensus and subsequently mapped to a conceptual model adapted for this study. RESULTS: Twenty-one nurses participated in this study (family birth center, n = 9; neonatal intensive care, n = 6; pediatrics, n = 6). Analysis resulted in four major themes: 1) Lack of education and resources provided to staff and mothers; 2) Importance of interdisciplinary and intradisciplinary care coordination; 3) Flexibility in nurse staffing models for neonatal opioid withdrawal syndrome; and 4) Unit architecture and layout affects maternal involvement. Minor themes supported each of the four major themes. All themes mapped to the conceptual model. CONCLUSIONS: This study provides a more comprehensive understanding of the barriers and facilitators affecting implementation of maternal involvement in nonpharmacologic care of newborns with neonatal opioid withdrawal syndrome. Future efforts implementing nonpharmacologic approaches must consider the context factors affecting implementation, including structural and social factors within the units, hospital, and broader community.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1186/s12887-021-02955-y
ER -

TY - JOUR
AN - rayyan-504930759
TI - Similar pro-NT and pro-RLX2 levels after preeclampsia and after uncomplicated pregnancy.
Y1 - 2017
Y2 - 12
T2 - Maturitas
SN - 1873-4111 (Electronic)
J2 - Maturitas
VL - 106
SP - 87-91
AU - Zoet GA
AU - van Rijn BB
AU - Rehfeldt M
AU - Franx A
AU - Maas AHM
AV - Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB, Utrecht, The Netherlands. Electronic address: g.zoet@umcutrecht.nl.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB, Utrecht, The Netherlands; Academic Unit of Human Development and Health, University of Southampton, Princess Anne Hospital, Coxford Road, Southampton SO16 5YA, United Kingdom.; Sphingotec GmbH, Hennigsdorf, Germany.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, PO Box 85090, 3508 AB, Utrecht, The Netherlands.; Department of Cardiology, Radboud University Medical Center, Geert Grooteplein-Zuid 10, 6525 GA, Nijmegen, The Netherlands.
UR - <https://pubmed.ncbi.nlm.nih.gov/29150171/>
LA - eng

CY - Ireland
KW - Adult
KW - Biomarkers/blood
KW - Cardiovascular Diseases/epidemiology
KW - Cohort Studies
KW - Female
KW - Humans
KW - Middle Aged
KW - Neurotensin/*blood
KW - Pre-Eclampsia/*blood
KW - Pregnancy/*blood
KW - Protein Precursors/*blood
KW - Relaxin/*blood
KW - Risk Factors
KW - Young Adult
KW - Pregnancy
KW - Pre-Eclampsia

AB - OBJECTIVE: Women are at increased risk of developing cardiovascular disease (CVD) after preeclampsia. Proneurotensin 1-117 (pro-NT) and prorelaxin 2 connecting peptide (pro-RLX2) have recently emerged as potential biomarkers for CVD risk in women. We assessed pro-NT and pro-RLX2 levels in women with and without a history of preeclampsia. STUDY DESIGN: 339 women with a history of early-onset preeclampsia and 327 women with an uncomplicated pregnancy underwent cardiovascular screening 10 years after delivery (the Preeclampsia Risk Evaluation in FEMales (PREVFEM) cohort). MAIN OUTCOME MEASURES: Pro-NT, a stable fragment of the neurotensin precursor, was assessed in the whole cohort. Pro-RLX2, the stable connecting peptide of the relaxin 2 prohormone, was assessed in a subset of this cohort, consisting of 27 women with a history of preeclampsia and 23 healthy controls. Associations between biomarker levels and traditional CVD risk factors in the preeclampsia and control group were assessed by Pearson's correlation coefficient. RESULTS: We found no differences in pro-NT and pro-RLX2 levels between the preeclampsia and control group. Pro-NT levels were associated with higher HbA1c levels ($r=0.113$, p -value 0.045) and with BMI ($r=0.124$, p -value 0.027), but only in the control group. Pro-RLX2 was related to current smoking and triglyceride levels in women with a history of preeclampsia and related to LDL-cholesterol in women with an uncomplicated pregnancy. CONCLUSIONS: Pro-NT and pro-RLX2 levels were comparable in women 10 years after preeclampsia and women with an uncomplicated pregnancy. The role of pro-NT and pro-RLX2 in CVD development after preeclampsia should be further investigated.

N1 - RAYYAN-INCLUSION: {"Christel"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia,high risk pregnant persons
DO - 10.1016/j.maturitas.2017.09.007
ER -

TY - JOUR
AN - rayyan-504930760
TI - Preventing cardiovascular disease after hypertensive disorders of pregnancy: Searching for the how and when.
Y1 - 2017
Y2 - 11
T2 - European journal of preventive cardiology
SN - 2047-4881 (Electronic)
J2 - Eur J Prev Cardiol
VL - 24
IS - 16
SP - 1735-1745
AU - Groenhof TKJ
AU - van Rijn BB
AU - Franx A
AU - Roeters van Lennep JE
AU - Bots ML
AU - Lely AT

AV - 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; 2 Academic Unit of Human Development and Health, Institute for Life Sciences, University of Southampton, UK.; 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; 3 Erasmus Medical Center Rotterdam, The Netherlands.; 4 Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands.; 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/28895439/>

LA - eng

CY - England

KW - Blood Pressure/*physiology

KW - *Cardiovascular Diseases/epidemiology/etiology/prevention & control

KW - Female

KW - Global Health

KW - Humans

KW - Incidence

KW - Pre-Eclampsia/*epidemiology/physiopathology

KW - Pregnancy

KW - *Risk Assessment

KW - Risk Factors

KW - Cardiovascular Diseases

AB - Background Women with a history of a hypertensive disorder during pregnancy (HDP) have an increased risk of cardiovascular events. Guidelines recommend assessment of cardiovascular risk factors in these women later in life, but provide limited advice on how this follow-up should be organized. Design Systematic review and meta-regression analysis. Methods The aim of our study was to provide an overview of existing knowledge on the changes over time in three major modifiable components of cardiovascular risk assessment after HDP: blood pressure, glucose homeostasis and lipid levels. Data from 44 studies and up to 6904 women with a history of a HDP were compared with risk factor levels reported for women of corresponding age in the National Health And Nutrition Examination Survey, Estudio Epidemiológico de la Insuficiencia Renal en España and Hong Kong cohorts (N = 27,803). Results Compared with the reference cohort, women with a HDP presented with higher mean blood pressure. Hypertension was present in a higher rate among women with a previous HDP from 15 years postpartum onwards. At 15 years postpartum (\pm age 45), one in five women with a history of a HDP suffer from hypertension. No differences in glucose homeostasis parameters or lipid levels were observed. Conclusions Based on our analysis, it is not possible to point out a time point to commence screening for cardiovascular risk factors in women after a HDP. We recommend redirection of future research towards the development of a stepwise approach identifying the women with the highest cardiovascular risk.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1177/2047487317730472

ER -

TY - JOUR

AN - rayyan-504930761

TI - Can neonatal myasthenia gravis be predicted?

Y1 - 2008

T2 - Journal of perinatal medicine

SN - 0300-5577 (Print)

J2 - J Perinat Med

VL - 36

IS - 6

SP - 503-6

AU - Gveric-Ahmetasevic S

AU - Colić A

AU - Elvedji-Gasparović V

AU - Gverić T

AU - Vukelić V

AV - NICU, Department of Perinatology, University Hospital for Obstetrics and Gynecology, Clinical Hospital Center Zagreb, University Medical School, Zagreb, Croatia. snjezana1@hi.t-com.hr

UR - <https://pubmed.ncbi.nlm.nih.gov/18681836/>

LA - eng

CY - Germany

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Infant, Newborn, Diseases/*diagnosis

KW - Myasthenia Gravis, Neonatal/*diagnosis

KW - Predictive Value of Tests

KW - Pregnancy

KW - Pregnancy Complications/*diagnosis

KW - Prospective Studies

KW - Risk Assessment

KW - Myasthenia Gravis

AB - AIM: To determine any association between history of mothers with myasthenia gravis (MG) and the occurrence of neonatal myasthenia gravis (NMG). METHODS: The prospective study involved pregnant women with MG and their newborns delivered in our center throughout the nine-year period. The study included 16 newborns with NMG and 33 healthy newborns without symptoms of NMG. Their outcome was evaluated in relation to the duration of the illness (<5, 5-10, >10 years) and maternal therapy (no therapy, mestinon, corticosteroid, or combination of the two). RESULTS: The duration of maternal illness and type of therapy were not predictive of neonatal outcomes ($P=0.159$, and $P=0.578$, respectively). CONCLUSION: The duration of illness and therapy of women with MG do not correlate with manifestation of NMG and do not predict which pregnancies would result in an affected child. Because of possible severe, unpredictable, and life threatening NMG, these births should be carried out in a tertiary birth center.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1515/JPM.2008.070

ER -

TY - JOUR

AN - rayyan-504930762

TI - The relationship between cesarean section and labor induction.

Y1 - 2010

Y2 - 6

T2 - Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing

SN - 1547-5069 (Electronic)

J2 - J Nurs Scholarsh

VL - 42

IS - 2

SP - 130-8

AU - Wilson BL

AU - Effken J

AU - Butler RJ

AV - Arizona State University, College of Nursing and Health Innovation, 500 North 3rd Street, Phoenix, AZ 85004, USA. barbara.l.wilson@asu.edu

UR - <https://pubmed.ncbi.nlm.nih.gov/20618597/>

LA - eng

CY - United States

KW - Adult

KW - Arizona

KW - Cesarean Section/*statistics & numerical data

KW - Cross-Sectional Studies

KW - Databases, Factual

KW - Educational Status

KW - Elective Surgical Procedures/statistics & numerical data
KW - Female
KW - Health Services Research
KW - Hospitals, Proprietary
KW - Hospitals, Teaching
KW - Humans
KW - Labor, Induced/*statistics & numerical data
KW - Maternal Age
KW - Models, Theoretical
KW - Outcome and Process Assessment, Health Care
KW - Parity
KW - Practice Patterns, Physicians'/*statistics & numerical data
KW - Pregnancy
KW - Prenatal Care/statistics & numerical data
KW - Racial Groups/statistics & numerical data
KW - Regression Analysis
KW - Retrospective Studies
KW - Risk Factors
KW - Socioeconomic Factors
KW - Cesarean Section

AB - BACKGROUND: Numerous study results vary when analyzing the relationship between labor induction and the likelihood of cesarean delivery; and few have accounted for the multiple influences of maternal sociodemographic characteristics combined with the provider and hospital in subsequent birth outcomes such as cesarean section. OBJECTIVE: This study evaluated the likelihood of cesarean birth following labor induction while accounting for maternal, hospital, and provider characteristics. METHODS: A cross-sectional retrospective descriptive design using secondary data was employed to determine what variation in cesarean births was due to differences of hospitals, providers, and patients using the Quality Health Outcomes Model (QHOM). Data were partitioned by primiparous and multiparous women. The individual demographic, system, and provider outcomes in all hospitals and single birth center for Maricopa County in 2005 (N=62,816) were analyzed, using both random effects and fixed effects models. RESULTS: For primiparous women, an increased likelihood of cesarean births was associated with medical inductions, maternal age, being Black, and the number of prenatal visits; and less likely in teaching hospitals and women with higher educational attainment. In multiparous women, cesarean births were associated with increased maternal age and medical inductions; and less likely in for-profit hospitals and following elective induction. DISCUSSION: Labor inductions were associated with an increased likelihood of cesarean sections based on parity, age, race, number of prenatal visits, education, and hospital teaching status and ownership. Because the QHOM emphasizes multiple contextual variables that influence the delivery and outcomes of care, it can prove ideal for the study of birth outcomes following interventions such as the induction of labor. CLINICAL RELEVANCE: Nurses should be well educated about the risks of elective labor induction prior to term gestation and "elective" cesarean birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/j.1547-5069.2010.01346.x
ER -

TY - JOUR
AN - rayyan-504930764
TI - Birth muse: the birth story of eliza michelle.
Y1 - 2009
T2 - The Journal of perinatal education
SN - 1058-1243 (Print)
J2 - J Perinat Educ
VL - 18
IS - 1
SP - 4-6
AU - Brooks MJ

AV - MARIA J. BROOKS is a Lamaze Certified Childbirth Educator and DONA International Certified Doula practicing in New York City and Philadelphia. She has taught in two New York City hospital systems and

offers a wide variety of education and labor support services in the Philadelphia metropolitan area (www.birthmuse.org) .

UR - <https://pubmed.ncbi.nlm.nih.gov/19436592/>

LA - eng

CY - United States

KW - Alprostadil

AB - The author, a birth doula and Lamaze Certified Childbirth Educator, agreed to attend the birth of a second child to a mother whose military husband was serving overseas. Because labor seemed to be progressing slowly, they waited at a hotel near the birth center. A very quick labor progression led to a rapid birth in the hotel, with the midwife still on her way. The author shares how learning to trust the power of natural childbirth helped her to remain calm and present for the mother for a once-in-a-lifetime moment.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal

DO - 10.1624/105812409X396174

ER -

TY - JOUR

AN - rayyan-504930765

TI - Husbands' experiences of supporting their wives during childbirth in Nepal.

Y1 - 2012

Y2 - 2

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 28

IS - 1

SP - 45-51

AU - Sapkota S

AU - Kobayashi T

AU - Takase M

AV - Department of Health Development, Graduate School of Health Sciences, Hiroshima University, 1-2-3, Kasumi, Minami-ku, Hiroshima 734-8551, Japan. sabitri09@hiroshima-u.ac.jp

UR - <https://pubmed.ncbi.nlm.nih.gov/21129829/>

LA - eng

CY - Scotland

KW - Adaptation, Psychological

KW - Adult

KW - Decision Making

KW - Father-Child Relations

KW - Fathers/*psychology

KW - Female

KW - *Helping Behavior

KW - Humans

KW - Labor, Obstetric/*psychology

KW - Male

KW - Maternal Welfare

KW - Nepal

KW - Paternal Behavior/*psychology

KW - Pregnancy

KW - Prenatal Care/methods

KW - Social Support

KW - Spouses/*psychology

KW - Surveys and Questionnaires

KW - Young Adult

KW - Spouses

AB - BACKGROUND: The husband's presence at childbirth is universally accepted in industrialised nations, but the concept is still new within the cultural values and norms of Nepalese society. Understanding the cultural context surrounding the feelings and needs of Nepalese husbands will help to initiate realistic

maternity education programmes. OBJECTIVE: To explore husbands' experiences of supporting their wives during childbirth. METHOD: Semi-structured interviews were conducted, and the data were analysed using thematic analysis. SETTING: The Maternity and Neonatal Service Centre, a midwife-run birthing centre within a public maternity hospital in the capital of Nepal. PARTICIPANTS: Twelve first-time expectant Nepalese fathers who had supported their wives during childbirth were interviewed in July 2009, within seven days of the birth. FINDINGS: Six themes were identified to explain the mixed experiences of the husbands in the labour or delivery room: (1) being positive towards attendance; (2) hesitation; (3) poor emotional reactions; (4) being able to support; (5) the need to be mentally prepared and (6) enlightenment. Husbands reflected on their experiences positively, despite profound hesitation and overwhelming emotions. CONCLUSIONS: The husbands' experiences revealed that Nepalese husbands tend to experience overwhelming emotional feelings in the labour or delivery room if they are allowed to attend the birth without prior preparation. IMPLICATIONS FOR PRACTICE: Counselling for couples and education from the start of the pregnancy may reduce negative emotional experiences and improve satisfaction with the childbirth experience for both husbands and wives.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

DO - 10.1016/j.midw.2010.10.010

ER -

TY - Editorial

AN - rayyan-504930766

TI - [Western Galilee Hospital in Nahariya--50+ years].

Y1 - 2006

Y2 - 12

T2 - Harefuah

SN - 0017-7768 (Print)

J2 - Harefuah

VL - 145

IS - 12

SP - 912-5, 940

AU - Shasha SM

UR - <https://pubmed.ncbi.nlm.nih.gov/17220032/>

LA - heb

CY - Israel

KW - History, 20th Century

KW - Hospitals/*history

KW - Humans

KW - Israel

KW - Lebanon

KW - Military Medicine

KW - Warfare

AB - Initially beginning as a small birthing center, the Western Galilee Hospital (WGH) in Nahariya is now the largest hospital in Galilee. It serves a demographically mixed Israeli population of more than 400,000, the Galilee's mosaic of Jews, Moslems, Christians, Druze and large immigrant populations from the former Soviet Union and Ethiopia. The hospital is also a treatment center for IDF and UN soldiers. The staff, which reflects the ethnically mixed population of the region, is a long-standing model of cooperation and peaceful coexistence. Doctors and nurses of different faiths and cultural backgrounds work together in harmony and with respect to achieve a mutual goal: to provide the best and finest medical treatment to all in need. The hospital's proximity to the Lebanese border, together with its previous experience as the target of Katyusha rocket fire, has forced management to construct underground facilities for emergency situations. Five-hundred beds and eight modern operating rooms that are fully protected from conventional, biological and chemical warfare are an integral part of the preparedness program. The entire staff participates in preparatory drills for mass casualty events. WGH is a forerunner in quality of medical care. To date it is the only Israeli hospital to meet the demanding standards for ISO 9000 2000 certification for quality management, and has now adopted the standards of the European Federation of Quality Management (EFQM). The hospital won the Rabin National Award for Quality in 1995.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal

ER -

TY - JOUR

AN - rayyan-504930767

TI - Maternal morbidity of women receiving birth center care in New South Wales: a matched-pair analysis using linked health data.

Y1 - 2014

Y2 - 9

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 41

IS - 3

SP - 268-75

AU - Laws PJ

AU - Xu F

AU - Welsh A

AU - Tracy SK

AU - Sullivan EA

AV - Perinatal and Reproductive Epidemiology Research Unit, School of Women's and Children's Health, University of New South Wales, Sydney, NSW, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/24935768/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers/*statistics & numerical data

KW - Breast Feeding

KW - Cohort Studies

KW - Episiotomy/statistics & numerical data

KW - Female

KW - *Health Records, Personal

KW - Humans

KW - Matched-Pair Analysis

KW - *Morbidity

KW - New South Wales

KW - Placenta, Retained/epidemiology

KW - Postpartum Hemorrhage/epidemiology

KW - Pregnancy

KW - Pregnancy Complications/*epidemiology

KW - Pregnancy Outcome/*epidemiology

KW - Retrospective Studies

KW - Young Adult

KW - Wales

AB - BACKGROUND: Around 2 percent of women who give birth in Australia each year do so in a birth center. New South Wales, Australia's largest state, accounts for almost half of these births. Previous studies have highlighted the need for better quality data on maternal morbidity and mortality, to fully evaluate the safety of birth center care. AIMS: This study aimed to examine maternal morbidity related to birth center care for women in New South Wales. METHODS: A retrospective cohort study with matched-pairs was conducted using linked health data for New South Wales. Maternal outcomes were compared for women who intended to give birth in a birth center, matched with women who intended to give birth in the co-located hospital labor ward. RESULTS: Rates of maternal outcomes, including postpartum hemorrhage, retained placenta, and postpartum infection, were significantly lower in the birth center group, after controlling for demographic and institutional factors. Interventions such as cesarean section and episiotomy were also significantly lower in these women, and the rate of breastfeeding at discharge was higher. There existed no difference in length of stay, admission to ICU, or maternal mortality. CONCLUSIONS: Birth centers are a safe option for low-risk women; however, further research is required for some rare maternal outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

population,Alongside birth center

DO - 10.1111/birt.12114

ER -

TY - JOUR

AN - rayyan-504930768

TI - Understanding Recent Home-Birth Research: An Interview With Drs. Melissa Cheyney and Jonathan Snowden.

Y1 - 2016

T2 - The Journal of perinatal education

SN - 1058-1243 (Print)

J2 - J Perinat Educ

VL - 25

IS - 2

SP - 80-6

AU - Cheyney M

UR - <https://pubmed.ncbi.nlm.nih.gov/27445445/>

LA - eng

CY - United States

AB - In the past month, two new studies have been released-one in The New England Journal of Medicine (NEJM; Snowden et al., 2015) and the other in the Canadian Medical Association Journal (Hutton et al., 2015)-comparing out-of-hospital birth outcomes to hospital birth outcomes. These studies join a growing body of literature that consistently shows high rates of obstetric intervention in hospitals and also show low risk to neonates regardless of setting. However, the recent NEJM study found a small but statistically significant increase in risk for perinatal mortality for babies born out of hospital. Jeanette McCulloch of BirthSwell (<http://www.birthswell.com>) interviews Melissa Cheyney, PhD, CPM, LDM, medical anthropologist, chair of the Midwives Alliance Division of Research, and lead author on the largest study of outcomes for planned home births in the United States to date (Cheyney et al., 2014a), and Jonathan Snowden, PhD, epidemiologist and assistant professor in the Department of Obstetrics and Gynecology and School of Public Health at Oregon Health and Science University. Snowden is also the lead author of the recent NEJM study.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

population,Focused on home birth

DO - 10.1891/1058-1243.25.2.80

ER -

TY - JOUR

AN - rayyan-504930769

TI - Patient satisfaction with birthing center nursing care and factors associated with likelihood to recommend institution.

Y1 - 2011

Y2 - 4

T2 - Journal of nursing care quality

SN - 1550-5065 (Electronic)

J2 - J Nurs Care Qual

VL - 26

IS - 2

SP - 178-85

AU - Senti J

AU - LeMire SD

AV - Altru Family Birthing Center, University of North Dakota College of Nursing, Grand Forks, ND 58206, USA. jsenti@altru.org

UR - <https://pubmed.ncbi.nlm.nih.gov/21372647/>

LA - eng

CY - United States

KW - Birthing Centers/organization & administration/*standards

KW - Communication

KW - Female

KW - Health Care Surveys
 KW - Hospital Communication Systems/*standards
 KW - Humans
 KW - Nurse-Patient Relations
 KW - Nursing Staff, Hospital/organization & administration/*standards
 KW - Obstetric Nursing/organization & administration/*standards
 KW - Patient Satisfaction/*statistics & numerical data
 KW - Pregnancy
 KW - Quality Assurance, Health Care/methods
 KW - Time Factors
 KW - Patient Satisfaction
 AB - This study analyzed data from an existing hospital birthing center patient satisfaction survey to determine which care factors were most important to patients and correlated with the likelihood to recommend the facility to others. Three dimensions of care emerged--wait time, communication, and service. Patients gave lower scores for satisfaction if they waited longer than expected for a call light response: 40% of patients expected to wait 4 minutes or less for a response. Discussing with patients realistic wait times for call light responses may be a way to improve patient satisfaction.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital,wrong population
 DO - 10.1097/NCQ.0b013e3181fe93e6
 ER -

 TY - Comparative Study
 AN - rayyan-504930770
 TI - Satisfaction with a modified form of in-hospital birth center care compared with standard maternity care.
 Y1 - 2012
 Y2 - 6
 T2 - Birth (Berkeley, Calif.)
 SN - 1523-536X (Electronic)
 J2 - Birth
 VL - 39
 IS - 2
 SP - 106-14
 AU - Tingstig C
 AU - Gottvall K
 AU - Grunewald C
 AU - Waldenström U
 AV - Midwife at the, South General Hospital (Södersjukhuset, Södra BB).
 UR - <https://pubmed.ncbi.nlm.nih.gov/23281858/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Birthing Centers/*statistics & numerical data
 KW - Confidence Intervals
 KW - Delivery Rooms/*statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Odds Ratio
 KW - Patient Satisfaction/*statistics & numerical data
 KW - Postnatal Care/*statistics & numerical data
 KW - Pregnancy
 KW - Prenatal Care/*statistics & numerical data
 KW - Surveys and Questionnaires
 KW - Sweden/epidemiology
 KW - *Women's Health

KW - Young Adult

AB - BACKGROUND: For safety reasons an in-hospital birth center was replaced by a modified form of birth center care with the same medical guidelines and equipment as in standard care. The aim of this study was to investigate women's and men's satisfaction with modified care compared with standard care. METHODS: Women in both groups gave birth from July 2007 to July 2008. The same medical low-risk criteria during pregnancy applied to both groups. Of those invited to the study, 547 (82.7%) women in modified birth center care and 445 (66.7%) men returned a questionnaire posted 2 months after the birth, and 786 (71.6%) women and 639 (58.2%) men in standard care. Odds ratios (ORs) for being satisfied were calculated with 95 percent confidence intervals (CIs) and adjusted for possible confounders. We also explored the effects of different components of care on overall satisfaction. RESULTS: Adjusted ORs for being satisfied overall were approximately doubled in the modified birth center group compared with the standard care group: antenatal care-OR: 2.1 (95% CI: 1.6-2.7) in women and OR: 2.2 (95% CI: 1.5-2.8) in men; intrapartum care-OR: 2.2 (95% CI: 1.7-2.9) in women and OR: 1.7 (95% CI: 1.3-2.4) in men; and postpartum care-OR: 1.7 in women (95% CI: 1.4-2.2) and OR: 2.1 (95% CI: 1.6-2.8) in men. Important explanations of these differences included perception of the midwife as being more supportive, the presence of a calmer environment and atmosphere (intrapartum), and the option for fathers to stay overnight (postpartum). CONCLUSION: In-hospital birth center with medical equipment on site increased overall satisfaction with all episodes of care compared with standard care. (BIRTH 39:2 June 2012).

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

DO - 10.1111/j.1523-536X.2012.00533.x

ER -

TY - Letter

AN - rayyan-504930771

TI - Stroke after pregnancy disorders.

Y1 - 2017

Y2 - 8

T2 - European journal of obstetrics, gynecology, and reproductive biology

SN - 1872-7654 (Electronic)

J2 - Eur J Obstet Gynecol Reprod Biol

VL - 215

SP - 264-266

AU - Zoet GA

AU - Linstra KM

AU - Bernsen MLE

AU - Koster MPH

AU - van der Schaaf IC

AU - Kappelle LJ

AU - van Rijn BB

AU - Franx A

AU - Wermer MJH

AU - Velthuis BK

AV - Division of Woman and Baby, Wilhelmina Children's Hospital Birth Center, Department of Obstetrics, University Medical Center Utrecht, Lundlaan 6, 3508 AB, Utrecht, The Netherlands. Electronic address: g.zoet@umcutrecht.nl.; Department of Neurology, Leiden University Medical Center, Albinusdreef 2, 2333 ZA, Leiden, The Netherlands.; Department of Radiology, Rijnstate Ziekenhuis, Wagnerlaan 55, 6815 AD, Arnhem, The Netherlands.; Department of Obstetrics & Gynaecology, Division of Reproductive Medicine, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX, Utrecht, The Netherlands.; Department of Neurology, Utrecht Stroke Center, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX, Utrecht, The Netherlands.; Division of Woman and Baby, Wilhelmina Children's Hospital Birth Center, Department of Obstetrics, University Medical Center Utrecht, Lundlaan 6, 3508 AB, Utrecht, The Netherlands; Academic Unit of Human Development and Health, University of Southampton, Princess Anne Hospital, Coxford Road, SO16 5YA, Southampton, United Kingdom.; Division of Woman and Baby, Wilhelmina Children's Hospital Birth Center, Department of Obstetrics, University Medical Center Utrecht, Lundlaan 6, 3508 AB, Utrecht, The Netherlands.; Department of Neurology, Leiden University Medical Center, Albinusdreef 2, 2333 ZA, Leiden,

The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX, Utrecht, The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX, Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/28624311/>

LA - eng

CY - Ireland

KW - Abruptio Placentae/*physiopathology

KW - Age of Onset

KW - Brain Ischemia/diagnostic imaging/epidemiology/*etiology/physiopathology

KW - Cohort Studies

KW - Female

KW - Follow-Up Studies

KW - HELLP Syndrome/physiopathology

KW - Humans

KW - Hypertension, Pregnancy-Induced/*physiopathology

KW - Middle Aged

KW - Netherlands

KW - Neuroimaging

KW - Pre-Eclampsia/physiopathology

KW - Pregnancy

KW - Prospective Studies

KW - Radiography

KW - Risk Factors

KW - Self Report

KW - Severity of Illness Index

KW - Stroke/diagnostic imaging/epidemiology/*etiology/physiopathology

KW - Stroke

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1016/j.ejogrb.2017.06.018

ER -

TY - JOUR

AN - rayyan-504930773

TI - Risk indicators for referral during labor from community midwife to gynecologist: a prospective cohort study.

Y1 - 2016

Y2 - 10

T2 - The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians

SN - 1476-4954 (Electronic)

J2 - J Matern Fetal Neonatal Med

VL - 29

IS - 20

SP - 3304-11

AU - Schuit E

AU - Hukkelhoven CW

AU - van der Goes BY

AU - Overbeeke I

AU - Moons KG

AU - Mol BW

AU - Groenwold RH

AU - Kwee A

AV - a Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht , Utrecht , the Netherlands .; b Department of Obstetrics and Gynecology , Academic Medical Center , Amsterdam , the Netherlands .; c Stanford Prevention Research Center, Stanford University , Stanford , CA , USA .; d Perined ,

Utrecht , the Netherlands .; b Department of Obstetrics and Gynecology , Academic Medical Center , Amsterdam , the Netherlands .; e Department of Obstetrics and Gynecology , University Medical Center Utrecht , Utrecht , the Netherlands .; a Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht , Utrecht , the Netherlands .; f The Robinson Institute, School of Reproductive Health and Pediatrics, University of Adelaide , Adelaide , Australia , and.; g The South Australian Health and Medical Research Institute , Adelaide , Australia.; a Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht , Utrecht , the Netherlands .; e Department of Obstetrics and Gynecology , University Medical Center Utrecht , Utrecht , the Netherlands .

UR - <https://pubmed.ncbi.nlm.nih.gov/26600182/>

LA - eng

CY - England

KW - Adult

KW - Female

KW - Humans

KW - *Labor, Obstetric

KW - Midwifery/*statistics & numerical data

KW - Netherlands/epidemiology

KW - Pregnancy

KW - Pregnancy Complications/*epidemiology

KW - Prospective Studies

KW - Referral and Consultation/*statistics & numerical data

KW - *Registries

KW - Risk Assessment

KW - Young Adult

KW - Cohort Studies

KW - Referral and Consultation

KW - Midwifery

AB - OBJECTIVE: To identify risk indicators for referral during labor from community midwife to a gynecologist in a prospective cohort of women with a singleton term pregnancy, starting labor with a community midwife between 2000 and 2007, registered in the Dutch national perinatal registry. MAIN OUTCOME MEASURES: Referral from community midwife to a gynecologist during labor, because of fetal distress, failure to progress in second stage of labor, meconium stained amniotic fluid, failure to progress in first stage of labor, wish for pain relief, a combination of other less urgent reasons or no referral (reference). RESULTS: A total of 241 595 (32%) were referred from community midwife to a gynecologist during labor, because of fetal distress (FD;5%), failure to progress in second stage of labor (FTP2;14%), meconium stained amniotic fluid (MSAF;24%), failure to progress in first stage of labor (FTP1;17%), wish for pain relief (WFPR;7%) or a combination of other less urgent reasons, for example, malpresentation (e.g. breech) or other nonspecified problems (OTHER;33%). The strongest overall risk indicators were gestational age (lower risk of referral because of FD, FTP2, MSAF, FTP1 and WFPR and a higher risk of referral because of OTHER at a gestational age between 37(+0) and 37(+)(6) weeks, and higher risks of referral for all reasons at a gestational age $\geq 41(+)(0)$ when compared to a gestational age between 38(+)(0) and 40(+)(6) weeks and no referral), the intended place of delivery (higher risk of all types of referral compared to no referral when the intended place of delivery was either at a midwife-led birth center or a hospital instead of at home) and birth history (higher risk of all types of referral compared to no referral when women had a history of instrumental vaginal delivery or when they were nulliparous instead of being multiparous without a history of an instrument vaginal delivery). Risk indicators associated with specific reasons of referral were maternal age, ethnicity, degree of urbanization, social economic status, neonatal gender and birth weight. CONCLUSIONS: Among low-risk pregnant women, a referral during labor is associated with readily available risk indicators. These risk indicators may be used to increase referral risk awareness and to counsel women for the intended place to start labor.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}

DO - 10.3109/14767058.2015.1124080

ER -

TY - JOUR

AN - rayyan-504930774

TI - Planning, Designing, Building, and Moving a Large Volume Maternity Service to a New Labor and Birth

Unit: Commentary and Experiences of Experts.

Y1 - 2016

T2 - MCN. The American journal of maternal child nursing

SN - 1539-0683 (Electronic)

J2 - MCN Am J Matern Child Nurs

VL - 41

IS - 6

SP - 332-339

AU - VonBehren D

AU - Killion MM

AU - Burke C

AU - Finkelmeier B

AU - Zamora B

AV - Diane VonBehren is the Director of Perinatal Services, UCSF Benioff Children's Hospital, San Francisco, CA. Molly M. Killion is a Perinatal Clinical Nurse Specialist, Birth Center, UCSF Benioff Children's Hospital, San Francisco, CA. She can be reached via e-mail at molly.killion@ucsf.edu Carol Burke is a Perinatal Outreach Educator, Loyola University Perinatal Center, Maywood, IL. Carol Burke was the Perinatal Clinical Nurse Specialist at Prentice Women's Hospital in Chicago, IL, during the processes of planning, designing, and moving to the new hospital in 2007. Betsy Finkelmeier is a Healthcare Leadership Consultant, Health Care Consulting Services. Besty Finkelmeier was Director of Women's Health at Prentice Women's Hospital in Chicago, IL, during the processes of planning, designing, and moving to the new hospital in 2007. Brigit Zamora is the Director of Nursing, Women's Services, Florida Hospital Orlando, Orlando, FL.

UR - <https://pubmed.ncbi.nlm.nih.gov/27759604/>

LA - eng

CY - United States

KW - California

KW - Environment Design/*standards

KW - Facility Design and Construction/*methods

KW - Florida

KW - Hospital Design and Construction/*trends

KW - Humans

KW - Maternal-Child Health Services/*trends

KW - Missouri

KW - Organizational Innovation

KW - Workforce

AB - Three teams of perinatal expert nurses participated in planning and designing a new maternity unit, operationalizing the move to the new space, and evaluating care processes and workflows after the move. The hospitals involved were University of California, San Francisco Benioff Children's Hospital, Prentice Women's Hospital of Northwestern Memorial Healthcare in Chicago, IL, and Florida Hospital Orlando, Florida Hospital for Women. Although each team discussed specific details and lessons learned, there is remarkable consistency among the experiences of these teams and with the discussion of the process by the team at Mercy Hospital St. Louis published in this issue of MCN The American Journal of Maternal Child Nursing. Extensive planning, flexibility, involving key stakeholders, evaluating and simulating workflows, and adequate staffing and patient safety on move-day were reported to be essential to success. Reevaluation after settling in to the new unit and making changes as needed were discussed. Being part of the leadership team involved in planning and moving to a new maternity unit in what was likely a once-in-a-lifetime experience was viewed as a career highlight. Their commentary adds to what is known about planning and designing new maternity units, moving into the new space, and adjusting unit operations and care after making the new unit home.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type

DO - 10.1097/NMC.0000000000000289

ER -

TY - JOUR

AN - rayyan-504930775

TI - Opioid Use in Pregnancy.

Y1 - 2017
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 42
IS - 6
SP - 360
AU - Killion MM
AV - Molly M. Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital, San Francisco, CA. She can be reached via e-mail at molly.killion@ucsf.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/29049062/>
LA - eng
CY - United States
KW - Adult
KW - Analgesics, Opioid/*adverse effects/therapeutic use
KW - Buprenorphine/therapeutic use
KW - Female
KW - Humans
KW - Mass Screening/methods/trends
KW - Methadone/therapeutic use
KW - Narcotic Antagonists/therapeutic use
KW - Opioid-Related Disorders/*complications/drug therapy/physiopathology
KW - Pregnancy
KW - Pregnancy Complications/drug therapy/*etiology
KW - United States
KW - Analgesics, Opioid
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
DO - 10.1097/NMC.0000000000000387
ER -

TY - English Abstract
AN - rayyan-504930777
TI - [Care in a birth center according to the recommendations of the World Health Organization].
Y1 - 2013
Y2 - 10
T2 - Revista da Escola de Enfermagem da U S P
SN - 0080-6234 (Print)
J2 - Rev Esc Enferm USP
VL - 47
IS - 5
SP - 1031-8
AU - Barbosa da Silva FM
AU - Rego da Paix  o TC
AU - de Oliveira SM
AU - Leite JS
AU - Riesco ML
AU - Osava RH
AV - School of Arts, Sciences and Humanities, University of S  o Paulo, S  o Paulo, Brazil.; University of S  o Paulo, S  o Paulo, Brazil.; Maternal-Child and Psychiatric Nursing Department, University of S  o Paulo, S  o Paulo, Brazil.; University of S  o Paulo, S  o Paulo, Brazil.; Maternal-Child and Psychiatric Nursing Department, University of S  o Paulo, S  o Paulo, Brazil.; School of Arts, Sciences and Humanities, University of S  o Paulo, S  o Paulo, Brazil.
UR - <https://pubmed.ncbi.nlm.nih.gov/24346440/>
LA - por
CY - Brazil

KW - Adult
KW - Birthing Centers/*standards
KW - Delivery, Obstetric/*standards
KW - Female
KW - Humans
KW - Practice Guidelines as Topic
KW - Pregnancy
KW - Retrospective Studies
KW - *World Health Organization
KW - Young Adult

AB - Birth centers are maternal care models that use appropriate technology when providing care to birthing women. This descriptive study aimed to characterize intrapartum care in a freestanding birth center, in light of the practices recommended by the World Health Organization (WHO), with 1,079 assisted births from 2006 to 2009 in the Sapopemba Birth Center, São Paulo, Brazil. Results included the use of intermittent auscultation (mean=7 controls); maternal positions during delivery: semi-sitting (82.3%), side-lying (16.0%), other positions (1.7%), oral intake (95.6%); companionship (93.3%); exposure to up to three vaginal examinations (85.4%), shower bathing (84.0%), walking (68.0%), massage (60.1%), exercising with a Swiss ball (51.7%); amniotomy (53.4%), oxytocin use during the first (31.0%) and second stages of labor (25.8%), bath immersion (29.3%) and episiotomy (14.1%). In this birth center, care providers used practices recommended by the WHO, although some practices might have been applied less frequently.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language

DO - 10.1590/S0080-623420130000500004

ER -

TY - Biography

AN - rayyan-504930778

TI - "Go to Ruth's House": the social activism of Ruth Lubic and the family health and birth center.

Y1 - 2010

T2 - Nursing history review : official journal of the American Association for the History of Nursing

SN - 1062-8061 (Print)

J2 - Nurs Hist Rev

VL - 18

SP - 118-29

AU - Fairman J

AV - University of Pennsylvania, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/20067094/>

LA - eng

CY - United States

KW - District of Columbia

KW - Feminism/*history

KW - History of Nursing

KW - History, 20th Century

KW - Humans

KW - *Lobbying

KW - Nurse Midwives/*history

KW - Politics

KW - Social Justice/*history

KW - United States

KW - Women's Health/history

KW - Women's Rights/history

AB - This case of the work of Ruth Watson Lubic, an internationally known nurse midwife and women's and children's health care activist, provides a modern-day example of the intersection of forceful individual personalities, nursing as a type of activism in itself, and grassroots and local actions that produce larger movement-based activist organizations. Her work as a nurse midwife, in partnership with other nurse midwives, physicians, and community members, illustrates how the efforts of individual actors at a grassroots community level can be as significant as larger traditionally situated activist movements on the lives of everyday citizens.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal
DO - 10.1891/1062-8061.18.118
ER -

TY - JOUR
AN - rayyan-504930779
TI - Reasons Women in Appalachia Decline CenteringPregnancy Care.
Y1 - 2013
Y2 - 9
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 58
IS - 5
SP - 516-22
AU - Phillippi JC
AU - Myers CR
UR - <https://pubmed.ncbi.nlm.nih.gov/23992358/>
LA - eng
CY - United States
KW - Female
KW - *Group Processes
KW - Humans
KW - *Patient Preference
KW - Pregnancy
KW - Prenatal Care/*organization & administration
KW - Rural Population
KW - Tennessee

AB - INTRODUCTION: CenteringPregnancy, a proprietary form of group prenatal care, reduces rates of preterm birth when compared to traditional prenatal care. Appalachian women have high rates of preterm birth, yet several regional providers have struggled to recruit and retain women in CenteringPregnancy care. The purpose of this study was to survey women from one rural birth center in southern Appalachia on their reasons for declining CenteringPregnancy care. METHODS: Twenty-nine women whose charts noted they had declined CenteringPregnancy care were interviewed for this qualitative descriptive study. Conventional (inductive) content analysis of manifest content was used to analyze interview transcripts. RESULTS: There were 3 broad reasons women did not use CenteringPregnancy care: they preferred one-to-one care, they experienced barriers to CenteringPregnancy participation, and they did not know group care was an option. Women who preferred one-to-one care gave reasons for their preference that included a dislike of groups, a fear of bodily or emotional exposure in the group, no need for change from existing individual care, and concerns about partner involvement. DISCUSSION: Barriers to CenteringPregnancy found at the sample institution included a preference for individual care, including a dislike of groups and fears of exposure, and logistical concerns. Clinicians should consider adjusting promotional materials to use locally acceptable terminology and address privacy concerns. Modifications may increase utilization of this effective model. However, even with these changes, CenteringPregnancy may not meet the needs of all women. A large subset of women was averse to group care in any form. Clinics should continue to provide diverse options for prenatal care delivery to increase access to prenatal care for vulnerable women.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/jmwh.12033
ER -

TY - JOUR
AN - rayyan-504930780
TI - Pregnant women's views on how to promote the use of a decision aid for Down syndrome prenatal screening: a theory-informed qualitative study.
Y1 - 2018
Y2 - 6
Y3 - 8

T2 - BMC health services research
 SN - 1472-6963 (Electronic)
 J2 - BMC Health Serv Res
 VL - 18
 IS - 1
 SP - 434
 AU - Agbadjé TT
 AU - Menear M
 AU - Dugas M
 AU - Gagnon MP
 AU - Rahimi SA
 AU - Robitaille H
 AU - Giguère AMC
 AU - Rousseau F
 AU - Wilson BJ
 AU - Légaré F
 AV - Canada Research Chair in Shared Decision Making and Knowledge Translation, Quebec, Canada.;
 Université Laval Primary Care Research Centre (CERSSPL-UL), Quebec, Canada.; Canada Research Chair in
 Shared Decision Making and Knowledge Translation, Quebec, Canada.; Université Laval Primary Care
 Research Centre (CERSSPL-UL), Quebec, Canada.; Canada Research Chair in Shared Decision Making and
 Knowledge Translation, Quebec, Canada.; Université Laval Primary Care Research Centre (CERSSPL-UL),
 Quebec, Canada.; Faculty of Nursing, Université Laval, Quebec, Canada.; Canada Research Chair in Shared
 Decision Making and Knowledge Translation, Quebec, Canada.; Université Laval Primary Care Research
 Centre (CERSSPL-UL), Quebec, Canada.; Canada Research Chair in Shared Decision Making and Knowledge
 Translation, Quebec, Canada.; Université Laval Primary Care Research Centre (CERSSPL-UL), Quebec,
 Canada.; Université Laval Primary Care Research Centre (CERSSPL-UL), Quebec, Canada.; Department of
 Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, Quebec, Canada.; Quebec
 Centre of Excellence on Aging, Quebec, Canada.; Department of Molecular Biology, Medical Biochemistry and
 Pathology, Faculty of Medicine, Université Laval, Quebec, Canada.; MSSS/FRQS/CHUQ Research Chair in
 Health Technology Assessment and Evidence Based Laboratory Medicine, CHU de Québec, Quebec, Canada.;
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 Shared Decision Making and Knowledge Translation, Quebec, Canada. france.legare@mfa.ulaval.ca.;
 Université Laval Primary Care Research Centre (CERSSPL-UL), Quebec, Canada.
 france.legare@mfa.ulaval.ca.; Department of Family Medicine and Emergency Medicine, Faculty of Medicine,
 Université Laval, Quebec, Canada. france.legare@mfa.ulaval.ca.; Centre intégré universitaire de santé et
 services sociaux (CIUSSS) de la Capitale-Nationale, Pavillon Landry-Poulin, entrée A-1-2, bureau A-4574,
 2525, Chemin de la Canardière, Quebec, QC, G1J 0A4, Canada. france.legare@mfa.ulaval.ca.
 UR - <https://pubmed.ncbi.nlm.nih.gov/29884169/>
 LA - eng
 CY - England
 KW - Adult
 KW - Attitude to Health
 KW - Behavior Therapy/methods
 KW - Decision Making
 KW - *Decision Support Techniques
 KW - Down Syndrome/*diagnosis
 KW - Family Practice/statistics & numerical data
 KW - Female
 KW - Focus Groups
 KW - Humans
 KW - Pregnancy
 KW - Pregnant Women/*psychology
 KW - Prenatal Care/psychology
 KW - Prenatal Diagnosis/psychology/*statistics & numerical data
 KW - Procedures and Techniques Utilization
 KW - Qualitative Research
 KW - Quebec

KW - Referral and Consultation/statistics & numerical data

KW - Reward

KW - Social Support

KW - Young Adult

KW - Decision Support Techniques

AB - BACKGROUND: For pregnant women and their partners, the decision to undergo Down syndrome prenatal screening is difficult. Patient decision aids (PtDA) can help them make an informed decision. We aimed to identify behaviour change techniques (BCTs) that would be useful in an intervention to promote the use of a PtDA for Down syndrome prenatal screening, and to identify which of these BCTs pregnant women found relevant and acceptable. METHODS: Using the Behaviour Change Wheel and the Theoretical Domains Framework, we conducted a qualitative descriptive study. First, a group of experts from diverse professions, disciplines and backgrounds (eg. medicine, engineering, implementation science, community and public health, shared decision making) identified relevant BCTs. Then we recruited pregnant women consulting for prenatal care in three clinical sites: a family medicine group, a birthing centre (midwives) and a hospital obstetrics department in Quebec City, Canada. To be eligible, participants had to be at least 18 years old, having recently given birth or at least 16 weeks pregnant with a low-risk pregnancy, and have already decided about prenatal screening. We conducted three focus groups and asked questions about the relevance and acceptability of the BCTs. We analysed verbatim transcripts and reduced the BCTs to those the women found most relevant and acceptable. RESULTS: Our group of experts identified 25 relevant BCTs relating to information, support, consequences, others' approval, learning, reward, environmental change and mode of delivery. Fifteen women participated in the study with a mean age of 27 years. Of these, 67% (n = 10) were pregnant for the first time, 20% (n = 3) had difficulty making the decision to take the test, and 73% had made the decision with their partner. Of the 25 BCTs identified using the Behaviour Change Wheel, the women found the following 10 to be most acceptable and relevant: goal setting (behaviour), goal setting (results), problem solving, action plan, social support (general), social support (practical), restructuring the physical environment, prompts/cues, credible sources and modelling or demonstration of the behaviour. CONCLUSIONS: An intervention to promote PtDA use among pregnant women for Down syndrome prenatal screening should incorporate the 10 BCTs identified.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1186/s12913-018-3244-1

ER -

TY - JOUR

AN - rayyan-504930782

TI - Clinical Outcomes and Risk Factors for In-Hospital Mortality in Neonates with Hypoplastic Left Heart Syndrome.

Y1 - 2020

Y2 - 4

T2 - Pediatric cardiology

SN - 1432-1971 (Electronic)

J2 - Pediatr Cardiol

VL - 41

IS - 4

SP - 781-788

AU - Hamzah M

AU - Othman HF

AU - Elsamny E

AU - Agarwal H

AU - Aly H

AV - Department of Pediatric Critical Care, Cleveland Clinic Children's, 9500 Euclid Ave. M14, Cleveland, OH, 44195, USA. HamzahM@ccf.org.; Department of Pediatrics, Michigan State University/Sparrow Health System, Lansing, MI, USA.; Department of Neonatology, Cleveland Clinic Children's, Cleveland, OH, USA.; Department of Pediatric Critical Care, Cleveland Clinic Children's, 9500 Euclid Ave. M14, Cleveland, OH, 44195, USA.; Department of Neonatology, Cleveland Clinic Children's, Cleveland, OH, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/32008059/>

LA - eng

CY - United States
 KW - Birth Weight
 KW - Databases, Factual
 KW - Extracorporeal Membrane Oxygenation/adverse effects
 KW - Female
 KW - Gestational Age
 KW - *Hospital Mortality
 KW - Humans
 KW - Hypoplastic Left Heart Syndrome/genetics/*mortality/therapy
 KW - Infant
 KW - Infant, Low Birth Weight
 KW - Infant, Newborn
 KW - Male
 KW - Retrospective Studies
 KW - Risk Factors
 KW - Hospital Mortality
 KW - Infant Mortality
 AB - The objective of this study was to identify patient and hospitalization characteristics associated with in-hospital mortality in infants with hypoplastic left heart syndrome (HLHS). We conducted a retrospective analysis of a large administrative database, the National Inpatient Sample dataset of the Healthcare Cost and Utilization Project for the years 2002-2016. Neonates with HLHS were identified by ICD-9 and ICD-10 codes. Hospital and patient factors associated with inpatient mortality were analyzed. Overall, 18,867 neonates met the criteria of inclusion; a total of 3813 patients died during the hospitalization (20.2%). In-hospital mortality decreased over the years of the study (27.0% in 2002 vs. 18.3% in 2016). Extracorporeal membrane oxygenation utilization was 8.1%. Univariate and multivariate logistic regression analyses were used to identify risk factors for in-hospital mortality in infants with hypoplastic left heart syndrome. Independent non-modifiable risk factors for mortality were birth weight < 2500 g (Adjusted odds ratio (aOR) 2.16 [1.74-2.69]), gestational age < 37 weeks (aOR 1.73 [1.42-2.10]), chromosomal abnormalities (aOR 3.07 [2.60-3.64]) and renal anomalies (aOR 1.34 [1.10-1.61]). Independent modifiable risk factors for mortality were being transferred-in from another hospital (aOR 1.15 [1.03-1.29]), use of extracorporeal membrane oxygenation (aOR 12.74 [10.91-14.88]). Receiving care in a teaching hospital is a modifiable variable, and it decreased the odds of mortality (aOR 0.78 [0.64-0.95]). In conclusion, chromosomal anomalies, Extra Corporeal Membrane Oxygenation, gestational age < 37 weeks or birth weight < 2500 g were associated with increased odds of mortality. Modifiable variables as receiving care at birth center and in a hospital designated as a teaching hospital decreased the odds of mortality.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1007/s00246-020-02312-3
 ER -

TY - JOUR
 AN - rayyan-504930783
 TI - Evaluation of a proximity card authentication system for health care settings.
 Y1 - 2016
 Y2 - 8
 T2 - International journal of medical informatics
 SN - 1872-8243 (Electronic)
 J2 - Int J Med Inform
 VL - 92
 SP - 1-7
 AU - Fontaine J
 AU - Zheng K
 AU - Van De Ven C
 AU - Li H
 AU - Hiner J
 AU - Mitchell K
 AU - Gendler S
 AU - Hanauer DA

AV - School of Information, University of Michigan, Ann Arbor, MI, USA.; School of Information, University of Michigan, Ann Arbor, MI, USA; Department of Health Management and Policy, School of Public Health, University of Michigan, Ann Arbor, MI, USA.; Department of Obstetrics and Gynecology, University of Michigan Medical School, Ann Arbor, MI, USA.; Department of Systems Science and Industrial Engineering, Binghamton University, Binghamton, NY, USA.; Medical Center Information Technology, University of Michigan Health System, Ann Arbor, MI, USA.; Medical Center Information Technology, University of Michigan Health System, Ann Arbor, MI, USA.; Medical Center Information Technology, University of Michigan Health System, Ann Arbor, MI, USA.; Department of Pediatrics, University of Michigan Medical School, Ann Arbor, MI, USA; School of Information, University of Michigan, Ann Arbor, MI, USA. Electronic address: hanauer@umich.edu.

UR - <https://pubmed.ncbi.nlm.nih.gov/27318066/>

LA - eng

CY - Ireland

KW - Attitude of Health Personnel

KW - Computer Security/*instrumentation

KW - Computer Terminals

KW - Confidentiality

KW - Electronic Health Records/*instrumentation

KW - *Hospital Information Systems

KW - Humans

KW - Surveys and Questionnaires

KW - User-Computer Interface

AB - BACKGROUND: Multiple users access computer workstations in busy clinical settings, requiring many logins throughout the day as users switch from one computer to another. This can lead to workflow inefficiencies as well as security concerns resulting from users sharing login sessions to save time. Proximity cards and readers have the potential to improve efficiency and security by allowing users to access clinical workstations simply by bringing the card near the reader, without the need for manual entry of a username and password. OBJECTIVES: To assess the perceived impact of proximity cards and readers for rapid user authentication to clinical workstations in the setting of an existing electronic health record with single sign-on software already installed. METHODS: Questionnaires were administered to clinical faculty and staff five months before and three months after the installation of proximity card readers in an inpatient birthing center and an outpatient obstetrics clinic. Open-ended feedback was also collected and qualitatively analyzed. RESULTS: There were 71 and 33 responses to the pre- and post-implementation surveys, respectively. There was a significant increase in the perceived speed of login with the proximity cards, and a significant decrease in the self-reported occurrence of shared login sessions between users. Feedback regarding the system was mostly positive, although several caveats were noted, including minimal benefit when used with an obstetric application that did not support single sign-on. CONCLUSIONS: Proximity cards and readers, along with single sign-on software, have the potential to enhance workflow efficiency by allowing for faster login times and diminish security concerns by reducing shared logins on clinical workstations. The positive feedback was used by our health system leadership to support the expanded implementation of the proximity card readers throughout the clinical setting.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1016/j.ijmedinf.2016.04.015

ER -

TY - JOUR

AN - rayyan-504930784

TI - Perspectives on risk: Assessment of risk profiles and outcomes among women planning community birth in the United States.

Y1 - 2017

Y2 - 9

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 44

IS - 3

SP - 209-221
 AU - Bovbjerg ML
 AU - Cheyney M
 AU - Brown J
 AU - Cox KJ
 AU - Leeman L
 AV - Epidemiology Program, College of Public Health and Human Sciences, Oregon State University, Corvallis, OR, USA.; Department of Anthropology, Oregon State University, Corvallis, OR, USA.; College of Agricultural and Environmental Sciences, University of California, Davis, CA, USA.; College of Nursing, University of New Mexico, Albuquerque, NM, USA.; School of Medicine, University of New Mexico, Albuquerque, NM, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28332220/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Apgar Score
 KW - *Birthing Centers
 KW - Breech Presentation/epidemiology
 KW - Cesarean Section/*statistics & numerical data
 KW - Diabetes, Gestational/epidemiology
 KW - Female
 KW - Fetal Death
 KW - *Home Childbirth
 KW - Hospitalization/*statistics & numerical data
 KW - Humans
 KW - Intensive Care Units, Neonatal/*statistics & numerical data
 KW - Logistic Models
 KW - Maternal Age
 KW - Midwifery
 KW - Obesity/epidemiology
 KW - Parity
 KW - Patient Transfer/*statistics & numerical data
 KW - Perinatal Death
 KW - Perineum/*injuries
 KW - Postpartum Hemorrhage/*epidemiology
 KW - Pre-Eclampsia/epidemiology
 KW - Pregnancy
 KW - Pregnancy, Prolonged/epidemiology
 KW - Pregnancy, Twin/statistics & numerical data
 KW - Risk Assessment
 KW - Risk Factors
 KW - United States/epidemiology
 KW - United States
 AB - BACKGROUND: There is little agreement on who is a good candidate for community (home or birth center) birth in the United States. METHODS: Data on n=47 394 midwife-attended, planned community births come from the Midwives Alliance of North America Statistics Project. Logistic regression quantified the independent contribution of 10 risk factors to maternal and neonatal outcomes. Risk factors included: primiparity, advanced maternal age, obesity, gestational diabetes, preeclampsia, postterm pregnancy, twins, breech presentation, history of cesarean and vaginal birth, and history of cesarean without history of vaginal birth. Models controlled additionally for Medicaid, race/ethnicity, and education. RESULTS: The independent contributions of maternal age and obesity were quite modest, with adjusted odds ratios (AOR) less than 2.0 for all outcomes: hospital transfer, cesarean, perineal trauma, postpartum hemorrhage, low/very-low Apgar, maternal or neonatal hospitalization, NICU admission, and fetal/neonatal death. Breech was strongly associated with morbidity and fetal/neonatal mortality (AOR 8.2, 95% CI, 3.7-18.4). Women with a history of both cesarean and vaginal birth fared better than primiparas across all outcomes; however, women with a history of cesarean but no prior vaginal births had poor outcomes, most notably fetal/neonatal demise (AOR 10.4, 95% CI, 4.8-22.6). Cesarean births were most common in the breech (44.7%), preeclampsia (30.6%),

history of cesarean without vaginal birth (22.1%), and primipara (11.0%) groups. DISCUSSION: The outcomes of labor after cesarean in women with previous vaginal deliveries indicates that guidelines uniformly prohibiting labor after cesarean should be reconsidered for this subgroup. Breech presentation has the highest rate of adverse outcomes supporting management of vaginal breech labor in a hospital setting.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/birt.12288

ER -

TY - JOUR

AN - rayyan-504930793

TI - Interruptions to breastfeeding Dyads in an DRP Unit.

Y1 - 2012

Y2 - 1

T2 - MCN. The American journal of maternal child nursing

SN - 1539-0683 (Electronic)

J2 - MCN Am J Matern Child Nurs

VL - 37

IS - 1

SP - 36-41

AU - Morrison B

AU - Ludington-Hoe S

AV - The Breen School of Nursing, Ursuline College, Pepper Pike, OH, USA. bmorrison@ursuline.edu

UR - <https://pubmed.ncbi.nlm.nih.gov/22157339/>

LA - eng

CY - United States

KW - Adult

KW - *Breast Feeding

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Male

KW - Midwestern United States

KW - Obstetrics and Gynecology Department, Hospital

KW - *Patient Satisfaction

KW - Postnatal Care/*methods

KW - Time Factors

KW - Visitors to Patients

KW - Breast Feeding

AB - PURPOSE: The critical period for establishing breastfeeding (BF) is during the first days after birth.

However, some routine maternity unit care practices may be experienced as interruptions interfering with BF opportunities and satisfaction. Therefore, we wanted to describe the frequency and duration of interruptions; amount of time alone; number, length, success of, and satisfaction with BF sessions; and maternal perceptions of the influence of interruptions on BF experiences in an LDR unit on postpartum day 1 (PD1).

STUDY DESIGN AND METHODS: For 12 hours on PD1 we continuously observed the door to the rooms of 30 mother-newborn dyads in a community hospital birthing center. We recorded duration of visit by each person entering the room. Length of BF and maternal perception of success and satisfaction were measured after each feeding and at the end of the day using visual analog scales. RESULTS: One thousand five hundred ninety-three interruptions ($53 \pm 13.4/\text{dyad}$, range 27-85) and 703 episodes of time alone ($23 \pm 5.5/\text{dyad}$, range 11-32) occurred across 360 hours of observation. Duration of interruptions and time alone were 18.5 ± 34.5 and 15.4 ± 17.3 minutes, respectively. However, median duration of interruptions was 5 minutes and of time alone 10 minutes. One hundred thirty-eight BF sessions were recorded (2-9 sessions) and lasted 25 ± 14.98 minutes. Perceived maternal success and satisfaction with BFs were moderate, and interruptions only marginally interfered with BF opportunities. CLINICAL IMPLICATIONS: Too many interruptions occur and mothers perceive them as interfering with BF. Therefore, interruptions need to be minimized.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1097/NMC.0b013e31823851d5

ER -

TY - JOUR
 AN - rayyan-504930794
 TI - Pregnancy outcome at term in low-risk population: study at a tertiary obstetric hospital.
 Y1 - 2015
 Y2 - 8
 T2 - The journal of obstetrics and gynaecology research
 SN - 1447-0756 (Electronic)
 J2 - J Obstet Gynaecol Res
 VL - 41
 IS - 8
 SP - 1171-7
 AU - Permezel M
 AU - Milne KJ
 AV - Department of Obstetrics and Gynaecology, University of Melbourne.; Mercy Hospital for Women, Melbourne, Victoria, Australia.; Mercy Hospital for Women, Melbourne, Victoria, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/25832990/>
 LA - eng
 CY - Australia
 KW - Adult
 KW - *Apgar Score
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Perinatal Mortality
 KW - Pregnancy
 KW - Risk
 KW - Social Class
 KW - Tertiary Care Centers
 KW - Treatment Outcome
 KW - Pregnancy Outcome
 AB - AIM: The aim of this study was to evaluate the risk of perinatal death and peripartum morbidity at term amongst the models of care at a single tertiary hospital. MATERIAL AND METHODS: This is a 10-year population study of singleton births at term at the Mercy Hospital for Women comparing the mixed-risk models of care (private obstetrician and a conventional collaborative model of obstetricians and midwives) with the low-risk models (team midwifery and family birth center). Outcome measures included rates of perinatal death, low Apgar scores and obstetric procedures. RESULTS: Data on 44 557 normal term singletons were available for study. Overall, the hospital has a substantially lower term singleton perinatal mortality (1.3/1000) than the reported rate from the state of Victoria over an overlapping period (2.4/1000). The perinatal mortality amongst women selected for low obstetric risk (2.3/1000) was significantly higher than the perinatal mortality in other patients (1.2/1000; P = 0.03). Low Apgar scores at 5 min were also significantly more likely in women selected for low obstetric risk (9.0 vs 6.7/1000; P = 0.03). The differences could not be attributed to socioeconomic status, as this was higher in the low obstetric risk group. Obstetric procedures (induction of labor, cesarean section and instrumental birth) were substantially less common in the low-risk-care patients, as is expected for a low-risk population. CONCLUSION: Women selected for low-risk under midwife-led models of care do not appear to have better outcomes than women with all levels of perinatal risk cared for under traditional obstetrician-led models of care.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1111/jog.12695
 ER -

 TY - Comparative Study
 AN - rayyan-504930796
 TI - The "Cocoon," first alongside midwifery-led unit within a Belgian hospital: Comparison of the maternal and neonatal outcomes with the standard obstetric unit over 2 years.
 Y1 - 2020

Y2 - 3
T2 - Birth (Berkeley, Calif.)
SN - 1523-536X (Electronic)
J2 - Birth
VL - 47
IS - 1
SP - 115-122
AU - Welffens K
AU - Derisbourg S
AU - Costa E
AU - Englert Y
AU - Pintiaux A
AU - Warnimont M
AU - Kirkpatrick C
AU - Buekens P
AU - Daelemans C
AV - Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.; Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.; Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.; Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.; Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.; Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.; Department of Epidemiology, School of Public Health and Tropical Medicine, Tulane University, New Orleans, Louisiana.; Departement of Obstetrics and Gynecology, Cliniques Universitaires de Bruxelles, Hôpital Erasme, Brussels, Belgium.
UR - <https://pubmed.ncbi.nlm.nih.gov/31746028/>
LA - eng
CY - United States
KW - Adolescent
KW - Adult
KW - Belgium/epidemiology
KW - Birthing Centers/statistics & numerical data
KW - Delivery, Obstetric/*adverse effects/methods
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Logistic Models
KW - Midwifery/*methods
KW - Obstetric Labor Complications/epidemiology/*etiology
KW - Parity
KW - Perinatal Care/*methods
KW - Pregnancy
KW - Pregnancy Outcome
KW - Retrospective Studies
KW - Young Adult
KW - Midwifery
AB - OBJECTIVES: Our aim was to compare maternal and neonatal outcomes of women with a low-risk pregnancy attending the "Cocoon," an alongside midwifery-led birth center and care pathway, with women with a low-risk pregnancy attending the traditional care pathway in a tertiary care hospital in Belgium. METHODS: We performed a retrospective cohort study of maternal and neonatal outcomes of women with a low-risk pregnancy who chose to adhere to the Cocoon pathway of care (n = 590) and women with a low-risk pregnancy who chose the traditional pathway of care (n = 394) from March 1, 2014, to February 29, 2016. We performed all analyses using an intention-to-treat approach. RESULTS: In this setting, the cesarean birth rate was 10.3% compared with 16.0% in the traditional care pathway (adjusted odds ratios [aOR] 0.42 [95% CI 0.25-0.69]), the induction rate was 16.3% compared with 30.5% (0.46 [0.30-0.69]), the

epidural analgesia rate was 24.9% compared with 59.1% (0.15 [0.09-0.22]), and the episiotomy rate was 6.8% compared with 14.5% (0.31 [0.17-0.56]). There was no increase in adverse neonatal outcomes. Intrapartum and postpartum transfer rates to the traditional pathway of care were 21.1% and 7.1%, respectively. CONCLUSIONS: Women planning their births in the midwifery-led unit, the Cocoon, experienced fewer interventions with no increase in adverse neonatal outcomes. Our study gives initial support for the introduction of similar midwifery-led care pathways in other hospitals in Belgium.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center

DO - 10.1111/birt.12466

ER -

TY - JOUR

AN - rayyan-504930797

TI - The effect of hospital acuity on severe maternal morbidity in high-risk patients.

Y1 - 2018

Y2 - 7

T2 - American journal of obstetrics and gynecology

SN - 1097-6868 (Electronic)

J2 - Am J Obstet Gynecol

VL - 219

IS - 1

SP - 111.e1-111.e7

AU - Clapp MA

AU - James KE

AU - Kaimal AJ

AV - Department of Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA; Harvard Medical School, Boston, MA. Electronic address: mark.clapp@mgh.harvard.edu.; Deborah Kelly Center for Outcomes Research, Department of Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA.; Department of Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA; Harvard Medical School, Boston, MA.

UR - <https://pubmed.ncbi.nlm.nih.gov/29673571/>

LA - eng

CY - United States

KW - Adult

KW - Comorbidity

KW - *Delivery, Obstetric

KW - Female

KW - Hospitals/*statistics & numerical data

KW - Humans

KW - Maternal Health Services/*statistics & numerical data

KW - Middle Aged

KW - Morbidity

KW - Obstetric Labor Complications/*epidemiology

KW - Odds Ratio

KW - Pregnancy

KW - Pregnancy Complications/epidemiology

KW - Pregnancy, High-Risk

KW - Puerperal Disorders/*epidemiology

AB - BACKGROUND: In 2015, the Society for Maternal-Fetal Medicine and the American College of Obstetricians and Gynecologists published guidelines that established levels of maternal care. These guidelines outlined the nursing, provider, and facility requirements for hospitals to be designated a birthing center or 1 of 4 levels of care. To date, these levels of maternal care have not been adopted widely; currently, no data exist on how these designations may affect maternal or neonatal outcomes. OBJECTIVE: Because the levels of maternal care attempt to reflect a hospital's ability to treat patients with certain conditions that are associated with increased risk of complications, our objective was to compare outcomes among high- and low-risk patients between high- and low-acuity hospitals. We hypothesized that hospitals that cared for a high rate of high-risk patients, which we considered "high-acuity" centers, would have a

lower risk of severe maternal morbidity among high-risk patients compared with low-acuity centers. **STUDY DESIGN:** Deliveries were identified in the 2013 Nationwide Readmission Database. A patient's comorbidity index was assigned based on diagnosis and procedure codes with the use of previously validated methods; a comorbidity index of ≥ 3 has been associated with increased odds of severe maternal morbidity. Patients were classified as low, intermediate, or high risk by their comorbidity index for analysis. Patients at hospitals with < 100 deliveries per year and transferred patients were excluded. A hospital was defined as low or high-acuity if it was in the bottom or top quartile, respectively, based on its percent of patients with a comorbidity index of ≥ 3 . Log-binomial regression models were constructed to assess the effects of a patient's comorbidity index group on the risk of severe morbidity in high- and low-acuity hospitals. The models controlled for available patient and hospital factors. The regression used patient-level data with robust standard errors that were clustered at the level of the hospital. The Wald test was used to assess for the effect modification between comorbidity index group and hospital acuity. **RESULTS:** From 1203 hospitals, 1,656,659 delivering patients met the inclusion criteria. There were 58.7% low-risk, 39.0% intermediate-risk, and 2.3% high-risk patients in the overall sample, and the overall rate of severe maternal morbidity was 1.2%. Less than 3.7% of delivering patients in low-acuity hospitals had a high-risk condition. In comparison, $> 7.1\%$ patients in high-acuity centers had a high-risk condition. In the adjusted analysis, intermediate-risk patients had a slightly increased risk of morbidity in both low-acuity and high-acuity centers compared with low-risk patients (adjusted risk ratios, 1.53 [95% confidence interval, 1.33-1.77] vs 1.57 [95% confidence interval, 1.49-1.65]). However, there was a notable difference in the adjusted risk ratios for severe maternal morbidity in the high-risk population: the adjusted risk ratio was 9.55 (95% confidence interval, 6.83-13.35) in low-acuity hospitals compared with 6.50 (95% confidence interval, 5.94-7.09) in high-acuity hospitals. **CONCLUSION:** High-risk patients have a higher risk of severe maternal morbidity at low-acuity hospitals compared with high-acuity centers. These findings support the concept of regionalization of maternity care to improve outcomes for high-risk patients.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1016/j.ajog.2018.04.015

ER -

TY - JOUR

AN - rayyan-504930798

TI - Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas: 1. Introduction and project description.

Y1 - 2023

Y2 - 2

Y3 - 28

T2 - International journal for equity in health

SN - 1475-9276 (Electronic)

J2 - Int J Equity Health

VL - 21

SP - 203

AU - Valdez M

AU - Stollak I

AU - Pfeiffer E

AU - Lesnar B

AU - Leach K

AU - Modanlo N

AU - Westgate CC

AU - Perry HB

AV - Curamericas/Guatemala, Calhuitz, San Sebastián Coatán, Huehuetenango, Guatemala.; Curamericas Global, Raleigh, North Carolina, USA.; Independent Consultant, Winston-Salem, North Carolina, USA.; Gillings School of Global Public Health, University of North Carolina, Chapel Hill, North Carolina, USA.; Optum, SeaTac, Washington, USA.; David Geffen School of Medicine at UCLA, Los Angeles, California, USA.; Community Health Impact Coalition, New York, New York, USA.; Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA.
hperry2@jhu.edu.

UR - <https://pubmed.ncbi.nlm.nih.gov/36855139/>

LA - eng

CY - England
KW - Child
KW - Female
KW - Humans
KW - *Censuses
KW - *Child Health
KW - Guatemala
KW - Communication
KW - Mothers
KW - Socioeconomic Factors
KW - Child Welfare
KW - Only Child
KW - Rural Health

AB - BACKGROUND: The Curamericas/Guatemala Maternal and Child Health Project, 2011-2015, was implemented in the Western Highlands of the Department of Huehuetenango, Guatemala. The Project utilized three participatory approaches in tandem: the Census-Based, Impact-Oriented (CBIO) Approach, the Care Group Approach, and the Community Birthing Center Approach. Together, these are referred to as the Expanded CBIO Approach (or CBIO+). OBJECTIVE: This is the first article of a supplement that assesses the effectiveness of the Project's community-based service delivery platform that was integrated into the Guatemalan government's rural health care system and its special program for mothers and children called PEC (Programa de Extensión de Cobertura, or Extension of Coverage Program). METHODS: We review and summarize the CBIO+ Approach and its development. We also describe the Project Area, the structure and implementation of the Project, and its context. RESULTS: The CBIO+ Approach is the product of four decades of field work. The Project reached a population of 98,000 people, covering the entire municipalities of San Sebastián Coatán, Santa Eulalia, and San Miguel Acatán. After mapping all households in each community and registering all household members, the Project established 184 Care Groups, which were composed of 5-12 Care Group Volunteers who were each responsible for 10-15 households. Paid Care Group Promoters provided training in behavior change communication every two weeks to the Care Groups. Care Group Volunteers in turn passed this communication to the mothers in their assigned households and also reported back to the Care Group Promoters information about any births or deaths that they learned of during the previous two weeks as a result of their regular contact with their neighbors. At the outset of the Project, there was one Birthing Center in the Project Area, serving a small group of communities nearby. Two additional Birthing Centers began functioning as the Project was operating. The Birthing Centers encouraged the participation of traditional midwives (called comadronas) in the Project Area. CONCLUSION: This article serves as an introduction to an assessment of the CBIO+ community-based, participatory approach as it was implemented by Curamericas/Guatemala in the Western Highlands of the Department of Huehuetenango, Guatemala. This article is the first of a series of articles in a supplement entitled Reducing Inequities in Maternal and Child Health in Rural Guatemala through the CBIO+ Approach of Curamericas.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article
DO - 10.1186/s12939-022-01752-y
ER -

TY - JOUR
AN - rayyan-504930799
TI - The COVID-19 pandemic: A focusing event to promote community midwifery policies in the United States.
Y1 - 2021
T2 - Social sciences & humanities open
SN - 2590-2911 (Electronic)
J2 - Soc Sci Humanit Open
VL - 3
IS - 1
SP - 100104
AU - Montebianco AD
AV - Department of Sociology and Anthropology, Middle Tennessee State University, Murfreesboro, TN, United States.; Department of Sociology and Anthropology, University of Texas at El Paso, El Paso, TX, United States.

UR - <https://pubmed.ncbi.nlm.nih.gov/34173508/>

LA - eng

CY - England

KW - United States

KW - Midwifery

AB - The COVID-19 pandemic has placed unprecedented stress on health care systems across the globe. This stress has altered prenatal, labor, delivery, and postpartum care in the U.S., motivating many pregnant people to seek maternal health care with community midwives in a home or freestanding birth center setting. Although the dominant maternal health care providers across the globe, community midwives work on the margins of the U.S. health care system, in large part due to policy restrictions. This commentary extends previous research to theorize that the COVID-19-related disrupted health care system and the heightened visibility of community midwives may create a "focusing event," or policy window, which may enable midwives and their advocates to shift policy.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type

DO - 10.1016/j.ssaho.2020.100104

ER -

TY - Case Reports

AN - rayyan-504930800

TI - Diagnosis of dengue fever in a patient with early pregnancy loss.

Y1 - 2021

Y2 - 8

Y3 - 17

T2 - BMJ case reports

SN - 1757-790X (Electronic)

J2 - BMJ Case Rep

VL - 14

IS - 8

AU - Adjei NN

AU - Lynn AY

AU - Topran E

AU - Adeyemo OO

AV - Obstetrics, Gynecology, & Reproductive Sciences, Yale-New Haven Hospital, New Haven, Connecticut, USA.; Yale University School of Medicine, New Haven, Connecticut, USA anna.lynn@yale.edu.; Vidone Birthing Center, Yale-New Haven Hospital Saint Raphael Campus, New Haven, Connecticut, USA.; Obstetrics, Gynecology, & Reproductive Sciences, Yale-New Haven Hospital, New Haven, Connecticut, USA.; Vidone Birthing Center, Yale-New Haven Hospital Saint Raphael Campus, New Haven, Connecticut, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/34404662/>

LA - eng

CY - England

KW - *Abortion, Spontaneous

KW - Animals

KW - *Dengue/complications/diagnosis

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Pregnancy

KW - *Pregnancy Complications, Infectious/diagnosis

KW - *Premature Birth

KW - Travel

KW - Q Fever

KW - Fever

AB - Dengue is a mosquito-borne virus that causes an influenza-like illness ranging in severity from asymptomatic to fatal. Dengue in pregnancy has been associated with adverse outcomes including miscarriage, preterm birth and fetal and neonatal death. We present the case of a multiparous woman who presented at 9 weeks' gestation with vaginal bleeding and abdominal cramping after a 1 month stay in

Mexico. She was initially diagnosed with miscarriage with plan for outpatient follow-up. She was readmitted 3 days later with fever, retro-orbital pain, arthralgia, rash, pancytopenia and transaminitis and managed with intravenous fluids and acetaminophen. Of note, dengue serology was initially negative but retesting 2 days later was positive. It is imperative that clinicians have heightened suspicion for dengue in pregnant women with history of travel to or residence in a dengue-endemic area and consistent clinical evidence.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1136/bcr-2021-243968
ER -

TY - JOUR

AN - rayyan-504930802

TI - Use of big-screen films in multiple childbirth education classroom settings.

Y1 - 2010

T2 - The Journal of perinatal education

SN - 1548-8519 (Electronic)

J2 - J Perinat Educ

VL - 19

IS - 2

SP - 55-61

AU - Kaufman T

AV - TAMARA KAUFMAN is a Lamaze Certified Childbirth Educator and a Certified Labor Doula (Childbirth and Postpartum Professional Association) in Columbus, Ohio.

UR - <https://pubmed.ncbi.nlm.nih.gov/21358831/>

LA - eng

CY - United States

AB - Although two recent films, Orgasmic Birth and Pregnant in America, were intended for the big screen, they can also serve as valuable teaching resources in multiple childbirth education settings. Each film conveys powerful messages about birth and today's birthing culture. Depending on a childbirth educator's classroom setting (hospital, birthing center, or home birth environment), particular portions in each film, along with extra clips featured on the films' DVDs, can enhance an educator's curriculum and spark compelling discussions with class participants.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1624/105812410X498746

ER -

TY - JOUR

AN - rayyan-504930803

TI - [Birthing center restrictions].

Y1 - 2014

Y2 - 11

T2 - Soins. Pédiatrie, puericulture

SN - 1259-4792 (Print)

J2 - Soins Pédiatr Pueric

IS - 281

SP - 9

AU - Barsky E

UR - <https://pubmed.ncbi.nlm.nih.gov/25608350/>

LA - fre

CY - France

KW - Birthing Centers/*legislation & jurisprudence/*organization & administration

KW - France

KW - *Government Regulation

KW - Humans

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language

ER -

TY - JOUR

AN - rayyan-504930804
 TI - Pregnancy as a critical window for blood pressure regulation in mother and child: programming and reprogramming.
 Y1 - 2017
 Y2 - 1
 T2 - Acta physiologica (Oxford, England)
 SN - 1748-1716 (Electronic)
 J2 - Acta Physiol (Oxf)
 VL - 219
 IS - 1
 SP - 241-259
 AU - Paauw ND
 AU - van Rijn BB
 AU - Lely AT
 AU - Joles JA
 AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; Academic Unit of Human Development and Health, University of Southampton, Southampton, UK.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht, the Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27124608/>
 LA - eng
 CY - England
 KW - Blood Pressure/*physiology
 KW - Female
 KW - Fetal Development/*physiology
 KW - Humans
 KW - Hypertension, Pregnancy-Induced/*physiopathology
 KW - Mothers
 KW - Pregnancy
 KW - Prenatal Exposure Delayed Effects/*physiopathology
 AB - Pregnancy is a critical time for long-term blood pressure regulation in both mother and child. Pregnancies complicated by placental insufficiency, resulting in pre-eclampsia and intrauterine growth restriction, are associated with a threefold increased risk of the mother to develop hypertension later in life. In addition, these complications create an adverse intrauterine environment, which programmes the foetus and the second generation to develop hypertension in adult life. Female offspring born to a pregnancy complicated by placental insufficiency are at risk for pregnancy complications during their own pregnancies as well, resulting in a vicious circle with programmed risk for hypertension passing from generation to generation. Here, we review the epidemiology and mechanisms leading to the altered programming of blood pressure trajectories after pregnancies complicated by placental insufficiency. Although the underlying mechanisms leading to hypertension remain the subject of investigation, several abnormalities in angiotensin sensitivity, sodium handling, sympathetic activity, endothelial function and metabolic pathways are found in the mother after exposure to placental insufficiency. In the child, epigenetic modifications and disrupted organ development play a crucial role in programming of hypertension. We emphasize that pregnancy can be viewed as a window of opportunity to improve long-term cardiovascular health of both mother and child, and outline potential gains expected of improved preconceptional, perinatal and post-natal care to reduce the development of hypertension and the burden of cardiovascular disease later in life. Perinatal therapies aimed at reprogramming hypertension are a promising strategy to break the vicious circle of intergenerational programming of hypertension.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,high risk pregnant persons
 DO - 10.1111/apha.12702
 ER -

 TY - English Abstract
 AN - rayyan-504930805

TI - [Hegemony and counter-hegemony in the process of implementing the Casa de Parto Birth Center in Rio de Janeiro].
Y1 - 2009
Y2 - 12
T2 - Revista da Escola de Enfermagem da U S P
SN - 0080-6234 (Print)
J2 - Rev Esc Enferm USP
VL - 43
IS - 4
SP - 872-9
AU - Pereira AL
AU - Moura MA
AV - Departamento de Enfermagem Materno-Infantil da Faculdade de Enfermagem da Universidade Estadual do Rio de Janeiro, Rio de Janeiro, RJ, Brasil. adrianalinho@uol.com.br
UR - <https://pubmed.ncbi.nlm.nih.gov/20085158/>
LA - por
CY - Brazil
KW - Birthing Centers/*organization & administration
KW - Brazil
KW - Female
KW - Humans
KW - Pregnancy
KW - Urban Health
AB - This study addressed the process of implementing the first Casa de Parto Birth Center in the Unified Health System in the city of Rio de Janeiro. The purpose of this qualitative study was to identify the determinants of the process of implementing the Birth Center and analyze the influence that hegemonic and counter-hegemonic groups have on that process. The theoretical framework used was the concept of hegemony. Data analysis was guided by the dialectic method of contradiction, totality and historicity. Semi-structured interviews were performed, from January to July 2007, with four municipal health administrators and 11 technical-administrative professionals assigned to implement the Birth Center. This study showed that the implementation of the Birth Center was determined by the counter-hegemony established in providing care during pregnancy and physiological deliveries.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
DO - 10.1590/s0080-62342009000400019
ER -

TY - JOUR
AN - rayyan-504930806
TI - Immediate Needs and Concerns among Pregnant Women During and after Typhoon Haiyan (Yolanda).
Y1 - 2016
Y2 - 1
Y3 - 25
T2 - PLoS currents
SN - 2157-3999 (Electronic)
J2 - PLoS Curr
VL - 8
AU - Sato M
AU - Nakamura Y
AU - Atogami F
AU - Horiguchi R
AU - Tamaki R
AU - Yoshizawa T
AU - Oshitani H
AV - Department of Maternal Nursing, Tohoku University Graduate School of Medicine, Sendai, Miyagi, Japan.; Women's Health Nursing, Tohoku University Graduate School of Medicine, Sendai, Miyagi, Japan.; Women's Health Nursing, Tohoku University Graduate School of Medicine, Sendai, Miyagi, Japan.; Maternal and Child Center in Takaishi City, Takaishi, Osaka, Japan Takaishi-shiritsu maternal and child health birthing

center.; Department of Virology, Tohoku University Graduate School of Medicine, Sendai, Tohoku, Japan.; Women's Health Nursing, Tohoku University Graduate School of Medicine, Sendai, Miyagi, Japan.; Department of Virology, Tohoku University Graduate School of Medicine, Sendai, Miyagi, Japan.

UR - <https://pubmed.ncbi.nlm.nih.gov/26865988/>

LA - eng

CY - United States

AB - INTRODUCTION: Pregnant and postpartum women are especially vulnerable to natural disasters. These women suffer from increased risk of physical and mental issues including pregnant related problems.

Typhoon Haiyan (Yolanda), which hit the Philippines affected a large number of people and caused devastating damages. During and after the typhoon, pregnant women were forced to live in particularly difficult circumstances. The purpose of this study was to determine concerns and problems regarding public health needs and coping mechanisms among pregnant women during and shortly after the typhoon.

METHODS: This study employed a cross-sectional design utilizing focus group discussions (FGDs).

Participants were 53 women (mean age: 26.6 years old; 42 had children) from four affected communities who were pregnant at the time of the typhoon. FGDs were conducted 4 months after the typhoon, from March 19 to 28, 2014, using semi-structured interviews. Data were analyzed using the qualitative content analysis.

RESULT: Three themes were identified regarding problems and concerns during and after the typhoon: 1) having no ideas what is going to happen during the evacuation, 2) lacking essentials to survive, and 3) being unsure of how to deal with health concerns. Two themes were identified as means of solving issues: 1) finding food for survival and 2) avoiding diseases to save my family. As the pregnant women already had several typhoon experiences without any major problems, they underestimated the catastrophic nature of this typhoon. During the typhoon, the women could not ensure their safety and did not have a strong sense of crisis management. They suffered from hunger, food shortage, and poor sanitation.

Moreover, though the women had fear and anxiety regarding their pregnancy, they had no way to resolve these concerns. Pregnant women and their families also suffered from common health problems for which they would usually seek medical services. Under such conditions, the pregnant woman cooperated with others for survival and used their knowledge of disease prevention. DISCUSSION: Pregnant women experienced difficulties with evacuation, a lack of minimum survival needs, and attending to their own health issues. Pregnant women were also concerned about needs and health issues of their families, particular, when they had small children. Collecting accurate information regarding the disaster and conducting self-sustainable preparation prior to the disaster among pregnant women will help them to protect their pregnancy status, thereby improving their families' chance of survival during and after disasters.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1371/currents.dis.29e4c0c810db47d7fd8d0d1fb782892c

ER -

TY - JOUR

AN - rayyan-504930807

TI - Neonatal vitamin K refusal and nonimmunization.

Y1 - 2014

Y2 - 9

T2 - Pediatrics

SN - 1098-4275 (Electronic)

J2 - Pediatrics

VL - 134

IS - 3

SP - 497-503

AU - Sahni V

AU - Lai FY

AU - MacDonald SE

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smacdon@ualberta.ca.

UR - <https://pubmed.ncbi.nlm.nih.gov/25136042/>

LA - eng

CY - United States

KW - Alberta/epidemiology
KW - Cohort Studies
KW - Female
KW - Humans
KW - Immunization/*psychology
KW - Infant, Newborn
KW - Male
KW - Parents/*psychology
KW - *Population Surveillance
KW - Pregnancy
KW - Retrospective Studies
KW - Risk Factors
KW - Treatment Refusal/*psychology
KW - Vitamin K/*administration & dosage
KW - Vitamin K Deficiency Bleeding/epidemiology/prevention & control/*psychology
KW - Vitamin K
KW - Vitamin E
KW - Vitamin B Complex
KW - Vitamins
KW - Vitamin D
KW - Vitamin U
KW - Riboflavin
KW - Vitamin A
KW - Folic Acid
KW - Biotin
KW - Arachidonic Acid
KW - Tocopherols

AB - BACKGROUND: Neonatal Vitamin K prophylaxis is an effective intervention for reducing vitamin K deficiency bleeding. A recently published report of parental refusal of vitamin K prompted an investigation of the prevalence and characteristics of this group, and exploration of whether these same parents were likely to subsequently refuse immunization for their children. METHODS: We conducted a retrospective population-based cohort study of all infants born in Alberta between 2006 and 2012 by using linkage of administrative health data. Risk factors for vitamin K refusal were determined by using Poisson regression. The association between vitamin K refusal and nonimmunization was assessed using relative risk. RESULTS: Among the 282378 children in the cohort, 99.7% received vitamin K and 0.3% declined. Midwife-assisted deliveries were more likely to be associated with vitamin K refusal compared with physician-attended delivery (risk ratio 8.4, 95% confidence interval [CI] 6.5-11.0). Planned home delivery (risk ratio 4.9, CI 3.8-6.4) or delivery in a birth center (risk ratio 3.6, CI 2.3-5.6) were more likely to result in decline of vitamin K compared with hospital delivery. Vitamin K refusal was associated with a 14.6 (CI 13.9-15.3) higher relative risk of having no recommended childhood vaccines at 15 months. CONCLUSIONS: This is the first population-based study to characterize parents who are likely to decline vitamin K for their infants and whose children are likely to be unimmunized. These findings enable earlier identification of high-risk parents and provide an opportunity to enact strategies to increase uptake of vitamin K and childhood immunizations.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1542/peds.2014-1092
ER -

TY - JOUR
AN - rayyan-504930808
TI - Trends and Characteristics of United States Out-of-Hospital Births 2004-2014: New Information on Risk Status and Access to Care.
Y1 - 2016
Y2 - 6
T2 - Birth (Berkeley, Calif.)
SN - 1523-536X (Electronic)
J2 - Birth
VL - 43

IS - 2
 SP - 116-24
 AU - MacDorman MF
 AU - Declercq E
 AV - Maryland Population Research Center, University of Maryland, College Park, MD, USA.; Community Health Sciences Department, Boston University School of Public Health, Boston, MA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/26991514/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - Birth Certificates
 KW - Birthing Centers/statistics & numerical data/*trends
 KW - Breast Feeding/*statistics & numerical data
 KW - Delivery, Obstetric/economics/*statistics & numerical data
 KW - Female
 KW - Health Services Accessibility/*statistics & numerical data
 KW - Home Childbirth/economics/statistics & numerical data/*trends
 KW - Humans
 KW - Pregnancy
 KW - Risk Assessment
 KW - Social Class
 KW - United States
 KW - Young Adult
 KW - Hospitals, State
 AB - BACKGROUND: Out-of-hospital births are increasing in the United States. Our purpose was to examine trends in out-of-hospital births from 2004 to 2014, and to analyze newly available data on risk status and access to care. METHODS: Newly available data from the revised birth certificate for 47 states and Washington, DC, were used to examine out-of-hospital births by characteristics and to compare them with hospital births. Trends from 2004 to 2014 were also examined. RESULTS: Out-of-hospital births increased by 72 percent, from 0.87 percent of United States births in 2004 to 1.50 percent in 2014. Compared with mothers who had hospital births, those with out-of-hospital births had lower prepregnancy obesity (12.5% vs 25.0%) and smoking (2.8% vs 8.5%) rates, and higher college graduation (39.3% vs 30.0%) and breastfeeding initiation (94.3% vs 80.8%) rates. Among planned home births, 67.1 percent were self-paid, compared with 31.9 percent of birth center and 3.4 percent of hospital births. Vaginal births after cesarean (VBACs) comprised 4.6 percent of planned home births and 1.6 percent of hospital and birth center births. Sociodemographic and medical risk status of out-of-hospital births improved substantially from 2004 to 2014. CONCLUSIONS: Improvements in risk status of out-of-hospital births from 2004 to 2014 suggest that appropriate selection of low-risk women is improving. High rates of self-pay for the costs of out-of-hospital birth suggest serious gaps in insurance coverage, whereas higher-than-average rates of VBAC could reflect lack of access to hospital VBACs. Mandating private insurance and Medicaid coverage could substantially improve access to out-of-hospital births. Improving access to hospital VBACs might reduce the number of out-of-hospital VBACs.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1111/birt.12228
 ER -

 TY - JOUR
 AN - rayyan-504930809
 TI - Trends in labor induction indications: A 20-year population-based study.
 Y1 - 2022
 Y2 - 12
 T2 - Acta obstetricia et gynecologica Scandinavica
 SN - 1600-0412 (Electronic)
 J2 - Acta Obstet Gynecol Scand
 VL - 101
 IS - 12

SP - 1422-1430
AU - Swift EM
AU - Gunnarsdottir J
AU - Zoega H
AU - Bjarnadottir RI
AU - Steingrimsdottir T
AU - Einarsdottir K
AV - Faculty of Nursing and Midwifery, University of Iceland, Reykjavik, Iceland.; Reykjavik Birth Center, Reykjavik, Iceland.; Faculty of Medicine, Center of Public Health Sciences, University of Iceland, Reykjavik, Iceland.; Department of Obstetrics and Gynecology, Landspítali - The National University Hospital of Iceland, Reykjavik, Iceland.; Faculty of Medicine, University of Iceland, Reykjavik, Iceland.; Faculty of Medicine, Center of Public Health Sciences, University of Iceland, Reykjavik, Iceland.; Faculty of Medicine and Health, School of Population Health, University of New South Wales, Sydney, Australia.; Department of Obstetrics and Gynecology, Landspítali - The National University Hospital of Iceland, Reykjavik, Iceland.; Faculty of Medicine, University of Iceland, Reykjavik, Iceland.; Department of Obstetrics and Gynecology, Landspítali - The National University Hospital of Iceland, Reykjavik, Iceland.; Faculty of Medicine, University of Iceland, Reykjavik, Iceland.; Faculty of Medicine, Center of Public Health Sciences, University of Iceland, Reykjavik, Iceland.
UR - <https://pubmed.ncbi.nlm.nih.gov/36114700/>
LA - eng
CY - United States
KW - Pregnancy
KW - Female
KW - Humans
KW - *Cesarean Section
KW - Labor, Induced/methods
KW - *Pregnancy, Prolonged
KW - Maternal Age
KW - Risk
AB - INTRODUCTION: Use of labor induction has increased rapidly in most middle- and high-income countries over the past decade. The reasons for the stark rise in labor induction are largely unknown. We aimed to assess the extent to which the rising rate of labor induction is explained by changes in rates of underlying indications over time. MATERIAL AND METHODS: The study was based on nationwide data from the Icelandic Medical Birth Register on 85 620 singleton births from 1997 to 2018. The rate of labor induction and indications for induction was calculated for all singleton births in 1997-2018. Change over time was expressed as relative risk (RR), using Poisson regression with 95% confidence intervals (CI) adjusted for maternal characteristics and indications for labor induction. RESULTS: The crude rate of labor induction rose from 12.5% in 1997-2001 to 23.9% in 2014-2018 (crude RR = 1.91, 95% CI 1.81-2.01). While adjusting for maternal characteristics had little impact, adjusting additionally for labor induction indications lowered the RR to 1.43 (95% CI 1.35-1.51). Induction was increasingly indicated from 1997-2001 to 2014-2018 by gestational diabetes (2.4%-16.5%), hypertensive disorders (7.0%-11.1%), prolonged pregnancy (16.2%-23.7%), concerns for maternal wellbeing (3.2%-6.9%) and maternal age (0.5%-1.2%). No indication was registered for 9.2% of inductions in 2014-2018 compared with 16.3% in 1997-2001. CONCLUSIONS: Our results show that the increase in labor induction over the study period is largely explained by an increase in various underlying conditions indicating labor induction. However, indications for 9.2% of labor inductions remain unexplained and warrant further investigation.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/aogs.14447
ER -

TY - Comparative Study
AN - rayyan-504930810
TI - The effects of prenatal secondhand smoke exposure on preterm birth and neonatal outcomes.
Y1 - 2010
Y2 - 9
T2 - Journal of obstetric, gynecologic, and neonatal nursing : JOGNN
SN - 1552-6909 (Electronic)

J2 - J Obstet Gynecol Neonatal Nurs
 VL - 39
 IS - 5
 SP - 525-35
 AU - Ashford KB
 AU - Hahn E
 AU - Hall L
 AU - Rayens MK
 AU - Noland M
 AU - Ferguson JE
 AV - College of Nursing, University of Kentucky, Lexington, KY 40536-0232, USA. kristin.ashford@uky.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/20919999/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Biomarkers
 KW - Case-Control Studies
 KW - Cotinine/urine
 KW - Cross-Sectional Studies
 KW - Female
 KW - Hair/chemistry
 KW - Humans
 KW - Kentucky/epidemiology
 KW - Male
 KW - Maternal Exposure/*adverse effects
 KW - Nicotine/analysis
 KW - Pregnancy
 KW - *Pregnancy Outcome
 KW - Premature Birth/epidemiology/*etiology
 KW - Regression Analysis
 KW - Smoking/adverse effects
 KW - Tobacco Smoke Pollution/*adverse effects/analysis
 KW - Smoke
 KW - Infant, Newborn
 AB - OBJECTIVE: To examine the relationship between prenatal secondhand smoke (SHS) exposure, preterm birth and immediate neonatal outcomes by measuring maternal hair nicotine. DESIGN: Cross-sectional, observational design. SETTING: A metropolitan Kentucky birthing center. PARTICIPANTS: Two hundred and ten (210) mother-baby couplets. METHODS: Nicotine in maternal hair was used as the biomarker for prenatal SHS exposure collected within 48 hours of birth. Smoking status was confirmed by urine cotinine analysis. RESULTS: Smoking status (nonsmoking, passive smoking, and smoking) strongly correlated with low, medium, and high hair nicotine tertiles ($p=.74$; $p<.001$). Women exposed to prenatal SHS were more at risk for preterm birth (odds ratio [OR]=2.3; 95% Confidence Interval [CI] [.96, 5.96]), and their infants were more likely to have immediate newborn complications (OR=2.4; 95% CI [1.09, 5.33]) than nonexposed women. Infants of passive smoking mothers were at increased risk for respiratory distress syndrome (RDS) (OR=4.9; 95% CI [1.45, 10.5]) and admission to a Neonatal Intensive Care Unit (NICU) (OR=6.5; CI [1.29, 9.7]) when compared to infants of smoking mothers (OR=3.9; 95% CI [1.61, 14.9]; OR=3.5; 95% CI [2.09, 20.4], respectively). Passive smokers and/or women with hair nicotine levels greater than .35 ng/ml were more likely to deliver earlier (1 week), give birth to infants weighing less (decrease of 200-300 g), and deliver shorter infants (decrease of 1.1-1.7 cm). CONCLUSIONS: Prenatal SHS exposure places women at greater risk for preterm birth, and their newborns are more likely to have RDS, NICU admissions, and immediate newborn complications.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1111/j.1552-6909.2010.01169.x
 ER -

 TY - English Abstract
 AN - rayyan-504930812

TI - [Experiencing care in the birthing center context: the users' perspective].

Y1 - 2011

Y2 - 3

T2 - Revista da Escola de Enfermagem da U S P

SN - 0080-6234 (Print)

J2 - Rev Esc Enferm USP

VL - 45

IS - 1

SP - 62-70

AU - Gonçalves R

AU - de Azevedo Aguiar C

AU - Merighi MA

AU - de Jesus MC

AV - Escola de Artes, Ciências e Humanidades, Universidade de São Paulo, São Paulo, SP, Brazil.

roselane@usp.br

UR - <https://pubmed.ncbi.nlm.nih.gov/21445490/>

LA - por

CY - Brazil

KW - Adolescent

KW - Adult

KW - *Birthing Centers

KW - Female

KW - Humans

KW - *Patient Satisfaction

KW - Pregnancy

KW - Young Adult

AB - In Brazil, the delivery and birth care model in Brazil has been the topic of many studies and discussions about introducing obstetric practices that take women's autonomy into account in the parturition process. Birthing Centers propose models that represent a new scenario to deliver such care. The objective of this was to understand the experience of women in labor in the context of a Birthing Center located in the city of São Paulo. Data was collected from March to October 2007 and analyzed according to the Alfred Schütz social phenomenology framework. Seven women participated in this study. Results showed that women choose the Birthing Center expecting to receive humanized care and that, within this context, they have positive and negative experiences. It is imperative to discuss public policies for delivery care, as well as its implementation and impact on perinatal health indicators.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language

DO - 10.1590/s0080-62342011000100009

ER -

TY - JOUR

AN - rayyan-504930813

TI - Restrictions on Oral and Parenteral Intake for Low-risk Labouring Women in Hospitals Across Canada: A Cross-Sectional Study.

Y1 - 2016

Y2 - 11

T2 - Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC

SN - 1701-2163 (Print)

J2 - J Obstet Gynaecol Can

VL - 38

IS - 11

SP - 1009-1014

AU - Chackowicz A

AU - Spence AR

AU - Abenhaim HA

AV - Centre for Clinical Epidemiology and Community Studies, Jewish General Hospital, Montreal QC.; Centre for Clinical Epidemiology and Community Studies, Jewish General Hospital, Montreal QC.; Centre for Clinical

Epidemiology and Community Studies, Jewish General Hospital, Montreal QC; Department of Obstetrics and Gynecology, Jewish General Hospital, McGill University, Montreal QC.

UR - <https://pubmed.ncbi.nlm.nih.gov/27969553/>

LA - eng

CY - Netherlands

KW - *Caloric Restriction

KW - Canada

KW - Cross-Sectional Studies

KW - Delivery, Obstetric/*methods

KW - Female

KW - Hospitals

KW - Humans

KW - *Labor, Obstetric

KW - Practice Guidelines as Topic

KW - Pregnancy

KW - Cesarean Section

AB - OBJECTIVE: The dietary intake allowed during the latent and active phases of labour varies between Canadian hospitals. Our objective was to document current restrictions on oral and parenteral intake for low-risk labouring women in hospitals across Canada. METHODS: We carried out a cross-sectional study of 118 Canadian hospitals that have specialized birthing centres. Information on dietary protocols for low-risk women in labour was obtained from each hospital via a brief telephone interview with the head nurse of each birthing centre. Data were presented by stage of labour, both with and without epidural anaesthesia, and also by dextrose supplementation of intravenous fluids. RESULTS: If epidural anaesthesia was not used during the active phase of labour, oral intake was restricted to clear fluids and/or ice chips in 50.9% of surveyed hospitals and oral intake could include solid food in 38.1%. However, when epidural anaesthesia was used during the active phase of labour, oral intake was restricted to clear fluids and ice chips in 82.8% of surveyed hospitals, while oral intake could include solid food in 7.2%. Furthermore, in 77.5% of hospitals, not only was oral intake during active labour with epidural anaesthesia limited to clear fluids and/or ice chips, but in addition this restrictive diet was not supplemented with parenteral dextrose. CONCLUSION: The majority of low-risk pregnant women in Canadian hospitals are subjected to caloric restriction during the active phase of labour, especially when epidural anaesthesia is administered. Further studies on this subject are warranted because such pervasive practices may have important population effects on labouring women.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1016/j.jogc.2016.08.003

ER -

TY - JOUR

AN - rayyan-504930814

TI - Pregnancy before recurrent pregnancy loss more often complicated by post-term birth and perinatal death.

Y1 - 2018

Y2 - 1

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 97

IS - 1

SP - 82-88

AU - Wagner MM

AU - Visser J

AU - Verburg H

AU - Hukkelhoven CWPM

AU - Van Lith JMM

AU - Bloemenkamp KWM

AV - Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Reproductive Medicine, Leiden University Medical Center, Leiden, the Netherlands.; Perined, Utrecht, the Netherlands.; Department

of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Division Women and Baby, Department of Obstetrics, Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/29055052/>

LA - eng

CY - United States

KW - *Abortion, Habitual/diagnosis/epidemiology/etiology/physiopathology

KW - Adult

KW - Body Mass Index

KW - Congenital Abnormalities/epidemiology

KW - Female

KW - Fetal Growth Retardation/epidemiology

KW - Gestational Age

KW - Humans

KW - Infant, Newborn

KW - Netherlands/epidemiology

KW - Perinatal Death

KW - Pre-Eclampsia/epidemiology

KW - Pregnancy

KW - Pregnancy Outcome/epidemiology

KW - Prognosis

KW - Risk Assessment

KW - Risk Factors

KW - Recurrence

AB - INTRODUCTION: The cause of recurrent pregnancy loss often remains unknown. Possibly, pathophysiological pathways are shared with other pregnancy complications. MATERIAL AND METHODS: All women with secondary recurrent pregnancy loss (SRPL) visiting Leiden University Medical Center (January 2000-2015) were included in this retrospective cohort to assess whether women with SRPL have a more complicated first pregnancy compared with control women. SRPL was defined as three or more consecutive pregnancy losses before 22 weeks of gestation, with a previous birth. The control group consisted of all Dutch nullipara delivering a singleton (January 2000-2015). Information was obtained from the Dutch Perinatal Registry. Outcomes were preeclampsia, preterm birth, post-term birth, intrauterine growth restriction, breach position, induction of labor, cesarean section, congenital abnormalities, perinatal death and severe hemorrhage in the first ongoing pregnancy. Subgroup analyses were performed for women with idiopathic SRPL and for women ≤ 35 years. RESULTS: In all, 172 women with SRPL and 1 196 178 control women were included. Women with SRPL were older and had a higher body mass index; 29.7 years vs. 28.8 years and 25.1 kg/m² vs. 24.1 kg/m², respectively. Women with SRPL more often had a post-term birth (OR 1.86, 95% CI 1.10-3.17) and more perinatal deaths occurred in women with SRPL compared with the control group (OR 5.03, 95% CI 2.48-10.2). Similar results were found in both subgroup analyses.

CONCLUSIONS: The first ongoing pregnancy of women with (idiopathic) SRPL is more often complicated by post-term birth and perinatal death. Revealing possible links between SRPL and these pregnancy complications might lead to a better understanding of underlying pathophysiology.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1111/aogs.13248

ER -

TY - JOUR

AN - rayyan-504930815

TI - The national birth center study II: Research confirms low Cesarean rates and health care costs at birth centers.

Y1 - 2013

T2 - Midwifery today with international midwife

SN - 1551-8892 (Print)

J2 - Midwifery Today Int Midwife

IS - 106

SP - 40, 68

AU - Garvey M
UR - <https://pubmed.ncbi.nlm.nih.gov/23847895/>
LA - eng
CY - United States
KW - Birthing Centers/economics
KW - Cesarean Section/*economics/statistics & numerical data
KW - Delivery, Obstetric/*economics/statistics & numerical data
KW - Female
KW - Health Care Costs
KW - Humans
KW - Infant, Newborn
KW - Midwifery/*economics
KW - Natural Childbirth/*economics/statistics & numerical data
KW - Obstetric Labor Complications/*economics/epidemiology
KW - Pregnancy
KW - Pregnancy Outcome/*economics/epidemiology
KW - United States
KW - Health Care Rationing
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - JOUR
AN - rayyan-504930816
TI - Revealing tact within postnatal care.
Y1 - 2014
Y2 - 2
T2 - Qualitative health research
SN - 1049-7323 (Print)
J2 - Qual Health Res
VL - 24
IS - 2
SP - 163-71
AU - Smythe E
AU - Payne D
AU - Wilson S
AU - Paddy A
AU - Heard K
AV - 1Auckland University of Technology, Auckland, New Zealand.
UR - <https://pubmed.ncbi.nlm.nih.gov/24448102/>
LA - eng
CY - United States
KW - Female
KW - Health Services Needs and Demand
KW - Humans
KW - *Midwifery
KW - New Zealand
KW - *Nurse-Patient Relations
KW - *Philosophy, Nursing
KW - *Postnatal Care
KW - Qualitative Research
KW - Rural Population
KW - Trust
KW - Postnatal Care
AB - In this article, we explore the nature of good postnatal care through a hermeneutic unpacking of the notion of tact, drawing on the philosophical writings of Heidegger, Gadamer, and van Manen. The tactful encounters considered were from a hermeneutic research study within a small, rural birthing center in New

Zealand. Insights drawn from the analysis were as follows: the openness of listening, watching and being attuned that builds a positive mode of engagement, recognizing that the distance the woman needs from her nurse/midwife is a call of tact, that tact is underpinned by a spirit of care, within tact there are moods and tact might require firmness, and that all of these factors come together to build trust. We conclude that the attunement of tact requires that the staff member has time to spend with a woman, enough energy to engage, and a spirit of care. Women know that tactful practice builds their confidence and affects their mothering experience. Tact cannot be assumed; it needs to be nurtured and sheltered.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1177/1049732313519704

ER -

TY - JOUR

AN - rayyan-504930817

TI - Polybrominated diphenyl ethers in human gestational membranes from women in southeast Michigan.

Y1 - 2009

Y2 - 5

Y3 - 1

T2 - Environmental science & technology

SN - 0013-936X (Print)

J2 - Environ Sci Technol

VL - 43

IS - 9

SP - 3042-6

AU - Miller MF

AU - Chernyak SM

AU - Batterman S

AU - Loch-Carusio R

AV - Department of Environmental Health Science, School of Public Health, University of Michigan, Ann Arbor, Michigan 48109, USA. markmil@umich.edu

UR - <https://pubmed.ncbi.nlm.nih.gov/19534111/>

LA - eng

CY - United States

KW - Extraembryonic Membranes/*metabolism

KW - Female

KW - Fetus/metabolism

KW - Halogenated Diphenyl Ethers/*analysis/chemistry

KW - Humans

KW - Michigan

KW - Pregnancy

KW - Humanities

KW - Humanism

KW - Southeastern United States

KW - Ethers

KW - Ether

AB - Polybrominated diphenyl ethers (PBDEs) have been incorporated into many consumer products as flame retardants. Due to their persistence and ability to bioaccumulate, PBDEs are ubiquitous in human blood and breast milk samples from industrialized nations. Although there exists a potential for environmental pollutants such as PBDEs to adversely impact birth outcomes and perinatal health, reports of PBDE levels in human reproductive tissues are limited. The aim of the current study is to evaluate the total levels and congener-specific profiles of PBDEs from human extraplacental gestational membranes. Gestational membranes from five term pregnancies were obtained from nonlaboring caesarian deliveries at the University of Michigan Women's Hospital Birth Center. Duplicate samples were extracted and analyzed by GC-MS for twenty-one PBDE congeners. Total PBDE loading was 17.4 +/- 3.9 pg/g tissue (5.62 +/- 1.28 ng/g lipid). Seventy-eight percent of the total measurable PBDE loading was due to BDEs 47, 49, 99, 100, and 153, with measured values of 3.63, 3.15, 3.05, 1.74, and 1.90 pg/g tissue (1170, 1018, 983, 561, and 612 pg/g lipid), respectively. The remaining 28% comprised BDEs 17, 28, 66, 71, 85, and 154. No octa-, nona-, or deca-BDEs were identified. Although previously unreported in the human gestational compartment BDE 49

comprised 17% of the total PBDE level. This work establishes baseline accumulated levels of PBDEs in gestational membranes of women in Southeast Michigan.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1021/es8032764

ER -

TY - Case Reports

AN - rayyan-504930819

TI - Does the incidence of pulmonary embolism increase during pregnancy?

Y1 - 2015

Y2 - 4

T2 - Advanced emergency nursing journal

SN - 1931-4493 (Electronic)

J2 - Adv Emerg Nurs J

VL - 37

IS - 2

SP - 74-8

AU - Howard C

AU - Howard PK

AV - Birthing Center, University of Kentucky HealthCare, Lexington (Ms Howard); and Emergency Services, University of Kentucky HealthCare, Lexington (Dr Howard).

UR - <https://pubmed.ncbi.nlm.nih.gov/25929217/>

LA - eng

CY - United States

KW - Diagnosis, Differential

KW - Emergency Service, Hospital

KW - Female

KW - Humans

KW - Pregnancy

KW - Pregnancy Complications, Cardiovascular/diagnosis/*epidemiology

KW - Pulmonary Embolism/diagnosis/*epidemiology

KW - Venous Thrombosis/diagnosis/*epidemiology

KW - Young Adult

KW - Pulmonary Embolism

AB - A review of recent evidence with translation to practice for the advanced practice nurse role is presented using a case study module for "Systematic Review and Meta-Analysis of Pregnant Patients Investigated for Suspected Pulmonary Embolism in the Emergency Department." The study results showed that there were 25,339 patients evaluated for pulmonary embolism in an emergency department included in the 17 study articles, 2,636 had venous thromboembolism (VTE; 13%; 95% CI [10, 17]), and 506 were pregnant and underwent diagnostic chest imaging (2%; 95% CI [1.5, 2.6]). These data suggest that pregnancy does not appear to increase the incidence of a VTE-positive diagnosis. The implications and clinical relevance of these findings for advanced practice nurses are discussed highlighting best evidence.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1097/TME.0000000000000055

ER -

TY - JOUR

AN - rayyan-504930820

TI - Peer coaching for nurse managers.

Y1 - 2016

Y2 - 2

T2 - Nursing management

SN - 1538-8670 (Electronic)

J2 - Nurs Manage

VL - 47

IS - 2

SP - 52-4

AU - Lamonica N
 AU - Cama M
 AU - Dennehy N
 AU - Duncan P
 AU - McDonald A
 AU - Mohrlein C
 AU - Norton K
 AU - Potticary D
 AV - At Middlesex Hospital in Middletown, Conn., Nancy LaMonica is a nurse manager, Medical/Telemetry; Melanie Cama is the director of the Hospice and Palliative Care program; Nancy Dennehy is a nurse manager, Orthopedics; Pam Duncan is the treatment coordinator of the Partial Hospital Program; Amanda McDonald is a nurse manager, Pregnancy and Birth Center; Cheryl Mohrlein is a nurse manager, Medical/Surgical Oncology, Outpatient Infusion Services, and Pastoral Care; Karen Norton is a nurse manager, Post Anesthesia Care Unit and Outpatient Surgery; and Deborah Potticary is the supervisor of the Hospice Inpatient Unit.
 UR - <https://pubmed.ncbi.nlm.nih.gov/26807837/>
 LA - eng
 CY - United States
 KW - Goals
 KW - Humans
 KW - *Mentoring
 KW - *Nurse Administrators
 KW - Nursing Evaluation Research
 KW - *Peer Group
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1097/01.NUMA.0000479454.81275.9f
 ER -

 TY - JOUR
 AN - rayyan-504930821
 TI - Effect of Pregnancy on eGFR After Kidney Transplantation: A National Cohort Study.
 Y1 - 2022
 Y2 - 6
 Y3 - 1
 T2 - Transplantation
 SN - 1534-6080 (Electronic)
 J2 - Transplantation
 VL - 106
 IS - 6
 SP - 1262-1270
 AU - van Buren MC
 AU - Gosselink M
 AU - Groen H
 AU - van Hamersvelt H
 AU - de Jong M
 AU - de Borst MH
 AU - Zietse R
 AU - van de Wetering J
 AU - Lely AT
 AV - Erasmus MC Transplant Institute, Department of Internal Medicine, University Medical Center, Rotterdam, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Epidemiology, University of Groningen, Groningen, The Netherlands.; Department of Nephrology, Radboud University Medical Center, Nijmegen, The Netherlands.; Department of Nephrology, University Medical Center Groningen, Groningen, The Netherlands.; Department of Nephrology, University Medical Center Groningen, Groningen, The Netherlands.; Erasmus MC Transplant Institute, Department of Internal Medicine, University Medical Center, Rotterdam, The Netherlands.; Erasmus MC Transplant Institute, Department of Internal Medicine, University

Medical Center, Rotterdam, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/34456267/>

LA - eng

CY - United States

KW - Cohort Studies

KW - Female

KW - Glomerular Filtration Rate

KW - Graft Survival

KW - Humans

KW - *Kidney Transplantation/methods

KW - Pregnancy

KW - Transplant Recipients

KW - Kidney Transplantation

KW - Kidney

AB - BACKGROUND: The effect of pregnancy on the course of estimated glomerular filtration rate (eGFR) is unknown in kidney transplant recipients (KTRs). METHODS: We conducted a nationwide multicenter cohort study in KTRs with pregnancy (>20 wk) after kidney transplantation (KT). Annual eGFRs after KT until death or graft loss and additional eGFRs before each pregnancy were collected according to protocol. Changes in eGFR slope before and after each pregnancy were analyzed by generalized estimating equations multilevel analysis adjusted for transplant vintage. RESULTS: We included 3194 eGFR measurements before and after pregnancy in 109 (55%) KTRs with 1, 78 (40%) with 2, and 10 (5%) with 3 pregnancies after KT. Median follow-up after first delivery post-KT was 14 y (interquartile range, 18 y). Adjusted mean eGFR prepregnancy was 59 mL/min/1.73 m² (SEM [standard error of the mean] 1.72; 95% confidence interval [CI], 56-63), after the first pregnancy 56 mL/min/1.73 m² (SEM 1.70; 95% CI, 53-60), after the second pregnancy 56 mL/min/1.73 m² (SEM 2.19; 95% CI, 51-60), and after the third pregnancy 55 mL/min/1.73 m² (SEM 8.63; 95% CI, 38-72). Overall eGFR slope after the first, second, and third pregnancies was not significantly worse than prepregnancy (P = 0.28). However, adjusted mean eGFR after the first pregnancy was 2.8 mL/min/1.73 m² (P = 0.08) lower than prepregnancy. CONCLUSIONS: The first pregnancy has a small, but insignificant, effect on eGFR slope in KTRs. Midterm hyperfiltration, a marker for renal reserve capacity, was associated with better eGFR and death-censored graft survival. In this KTR cohort with long-term follow-up, no significant effect of pregnancy on kidney function was detected.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1097/TP.0000000000003932

ER -

TY - JOUR

AN - rayyan-504930822

TI - Zika Virus Update.

Y1 - 2016

T2 - MCN. The American journal of maternal child nursing

SN - 1539-0683 (Electronic)

J2 - MCN Am J Matern Child Nurs

VL - 41

IS - 4

SP - 252

AU - Killion MM

AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via email at molly.killion@ucsf.edu.

UR - <https://pubmed.ncbi.nlm.nih.gov/26927699/>

LA - eng

CY - United States

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1097/NMC.0000000000000246

ER -

TY - JOUR
AN - rayyan-504930823
TI - Pregnancy outcomes in breech presentation at term: a comparison between 2 third level birth center protocols.
Y1 - 2022
Y2 - 11
T2 - AJOG global reports
SN - 2666-5778 (Electronic)
J2 - AJOG Glob Rep
VL - 2
IS - 4
SP - 100086
AU - Bevilacqua E
AU - Jani JC
AU - Meli F
AU - Carlin A
AU - Bonanni G
AU - Rimbault M
AU - Ruggiano I
AU - Quenon C
AU - Romanzi F
AU - Lanzone A
AU - Badr DA
AV - Department of Women's and Child Health Sciences and Public Health, IRCCS A. Gemelli University Polyclinic Foundation, Rome, Italy (Dr Bevilacqua, Meli, Romanzi, and Lanzone).; Department of Obstetrics and Gynaecology, Brugmann University Hospital, Université Libre de Bruxelles, Brussels, Belgium (Jani, Carlin, Rimbault, Ruggiano, Quenon, and Badr).; Department of Women's and Child Health Sciences and Public Health, IRCCS A. Gemelli University Polyclinic Foundation, Rome, Italy (Dr Bevilacqua, Meli, Romanzi, and Lanzone).; Department of Obstetrics and Gynaecology, Brugmann University Hospital, Université Libre de Bruxelles, Brussels, Belgium (Jani, Carlin, Rimbault, Ruggiano, Quenon, and Badr).; Clinic of Obstetrics and Gynecology, Catholic University of the Sacred Heart, Rome, Italy (Bonanni, and Lanzone).; Department of Obstetrics and Gynaecology, Brugmann University Hospital, Université Libre de Bruxelles, Brussels, Belgium (Jani, Carlin, Rimbault, Ruggiano, Quenon, and Badr).; Department of Women's and Child Health Sciences and Public Health, IRCCS A. Gemelli University Polyclinic Foundation, Rome, Italy (Dr Bevilacqua, Meli, Romanzi, and Lanzone).; Department of Obstetrics and Gynaecology, Brugmann University Hospital, Université Libre de Bruxelles, Brussels, Belgium (Jani, Carlin, Rimbault, Ruggiano, Quenon, and Badr).; Department of Obstetrics and Gynaecology, Brugmann University Hospital, Université Libre de Bruxelles, Brussels, Belgium (Jani, Carlin, Rimbault, Ruggiano, Quenon, and Badr).; Department of Women's and Child Health Sciences and Public Health, IRCCS A. Gemelli University Polyclinic Foundation, Rome, Italy (Dr Bevilacqua, Meli, Romanzi, and Lanzone).; Department of Women's and Child Health Sciences and Public Health, IRCCS A. Gemelli University Polyclinic Foundation, Rome, Italy (Dr Bevilacqua, Meli, Romanzi, and Lanzone).; Clinic of Obstetrics and Gynecology, Catholic University of the Sacred Heart, Rome, Italy (Bonanni, and Lanzone).; Department of Obstetrics and Gynaecology, Brugmann University Hospital, Université Libre de Bruxelles, Brussels, Belgium (Jani, Carlin, Rimbault, Ruggiano, Quenon, and Badr).
UR - <https://pubmed.ncbi.nlm.nih.gov/36536851/>
LA - eng
CY - United States
KW - Pregnancy
KW - Pregnancy Outcome
KW - Breech Presentation
AB - BACKGROUND: Medical literature supports planned cesarean delivery for breech presentation at term because of observed reductions in neonatal morbidity and mortality compared with vaginal breech delivery. OBJECTIVE: This study aimed to compare perinatal outcomes of singleton pregnancies with breech presentation at term according to the different delivery protocols of 2 teaching hospitals, where vaginal breech delivery (protocol 1) or cesarean delivery (protocol 2) is routinely offered, respectively. STUDY DESIGN: A retrospective matched cohort study was conducted between January 2015 and May 2021. A total of 1079 women were eligible for analysis. After matching for possible confounding factors, the final analysis

was performed on 257 patients in each group. The primary outcomes were a composite of adverse obstetrical outcomes and a composite of neonatal adverse outcomes. RESULTS: Overall, 1079 women were eligible for analysis. After matching for possible confounding factors, the final analysis was performed on 257 patients in each group. The composite of adverse obstetrical outcomes was similar in the 2 groups (24.1% vs 24.5%; $P=1.000$); however, the composite of neonatal adverse outcomes was significantly higher for protocol 1 (17.9% vs 1.2%; $P<.001$). No neonatal death or birth trauma was reported in either group. The rates of neonatal intensive care unit admission (4.3% vs 0.4%; $P=.004$), respiratory distress at birth (17.5% vs 1.2%; $P<.001$), and Apgar scores of <7 after 5 minutes (5.8% vs 0.4%; $P<.001$) were significantly higher for protocol 1. CONCLUSION: Short-term, nonsevere adverse neonatal outcomes were significantly increased in the protocol 1 group. These must be balanced against the possible negative effects of cesarean delivery on long-term infant and maternal health.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1016/j.xagr.2022.100086

ER -

TY - JOUR

AN - rayyan-504930824

TI - Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas: 6. Management of pregnancy complications at Community Birthing Centers (Casas Maternas Rurales).

Y1 - 2023

Y2 - 2

Y3 - 28

T2 - International journal for equity in health

SN - 1475-9276 (Electronic)

J2 - Int J Equity Health

VL - 21

SP - 204

AU - Olivas ET

AU - Valdez M

AU - Muffoletto B

AU - Wallace J

AU - Stollak I

AU - Perry HB

AV - Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA.; Curamericas/Guatemala, Calhuitz, San Sebastián Coatán, Huehuetenango, Guatemala.; Curamericas Global, Raleigh, North Carolina, USA.; Independent consultant, Baltimore, Maryland, USA.; Curamericas Global, Raleigh, North Carolina, USA.; Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA. hperry2@jhu.edu.

UR - <https://pubmed.ncbi.nlm.nih.gov/36855147/>

LA - eng

CY - England

KW - Pregnancy

KW - Child

KW - Infant, Newborn

KW - Female

KW - Humans

KW - Child Health

KW - *Birthing Centers

KW - Guatemala

KW - *Maternal Health Services

KW - *Maternal Death

KW - Socioeconomic Factors

KW - Pregnancy Complications

AB - BACKGROUND: In Guatemala, Indigenous women have a maternal mortality ratio over twice that of non-Indigenous women. Long-standing marginalization of Indigenous groups and three decades of civil war

have resulted in persistent linguistic, economic, cultural, and physical barriers to maternity care. Curamericas/Guatemala facilitated the development of three community-built, -owned, and -operated birthing centers, Casas Maternas Rurales (referred to here as Community Birthing Centers), where auxiliary nurses provided physically accessible and culturally acceptable clinical care. The objective of this paper is to assess the management of complications and the decision-making pathways of Birthing Center staff for complication management and referral. This is the sixth paper in the series of 10 articles. Birthing centers are part of the Expanded Census-based, Impact-oriented Approach, referred to as CBIO+. METHODS: We undertook an explanatory, mixed-methods study on the handling of pregnancy complications at the Birthing Centers, including a chart review of pregnancy complications encountered among 1,378 women coming to a Birthing Center between 2009 and 2016 and inductively coded interviews with Birthing Center staff. RESULTS: During the study period, 1378 women presented to a Birthing Center for delivery-related care. Of the 211 peripartum complications encountered, 42.2% were successfully resolved at a Birthing Center and 57.8% were referred to higher-level care. Only one maternal death occurred, yielding a maternal mortality ratio of 72.6 maternal deaths per 100,000 live births. The qualitative study found that staff attribute their successful management of complications to frequent, high-quality trainings, task-shifting, a network of consultative support, and a collaborative atmosphere. CONCLUSION: The Birthing Centers were able to resolve almost one-half of the peripartum complications and to promptly refer almost all of the others to a higher level of care, resulting in a maternal mortality ratio less than half that for all Indigenous Guatemalan women. This is the first study we are aware of that analyzes the management of obstetrical complications in such a setting. Barriers to providing high-quality maternity care, including obtaining care for complications, need to be addressed to ensure that all pregnant women in such settings have access to a level of care that is their fundamental human right.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: not midwife-led

DO - 10.1186/s12939-022-01758-6

ER -

TY - JOUR

AN - rayyan-504930826

TI - Association between vascular health and ovarian ageing in type 1 diabetes mellitus.

Y1 - 2016

Y2 - 6

T2 - Human reproduction (Oxford, England)

SN - 1460-2350 (Electronic)

J2 - Hum Reprod

VL - 31

IS - 6

SP - 1354-62

AU - Yarde F

AU - Spiering W

AU - Franx A

AU - Visseren FL

AU - Eijkemans MJ

AU - de Valk HW

AU - Broekmans FJ

AV - Department of Reproductive Medicine and Gynaecology, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands f.yarde@umcutrecht.nl.; Department of Vascular Medicine, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.; Birth Center, University Medical Center Utrecht, PO Box 85090, 3508 AB Utrecht, The Netherlands.; Department of Vascular Medicine, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.; Department of Reproductive Medicine and Gynaecology, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.; Department of Internal Medicine, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.; Department of Reproductive Medicine and Gynaecology, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/27052503/>

LA - eng

CY - England
 KW - Anti-Mullerian Hormone/blood
 KW - Blood Pressure
 KW - C-Reactive Protein/metabolism
 KW - Cross-Sectional Studies
 KW - Diabetes Mellitus, Type 1/*complications/pathology
 KW - Female
 KW - Glycated Hemoglobin/metabolism
 KW - Humans
 KW - Lipids/blood
 KW - *Ovarian Reserve
 KW - Ovary/*pathology
 KW - Vascular Diseases/*complications
 AB - STUDY QUESTION: Is vascular health associated with ovarian reserve status using type 1 diabetes mellitus (DM-1) as a model for vascular compromise? SUMMARY ANSWER: No conclusive evidence for an association between vascular health and ovarian ageing was found in women with DM-1. WHAT IS KNOWN ALREADY: The mechanism behind advanced ovarian ageing has not yet been elucidated. We hypothesize that vascular impairment precedes ovarian ageing. DM-1 is hallmarked by premature vascular complications that may consequently play a role in the rate of primordial follicle decline. STUDY DESIGN, SIZE, DURATION: A cross-sectional, patient-control study was performed in 150 premenopausal, regular cycling women with DM-1, as well as a reference population of 177 healthy, fertile women. PARTICIPANTS/MATERIALS, SETTING, METHODS: In a single-study visit, an inventory of both ovarian reserve and vascular status was carried out in the DM-1 group. A transvaginal ultrasound to calculate the antral follicle count (AFC) and blood sampling for anti-Müllerian hormone (AMH), lipids, C-reactive protein and HbA1c measurements were performed. Furthermore, vascular screening including measurements of blood pressure, flow-mediated dilation, peripheral arterial tonometry, pulse wave velocity, pulse wave analysis and intima-media thickness was carried out. The relative decrease in serum AMH levels in women with DM-1 compared with healthy references was investigated. MAIN RESULTS AND THE ROLE OF CHANCE: Systolic blood pressure was negatively correlated with both serum AMH ($P = 0.006$) and AFC ($P = 0.004$) in the DM-1 group. A non-linear relationship between HDL-cholesterol and serum AMH was found ($P = 0.0001$). No associations were detected between other vascular risk factors or vascular function tests and serum AMH or AFC in women with DM-1. With regard to the comparison of AMH levels between women with and without DM-1, mean AMH levels were 2.5 ± 1.9 ng/ml and 3.0 ± 2.8 ng/ml, respectively. After adjustment for confounders the difference in AMH levels between both groups appeared non-significant (fold change: 0.92, 95% confidence interval: 0.68-1.23). LIMITATIONS, REASON FOR CAUTION: The use of different AMH assays and the cross-sectional design may limit the interpretation of this study. WIDER IMPLICATIONS OF THE FINDINGS: The lack of evident association between vascular health and ovarian ageing may be the result of an insufficient vascular compromise in the relatively young, DM-1 group. STUDY FUNDING/COMPETING INTERESTS: No external funding was received for conducting or publishing this study. F.Y., W.S., A.F., F.L.J.V., M.J.C.E. and H.W.d.V. have nothing to disclose. F.J.M.B. has received fees and grant support from the following companies: Ferring, Gedeon Richter, Merck Serono, Medical Specialties Distributors and Roche. TRIAL REGISTRATION NUMBER: Not applicable.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1093/humrep/dew063
 ER -

 TY - JOUR
 AN - rayyan-504930827
 TI - Breastfeeding and the Pharmacist's Role in Maternal Medication Management: Identifying Barriers and the Need for Continuing Education.
 Y1 - 2022
 T2 - The journal of pediatric pharmacology and therapeutics : JPPT : the official journal of PPAG
 SN - 1551-6776 (Print)
 J2 - J Pediatr Pharmacol Ther
 VL - 27
 IS - 2
 SP - 102-108

AU - Byerley EM
 AU - Perryman DC
 AU - Dykhuizen SN
 AU - Haak JR
 AU - Grindeland CJ
 AU - Muzzy Williamson JD
 AV - Department of Pharmacy Practice (EMB, DCP, SND, JDMW), North Dakota State University, Fargo, ND.;
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 Department of Pharmacy Practice (EMB, DCP, SND, JDMW), North Dakota State University, Fargo, ND.;
 Sanford Family Birth Center (JRH), Fargo, ND.; Department of Pharmacy (CJG, JDMW), Sanford Children's
 Hospital, Fargo, ND.; Department of Pharmacy Practice (EMB, DCP, SND, JDMW), North Dakota State
 University, Fargo, ND.; Department of Pharmacy (CJG, JDMW), Sanford Children's Hospital, Fargo, ND.
 UR - <https://pubmed.ncbi.nlm.nih.gov/35241980/>
 LA - eng
 CY - United States
 KW - Pharmacists
 KW - Breast Feeding
 KW - Education, Continuing
 AB - Breastfeeding offers a multitude of benefits for infants, mothers, and society. Exclusive breastfeeding of
 infants is recommended for at least the first 6 months of life. Although transfer of drug into breastmilk can
 occur, most medications are safe to use during breastfeeding. Pharmacists, regarded as the most accessible
 health care professionals, recognize their role as medication specialists for breastfeeding women.
 Unfortunately, a lack of formal and continuing education on medication use during lactation often results in
 pharmacists providing the unnecessary recommendation to disrupt breastfeeding during medication use. In
 addition to lack of education, other barriers pharmacists experience in providing optimal patient care during
 lactation include difficulty identifying breastfeeding status and inconsistency in recommendations between
 scientific resources. Pharmacists must voice their need for additional continuing education and take action to
 close the knowledge gap and address barriers to providing care.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.5863/1551-6776-27.2.108
 ER -

 TY - JOUR
 AN - rayyan-504930828
 TI - The Evolution of Individual Maternity Care Providers to Delayed Cord Clamping: Is It the Evidence?
 Y1 - 2015
 Y2 - 9
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 60
 IS - 5
 SP - 561-9
 AU - Leslie MS
 AU - Erickson-Owens D
 AU - Cseh M
 UR - <https://pubmed.ncbi.nlm.nih.gov/26381861/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Aged
 KW - Attitude of Health Personnel
 KW - Clinical Competence
 KW - Constriction
 KW - Decision Making
 KW - Delivery, Obstetric/trends
 KW - *Evidence-Based Practice

KW - Female
KW - *Health Personnel/psychology
KW - Humans
KW - Middle Aged
KW - *Midwifery
KW - *Motivation
KW - Nurse Midwives
KW - *Obstetrics
KW - Patient Participation
KW - Physicians
KW - Postnatal Care/methods/*trends
KW - Pregnancy
KW - Professional Practice Gaps
KW - *Umbilical Cord
KW - United States

AB - INTRODUCTION: Studies of organizational strategies to incorporate evidence into practice and change provider behavior have shown limited success. The majority of existing research centers on influencing participants to change practice versus understanding what occurs when providers have successfully shifted to an evidence-based practice on their own. This study sought to explore the dynamics involved when individual midwives and physicians transitioned from a practice less based on the evidence to one with more scientific support. Delayed cord clamping was selected as the exemplar practice for the study. METHODS: A qualitative grounded theory approach was used. Seventeen providers were interviewed throughout the United States. This included 5 physicians and 12 midwives from a variety of practice configurations and birth settings including the home, birth center, and hospital. RESULTS: Five themes arose from the stories of the participants: 1) trusting colleagues, 2) believing the evidence, 3) honoring mothers and families, 4) knowing personal certainty, and 5) protecting the integrity of the mother and the baby. The themes served as drivers of change for the providers in what emerged as an evolution toward change rather than a decision to change. From the themes, the model for individual evolution to evidence-based practice was developed. DISCUSSION: Important findings included the significant role that colleagues play in an individual's journey toward a new practice, the fact that the evidence alone was never a sole driver of change, and the emergence of a discourse: Who owns the baby? The model developed as a result of this study provides a new framework for both future research and potential strategies to support the incorporation of evidence into practice.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/jmwh.12333
ER -

TY - English Abstract
AN - rayyan-504930829
TI - [Meconium-stained amniotic fluid and maternal and neonatal factors associated].
Y1 - 2012
Y2 - 12
T2 - Revista de saude publica
SN - 1518-8787 (Electronic)
J2 - Rev Saude Publica
VL - 46
IS - 6
SP - 1023-9
AU - Osava RH
AU - Silva FM
AU - Vasconcellos de Oliveira SM
AU - Tuesta EF
AU - Amaral MC
AV - Curso de Obstetrícia, Escola de Artes, Ciências e Humanidades, Universidade de São Paulo, São Paulo, SP, Brasil.
UR - <https://pubmed.ncbi.nlm.nih.gov/23358619/>
LA - por

CY - Brazil
 KW - *Amniotic Fluid
 KW - Apgar Score
 KW - Birth Weight
 KW - Brazil/epidemiology
 KW - Cesarean Section/statistics & numerical data
 KW - Cross-Sectional Studies
 KW - Delivery, Obstetric/statistics & numerical data
 KW - Female
 KW - Gestational Age
 KW - Humans
 KW - Infant Mortality
 KW - Infant, Newborn
 KW - Maternal Age
 KW - Meconium Aspiration Syndrome/*epidemiology/etiology
 KW - Obstetric Labor Complications/*epidemiology
 KW - Pregnancy
 KW - Pregnancy Outcome
 KW - Amniotic Fluid
 AB - OBJECTIVE: To identify the frequency and maternal and neonatal factors associated with meconium-stained amniotic fluid at birth. METHODS: Cross-sectional study carried out with 2,441 births at an in-hospital birth center in the city of São Paulo (Southeastern Brazil) in March and April, 2005. The association between meconium-stained amniotic fluid and the independent variables (maternal age, parity, previous c-section or not, gestational age, obstetric history, oxytocin use in the labor, cervical dilation at admission, mode of current delivery, newborn weight, Apgar score at the 1st and 5th minute) was expressed as prevalence ratio (PR). RESULTS: Meconium-stained amniotic fluid was verified in 11.9% of the births; 68.2% of these were normal births and 38.8% c-sections. Meconium was associated with: primiparity (PR=1.49, 95%CI 1.29; 1.73), gestational age \geq 41 weeks (PR = 5.05, 95%CI 1.93;13.25), oxytocin in labor (PR = 1.83, 95%CI 1.60; 2.10), c- section (PR = 2.65, 95%CI 2.17; 3.24) and Apgar scores < 7 at the 5th minute (PR = 2.96, 95%CI 2.94;2.99). Neonatal mortality was 1.6/1,000 live births. Meconium-stained amniotic fluid was found in 50% of neonatal deaths and it was associated with higher rates of surgical deliveries. CONCLUSIONS: Oxytocin use, worse conditions of the newborn after the delivery and increased c-section rates were factors associated with meconium-stained amniotic fluid. Routine use of oxytocin in the intrapartum period could be evaluated due to its association with meconium-stained amniotic fluid.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
 DO - 10.1590/s0034-89102013005000005
 ER -

 TY - JOUR
 AN - rayyan-504930830
 TI - Magnesium Sulfate for Neuroprotection.
 Y1 - 2015
 Y2 - 11
 T2 - MCN. The American journal of maternal child nursing
 SN - 1539-0683 (Electronic)
 J2 - MCN Am J Matern Child Nurs
 VL - 40
 IS - 6
 SP - 394
 AU - Killion MM
 AV - Molly M. Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via e-mail at Molly.Killion@ucsf.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/26488857/>
 LA - eng
 CY - United States
 KW - Anticonvulsants/*therapeutic use

KW - Eclampsia/prevention & control
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Infant, Premature
KW - Magnesium Sulfate/*therapeutic use
KW - Neuroprotective Agents/*therapeutic use
KW - Pre-Eclampsia/prevention & control
KW - Pregnancy
KW - Seizures/*prevention & control
KW - Magnesium Sulfate
KW - Neuroprotective Agents
KW - Magnesium
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/NMC.0000000000000187
ER -

TY - JOUR
AN - rayyan-504930831
TI - Influence of maternal body mass index on gestational weight gain and birth weight: A comparison of parity.
Y1 - 2013
Y2 - 8
T2 - Experimental and therapeutic medicine
SN - 1792-0981 (Print)
J2 - Exp Ther Med
VL - 6
IS - 2
SP - 293-298
AU - Chiba T
AU - Ebina S
AU - Kashiwakura I
AV - Departments of Radiological Life Sciences and.
UR - <https://pubmed.ncbi.nlm.nih.gov/24137177/>
LA - eng
CY - Greece
KW - Pregnancy
KW - Birth Weight
KW - Weight Gain
KW - Body Mass Index

AB - Previous studies have revealed correlations among prepregnancy body mass index (BMI), gestational weight gain and the birth weight of the infant. However, as a variety of indices relating to the physique have been used to assess the optimal weight of pregnant women, no conclusions have yet been established regarding the Japanese population. Therefore, the aim of this study was to analyze the correlations among prepregnancy BMI, gestational weight gain and the birth weight of the infant in primiparous and multiparous females. The study was a retrospective analysis of pregnancy charts from a single birthing center from August 1998 to the end of September 2007. The subjects were primiparous (n=220) and multiparous (n=340) females, and the mean prepregnancy weights of the two groups were 52.8±8.8 and 54.3±9.0 kg, respectively. The mean prepregnancy BMI of the primiparous females was 20.8±3.1 kg/m(2), compared with 21.6±3.5 kg/m(2) for the multiparous females, and the mean birth weights of the infants were 3,153.0±364.1 g and 3,262.3±370.4 g for primiparous and multiparous females, respectively. When the correlation between the maternal factors and the birth weight of the infant was analyzed, the birth weight was revealed to be positively correlated with delivery weight and gestational weight gain in primiparous females. However, no correlations were observed between the birth weight of the infant and prepregnancy weight or BMI. In multiparous females, birth weight was revealed to be positively correlated with prepregnancy weight, BMI and the maternal delivery weight; however, no correlation was observed between the birth weight of the infant and gestational weight gain. The results of the present study also demonstrated

that there were significant differences between the primiparous and multiparous females, with regard to gestational weight gain and weight reduction following delivery. The study indicated that the factors influencing birth weight may be different for primiparous and multiparous females.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.3892/etm.2013.1167
ER -

TY - JOUR

AN - rayyan-504930832

TI - Keeping birth normal: research findings on midwifery care during childbirth.

Y1 - 2004

Y2 - 9

T2 - Journal of obstetric, gynecologic, and neonatal nursing : JOGNN

SN - 0884-2175 (Print)

J2 - J Obstet Gynecol Neonatal Nurs

VL - 33

IS - 5

SP - 554-60

AU - Kennedy HP

AU - Shannon MT

AV - Department of Family Health Care Nursing, University of California, San Francisco, 94143, USA.

holly.kennedy@nursing.ucsf.edu

UR - <https://pubmed.ncbi.nlm.nih.gov/15495700/>

LA - eng

CY - United States

KW - Adult

KW - Anecdotes as Topic

KW - Delphi Technique

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Middle Aged

KW - *Midwifery/methods

KW - Mothers/education

KW - Natural Childbirth/*nursing

KW - Nurse Midwives/standards

KW - *Nurse's Role

KW - *Nurse-Patient Relations

KW - Nursing Evaluation Research

KW - Nursing Methodology Research

KW - Pregnancy

KW - Research Design

KW - Surveys and Questionnaires

KW - United States

KW - Midwifery

AB - OBJECTIVE: This study describes processes and outcomes of midwifery care through narratives told by exemplary midwives. DESIGN: Narrative analysis. SETTING: Midwifery practices in hospital, birth center, and home settings. PARTICIPANTS: Purposive sample of 14 midwives drawn from a large national Delphi panel on exemplary midwifery practice. DATA ANALYSIS: Systematic analysis of interview data was conducted until interpretive consensus was achieved across all text and codes. Results were compared with two prior qualitative studies conducted by the first author on midwifery practice for congruence and emergence of new findings. RESULTS: The support of normalcy was identified as a significant process of midwifery care during labor and birth. CONCLUSIONS: The midwives believed that birth is normal, and many of their actions were specifically aimed toward the support of it as a physiologic, rather than pathologic, process. Through their words, we see subtle care processes focused on meeting a woman's individual needs and tapping into her personal strength. Implications for practice and further research to link their approach to caring for women with perinatal outcomes are reviewed.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1177/0884217504268971
ER -

TY - JOUR
AN - rayyan-504930834
TI - Skin-to-skin contact: giving birth back to mothers and babies.
Y1 - 2007
Y2 - 2
T2 - Nursing for women's health
SN - 1751-486X (Electronic)
J2 - Nurs Womens Health
VL - 11
IS - 1
SP - 64-71
AU - Dabrowski GA
AV - Family Birth Center, Centegra Health System Northern Illinois Medical Center, McHenry, IL, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/17883818/>
LA - eng
CY - United States
KW - Female
KW - Humans
KW - Infant Care/*methods/psychology
KW - Infant, Newborn
KW - *Mother-Child Relations
KW - Object Attachment
KW - Postnatal Care/*methods
KW - Skin Physiological Phenomena
KW - Touch/*physiology
KW - Skin
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/j.1751-486X.2007.00119.x
ER -

TY - JOUR
AN - rayyan-504930835
TI - Meeting the needs of Nunavut families: a community-based midwifery education program.
Y1 - 2010
Y2 - 4
T2 - Rural and remote health
SN - 1445-6354 (Electronic)
J2 - Rural Remote Health
VL - 10
IS - 2
SP - 1355
AU - James S
AU - O'Brien B
AU - Bourret K
AU - Kango N
AU - Gafvels K
AU - Paradis-Pastori J
AV - Laurentian University, Sudbury, Ontario, Canada. SJames@laurentian.ca
UR - <https://pubmed.ncbi.nlm.nih.gov/20572747/>
LA - eng
CY - Australia
KW - Canada
KW - *Community Health Services

KW - *Health Services Needs and Demand
KW - *Health Services, Indigenous
KW - Humans
KW - Inuit
KW - Midwifery/*education
KW - Midwifery
AB - CONTEXT: Pregnant Nunavut women are usually expected to relocate to distant and larger urban centres, often for several weeks, to give birth. A national study revealed that these women are less likely to have necessary information on pregnancy related topics and less satisfied with their maternity experiences. While prenatal and postpartum care can be accessed through nursing stations, opportunities for intrapartum care within Nunavut are limited to the hospital in Iqaluit or the birthing centre in Rankin Inlet. ISSUES: One strategy that may help ameliorate these regional differences is increasing the integration of midwifery services. Many historical and political factors have contributed to the loss of traditional maternity care among the Inuit of Nunavut. A unique, multi-layered midwifery education program, with a range of exit points from maternity care worker to baccalaureate degree, was implemented by a partnership between the Government of Nunavut and Nunavut Arctic College (NAC). Creative approaches were invoked to develop a program that is both culturally safe and ensures that graduates at midwifery diploma level are eligible to write the Canadian Midwifery Regulatory Exam (CMRE). The loss of traditional midwifery and the very dispersed population created challenges with respect to development of appropriate clinical learning sites where students can learn midwifery from midwives. Because NAC does not grant degrees, a collaborative partnership with Laurentian University is underway to meet the needs of those midwifery students who wish to complete a degree. LESSONS LEARNED: Midwifery has a bright future in Nunavut. Two students have already passed CMREs on their first attempt. Plans are in place to enroll a class in Cambridge Bay in the fall of 2010. One NAC student is enrolled in courses at Laurentian University and should complete the third year of that program in 2010.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Midwifery in general
ER -

TY - JOUR
AN - rayyan-504930836
TI - Skin-to-Skin Care and Rooming-In: Safety Considerations.
Y1 - 2017
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 42
IS - 2
SP - 115
AU - Killion MM
AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via e-mail at molly.killion@ucsf.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/28234648/>
LA - eng
CY - United States
KW - Humans
KW - Infant, Newborn
KW - *Kangaroo-Mother Care Method
KW - Maternal-Child Nursing
KW - *Nurse's Role
KW - *Patient Safety
KW - *Rooming-in Care
KW - Skin
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1097/NMC.0000000000000320
ER -

TY - JOUR

AN - rayyan-504930837
 TI - A Dozen Strategies Along the Ten Steps Baby-Friendly Initiative Journey.
 Y1 - 2016
 T2 - Healthcare quarterly (Toronto, Ont.)
 SN - 1710-2774 (Print)
 J2 - Healthc Q
 VL - 18
 IS - 4
 SP - 80-6
 AU - Salvador A
 AU - Dumas L
 AU - Davies B
 AU - Emard MJ
 AU - Lortie K
 AV - Clinical director at the Family Birthing Centre and Mental Health Program, Hôpital Montfort in Ottawa, ON. Her areas of interest and expertise include leadership, service innovations and program evaluation.; Honorary professor-researcher, associated with the Department of Nursing Sciences, Université du Québec en Outaouais (Western Quebec). She is also scientific consultant to the Hôpital Montfort breastfeeding committee in Ottawa and lead-assessor in Baby-Friendly Initiatives, Breastfeeding Committee for Canada, Quebec assessment committee, and WHO/UNICEF, Her research and teaching experience includes Baby-Friendly Initiatives, skin-to-skin at birth, breastfeeding, and evidence-based practice.; Professor in the School of Nursing, Faculty of Health Sciences and co-director for the Nursing Best Practice Research Centre - a University of Ottawa Partnership with the Registered Nurses' Association of Ontario. Her program of research includes evaluation of best practice guidelines, measurement of outcomes and determinants of sustainability.; Research coordinator, Institut de recherche de l'Hôpital Montfort in Ottawa, ON. Her areas of interest include family relationships, children's emotional development, program evaluation and implementation.; Advance practice nurse in the Family Birthing Centre, Hôpital Montfort in Ottawa, ON. Her areas of expertise are on breastfeeding best practices and organizational change in healthcare.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27009713/>
 LA - eng
 CY - Canada
 KW - Adult
 KW - *Breast Feeding
 KW - Female
 KW - Humans
 KW - Infant Care/methods/*standards
 KW - Infant, Newborn
 KW - Mother-Child Relations
 KW - Ontario
 KW - Practice Guidelines as Topic
 AB - To improve the quality of care and maternal-newborn outcomes, Hôpital Montfort implemented the Registered Nurses' Association of Ontario Best Practice Guideline on Breastfeeding, which supports the Baby-Friendly Initiative (BFI). This journey was challenging yet rewarding. Overall, we report success with increased mother-infant skin-to-skin contact at birth and breastfeeding immediately postpartum. However, challenges with formula supplementation rates continue. This paper discusses 12 strategies that emerged from lessons learned and provides links to our policies and patient education materials. The information may be helpful to others, as implementation of parts of the BFI are inserted in criteria for the Canadian accreditation.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.12927/hcq.2016.24545
 ER -

 TY - JOUR
 AN - rayyan-504930838
 TI - A statewide nurse training program for a hospital based infant abusive head trauma prevention program.
 Y1 - 2016

Y2 - 1
T2 - Nurse education in practice
SN - 1873-5223 (Electronic)
J2 - Nurse Educ Pract
VL - 16
IS - 1
SP - e1-6
AU - Nocera M
AU - Shanahan M
AU - Murphy RA
AU - Sullivan KM
AU - Barr M
AU - Price J
AU - Zolotor A
AV - University of North Carolina, Injury Prevention Research Center, Chapel Hill, NC 27599-7505, USA. Electronic address: mnocera@unc.edu.; University of North Carolina, Injury Prevention Research Center, Chapel Hill, NC 27599-7505, USA. Electronic address: shanahan@unc.edu.; Duke University School of Medicine, Department of Psychiatry & Behavioral Sciences, Durham NC 27701, USA. Electronic address: robert.murphy@duke.edu.; Duke University School of Medicine, Department of Psychiatry & Behavioral Sciences, Durham NC 27701, USA. Electronic address: kelly.sullivan@duke.edu.; National Center on Shaken Baby Syndrome, Farmington, UT 84025, USA. Electronic address: mbarr829@gmail.com.; National Center on Shaken Baby Syndrome, Farmington, UT 84025, USA. Electronic address: jprice@dontshake.org.; University of North Carolina, Department of Family Medicine, Chapel Hill, NC 27599-7595, USA. Electronic address: ajzolo@med.unc.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/26341727/>
LA - eng
CY - Scotland
KW - Child Abuse/*prevention & control
KW - Craniocerebral Trauma/*prevention & control
KW - Health Education/*organization & administration
KW - Hospitals, Maternity
KW - Humans
KW - Infant
KW - Infant, Newborn
KW - North Carolina
KW - Nursing Staff, Hospital/*education
KW - Program Evaluation/methods
KW - Surveys and Questionnaires
KW - Craniocerebral Trauma
AB - Successful implementation of universal patient education programs requires training large numbers of nursing staff in new content and procedures and maintaining fidelity to program standards. In preparation for statewide adoption of a hospital based universal education program, nursing staff at 85 hospitals and 1 birthing center in North Carolina received standardized training. This article describes the training program and reports findings from the process, outcome and impact evaluations of this training. Evaluation strategies were designed to query nurse satisfaction with training and course content; determine if training conveyed new information, and assess if nurses applied lessons from the training sessions to deliver the program as designed. Trainings were conducted during April 2008-February 2010. Evaluations were received from 4358 attendees. Information was obtained about training type, participants' perceptions of newness and usefulness of information and how the program compared to other education materials. Program fidelity data were collected using telephone surveys about compliance to delivery of teaching points and teaching behaviors. Results demonstrate high levels of satisfaction and perceptions of program utility as well as adherence to program model. These findings support the feasibility of implementing a universal patient education programs with strong uptake utilizing large scale systematic training programs.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1016/j.nepr.2015.07.013
ER -

TY - JOUR
 AN - rayyan-504930839
 TI - Nature and scope of certified nurse-midwifery practice: A workforce study.
 Y1 - 2018
 Y2 - 11
 T2 - Journal of clinical nursing
 SN - 1365-2702 (Electronic)
 J2 - J Clin Nurs
 VL - 27
 IS - 21
 SP - 4000-4017
 AU - Hastings-Tolsma M
 AU - Foster SW
 AU - Brucker MC
 AU - Nodine P
 AU - Burpo R
 AU - Camune B
 AU - Griggs J
 AU - Callahan TJ
 AV - Louise Herrington School of Nursing, Baylor University, Dallas, Texas.; Parkland Health & Hospital System, Dallas, Texas.; School of Nursing, Georgetown University, Washington, District of Columbia.; College of Nursing, University of Colorado Denver Anschutz Medical Campus, Aurora, Colorado.; School of Nursing, Texas Tech University Health Sciences Center, Lubbock, Texas.; Louise Herrington School of Nursing, Baylor University, Dallas, Texas.; Bay Area Birth Center, Beaumont, Texas.; Computational Bioscience Program, University of Colorado Denver Anschutz Medical Campus, Aurora, Colorado.
 UR - <https://pubmed.ncbi.nlm.nih.gov/29679403/>
 LA - eng
 CY - England
 KW - Adult
 KW - Aged
 KW - Employment/economics/statistics & numerical data
 KW - Female
 KW - Humans
 KW - Middle Aged
 KW - *Nurse Midwives/legislation & jurisprudence/organization & administration/statistics & numerical data
 KW - *Nurse's Role
 KW - Pregnancy
 KW - *Professional Practice
 KW - Prospective Studies
 KW - Qualitative Research
 KW - Surveys and Questionnaires
 KW - Texas
 KW - Women's Health
 KW - Midwifery
 AB - AIMS AND OBJECTIVES: To describe the nature and scope of nurse-midwifery practice in Texas and to determine legislative priorities and practice barriers. BACKGROUND: Across the globe, midwives are the largest group of maternity care providers despite little known about midwifery practice. With a looming shortage of midwives, there is a pressing need to understand midwives' work environment and scope of practice. DESIGN: Mixed methods research utilising prospective descriptive survey and interview. METHODS: An online survey was administered to nurse-midwives practicing in the state of Texas (N = 449) with a subset (n = 10) telephone interviewed. Descriptive and inferential statistics and content analysis was performed. RESULTS: The survey was completed by 141 midwives with eight interviewed. Most were older, Caucasian and held a master's degree. A majority worked full-time, were in clinical practice in larger urban areas and were employed by a hospital or physician group. Care was most commonly provided for Hispanic and White women; approximately a quarter could care for greater numbers of patients. Most did not clinically teach midwifery students. Physician practice agreements were believed unnecessary and prescriptive

Research Centre, Department of Medicine, McMaster University, Hamilton, ON L8S 4L8, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/35565704/>

LA - eng

CY - Switzerland

KW - Adult

KW - Birth Cohort

KW - Child

KW - Diet

KW - Female

KW - Health Behavior

KW - Health Promotion

KW - Humans

KW - Infant

KW - *Maternal Health

KW - Ontario/epidemiology

KW - Pregnancy

KW - Prospective Studies

KW - *Social Conditions

KW - Maternal Welfare

KW - Poverty

AB - Background: Understanding the impact of maternal health behaviours and social conditions on childhood nutrition is important to inform strategies to promote health during childhood. Objective: To describe how maternal health sociodemographic factors (e.g., socioeconomic status, education), health behaviours (e.g., diet), and traditional health care use during pregnancy impact infant diet at age 1-year. Methods: Data were collected from the Indigenous Birth Cohort (ABC) study, a prospective birth cohort formed in partnership with an Indigenous community-based Birthing Centre in southwestern Ontario, Canada. 110 mother-infant dyads are included in the study and were enrolled between 2012 and 2017. Multiple linear regression analyses were performed to understand factors associated with infant diet scores at age 1-year, with a higher score indicating a diet with more healthy foods. Results: The mean age of women enrolled during pregnancy was 27.3 (5.9) years. Eighty percent of mothers had low or moderate social disadvantage, 47.3% completed more than high school education, and 70% were cared for by a midwife during their pregnancy. The pre-pregnancy body mass index (BMI) was <25 in 34.5% of women, 15.5% of mothers smoked during pregnancy, and 14.5% of mothers had gestational diabetes. Being cared for by an Indigenous midwife was associated with a 0.9-point higher infant diet score ($p = 0.001$) at age 1-year, and lower maternal social disadvantage was associated with a 0.17-point higher infant diet quality score ($p = 0.04$). Conclusion: This study highlights the positive impact of health care provision by Indigenous midwives and confirms that higher maternal social advantage has a positive impact on child nutrition.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.3390/nu14091736

ER -

TY - JOUR

AN - rayyan-504930842

TI - Results of the national study of vaginal birth after cesarean in birth centers.

Y1 - 2004

Y2 - 11

T2 - Obstetrics and gynecology

SN - 0029-7844 (Print)

J2 - Obstet Gynecol

VL - 104

IS - 5

SP - 933-42

AU - Lieberman E

AU - Ernst EK

AU - Rooks JP

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UR - <https://pubmed.ncbi.nlm.nih.gov/15516382/>

LA - eng

CY - United States

KW - Adult

KW - Apgar Score

KW - *Birthing Centers/statistics & numerical data

KW - Female

KW - Fetal Death/epidemiology

KW - Humans

KW - Middle Aged

KW - Patient Transfer/statistics & numerical data

KW - Pregnancy

KW - Pregnancy Outcome

KW - United States

KW - Uterine Rupture/etiology

KW - Vaginal Birth after Cesarean/adverse effects/*statistics & numerical data

AB - OBJECTIVE: Some women wish to avoid a repeat cesarean delivery and believe that a midwife-supported vaginal birth after cesarean (VBAC) in a nonhospital setting represents their best chance to do so; there is a small, persistent demand for out-of-hospital VBACs. We conducted a study to obtain the data necessary to formulate an evidence-based policy on this practice. METHODS: We prospectively collected data on pregnancy outcomes of 1,913 women intending to attempt VBACs in 41 participating birth centers between 1990 and 2000. RESULTS: A total of 1,453 of the 1,913 women presented to the birth center in labor. Twenty-four percent of them were transferred to hospitals during labor; 87% of these had vaginal births. There were 6 uterine ruptures (0.4%), 1 hysterectomy (0.1%), 15 infants with 5-minute Apgar scores less than 7 (1.0%), and 7 fetal/neonatal deaths (0.5%). Most fetal deaths (5/7) occurred in women who did not have uterine ruptures. Half of uterine ruptures and 57% of perinatal deaths involved the 10% of women with more than 1 previous cesarean delivery or who had reached a gestational age of 42 weeks. Rates of uterine rupture and fetal/neonatal death were 0.2% each in women with neither of these risks.

CONCLUSION: Despite a high rate of vaginal births and few uterine ruptures among women attempting VBACs in birth centers, a cesarean-scarred uterus was associated with increases in complications that require hospital management. Therefore, birth centers should refer women who have undergone previous cesarean deliveries to hospitals for delivery. Hospitals should increase access to in-hospital care provided by midwife/obstetrician teams during VBACs. LEVEL OF EVIDENCE: III.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1097/01.AOG.0000143257.29471.82

ER -

TY - JOUR

AN - rayyan-504930843

TI - Behavior of the Newborn during Skin-to-Skin.

Y1 - 2015

Y2 - 8

T2 - Journal of human lactation : official journal of International Lactation

Consultant Association

SN - 1552-5732 (Electronic)

J2 - J Hum Lact

VL - 31

IS - 3

SP - 452-7

AU - Dani C

AU - Cecchi A

AU - Commare A

AU - Rapisardi G

AU - Breschi R

AU - Pratesi S

AV - Department of Neuroscience, Psychology, Drug Research and Child Health, Careggi University Hospital

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UR - <https://pubmed.ncbi.nlm.nih.gov/25612748/>

LA - eng

CY - United States

KW - Adult

KW - Breast Feeding/psychology

KW - Female

KW - Humans

KW - *Infant Behavior

KW - Infant, Newborn

KW - Kangaroo-Mother Care Method/*psychology

KW - Mother-Child Relations/psychology

KW - Outcome Assessment, Health Care

KW - Prospective Studies

KW - Video Recording

KW - Skin

AB - BACKGROUND: Early skin-to-skin contact (SSC) significantly increases the breastfeeding rate in healthy term infants. OBJECTIVE: This study aimed to confirm previously described behavioral sequences during SSC. METHODS: We recorded live and videotaped infant behavioral sequences during SSC in a cohort of healthy term infants, whose outcome was then evaluated. RESULTS: We studied 17 mother-infants dyads. While the majority of infants (59%) had behavioral phases that have been previously reported, some of them had alternative sequences. We observed the infant's massage of the mother's breast with its hand during SSC, which had not been previously reported. We found no correlations between behavioral sequence during SSC, breastfeeding, and neonatal outcome. Moreover, maternal pain stimuli did not affect the neonatal SSC behavioral sequence. CONCLUSION: Our study confirms that immediate and undisturbed postpartum SSC is characterized by specific behavioral phases whose sequence may vary without affecting the suckling rate at the end of SSC, breastfeeding success, or the short-term neonatal outcome.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1177/0890334414566238

ER -

TY - JOUR

AN - rayyan-504930844

TI - Birthing Centre Infrastructure in Nepal Post 2015 Earthquake.

Y1 - 2015

Y2 - 12

T2 - Nepal journal of epidemiology

SN - 2091-0800 (Print)

J2 - Nepal J Epidemiol

VL - 5

IS - 4

SP - 518-9

AU - Mahato PK

AU - Regmi PR

AU - van Teijlingen E

AU - Simkhada P

AU - Angell C

AU - Sathian B

AV - Faculty of Health and Social Science, Bournemouth University , UK.; Faculty of Health and Social Science, Bournemouth University , UK.; Faculty of Health and Social Science, Bournemouth University , UK.; Community Medicine Department, Manipal College of Medical Sciences , Pokhara, Nepal.

UR - <https://pubmed.ncbi.nlm.nih.gov/26913214/>

LA - eng
 CY - Nepal
 KW - Nepal
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal
 DO - 10.3126/nje.v5i4.14260
 ER -

 TY - JOUR
 AN - rayyan-504930845
 TI - EXPloring attitudes and factors influencing reproductive Choices in kidney Transplant patients (The EXPECT-study).
 Y1 - 2021
 Y2 - 12
 T2 - Clinical transplantation
 SN - 1399-0012 (Electronic)
 J2 - Clin Transplant
 VL - 35
 IS - 12
 SP - e14473
 AU - van Buren MC
 AU - Beck DK
 AU - Lely AT
 AU - van de Wetering J
 AU - Massey EK
 AV - Erasmus MC Transplant Institute, Department of Internal Medicine, University Medical Center, Rotterdam, The Netherlands.; Erasmus MC Transplant Institute, Department of Internal Medicine, University Medical Center, Rotterdam, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.; Erasmus MC Transplant Institute, Department of Internal Medicine, University Medical Center, Rotterdam, The Netherlands.; Erasmus MC Transplant Institute, Department of Internal Medicine, University Medical Center, Rotterdam, The Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34453355/>
 LA - eng
 CY - Denmark
 KW - Attitude
 KW - Counseling
 KW - Female
 KW - Humans
 KW - *Kidney Transplantation
 KW - Pregnancy
 KW - Kidney Transplantation
 KW - Kidney
 AB - Pregnancy can have risks after kidney transplantation (KT). This mixed-methods study aimed to identify the percentage of women getting pregnant after KT and explore motives for and against pregnancy together with psychosocial and medical factors involved in decision making. Furthermore, experiences of pregnancy and child-raising were explored. Women who got pregnant after KT were matched with women who had not been pregnant after KT. Semi-structured interviews were conducted, transcribed verbatim and analyzed using directed content analysis. After KT, only 12% of women got pregnant. Eight women with pregnancies after KT were included (P-group) and matched with 12 women who had not been pregnant after KT (NP-group). Women after KT experienced a high threshold to discuss their pregnancy wish with their nephrologist. The nephrologists' advice played an important role in decision-making, but differed between the groups. In the P-group, a desire for autonomy and positive role models were decisive factors in proceeding with their pregnancy wish. In the NP-group, disease burden and risk perception were decisive factors in not proceeding with their pregnancy. Nephrologists need to be proactive in broaching this subject and aware of factors influencing the decision and outcomes. Standardized preconception guidelines on pregnancy counseling are recommended.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

population,high risk pregnant persons

DO - 10.1111/ctr.14473

ER -

TY - JOUR

AN - rayyan-504930846

TI - Human Tregs at the materno-fetal interface show site-specific adaptation reminiscent of tumor Tregs.

Y1 - 2020

Y2 - 9

Y3 - 17

T2 - JCI insight

SN - 2379-3708 (Electronic)

J2 - JCI Insight

VL - 5

IS - 18

AU - Wienke J

AU - Brouwers L

AU - van der Burg LM

AU - Mokry M

AU - Scholman RC

AU - Nikkels PG

AU - van Rijn BB

AU - van Wijk F

AV - Center for Translational Immunology.; Wilhelmina Children's Hospital Birth Center.; Center for Translational Immunology.; Regenerative Medicine Utrecht.; Laboratory of Clinical Chemistry and Hematology, and.; Center for Translational Immunology.; Department of Pathology, Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht University, Netherlands.; Wilhelmina Children's Hospital Birth Center.; Obstetrics and Fetal Medicine, Erasmus MC University Medical Center Rotterdam, Rotterdam, Netherlands.; Center for Translational Immunology.

UR - <https://pubmed.ncbi.nlm.nih.gov/32809975/>

LA - eng

CY - United States

KW - *Adaptation, Physiological

KW - Cesarean Section

KW - Female

KW - Fetus/immunology/*metabolism

KW - Humans

KW - Lymphocytes, Tumor-Infiltrating/*immunology/metabolism

KW - Maternal-Fetal Exchange

KW - Neoplasms/genetics/immunology/metabolism/*pathology

KW - Placenta/immunology/*metabolism

KW - Pregnancy

KW - T-Lymphocytes, Regulatory/*immunology/metabolism

KW - Transcriptome

KW - Uterus/immunology/*metabolism

KW - Humanities

KW - Humanism

AB - Tregs are crucial for maintaining maternal immunotolerance against the semiallogeneic fetus. We investigated the elusive transcriptional profile and functional adaptation of human uterine Tregs (uTregs) during pregnancy. Uterine biopsies, from placental bed (materno-fetal interface) and incision site (control) and blood were obtained from women with uncomplicated pregnancies undergoing cesarean section. Tregs and CD4+ non-Tregs were isolated for transcriptomic profiling by Cel-Seq2. Results were validated on protein and single cell levels by flow cytometry. Placental bed uTregs showed elevated expression of Treg signature markers, including FOXP3, CTLA-4, and TIGIT. Their transcriptional profile was indicative of late-stage effector Treg differentiation and chronic activation, with increased expression of immune checkpoints GITR, TNFR2, OX-40, and 4-1BB; genes associated with suppressive capacity (HAVCR2, IL10, LAYN, and PDCD1); and transcription factors MAF, PRDM1, BATF, and VDR. uTregs mirrored non-Treg Th1 polarization and tissue

residency. The particular transcriptional signature of placental bed uTregs overlapped strongly with that of tumor-infiltrating Tregs and was remarkably pronounced at the placental bed compared with uterine control site. In conclusion, human uTregs acquire a differentiated effector Treg profile similar to tumor-infiltrating Tregs, specifically at the materno-fetal interface. This introduces the concept of site-specific transcriptional adaptation of Tregs within 1 organ.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1172/jci.insight.137926

ER -

TY - JOUR

AN - rayyan-504930848

TI - Low-Interventional Approaches to Intrapartum Care: Hospital Variation in Practice and Associated Factors.

Y1 - 2020

Y2 - 1

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 65

IS - 1

SP - 33-44

AU - Lundsberg LS

AU - Main EK

AU - Lee HC

AU - Lin H

AU - Illuzzi JL

AU - Xu X

AV - Department of Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, Connecticut.; California Maternal Quality Care Collaborative, Stanford, California.; Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, California.; California Perinatal Quality Care Collaborative, Stanford, California.; Department of Pediatrics, Stanford University School of Medicine, Stanford, California.; Department of Biostatistics, Yale University School of Public Health, New Haven, Connecticut.; Department of Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, Connecticut.; Laborists and Midwifery Section, Yale Medicine, New Haven, Connecticut.; Vidone Birthing Center, Yale New Haven Hospital, Saint Raphael Campus, New Haven, Connecticut.; Department of Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, Connecticut.

UR - <https://pubmed.ncbi.nlm.nih.gov/31502407/>

LA - eng

CY - United States

KW - California

KW - Cesarean Section/statistics & numerical data

KW - Female

KW - Humans

KW - *Labor Stage, Third

KW - Midwifery/*organization & administration

KW - Obstetric Labor Complications/*prevention & control

KW - Perinatal Care/*organization & administration

KW - Practice Patterns, Nurses'/organization & administration

KW - Pregnancy

KW - Pregnancy Outcome/*epidemiology

AB - INTRODUCTION: Despite evidence supporting the safety of low-interventional approaches to intrapartum care, defined by the American College of Obstetricians and Gynecologists as "practices that facilitate a physiologic labor process and minimize intervention," little is known about how frequently such practices are utilized. We examined hospital use of low-interventional practices, as well as variation in utilization across hospitals. METHODS: Data came from 185 California hospitals completing a survey of

intrapartum care, including 9 questions indicating use of low- versus high-interventional practices (eg, use of intermittent auscultation, nonpharmacologic pain relief, and admission of women in latent labor). We performed a group-based latent class analysis to identify distinct groups of hospitals exhibiting different levels of utilization on these 9 measures. Multivariable logistic regression identified institutional characteristics associated with a hospital's likelihood of using low-interventional practices. Procedure rates and patient outcomes were compared between the hospital groups using bivariate analysis. RESULTS: We identified 2 distinct groups of hospitals that tended to use low-interventional (n = 44, 23.8%) and high-interventional (n = 141, 76.2%) practices, respectively. Hospitals more likely to use low-interventional practices included those with midwife-led or physician-midwife collaborative labor management (adjusted odds ratio [aOR], 7.52; 95% CI, 2.53-22.37; P < .001) and those in rural locations (aOR, 3.73; 95% CI, 1.03-13.60; P = .04). Hospitals with a higher proportion of women covered by Medicaid or other safety-net programs were less likely to use low-interventional practices (aOR, 0.96; 95% CI, 0.93-0.99; P = .004), as were hospitals in counties with higher medical liability insurance premiums (aOR, 0.53; 95% CI, 0.33-0.85; P = .008). Hospitals in the low-intervention group had comparable rates of severe maternal and newborn morbidities but lower rates of cesarean birth and episiotomy compared with hospitals in the high-intervention group. DISCUSSION: Only one-quarter of hospitals used low-interventional practices. Attention to hospital culture of care, incorporating the midwifery model of care, and addressing medical-legal concerns may help promote utilization of low-interventional intrapartum practices.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/jmwh.13017
ER -

TY - Case Reports
AN - rayyan-504930849
TI - Management of occiput posterior position.
Y1 - 2007
Y2 - 9
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 52
IS - 5
SP - 508-13
AU - Hart J
AU - Walker A
AV - Morris Heights Women's Health and Birthing Center, Bronx, NY, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/17826716/>
LA - eng
CY - United States
KW - Adult
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Labor Pain/nursing
KW - *Labor Presentation
KW - Midwifery/*methods
KW - Obstetric Labor Complications/diagnosis/*nursing/prevention & control
KW - Palpation/methods/nursing
KW - Physical Examination/methods/nursing
KW - Posture
KW - Pregnancy
KW - Pregnancy Outcome
KW - Risk Factors
KW - Rotation
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.jmwh.2006.10.018
ER -

TY - JOUR
AN - rayyan-504930850
TI - Correct Use of the Apgar Score.
Y1 - 2016
Y2 - 3
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 41
IS - 2
SP - 123
AU - Killion MM
AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via e-mail at molly.killion@ucsf.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/26909727/>
LA - eng
CY - United States
KW - *Apgar Score
KW - Delivery, Obstetric
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Infant, Premature
KW - Male
KW - Maternal-Child Nursing
KW - *Practice Patterns, Nurses'
KW - Pregnancy
KW - Resuscitation
KW - Apgar Score
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/NMC.0000000000000217
ER -

TY - JOUR
AN - rayyan-504930863
TI - Evaluation of State-Mandated Third Trimester Repeat HIV Testing in a Large Tertiary Care Center.
Y1 - 2022
Y2 - 11
Y3 - 10
T2 - American journal of perinatology
SN - 1098-8785 (Electronic)
J2 - Am J Perinatol
AU - Berhie SH
AU - Tsai S
AU - Miller ES
AU - Garcia PM
AU - Yee LM
AV - Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois.; Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Brigham and Women's Hospital, Boston, Massachusetts.; Northwestern University Feinberg School of Medicine, Chicago, Illinois.; Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois.; Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois.; Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois.
UR - <https://pubmed.ncbi.nlm.nih.gov/35973790/>

LA - eng
CY - United States
KW - Pregnancy Trimester, Third
KW - Pregnancy Trimester, First
AB - OBJECTIVE: The Illinois Perinatal HIV Prevention Act was passed to ensure universal HIV testing once during pregnancy and was extended in 2018 to add third trimester repeat HIV screening. The objectives of this analysis were to describe uptake of, and patient factors associated with, third trimester repeat HIV testing at a high-volume birthing center. STUDY DESIGN: This is a retrospective cohort study of people who delivered at a single tertiary care hospital in Illinois during 2018. Women who delivered before 27 weeks, had an intrauterine fetal demise, a known diagnosis of HIV, or no HIV test during pregnancy were excluded. Repeat testing was defined as an HIV test at or after 27 weeks' gestation after an earlier negative HIV test during the same pregnancy. The primary outcome was the proportion of people who received repeat testing prior to delivery. Bivariable analyses were performed to identify patient characteristics associated with documentation of repeat HIV testing. RESULTS: Of 12,053 people eligible for inclusion, 3.4% (n = 414) presented without a documented third trimester repeat HIV test. The proportion of people with repeat testing improved from 80 to >99% in the first year. Patient factors were largely not associated with testing performance although multiparous people were more likely to have documented repeat testing. CONCLUSION: Rapid implementation of third trimester repeat HIV testing was achieved without disparity. Patient factors were largely not associated with testing performance which reinforces the goal of a universal screen to test all people equitably and effectively without bias. KEY POINTS: · Little is known about adherence to repeat third trimester HIV testing in pregnancy.. · Universal third trimester HIV screening was implemented with high uptake and without disparity.. · Protocolization of repeat HIV testing in pregnancy may reduce bias compared to risk based-screening..
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1055/a-1925-2210
ER -

TY - JOUR
AN - rayyan-504930864
TI - [Survey on follow-up of new born babies after the discharge from the birth centres of the Ligurian public hospitals].
Y1 - 2019
Y2 - 4
T2 - Professioni infermieristiche
SN - 0033-0205 (Print)
J2 - Prof Inferm
VL - 72
IS - 2
SP - 111-119
AU - Scigliano S
AU - Da Rin Della Mora R
AV - Infermiera pediatrica, Corso di Laurea in Infermieristica, Università degli studi Genova.; Infermiera pediatrica ricercatrice, Centro di Ricerca Infermieristica e delle Professioni Sanitarie, Istituto Giannina Gaslini, Genova. PhD, MSN, RN. ORCID ID 0000-0002-9625- 8991.
UR - <https://pubmed.ncbi.nlm.nih.gov/31550427/>
LA - ita
CY - Italy
KW - Birthing Centers/*statistics & numerical data
KW - Continuity of Patient Care/*organization & administration/statistics & numerical data
KW - Female
KW - Hospitals, Public
KW - Humans
KW - Infant, Newborn
KW - Italy
KW - Patient Discharge
KW - Postnatal Care/*methods/statistics & numerical data
KW - Pregnancy

KW - Surveys and Questionnaires

KW - Time Factors

AB - INTRODUCTION: Continuity of care in the postpartum period is strongly recommended by international guidelines. Several studies demonstrate how an individualized follow-up program may decrease newborn's mortality and morbidity and prevent or early identify chronic diseases or diseases with long-term effects for mother, newborn and family. In Italy the latest recommendations on postnatal care of mothers and newborns have been released in 2000. AIM: To describe the organization of healthy term newborns post-discharge follow-up in the 10 birth centers of Ligurian public hospitals. METHODS: Descriptive study, conducted in 2015 through telephonic interview with head nurses (or their delegates) of the centers. RESULTS: All 10 birth centers participated in the study recommend a follow-up visit, but only half have a formalized procedure for follow-up. Most of them recommend the first follow-up visit within 2-3 days from discharge. Half of centers provide the first follow-up visit at the birth center's clinic, three don't recommend follow-up visits after the first one. None of them links the follow-up visit of the newborn with the mother's one; usually the needs of mother and newborn are identified and met by pediatric nurses, nurses and neonatologist. All the centers provide a telephone number for post-discharge needs. Two centers make calls to mothers considered to be at risk of postpartum depression. DISCUSSION: The study describes different newborn care pathways related to follow-up after discharge in the Ligurian birth centers. At the moment there is no homogeneous implementation of the interventions recommended at national level.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language

DOI - 10.7429/pi.2019.722111

ER -

TY - JOUR

AN - rayyan-504930865

TI - Pregnant Women with Obesity Have Unique Perceptions About Gestational Weight Gain, Exercise, and Support for Behavior Change.

Y1 - 2020

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 65

IS - 4

SP - 529-537

AU - Faucher MA

AU - Mirabito AM

AV - Louise Herrington School of Nursing, Baylor University, Waco, Texas.; Hankamer School of Business, Baylor University, Waco, Texas.

UR - <https://pubmed.ncbi.nlm.nih.gov/32558219/>

LA - eng

CY - United States

KW - Adult

KW - Body Mass Index

KW - Counseling

KW - Exercise/*psychology

KW - Female

KW - Focus Groups

KW - *Gestational Weight Gain

KW - Health Knowledge, Attitudes, Practice

KW - Humans

KW - Obesity/*psychology

KW - Perception

KW - Pregnancy

KW - Pregnancy Complications/psychology

KW - Pregnant Women/*psychology

KW - Prenatal Care

KW - Qualitative Research

KW - Text Messaging
KW - Young Adult
KW - Obesity
KW - Weight Gain
AB - INTRODUCTION: Prepregnancy obesity and excessive gestational weight gain (GWG) pose health risks to woman and fetus, yet gestational weight management interventions are largely unsuccessful. Little research examines the perceptions of women with obesity about weight gain and exercise. Although women with obesity have different body habitus and life experiences, most studies combine overweight and obese women into one group. METHODS: We conducted 3 focus groups with pregnant women with obesity to determine perceptions of GWG, exercise, and a proposed behavioral intervention. RESULTS: Seventeen women participated in the focus groups including 6 at a birth center and 11 at a federally qualified health center. A key finding was that women with obesity felt stigmatized and perceived pregnancy as a refuge from fat shaming. Participants viewed risks associated with excessive GWG as exaggerated and instead deemed self-assessments of how they feel and look as more reliable measures of maternal and fetal health. Participants reported that quality rather than quantity of food promotes pregnancy health and that restrained eaters put their fetuses at risk. Knowledge gaps emerged related to dissatisfaction with counseling about weight gain guidelines. Although physical activity was endorsed, participants voiced safety concerns about exercise during pregnancy and instead favored walking and routine daily activity. Goal setting, positive messaging, and positive reinforcement were identified as favorable aspects of the proposed behavioral intervention. DISCUSSION: Pregnant women with obesity share other pregnant women's perceptions about weight gain and exercise in pregnancy but also have unique perceptions. Pregnant women with obesity in this study reported feeling stigmatized and fearful of being shamed by their health care providers but paradoxically eager for guidance. The findings offer implications for health care counseling and GWG interventions for this population.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/jmwh.13094
ER -

TY - English Abstract
AN - rayyan-504930866
TI - [Women's narratives on care received in a birthing center].
Y1 - 2013
Y2 - 12
T2 - Cadernos de saude publica
SN - 1678-4464 (Electronic)
J2 - Cad Saude Publica
VL - 29
IS - 12
SP - 2436-46
AU - Jamas MT
AU - Hoga LA
AU - Reberte LM
AV - Escola de Enfermagem, Universidade de São Paulo, São Paulo, Brasil.; Escola de Enfermagem, Universidade de São Paulo, São Paulo, Brasil.; Escola de Enfermagem, Universidade de São Paulo, São Paulo, Brasil.
UR - <https://pubmed.ncbi.nlm.nih.gov/24356690/>
LA - por
CY - Brazil
KW - Adolescent
KW - Adult
KW - *Birthing Centers
KW - Brazil
KW - Female
KW - Health Services Research
KW - Humans
KW - Interpersonal Relations
KW - Maternal Health Services

KW - Natural Childbirth
 KW - Patient Care
 KW - *Patient Satisfaction
 KW - Pregnancy
 KW - Professional-Patient Relations
 KW - *Qualitative Research
 KW - Young Adult
 AB - Women's perception of childbirth care in a birthing center, the focus of this study, should be considered to assess and improve quality of care. The study method was narrative analysis. Inductive and interpretative analysis of narratives by 17 women produced the following descriptive categories: distinct experiences with care received upon arrival at the hospital; diversity of experiences with patient's self-care and procedures performed by healthcare staff; conflicting opinions on the husband or partner's presence during childbirth; and degree of satisfaction with follow-up, interpersonal relations, and orientation by the healthcare team. Childbirth care was evaluated positively by mothers, and this result supports the current Brazilian public policy recommending expansion of birthing centers.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
 DO - 10.1590/0102-311x00039713
 ER -

 TY - JOUR
 AN - rayyan-504930868
 TI - Newborn care in Nepal: the effects of an educational intervention on nurses' knowledge and practice.
 Y1 - 2013
 Y2 - 6
 T2 - International nursing review
 SN - 1466-7657 (Electronic)
 J2 - Int Nurs Rev
 VL - 60
 IS - 2
 SP - 205-11
 AU - Shrestha S
 AU - Petrini M
 AU - Turale S
 AV - HOPE School of Nursing, Wuhan University, Wuhan, Hubei Province, China. shr_sharmila@yahoo.com
 UR - <https://pubmed.ncbi.nlm.nih.gov/23692004/>
 LA - eng
 CY - England
 KW - Adolescent
 KW - Adult
 KW - Clinical Competence
 KW - *Education, Nursing, Continuing
 KW - Female
 KW - *Health Knowledge, Attitudes, Practice
 KW - Humans
 KW - Infant Mortality
 KW - Infant, Newborn
 KW - Male
 KW - Middle Aged
 KW - Midwifery/*education
 KW - Neonatal Nursing/*education
 KW - Nepal
 KW - Nursing Staff, Hospital/*education
 KW - Young Adult
 AB - AIM: To determine the effectiveness of an educational intervention for improving nurses' knowledge and practice regarding newborn care in Kathmandu, Nepal. BACKGROUND: Four million neonatal deaths occur annually, especially in developing countries. In 2010 in Nepal, the neonatal mortality rate was 28/1000 births. Modern nursing and research education is still developing in Nepal, but the country's nurses are in a

unique position to help combat avoidable morbidity and mortality. This study was designed to assist nurses working in maternity units to obtain and/or sustain knowledge and competence in practice to ensure the health and safety of vulnerable newborns, and thereby to help reduce mortality and morbidity.

THEORETICAL FRAMEWORK: Concepts from the Transtheoretical Model of behaviour change developed in the USA informed this study in the belief that an educational intervention would assist in behaviour changes in nurses caring for newborns.

DESIGN: Quasi-experimental, time-series pre-test/post-test.

SETTING: Maternity and women's hospitals in Kathmandu, Nepal.

PARTICIPANTS: Convenience sample of 30 nurses working in emergency room, delivery room and birthing centre.

METHODS: Nurses were measured on study outcomes at multiple time points: before a self-directed educational intervention and discussion, immediately, 1 and 3 months after intervention. Data were collected using three instruments: a demographics questionnaire, the Knowledge Survey Questionnaire and the Skills Learning Checklist (SLC). The SLC was completed during nursing practice in observations by the researcher.

RESULTS: Significant findings suggested that this educational intervention was effective for improving nurses' knowledge and practice regarding newborn care, and there was a positive correlation between knowledge and practice.

CONCLUSION: This was the first study of its kind in Nepal, a small step in enhancing nurses' abilities to improve their knowledge and competence regarding care of newborns. However, continued education and guidance are required to sustain knowledge and competence in practice, and our educational intervention needs further testing with other populations of nurses. There are various policy implications required to enable this to happen. This includes health ministry funding and support for in-service education; hospitals and universities working together to offer in-service education, competency testing and revised curricula; and nurse registering authorities requiring ongoing nurse education programmes and competency testing.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/inr.12017

ER -

TY - JOUR

AN - rayyan-504930869

TI - The experience of perinatal care at a birthing center: a qualitative pilot study.

Y1 - 2008

T2 - The Journal of perinatal education

SN - 1058-1243 (Print)

J2 - J Perinat Educ

VL - 17

IS - 3

SP - 42-50

AU - Pewitt AT

AV - AMBER PEWITT graduated from the University of the South in Sewanee, Tennessee, with a Bachelor of Arts degree in anthropology and, subsequently, earned a Bachelor of Science in Nursing degree from East Tennessee State University. She has worked as a registered nurse in newborn nursery, postpartum, and labor and delivery.

UR - <https://pubmed.ncbi.nlm.nih.gov/19436419/>

LA - eng

CY - United States

KW - Pilot Projects

AB - The purpose of this qualitative descriptive pilot study was to describe women's experiences of care and satisfaction at a freestanding birth center. Data were collected through semistructured interviews with seven women who had given birth within 12 months of participant selection. Using qualitative content analysis, three themes emerged: (1) Empowerment, (2) Sense of Motherhood, and (3) Establishing and Strengthening Relationships. Data revealed that women value caring providers, that caring providers may affect positive outcomes, and that those outcomes may lead to a satisfactory experience.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1624/105812408X329593

ER -

TY - JOUR

AN - rayyan-504930870

TI - Using electronic communication safely in health care settings.

Y1 - 2013
Y2 - 2
T2 - Nursing for women's health
SN - 1751-486X (Electronic)
J2 - Nurs Womens Health
VL - 17
IS - 1
SP - 59-62
AU - Broussard BS
AU - Broussard AB
AV - Family Birthing Center, Ochsner Medical Center, Baton Rouge, LA, USA. bsbroussard@cox.net
UR - <https://pubmed.ncbi.nlm.nih.gov/23399014/>
LA - eng
CY - United States
KW - Cell Phone
KW - Confidentiality
KW - Delivery of Health Care/*organization & administration
KW - Humans
KW - Infection Control
KW - Nurse-Patient Relations
KW - *Nursing Informatics
KW - Organizational Policy
KW - *Patient Safety
KW - *Telecommunications
AB - Nurses are increasingly using mobile and other devices, such as cell phones, smartphones, tablets, bar-coding scanners, monitoring equipment and bedside computers, to communicate with members of the health care team and with patients. Communication accomplished with such devices includes direct verbal communication, text-messaging, emailing, obtaining patient care information and accessing medical records for order entry and for documenting nursing care. Problems that could occur with such communication methods include distraction, errors, de-personalized care, violation of confidentiality and transmission of nosocomial pathogens. Policies are needed to prevent inappropriate use of technological devices in patient care and to promote patient safety and quality care with their use.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/1751-486X.12007
ER -

TY - JOUR
AN - rayyan-504930871
TI - Use of hyaluronidase to prevent perineal trauma during spontaneous delivery: a pilot study.
Y1 - 2008
Y2 - 7
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 53
IS - 4
SP - 353-61
AU - Scarabotto LB
AU - Riesco ML
AV - riesco@usp.br
UR - <https://pubmed.ncbi.nlm.nih.gov/18586189/>
LA - eng
CY - United States
KW - Adult
KW - Delivery, Obstetric/*methods/nursing
KW - Episiotomy/adverse effects
KW - Female

KW - Humans
 KW - Hyaluronoglucosaminidase/*administration & dosage
 KW - Nurse Midwives/*standards
 KW - Nursing Evaluation Research
 KW - Obstetric Labor Complications/nursing/*prevention & control
 KW - Perineum/*injuries
 KW - Pilot Projects
 KW - Pregnancy
 KW - Pregnancy Outcome
 KW - Risk Factors
 AB - Our objective was to compare the frequency, degree, and location of perineal trauma during spontaneous delivery with or without perineal injections of hyaluronidase (HAase). This was a randomized, controlled pilot study, conducted in a midwife-led hospital birth center in São Paulo, Brazil. Primiparous women (N = 139) were randomly assigned to an intervention group (HAase injection, n = 71) or to a control group (no injection, n = 68). Significant differences were noted between the two groups in frequency of perineal trauma (intervention, 39.4%; control, 76.5%), degree of spontaneous laceration (intervention, 0.0%; control, 82.4%), and laceration located in the posterior region of the perineum (intervention, 54.2%; control, 84.3%). When episiotomy and second-degree lacerations were considered together and women with intact perineum were excluded from the analysis, the difference between the groups was no longer significant. With the use of the HAase enzyme, the relative risk was 0.5 for perineal trauma and 0.0 for second-degree lacerations. The present findings suggest that perineal injection of HAase prevented perineal trauma. These findings provide strong rationale for a larger follow-up study.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
 DO - 10.1016/j.jmwh.2008.02.015
 ER -

 TY - JOUR
 AN - rayyan-504930872
 TI - Improving quality of care for maternal and newborn health: prospective pilot study of the WHO safe childbirth checklist program.
 Y1 - 2012
 T2 - PloS one
 SN - 1932-6203 (Electronic)
 J2 - PLoS One
 VL - 7
 IS - 5
 SP - e35151
 AU - Spector JM
 AU - Agrawal P
 AU - Kodkany B
 AU - Lipsitz S
 AU - Lashoher A
 AU - Dziekan G
 AU - Bahl R
 AU - Merialdi M
 AU - Mathai M
 AU - Lemer C
 AU - Gawande A
 AV - Department of Health Policy and Management, Harvard School of Public Health, Boston, Massachusetts, United States of America. jmspector@partners.org
 UR - <https://pubmed.ncbi.nlm.nih.gov/22615733/>
 LA - eng
 CY - United States
 KW - Child Health Services/*standards
 KW - Female
 KW - Guidelines as Topic

KW - Humans
 KW - India
 KW - Infant, Newborn
 KW - Maternal Health Services/*standards
 KW - Pilot Projects
 KW - Prospective Studies
 KW - *Quality of Health Care
 KW - World Health Organization
 AB - BACKGROUND: Most maternal deaths, intrapartum-related stillbirths, and newborn deaths in low income countries are preventable but simple, effective methods for improving safety in institutional births have not been devised. Checklist-based interventions aid management of complex or neglected tasks and have been shown to reduce harm in healthcare. We hypothesized that implementation of the WHO Safe Childbirth Checklist program, a novel childbirth safety program for institutional births incorporating a 29-item checklist, would increase delivery of essential childbirth practices linked with improved maternal and perinatal health outcomes. METHODS AND FINDINGS: A pilot, pre-post-intervention study was conducted in a sub-district level birth center in Karnataka, India between July and December 2010. We prospectively observed health workers that attended to women and newborns during 499 consecutively enrolled birth events and compared these with observed practices during 795 consecutively enrolled birth events after the introduction of the WHO Safe Childbirth Checklist program. Twenty-nine essential practices that target the major causes of childbirth-related mortality, such as hand hygiene and uterotonic administration, were evaluated. The primary end point was the average rate of successful delivery of essential childbirth practices by health workers. Delivery of essential childbirth-related care practices at each birth event increased from an average of 10 of 29 practices at baseline (95%CI 9.4, 10.1) to an average of 25 of 29 practices afterwards (95%CI 24.6, 25.3; $p<0.001$). There was significant improvement in the delivery of 28 out of 29 individual practices. No adverse outcomes relating to the intervention occurred. Study limitations are the pre-post design, potential Hawthorne effect, and focus on processes of care versus health outcomes. CONCLUSIONS: Introduction of the WHO Safe Childbirth Checklist program markedly improved delivery of essential safety practices by health workers. Future study will determine if this program can be implemented at scale and improve health outcomes.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1371/journal.pone.0035151
 ER -

 TY - JOUR
 AN - rayyan-504930873
 TI - Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ approach of Curamericas: 2. Study site, design, and methods.
 Y1 - 2023
 Y2 - 2
 Y3 - 28
 T2 - International journal for equity in health
 SN - 1475-9276 (Electronic)
 J2 - Int J Equity Health
 VL - 21
 SP - 195
 AU - Perry HB
 AU - Valdez M
 AU - Blanco S
 AU - Llanque R
 AU - Martin S
 AU - Lambden J
 AU - Gregg C
 AU - Leach K
 AU - Olivas E
 AU - Muffoletto B
 AU - Wallace J
 AU - Modanlo N

AU - Pfeiffer E
AU - Westgate CC
AU - Lesnar B
AU - Stollak I
AV - Health Systems Program, Department of International Health, Johns Hopkins School of Public Health, Baltimore, Maryland, USA. hperry2@jhu.edu.; Curamericas/Guatemala, Calhuitz, San Sebastián Coatán, Huehuetenango, Guatemala.; Consejo de Salud Rural Andino/Curamericas, La Paz, Bolivia.; Consejo de Salud Rural Andino/Curamericas, La Paz, Bolivia.; Institute for Global Health Sciences, University of California San Francisco, San Francisco, California, USA.; McGaw Medical Center, Northwestern University, Chicago, Illinois, USA.; Department of Internal Medicine, Louisiana State University Health Sciences Center at New Orleans (LSUHSC-NO), New Orleans, Louisiana, USA.; Optum, SeaTac, Washington, USA.; Student, PhD Program, Department of International Health, Johns Hopkins School of Public Health, Baltimore, Maryland, USA.; Curamericas Global, Raleigh, North Carolina, USA.; Independent Consultant, Baltimore, Maryland, USA.; David Geffen School of Medicine, University of California Los Angeles, Los Angeles, California, USA.; Independent Consultant, Winston-Salem, North Carolina, USA.; Community Health Impact Coalition, New York, New York, USA.; Program Coordinator for Research Engagement, AVAC (Global Advocacy for HIV Prevention), New York City, New York, USA.; Curamericas Global, Raleigh, North Carolina, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/36855098/>
LA - eng
CY - England
KW - Child
KW - Humans
KW - Female
KW - *Censuses
KW - *Child Health
KW - Guatemala
KW - Data Collection
KW - Mothers
KW - Socioeconomic Factors
KW - Child Welfare
KW - Only Child
KW - Rural Health
AB - BACKGROUND: The Curamericas/Guatemala Maternal and Child Health Project, 2011-2015, included implementation research designed to assess the effectiveness of an approach referred to as CBIO+ , composed of: (1) the Census-Based, Impact-Oriented (CBIO) Approach, (2) the Care Group Approach, and (3) the Community Birthing Center Approach. This is the second paper in a supplement of 10 articles describing the implementation research and its findings. Paper 1 describes CBIO+ , the Project Area, and how the Project was implemented. OBJECTIVE: This paper describes the implementation research design and details of how it was carried out. METHODS: We reviewed the original implementation research protocol and the methods used for all data collection related to this Project. The protocol and methods used for the implementation research related to this Project were all standard approaches to the monitoring and evaluation of child survival projects as developed by the United States Agency for International Development Child Survival and Health Grants Program (CSHGP) and the CORE Group. They underwent independent peer review supervised by the CSHGP before the implementation research began. RESULTS: The study area was divided into two sets of communities with a total population of 98,000 people. Project interventions were implemented in Area A from 2011 until the end of the project in 2015 (44 months) and in Area B from late 2013 until 2015 (20 months). Thus, Area B served as a quasi-comparison area during the first two years of Project implementation. The overarching study question was whether the CBIO+ Approach improved the health and well-being of children and mothers. The outcome indicators included (1) changes in population coverage of evidence-based interventions, (2) changes in childhood nutritional status, (3) changes in the mortality of children and mothers, (4) quality of care provided at Community Birthing Centers, (5) the impact of the Project on women's empowerment and social capital, (6) stakeholder assessment of the effectiveness of the CBIO+ Approach, and (7) the potential of wider adoption of the CBIO+ Approach. CONCLUSION: The implementation research protocol guided the assessment of the effectiveness of the CBIO+ Approach in improving the health and well-being of children, mothers, and their communities.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: not midwife-led
DO - 10.1186/s12939-022-01754-w

ER -

TY - JOUR

AN - rayyan-504930874

TI - Cord-Blood-Stem-Cell-Derived Conventional Dendritic Cells Specifically Originate from CD115-Expressing Precursors.

Y1 - 2019

Y2 - 2

Y3 - 5

T2 - Cancers

SN - 2072-6694 (Print)

J2 - Cancers (Basel)

VL - 11

IS - 2

AU - Plantinga M

AU - de Haar CG

AU - Dünnebach E

AU - van den Beemt DAMH

AU - Bloemenkamp KWM

AU - Mokry M

AU - Boelens JJ

AU - Nierkens S

AV - Laboratory of Translational Immunology, University Medical Center Utrecht, 3584 XC Utrecht, The Netherlands. m.c.plantinga-2@umcutrecht.nl.; Cell Therapy Facility, Pharmacy Department, University Medical Center Utrecht, 3584 XC Utrecht, The Netherlands. c.g.dehaar@umcutrecht.nl.; Laboratory of Translational Immunology, University Medical Center Utrecht, 3584 XC Utrecht, The Netherlands. E.dunnebach-2@umcutrecht.nl.; Laboratory of Translational Immunology, University Medical Center Utrecht, 3584 XC Utrecht, The Netherlands. d.a.m.vandenbeemt@umcutrecht.nl.; Division Woman and Baby, Department of Obstetrics, University Medical Center Utrecht, Birth Center Wilhelmina's Children Hospital, 3584 EA Utrecht, The Netherlands. K.W.M.Bloemenkamp@umcutrecht.nl.; Division of Pediatrics, University Medical Center Utrecht, 3584 EA Utrecht, The Netherlands. M.Mokry@umcutrecht.nl.; Laboratory of Translational Immunology, University Medical Center Utrecht, 3584 XC Utrecht, The Netherlands. boelensj@mskcc.org.; Blood and Marrow Transplantation Program, Princess Máxima Center for Pediatric Oncology, 3584 CS Utrecht, The Netherlands. boelensj@mskcc.org.; Stem Cell Transplant and Cellular Therapies, Department of Pediatrics, Memorial Sloan Kettering Cancer Center, 1275 York Avenue, New York, NY 10065, USA. boelensj@mskcc.org.; Laboratory of Translational Immunology, University Medical Center Utrecht, 3584 XC Utrecht, The Netherlands. s.nierkens@umcutrecht.nl.; Blood and Marrow Transplantation Program, Princess Máxima Center for Pediatric Oncology, 3584 CS Utrecht, The Netherlands. s.nierkens@umcutrecht.nl.

UR - <https://pubmed.ncbi.nlm.nih.gov/30764500/>

LA - eng

CY - Switzerland

KW - Fetal Blood

AB - Dendritic cells (DCs) are professional antigen-presenting cells which instruct both the innate and adaptive immune systems. Once mature, they have the capacity to activate and prime naïve T cells for recognition and eradication of pathogens and tumor cells. These characteristics make them excellent candidates for vaccination strategies. Most DC vaccines have been generated from ex vivo culture of monocytes (mo). The use of mo-DCs as vaccines to induce adaptive immunity against cancer has resulted in clinical responses but, overall, treatment success is limited. The application of primary DCs or DCs generated from CD34⁺ stem cells have been suggested to improve clinical efficacy. Cord blood (CB) is a particularly rich source of CD34⁺ stem cells for the generation of DCs, but the dynamics and plasticity of the specific DC lineage development are poorly understood. Using flow sorting of DC progenitors from CB cultures and subsequent RNA sequencing, we found that CB-derived DCs (CB-DCs) exclusively originate from CD115⁺-expressing progenitors. Gene set enrichment analysis displayed an enriched conventional DC profile within the CD115-derived DCs compared with CB mo-DCs. Functional assays demonstrated that these DCs matured and migrated upon good manufacturing practice (GMP)-grade stimulation and possessed a high capacity to activate tumor-antigen-specific T cells. In this study, we developed a culture protocol to generate

conventional DCs from CB-derived stem cells in sufficient numbers for vaccination strategies. The discovery of a committed DC precursor in CB-derived stem cell cultures further enables utilization of conventional DC-based vaccines to provide powerful antitumor activity and long-term memory immunity.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.3390/cancers11020181
ER -

TY - JOUR

AN - rayyan-504930876

TI - Improved SNAPPE-II and CRIB II scores over a 15-year period.

Y1 - 2017

Y2 - 5

T2 - Journal of perinatology : official journal of the California Perinatal Association

SN - 1476-5543 (Electronic)

J2 - J Perinatol

VL - 37

IS - 5

SP - 547-551

AU - Groenendaal F

AU - de Vos MC

AU - Derks JB

AU - Mulder EJH

AV - Department of Neonatology, Birth Center, University Medical Center Utrecht/Wilhelmina Children's Hospital, Utrecht, The Netherlands.; Brain Center Rudolf Magnus, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Neonatology, Birth Center, University Medical Center Utrecht/Wilhelmina Children's Hospital, Utrecht, The Netherlands.; Department of Neonatology, Birth Center, University Medical Center Utrecht/Wilhelmina Children's Hospital, Utrecht, The Netherlands.; Department of Neonatology, Birth Center, University Medical Center Utrecht/Wilhelmina Children's Hospital, Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/28125092/>

LA - eng

CY - United States

KW - Gestational Age

KW - Humans

KW - Infant

KW - Infant Mortality/*trends

KW - *Infant, Extremely Low Birth Weight

KW - *Infant, Extremely Premature

KW - Infant, Newborn

KW - Intensive Care Units, Neonatal/standards/*statistics & numerical data

KW - Logistic Models

KW - Male

KW - Morbidity

KW - Multivariate Analysis

KW - Netherlands

KW - *Severity of Illness Index

AB - OBJECTIVE: During the last decades mortality and morbidity of preterm infants have declined in the Western world. We hypothesized that the decrease in mortality in preterm infants was associated with a decrease in illness severity scores (SNAPPE-II and CRIB II scores). STUDY DESIGN: Subjects were inborn infants born between January 1997 and December 1999 (period 1) and between January 2006 and December 2011 (period 2) with a gestational age of 26+0 through 28+6 weeks and without congenital malformations (n=394). SNAPPE-II, CRIB II scores, mortality, severe morbidity and survival without morbidity were recorded. Outcomes between the two periods were analyzed using multivariable analysis. RESULTS: SNAPPE-II, but not CRIB II, scores were significantly lower for all GAs in period 2 compared with period 1. The risk of mortality for identical SNAPPE-II scores and CRIB II scores did not differ between the two periods. The risk of morbidity for identical SNAPPE-II scores and CRIB II scores was significantly lower in period 2 versus period 1. Hence, the chance of survival without morbidity for identical SNAPPE-II scores and CRIB II scores increased significantly in period 2 versus period 1. CONCLUSIONS: SNAPPE-II, but not CRIB

II, scores decreased over 15 years. The risk of mortality for identical SNAPPE-II and CRIB II scores did not change, but the risk of morbidity decreased and the chance of survival without morbidity increased for identical SNAPPE-II and CRIB II scores. These findings suggest substantial improvements in both obstetrical and neonatal care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1038/jp.2016.276
ER -

TY - Comparative Study

AN - rayyan-504930877

TI - Outcomes, safety, and resource utilization in a collaborative care birth center program compared with traditional physician-based perinatal care.

Y1 - 2003

Y2 - 6

T2 - American journal of public health

SN - 0090-0036 (Print)

J2 - Am J Public Health

VL - 93

IS - 6

SP - 999-1006

AU - Jackson DJ

AU - Lang JM

AU - Swartz WH

AU - Ganiats TG

AU - Fullerton J

AU - Ecker J

AU - Nguyen U

AV - The BirthPlace Research Department, San Diego, Calif., USA. bessrfam@iafrica.com

UR - <https://pubmed.ncbi.nlm.nih.gov/12773368/>

LA - eng

CY - United States

KW - Adult

KW - Birthing Centers/*organization & administration/standards

KW - California/epidemiology

KW - *Case Management

KW - Cohort Studies

KW - Cooperative Behavior

KW - Delivery of Health Care, Integrated/organization & administration

KW - Delivery, Obstetric/methods

KW - Female

KW - Health Resources/statistics & numerical data

KW - Health Services Research

KW - Hospitalization

KW - Humans

KW - Infant, Newborn

KW - Models, Organizational

KW - Nurse Midwives/*organization & administration/standards

KW - Obstetrics/*organization & administration/standards

KW - *Outcome and Process Assessment, Health Care

KW - Physician-Nurse Relations

KW - Pregnancy

KW - Pregnancy Complications/epidemiology

KW - Prenatal Care/*organization & administration/standards

KW - Prospective Studies

AB - OBJECTIVE: We compared outcomes, safety, and resource utilization in a collaborative management birth center model of perinatal care versus traditional physician-based care. METHODS: We studied 2957 low-risk, low-income women: 1808 receiving collaborative care and 1149 receiving traditional care. RESULTS:

Major antepartum (adjusted risk difference [RD] = -0.5%; 95% confidence interval [CI] = -2.5, 1.5), intrapartum (adjusted RD = 0.8%; 95% CI = -2.4, 4.0), and neonatal (adjusted RD = -1.8%; 95% CI = -3.8, 0.1) complications were similar, as were neonatal intensive care unit admissions (adjusted RD = -1.3%; 95% CI = -3.8, 1.1). Collaborative care had a greater number of normal spontaneous vaginal deliveries (adjusted RD = 14.9%; 95% CI = 11.5, 18.3) and less use of epidural anesthesia (adjusted RD = -35.7%; 95% CI = -39.5, -31.8). CONCLUSIONS: For low-risk women, both scenarios result in safe outcomes for mothers and babies. However, fewer operative deliveries and medical resources were used in collaborative care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: No access to full text

DO - 10.2105/ajph.93.6.999

ER -

TY - JOUR

AN - rayyan-504930878

TI - La tecnología y las monjitas: constellations of authoritative knowledge at a religious birthing center in south Texas.

Y1 - 2009

Y2 - 9

T2 - Medical anthropology quarterly

SN - 0745-5194 (Print)

J2 - Med Anthropol Q

VL - 23

IS - 3

SP - 212-34

AU - Fleuriet KJ

AV - Department of Anthropology, University of Texas at San Antonio, TX, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/19764312/>

LA - eng

CY - United States

KW - Birthing Centers/*organization & administration

KW - Catholicism

KW - Culture

KW - Female

KW - Health Knowledge, Attitudes, Practice

KW - Hispanic or Latino

KW - Humans

KW - Nurse Midwives

KW - Parturition

KW - Poverty

KW - Pregnancy

KW - *Prenatal Care

KW - Social Support

KW - Social Work

KW - Texas

AB - In this article, I contrast conceptualizations of authoritative knowledge in pregnancy and birth between U.S. midwives and their Mexican immigrant clients at a religious birthing center in south Texas. Although the two groups share certain orientations to pregnancy management, essential differences in prenatal care and birth epistemologies underscore distinct social and economic positions. I use narrative data to document and explain these differences, which throw into relief the hierarchies of identity and need that structure immigrant women's reproductive experiences. Unveiling the different epistemologies can also help to explain sometimes radically divergent ideas that have impacted the very survivability of the birthing center. By focusing on Mexican immigrant women's reproductive decision making in an alternative birthing center, this analysis responds to feminists' call to look to the margins to understand the diversity of women's responses to what Rapp and Ginsburg have called "stratified reproduction".

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/j.1548-1387.2009.01057.x

ER -

TY - JOUR
 AN - rayyan-504930879
 TI - Access to essential technologies for safe childbirth: a survey of health workers in Africa and Asia.
 Y1 - 2013
 Y2 - 2
 Y3 - 20
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 13
 SP - 43
 AU - Spector JM
 AU - Reisman J
 AU - Lipsitz S
 AU - Desai P
 AU - Gawande AA
 AV - Department of Internal Medicine-Pediatrics, Harvard - Massachusetts General Hospital, Boston, MA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/23421767/>
 LA - eng
 CY - England
 KW - Africa
 KW - Asia
 KW - Attitude of Health Personnel
 KW - Chi-Square Distribution
 KW - Child Health Services/supply & distribution
 KW - Cross-Sectional Studies
 KW - *Developing Countries
 KW - Female
 KW - Health Resources/*supply & distribution
 KW - Humans
 KW - Infant, Newborn
 KW - Maternal Health Services/*supply & distribution
 KW - Obstetrics/instrumentation
 KW - Parturition
 KW - Pregnancy
 KW - Pregnancy Complications/*therapy
 KW - Surveys and Questionnaires
 KW - Health Surveys
 AB - BACKGROUND: The reliable availability of health technologies, defined as equipment, medicines, and consumable supplies, is essential to ensure successful childbirth practices proven to prevent avoidable maternal and newborn mortality. The majority of global maternal and newborn deaths take place in Africa and Asia, yet few data exist that describe the availability of childbirth-related health technologies in these regions. We conducted a cross-sectional survey of health workers in Africa and Asia in order to profile the availability of health technologies considered to be essential to providing safe childbirth care. METHODS: Health workers in Africa and Asia were surveyed using a web-based questionnaire. A list of essential childbirth-related health technologies was drawn from World Health Organization guidelines for preventing and managing complications associated with the major causes of maternal and newborn mortality globally. Demographic data describing each birth center were obtained and health workers reported on the availability of essential childbirth-related health technologies at their centers. Comparison analyses were conducted using Rao-Scott chi-square test statistics. RESULTS: Health workers from 124 birth centers in 26 African and 15 Asian countries participated. All facilities exhibited gaps in the availability of essential childbirth-related health technologies. Availability was significantly reduced in birth centers that had lower birth volumes and those from lower income countries. On average across all centers, health workers reported the availability of 18 of 23 essential childbirth-related health technologies (79%; 95% CI, 74%, 84%). Low-volume facilities suffered severe shortages; on average, these centers reported reliable availability of 13 of 23 technologies

(55%; 95% CI, 39%, 71%). CONCLUSIONS: Substantial gaps exist in the availability of essential childbirth-related health technologies across health sector levels in Africa and Asia. Strategies that facilitate reliable access to vital health technologies in these regions are an urgent priority.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1186/1471-2393-13-43

ER -

TY - Clinical Trial

AN - rayyan-504930880

TI - Bupivacaine versus L-bupivacaine for labor analgesia via combined spinal-epidural: a randomized, double-blinded study.

Y1 - 2005

Y2 - 3

T2 - Journal of clinical anesthesia

SN - 0952-8180 (Print)

J2 - J Clin Anesth

VL - 17

IS - 2

SP - 91-5

AU - Sah N

AU - Vallejo MC

AU - Ramanathan S

AU - Golebiewski K

AV - Department of Anesthesia, Magee-Womens Hospital, Pittsburgh, PA 15213, USA.

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UR - <https://pubmed.ncbi.nlm.nih.gov/15809123/>

LA - eng

CY - United States

KW - Adult

KW - *Analgesia, Epidural

KW - *Analgesia, Obstetrical

KW - Anesthetics, Local/*administration & dosage

KW - Bupivacaine/*administration & dosage

KW - Double-Blind Method

KW - Female

KW - Fentanyl/administration & dosage

KW - Humans

KW - Pregnancy

KW - Stereoisomerism

KW - Time Factors

KW - Bupivacaine

AB - STUDY OBJECTIVE: To compare the intensity and duration of motor block and the duration of sensory block with racemic bupivacaine and l-bupivacaine for combined spinal-epidural analgesia, as previous studies have shown contradictory results. DESIGN: A prospective, randomized, double-blinded study. SETTING: Birth Center at Magee-Womens Hospital, Pittsburgh, Pa. PATIENTS: Multiparous American Society of Anesthesiologists physical status I and II patients requesting labor analgesia. There were 2 groups: group A with 34 patients and group B with 33. INTERVENTIONS: Group A received a mixture of 2.5 mg of racemic bupivacaine and 25 microg of fentanyl into the subarachnoid space. Group B received 2.5 mg of intrathecal L-bupivacaine and 25 microg of fentanyl. Pain verbal analog score (VAS, 0-10) scores and Bromage scores were recorded at 5, 15, 30, and every 30 minutes thereafter until the VAS increased to 3 or higher, at which time the epidural block was activated with 0.125% bupivacaine and fentanyl. Patients' vital signs and fetal heart rate were monitored for 30 minutes after the block. MAIN RESULTS: None of the patients in both groups had any demonstrable motor block. The median VAS decreased from 7 to 0 in 5 minutes in group A and from 7.5 to 0 in group B. The average durations of sensory block in groups A and B were 114.85 +/- 26.27 and 101.9 +/- 35.20 minutes (P = NS), respectively. CONCLUSION: Contrary to earlier studies, we did not find any difference in the intensity and duration of sensory or motor blocks between racemic bupivacaine and l-bupivacaine. Based on our findings in the parturient population studied, we conclude that l-bupivacaine

does not offer any advantages over racemic bupivacaine when used for combined spinal-epidural for labor analgesia.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1016/j.jclinane.2004.05.004

ER -

TY - JOUR

AN - rayyan-504930881

TI - PBDE levels in breast milk are decreasing in California.

Y1 - 2016

Y2 - 5

T2 - Chemosphere

SN - 1879-1298 (Electronic)

J2 - Chemosphere

VL - 150

SP - 505-513

AU - Guo W

AU - Holden A

AU - Smith SC

AU - Gephart R

AU - Petreas M

AU - Park JS

AV - California Department of Toxic Substances Control, California Environmental Protection Agency, Berkeley, USA. Electronic address: weihong.guo@dtsc.ca.gov.; California Department of Toxic Substances Control, California Environmental Protection Agency, Berkeley, USA.; California Department of Toxic Substances Control, California Environmental Protection Agency, Berkeley, USA; Sequoia Foundation, La Jolla, USA.; Women's Health and Birth Center, Santa Rosa, USA.; California Department of Toxic Substances Control, California Environmental Protection Agency, Berkeley, USA.; California Department of Toxic Substances Control, California Environmental Protection Agency, Berkeley, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/26693645/>

LA - eng

CY - England

KW - Adult

KW - Breast Feeding

KW - California

KW - Environmental Monitoring

KW - Environmental Pollutants/*analysis/blood

KW - Female

KW - Fetal Blood/chemistry

KW - Halogenated Diphenyl Ethers/*analysis

KW - Humans

KW - Infant

KW - Maternal Exposure

KW - Milk, Human/*chemistry

KW - Mothers

KW - Polychlorinated Biphenyls/*analysis/blood

KW - Milk, Human

KW - Milk Ejection

AB - To assess the efficacy of the bans in reducing PBDE levels, we recruited 67 California first time mothers (sampled during 2009-2012) and collected cord blood at birth (n = 31), breast milk (n = 66) and maternal blood (n = 65) at 3-8 weeks postpartum. Using the same sample extraction procedures and analytical instrumentation method (GC-HRMS), we compared PBDE as well as PCB levels in these breast milk samples to those from our previous study (n = 82, sampled during 2003-2005) and found that the sum of PBDEs over the ~7 year course declined by 39% (GeoMean = 67.8 ng/g lipid in 2003-2005; 41.5 ng/g lipid in 2009-2012) and that the sum of PCBs declined by 36% (GeoMean = 71.6 ng/g lipid in 2003-2005; 45.7 ng/g lipid in 2009-2012). This supports our earlier finding of a PBDE decline (39%) in blood. We also found that the PBDE concentrations and congener profiles were similar in breast milk and their matched maternal/cord blood:

BDE-47 was the dominant congener, followed by BDE-153, -99, and -100. Similar levels and congener profiles of PBDEs in these matrices suggest that they are at equilibrium. Therefore, we propose that maternal serum levels may be used to predict an infant's daily dose of PBDE exposure from breastfeeding when breast milk levels are not available. In addition, our study confirmed that breastfeeding babies are still exposed to high levels of PBDEs, even though PBDE levels are decreasing.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.chemosphere.2015.11.032
ER -

TY - JOUR
AN - rayyan-504930882
TI - New hypertension in pregnancy guidelines.
Y1 - 2015
Y2 - 3
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 40
IS - 2
SP - 128
AU - Killion M
AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, UCSF Benioff Children's Hospital, San Francisco, CA. She can be reached via e-mail at Molly.Killion@ucsfmedctr.org.
UR - <https://pubmed.ncbi.nlm.nih.gov/25723798/>
LA - eng
CY - United States
KW - Adolescent
KW - Adult
KW - Female
KW - *Guidelines as Topic
KW - HELLP Syndrome/nursing/prevention & control
KW - Humans
KW - Hypertension/*therapy
KW - Middle Aged
KW - Pregnancy
KW - Hypertension
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/NMC.0000000000000119
ER -

TY - JOUR
AN - rayyan-504930883
TI - Mild hypothermia and hemorrhagic lesions in neonates with hypoxic-ischemic encephalopathy: experience in an outborn center.
Y1 - 2016
T2 - The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians
SN - 1476-4954 (Electronic)
J2 - J Matern Fetal Neonatal Med
VL - 29
IS - 12
SP - 1963-6
AU - Savarese I
AU - Balestri M
AU - Piersigilli F
AU - Giliberti P

AU - Campi F
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 AU - Longo D
 AU - Cilio MR
 AU - Dotta A
 AV - a Neonatal Intensive Care Unit, Department of Medical and Surgical Neonatology .; b Neurology Unit, Neuroscience Department .; a Neonatal Intensive Care Unit, Department of Medical and Surgical Neonatology .; a Neonatal Intensive Care Unit, Department of Medical and Surgical Neonatology .; a Neonatal Intensive Care Unit, Department of Medical and Surgical Neonatology .; a Neonatal Intensive Care Unit, Department of Medical and Surgical Neonatology .; c Multifactorial Disease and Complex Phenotype Research Area , and.; d Neuroradiology Unit, Department of Imaging , Bambino Gesù Children's Hospital, IRCCS , Rome , Italy.; b Neurology Unit, Neuroscience Department .; a Neonatal Intensive Care Unit, Department of Medical and Surgical Neonatology .
 UR - <https://pubmed.ncbi.nlm.nih.gov/26169713/>
 LA - eng
 CY - England
 KW - Cerebral Hemorrhage/*etiology/*prevention & control
 KW - Humans
 KW - *Hypothermia, Induced
 KW - Hypoxia-Ischemia, Brain/complications/*therapy
 KW - Infant, Newborn
 KW - Retrospective Studies
 KW - *Transportation of Patients
 KW - Brain Ischemia
 KW - Hypothermia
 KW - Hypoxia-Ischemia, Brain
 AB - OBJECTIVE: Therapeutic hypothermia (TH) started within six hours from birth has been shown to improve neurodevelopmental outcomes in newborns with moderate-to-severe hypoxic-ischemic encephalopathy. METHODS: Twenty-nine consecutive newborns treated with whole body cooling at the Bambino Gesù Children's Hospital between March 2011 and December 2012 were included in this study. All infants were out-born neonates. Passive cooling was always started at the birth center and continued during transportation. Pre- and post-transport risk index of physiological stability (TRIPS) scores were calculated for each patient to evaluate the impact of the transportation. Magnetic resonance imaging (MRI) was performed within 10 days of life to investigate the presence of brain injury. RESULTS: Among the 26 survivors, 14 had no detectable lesions and 12 presented with brain injury on MRI. Four babies presented with cerebral bleeding. Babies with cerebral hemorrhage had a worse pre-transport TRIPS score, but among these neonates no worsening between pre and post-transport score was registered. CONCLUSION: The presence of cerebral hemorrhagic lesions seemed to be related to the initial clinical conditions of the baby rather than to the transport itself. Our data confirm that TH performed in an out-born center is efficient and safe.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.3109/14767058.2015.1070138
 ER -
 TY - JOUR
 AN - rayyan-504930884
 TI - Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas: 5. Mortality assessment.
 Y1 - 2023
 Y2 - 2
 Y3 - 28
 T2 - International journal for equity in health
 SN - 1475-9276 (Electronic)
 J2 - Int J Equity Health
 VL - 21

SP - 198
 AU - Perry HB
 AU - Stollak I
 AU - Llanque R
 AU - Okari A
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 AU - Shindhelm A
 AU - Chou VB
 AU - Valdez M
 AV - Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA. hperry2@jhu.edu.; Curamericas Global, Raleigh, North Carolina, USA.; Consejo de Salud Rural Andino/Curamericas, La Paz, Bolivia.; Traveling Nurse, Raleigh, North Carolina, USA.; Community Health Impact Coalition, New York, New York, USA.; Department of Neurology, Duke University Medical Center, Durham, North Carolina, USA.; Global Disease Epidemiology and Control Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA.; Curamericas/Guatemala, Calhuitz, Huehuetenango, San Sebastián Coatán, Guatemala.
 UR - <https://pubmed.ncbi.nlm.nih.gov/36855128/>
 LA - eng
 CY - England
 KW - Child
 KW - Infant, Newborn
 KW - Pregnancy
 KW - Humans
 KW - Female
 KW - *Child Health
 KW - Guatemala/epidemiology
 KW - *Postpartum Hemorrhage
 KW - Censuses
 KW - Family
 KW - Socioeconomic Factors
 KW - Child Welfare
 KW - Rural Health
 AB - BACKGROUND: The Curamericas/Guatemala Maternal and Child Health Project, 2011-2015, implemented the Census-Based, Impact-Oriented Approach, the Care Group Approach, and the Community Birthing Center Approach. Together, this expanded set of approaches is known as CBIO+. This is the fifth of 10 papers in our supplement describing the Project and the effectiveness of the CBIO+ Approach. This paper assesses causes, levels, and risk factors for mortality along with changes in mortality. METHODS: The Project maintained Vital Events Registers and conducted verbal autopsies for all deaths of women of reproductive age and under-5 children. Mortality rates and causes of death were derived from these data. To increase the robustness of our findings, we also indirectly estimated mortality decline using the Lives Saved Tool (LiST). FINDINGS: The leading causes of maternal and under-5 mortality were postpartum hemorrhage and pneumonia, respectively. Home births were associated with an eight-fold increased risk of both maternal ($p = 0.01$) and neonatal ($p = 0.00$) mortality. The analysis of vital events data indicated that maternal mortality declined from 632 deaths per 100,000 live births in Years 1 and 2 to 257 deaths per 100,000 live birth in Years 3 and 4, a decline of 59.1%. The vital events data revealed no observable decline in neonatal or under-5 mortality. However, the 12-59-month mortality rate declined from 9 deaths per 1000 live births in the first three years of the Project to 2 deaths per 1000 live births in the final year. The LiST model estimated a net decline of 12, 5, and 22% for maternal, neonatal and under-5 mortality, respectively. CONCLUSION: The baseline maternal mortality ratio is one of the highest in the Western hemisphere. There is strong evidence of a decline in maternal mortality in the Project Area. The evidence of a decline in neonatal and under-5 mortality is less robust. Childhood pneumonia and neonatal conditions were the leading causes of under-5 mortality. Expanding access to evidence-based community-based interventions for (1) prevention of postpartum hemorrhage, (2) home-based neonatal care, and (3) management of childhood pneumonia could help further reduce mortality in the Project Area and in similar areas of Guatemala and beyond.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: not midwife-led
 DO - 10.1186/s12939-022-01757-7
 ER -

TY - JOUR
AN - rayyan-504930885
TI - Testing the nursing outcomes classification in three clinical units in a community hospital.
Y1 - 2003
T2 - Journal of nursing measurement
SN - 1061-3749 (Print)
J2 - J Nurs Meas
VL - 11
IS - 2
SP - 171-81
AU - Moorhead S
AU - Johnson M
AU - Maas M
AU - Reed D
AV - University of Iowa, College of Nursing, Iowa City 52242, USA. sue-moorhead@uiowa.edu
UR - <https://pubmed.ncbi.nlm.nih.gov/15274524/>

LA - eng
CY - United States
KW - Birthing Centers
KW - Female
KW - Hospitals, Community
KW - Humans
KW - Male
KW - Mental Health Services
KW - Midwestern United States
KW - Nursing Assessment/classification/*standards
KW - Nursing Evaluation Research/*methods
KW - Oncology Service, Hospital
KW - Outcome Assessment, Health Care/classification/*methods
KW - Pregnancy
KW - Quality Indicators, Health Care/*standards
KW - Sensitivity and Specificity
KW - *Vocabulary, Controlled

AB - The testing of the Nursing Outcomes Classification (NOC) was the focus of a 4-year study to evaluate the use of the outcomes and measurement scales developed by the Iowa Outcomes Project, a research team at the University of Iowa. Three units in a Midwest community hospital collected data as part of the larger (ten) clinical site study to test the reliability, validity, and sensitivity of the NOC. This article focuses on the results of sensitivity testing obtained in a birth center, behavioral health center, and an oncology unit in a midwestern community hospital. Methods used in this study focused on change scores from initial assessment to post-treatment status for the outcomes studied in each unit. Average baseline ratings, average follow-up ratings, average change scores, and range of change are reported. Thirty-five outcomes are reported for the behavioral health unit, 21 outcomes are reported for the Birth Center, and 8 outcomes for the Oncology Unit. The overall average baseline for the behavioral health unit was 1.89 with an average follow-up rating of 3.22. For the Birth Center, the average baseline rating was 3.23 with an average follow-up score of 3.88. For the Oncology Unit, the average baseline score was 3.01 with an average follow-up rating of 3.12. The results of this study suggest that the NOC outcomes are able to identify change in some outcome ratings through time and in a direction expected for the populations studied in these three specialty units.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
DO - 10.1891/jnum.11.2.171.57287
ER -

TY - Comparative Study
AN - rayyan-504930886
TI - Birth outcomes of planned home births in Missouri: a population-based study.

Y1 - 2011
Y2 - 8
T2 - American journal of perinatology
SN - 1098-8785 (Electronic)
J2 - Am J Perinatol
VL - 28
IS - 7
SP - 529-36
AU - Chang JJ
AU - Macones GA
AV - Department of Community Health in Epidemiology, Saint Louis University School of Public Health, 3545 Lafayette Avenue, St. Louis, MO 63194, USA. changdalton@gmail.com
UR - <https://pubmed.ncbi.nlm.nih.gov/21380991/>
LA - eng
CY - United States
KW - Adult
KW - Female
KW - Fetal Death/epidemiology
KW - Fetal Monitoring/statistics & numerical data
KW - *Home Childbirth
KW - Humans
KW - Labor, Induced/statistics & numerical data
KW - Logistic Models
KW - Missouri
KW - Nurse Midwives
KW - Obstetric Labor Complications/epidemiology
KW - Odds Ratio
KW - Pregnancy
KW - Pregnancy Outcome/*epidemiology
KW - Retrospective Studies
KW - Seizures/epidemiology
KW - Young Adult
AB - We evaluated the birth outcomes of planned home births. We conducted a retrospective cohort study using Missouri vital records from 1989 to 2005 to compare the risk of newborn seizure and intrapartum fetal death in planned home births attended by physicians/certified nurse midwives (CNMs) or non-CNMs with hospitals/birthing center births. The study sample included singleton pregnancies between 36 and 44 weeks of gestation without major congenital anomalies or breech presentation (N = 859,873). The adjusted odds ratio (aOR) of newborn seizures in planned home births attended by non-CNMs was 5.11 (95% confidence interval [CI]: 2.52, 10.37) compared with deliveries by physicians/CNMs in hospitals/birthing centers. For intrapartum fetal death, aORs were 11.24 (95% CI: 1.43, 88.29), and 20.33 (95% CI: 4.98, 83.07) in planned home births attended by non-CNMs and by physicians/CNMs, respectively, compared with births in hospitals/birthing centers. Planned home births are associated with increased likelihood of adverse birth outcomes.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia
DO - 10.1055/s-0031-1272971
ER -

TY - JOUR
AN - rayyan-504930887
TI - Engaging Mothers to Implement Nonpharmacological Care for Infants With Neonatal Abstinence Syndrome: Perceptions of Perinatal and Pediatric Nurses.
Y1 - 2020
Y2 - 12
T2 - Advances in neonatal care : official journal of the National Association of Neonatal Nurses
SN - 1536-0911 (Electronic)
J2 - Adv Neonatal Care

VL - 20
 IS - 6
 SP - 464-472
 AU - Shuman CJ
 AU - Weber A
 AU - VanAntwerp K
 AU - Wilson R
 AV - School of Nursing, University of Michigan, Ann Arbor (Dr Shuman and Ms VanAntwerp); College of Nursing, University of Cincinnati, Cincinnati, Ohio (Dr Weber); and Department of Nursing, St. Cloud State University, St. Cloud, Minnesota (Dr Wilson).
 UR - <https://pubmed.ncbi.nlm.nih.gov/33009157/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Female
 KW - Humans
 KW - Infant Care/*methods
 KW - Infant, Newborn
 KW - Interviews as Topic
 KW - Male
 KW - Minnesota
 KW - *Mother-Child Relations/psychology
 KW - Mothers
 KW - Neonatal Abstinence Syndrome/*psychology/*therapy
 KW - Neonatal Nursing
 KW - Nurses, Pediatric/*psychology
 KW - Perception
 KW - Young Adult
 KW - Infant
 KW - Pediatric Nursing
 KW - Neonatal Abstinence Syndrome
 AB - BACKGROUND: Little is known about nurse perceptions regarding engagement of mothers in implementation of nonpharmacological care for opioid-exposed infants. PURPOSE: This study was designed to describe perinatal and pediatric nurse perceptions of (1) engaging mothers in the care of opioid-exposed infants and (2) facilitators and barriers to maternal engagement. METHODS: This study used a qualitative descriptive design to interview perinatal and pediatric nurses in one Midwest United States hospital. Interviews were conducted via telephone using a semistructured interview guide and audio recorded. Audio files were transcribed verbatim and thematically analyzed using the constant comparative method. RESULTS: Twenty-one nurses participated in the study, representing a family birth center, neonatal intensive care unit, and pediatric unit. Five major themes resulted from analysis: (1) vulnerability and bias; (2) mother-infant care: tasks versus model of care; (3) maternal factors affecting engagement and implementation; (4) nurse factors affecting engagement and implementation; and (5) recommendations and examples of nursing approaches to barriers. Minor themes supported each of the major themes. IMPLICATIONS FOR PRACTICE: Nurses must engage mothers with substance use histories with empathy and nonjudgment, identify and promote maternal agency to care for their infants, and engage and activate mothers to deliver nonpharmacological care during the hospital stay and following discharge. IMPLICATIONS FOR RESEARCH: Findings suggest interventions are needed to improve (1) nursing education regarding maternal substance use and recovery, (2) empathy for substance-using mothers and mothers in treatment, and (3) identification and support of maternal agency to provide nonpharmacological care to withdrawing infants.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1097/ANC.0000000000000812
 ER -

 TY - JOUR
 AN - rayyan-504930888
 TI - Making Sense of Everett's Arrival: A Commentary on the Power of Birth Narratives.
 Y1 - 2017

T2 - Narrative inquiry in bioethics
 SN - 2157-1740 (Electronic)
 J2 - Narrat Inq Bioeth
 VL - 7
 IS - 3
 SP - 225-230
 AU - Wasserman JA
 AU - Wasserman RN
 UR - <https://pubmed.ncbi.nlm.nih.gov/29249716/>
 LA - eng
 CY - United States
 KW - *Delivery, Obstetric
 KW - *Empathy
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Narration
 KW - Pregnancy
 AB - The birth of our daughter nearly 5 years ago went very well. But in a new city, with some experience on our side and access to a homelike natural birth center connected to a major area hospital, we thought it would be all the better when our son was born. We hadn't dreamed that the detection of a benign arrhythmia in the baby's heart would cascade into a situation that would not only undermine our entire birth plan, but force unwanted treatment and threats of abandonment. In this commentary, our intention is to illustrate the way in which narratives, and the commonalities between the stories shared by other authors in this issue and our own, can give profound depth and new insights into the things that happen to us.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal
 DO - 10.1353/nib.2017.0070
 ER -

TY - JOUR
 AN - rayyan-504930889
 TI - Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas: 3. Expansion of population coverage of key interventions.
 Y1 - 2023
 Y2 - 2
 Y3 - 28
 T2 - International journal for equity in health
 SN - 1475-9276 (Electronic)
 J2 - Int J Equity Health
 VL - 21
 SP - 196
 AU - Blanco S
 AU - Valdez M
 AU - Stollak I
 AU - Westgate CC
 AU - Herrera A
 AU - Perry HB
 AV - Consejo de Salud Rural Andino/Curamericas, La Paz, Bolivia.; Curamericas/Guatemala, Calhuitz, San Sebastián Coatán, Huehuetenango, Guatemala.; Curamericas Global, Raleigh, North Carolina, USA.; Community Health Impact Coalition, New York, New York, USA.; Curamericas Global, Raleigh, North Carolina, USA.; Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA. hperry2@jhu.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/36855129/>
 LA - eng
 CY - England
 KW - Pregnancy
 KW - Child

KW - Infant, Newborn
KW - Female
KW - Humans
KW - *Censuses
KW - *Child Health
KW - Guatemala
KW - Family
KW - Family Planning Services
KW - Socioeconomic Factors
KW - Child Welfare
KW - Only Child
KW - Rural Health

AB - BACKGROUND: This is the third in a series of 10 articles describing the Curamericas/Guatemala Maternal and Child Health Project, 2011-2015, and its effectiveness in improving the health and well-being of 15,327 children younger than 5 years of age and 32,330 women of reproductive age in the Department of Huehuetenango in 180 communities that make up the municipalities of San Sebastian Coatán, Santa Eulalia, and San Miguel Acatán. The Project combined the Census-Based, Impact-Oriented (CBIO) Approach with the Care Group Approach and the Community Birthing Center (Casa Materna Rural) Approach. This combined approach we refer to as CBIO+. The Project trained women volunteers every two weeks (in Care Groups) to provide health education to neighboring households. Messages focused on the promotion of maternal and newborn health, nutrition, prevention and treatment of acute respiratory infection and diarrhea in children, and immunizations. METHODS: Household knowledge, practice and coverage (KPC) surveys were executed at baseline in January 2011 and at endline in June 2015 to measure changes in levels of knowledge of danger signs, key household practices (such as Essential Newborn Care and handwashing), and health service utilization (such as antenatal care and care seeking for a child with signs of pneumonia) in two separate Project Areas (Area A with 41 months and Area B with 20 months of full intervention implementation). RESULTS: For the 24 indicators of the interventions under the Project's control, statistically significant improvements were observed for 21 in Area A and 19 in Area B. However, for some of the interventions that required support from the government's Extension of Coverage Program (immunization, family planning, and vitamin A administration) no improvements were noted because of the cessation of the program by the government after Project implementation began. In both Areas A and B one-half of the indicators improved by at least two-fold. CONCLUSION: This community-based Project has been effective in quickly achieving marked improvements in indicators for interventions that are important for the health of mothers and children. These achievements are notable in view of the challenging context in which the Project was implemented.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1186/s12939-022-01755-9
ER -

TY - JOUR
AN - rayyan-504930891
TI - Cardiovascular Riskprofile - IMaging and gender-specific disOrders (CREw-IMAGO): rationale and design of a multicenter cohort study.
Y1 - 2017
Y2 - 8
Y3 - 7
T2 - BMC women's health
SN - 1472-6874 (Electronic)
J2 - BMC Womens Health
VL - 17
IS - 1
SP - 60
AU - Zoet GA
AU - Meun C
AU - Benschop L
AU - Boersma E
AU - Budde RPJ

AU - Fauser BCJM
 AU - de Groot CJM
 AU - van der Lugt A
 AU - Maas AHEM
 AU - Moons KGM
 AU - Roeters van Lennep JE
 AU - Roos-Hesselink JW
 AU - Steegers EAP
 AU - van Rijn BB
 AU - Laven JSE
 AU - Franx A
 AU - Velthuis BK
 AV - Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, 3508, AB, Utrecht, The Netherlands. g.zoet@umcutrecht.nl.; Division of Reproductive Medicine, Department of Obstetrics and Gynaecology, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Obstetrics & Gynaecology, University Medical Center Rotterdam, Erasmus MC, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Cardiology, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Radiology, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Reproductive Medicine & Gynaecology, University Medical Center Utrecht, Heidelberglaan 100, 3584, CX, Utrecht, The Netherlands.; Department of Obstetrics and Gynecology, VU University Medical Center, De Boelelaan 1117, 1081, HV, Amsterdam, The Netherlands.; Department of Radiology, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Cardiology, Radboud University Medical Center, Geert Grooteplein-Zuid 10, 6525, GA, Nijmegen, The Netherlands.; Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Heidelberglaan 100, 3584, CX, Utrecht, The Netherlands.; Department of Internal Medicine, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Cardiology, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Department of Obstetrics & Gynaecology, University Medical Center Rotterdam, Erasmus MC, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, 3508, AB, Utrecht, The Netherlands.; Academic Unit of Human Development and Health, University of Southampton, Princess Anne Hospital, Coxford Road, Southampton, SO16 5YA, UK.; Division of Reproductive Medicine, Department of Obstetrics and Gynaecology, Erasmus Medical Center, 's-Gravendijkwal 230, 3015CE, Rotterdam, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Lundlaan 6, 3508, AB, Utrecht, The Netherlands.; Department of Radiology, University Medical Center Utrecht, Heidelberglaan 100, 3584, CX, Utrecht, The Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28784118/>
 LA - eng
 CY - England
 KW - Cardiovascular Diseases/*diagnostic imaging/*physiopathology
 KW - Coronary Angiography
 KW - Female
 KW - Humans
 KW - Hypertension, Pregnancy-Induced/physiopathology
 KW - Middle Aged
 KW - Netherlands
 KW - Polycystic Ovary Syndrome/complications
 KW - Primary Ovarian Insufficiency/complications
 KW - Prognosis
 KW - Prospective Studies
 KW - Pulse Wave Analysis/methods
 KW - Risk Factors
 KW - Tomography, X-Ray Computed
 KW - Cohort Studies
 AB - BACKGROUND: Reproductive disorders, such as polycystic ovary syndrome (PCOS), primary ovarian insufficiency (POI) and hypertensive pregnancy disorders (HPD) like pre-eclampsia (PE), are associated with an increased risk of cardiovascular disease (CVD). Detection of early signs of cardiovascular disease (CVD),

as well as identification of risk factors among women of reproductive age which improve cardiovascular risk prediction, is a challenge and current models might underestimate long-term health risks. The aim of this study is to assess cardiovascular disease in patients with a history of a reproductive disorder by low-dose computed tomography (CT). METHODS: Women of 45 - 55 years, who experienced a reproductive disorder (PCOS, POI, HPD), are invited to participate in this multicenter, prospective, cohort study. Women will be recruited after regular cardiovascular screening, including assessment of classical cardiovascular risk factors. CT of the coronary arteries (both coronary artery calcium scoring (CACS), and contrast-enhanced coronary CT angiography (CCTA)) and carotid siphon calcium scoring (CSC) is planned in 300 women with HPD and 300 women with PCOS or POI. In addition, arterial stiffness (non-invasive pulse wave velocity (PWV)) measurement and cell-based biomarkers (inflammatory circulating cells) will be obtained. DISCUSSION: Initial inclusion is focused on women of 45 - 55 years. However, the age range (40 - 45 years and/or \geq 55 years) and group composition may be adjusted based on the findings of the interim analysis. Participants can potentially benefit from information obtained in this study concerning their current cardiovascular health and expected future risk of cardiovascular events. The results of this study will provide insights in the development of CVD in women with a history of reproductive disorders. Ultimately, this study may lead to improved cardiovascular prediction models and will provide an opportunity for timely adjustment of preventive strategies. Limitations of this study include the possibility of overdiagnosis and the average radiation dose of 3.5 mSv during coronary and carotid siphon CT, although the increased lifetime malignancy risk is negligible. TRIAL REGISTRATION: Netherlands Trial Register, NTR5531 . Date registered: October 21st, 2015.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1186/s12905-017-0415-x

ER -

TY - JOUR

AN - rayyan-504930892

TI - A descriptive study of point-of-care reference resource use by advanced practice RNs in Texas.

Y1 - 2013

Y2 - 11

T2 - Computers, informatics, nursing : CIN

SN - 1538-9774 (Electronic)

J2 - Comput Inform Nurs

VL - 31

IS - 11

SP - 530-8

AU - Bischoff WR

AU - Hinojosa RH

AV - Author Affiliations: Canseco School of Nursing (Dr Bischoff) and Library (Acquisitions) (Mr Hinojosa), Texas A&M International University, Laredo, TX.

UR - <https://pubmed.ncbi.nlm.nih.gov/24226042/>

LA - eng

CY - United States

KW - Adult

KW - Evidence-Based Nursing

KW - Female

KW - Humans

KW - Male

KW - Middle Aged

KW - *Nursing Staff

KW - *Point-of-Care Systems

KW - Texas

AB - This descriptive study replicates and extends previous research on advanced practice RNs and the (1) reference resources available to them at the point of care, (2) resources they use to inform their clinical practice, and (3) resources they are accessing from handheld electronic devices such as PDAs, smartphones, and tablet computers during practice. These elements formed the purpose of the current study. A sample of advanced practice RNs from Texas Public Health Region 11 was surveyed. Available resources were current

journals appropriate to setting and current clinical guidelines. These advanced practice RNs "always or frequently" based their professional practice on personal experience of caring for patients/clients over time, information learned in college/university, and information learned about each patient/client as an individual. Responses for Hispanic respondents as well as electronic device users were similar. Content and features accessed daily by handheld computer devices were reference materials, e-mail, address/phonebook, Internet access other than e-mail, calendar/date book, alarm/reminder, calculator, and memo pad. Software installed on handheld devices and used daily included drug references, medical text/reference book, medical math/formula calculator, practice guidelines, and language translator/dictionary. Respondents who did not report using handheld devices at work were older, had more years in advanced practice nursing, and were more likely to work in a hospital, birthing center, or institution such as a prison, school, or military facility. There was no difference in resource or electronic device use by Hispanic advanced practice RNs. Electronic resources for practice are growing and being used by advanced practice RNs. Consideration should be given to incorporating evaluation and implementation of electronic clinical resources into advanced practice RN educational programs. Future research should include greater detail about the origin of information used in practice. Patient responses to the use of electronic handheld devices in clinical settings needs illuminating.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1097/CIN.0000000000000006

ER -

TY - JOUR

AN - rayyan-504930893

TI - Active screening for tuberculosis in high-incidence Inuit communities in Canada: a cost-effectiveness analysis.

Y1 - 2021

Y2 - 11

Y3 - 1

T2 - CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne

SN - 1488-2329 (Electronic)

J2 - CMAJ

VL - 193

IS - 43

SP - E1652-E1659

AU - Uppal A

AU - Nsengiyumva NP

AU - Signor C

AU - Jean-Louis F

AU - Rochette M

AU - Snowball H

AU - Etok S

AU - Annanack D

AU - Ikey J

AU - Khan FA

AU - Schwartzman K

AV - Montreal Chest Institute (Uppal, Khan, Schwartzman); Respiratory Epidemiology and Clinical Research Unit, Centre for Outcomes Research and Evaluation (Uppal, Nsengiyumva, Khan, Schwartzman), Research Institute of McGill University Health Centre; McGill International Tuberculosis Centre (Uppal, Nsengiyumva, Khan, Schwartzman), Montréal, Que.; Régie régionale de la santé et des services sociaux du Nunavik (Signor, Jean-Louis, Rochette); Kativik Regional Government (Snowball); Ulluriaq School (Etok), Kangiqsualujjuaq; Northern Village of Kangiqsualujjuaq (Annanack); Salluit Birth Center, Salluit (Ikey), Québec, Que.; Montreal Chest Institute (Uppal, Khan, Schwartzman); Respiratory Epidemiology and Clinical Research Unit, Centre for Outcomes Research and Evaluation (Uppal, Nsengiyumva, Khan, Schwartzman), Research Institute of McGill University Health Centre; McGill International Tuberculosis Centre (Uppal, Nsengiyumva, Khan, Schwartzman), Montréal, Que.; Régie régionale de la santé et des services sociaux du Nunavik (Signor, Jean-Louis, Rochette); Kativik Regional Government (Snowball); Ulluriaq School (Etok), Kangiqsualujjuaq; Northern Village of Kangiqsualujjuaq (Annanack); Salluit Birth Center, Salluit (Ikey), Québec, Que.; Montreal Chest Institute (Uppal, Khan, Schwartzman); Respiratory Epidemiology and Clinical Research Unit, Centre for Outcomes Research and Evaluation (Uppal, Nsengiyumva, Khan, Schwartzman), Research Institute of McGill

KW - Cost of Illness
KW - *Cost-Benefit Analysis
KW - Decision Trees
KW - Disease Outbreaks
KW - Health Care Costs/*statistics & numerical data
KW - Health Services, Indigenous/*economics/organization & administration
KW - Humans
KW - Incidence
KW - *Inuit
KW - Mass Screening/economics/*methods/organization & administration
KW - Quebec/epidemiology
KW - Tuberculosis/*diagnosis/economics/*ethnology/therapy
KW - Canada
KW - Tuberculosis
KW - Mass Screening
KW - Cost-Benefit Analysis

AB - BACKGROUND: Active screening for tuberculosis (TB) involves systematic detection of previously undiagnosed TB disease or latent TB infection (LTBI). It may be an important step toward elimination of TB among Inuit in Canada. We aimed to evaluate the cost-effectiveness of community-wide active screening for TB infection and disease in 2 Inuit communities in Nunavik. METHODS: We incorporated screening data from the 2 communities into a decision analysis model. We predicted TB-related health outcomes over a 20-year time frame, beginning in 2019. We assessed the cost-effectiveness of active screening in the presence of varying outbreak frequency and intensity. We also considered scenarios involving variation in timing, impact and uptake of screening programs. RESULTS: Given a single large outbreak in 2019, we estimated that 1 round of active screening reduced TB disease by 13% (95% uncertainty range -3% to 27%) and was cost saving compared with no screening, over 20 years. In the presence of simulated large outbreaks every 3 years thereafter, a single round of active screening was cost saving, as was biennial active screening. Compared with a single round, we also determined that biennial active screening reduced TB disease by 59% (95% uncertainty range 52% to 63%) and was estimated to cost Can\$6430 (95% uncertainty range -\$29 131 to \$13 658 in 2019 Can\$) per additional active TB case prevented. With smaller outbreaks or improved rates of treatment initiation and completion for people with LTBI, we determined that biennial active screening remained reasonably cost-effective compared with no active screening. INTERPRETATION: Active screening is a potentially cost-saving approach to reducing disease burden in Inuit communities that have frequent TB outbreaks.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1503/cmaj.210447
ER -

TY - JOUR
AN - rayyan-504930894
TI - Asymptomatic urinary tract infection among pregnant women receiving ante-natal care in a traditional birth home in Benin City, Nigeria.
Y1 - 2015
Y2 - 1
T2 - Ethiopian journal of health sciences
SN - 2413-7170 (Electronic)
J2 - Ethiop J Health Sci
VL - 25
IS - 1
SP - 3-8
AU - Oladeinde BH
AU - Omoregie R
AU - Oladeinde OB
AV - Department of Medical Microbiology, College of Health Sciences, Igbinedion University, Okada, Edo State, Nigeria.; School of Medical Laboratory Sciences, University of Benin Teaching Hospital, P.M.B 1111, Benin City, Edo State, Nigeria.; Department of Obstetric and Gynecology, Irrua Specialist Teaching Hospital,

Irrua, Edo State, Nigeria.

UR - <https://pubmed.ncbi.nlm.nih.gov/25733779/>

LA - eng

CY - Ethiopia

KW - Adolescent

KW - Adult

KW - Anti-Bacterial Agents/therapeutic use

KW - Bacteriuria/drug therapy/*epidemiology/etiology/microbiology

KW - Cross-Sectional Studies

KW - Drug Resistance, Multiple, Bacterial

KW - *Escherichia coli

KW - Escherichia coli Infections/drug therapy/epidemiology

KW - Female

KW - Fluoroquinolones/therapeutic use

KW - *Gestational Age

KW - Humans

KW - Nigeria/epidemiology

KW - Nitrofurantoin/therapeutic use

KW - *Parity

KW - Pregnancy

KW - Pregnancy Complications, Infectious/drug therapy/*epidemiology/etiology/microbiology

KW - Prenatal Care

KW - Prevalence

KW - Staphylococcal Infections/drug therapy/epidemiology

KW - *Staphylococcus aureus

KW - Urinary Tract Infections/drug therapy/*epidemiology/etiology/microbiology

KW - Young Adult

KW - Urinary Tract Infections

KW - Nigeria

AB - BACKGROUND: A good proportion of pregnant women patronize traditional birth homes in Nigeria for ante-natal care. This study aimed at determining the prevalence, risk factors, and susceptibility profile of etiologic agents of urinary tract infection among ante-natal attendees in a traditional birth home in Benin City, Nigeria. METHODS: Clean-catch urine was collected from 220 pregnant women attending a traditional birth home in Benin City, Nigeria. Urine samples were processed, and microbial isolates identified using standard bacteriological procedures. A cross-sectional study design was used. RESULTS: The prevalence of urinary tract infection among pregnant women was 55.0%, significantly affected by parity and gestational age ($P < 0.05$). Mixed infection was recorded among 13 (10.7%) pregnant women, and was unaffected by maternal age, parity, gravidity, gestational age, and educational status. Irrespective of trimester *Escherichia coli* was the most prevalent etiologic agent of urinary tract infection, followed by *Staphylococcus aureus*. The fluoroquinolones were the most effective antibacterial agents, while Sulphamethoxazole-trimetoprim, Amoxicillin, Nalidixic acid, and Nitrofurantoin had poor activity against uropathogens isolated. CONCLUSIONS: The prevalence of urinary tract infection among pregnant women was 55.0% and significantly affected by gestational age and parity. The most prevalent etiologic agent observed was *Escherichia coli*. With the exception of the fluoroquinolones, aminoglycoside, and Amoxicillin-clavulanate, the activity of other antibiotics used on uropathogens were poor. Health education of the traditional birth attendant and her clients by relevant intervention agencies is strongly advocated.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.4314/ejhs.v25i1.2

ER -

TY - JOUR

AN - rayyan-504930895

TI - Use of hyaluronidase to prevent perineal trauma during spontaneous births: a randomized, placebo-controlled, double-blind, clinical trial.

Y1 - 2011

Y2 - 9

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 56
 IS - 5
 SP - 436-45
 AU - Colacioppo PM
 AU - Gonzalez Riesco ML
 AU - Koiffman MD
 UR - <https://pubmed.ncbi.nlm.nih.gov/23181640/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Delivery, Obstetric/*methods/nursing
 KW - Double-Blind Method
 KW - Episiotomy/adverse effects
 KW - Female
 KW - Humans
 KW - Hyaluronoglucosaminidase/*pharmacology
 KW - Labor, Obstetric
 KW - Nurse Midwives
 KW - Obstetric Labor Complications/nursing/*prevention & control
 KW - Parity
 KW - Parturition
 KW - Perineum/*injuries
 KW - Pregnancy
 KW - Risk Factors
 AB - INTRODUCTION: The purpose of this study was to compare the frequency and severity of perineal trauma during spontaneous birth with or without perineal injections of hyaluronidase (HAase). METHODS: A randomized, placebo-controlled, double-blind clinical trial was conducted in a midwife-led, in-hospital birth center in São Paulo, Brazil. Primiparous women (N = 160) were randomly assigned to an experimental (n = 80) or control (n = 80) group. During the second stage of labor, women in the experimental group received an injection of 20.000 turbidity-reducing units of HAase in the posterior region of the perineum, and those in the control group received a placebo injection. The assessment of perineal outcome was performed by 2 independent nurse-midwives. A 1-tailed Fisher exact test was performed, and a P value < .025 was considered statistically significant. RESULTS: Perineal integrity occurred in 34.2% of the experimental group and in 32.5% of the control group, which was not a statistically significant difference (P= .477). First-degree laceration was the most common trauma in the posterior region of the perineum in women in both groups (experimental = 56%, control = 42.6%). Severe perineal trauma occurred in 28.9% of the experimental group and 38.8% of the control group, which also was not a statistically significant difference (P= .131). The depth of second-degree perineal lacerations in the experimental and control groups, measured by the Peri-Rule, was 1.9 cm and 2.3 cm, respectively. An episiotomy was performed in 11 women (experimental group = 3, control group = 8), and 4 (all in control group) had third-degree lacerations. DISCUSSION: The use of injectable HAase did not increase the proportion of intact perineum and did not reduce the proportion of severe perineal trauma in our sample.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1111/j.1542-2011.2011.00056.x
 ER -

 TY - JOUR
 AN - rayyan-504930896
 TI - Ontogeny of alkaline phosphatase activity in infant intestines and breast milk.
 Y1 - 2019
 Y2 - 1
 Y3 - 3
 T2 - BMC pediatrics
 SN - 1471-2431 (Electronic)
 J2 - BMC Pediatr

VL - 19
 IS - 1
 SP - 2
 AU - Yang Y
 AU - Rader E
 AU - Peters-Carr M
 AU - Bent RC
 AU - Smilowitz JT
 AU - Guillemin K
 AU - Rader B
 AV - Institute of Molecular Biology, University of Oregon, Eugene, OR, USA.; Department of Medicine, University of Florida, Gainesville, FL, USA.; Department of Media and Information, Michigan State University, East Lansing, MI, USA.; PeaceHealth Nurse Midwifery Birth Center, Springfield, OR, USA.; Neonatal Intensive Care Unit, RiverBend Medical Center, Springfield, OR, USA.; Foods for Health Institute, University of California at Davis, Davis, CA, USA.; Department of Food Science and Technology, University of California at Davis, Davis, CA, USA.; Institute of Molecular Biology, University of Oregon, Eugene, OR, USA.; Department of Microbiology, Southern Illinois University, Life Science II Room 131, 1125 Lincoln Drive, Carbondale, IL, 62901, USA. bethany.rader@siu.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30606146/>
 LA - eng
 CY - England
 KW - Alkaline Phosphatase/analysis/*metabolism
 KW - Enterocolitis, Necrotizing/*etiology
 KW - Gestational Age
 KW - Humans
 KW - Infant
 KW - Infant, Newborn
 KW - Intestines/*enzymology
 KW - Milk, Human/chemistry/*enzymology
 KW - Milk Ejection
 KW - Alkaline Phosphatase
 KW - Milk, Human
 AB - BACKGROUND: Necrotizing enterocolitis (NEC) is a devastating disease of intestinal inflammation that primarily affects premature infants. A potential risk factor for necrotizing enterocolitis is exposure of the premature neonatal intestine to environmental bacteria and their proinflammatory products such as lipopolysaccharide. The metalloenzyme alkaline phosphatase (ALP) has been shown to reduce lipopolysaccharide-mediated inflammation. Additionally, premature rat pups have reduced alkaline phosphatase activity and expression as compared to full term pups. To explore the possibility that the human premature neonatal intestine has a paucity of alkaline phosphatase activity, we measured endogenously produced intestinal alkaline phosphatase activity in meconium as a function of gestational age. To test whether breast milk could serve as a source of exogenous alkaline phosphatase to the neonatal intestine through ingestion, we measured alkaline phosphatase activity in breast milk across a range of time points post-birth. METHODS: Alkaline phosphatase activity was quantified in 122 meconium samples from infants of gestational ages ranging from 24 to 40 weeks and in 289 breast milk samples collected from 78 individual mothers between days 2-49 post-birth. RESULTS: We observed a strong positive correlation between the meconium alkaline phosphatase activity and gestational age, with preterm infants having lower meconium alkaline phosphatase activities than early term or term infants. Breast milk alkaline phosphatase activity was highest in the first week post-birth, with peak alkaline phosphatase activity at day 2 post-birth, followed by relatively low alkaline phosphatase activity in weeks 2-7. CONCLUSIONS: Our results are consistent with the two major risk factors for necrotizing enterocolitis development, preterm birth and lack of breast milk feeding, both contributing to a paucity of alkaline phosphatase activity and impaired capacity to detoxify proinflammatory bacterial products such as lipopolysaccharide.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1186/s12887-018-1379-1
 ER -
 TY - JOUR

AN - rayyan-504930897
 TI - Mercy in action. Philippine birth center statistics.
 Y1 - 2004
 T2 - Midwifery today with international midwife
 SN - 1551-8892 (Print)
 J2 - Midwifery Today Int Midwife
 IS - 70
 SP - 56-7
 AU - Penwell V
 UR - <https://pubmed.ncbi.nlm.nih.gov/15310137/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - Attitude to Health
 KW - Birthing Centers/standards/*statistics & numerical data
 KW - Canada
 KW - Delivery, Obstetric/*statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - International Cooperation
 KW - Maternal Welfare
 KW - Middle Aged
 KW - *Midwifery/methods/standards
 KW - Mothers/*statistics & numerical data
 KW - Philippines/epidemiology
 KW - Pregnancy
 KW - *Pregnancy Outcome
 KW - United States
 KW - Philippines
 AB - I studied 7,565 women admitted for labor and delivery in two free-standing charity birth centers that I established in the Philippines. The births occurred between February 8, 1996, and December 31, 2003. Midwives conducted all of the deliveries that occurred in the birth centers. The midwives were certified professional midwives (CPM) or licensed midwives (LM) from the USA, Canada and the Philippines. They supervised student midwives enrolled in the Mercy In Action College of Midwifery & Primary Health Care and dual-enrolled in the National College of Midwifery's Associate of Science in Midwifery program. These students were from all around the world. The birthing women were at higher than average risk of a poor pregnancy outcome because of demographic factors: most were poor, often malnourished and living in crowded urban slum conditions. Ninety-two percent of the women and 34% of their spouses were unemployed, and only a little over half were married. In spite of the poverty, 95% of the women had spontaneous vaginal birth; 83% had blood loss less than 500 ml; 85% of the babies required no resuscitation effort; 67% of the labors were without fetal distress or meconium staining; and 90% of the babies were of normal birth weight. Transfers to a hospital after admission occurred 7% of the time, with half taking place before delivery and half after delivery. Neonatal mortality was 4.1 per 1000.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 ER -

TY - JOUR
 AN - rayyan-504930898
 TI - The intergenerational effects of trauma from terror: A real possibility.
 Y1 - 2009
 Y2 - 3
 T2 - Infant mental health journal
 SN - 1097-0355 (Electronic)
 J2 - Infant Ment Health J
 VL - 30

IS - 2
 SP - 158-179
 AU - Kaitz M
 AU - Levy M
 AU - Ebstein R
 AU - Faraone SV
 AU - Mankuta D
 AV - Hebrew University.; Agoola Birth Center.; Hebrew University.; SUNY Upstate Medical University.;
 Hadassah Hospital and Hebrew University Medical School.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28636178/>
 LA - eng
 CY - United States
 KW - Terrorism
 AB - The goals of this article are to discuss the potential risk of children whose parents were traumatized by
 terror, to present literature on parenting in the context of terror, and to consider factors that may mediate
 the transmission of trauma-effects from parents to children. Mediators considered are parents' traumatic
 distress, disturbed parent-child interactions, trauma-related disturbances in parents' thinking, and effects of
 stress on children's neural functioning. Also discussed are genetic and environmental factors that may
 moderate the transmission of intergenerational effects and promote children's risk and resilience. Points
 raised during the discussion are illustrated with segments from interviews of women who were pregnant or
 gave birth some time after direct exposure to a terror attack. The authors conclude that empirical studies are
 needed to learn more about the intergenerational transmission of trauma-effects and processes that underlie
 it. The authors join others in the call to improve evaluation, treatment, and support of trauma victims and
 their children to stymie the transmission of problems from one generation to the next.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong
 outcome,wrong population
 DO - 10.1002/imhj.20209
 ER -

 TY - JOUR
 AN - rayyan-504930899
 TI - Reduced postpartum hemorrhage after implementation of active management of the third stage of labor
 in rural Honduras.
 Y1 - 2012
 Y2 - 12
 T2 - International journal of gynaecology and obstetrics: the official organ of the International
 Federation of Gynaecology and Obstetrics
 SN - 1879-3479 (Electronic)
 J2 - Int J Gynaecol Obstet
 VL - 119
 IS - 3
 SP - 217-20
 AU - Low LK
 AU - Bailey JM
 AU - Sacks E
 AU - Robles C
 AU - Medina L
 AV - Women's Studies Department, University of Michigan, Ann Arbor, USA. kanelow@umich.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/22980430/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - Female
 KW - Health Services Accessibility
 KW - Honduras/epidemiology
 KW - Humans

KW - Injections, Intramuscular
 KW - Labor Stage, Third
 KW - Maternal Health Services/organization & administration/standards
 KW - Nursing Assistants/*education/organization & administration/standards
 KW - Outcome Assessment, Health Care
 KW - Oxytocics/*administration & dosage/adverse effects/therapeutic use
 KW - Oxytocin/*administration & dosage/adverse effects/therapeutic use
 KW - Postpartum Hemorrhage/epidemiology/*prevention & control
 KW - Pregnancy
 KW - Rural Health Services/organization & administration/standards
 KW - Young Adult
 KW - Labor Stage, First
 AB - OBJECTIVE: To assess outcomes after auxiliary nurses were trained and given resources to use active management of the third stage of labor (AMTSL) for all women giving birth in a low-resource, low-risk, rural, public birth center setting in northern rural Honduras. METHODS: Auxiliary nurses received training on estimation of blood loss before the preintervention phase of the study (July 2004 through April 2005) and AMTSL, including use of intramuscular oxytocin, and estimation of blood loss prior to the intervention phase (July 2007 through June 2008). Preintervention and intervention data on use of oxytocin, blood loss postpartum, hemorrhage rates, and management interventions were collected and compared. RESULTS: After nurses received training on AMTSL using intramuscular oxytocin, the use of intramuscular oxytocin during the third stage of labor increased from 63.8% to 96.5%. Postpartum hemorrhage rates decreased from 14.8% to 5.9% ($P=0.001$). Use of intrapartum oxytocin, which can have adverse effects, also increased: from 6.1% to 22.7% ($P<0.001$). CONCLUSION: Training auxiliary nurses to perform AMTSL using oxytocin in this birth center setting was effective in reducing the rate of postpartum hemorrhage; however, increased use of intrapartum oxytocin may be an unintended outcome of the increased accessibility of oxytocin.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1016/j.ijgo.2012.07.007
 ER -

 TY - JOUR
 AN - rayyan-504930900
 TI - Standardization and quality control of Doppler and fetal biometric ultrasound measurements in low-income setting.
 Y1 - 2023
 Y2 - 4
 T2 - Ultrasound in obstetrics & gynecology : the official journal of the International Society of
 Ultrasound in Obstetrics and Gynecology
 SN - 1469-0705 (Electronic)
 J2 - Ultrasound Obstet Gynecol
 VL - 61
 IS - 4
 SP - 481-487
 AU - Ali S
 AU - Byamugisha J
 AU - Kawooya MG
 AU - Kakibogo IM
 AU - Ainembabazi I
 AU - Biira EA
 AU - Kagimu AN
 AU - Migisa A
 AU - Munyakazi M
 AU - Kuniha S
 AU - Scheele C
 AU - Papageorgiou AT
 AU - Klipstein-Grobusch K
 AU - Rijken MJ

AV - Julius Global Health, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; School of Medicine, Makerere University College of Health Sciences, Kampala, Uganda.; Ernest Cook Ultrasound Research and Education Institute (ECUREI), Mengo Hospital, Kampala, Uganda.; School of Medicine, Makerere University College of Health Sciences, Kampala, Uganda.; Ernest Cook Ultrasound Research and Education Institute (ECUREI), Mengo Hospital, Kampala, Uganda.; Antenatal and Maternity Unit, Kagadi Hospital, Kagadi District, Uganda.; Antenatal and Maternity Unit, Kagadi Hospital, Kagadi District, Uganda.; The Woman's Place, Kampala, Uganda.; Ernest Cook Ultrasound Research and Education Institute (ECUREI), Mengo Hospital, Kampala, Uganda.; Ernest Cook Ultrasound Research and Education Institute (ECUREI), Mengo Hospital, Kampala, Uganda.; Ernest Cook Ultrasound Research and Education Institute (ECUREI), Mengo Hospital, Kampala, Uganda.; Department of Radiology, Mulago Hospital Complex, Kampala, Uganda.; Division of Woman and Baby, Department of Obstetrics, Birth Center Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, The Netherlands.; Nuffield Department of Women's and Reproductive Health, John Radcliffe Hospital, University of Oxford, Oxford, UK.; Julius Global Health, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; Division of Epidemiology and Biostatistics, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa.; Julius Global Health, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; Division of Woman and Baby, Department of Obstetrics, Birth Center Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/37011080/>

LA - eng

CY - England

KW - Pregnancy

KW - Female

KW - Humans

KW - Prospective Studies

KW - Reproducibility of Results

KW - *Biometry

KW - *Ultrasonography, Doppler

KW - Quality Control

KW - Ultrasonography, Prenatal/methods

KW - Reference Standards

KW - Gestational Age

KW - Umbilical Arteries/diagnostic imaging

AB - OBJECTIVE: The aim of this study was to determine the quality of fetal biometry and pulsed-wave Doppler ultrasound measurements in a prospective cohort study in Uganda. METHODS: This was an ancillary study of the Ending Preventable Stillbirths by Improving Diagnosis of Babies at Risk (EPID) project, in which women enrolled in early pregnancy underwent Doppler and fetal biometric assessment at 32-40 weeks of gestation. Sonographers undertook 6 weeks of training followed by onsite refresher training and audit exercises. A total of 125 images for each of the umbilical artery (UA), fetal middle cerebral artery (MCA), left and right uterine arteries (UtA), head circumference (HC), abdominal circumference (AC) and femur length (FL) were selected randomly from the EPID study database and evaluated independently by two experts in a blinded fashion using objective scoring criteria. Inter-rater agreement was assessed using modified Fleiss' kappa for nominal variables and systematic errors were explored using quantile-quantile (Q-Q) plots.

RESULTS: For Doppler measurements, 96.8% of the UA images, 84.8% of the MCA images and 93.6% of the right UtA images were classified as of acceptable quality by both reviewers. For fetal biometry, 96.0% of the HC images, 96.0% of the AC images and 88.0% of the FL images were considered acceptable by both reviewers. The kappa values for inter-rater reliability of quality assessment were 0.94 (95% CI, 0.87-0.99) for the UA, 0.71 (95% CI, 0.58-0.82) for the MCA, 0.87 (95% CI, 0.78-0.95) for the right UtA, 0.94 (95% CI, 0.87-0.98) for the HC, 0.93 (95% CI, 0.87-0.98) for the AC and 0.78 (95% CI, 0.66-0.88) for the FL measurements. The Q-Q plots indicated no influence of systematic bias in the measurements.

CONCLUSIONS: Training local healthcare providers to perform Doppler ultrasound, and implementing quality control systems and audits using objective scoring tools in clinical and research settings, is feasible in low- and middle-income countries. Although we did not assess the impact of in-service retraining offered to practitioners deviating from prescribed standards, such interventions should enhance the quality of ultrasound measurements and should be investigated in future studies. © 2022 The Authors. Ultrasound in

Obstetrics & Gynecology published by John Wiley & Sons Ltd on behalf of International Society of Ultrasound in Obstetrics and Gynecology.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1002/uog.26051

ER -

TY - Comparative Study

AN - rayyan-504930901

TI - Randomized controlled clinical trial on two perineal trauma suture techniques in normal delivery.

Y1 - 2008

Y2 - 3

T2 - Revista latino-americana de enfermagem

SN - 0104-1169 (Print)

J2 - Rev Lat Am Enfermagem

VL - 16

IS - 2

SP - 272-9

AU - Almeida SF

AU - Riesco ML

AV - Obstetric and Neonatal Nursing, School of Nursing, University of São Paulo, Brazil.

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UR - <https://pubmed.ncbi.nlm.nih.gov/18506347/>

LA - eng

CY - Brazil

KW - Adult

KW - Delivery, Obstetric

KW - *Episiotomy

KW - Female

KW - Humans

KW - Perineum/*injuries/*surgery

KW - *Suture Techniques

KW - Suture Techniques

KW - Random Allocation

AB - The aim was to compare healing and perineal pain with the use of continuous and interrupted suture techniques in women after normal delivery. A randomized controlled trial was carried out at a hospital birth center in Itapeirica da Serra, Sao Paulo, Brazil. A total of 61 women participated with episiotomy or second degree perineal tear, allocated in two groups according to the continuous (n=31) or interrupted (n=30) suture techniques. The main outcomes evaluated were edema, ecchymosis, hyperemia, secretion, dehiscence, fibrosis, frequency and degree of pain (evaluated by numerical scale from 1 to 10). Data were collected during hospitalization and after discharge (four and 41 days after birth). Healing occurred by first intention in 100% of cases in both suture techniques. There were no statistically significant differences for the occurrence of morbidities, except for perineal pain due to palpation at four days after delivery, which was more frequent among women with interrupted suture.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1590/s0104-11692008000200016

ER -

TY - JOUR

AN - rayyan-504930903

TI - Parents of babies who participated in an invasive clinical study report a positive experience: the Glucose in Well Babies (GLOW) study.

Y1 - 2020

Y2 - 1

T2 - Archives of disease in childhood. Fetal and neonatal edition

SN - 1468-2052 (Electronic)

J2 - Arch Dis Child Fetal Neonatal Ed

VL - 105

IS - 1
 SP - 4-7
 AU - Cumberpatch AR
 AU - Weston PJ
 AU - Harding JE
 AU - Harris DL
 AV - Newborn Intensive Care Unit, Waikato District Health Board, Hamilton, New Zealand.; Newborn Intensive Care Unit, Waikato District Health Board, Hamilton, New Zealand.; Liggins Institute, University of Auckland, Auckland, New Zealand.; Liggins Institute, University of Auckland, Auckland, New Zealand Deborah.Harris@vuw.ac.nz.; School of Nursing, Midwifery and Health Practice, Faculty of Health, Victoria University of Wellington, Wellington, New Zealand.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31666312/>
 LA - eng
 CY - England
 KW - 3-Hydroxybutyric Acid/*blood
 KW - Adult
 KW - *Attitude to Health
 KW - Blood Glucose/*analysis
 KW - Blood Specimen Collection
 KW - Female
 KW - Home Health Nursing
 KW - Humans
 KW - Infant, Newborn
 KW - Lactic Acid/*blood
 KW - Male
 KW - Monitoring, Physiologic
 KW - New Zealand
 KW - *Nontherapeutic Human Experimentation
 KW - *Parents
 KW - Prospective Studies
 KW - Reference Values
 KW - Surveys and Questionnaires
 AB - **OBJECTIVE:** There is a paucity of data about normal blood metabolite concentrations in healthy babies, in part because of a reluctance to undertake non-therapeutic invasive testing in newborns. The Glucose in Well Babies study (GLOW) sought to describe blood glucose, lactate and beta-hydroxybutyrate concentrations in healthy term babies over the first 5 postnatal days. We also sought to understand both parents' experience of participation in this invasive non-therapeutic study. **DESIGN, SETTING, PATIENTS AND INTERVENTIONS:** Eligible babies were healthy, term, appropriately grown singletons born in a birthing centre, hospital or home within the greater Hamilton area and then discharged home. Babies had subcutaneous continuous glucose monitoring placed soon after birth, up to 14 heel-prick blood samples, twice-daily home visits and parents were asked to record all feeds. At study completion, both parents were asked to independently complete a questionnaire about their experience. **RESULTS:** All eligible babies completed the study and every parent completed the questionnaire (65 fathers, 66 mothers). Parents reported they liked contributing to improving healthcare (126/131, 96%) and support from the GLOW team (119/131, 91%). Nearly all (127/131, 97%) would participate in GLOW again if they had another eligible baby, and all would recommend GLOW to family and friends. Two-thirds of parents (87/131, 66%) reported that participation had made them more likely to contribute to clinical research in the future. **CONCLUSIONS:** Non-therapeutic studies involving invasive procedures in healthy term babies are feasible, and parents were positive about their experience.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1136/archdischild-2019-317417
 ER -
 TY - JOUR
 AN - rayyan-504930904
 TI - Prenatal and newborn screening for critical congenital heart disease: findings from a nursery.

Y1 - 2014
Y2 - 11
T2 - Pediatrics
SN - 1098-4275 (Electronic)
J2 - Pediatrics
VL - 134
IS - 5
SP - 916-22
AU - Johnson LC
AU - Lieberman E
AU - O'Leary E
AU - Geggel RL
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Newborn Medicine, Brigham and Women's Hospital, Boston, Massachusetts; Department of Pediatrics,
Harvard Medical School, Boston, Massachusetts; and.; Department of Pediatrics, Harvard Medical School,
Boston, Massachusetts; and Departments of Medicine and.; Department of Pediatrics, Harvard Medical
School, Boston, Massachusetts; and Cardiology, Boston Children's Hospital, Boston, Massachusetts
robert.geggel@cardio.chboston.org.
UR - <https://pubmed.ncbi.nlm.nih.gov/25287457/>
LA - eng
CY - United States
KW - Female
KW - Heart Defects, Congenital/*blood/*diagnosis/epidemiology
KW - Humans
KW - Infant, Newborn
KW - Male
KW - Neonatal Screening/*methods
KW - Oximetry/methods
KW - Pregnancy
KW - Prenatal Diagnosis/*methods
AB - BACKGROUND: Delayed diagnosis of critical congenital heart disease (CCHD) in neonates increases
morbidity and mortality. The use of pulse oximetry screening is recommended to increase detection of these
conditions. The contribution of pulse oximetry in a tertiary-care birthing center may be different from at
other sites. METHODS: We analyzed CCHD pulse oximetry screening for newborns ≥ 35 weeks' gestation
born at Brigham and Women's Hospital and cared for in the well-infant nursery during 2013. We identified
patients with prenatal diagnosis of CCHD. We also identified infants born at other medical centers who were
transferred to Boston Children's Hospital for CCHD and determined if the condition was diagnosed prenatally.
RESULTS: Of 6838 infants with complete pulse oximetry data, 6803 (99.5%) passed the first screening. One
infant failed all 3 screenings and had the only echocardiogram prompted by screening that showed persistent
pulmonary hypertension. There was 1 false-negative screening in an infant diagnosed with interrupted aortic
arch. Of 112 infants born at Brigham and Women's Hospital with CCHD, 111 had a prenatal diagnosis, and
none was initially diagnosed by pulse oximetry. Of 81 infants transferred to Boston Children's Hospital from
other medical centers with CCHD, 35% were diagnosed prenatally. CONCLUSIONS: In our tertiary-care
setting, pulse oximetry did not detect an infant with CCHD because of effective prenatal echocardiography
screening. Pulse oximetry will detect more infants in settings with a lower prenatal diagnosis rate. Improving
training in complete fetal echocardiography scans should also improve timely diagnosis of CCHD.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong
outcome,wrong population
DO - 10.1542/peds.2014-1461
ER -

TY - JOUR
AN - rayyan-504930905
TI - Exposure to placental ischemia impairs postpartum maternal renal and cardiac function in rats.
Y1 - 2017
Y2 - 5

Y3 - 1
T2 - American journal of physiology. Regulatory, integrative and comparative physiology
SN - 1522-1490 (Electronic)
J2 - Am J Physiol Regul Integr Comp Physiol
VL - 312
IS - 5
SP - R664-R670
AU - Paauw ND
AU - Joles JA
AU - Spradley FT
AU - Bakrania B
AU - Zsengeller ZK
AU - Franx A
AU - Verhaar MC
AU - Granger JP
AU - Lely AT
AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands; n.d.paauw-2@umcutrecht.nl.; Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Physiology, University of Mississippi Medical Center, Jackson, Mississippi; and.; Department of Physiology, University of Mississippi Medical Center, Jackson, Mississippi; and.; Department of Pathology, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, Massachusetts.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Physiology, University of Mississippi Medical Center, Jackson, Mississippi; and.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, The Netherlands.
UR - <https://pubmed.ncbi.nlm.nih.gov/28202440/>
LA - eng
CY - United States
KW - Animals
KW - Female
KW - Glomerular Filtration Rate
KW - Heart Diseases/etiology/*physiopathology
KW - *Heart Function Tests
KW - Ischemia/complications/physiopathology
KW - Kidney Diseases/etiology/*physiopathology
KW - Maternal Exposure
KW - Placenta/blood supply/*physiopathology
KW - Pre-Eclampsia/*physiopathology
KW - Pregnancy
KW - Pregnancy Complications, Cardiovascular/*physiopathology
KW - Prenatal Exposure Delayed Effects
KW - Rats
KW - Rats, Sprague-Dawley
KW - Postpartum Period
AB - Women with a history of preeclampsia (PE) have an increased risk to develop cardiovascular and renal diseases later in life, but the mechanisms underlying this effect are unknown. In rats, we assessed whether placental ischemia results in long-term effects on the maternal cardiovascular and renal systems using the reduced uterine perfusion pressure (RUPP) model for PE. Sprague-Dawley rats received either a Sham or RUPP operation at gestational day 14 The rats were followed for 8 wk after delivery (Sham n = 12, RUPP n = 21) at which time mean arterial pressure (MAP; conscious), 24-h albuminuria, glomerular filtration rate (GFR; transcutaneous, FITC-sinistrin), and cardiac function (Vevo 770 system) were assessed. Subsequently, all rats were euthanized for mesenteric artery vasorelaxation and histology of heart and kidney. At 8 wk after delivery, there was no difference in MAP and albuminuria. However, RUPP rats showed a significantly reduced GFR [2.61 ± 0.53 vs. 3.37 ± 0.74 ml/min; $P = 0.01$]. Ultrasound showed comparable cardiac structure, but RUPP rats had a lower left ventricular ejection fraction (62 ± 7 vs. $69 \pm 10\%$; $P = 0.04$). Heart and kidney histology was not different between Sham or RUPP rats. Furthermore, there were no differences

in endothelial-dependent or -independent vasorelaxation. We show that exposure to placental ischemia in rats is accompanied by functional disturbances in maternal renal and cardiac function 8 wk after a preeclamptic pregnancy. However, these changes were not dependent on differences in blood pressure, small artery vasorelaxation, or cardiac and renal structure at this time point postpartum.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1152/ajpregu.00510.2016

ER -

TY - JOUR

AN - rayyan-504930906

TI - Prediction of gestational diabetes mellitus by soluble (pro)renin receptor during the first trimester.

Y1 - 2013

Y2 - 6

T2 - The Journal of clinical endocrinology and metabolism

SN - 1945-7197 (Electronic)

J2 - J Clin Endocrinol Metab

VL - 98

IS - 6

SP - 2528-35

AU - Watanabe N

AU - Morimoto S

AU - Fujiwara T

AU - Suzuki T

AU - Taniguchi K

AU - Mori F

AU - Ando T

AU - Watanabe D

AU - Kimura T

AU - Sago H

AU - Ichihara A

AV - Department of Endocrinology and Hypertension, Tokyo Women's Medical University, 8-1 Kawada-cho, Shinjuku, Tokyo, 162-8666, Japan.

UR - <https://pubmed.ncbi.nlm.nih.gov/23720787/>

LA - eng

CY - United States

KW - Adult

KW - Blood Glucose/analysis

KW - Cohort Studies

KW - Diabetes, Gestational/blood/*etiology

KW - Female

KW - Glucose Tolerance Test

KW - Humans

KW - Pregnancy

KW - Pregnancy Trimester, First

KW - Prospective Studies

KW - Receptors, Cell Surface/*blood

KW - Prorenin Receptor

KW - Diabetes, Gestational

KW - Pregnancy Trimester, Third

AB - CONTEXT: There are currently no factors that have been shown to predict gestational diabetes mellitus (GDM) during early pregnancy. The soluble (pro)renin receptor [s(P)RR] may contribute to the development of GDM. OBJECTIVE: The objective of the study was to determine whether plasma s(P)RR concentrations during early pregnancy are associated with the development of GDM later in pregnancy. DESIGN, SETTING, AND PARTICIPANTS: This prospective cohort study was conducted at a referral birth center. Pregnant women who first visited our hospital during the first trimester (<14 weeks of gestation) between 2010 and 2011 were enrolled. Inclusion criteria included singleton pregnancy and the absence of preexisting diabetes

mellitus. A total of 716 women participated in this study. MAIN OUTCOME MEASURE: The association of plasma s(P)RR concentrations with the onset of GDM later in pregnancy was measured. RESULTS: Among 716 participants, 44 (6.1%) had GDM and 672 (93.9%) did not. There were 176 participants in the first plasma s(P)RR concentration quartile (Q1: < 25.8 ng/mL), 179 in the second (Q2: 25.8-30.2 ng/mL), 181 in the third (Q3: 30.2-34.2 ng/mL), and 180 in the fourth (Q4: > 34.2 ng/mL). GDM distribution was 7 (4.0%) in Q1, 5 (2.8%) in Q2, 13 (7.2%) in Q3, and 19 (10.6%) in Q4. A multivariate model adjusted for baseline characteristics, medical complications, and gestational characteristics revealed that the risk of developing GDM among women in Q4 compared with Q1 was 2.90 (95% confidence interval 1.11-7.49). CONCLUSION: Increased s(P)RR concentrations during the first trimester may predict the development of GDM later in pregnancy.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1210/jc.2012-4139

ER -

TY - English Abstract

AN - rayyan-504930907

TI - [Novel uses of afterbirth tissues in regenerative medicine].

Y1 - 2012

Y2 - 2

T2 - Zeitschrift für Geburtshilfe und Neonatologie

SN - 1439-1651 (Electronic)

J2 - Z Geburtshilfe Neonatol

VL - 216

IS - 1

SP - 27-33

AU - Hoenicka M

AU - Jacobs VR

AU - Niemeyer M

AU - Bronger H

AU - Schneider KT

AU - Kiechle M

AU - Huber G

AU - Seelbach-Göbel B

AU - Burkhart J

AU - Hammer J

AU - Liepsch D

AU - Schmid C

AU - Birnbaum DE

AV - Klinik für Herz-, Thorax- und herznahe Gefäßchirurgie, Klinikum der Universität Regensburg, Germany.

markus.hoenicka@uniklinik-ulm.de

UR - <https://pubmed.ncbi.nlm.nih.gov/22331525/>

LA - ger

CY - Germany

KW - *Amnion

KW - Cooperative Behavior

KW - Cord Blood Stem Cell Transplantation

KW - Endothelial Cells

KW - Female

KW - *Fetal Blood

KW - Germany

KW - Hematopoietic Stem Cell Transplantation

KW - Humans

KW - Infant, Newborn

KW - Interdisciplinary Communication

KW - *Placenta

KW - Pregnancy

KW - Regenerative Medicine/*methods

KW - Research
KW - Stem Cells
KW - Tissue Donors
KW - Tissue Engineering/methods
KW - Tissue Preservation/methods
KW - *Umbilical Cord
KW - *Umbilical Veins

AB - INTRODUCTION: Afterbirth tissues, which include the umbilical cord, placenta, amnion, and cord blood, are usually discarded. Recent progress in regenerative medicine suggests that we re-evaluate these tissues and assess their therapeutic potential. METHODS: Firstly the unique properties of afterbirth tissues and their current use in regenerative medicine are summarised. Then we introduce the cooperation of our institutions and our experiences regarding the collection and utilisation of afterbirth tissues. RESULTS: A literature survey suggests that besides the well-known transplantation of hematopoietic stem cells from cord blood, afterbirth tissues were also used as a source of stem cells, progenitor cells, differentiated cells, and blood vessels for tissue engineering purposes. According to our own experience, the two participating OB/GYN departments and the blood donation service were able to organise a sufficient supply of umbilical cords for research purposes. The yield correlated with incentives for the midwives. A total of more than 4,300 cords was collected for experiments designed to create small caliber vessel grafts. The contamination rate was low. Birth mode significantly affected umbilical vein function, whereas ischaemia for up to 40 h did not have any deleterious effects. Umbilical veins were cryopreserved with a moderate loss of function. Fresh umbilical veins were endothelium-denuded and reseeded with endothelial cells harvested from coronary artery disease patients to generate an autologous surface. CONCLUSIONS: Afterbirth tissues have unique properties which make them ideally suited for regenerative medicine. These tissues can be procured and utilised in research facilities even in the absence of an in-house birthing centre.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language

DO - 10.1055/s-0031-1298029

ER -

TY - JOUR

AN - rayyan-504930908

TI - Increased cardiovascular disease risk in women with a history of recurrent miscarriage.

Y1 - 2018

Y2 - 10

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 97

IS - 10

SP - 1192-1199

AU - Wagner MM

AU - Beshay MM

AU - Rooijakkers S

AU - Hermes W

AU - Jukema JW

AU - Le Cessie S

AU - De Groot CJM

AU - Ballieux BEPB

AU - Van Lith JMM

AU - Bloemenkamp KWM

AV - Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics and Gynecology, Medical Center Haaglanden, The Hague, the Netherlands.; Department of Cardiology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology and Department of Medical Statistics and Bioinformatics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics and Gynecology, VU University Medical Center, Amsterdam, the Netherlands.; Department of Clinical Chemistry, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University

Medical Center, Leiden, the Netherlands.; Department of Obstetrics Birth Center Wilhelmina's Children Hospital, Division Women and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/29806956/>

LA - eng

CY - United States

KW - Abortion, Habitual/blood/*epidemiology

KW - Adult

KW - Biomarkers/blood

KW - Cardiovascular Diseases/blood/*epidemiology

KW - Female

KW - Follow-Up Studies

KW - *Health Status

KW - Humans

KW - Inflammation Mediators/*blood

KW - Middle Aged

KW - Prognosis

KW - Risk Factors

KW - Women's Health

KW - Cardiovascular Diseases

KW - Recurrence

KW - Abortion, Spontaneous

AB - INTRODUCTION: Cardiovascular disease is the leading cause of death in women. Observational studies suggest that women with a history of recurrent miscarriage have an increased risk of cardiovascular disease. MATERIAL AND METHODS: Women who visited the recurrent miscarriage clinic at Leiden University Medical Center between 2000 and 2010 and who had their third consecutive miscarriage before the age of 31 years, were invited to participate in this follow-up study (between 2012 and 2014). The reference group consisted of women with at least one uncomplicated pregnancy and no miscarriage, matched by zip code, age, and date of pregnancy. All women were invited for risk factor screening, including physical examination and blood collection. Main outcome measures were the (extrapolated) 10- and 30-year cardiovascular risk scores using the Framingham risk score. A subanalysis was performed for women with idiopathic recurrent miscarriage. RESULTS: Thirty-six women were included in both groups. Mean follow up was 7.5 years. Women with recurrent miscarriage had a significantly higher extrapolated 10-year cardiovascular risk score (mean 6.24%, SD 5.44) compared with women with no miscarriage (mean 3.56%, SD 1.82, $P = .007$) and a significantly higher 30-year cardiovascular risk score (mean 9.86%, SD 9.10) compared with women with no miscarriage (mean 6.39%, SD 4.20, $P = .04$). Similar results were found in women with idiopathic recurrent miscarriage ($n = 28$). CONCLUSIONS: Women with a history of recurrent miscarriage differ in cardiovascular risk profile at a young age compared with women with no miscarriage. The findings support an opportunity to identify women at risk of cardiovascular disease later in life and a possible moment for intervention.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1111/aogs.13392

ER -

TY - JOUR

AN - rayyan-504930909

TI - [Tubal ligation: the characterization of sterilized users of a public service].

Y1 - 2011

Y2 - 3

T2 - Revista da Escola de Enfermagem da U S P

SN - 0080-6234 (Print)

J2 - Rev Esc Enferm USP

VL - 45

IS - 1

SP - 55-61

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AU - de Moraes ML

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 AU - Pinheiro AK
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 UR - <https://pubmed.ncbi.nlm.nih.gov/21445489/>
 LA - por
 CY - Brazil
 KW - Adult
 KW - Female
 KW - Humans
 KW - Middle Aged
 KW - Retrospective Studies
 KW - Socioeconomic Factors
 KW - Sterilization, Tubal/*statistics & numerical data
 KW - Young Adult
 KW - Ligation
 KW - Sterilization, Tubal
 AB - The purpose of this study was to trace the contraceptive history of sterilized women and identify the associations between educational, sexual and obstetric variables and the women's age when they underwent the procedure for tubal ligation (TL). This is a retrospective documentary study performed at the Lígia Barros Costa Natural Birthing Center in Fortaleza, Ceará, with 1423 records, dating from 2005 to 2008, 277 of which referred to sterilized women. Data analysis involved applying the calculation of frequencies, Pearson's chi-square test and correlation of Pearson/Spearman. Sterilized women represented a population with low education, marital union, and a history of infrequent use of other contraceptive methods other than condoms and the pill. Numbers of pregnancies and abortions/miscarriages were related with the age of TL, unlike the variables of education and the age of the first sexual intercourse. With this knowledge at hand, nurses can improve their look towards women looking forward to TL, and thus strengthen education strategies and promote greater diversity in the alternatives for contraception.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,foreign language
 DO - 10.1590/s0080-62342011000100008
 ER -

 TY - JOUR
 AN - rayyan-504930910
 TI - Improving outcomes of transported newborns in Panama: impact of a nationwide neonatal provider education program.
 Y1 - 2009
 Y2 - 7
 T2 - Journal of perinatology : official journal of the California Perinatal Association
 SN - 1476-5543 (Electronic)
 J2 - J Perinatol
 VL - 29
 IS - 7
 SP - 512-6
 AU - Spector JM
 AU - Villanueva HS
 AU - Brito ME
 AU - Sosa PG
 AV - Division of Neonatology, UMass Memorial Children's Medical Center, Worcester, MA 01605, USA. jmspector@aap.net
 UR - <https://pubmed.ncbi.nlm.nih.gov/19242483/>
 LA - eng
 CY - United States
 KW - *Birthing Centers
 KW - *Clinical Competence
 KW - Curriculum
 KW - *Education, Medical, Continuing

KW - Humans
 KW - Hypoglycemia/prevention & control
 KW - Hypothermia/prevention & control
 KW - Infant Care/methods/*standards
 KW - Infant, Newborn
 KW - Panama
 KW - *Patient Transfer
 KW - Prospective Studies
 KW - Referral and Consultation
 AB - OBJECTIVE: To determine whether national distribution of a neonatal provider education program (the S.T.A.B.L.E. Program) positively impacts the health of ill newborns that require transport in Panama. STUDY DESIGN: The investigation used a prospective, pre- and postintervention study design with a double pretest. The 10 birthing centers in Panama that routinely transport the greatest number of newborns received the education program intervention. Primary outcomes were body temperature and serum glucose level on arrival at the referral facility. Length of stay and mortality were evaluated as secondary outcomes. Variation in outcome indicators was compared for 7 months before and after the intervention. Data from all live newborns transported from outlying birthing center study sites during the study dates were included in the investigation. RESULT: A total of 136 and 146 newborns were transported during the observation and postintervention periods, respectively. Significantly more patients in the postintervention group had temperatures within the normal range (56% in postintervention group vs 34% in observation group; $P<0.01$). No statistical difference was observed in serum glucose levels, length of stay or mortality. CONCLUSION: Distribution of a neonatal provider educational program was associated with improved thermal management of transported newborns in Panama. Further study will help to confirm this association and determine the extent to which these findings are generalizable to other resource-constrained settings.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: not midwife-led
 DO - 10.1038/jp.2009.20
 ER -

 TY - JOUR
 AN - rayyan-504930911
 TI - Elder women's perceptions around optimal perinatal health: a constructivist grounded-theory study with an Indigenous community in southern Ontario.
 Y1 - 2017
 Y2 - 5
 Y3 - 18
 T2 - CMAJ open
 SN - 2291-0026 (Print)
 J2 - CMAJ Open
 VL - 5
 IS - 2
 SP - E411-E416
 AU - Kandasamy S
 AU - Vanstone M
 AU - Oremus M
 AU - Hill T
 AU - Wahi G
 AU - Wilson J
 AU - Davis AD
 AU - Jacobs R
 AU - Anglin R
 AU - Anand SS
 AV - Affiliations: Department of Health Research Methods, Evidence, and Impact (Kandasamy, Oremus, Wahi, Anand), McMaster University; Department of Family Medicine (Vanstone), McMaster University; Centre for Health Economics and Policy Analysis (Vanstone), McMaster University, Hamilton, Ont.; School of Public Health and Health Systems (Oremus), University of Waterloo, Waterloo, Ont.; Birthing Centre (Hill, Wilson), Six Nations Health Services, Ohsweken, Ont.; Department of Pediatrics (Wahi), McMaster University, Hamilton, Ont.; Six Nations Health Services (Davis); Six Nations Health Foundation (Jacobs), Ohsweken,

Ohsweken, Ont.; Department of Pediatrics (Wahi), McMaster University, Hamilton, Ont.; Six Nations Health Services (Davis); Six Nations Health Foundation (Jacobs), Ohsweken, Ont.; Departments of Medicine (Anglin, Anand) and Psychiatry and Behavioural Neurosciences (Anglin), McMaster University, Hamilton, Ont.; Affiliations: Department of Health Research Methods, Evidence, and Impact (Kandasamy, Oremus, Wahi, Anand), McMaster University; Department of Family Medicine (Vanstone), McMaster University; Centre for Health Economics and Policy Analysis (Vanstone), McMaster University, Hamilton, Ont.; School of Public Health and Health Systems (Oremus), University of Waterloo, Waterloo, Ont.; Birthing Centre (Hill, Wilson), Six Nations Health Services, Ohsweken, Ont.; Department of Pediatrics (Wahi), McMaster University, Hamilton, Ont.; Six Nations Health Services (Davis); Six Nations Health Foundation (Jacobs), Ohsweken, Ont.; Departments of Medicine (Anglin, Anand) and Psychiatry and Behavioural Neurosciences (Anglin), McMaster University, Hamilton, Ont.

UR - <https://pubmed.ncbi.nlm.nih.gov/28526704/>

LA - eng

CY - Canada

KW - Poverty

AB - BACKGROUND: Women play important roles in translating health knowledge, particularly around pregnancy and birth, in Indigenous societies. We investigated elder Indigenous women's perceptions around optimal perinatal health. METHODS: Using a methodological framework that integrated a constructivist grounded-theory approach with an Indigenous epistemology, we conducted and analyzed in-depth interviews and focus groups with women from the Six Nations community in southern Ontario who self-identified as grandmothers. Our purposive sampling strategy was guided by a Six Nations advisory group and included researcher participation in a variety of local gatherings as well as personalized invitations to specific women, either face-to-face or via telephone. RESULTS: Three focus groups and 7 individual interviews were conducted with 18 grandmothers. The participants' experiences converged on 3 primary beliefs: pregnancy is a natural phase, pregnancy is a sacred period for the woman and the unborn child, and the requirements of immunity, security (trust), comfort, social development and parental responsibility are necessary for optimal postnatal health. Participants also identified 6 communal responsibilities necessary for families to raise healthy children: access to healthy and safe food, assurance of strong social support networks for mothers, access to resources for postnatal support, increased opportunities for children to participate in physical activity, more teachings around the impact of maternal behaviours during pregnancy and more teachings around spirituality/positive thinking. We also worked with the Six Nations community on several integrated knowledge-translation elements, including collaboration with an Indigenous artist to develop a digital story (short film). INTERPRETATION: Elder women are a trusted and knowledgeable group who are able to understand and incorporate multiple sources of knowledge and deliver it in culturally meaningful ways. Thus, tailoring public health programming to include elder women's voices may improve the impact and uptake of perinatal health information for Indigenous women.

N1 - RAYYAN-INCLUSION: {"Christel"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.9778/cmajo.20160077

ER -

TY - JOUR

AN - rayyan-504930912

TI - Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas: 10. Summary, cost effectiveness, and policy implications.

Y1 - 2023

Y2 - 2

Y3 - 28

T2 - International journal for equity in health

SN - 1475-9276 (Electronic)

J2 - Int J Equity Health

VL - 21

SP - 202

AU - Perry HB

AU - Stollak I

AU - Valdez M

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USA.; Curamericas/Guatemala, Quetzaltenango, Guatemala.

UR - <https://pubmed.ncbi.nlm.nih.gov/36855130/>

LA - eng

CY - England

KW - Child

KW - Humans

KW - Female

KW - *Cost-Effectiveness Analysis

KW - *Child Health

KW - Guatemala

KW - Family

KW - Censuses

KW - Socioeconomic Factors

KW - Cost-Benefit Analysis

KW - Rural Health

KW - Child Welfare

KW - Only Child

AB - BACKGROUND: This is the final of 10 papers that describe the implementation of the Expanded Census-Based, Impact-Oriented Approach (CBIO+) by Curamericas/Guatemala in the Cuchumatanes mountains of the Department of Huehuetenango and its effectiveness in improving the health and well-being of women and children in a population of 98,000 in three municipalities. The CBIO+ Approach consists of three components: the CBIO (Census-Based, Impact-Oriented) Approach, the Care Group Approach, and the Community Birthing Center Approach. METHODS: Each of the preceding papers was summarized. An assessment was made regarding the degree to which the initial implementation research hypotheses were confirmed. The total field cost per capita for operation of the Project was calculated. An assessment of the cost-effectiveness of the Project was made based on the estimated impact of the Project, the number of lives saved, and the number of disability-adjusted life years averted. RESULTS: The Project attained a number of notable achievements in terms of expanding the coverage of key maternal and child health interventions, improving the nutritional status of children, reducing the mortality of children and mothers, providing quality care for mothers at the Community Birthing Centers (Casas Maternas Rurales) that integrate traditional midwives (comadronas) into the care of women during childbirth at the birthing centers, as well as empowering women and building social capital in the communities. CBIO+ is an effective and affordable approach that is particularly notable for its capacity to engage communities in the process of improving the health of mothers and children. Overall, there is strong and consistent evidence in support of the research hypotheses. The findings did produce evidence of declines in under-5 and maternal mortality, but they were not as robust as had been hoped. CONCLUSION: CBIO+ is an approach that has been effective in engaging communities in the process of improving the health of their mothers and children and in reducing health inequities in this marginalized, difficult-to-reach population of Indigenous Maya people. The CBIO+ Approach is cost-effective and merits further development and broader application in Guatemala and beyond.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,cost effectiveness

DO - 10.1186/s12939-022-01762-w

ER -

TY - JOUR

AN - rayyan-504930913

TI - Skin care product evaluation in a group of critically ill, premature neonates: a descriptive study.

Y1 - 2014

Y2 - 11

T2 - Journal of wound, ostomy, and continence nursing : official publication of The Wound, Ostomy and Continence Nurses Society

SN - 1528-3976 (Electronic)

J2 - J Wound Ostomy Continence Nurs

VL - 41

IS - 6

SP - 519-27

AU - Young DL

AU - Chakravarthy D
AU - Drower E
AU - Reyna R
AV - Daniel L. Young, PT, DPT, Associate Professor, Department of Physical Therapy, School of Allied Health Sciences, University of Nevada, Las Vegas. Debashish Chakravarthy, PhD, FAPWCA, Vice President, Clinical and Technical Strategy, Skin and Wound Care Division, Medline Industries, Inc, Mundelein, Illinois. Edward Drower, MS, Clinical Project Director, Research and Development, Medline Industries, Inc., Mundelein, Illinois. Roxana Reyna, BSN, RNC-NIC, WCC, Skin & Wound Prevention Specialist, Driscoll Children's Hospital, Corpus Christi, Texas.
UR - <https://pubmed.ncbi.nlm.nih.gov/25377101/>
LA - eng
CY - United States
KW - Critical Illness/*nursing/therapy
KW - Drug Evaluation
KW - Humans
KW - Infant, Newborn
KW - Infant, Premature
KW - Intensive Care Units, Neonatal
KW - Pain/*drug therapy
KW - Skin Care/instrumentation/*methods/nursing
KW - Skin Cream/*therapeutic use
KW - Surveys and Questionnaires
KW - Critical Illness
KW - Skin
AB - PURPOSE: Cleansing, moisturizing, and protecting neonatal skin is important, but literature evaluating specific product lines is limited. The purpose of this study was to measure the influence of a skin care product line on overall skin condition, perineal erythema, and pain when applied to neonates in a neonatal intensive care unit (NICU). DESIGN: This was an open label, descriptive study. Comparisons were made between measurements taken at the beginning of the study to those at the end, on the same subjects. SUBJECTS AND SETTING: The study was conducted in a 41-bed NICU at Driscoll Children's Hospital in Corpus Christi, Texas, that serves 31 counties in the region. This NICU treats children needing level 2 and 3 care, with a 1:1 or 2:1 nurse staffing ratio. This is not a birthing center; patients come from other community hospitals. Twenty-nine neonates participated in the study; their average body weight was 1.39 kg (3.06 lb) and their average gestation was 31.7 weeks. METHODS: A skin care product line was introduced into a neonatal intensive care unit for 14 days. The products included 2 cleansers, 2 moisturizers, and a skin protectant with zinc oxide. Three outcome measures were tracked: Neonatal Skin Condition Score (NSCS), Skin Erythema Scale (SES), and pain. Nurses were also given a product evaluation survey. Descriptive statistics were used to report percentages and trends. Paired t tests were used to compare the mean NSCS, SES, and pain scores from the first 2 days a subject was in the study to the mean of the scores from the last 2 days they were in the study. RESULTS: Subjects experienced approximately 1774 exposures to individual products during data collection. No differences were found in pain scores ($P = .132$), SES score ($P = .059$), or NSCS ($P = .603$) when mean values were compared at the beginning and end of the study. Analysis of the product evaluation survey for questions on cleaning, moisturizing, and reducing discomfort found that more than 90% of nurses ranked the new products as better than or equal to similar products used previously. CONCLUSIONS: Use of a skin care product line was not associated with significant increases in overall neonatal skin condition measured with the NSCS, perineal erythema measured with the SES, or pain. The nurses caring for the subjects in this study prefer these products to others they have used in the past.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1097/WON.0000000000000083
ER -

TY - English Abstract
AN - rayyan-504930915
TI - [Transferring mothers from a free-standing birth center to a reference hospital].
Y1 - 2011
Y2 - 12
T2 - Revista da Escola de Enfermagem da U S P

SN - 0080-6234 (Print)
 J2 - Rev Esc Enferm USP
 VL - 45
 IS - 6
 SP - 1301-8
 AU - Bonadio IC
 AU - Schneck CA
 AU - Pires LG
 AU - Osava RH
 AU - da Silva FM
 AU - de Oliveira SM
 AU - Riesco ML
 AV - Departamento de Enfermagem Materno Infantil e Psiquiátrica, Escola de Enfermagem, Universidade de São Paulo, São Paulo, SP, Brasil. ibonadio@usp.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/22241185/>
 LA - por
 CY - Brazil
 KW - Adolescent
 KW - Adult
 KW - *Birthing Centers
 KW - Female
 KW - *Hospitals
 KW - Humans
 KW - *Obstetric Labor Complications/therapy
 KW - Patient Transfer/*statistics & numerical data
 KW - Pregnancy
 KW - *Puerperal Disorders/therapy
 KW - Retrospective Studies
 KW - Risk Factors
 KW - Young Adult
 AB - The objective of this descriptive study was to characterize the transfers of mothers from the Sapopemba Birth Center to reference hospitals in São Paulo, from September 1998 to July 2008. The studied population was 229 cases of mother transfers. Data were obtained from medical records and record books of the transferred women. Descriptive analysis was performed. The transfer rate was 5.8% (5.5% in the intrapartum period and 0.3% in the postpartum period). Most women who were transferred to the hospital were nulliparous (78.6%). The most common reason for intrapartum transfers was fetal or pelvis abnormalities (22.6%), and abnormal placental detachment (50%) for women in the postpartum period. Some conditions such as nulliparity, cervical dilation at admission, rupture of the membranes and gestational age over 40 weeks were highlighted as important variables for studying the risk factors for mothers being transferred.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
 DO - 10.1590/s0080-62342011000600004
 ER -

 TY - JOUR
 AN - rayyan-504930916
 TI - Relationship between feeding modes and infant weight gain in the first month of life.
 Y1 - 2013
 Y2 - 1
 T2 - Experimental and therapeutic medicine
 SN - 1792-0981 (Print)
 J2 - Exp Ther Med
 VL - 5
 IS - 1
 SP - 28-32
 AU - Ebina S
 AU - Kashiwakura I

AV - Sapporo Medical University, Graduate Course in Midwifery, Chuo-ku, Sapporo 060-8556;
UR - <https://pubmed.ncbi.nlm.nih.gov/23251237/>
LA - eng
CY - Greece
KW - Infant
KW - Weight Gain
AB - Breast-feeding and human milk are beneficial for both mothers and their children. This retrospective study aimed to clarify whether differences in feeding mode influence infant weight gain in the first month of life. We analyzed the pregnancy charts of 422 women who delivered at a birthing center in rural Japan between August 1998 and September 2007. The inclusion criteria were low-risk, full-term pregnancy (duration, 37-42 weeks), spontaneous vaginal delivery, and a healthy infant (1 min Apgar score of ≥ 8) who underwent a health check-up at 1 month postpartum. The subjects were classified into three groups on the basis of feeding modes: exclusive breast-feeding group (28.9%), mixed-feeding group (55.9%) and exclusive formula-feeding group (15.2%). The weight gain/day was 39.7 ± 9.3 g (range, 18.5-67.4 g), 39.5 ± 9.4 g (range, 13.8-64.5 g) and 39.0 ± 9.5 g (range, 14.4-65.3 g) in the exclusive breast-feeding, mixed-feeding and exclusive formula-feeding groups, respectively. Apart from the rate of maternal smoking, which was lower in the exclusive breast-feeding group, no other significant differences were observed among the three groups. This study revealed that there were no differences in weight gain among infants raised exclusively on breast milk and those raised exclusively on formula milk.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.3892/etm.2012.741
ER -

TY - JOUR
AN - rayyan-504930917
TI - Low-level laser therapy for pain relief after episiotomy: a double-blind randomised clinical trial.
Y1 - 2012
Y2 - 12
T2 - Journal of clinical nursing
SN - 1365-2702 (Electronic)
J2 - J Clin Nurs
VL - 21
IS - 23
SP - 3513-22
AU - Santos Jde O
AU - de Oliveira SM
AU - da Silva FM
AU - Nobre MR
AU - Osava RH
AU - Riesco ML
AV - Instituto de Ciências da Saúde da Universidade Paulista, Brazil.
UR - <https://pubmed.ncbi.nlm.nih.gov/22642607/>
LA - eng
CY - England
KW - Brazil
KW - Double-Blind Method
KW - *Episiotomy
KW - Female
KW - Humans
KW - *Laser Therapy
KW - Laser Therapy
KW - Laser Therapy, Low-Level
AB - AIMS AND OBJECTIVES: To evaluate the effectiveness of a low-level laser therapy for pain relief in the perineum following episiotomy during childbirth. BACKGROUND: Laser irradiation is a painless and non-invasive therapy for perineal pain treatment and its effects have been investigated in several studies, with no clear conclusion on its effectiveness. DESIGN: A double-blind randomised controlled clinical trial. METHOD: One hundred and fourteen women who underwent right mediolateral episiotomies during vaginal birth in an

in-hospital birthing centre in São Paulo, Brazil and reported pain ≥ 3 on a numeric scale (0-10) were randomised into three groups of 38 women each: two experimental groups (treated with red and infrared laser) and a control group. The experimental groups were treated with laser applied at three points directly on the episiotomy after suturing in a single session between 6-56 hours postpartum. We used a diode laser with wavelengths of 660 nm (red laser) and 780 nm (infrared laser). The control group participants underwent all laser procedures, excluding the emission of irradiation. The participants and the pain scores evaluator were blinded to the type of intervention. The perineal pain scores were assessed at three time points: before, immediately after and 30 minutes after low-level laser therapy. RESULTS: The comparison of perineal pain between the three groups showed no significant differences in the three evaluations ($p = 0.445$), indicating that the results obtained in the groups treated with low-level laser therapy were equivalent to the control group. CONCLUSIONS: Low-level laser therapy did not decrease the intensity of perineal pain reported by women who underwent right mediolateral episiotomy. RELEVANCE TO CLINICAL PRACTICE: The effect of laser in perineal pain relief was not demonstrated in this study. The dosage may not have been sufficient to provide relief from perineal pain after episiotomy during a vaginal birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1111/j.1365-2702.2011.04019.x

ER -

TY - JOUR

AN - rayyan-504930926

TI - Placentophagy among women planning community births in the United States: Frequency, rationale, and associated neonatal outcomes.

Y1 - 2018

Y2 - 12

T2 - Birth (Berkeley, Calif.)

SN - 1523-536X (Electronic)

J2 - Birth

VL - 45

IS - 4

SP - 459-468

AU - Benyshek DC

AU - Cheyney M

AU - Brown J

AU - Bovbjerg ML

AV - Department of Anthropology, University of Nevada, Las Vegas, NV, USA.; Department of Anthropology, Oregon State University, Corvallis, OR, USA.; College of Agricultural and Environmental Sciences, University of California, Davis, CA, USA.; College of Public Health and Human Sciences, Oregon State University, Corvallis, OR, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/29722066/>

LA - eng

CY - United States

KW - Adult

KW - *Attitude to Health

KW - Depression, Postpartum/prevention & control

KW - Eating

KW - *Feeding Behavior

KW - Female

KW - Home Childbirth/statistics & numerical data

KW - Humans

KW - Infant, Newborn

KW - Logistic Models

KW - *Maternal Behavior

KW - *Placenta

KW - Postnatal Care/methods

KW - Postpartum Period/*psychology

KW - Pregnancy

KW - United States

AB - BACKGROUND: Limited systematic research on maternal placentophagy is available to maternity care providers whose clients/patients may be considering this increasingly popular practice. Our purpose was to characterize the practice of placentophagy and its attendant neonatal outcomes among a large sample of women in the United States. METHODS: We used a medical records-based data set (n = 23 242) containing pregnancy, birth, and postpartum information for women who planned community births. We used logistic regression to determine demographic and clinical predictors of placentophagy. Finally, we compared neonatal outcomes (hospitalization, neonatal intensive unit admission, or neonatal death in the first 6 weeks) between placenta consumers and nonconsumers, and participants who consumed placenta raw vs cooked. RESULTS: Nearly one-third (30.8%) of women consumed their placenta. Consumers were more likely to have reported pregravid anxiety or depression compared with nonconsumers. Most (85.3%) placentophagic mothers consumed their placentas in encapsulated form, and nearly half (48.4%) consumed capsules containing dehydrated, uncooked placenta. Placentophagy was not associated with any adverse neonatal outcomes. Women with home births were more likely to engage in placentophagy than women with birth center births. The most common reason given (73.1%) for engaging in placentophagy was to prevent postpartum depression. [Corrections added on 16 May 2018, after first online publication: The percentage values in the Results sections were updated.] CONCLUSIONS: The majority of women consumed their placentas in uncooked/encapsulated form and hoping to avoid postpartum depression, although no evidence currently exists to support this strategy. Preparation technique (cooked vs uncooked) did not influence adverse neonatal outcomes. Maternity care providers should discuss the range of options available to prevent/treat postpartum depression, in addition to current evidence with respect to the safety of placentophagy.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1111/birt.12354

ER -

TY - JOUR

AN - rayyan-504930928

TI - Term spontaneous trial of labor in nulliparous women of short stature: A hospitals-based cohort study.

Y1 - 2020

Y2 - 3

T2 - European journal of obstetrics, gynecology, and reproductive biology

SN - 1872-7654 (Electronic)

J2 - Eur J Obstet Gynecol Reprod Biol

VL - 246

SP - 181-186

AU - Boujenah J

AU - Carbillon L

AU - Banh P

AU - Sibony O

AU - Korb D

AV - Department of Obstetrics, Gynaecology Bondy, France Assistance Publique-Hôpitaux de Paris, Paris, France; Medical University Department of North Paris France. Electronic address:

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UR - <https://pubmed.ncbi.nlm.nih.gov/32007340/>

LA - eng

CY - Ireland

KW - Adult

KW - Anal Canal/injuries

KW - Birth Injuries/epidemiology

KW - *Body Height

KW - Cephalopelvic Disproportion

KW - Cesarean Section/*statistics & numerical data

KW - Delivery, Obstetric/*statistics & numerical data
KW - Episiotomy/statistics & numerical data
KW - Extraction, Obstetrical/statistics & numerical data
KW - Female
KW - Fetal Distress
KW - Humans
KW - Intensive Care Units, Neonatal
KW - Labor Stage, First
KW - Labor Stage, Second
KW - Obstetric Labor Complications/*epidemiology
KW - Parity
KW - Postpartum Hemorrhage/epidemiology
KW - Pregnancy
KW - *Trial of Labor
KW - Young Adult
KW - Cohort Studies

AB - OBJECTIVES: To study the mode of delivery in a well selected cohort of short nulliparous women.
STUDY DESIGN: Hospitals-based cohort study between 2010-2018. The threshold (150 cm, i.e 2,3°p), for the short stature was chosen before the analysis by corresponding to - 2SD of the average population size distribution of all women who delivered over the same period: 2010-2018. Were included nulliparous women with a height ≤ 150 cm in term spontaneous labor with a single living fetus in vertex presentation without malformation. Exclusion criteria were: multiparous, scarred uterus, twin pregnancy, induced labor, preterm delivery (< 37 WP), non-vertex pregnancy, medical termination of pregnancy, stillbirth, severe fetal malformations, pre-labor cesarean, and late dating ultrasound. The main outcome was the mode of delivery. Univariate and multivariate analysis adjusted on potential confounding variable were performed to investigate the risk of intrapartum CS. RESULTS: 178 nulliparous women were included. The mean height was 148 cm. The rate of spontaneous vaginal delivery, operative vaginal delivery and intrapartum CS were :35,4 %, 35,4 % and 29,2 % respectively. Intrapartum CS was performed during the first stage labor in 15 (28, 8 %) women and during the second stage in 37 (71, 2 %) women. An arrest of labor was significantly more frequent in the active labor than the early labor stage: 62,1 % vs. 33.3 % ($p = 0,02$). In univariate analysis were associated with intrapartum CS : Gestational diabetes, birthweight $> 3,5$ kg, individual adjusted birthweight $> 90^{\circ}p$, occiput posterior, oxytocin use, cephalic circumference. After adjustment on birthplace and overweight (BMI over 25), only a birthweight $> 3,5$ kg remains associated with the risk of intrapartum CS (aOR4.3 ;95 %CI 1.96-10.2). CONCLUSION: An attempt of vaginal birth is a reasonable option for short stature women. Maternal height could be included in the selection criteria for planned birth center or home birth. The customized gestational-related optimal weight could be useful to identify large of gestational age fetus.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1016/j.ejogrb.2020.01.012
ER -

TY - JOUR
AN - rayyan-504930929
TI - Cardiac Arrest in Pregnancy.
Y1 - 2015
Y2 - 7
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 40
IS - 4
SP - 262
AU - Killion M
AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via e-mail at Molly.Killion@ucsf.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/26121758/>
LA - eng

CY - United States
 KW - Emergency Medical Services
 KW - Female
 KW - Humans
 KW - Maternal-Child Nursing
 KW - *Myocardial Infarction
 KW - Pregnancy
 KW - *Pregnancy Complications, Cardiovascular
 KW - Heart Arrest
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1097/NMC.0000000000000155
 ER -

TY - Evaluation Study
 AN - rayyan-504930931
 TI - Clinical utility of non-invasive prenatal testing in pregnancies with ultrasound anomalies.
 Y1 - 2017
 Y2 - 6
 T2 - Ultrasound in obstetrics & gynecology : the official journal of the International Society of
 Ultrasound in Obstetrics and Gynecology
 SN - 1469-0705 (Electronic)
 J2 - Ultrasound Obstet Gynecol
 VL - 49
 IS - 6
 SP - 721-728
 AU - Beulen L
 AU - Faas BHW
 AU - Feenstra I
 AU - van Vugt JMG
 AU - Bekker MN
 AV - Department of Obstetrics and Gynaecology, Radboud University Medical Center, Nijmegen, The
 Netherlands.; Department of Human Genetics, Radboud University Medical Center, Nijmegen, The
 Netherlands.; Department of Human Genetics, Radboud University Medical Center, Nijmegen, The
 Netherlands.; Department of Obstetrics and Gynaecology, Radboud University Medical Center, Nijmegen, The
 Netherlands.; Department of Obstetrics and Gynaecology, Radboud University Medical Center, Nijmegen, The
 Netherlands.; Wilhelmina Children's Hospital Birth Center, Utrecht University Medical Center, Utrecht, The
 Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27515011/>
 LA - eng
 CY - England
 KW - Adolescent
 KW - Adult
 KW - Chromosome Disorders/blood/*diagnosis/genetics
 KW - Female
 KW - Gestational Age
 KW - Humans
 KW - Nuchal Translucency Measurement/*methods
 KW - Predictive Value of Tests
 KW - Pregnancy
 KW - *Prenatal Diagnosis
 KW - Retrospective Studies
 KW - Ultrasonography, Prenatal
 KW - Young Adult
 AB - OBJECTIVE: To evaluate the application of non-invasive prenatal testing (NIPT) as an alternative to
 invasive diagnostic prenatal testing in pregnancies with abnormal ultrasound findings. METHODS: This was a
 retrospective analysis of 251 singleton and multiple pregnancies at high risk for fetal chromosomal
 abnormality based on findings at sonographic examination, in which NIPT was performed as a first-tier

genetic test. NIPT was performed by massively parallel sequencing of cell-free DNA in maternal plasma, allowing genome-wide detection of whole-chromosome, as well as partial, autosomal aneuploidy. Sex chromosomes were not analyzed, according to the current protocol in Dutch laboratories. RESULTS: NIPT was performed at a median gestational age of 20 weeks, indicated by the presence of multiple congenital anomalies (n = 13), isolated structural anomalies (n = 57), increased nuchal translucency ≥ 3.5 mm (n = 58), soft markers (n = 73), growth restriction (n = 40) and other anomalies (n = 10). NIPT results were normal in 224 (89.2%) pregnancies, inconclusive in one (0.4%) and abnormal in 26 (10.4%). Most genetic aberrations detected by NIPT were common whole-chromosome aneuploidies: trisomy 21 (n = 13), trisomy 18 (n = 6) and trisomy 13 (n = 3). Four further NIPT results were abnormal; one was suspected of being confined placental mosaicism and one was of maternal origin. In those with normal NIPT results, sonographic follow-up or examination of the newborn indicated the need for diagnostic genetic testing in 33/224 (14.7%) pregnancies. Clinically relevant genetic aberrations were revealed in 7/224 (3.1%) cases, two of which were whole-chromosome aneuploidies: trisomy 13 and monosomy X. As sex chromosomal aberrations are not included in NIPT analysis, the latter cannot be considered a false-negative result. Other discordant findings were subchromosomal aberrations (< 20 megabases, n = 2) and monogenic aberrations (n = 3).

CONCLUSIONS: NIPT should not be recommended for genetic evaluation of the etiology of ultrasound anomalies, as both resolution and sensitivity, or negative predictive value, are inferior to those of conventional karyotyping and microarray analysis. Nonetheless, some pregnant women consider NIPT to be an acceptable alternative to invasive diagnostic testing. © 2016 The Authors. Ultrasound in Obstetrics & Gynecology published by John Wiley & Sons Ltd on behalf of the International Society of Ultrasound in Obstetrics and Gynecology.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1002/uog.17228
ER -

TY - Comparative Study

AN - rayyan-504930932

TI - [Characteristics of labor and delivery care in three healthcare models within the Unified National Health System in Belo Horizonte, Minas Gerais State, Brazil].

Y1 - 2011

Y2 - 9

T2 - Cadernos de saude publica

SN - 1678-4464 (Electronic)

J2 - Cad Saude Publica

VL - 27

IS - 9

SP - 1789-800

AU - Vogt SE

AU - Diniz SG

AU - Tavares CM

AU - Santos NC

AU - Schneck CA

AU - Zorzam B

AU - Vieira Dde A

AU - Silva KS

AU - Dias MA

AV - Universidade Estadual de Montes Claros, Brasil. sibyllec campos@hotmail.com

UR - <https://pubmed.ncbi.nlm.nih.gov/21986606/>

LA - por

CY - Brazil

KW - Adult

KW - Brazil

KW - Cross-Sectional Studies

KW - Delivery, Obstetric/*methods

KW - Episiotomy/statistics & numerical data

KW - Female

KW - Humans
KW - *Labor, Obstetric
KW - Maternal Health Services/*methods
KW - *National Health Programs
KW - Natural Childbirth/statistics & numerical data
KW - Oxytocics
KW - Oxytocin
KW - Pregnancy
KW - Pregnancy Outcome
KW - Time Factors
KW - Young Adult

AB - This cross-sectional study of 831 low-risk pregnancies compared the management of labor and delivery in a birthing center, a hospital that had previously won the "Galba de Araújo" Award (for excellence in obstetric and neonatal care), and a standard-protocol maternity facility. The rates for use of oxytocin during labor were 27.9%, 59.5%, and 40.1%, while amniotomy was performed in 67.6%, 73.6%, and 82.2% of the women, respectively. Episiotomy rates were lower in the first two facilities, which have adopted patient-centered obstetric practices (7.2% at the birthing center and 14.8% at the award-winning hospital) as compared to 54.9% at the standard maternity facility. The liberal offer of epidural anesthesia at the award-winning hospital resulted in a higher anesthesia rate (54.4%) as compared to the standard facility (7.7%). Forceps delivery and neonatal admission rates were higher in the standard hospital, but there were no differences in mean Apgar or cesarean rates. The findings suggest resistance to selective use of interventions in all three models of obstetric care, although favoring the birthing center as a strategy for controlling interventions during labor and childbirth in low-risk pregnancies, with no resulting harm to the mothers or newborns.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,foreign language

DO - 10.1590/s0102-311x2011000900012

ER -

TY - JOUR

AN - rayyan-504930933

TI - Prenatal Sildenafil Therapy Improves Cardiovascular Function in Fetal Growth Restricted Offspring of Dahl Salt-Sensitive Rats.

Y1 - 2019

Y2 - 5

T2 - Hypertension (Dallas, Tex. : 1979)

SN - 1524-4563 (Electronic)

J2 - Hypertension

VL - 73

IS - 5

SP - 1120-1127

AU - Terstappen F

AU - Spradley FT

AU - Bakrania BA

AU - Clarke SM

AU - Joles JA

AU - Paauw ND

AU - Garrett MR

AU - Lely AT

AU - Sasser JM

AV - From the Department of Obstetrics (F.T., S.M.C., N.D.P., A.T.L.), University Medical Center Utrecht, the Netherlands.; Laboratory of Neuro-Immunology and Developmental Origin of Disease (F.T.), University Medical Center Utrecht, the Netherlands.; Department of Surgery (F.T.S.), University of Mississippi Medical Center, Jackson.; Department of Physiology (B.A.B.), University of Mississippi Medical Center, Jackson.; From the Department of Obstetrics (F.T., S.M.C., N.D.P., A.T.L.), University Medical Center Utrecht, the Netherlands.; Wilhelmina Children's Hospital Birth Center and Department of Nephrology and Hypertension (J.A.J.), University Medical Center Utrecht, the Netherlands.; From the Department of Obstetrics (F.T.,

S.M.C., N.D.P., A.T.L.), University Medical Center Utrecht, the Netherlands.; Department of Pharmacology and Toxicology (M.R.G., J.M.S.), University of Mississippi Medical Center, Jackson.; From the Department of Obstetrics (F.T., S.M.C., N.D.P., A.T.L.), University Medical Center Utrecht, the Netherlands.; Department of Pharmacology and Toxicology (M.R.G., J.M.S.), University of Mississippi Medical Center, Jackson.

UR - <https://pubmed.ncbi.nlm.nih.gov/30827146/>

LA - eng

CY - United States

KW - Animals

KW - Cardiovascular System/*drug effects/embryology

KW - Disease Models, Animal

KW - Female

KW - Fetal Development/drug effects

KW - Fetal Growth Retardation/*prevention & control

KW - Pregnancy

KW - *Pregnancy, Animal

KW - Prenatal Care/*methods

KW - Rats

KW - Rats, Inbred Dahl

KW - Sildenafil Citrate/*pharmacology

KW - Vasodilator Agents/pharmacology

AB - Fetal growth restriction (FGR) is associated with increased risk for cardiovascular and renal disorders in later life. Prenatal sildenafil improves birth weight in FGR animal models. Whether sildenafil treatment protects against long-term cardiovascular and renal disease in these offspring is unknown. The aim of this study is to test the hypothesis that prenatal sildenafil ameliorates cardiovascular and renal function in FGR offspring of Dahl salt-sensitive rats. Sildenafil citrate (60 mg/kg per day) or control gel diet (containing 0.3% salt) was administered from gestational day ten until birth. In male and female offspring, the mean arterial pressure was measured by telemetry in 1 subset from week 5 until week twenty. Echocardiographic parameters, glomerular filtration rate, and fractional electrolyte excretion were determined in another subset at week 9. Aortic and mesenteric artery rings were prepared to assess endothelial-dependent (acetylcholine) and -independent (sodium nitroprusside) vasorelaxation (week 10). The rise in mean arterial pressure per week was attenuated in treated versus untreated male offspring. Mesenteric arteries showed an increased endothelium-dependent relaxation and improved endothelium-independent relaxation in treated versus control male offspring. No differences in aortic relaxation, echocardiographic parameters or renal function were observed between groups. Prenatal sildenafil treatment subtly improves cardiovascular but not renal function in the offspring of this FGR rat model. Translationally, in utero treatment could be beneficial for cardiovascular programming in a sex-specific manner; however, caution is warranted since recent human trials have been halted because of potentially deleterious neonatal side effects when treating pregnancies complicated with severe FGR with sildenafil.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1161/HYPERTENSIONAHA.118.12454

ER -

TY - JOUR

AN - rayyan-504930934

TI - Using the postpartum hospital stay to address mothers' and fathers' smoking: the NEWS study.

Y1 - 2010

Y2 - 3

T2 - Pediatrics

SN - 1098-4275 (Electronic)

J2 - Pediatrics

VL - 125

IS - 3

SP - 518-25

AU - Winickoff JP

AU - Healey EA

AU - Regan S

AU - Park ER
 AU - Cole C
 AU - Friebely J
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 UR - <https://pubmed.ncbi.nlm.nih.gov/20123776/>
 LA - eng
 CY - United States
 KW - Adult
 KW - *Delivery, Obstetric
 KW - Feasibility Studies
 KW - Female
 KW - *Hospitalization
 KW - Humans
 KW - Male
 KW - *Parents
 KW - *Smoking Cessation
 KW - *Smoking Prevention
 KW - Length of Stay
 KW - Smoke
 KW - Postpartum Period
 AB - **OBJECTIVE:** The objective of this study was to test the feasibility and acceptability of introducing an intervention to address mothers' and fathers' smoking during the postpartum hospitalization. **METHODS:** During a 14-month period (February 2005 to April 2006), we assessed the smoking status of both parents of all newborns who were delivered at a hospital child birth center. Parents who were current smokers (1 cigarette, even a puff, in past 30 days) or recent quitters (smoked since 1 month before conception) were eligible for the study. Parents were assigned to intervention or usual care control condition on the basis of day of study enrollment. Smoking outcomes were assessed at 3 months by telephone survey and cotinine confirmation; quitline use was assessed at 3 months by using quitline database. **RESULTS:** A total of 101 (64%) of 159 eligible parents enrolled in the study (n = 53 control subject, n = 48 intervention), including 72 (71%) current smokers and 29 (29%) recent quitters. All parents in the intervention group received the in-hospital counseling session, 94% had a fax sent to a provider, and 36 (75%) accepted quitline enrollment. In an intention-to-treat analysis that included both current smokers and recent quitters, self-reported 7-day abstinence decreased from 31% to 25% among intervention parents versus 38% to 23% among control subjects (effect size 9.4%; nonsignificant). Among current smokers at baseline who were reached at follow-up (n = 36), self-reported 24-hour quit attempts were higher in the intervention group versus control group (64% vs 18%; P = .005), whereas the cotinine-confirmed 7-day abstinence rates at follow-up were 9% in the intervention group and 3% in the control group (nonsignificant). **CONCLUSIONS:** Enrolling mothers and fathers into tobacco treatment services during the immediate postpartum hospital stay is feasible and seems to stimulate quit attempts. The birth of an infant presents a teachable moment to reach both parents and to provide cessation assistance.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1542/peds.2009-0356
 ER -

 TY - JOUR
 AN - rayyan-504930935
 TI - A randomised controlled trial evaluating the effect of immersion bath on labour pain.
 Y1 - 2009
 Y2 - 6
 T2 - Midwifery
 SN - 1532-3099 (Electronic)
 J2 - Midwifery
 VL - 25
 IS - 3

SP - 286-94
 AU - da Silva FM
 AU - de Oliveira SM
 AU - Nobre MR
 AV - Sapopemba Birth Center, Rua Borges Lagoa no. 512 apto. 93-A, Vila Clementino, São Paulo CEP 04038-000, Brazil. flora010101@yahoo.com.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/17655985/>
 LA - eng
 CY - Scotland
 KW - Adolescent
 KW - Adult
 KW - *Attitude to Health
 KW - Baths/*methods/psychology
 KW - Birthing Centers
 KW - Brazil
 KW - Female
 KW - Humans
 KW - *Immersion
 KW - Labor Pain/diagnosis/psychology/*therapy
 KW - Labor Stage, First
 KW - Nurse Midwives
 KW - Nursing Methodology Research
 KW - Pain Measurement
 KW - Parity
 KW - Pregnancy
 KW - Qualitative Research
 KW - Severity of Illness Index
 KW - Statistics, Nonparametric
 KW - Treatment Outcome
 KW - Immersion
 AB - OBJECTIVE: to evaluate the effect of an immersion bath on pain magnitude during the first stage of labour. DESIGN: a randomised controlled trial comparing the pain scores of bathing and non-bathing nulliparous women during birth was employed. SETTING: the study was conducted at the Normal Birth Center of Amparo Maternal, São Paulo, Brazil. PARTICIPANTS: 108 birthing women, with 54 women randomly assigned to each group. INTERVENTIONS: when the birthing women presented at 6-7 cm of cervical dilation, they were placed in an immersion bath for 60 mins. OUTCOME MEASURES: pain scores, using a behavioural pain scale and a numeric scale, were recorded at two evaluation time points: at 6-7 cm of cervical dilation and 1h after the first pain score evaluation. FINDINGS: at the first evaluation, on the behavioural scale, the means were 2.1 for both groups ($p=0.914$; 95% confidence intervals (CI) 1.9-2.3 for the control group and 2.0-2.2 for the experimental group). On the numeric scale, the means were 8.7 and 8.5 for the control and experimental groups, respectively ($p=0.235$; 95% CI 8.2-9.2 for the control group and 8.1-8.9 for the experimental group). At the second evaluation, the pain score means for both scales were statistically higher in the control group than in the experimental group. On the behavioural scale, the scores were 2.4 vs. 1.9, respectively, for the control and experimental groups ($p<0.001$; 95% CI 2.2-2.6 for the control group and 1.7-2.1 for the experimental group). On the numeric scale, the scores were 9.3 vs. 8.5, respectively, for the control and experimental groups ($p<0.05$; 95% CI 8.9-9.7 for the control group and 8.1-8.9 for the experimental group). CONCLUSIONS: mean labour pain scores in the control group were significantly higher than those in the experimental group. The present findings suggest that use of an immersion bath is a suitable alternative form of pain relief for women during labour.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1016/j.midw.2007.04.006
 ER -

 TY - JOUR
 AN - rayyan-504930936
 TI - U.S. Nulliparas' Reasons for Expected Provider Type and Childbirth Setting.
 Y1 - 2015

T2 - The Journal of perinatal education
 SN - 1058-1243 (Print)
 J2 - J Perinat Educ
 VL - 24
 IS - 1
 SP - 61-72
 AU - Arcia A
 UR - <https://pubmed.ncbi.nlm.nih.gov/26937162/>
 LA - eng
 CY - United States
 AB - The objective of this study was to describe nulliparas' reasons for the type of provider (i.e., midwife, physician) and childbirth setting (i.e., home, hospital, hospital-based birth center) that respondents expected for their births. Data were collected via a cross-sectional, descriptive, self-administered, Web-based survey including both close- and open-ended questions and were analyzed using conventional content analysis. Respondents were 220 nulliparous women aged 18-40 years, living in the United States, and pregnant at 20 or fewer weeks' gestation. Women's reasons were categorized broadly as relating to provider/setting attributes, relationship with provider/setting, normative choices, respondent attributes, and practical considerations. Respondents' reasons highlight misconceptions about childbirth care options, especially regarding midwifery and nonhospital settings, which may be addressed by childbirth education.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1891/1058-1243.24.1.61
 ER -

TY - JOUR
 AN - rayyan-504930937
 TI - Postpartum hemorrhage prevention: a case study in northern rural Honduras.
 Y1 - 2008
 Y2 - 1
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 53
 IS - 1
 SP - e1-6
 AU - Low LK
 AU - Bailey JM
 AU - Sacks E
 AU - Medina L
 AU - Piñeda HO
 AV - School of Nursing, University of Michigan, Ann Arbor, MI 48103, USA. kanelow@umich.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/18164426/>
 LA - eng
 CY - United States
 KW - Adolescent
 KW - Adult
 KW - Education, Nursing, Continuing
 KW - Female
 KW - Health Transition
 KW - Honduras/epidemiology
 KW - Humans
 KW - Maternal Health Services/trends
 KW - *Midwifery/education
 KW - Postpartum Hemorrhage/*epidemiology/etiology/*nursing/prevention & control
 KW - Pregnancy
 KW - Pregnancy Outcome
 KW - Prospective Studies
 KW - Rural Health Services/trends

KW - Postpartum Period

AB - Postpartum hemorrhage (PPH) is the leading cause of maternal mortality globally. Safe Motherhood policies have been directed towards the reduction of PPH by recommending active management of third-stage labor as the standard of care. One component of active management involves routine use of a uterotonic agent within 1 minute of the delivery of the baby. A case study at Clínica Materno-Infantil, a free-standing public birth center in Honduras, is presented, focusing on methods to reduce PPH. The nursing staff was trained to estimate blood loss and in methods to manage PPH, including elements of active management of the third stage of labor. Medical records were reviewed and an analysis of PPH management compared to estimated blood loss (EBL) was conducted. There was no significant correlation between PPH management techniques and EBL ($r = .060$; $P = .368$). There was a statistically significant ($P < .001$) correlation between oxytocin administration and lower EBL ($r = -.232$), indicating that there was less blood loss when oxytocin was administered. At Clínica Materno-Infantil, routine use of a uterotonic agent appears beneficial and further implementation of active management of the third stage of labor appears warranted.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: not midwife-led

DO - 10.1016/j.jmwh.2007.08.014

ER -

TY - JOUR

AN - rayyan-504930939

TI - Fewer glucose checks and decreased supplementation using dextrose gel for asymptomatic neonatal hypoglycemia.

Y1 - 2023

Y2 - 4

T2 - Journal of perinatology : official journal of the California Perinatal Association

SN - 1476-5543 (Electronic)

J2 - J Perinatol

VL - 43

IS - 4

SP - 532-537

AU - Walravens C

AU - Gupta A

AU - Cohen RS

AU - Kim JL

AU - Frymoyer A

AV - Department of Pediatrics, Stanford School of Medicine, Stanford, CA, USA. cwalrave@stanford.edu.; Department of Pediatrics, Stanford School of Medicine, Stanford, CA, USA.; Department of Pediatrics, Stanford School of Medicine, Stanford, CA, USA.; Palo Alto Medical Foundation, Palo Alto, CA, USA.; Department of Pediatrics, Stanford School of Medicine, Stanford, CA, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/36871107/>

LA - eng

CY - United States

KW - Infant, Newborn

KW - Infant

KW - Child

KW - Humans

KW - Glucose

KW - Blood Glucose

KW - Gels

KW - *Hypoglycemia/prevention & control

KW - *Infant, Newborn, Diseases

KW - Dietary Supplements

KW - Hypoglycemia

AB - OBJECTIVE: Evaluate the impact of a neonatal hypoglycemia (NH) clinical pathway implementing buccal dextrose gel in late preterm and term infants. STUDY DESIGN: Quality improvement study at a children's hospital associated birth center. Number of blood glucose checks, use of supplemental milk, and need for IV glucose were followed for 26-months after implementation of dextrose gel and compared to previous 16-month period. RESULTS: After QI implementation, 2703 infants were screened for hypoglycemia. Of these,

874 (32%) received at least one dose of dextrose gel. Special cause shifts with reductions in mean number of blood glucose checks per infant (pre 6.6 vs. post 5.6), use of supplemental milk (pre 42% vs. post 30%), and need for IV glucose (pre 4.8% vs. post 3.5%) were found. CONCLUSION: Incorporating dextrose gel into a clinical pathway for NH was associated with a sustained reduction in number of interventions, use of supplemental milk and need for IV glucose.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1038/s41372-023-01638-z
ER -

TY - Comment

AN - rayyan-504930940

TI - The safety of birth centers: response to a critique of the stockholm birth center study.

Y1 - 2006

Y2 - 6

T2 - Birth (Berkeley, Calif.)

SN - 0730-7659 (Print)

J2 - Birth

VL - 33

IS - 2

SP - 165-7

AU - Waldenström U

AU - Grunewald C

AU - Gottwall K

UR - <https://pubmed.ncbi.nlm.nih.gov/16732785/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Female

KW - Humans

KW - *Infant Mortality

KW - Infant, Newborn

KW - Pregnancy

KW - *Research Design

KW - *Safety

KW - Sweden/epidemiology

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Response to critique

DO - 10.1111/j.0730-7659.2006.0098a.x

ER -

TY - JOUR

AN - rayyan-504930941

TI - Identified themes of interactive visualizations overlayed onto EHR data: an example of improving birth center operating room efficiency.

Y1 - 2020

Y2 - 5

Y3 - 1

T2 - Journal of the American Medical Informatics Association : JAMIA

SN - 1527-974X (Electronic)

J2 - J Am Med Inform Assoc

VL - 27

IS - 5

SP - 783-787

AU - Stirling A

AU - Tubb T

AU - Reiff ES

AU - Grotegut CA

AU - Gagnon J

AU - Li W
 AU - Bradley G
 AU - Poon EG
 AU - Goldstein BA
 AV - Duke Health Technology Solutions, Duke University Health System, Durham, North Carolina, USA.;
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 Department of Obstetrics and Gynecology, Brigham and Women's Hospital, Boston, Massachusetts, USA.;
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 USA.; Duke Health Technology Solutions, Duke University Health System, Durham, North Carolina, USA.;
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 Health Technology Solutions, Duke University Health System, Durham, North Carolina, USA.; Duke Health
 Technology Solutions, Duke University Health System, Durham, North Carolina, USA.; Department of
 Medicine, Duke University, Durham, North Carolina, USA.; Department of Biostatistics & Bioinformatics, Duke
 University School of Medicine, Durham, North Carolina, USA.; Department of Biostatistics & Bioinformatics,
 Duke University School of Medicine, Durham, North Carolina, USA.; Children's Health & Discovery Initiative,
 Department of Pediatrics, Duke University School of Medicine, Durham, North Carolina, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/32181803/>
 LA - eng
 CY - England
 KW - Birthing Centers/*organization & administration
 KW - *Computer Graphics
 KW - *Electronic Health Records
 KW - Female
 KW - Humans
 KW - Medical Records Systems, Computerized
 KW - North Carolina
 KW - Obstetrics/organization & administration
 KW - Operating Rooms/*organization & administration
 KW - Pregnancy
 KW - Quality Improvement
 KW - User-Computer Interface
 AB - OBJECTIVE: While electronic health record (EHR) systems store copious amounts of patient data,
 aggregating those data across patients can be challenging. Visual analytic tools that integrate with EHR
 systems allow clinicians to gain better insight and understanding into clinical care and management. We
 report on our experience building Tableau-based visualizations and integrating them into our EHR system.
 MATERIALS AND METHODS: Visual analytic tools were created as part of 12 clinician-initiated quality
 improvement projects. We built the visual analytic tools in Tableau and linked it within our EPIC environment.
 We identified 5 visual themes that spanned the various projects. To illustrate these themes, we choose 1
 exemplary project which aimed to improve obstetric operating room efficiency. RESULTS: Across our 12
 projects, we identified 5 visual themes that are integral to project success: scheduling & optimization (in
 11/12 projects); provider assessment (10/12); executive assessment (8/12); patient outcomes (7/12); and
 control and goal charts (2/12). DISCUSSION: Many visualizations share common themes. Identification of
 these themes has allowed our internal team to be more efficient and directed in developing visualizations for
 future projects. CONCLUSION: Organizing visual analytics into themes can allow informatics teams to more
 efficiently provide visual products to clinical collaborators.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1093/jamia/ocaa016
 ER -

 TY - JOUR
 AN - rayyan-504930942
 TI - Macular findings in healthy full-term Hispanic newborns observed by hand-held spectral-domain optical
 coherence tomography.
 Y1 - 2013
 Y2 - 9
 T2 - Ophthalmic surgery, lasers & imaging retina
 SN - 2325-8179 (Electronic)

J2 - Ophthalmic Surg Lasers Imaging Retina
VL - 44
IS - 5
SP - 448-54
AU - Cabrera MT
AU - O'Connell RV
AU - Toth CA
AU - Maldonado RS
AU - Tran-Viet D
AU - Allingham MJ
AU - Chiu SJ
AU - Farsiu S
AU - Maradiaga Panayotti GM
AU - Swamy GK
AU - Freedman SF
UR - <https://pubmed.ncbi.nlm.nih.gov/23938334/>

LA - eng
CY - United States
KW - Female
KW - Fovea Centralis/pathology
KW - Hispanic or Latino
KW - Humans
KW - Infant, Newborn
KW - Male
KW - *Point-of-Care Systems
KW - Prospective Studies
KW - Retinal Diseases/diagnosis/ethnology
KW - Subretinal Fluid
KW - Term Birth/*physiology
KW - Tomography, Optical Coherence/*methods
KW - Hispanic Americans

AB - BACKGROUND AND OBJECTIVE: To enhance understanding of ethnically diverse normal newborn retinal morphology, the authors report spectral-domain optical coherence tomography (SD-OCT) macular findings in healthy Hispanic newborns. PATIENTS AND METHODS: In this IRB-approved prospective, observational case series, 20 full-term Hispanic newborns had dilated retinal examinations and imaging by hand-held SD-OCT without sedation at the Duke Birthing Center. RESULTS: Of 20 newborns imaged (35% male; median gestational age: 39 weeks; range: 36 to 40 weeks), two (10%) had bilateral subfoveal fluid, including one case of bilateral double subretinal fluid pockets. Three eyes of two infants (10%) had retinal macular cystoid structures (one enlarged at 1.5 months, with resolution by 3 months). These SD-OCT findings were not visible by indirect ophthalmoscopy. CONCLUSION: Some Hispanic newborns have subretinal fluid or macular cystoid structures on SD-OCT. This study expands our understanding of findings seen by SD-OCT in healthy full-term newborns of various races.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.3928/23258160-20130801-01

ER -

TY - JOUR

AN - rayyan-504930944

TI - Is breastfeeding duration influenced by maternal attitude and knowledge? A longitudinal study during the first year of life.

Y1 - 2012

Y2 - 10

T2 - The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians

SN - 1476-4954 (Electronic)

J2 - J Matern Fetal Neonatal Med

VL - 25

SP - 32-6

AU - Bertino E

AU - Varalda A

AU - Magnetti F

AU - Di Nicola P

AU - Cester E

AU - Occhi L

AU - Perathoner C

AU - Soldi A

AU - Prandi G

AV - SCU Neonatologia, ASO OIRM-Sant'Anna, Via Ventimiglia 3, 10126, Turin, Italy.

enrico.bertino@unito.it

UR - <https://pubmed.ncbi.nlm.nih.gov/23016615/>

LA - eng

CY - England

KW - Adult

KW - Breast Feeding/psychology/*statistics & numerical data

KW - Female

KW - *Health Knowledge, Attitudes, Practice

KW - Humans

KW - Infant, Newborn

KW - Italy

KW - Longitudinal Studies

KW - Maternal Behavior

KW - Mother-Child Relations

KW - Breast Feeding

AB - **OBJECTIVE:** To discuss the duration and types of breastfeeding and to identify the factors associated with the early introduction of formula milk. **MATERIALS AND METHODS:** This longitudinal study was conducted in the largest birthing centre of Turin. 562 mother-infant pairs were selected randomly and enrolled from among all the births that occurred in our Hospital from January to December 2009. Data was collected by means of a questionnaire filled out by the researcher during a face-to-face interview at mother's bed side during her hospital stay. This questionnaire included data regarding maternal socio-demographic, biomedical and hospital-related characteristics and some questions regarding family support, maternal attitude and current knowledge on breastfeeding. Mothers were interviewed by telephone at 1, 3, 6 and 12 months postpartum using the 24-h recall technique and definitions recommended by the WHO to investigate the type of breastfeeding adopted. **RESULTS:** At the age of 6 months only 8.9% of the infants involved were still exclusively breastfed and 44.3% had discontinued breastfeeding. By the age of 12 months 25.3% of infants were still receiving some breast milk. The main factors that had a negative impact on the duration of breastfeeding included maternal smoking habits, early pacifier introduction and the maternal infant feeding attitude. **CONCLUSIONS:** The rate of initiation and overall duration of breastfeeding reached the WHO objectives, but exclusive breastfeeding duration has still not reached satisfactory levels at 6 months. Given that the maternal infant feeding attitude is the only factor independently related to breastfeeding duration for the whole first year of life, reliable measures of maternal attitude could be used as a first step in targeting and assessing interventions that promote and sustain breastfeeding.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center

DO - 10.3109/14767058.2012.712341

ER -

TY - Evaluation Study

AN - rayyan-504930945

TI - Implementation of standardized nomenclature in the electronic medical record.

Y1 - 2009

Y2 - 10

T2 - International journal of nursing terminologies and classifications : the official journal of NANDA

International
 SN - 1744-618X (Electronic)
 J2 - Int J Nurs Terminol Classif
 VL - 20
 IS - 4
 SP - 169-80
 AU - Klehr J
 AU - Hafner J
 AU - Spelz LM
 AU - Steen S
 AU - Weaver K
 AV - New Beginnings Birthing Center, of Aspirus Wausau Hospital, Wausau, Wisconsin, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/19883454/>
 LA - eng
 CY - United States
 KW - Computer User Training
 KW - Documentation/*methods
 KW - Education, Nursing, Continuing/organization & administration
 KW - Electronic Health Records/*organization & administration
 KW - Forms and Records Control
 KW - Hospital Information Systems/organization & administration
 KW - Humans
 KW - Nursing Audit
 KW - Nursing Diagnosis/classification/*organization & administration
 KW - Nursing Evaluation Research
 KW - Nursing Informatics/education/organization & administration
 KW - *Nursing Records
 KW - Nursing Staff, Hospital/education
 KW - Outcome Assessment, Health Care
 KW - Patient Care Planning/classification/*organization & administration
 KW - Professional Staff Committees/organization & administration
 KW - Program Development
 KW - Program Evaluation
 KW - *Vocabulary, Controlled
 KW - Wisconsin
 KW - Medical Records
 AB - PURPOSE: To describe a customized electronic medical record documentation system which provides an electronic health record, Epic, which was implemented in December 2006 using standardized taxonomies for nursing documentation. DATA SOURCES: Descriptive data is provided regarding the development, implementation, and evaluation processes for the electronic medical record system. Nurses used standardized nursing nomenclature including NANDA-I diagnoses, Nursing Interventions Classification, and Nursing Outcomes Classification in a measurable and user-friendly format using the care plan activity. CONCLUSIONS AND IMPLICATIONS: Key factors in the success of the project included close collaboration among staff nurses and information technology staff, ongoing support and encouragement from the vice president/chief nursing officer, the ready availability of expert resources, and nursing ownership of the project. Use of this evidence-based documentation enhanced institutional leadership in clinical documentation.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1111/j.1744-618X.2009.01132.x
 ER -

 TY - JOUR
 AN - rayyan-504930946
 TI - Helping Babies Breathe and its effects on intrapartum-related stillbirths and neonatal mortality in low-resource settings: a systematic review.
 Y1 - 2020
 Y2 - 2

T2 - Archives of disease in childhood
 SN - 1468-2044 (Electronic)
 J2 - Arch Dis Child
 VL - 105
 IS - 2
 SP - 127-133
 AU - Versantvoort JMD
 AU - Kleinhout MY
 AU - Ockhuijsen HDL
 AU - Bloemenkamp K
 AU - de Vries WB
 AU - van den Hoogen A
 AV - Clinical Health Science, Utrecht University, Utrecht, The Netherlands.; Department of Neonatology, Birth Center Wilhelmina's Children Hospital, Division Women and Baby, University Medical Center Utrecht, Utrecht, The Netherlands.; Clinical Health Science, Utrecht University, Utrecht, The Netherlands.; Department of Reproductive Medicine and Gynaecology, University Medical Centre Utrecht, Utrecht, The Netherlands.; Department of Obstetrics Birth Center Wilhelmina's Children Hospital, Division Women and Baby, University Medical Center Utrecht, Utrecht, The Netherlands.; Department of Neonatology, Birth Center Wilhelmina's Children Hospital, Division Women and Baby, University Medical Center Utrecht, Utrecht, The Netherlands.; Clinical Health Science, Utrecht University, Utrecht, The Netherlands.; Department of Neonatology, Birth Center Wilhelmina's Children Hospital, Division Women and Baby, University Medical Center Utrecht, Utrecht, The Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31278145/>
 LA - eng
 CY - England
 KW - Health Resources
 KW - Humans
 KW - Infant
 KW - Infant, Newborn
 KW - *Perinatal Death/prevention & control
 KW - Resuscitation/*education
 KW - *Simulation Training
 KW - *Stillbirth
 KW - Infant Mortality
 KW - Respiration
 AB - BACKGROUND: An important factor in worldwide neonatal mortality is the deficiency in neonatal resuscitation skills among trained professionals. 'Helping Babies Breathe' (HBB) is a simulation-based training course designed to train healthcare professionals in the initial steps of neonatal resuscitation in low-resource areas. The aim of this systematic review is to provide an overview of the available evidence regarding intrapartum-related stillbirths and neonatal mortality related to the HBB training and resuscitation method. DATA SOURCES: Cochrane, CINAHL, Embase, PubMed and Scopus. STUDY ELIGIBILITY CRITERIA: Conducted in low-resource settings focusing on the effects of HBB on intrapartum-related stillbirths and neonatal mortality. STUDY APPRAISAL: Included studies were reviewed independently by two researchers in terms of methodological quality. DATA EXTRACTION: Data were extracted by two independent reviewers and crosschecked by one additional reviewer. RESULTS: Seven studies were included in this systematic review; the selected studies included a total of 230.797 neonates. Significant decreases were found after the implementation of HBB in one of two studies describing perinatal mortality (n=25 108, rate ratio (RR) 0.75; p<0.001), four out of six studies related to intrapartum-related stillbirths (n=125.720, RR 0.31-0.76), in four out of five studies focusing on 1 day neonatal mortality (n=111.289, RR 0.37-0.67), and one out of three studies regarding 7 day neonatal mortality (n=4.390, RR 0.32). No changes were seen in late neonatal mortality after HBB training and resuscitation method. LIMITATIONS: Included studies in were predominantly of moderate quality, therefore no strong recommendations can be made. CONCLUSIONS AND IMPLICATIONS OF KEY FINDINGS: Due to the heterogeneous quality of the studies, this systematic review showed moderate evidence for a decrease in intrapartum-related stillbirth and 1-day neonatal mortality rate after implementing the 'Helping Babies Breathe' training and resuscitation method. Further research is required to address the effects of simulation-based team training on morbidity and mortality beyond the initial neonatal period. PROSPERO REGISTRATION NUMBER: CRD42018081141.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1136/archdischild-2018-316319
ER -

TY - JOUR
AN - rayyan-504930947
TI - Influence of fixed and time-dependent factors on duration of normal first stage labor.
Y1 - 2005
Y2 - 3
T2 - Birth (Berkeley, Calif.)
SN - 0730-7659 (Print)
J2 - Birth
VL - 32
IS - 1
SP - 27-33
AU - Gross MM
AU - Drobnic S
AU - Keirse MJ
AV - Department of Obstetrics and Gynecology, Hannover Medical School, Hannover, Germany.
UR - <https://pubmed.ncbi.nlm.nih.gov/15725202/>

LA - eng
CY - United States
KW - Adult
KW - Cohort Studies
KW - Female
KW - Humans
KW - Labor Stage, First/*physiology
KW - Parity
KW - Pregnancy
KW - Prospective Studies
KW - Reference Values
KW - Regression Analysis
KW - Time Factors
KW - Labor Stage, Third

AB - BACKGROUND: No accurate method, clinical or otherwise, currently exists to determine the onset of labor precisely. The objective of this study was to investigate what influences the duration of first stage labor in women with spontaneous labor and childbirth in a nonclinical setting. METHODS: From a population-based cohort of 1,448 planned home and birth center births, we selected 932 births for absence of pathology, absence of intervention, and completeness of data. Duration of first stage labor was analyzed with regression analysis for duration data or time-to-event analysis, using a specialized Transition Data Analysis software. The effects of fixed (age, parity, education, antenatal classes, infant birthweight, first cervical assessment) and time-varying factors (start of midwifery care, spontaneous rupture of membranes) in labor were estimated with piecewise-constant exponential hazard models. RESULTS: Of the characteristics immutable at the onset of labor, only parity had a strong effect on the duration of first stage labor. Cervical dilatation at first assessment and time-varying factors, such as the timing of spontaneous rupture of membranes and midwifery care, each had a strong influence on labor duration; however, the sequence in which they occurred exerted an even stronger influence. First stage labors were much shorter if the membranes ruptured before rather than after the start of care. CONCLUSION: With the exception of parity, events occurring during labor and their timing have a greater influence on the duration of first stage spontaneous labor than elements which are immutable at the onset of labor. Trials of interventions to influence the duration of labor need to consider not only whether the intervention was applied or not, but also when it was applied, if cause-effect relationships are to become properly understood.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/j.0730-7659.2005.00341.x
ER -

TY - JOUR

AN - rayyan-504930948

TI - Prevalence of Malaria and Anemia among Pregnant Women Attending a Traditional Birth Home in Benin City, Nigeria.

Y1 - 2012

Y2 - 5

T2 - Oman medical journal

SN - 2070-5204 (Electronic)

J2 - Oman Med J

VL - 27

IS - 3

SP - 232-6

AU - Oladeinde BH

AU - Omoregie R

AU - Odia I

AU - Oladeinde OB

UR - <https://pubmed.ncbi.nlm.nih.gov/22811774/>

LA - eng

CY - Oman

KW - Anemia

KW - Prevalence

KW - Nigeria

KW - Midwifery

KW - Malaria

AB - OBJECTIVES: To determine the prevalence of malaria and anemia among pregnant women attending a traditional birth center as well as the effect of herbal remedies, gravidity, age, educational background and malaria prevention methods on their prevalence. METHODS: Blood specimens were collected from 119 pregnant women attending a Traditional Birth Home in Benin City, Nigeria. Malaria parasitemia was diagnosed by microscopy while anemia was defined as hemoglobin concentration <11 g/dL. RESULTS: The prevalence of malaria infection was (OR=4.35 95% CI=1.213, 15.600; p=0.016) higher among primigravidae (92.1%). Pregnant women (38.5%) with tertiary level of education had significantly lower prevalence of malaria infection (p=0.002). Malaria significantly affected the prevalence of anemia (p<0.05). Anemia was associated with consumption of herbal remedies (OR=2.973; 95% CI=1.206, 7.330; p=0.017). The prevalence of malaria parasitemia and anemia were not affected by malaria prevention methods used by the participants. CONCLUSION: The overall prevalence of malaria infection and anemia observed in this study were 78.9% and 46.2%, respectively. Higher prevalence of malaria infection was associated with primigravidae and lower prevalence with tertiary education of subjects. Anemia was associated with consumption of herbal remedies. There is urgent need to control the prevalence of malaria and anemia among pregnant women attending traditional birth homes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.5001/omj.2012.52

ER -

TY - JOUR

AN - rayyan-504930949

TI - In for the long haul. Which family physicians plan to continue delivering babies?

Y1 - 2002

Y2 - 7

T2 - Canadian family physician Medecin de famille canadien

SN - 0008-350X (Print)

J2 - Can Fam Physician

VL - 48

SP - 1216-22

AU - Klein MC

AU - Kelly A

AU - Spence A

AU - Kaczorowski J

AU - Grzybowski S

AV - Division of Maternity and Newborn Care, Department of Family Practice, University of British Columbia, Vancouver. mklein@interchange.ubc.ca

UR - <https://pubmed.ncbi.nlm.nih.gov/12166012/>

LA - eng

CY - Canada

KW - Adult

KW - Age Factors

KW - *Attitude of Health Personnel

KW - British Columbia

KW - *Family Practice

KW - Fee-for-Service Plans

KW - Female

KW - Humans

KW - Male

KW - *Maternal Health Services

KW - Middle Aged

KW - Multivariate Analysis

KW - *Practice Patterns, Physicians'

KW - Pregnancy

KW - Sex Factors

KW - Physicians, Family

AB - OBJECTIVE: To compare characteristics of family physicians planning to discontinue or stay in intrapartum care. DESIGN: Self-administered questionnaire. SETTING: Department of Family Practice at Children's and Women's Health Centre of British Columbia. PARTICIPANTS: Ninety-five family physicians who attended at least one birth at the Health Centre between April 1997 and August 1998. MAIN OUTCOME MEASURES: Intention to leave or stay in family practice maternity care, physician characteristics and beliefs. RESULTS: Forty-five percent (43/95) of family physicians planned to leave maternity care within the next 5 years. Physicians planning to leave had more negative attitudes about the alternative birthing centre, doulas, and practising in free-standing settings without on-site obstetricians; were more likely to report missing personal events because they had put their maternity patients first; were less likely to make housecalls during women's labour; and were more likely to be paid through fee-for-service. CONCLUSION: Being paid by fee-for-service, having negative attitudes toward non-traditional maternity care, and conflict between maternity care and personal life were associated with intention to leave intrapartum care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: physician-led,wrong population

ER -

TY - JOUR

AN - rayyan-504930950

TI - Lessons learnt from anonymized review of cases of peripartum hysterectomy by international experts: A qualitative pilot study.

Y1 - 2019

Y2 - 8

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 98

IS - 8

SP - 955-957

AU - Jónasdóttir E

AU - Aabakke AJM

AU - Colmorn LB

AU - Jakobsson M

AU - Åyräs O

AU - Baghestan E

AU - Svanvik T

AU - van den Akker T

AU - Bloemenkamp K
 AU - van Roosmalen J
 AU - Krebs L
 AU - Knight M
 AU - Langhoff-Roos J
 AV - Department of Obstetrics and Gynecology, Landspítali University Hospital, Reykjavík, Iceland.; Department of Obstetrics and Gynecology, Herlev University Hospital, Herlev, Denmark.; The Fertility Clinic, Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark.; Department of Obstetrics and Gynecology, Helsinki University Hospital, Helsinki, Finland.; Department of Obstetrics and Gynecology, Helsinki University Hospital, Helsinki, Finland.; Department of Obstetrics and Gynecology, Haukeland University Hospital, Bergen, Norway.; Department of Obstetrics and Gynecology, Sahlgrenska University Hospital, Gothenburg, Sweden.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Birth Center Wilhelmina Children Hospital, Division Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Athena Institute, Faculty of Science, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands.; Department of Obstetrics and Gynecology, Holbaek Hospital, Holbaek, Denmark.; National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK.; Department of Obstetrics, Rigshospitalet University Hospital, University of Copenhagen, Copenhagen, Denmark.
 UR - <https://pubmed.ncbi.nlm.nih.gov/30825327/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Female
 KW - Humans
 KW - *Hysterectomy
 KW - Netherlands
 KW - *Peripartum Period
 KW - Pilot Projects
 KW - Postpartum Hemorrhage/*surgery
 KW - Pregnancy
 KW - Qualitative Research
 KW - Risk Factors
 KW - Scandinavian and Nordic Countries
 KW - United Kingdom
 KW - Hysterectomy
 AB - Severe obstetric complications are not extensively studied and individual cases are used too little and inappropriately in quality improvement activities, due to limited numbers and prioritization of quantitative research. Nordic and European experts performed a qualitative pilot study using anonymized cases of peripartum hysterectomy. It was feasible to anonymize narratives and we learned lessons in the form of themes for improved clinical care and future research. Therefore, we plan a Nordic anonymized review of the care of women who have undergone peripartum hysterectomy based on narratives. The qualitative outcomes of clinically relevant themes for quality improvement and research will add value to the quantitative analyses from the Nordic medical birth registries. In the longer term, we believe that qualitative audits should be an essential part of the process of continuing improvement in maternity care.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1111/aogs.13601
 ER -

 TY - JOUR
 AN - rayyan-504930952
 TI - Health literacy in pregnant women facing prenatal screening may explain their intention to use a patient decision aid: a short report.
 Y1 - 2016
 Y2 - 7
 Y3 - 11
 T2 - BMC research notes

SN - 1756-0500 (Electronic)
J2 - BMC Res Notes
VL - 9
SP - 339
AU - Delanoë A
AU - Lépine J
AU - Leiva Portocarrero ME
AU - Robitaille H
AU - Turcotte S
AU - Lévesque I
AU - Wilson BJ
AU - Giguère AM
AU - Légaré F
AV - Canada Research Chair in Shared Decision Making and Knowledge Translation, Public Health and Practice-Changing Research Group, Centre Hospitalier Universitaire de Québec Research Centre, Hôpital St-François d'Assise, 10 rue Espinay, D6-737, Quebec City, QC, G1L 3L5, Canada.; Canada Research Chair in Shared Decision Making and Knowledge Translation, Public Health and Practice-Changing Research Group, Centre Hospitalier Universitaire de Québec Research Centre, Hôpital St-François d'Assise, 10 rue Espinay, D6-737, Quebec City, QC, G1L 3L5, Canada.; Canada Research Chair in Shared Decision Making and Knowledge Translation, Public Health and Practice-Changing Research Group, Centre Hospitalier Universitaire de Québec Research Centre, Hôpital St-François d'Assise, 10 rue Espinay, D6-737, Quebec City, QC, G1L 3L5, Canada.; Canada Research Chair in Shared Decision Making and Knowledge Translation, Public Health and Practice-Changing Research Group, Centre Hospitalier Universitaire de Québec Research Centre, Hôpital St-François d'Assise, 10 rue Espinay, D6-737, Quebec City, QC, G1L 3L5, Canada.; Canada Research Chair in Shared Decision Making and Knowledge Translation, Public Health and Practice-Changing Research Group, Centre Hospitalier Universitaire de Québec Research Centre, Hôpital St-François d'Assise, 10 rue Espinay, D6-737, Quebec City, QC, G1L 3L5, Canada.; Obstetrics and Gynecology Department, Faculty of Medicine, Université Laval, 1050, avenue de la Médecine, Quebec City, QC, Canada.; Department of Epidemiology and Community Medicine, Faculty of Medicine, University of Ottawa, Roger Guindon Hall, 451 Smyth Road, Ottawa, ON, Canada.; Quebec Centre of Excellence on Aging, CHU de Québec Research Centre, 1050, chemin Sainte-Foy, Quebec City, QC, Canada.; Canada Research Chair in Shared Decision Making and Knowledge Translation, Public Health and Practice-Changing Research Group, Centre Hospitalier Universitaire de Québec Research Centre, Hôpital St-François d'Assise, 10 rue Espinay, D6-737, Quebec City, QC, G1L 3L5, Canada.
France.Legare@mfa.ulaval.ca.; Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, 1050, avenue de la Médecine, Quebec City, QC, Canada. France.Legare@mfa.ulaval.ca.
UR - <https://pubmed.ncbi.nlm.nih.gov/27401163/>
LA - eng
CY - England
KW - Adult
KW - Ambulatory Care Facilities/ethics
KW - Decision Making/*ethics
KW - Decision Support Techniques
KW - Down Syndrome/diagnosis/*psychology
KW - Family Practice/ethics
KW - Female
KW - Health Knowledge, Attitudes, Practice
KW - Health Literacy/*statistics & numerical data
KW - Humans
KW - Informed Consent/psychology
KW - Intention
KW - Pregnancy
KW - Prenatal Diagnosis/*ethics/psychology
KW - Quebec
KW - Surveys and Questionnaires
AB - BACKGROUND: It has been suggested that health literacy may impact the use of decision aids (DAs) among patients facing difficult decisions. Embedded in the pilot test of a questionnaire, this study aimed to measure the association between health literacy and pregnant women's intention to use a DA to decide

about prenatal screening. We recruited a convenience sample of 45 pregnant women in three clinical sites (family practice teaching unit, birthing center and obstetrical ambulatory care clinic). We asked participating women to complete a self-administered questionnaire assessing their intention to use a DA to decide about prenatal screening and assessed their health literacy levels using one subjective and two objective scales. RESULTS: Two of the three scales discriminated between levels of health literacy (three numeracy questions and three health literacy questions). We found a positive correlation between pregnant women's intention to use a DA and subjective health literacy (Spearman coefficient, $Rho = 0.32$, $P = 0.04$) but not objective health literacy (Spearman coefficient, $Rho = 0.07$, $P = 0.65$). Hence subjective health literacy may affect the intention to use a DA among pregnant women facing a decision about prenatal screening. CONCLUSION: Special attention should be given to pregnant women with lower health literacy levels to increase their intention to use a DA and ensure that every pregnant women can give informed and value-based consent to prenatal screening.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1186/s13104-016-2141-0
ER -

TY - JOUR

AN - rayyan-504930953

TI - Practicability of prenatal testing using lectin-based enrichment of fetal erythroblasts.

Y1 - 2016

Y2 - 8

T2 - The journal of obstetrics and gynaecology research

SN - 1447-0756 (Electronic)

J2 - J Obstet Gynaecol Res

VL - 42

IS - 8

SP - 918-26

AU - Kanda E

AU - Yura H

AU - Kitagawa M

AV - Center for Maternal-Fetal and Neonatal Medicine, National Center for Child Health and Development, Tokyo, Japan.; Department of Obstetrics and Gynecology, Sanno Birth Center, Tokyo, Japan.; Center for Maternal-Fetal and Neonatal Medicine, National Center for Child Health and Development, Tokyo, Japan.; Department of Obstetrics and Gynecology, Sanno Birth Center, Tokyo, Japan.

UR - <https://pubmed.ncbi.nlm.nih.gov/27140954/>

LA - eng

CY - Australia

KW - Antibodies

KW - Cell Separation/*methods

KW - *Erythroblasts/chemistry/cytology/immunology

KW - Female

KW - *Fetal Blood/chemistry/cytology/immunology

KW - Galactose/chemistry

KW - Genetic Testing/*methods

KW - Humans

KW - Image Processing, Computer-Assisted

KW - Immunohistochemistry

KW - Lectins/*chemistry

KW - Leukocyte Common Antigens/immunology

KW - Male

KW - Maternal Serum Screening Tests/*methods

KW - Pregnancy

KW - Lectins

KW - Erythroblasts

AB - AIM: The aim of this study was to investigate the practicability and efficiency of lectin-based isolation of fetal erythroblasts for clinical use in non-invasive prenatal testing. METHODS: Peripheral blood samples were collected from 39 pregnant women. Leukocytes were removed with an anti-CD45 antibody after density

gradient centrifugation. After blood cells were attached to slides by binding to a galactose-specific lectin and galactose-bound vinyl polymer, the slides were stained with May-Grünwald-Giemsa stain and cells were classified by automated image analysis based on their size and the nuclear area/cytoplasmic area ratio. In 14 samples from the women with male fetuses, fetal origin of the isolated erythroblasts was confirmed by detecting the Y chromosome using fluorescence in situ hybridization. In eight samples, single erythroblasts were collected by the laser capture microdissection technique for amplification of the sex-determining region Y gene to confirm fetal origin. RESULTS: Panning with an anti-CD45 antibody achieved stable removal of leukocytes without aggregation. In all samples, erythroblasts were successfully identified by automated image analysis (18-6000/10 mL of blood). The number of slides required to examine 10 mL of blood ranged from one to six, which was reasonable for clinical use. The Y chromosome was detected in 7.5-43.6% of erythroblasts by fluorescence in situ hybridization, and the sex-determining region Y gene was amplified in seven of eight samples. CONCLUSION: The combination of lectin-based erythroblast isolation and automated image analysis is a practical and efficient method for isolating fetal erythroblasts as a source of fetal genomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1111/jog.12982

ER -

TY - Clinical Trial

AN - rayyan-504930954

TI - A newly developed scavenging system for administration of nitrous oxide during labour: safe occupational use.

Y1 - 2012

Y2 - 8

T2 - Acta anaesthesiologica Scandinavica

SN - 1399-6576 (Electronic)

J2 - Acta Anaesthesiol Scand

VL - 56

IS - 7

SP - 920-5

AU - van der Kooy J

AU - De Graaf JP

AU - Kolder ZM

AU - Witters KD

AU - Fitzpatrick E

AU - Duvekot JJ

AU - Dons-Sinke IJ

AU - Steegers EA

AU - Bonsel GJ

AV - Department of Obstetrics and Gynecology, Division of Obstetrics & Prenatal Medicine, Erasmus Medical Centre, Rotterdam, The Netherlands. j.vanderkooy@erasmusmc.nl

UR - <https://pubmed.ncbi.nlm.nih.gov/22404276/>

LA - eng

CY - England

KW - Administration, Inhalation

KW - Adsorption

KW - Air Pollutants, Occupational/*adverse effects

KW - *Air Pollution, Indoor

KW - Analgesia, Obstetrical/*instrumentation/methods

KW - Analgesics, Non-Narcotic/*administration & dosage/adverse effects

KW - Birthing Centers

KW - Female

KW - *Gas Scavengers

KW - Humans

KW - Labor Stage, First

KW - Masks

KW - Maximum Allowable Concentration
KW - *Midwifery
KW - Nitrous Oxide/*administration & dosage/adverse effects
KW - *Occupational Exposure
KW - Oxygen/administration & dosage
KW - Pregnancy
KW - Ventilation/instrumentation
KW - Nitrous Oxide
AB - OBJECTIVE: Nitrous oxide (N(2) O) is routinely used as an analgesic in obstetrics during labour. Epidemiological studies have linked chronic occupational exposure to N(2) O to specific health problems, including reproductive risks. Occupational exposure limits (OELs) allow the use of N(2) O once appropriate preventive and safety measures have been taken. We assessed the effectiveness of a scavenger system (Anevac P-system®, Medicvent Heinen & Löwestein Benelux, Barneveld, the Netherlands) applied in N(2) O administration during labour in a midwifery-led birthing centre in the Netherlands. METHODS: After informed consent, non-pregnant midwives were trained to administer N(2) O. N(2) O was delivered as a 50 : 50 mixture with oxygen and was self administered by the patient. The scavenging device, containing a double mask and a chin mask, was connected to the local evacuation system vented outside the building. Data on the 8-h time-weighted average (8-h TWA) as well as the 15-min TWA (15-min TWA) were obtained. RESULTS: Thirteen patients were included. Six patients were included in the first study period. In this period the 8-h TWA was not exceeded, however, in all patients, the 15-min TWA occasionally exceeded the OELs. After four additional measures, seven patients were included. After implementation of these measures, the 8-h TWA and 15-min TWA never exceeded the OELs. System leakage was not observed during both study periods. CONCLUSION: The Anevac P-scavenging system during N(2) O analgesia in labour prevents exceeding OELs in professional workers. The scavenging system appeared acceptable and effective, and can be considered in hospital settings that use N(2) O as analgesic during labour.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1111/j.1399-6576.2012.02668.x
ER -

TY - JOUR
AN - rayyan-504930955
TI - High false-positive rate of human immunodeficiency virus rapid serum screening in a predominantly hispanic prenatal population.
Y1 - 2004
Y2 - 12
T2 - Journal of perinatology : official journal of the California Perinatal Association
SN - 0743-8346 (Print)
J2 - J Perinatol
VL - 24
IS - 12
SP - 743-7
AU - Zacharias NM
AU - Athanassaki ID
AU - Sangi-Haghpeykar H
AU - Gardner MO
AV - Obstetrics and Gynecology Department, Baylor College of Medicine, Houston, TX, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/15318249/>
LA - eng
CY - United States
KW - *AIDS Serodiagnosis
KW - Adult
KW - False Positive Reactions
KW - Female
KW - Gravidity
KW - HIV Infections/*diagnosis/*ethnology
KW - *Hispanic or Latino
KW - Humans

KW - Predictive Value of Tests
 KW - Pregnancy
 KW - Pregnancy Complications, Infectious/*diagnosis/*ethnology
 KW - Retrospective Studies
 KW - Risk Assessment
 KW - Humanities
 KW - Humanism
 KW - Hispanic Americans
 AB - OBJECTIVE: To identify the characteristics of the gravidas delivering at our birthing center that place them at risk for false-positive human immunodeficiency virus (HIV) enzyme-linked immunosorbent assay (ELISA). STUDY DESIGN: The medical records of all rapid HIV-ELISA-positive gravidas that delivered at our hospital between January 2000 and October 2001 were retrieved, and information was gathered regarding maternal demographics. The results of the Western blot tests were also retrieved and correlated to the ELISA results, across varying maternal characteristics. chi(2), Student's t-test and multivariate analysis were performed, as appropriate, using the SAS software; statistical significance was denoted by $p < 0.05$. RESULTS: A total of 69 patients had a positive rapid HIV-ELISA out of 9,781 deliveries. Of those, 26 were confirmed as HIV infected by Western blot (overall HIV prevalence: 0.27%, ELISA-positive predictive value: 37.7%). The subgroup prevalence of HIV and positive predictive value of ELISA were 1.53 and 75% among Caucasians; 2.43 and 82.6% among African-Americans; and 0.05 and 9.8% among Hispanics, respectively ($p < 0.05$ for the comparisons between Hispanics and non-Hispanics only). A history of multiple ($> \text{ or } = 5$ lifetime) sexual partners was elicited in the majority of HIV-infected patients. CONCLUSIONS: The positive predictive value of rapid HIV-ELISA during pregnancy varies widely, depending on maternal race/ethnicity and sexual behavior. The routine disclosure of rapid intrapartum HIV serum screening results prior to Western blot confirmation should be avoided in very low-risk populations.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1038/sj.jp.7211184
 ER -

 TY - JOUR
 AN - rayyan-504930957
 TI - A retrospective observational study of critically unwell patients retrieved from Thames Hospital between April 2018 and December 2020.
 Y1 - 2021
 Y2 - 9
 T2 - Journal of primary health care
 SN - 1172-6156 (Electronic)
 J2 - J Prim Health Care
 VL - 13
 IS - 3
 SP - 231-237
 AU - Miller R
 AU - Bell S
 AU - TenEyck L
 AU - Topping M
 AV - Thames Hospital, 601 Mackay Street, Thames, New Zealand; and Corresponding author. Email: rory.miller@otago.ac.nz.; Waitemata District Health Board, Auckland, New Zealand.; Thames Hospital, 601 Mackay Street, Thames, New Zealand.; University of Otago Christchurch, Christchurch, New Zealand.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34588107/>
 LA - eng
 CY - Australia
 KW - Cohort Studies
 KW - Emergency Service, Hospital
 KW - Female
 KW - *Hospitals, Rural
 KW - Humans
 KW - Middle Aged
 KW - *Referral and Consultation

KW - Retrospective Studies

AB - INTRODUCTION In New Zealand, critically ill patients who present to rural hospitals are typically treated, stabilised and transferred to facilities where more appropriate resources are available. AIM The aim of this study was to describe patients who presented critically unwell and required retrieval from Thames Hospital in the Waikato region. METHODS Notes were reviewed retrospectively for patients who were retrieved from Thames Hospital between 1 April 2018 and 31 December 2020. Patients were excluded if they were retrieved from the offsite birthing centre or their notes were not available to the authors. RESULTS During the study period, 56 patients were retrieved by intensive care teams based at Waikato, Starship or Auckland Hospitals. Patients had a median age of 57 years and most were female (60.7%). Māori patients were over-represented in the retrieval cohort compared with the population presenting to the emergency department (30.4% vs. 20.1%, $P < 0.001$). We found that 41% of patients presented after-hours when there was only one senior medical officer available on site and 70 procedures were performed, including rapid sequence induction, which was required by 19.6% of patients. DISCUSSION This study describes a population of critically unwell patients who were retrieved from a rural hospital. The key finding is that nearly half of these patients presented after-hours when there was only one senior medical officer available on site. This doctor also has sole responsibility for all other patients in the hospital. We recommend that referral centres streamline the retrieval processes for rural hospitals.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1071/HC21058

ER -

TY - Evaluation Study

AN - rayyan-504930958

TI - Clinical value of early assessment of hyperfibrinolysis by rotational thromboelastometry during postpartum hemorrhage for the prediction of severity of bleeding: A multicenter prospective cohort study in the Netherlands.

Y1 - 2022

Y2 - 1

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 101

IS - 1

SP - 145-152

AU - Tahitu M

AU - Ramler PI

AU - Gillissen A

AU - Caram-Deelder C

AU - Henriquez DDCA

AU - de Maat MPM

AU - Duvekot JJ

AU - Eikenboom J

AU - Bloemenkamp KWM

AU - van den Akker T

AU - van der Bom JG

AV - Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Hematology, Erasmus MC University Medical Center Rotterdam, Rotterdam, the Netherlands.; Department of Obstetrics, Erasmus MC University Medical Center Rotterdam,

Rotterdam, the Netherlands.; Division of Thrombosis and Hemostasis, Department of Internal Medicine, Leiden University Medical Center, Leiden, the Netherlands.; Division Woman and Baby, Department of Obstetrics, Birth Center Wilhelmina Children Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Faculty of Science, VU University Medical Center, Athena Institute, Amsterdam, the Netherlands.; National Perinatal Epidemiology Unit, University of Oxford, Oxford, UK.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/34729767/>

LA - eng

CY - United States

KW - Adult

KW - Blood Coagulation Disorders/*diagnosis

KW - Cohort Studies

KW - Female

KW - Humans

KW - Netherlands

KW - Point-of-Care Testing

KW - Postpartum Hemorrhage/*diagnosis

KW - Predictive Value of Tests

KW - Pregnancy

KW - *Prenatal Care

KW - Prospective Studies

KW - Severity of Illness Index

KW - Thrombelastography

KW - Rotation

AB - INTRODUCTION: Coagulopathy may be the result of hyperfibrinolysis and could exacerbate bleeding following childbirth. Timely recognition of hyperfibrinolysis during the earliest stages of postpartum hemorrhage could identify women at risk of more severe blood loss who may benefit from targeted anti-fibrinolytic therapy. Rotational thromboelastometry (ROTEM(®)) is a point-of-care test that could detect hyperfibrinolysis. The aim of this study was to evaluate whether early assessment of hyperfibrinolysis by ROTEM during postpartum hemorrhage could predict progression to severe postpartum hemorrhage.

MATERIAL AND METHODS: During a prospective cohort study in the Netherlands among women with postpartum hemorrhage (total blood loss at least 1000 ml within 24 h after childbirth) ROTEM measurements were performed following 800-1500 ml of blood loss. Hyperfibrinolysis was defined as an enzymatic fibrinolysis index (ROTEM EXTEM maximum clot lysis [ML] minus the ROTEM APTM ML) above 15%. Severe postpartum hemorrhage was defined as a composite end point of total blood loss greater than 2000 ml, transfusion of four or more units of packed cells, and/or need for an invasive intervention. The predictive value of hyperfibrinolysis for progression to severe postpartum hemorrhage was assessed by area under the receiver operating curve (AUC) and positive and negative predictive values. TRIAL REGISTRATION:

ClinicalTrials.gov (NCT02149472). RESULTS: Of 390 women included, 82 (21%) had severe postpartum hemorrhage. Four (1%) women had thromboelastometric evidence of hyperfibrinolysis, of whom two developed severe postpartum hemorrhage. The AUC for enzymatic fibrinolysis index more than 15% for progression to severe postpartum hemorrhage was 0.47 (95% CI 0.40-0.54). Positive and negative predictive values for this index were 50.0% (95% CI 6.8-93.2) and 79.3% (95% CI 74.9-83.2), respectively.

CONCLUSIONS: Thromboelastometric evidence of hyperfibrinolysis was rare in women with postpartum hemorrhage when assessed between 800 and 1500 ml of blood loss. The clinical predictive value of viscoelastometric point-of-care testing for hyperfibrinolysis for progression to severe postpartum hemorrhage during early postpartum hemorrhage is limited.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1111/aogs.14279

ER -

TY - JOUR

AN - rayyan-504930959

TI - [Results of childbirth care at a birthing center in Belo Horizonte, Minas Gerais, Brazil].

Y1 - 2007

Y2 - 6
T2 - Cadernos de saude publica
SN - 0102-311X (Print)
J2 - Cad Saude Publica
VL - 23
IS - 6
SP - 1349-59
AU - Campos SE
AU - Lana FC
AV - Hospital Sofia Feldman, Rua Antônio Bandeira 1060, Belo Horizonte, MG 31840-130, Brazil.
sibyllecamos@hotmail.com
UR - <https://pubmed.ncbi.nlm.nih.gov/17546326/>
LA - por
CY - Brazil
KW - Adult
KW - Birthing Centers/*standards/statistics & numerical data
KW - Brazil
KW - Delivery, Obstetric/*standards/statistics & numerical data
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Obstetric Nursing/*standards/statistics & numerical data
KW - *Outcome and Process Assessment, Health Care
KW - *Parturition
KW - Perinatal Care/standards/statistics & numerical data
KW - Pregnancy
KW - Pregnancy Outcome
KW - Retrospective Studies
AB - This was a descriptive and retrospective study of 2,117 deliveries from January 2002 to July 2003 at the Dr. David Capistrano da Costa Filho Birthing Center in Belo Horizonte, Minas Gerais, Brazil. Widespread questions have been raised concerning the quality of services provided at birthing centers by obstetric nurses. The results of the current study were: 11.4% maternal transfer rate; 2.2% cesarean sections; 1.2% neonatal ICU admissions; and 1% 5-minute Apgar scores below 7. Delivery dystocia and the request for epidural anesthesia were the main reasons for maternal transfer, and respiratory distress was the main cause of neonatal ICU admission. Corrected neonatal mortality was 2 per 1,000 live births. The results at this birthing center did not differ significantly from those in a review of the international literature. The most striking finding was the low cesarean rate. Comparative studies and more comprehensive national data on low-risk gestations are needed.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
DO - 10.1590/s0102-311x2007000600010
ER -

TY - Comparative Study
AN - rayyan-504930960
TI - Comparison of outcome between intrauterine balloon tamponade and uterine artery embolization in the management of persistent postpartum hemorrhage: A propensity score-matched cohort study.
Y1 - 2019
Y2 - 11
T2 - Acta obstetricia et gynecologica Scandinavica
SN - 1600-0412 (Electronic)
J2 - Acta Obstet Gynecol Scand
VL - 98
IS - 11
SP - 1473-1482
AU - Ramler PI
AU - Henriquez DDCA
AU - van den Akker T

AU - Caram-Deelder C
 AU - Groenwold RHH
 AU - Bloemenkamp KWM
 AU - van Roosmalen J
 AU - van Lith JMM
 AU - van der Bom JG
 AV - Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; National Perinatal Epidemiology Unit (NPEU), University of Oxford, Oxford, UK.; Faculty of Science, Athena Institute, VU University Amsterdam, Amsterdam, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Biomedical Data Sciences, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Birth Center Wilhelmina Children Hospital, Division Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Faculty of Science, Athena Institute, VU University Amsterdam, Amsterdam, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31240693/>
 LA - eng
 CY - United States
 KW - Academic Medical Centers
 KW - Adult
 KW - Case-Control Studies
 KW - Female
 KW - Follow-Up Studies
 KW - Humans
 KW - Netherlands
 KW - Postpartum Hemorrhage/*diagnosis/mortality/*therapy
 KW - Pregnancy
 KW - Propensity Score
 KW - Recurrence
 KW - Retrospective Studies
 KW - Risk Assessment
 KW - Severity of Illness Index
 KW - Survival Rate
 KW - Treatment Outcome
 KW - Uterine Artery Embolization/*methods
 KW - Uterine Balloon Tamponade/*methods
 KW - Young Adult
 KW - Cohort Studies
 AB - INTRODUCTION: The aim of this study was to compare the outcomes of women who were initially managed by intrauterine balloon tamponade or uterine artery embolization because of persistent postpartum hemorrhage demanding an immediate intervention to control bleeding. MATERIAL AND METHODS: Propensity score-matched cohort study including women who had intrauterine balloon tamponade or uterine artery embolization as initial management strategy to control persistent postpartum hemorrhage, that is, refractory to first-line therapy combined with at least one uterotonic agent. The primary outcome measure was a composite of peripartum hysterectomy and/or maternal mortality. Secondary outcomes measures were total volume of blood loss and total number of packed red blood cells transfused. RESULTS: Our 1:1 propensity score-matched cohort comprised of 50 women who had intrauterine balloon tamponade and 50 women who underwent uterine artery embolization at a blood loss between 1000 and 7000 mL. There was no statistically significant difference in the hysterectomy risk between the two groups (n = 6 in each group, odds ratio [OR] 1.00, 95% confidence interval [CI] .30-3.34), in total volume of blood loss (median 4500 mL,

interquartile range [IQR] 3600-5400) for balloon vs 4000 mL (IQR 3250-5000) for embolization, $P = 0.382$) or in total units of packed red blood cells transfused (median 7 (IQR 5-10) for balloon vs 6 [IQR 4-9] for embolization, $P = 0.319$). Fifteen women (30%) who were initially managed by an intrauterine balloon still underwent uterine artery embolization, of whom one had an embolization-related thrombo-embolic event. Maternal mortality occurred in neither of the intervention groups. CONCLUSIONS: No difference in the risk of peripartum hysterectomy and/or maternal death was observed between women who had intrauterine balloon tamponade and women who underwent uterine artery embolization as an initial management for persistent postpartum hemorrhage. Although this study was underpowered to demonstrate equivalence, our study design provides a framework for future research in which intrauterine balloon tamponade may prove to be a suitable intervention of first choice in the management of persistent postpartum hemorrhage.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
DO - 10.1111/aogs.13679
ER -

TY - JOUR

AN - rayyan-504930961

TI - Influence of breastfeeding on maternal blood pressure at one month postpartum.

Y1 - 2012

T2 - International journal of women's health

SN - 1179-1411 (Electronic)

J2 - Int J Womens Health

VL - 4

SP - 333-9

AU - Ebina S

AU - Kashiwakura I

AV - Department of Disability and Health, Hirosaki University Graduate School of Health Sciences, Hirosaki, Japan.

UR - <https://pubmed.ncbi.nlm.nih.gov/22870047/>

LA - eng

CY - New Zealand

KW - Breast Feeding

KW - Postpartum Period

KW - Blood Pressure

AB - BACKGROUND: The benefits of breastfeeding for improved health and developmental outcomes in mothers and their infants have been widely recognized. The purpose of the present study was to assess whether feeding modes influence maternal blood pressure at one month postpartum. METHODS: The pregnancy charts of 407 women who delivered at a birthing center in rural Japan between August 1998 and September 2007 were analyzed. The criteria for inclusion were low-risk, full-term pregnancy (duration, 37-42 weeks) resulting in spontaneous vaginal deliveries, intrapartum hemorrhage < 500 mL, and a healthy infant (Apgar score ≥ 8 at one minute). RESULTS: The subjects were classified into three groups based on feeding modes. The proportion of each mode was 28.3% in the breastfeeding group, 56.5% in the mixed-feeding group, and 15.2% in the formula-feeding group. The systolic blood pressure (SBP) in mothers at one month postpartum for each feeding mode was 118.4 ± 8.7 mmHg in the breastfeeding group, 120.6 ± 9.3 mmHg in the mixed-feeding group, and 122.0 ± 9.9 mmHg in the formula-feeding group. SBP at one month postpartum in the breastfeeding group was significantly lower than that in the other groups. No significant differences were observed in diastolic blood pressure in the three groups at one month postpartum.

CONCLUSION: Breastfeeding resulted in lower SBP in mothers at one month postpartum compared with those using other feeding modes, thus indicating an effect of breastfeeding on maternal blood pressure.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.2147/IJWH.S33379

ER -

TY - JOUR

AN - rayyan-504930962

TI - Sildenafil During Pregnancy: A Preclinical Meta-Analysis on Fetal Growth and Maternal Blood Pressure.

Y1 - 2017

Y2 - 11
T2 - Hypertension (Dallas, Tex. : 1979)
SN - 1524-4563 (Electronic)
J2 - Hypertension
VL - 70
IS - 5
SP - 998-1006
AU - Paauw ND
AU - Terstappen F
AU - Ganzevoort W
AU - Joles JA
AU - Gremmels H
AU - Lely AT
AV - From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., F.T., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., H.G.), University Medical Center Utrecht, the Netherlands; and Department of Obstetrics, Academic Medical Center, Amsterdam, the Netherlands (W.G.). n.d.paauw-2@umcutrecht.nl.; From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., F.T., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., H.G.), University Medical Center Utrecht, the Netherlands; and Department of Obstetrics, Academic Medical Center, Amsterdam, the Netherlands (W.G.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., F.T., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., H.G.), University Medical Center Utrecht, the Netherlands; and Department of Obstetrics, Academic Medical Center, Amsterdam, the Netherlands (W.G.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., F.T., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., H.G.), University Medical Center Utrecht, the Netherlands; and Department of Obstetrics, Academic Medical Center, Amsterdam, the Netherlands (W.G.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., F.T., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., H.G.), University Medical Center Utrecht, the Netherlands; and Department of Obstetrics, Academic Medical Center, Amsterdam, the Netherlands (W.G.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., F.T., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., H.G.), University Medical Center Utrecht, the Netherlands; and Department of Obstetrics, Academic Medical Center, Amsterdam, the Netherlands (W.G.).
UR - <https://pubmed.ncbi.nlm.nih.gov/28893896/>
LA - eng
CY - United States
KW - Animal Experimentation
KW - Animals
KW - Dose-Response Relationship, Drug
KW - Female
KW - Fetal Growth Retardation/*drug therapy
KW - Humans
KW - Pre-Eclampsia/*drug therapy
KW - Pregnancy
KW - Randomized Controlled Trials as Topic
KW - Sildenafil Citrate/*pharmacology
KW - Vasodilator Agents/pharmacology
KW - Blood Pressure
AB - Sildenafil is a new approach to treat fetal growth restriction (FGR) and preeclampsia. We performed a systematic meta-analysis to evaluate effects of sildenafil. Our search identified 22 animal studies (mouse, rat, rabbit, sheep, and guinea pigs) and 2 human randomized controlled trials. Data were pooled using ratio of means and mean differences with 95% confidence intervals for fetal growth and maternal blood pressure, respectively. Meta-regression analyses were performed for study-related factors that might affect efficacy of sildenafil, including the model used (healthy pregnancy versus FGR/preeclampsia) and route of administration. Dose-response curves with dose per metabolic weight (mg/kg(0.75) per 24 hours) were fitted using splines. Our analyses show that sildenafil increases fetal growth during FGR/preeclampsia pregnancy compared with healthy pregnancy (1.10 [1.06-1.13] versus 1.03 [0.99-1.06]; P=0.006). There was no significant effect on fetal growth in the absence of FGR/preeclampsia. Effects were similar among different

species and largest after oral and continuous administration. There was a positive relation between dose and fetal growth up to a human equivalent dose of ≈ 450 mg/d. A significant blood pressure-lowering effect of sildenafil is present during FGR/preeclampsia pregnancy only (-19 [-25 to -13] mm Hg; $P < 0.01$), with the effect size being highly dependent on baseline blood pressure and without effect in the absence of hypertension. This meta-analysis supports that sildenafil improves fetal growth and maternal blood pressure regulation during FGR and preeclampsia pregnancy. The greatest beneficial effects on fetal growth are with dosages greater than those currently used in human studies.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1161/HYPERTENSIONAHA.117.09690

ER -

TY - Clinical Trial Protocol

AN - rayyan-504930964

TI - Effect of antenatal milk expression education on lactation outcomes in birthing people with pre-pregnancy body mass index ≥ 25 : protocol for a randomized, controlled trial.

Y1 - 2023

Y2 - 3

Y3 - 16

T2 - International breastfeeding journal

SN - 1746-4358 (Electronic)

J2 - Int Breastfeed J

VL - 18

IS - 1

SP - 16

AU - Demirci JR

AU - Glasser M

AU - Bogen DL

AU - Sereika SM

AU - Ren D

AU - Ray K

AU - Bodnar LM

AU - O'Sullivan TA

AU - Himes K

AV - Department of Health Promotion & Development, University of Pittsburgh School of Nursing, Pittsburgh, PA, USA. jvr5@pitt.edu.; Department of Health Promotion & Development, University of Pittsburgh School of Nursing, Pittsburgh, PA, USA.; Allegheny County Health Department, Pittsburgh, PA, USA.; Department of Health & Community Systems, University of Pittsburgh School of Nursing, Pittsburgh, PA, USA.; Department of Health & Community Systems, University of Pittsburgh School of Nursing, Pittsburgh, PA, USA.; Department of Pediatrics, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.; UPMC Children's Community Pediatrics, Pittsburgh, PA, USA.; Department of Epidemiology, University of Pittsburgh School of Public Health, Pittsburgh, PA, USA.; School of Medical and Health Sciences, Edith Cowan University, Joondalup, WA, Australia.; Department of Obstetrics, Gynecology, and Reproductive Sciences, Division of Maternal-Fetal Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.; UPMC Magee-Womens Hospital, Pittsburgh, PA, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/36927811/>

LA - eng

CY - England

KW - Infant

KW - Female

KW - Pregnancy

KW - Humans

KW - United States

KW - Animals

KW - *Breast Feeding

KW - Body Mass Index

KW - Milk

KW - *Telemedicine
KW - Lactation
KW - Parturition
KW - Randomized Controlled Trials as Topic
KW - Lactic Acid
AB - BACKGROUND: Birthing people with pre-pregnancy body mass indices (BMIs) ≥ 25 kg/m(2), particularly those without prior breastfeeding experience, are at increased risk for suboptimal lactation outcomes. Antenatal milk expression (AME) may be one way to counteract the negative effects of early infant formula supplementation common in this population. METHODS: This ongoing, randomized controlled trial in the United States evaluates the efficacy of a telelactation-delivered AME education intervention versus an attention control condition on lactation outcomes to 1 year postpartum among 280 nulliparous-to-primiparous, non-diabetic birthing people with pre-pregnancy BMI ≥ 25 kg/m(2). The assigned study treatment is delivered via four weekly online video consultations between gestational weeks 37-40. Participants assigned to AME meet with study personnel and a lactation consultant to learn and practice AME. Instructions are provided for home practice of AME between study visits. Control group participants view videos on infant care/development at study visits. Participants complete emailed surveys at enrollment (34(0/7)-36(6/7) gestational weeks) and 2 weeks, 6 weeks, 12 weeks, 6 months, and 12 months postpartum. Surveys assess lactation and infant feeding practices; breastfeeding self-efficacy, attitudes, and satisfaction; perception of insufficient milk; onset of lactogenesis-II; lactation support and problems; and reasons for breastfeeding cessation. Surveys also assess factors associated with lactation outcomes, including demographic characteristics, health problems, birth trauma, racial discrimination, and weight stigma. Health information and infant feeding data are abstracted from the pregnancy and birth center electronic health record. Milk samples are collected from the intervention group at each study visit and from both groups at each postpartum follow-up for future analyses. Qualitative interviews are conducted at 6 weeks postpartum to understand AME experiences. Primary outcomes of interest are breastfeeding exclusivity and breastfeeding self-efficacy scores at 2 weeks postpartum. Outcomes will be examined longitudinally with generalized linear mixed-effects modeling. DISCUSSION: This is the first adequately powered trial evaluating the effectiveness of AME among U.S. birthing people and within a non-diabetic population with pre-pregnancy BMI ≥ 25 kg/m(2). This study will also provide the first evidence of acceptability and effectiveness of telelactation-delivered AME. TRIAL REGISTRATION: ClinicalTrials.gov: NCT04258709.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1186/s13006-023-00552-6
ER -

TY - JOUR
AN - rayyan-504930965
TI - The cardiovascular risk profile of middle age women previously diagnosed with premature ovarian insufficiency: A case-control study.
Y1 - 2020
T2 - PloS one
SN - 1932-6203 (Electronic)
J2 - PLoS One
VL - 15
IS - 3
SP - e0229576
AU - Gunning MN
AU - Meun C
AU - van Rijn BB
AU - Daan NMP
AU - Roeters van Lennep JE
AU - Appelman Y
AU - Boersma E
AU - Hofstra L
AU - Fauser CGKM
AU - Rueda-Ochoa OL
AU - Ikram MA
AU - Kavousi M

AU - Lambalk CB
 AU - Eijkemans MJC
 AU - Laven JSE
 AU - Fauser BCJM
 AV - Department of Reproductive Medicine and Gynecology, University Medical Center Utrecht, University of Utrecht, Utrecht, Utrecht, the Netherlands.; Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, Utrecht, the Netherlands.; Division Obstetrics and Fetal Medicine, Department of Obstetrics and Gynecology, Erasmus University Medical Centre, Rotterdam, South Holland, the Netherlands.; Department of Reproductive Medicine and Gynecology, University Medical Center Utrecht, University of Utrecht, Utrecht, Utrecht, the Netherlands.; Department of Internal Medicine, Erasmus Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Cardiology, Amsterdam UMC, VU University Amsterdam, Amsterdam, North Holland, the Netherlands.; Cardiovascular Research School COEUR, Rotterdam, South Holland, the Netherlands.; Department of Epidemiology, Erasmus Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Cardiology, Erasmus Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Cardiology, Amsterdam UMC, VU University Amsterdam, Amsterdam, North Holland, the Netherlands.; Cardiology Center Netherlands, Utrecht, Utrecht, the Netherlands.; Cardiology Center Netherlands, Utrecht, Utrecht, the Netherlands.; Department of Epidemiology, Erasmus Medical Center, Rotterdam, South Holland, the Netherlands.; School of Medicine, Universidad Industrial de Santander, Bucaramanga, Santander, Colombia.; Department of Epidemiology, Erasmus Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Neurology, Erasmus Medical Center, Rotterdam, South Holland, The Netherlands.; Department of Epidemiology, Erasmus Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Obstetrics and Gynecology, Amsterdam University Medical Center - location VUmc, Amsterdam, North Holland, the Netherlands.; Department of Reproductive Medicine and Gynecology, University Medical Center Utrecht, University of Utrecht, Utrecht, Utrecht, the Netherlands.; Julius Centre for Health Sciences and Primary care, University Medical Center Utrecht, Utrecht, Utrecht, the Netherlands.; Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, South Holland, the Netherlands.; Department of Reproductive Medicine and Gynecology, University Medical Center Utrecht, University of Utrecht, Utrecht, Utrecht, the Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/32134933/>
 LA - eng
 CY - United States
 KW - Atherosclerosis/blood/metabolism/physiopathology
 KW - Blood Pressure/physiology
 KW - Cardiovascular Diseases/blood/metabolism/*physiopathology
 KW - Cardiovascular System/metabolism/*physiopathology
 KW - Case-Control Studies
 KW - Diabetes Mellitus/physiopathology
 KW - Female
 KW - Glucose/metabolism
 KW - Humans
 KW - Hypertension/blood/metabolism/physiopathology
 KW - Lipids/blood
 KW - Menopause/blood/metabolism/physiology
 KW - Menopause, Premature/blood/metabolism/physiology
 KW - Middle Aged
 KW - Primary Ovarian Insufficiency/blood/metabolism/*physiopathology
 KW - Prospective Studies
 KW - Pulse Wave Analysis/methods
 KW - Risk Factors
 KW - Vascular Stiffness/physiology
 KW - Waist Circumference/physiology
 KW - Waist-Hip Ratio/methods
 AB - BACKGROUND: Cardiovascular disease (CVD) is the leading cause of death in women worldwide. The cardiovascular risk profile deteriorates after women enter menopause. By definition, women diagnosed with

premature ovarian insufficiency (POI) experience menopause before 40 years of age, which may render these women even more susceptible to develop CVD later in life. However, prospective long-term follow up data of well phenotyped women with POI are scarce. In the current study we compare the CVD profile and risk of middle aged women previously diagnosed with POI, to a population based reference group matched for age and BMI. METHODS AND FINDINGS: We compared 123 women (age 49.0 (\pm 4.3) years) and diagnosed with POI 8.1 (IQR: 6.8-9.6) years earlier, with 123 population controls (age 49.4 (\pm 3.9) years). All women underwent an extensive standardized cardiovascular screening. We assessed CVD risk factors including waist circumference, BMI, blood pressure, lipid profile, pulse wave velocity (PWV), and the prevalence of diabetes mellitus, metabolic syndrome (MetS) and carotid intima media thickness (cIMT), in both women with POI and controls. We calculated the 10-year CVD Framingham Risk Score (FRS) and the American Heart Association's suggested cardiovascular health score (CHS). Waist circumference (90.0 (IQR: 83.0-98.0) versus 80.7 (IQR: 75.1-86.8), $p < 0.01$), waist-to-hip ratio (0.90 (IQR: 0.85-0.93) versus 0.79 (IQR: 0.75-0.83), $p < 0.01$), systolic blood pressure (124 (IQR 112-135) versus 120 (IQR109-131), $p < 0.04$) and diastolic blood pressure (81 (IQR: 76-89) versus 78 (IQR: 71-86), $p < 0.01$), prevalence of hypertension (45 (37%) versus 21 (17%), $p < 0.01$) and MetS (19 (16%) versus 4 (3%), $p < 0.01$) were all significantly increased in women with POI compared to healthy controls. Other risk factors, however, such as lipids, glucose levels and prevalence of diabetes were similar comparing women with POI versus controls. The arterial stiffness assessed by PWV was also similar in both populations (8.1 (IQR: 7.1-9.4) versus 7.9 (IQR: 7.1-8.4), $p = 0.21$). In addition, cIMT was lower in women with POI compared to controls (550 μ m (500-615) versus 684 μ m (618-737), $p < 0.01$). The calculated 10-year CVD risk was 5.9% (IQR: 3.7-10.6) versus 6.0% (IQR: 3.9-9.0) ($p = 0.31$) and current CHS was 6.1 (1.9) versus 6.5 (1.6) ($p = 0.07$), respectively in POI versus controls. CONCLUSIONS: Middle age women with POI presented with more unfavorable cardiovascular risk factors (increased waist circumference and a higher prevalence of hypertension and MetS) compared to age and BMI matched population controls. In contrast, the current study reveals a lower cIMT and similar 10-year cardiovascular disease risk and cardiovascular health score. In summary, neither signs of premature atherosclerosis nor a worse cardiovascular disease risk or health score were observed among middle age women with POI compared to population controls. Longer-term follow-up studies of women of more advanced age are warranted to establish whether women with POI are truly at increased risk of developing CVD events later in life. TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT02616510. N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population DO - 10.1371/journal.pone.0229576 ER -

TY - JOUR

AN - rayyan-504930966

TI - Next Steps for Transforming Maternity Care: What Strong Start Birth Center Outcomes Tell Us.

Y1 - 2020

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 65

IS - 4

SP - 462-465

AU - Alliman J

AU - Bauer K

AV - Frontier Nursing University, Hyden, Kentucky.; American Association of Birth Centers, Perkiomenville, Pennsylvania.

UR - <https://pubmed.ncbi.nlm.nih.gov/32277571/>

LA - eng

CY - United States

KW - Birthing Centers/*statistics & numerical data

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Maternal Health Services/*statistics & numerical data

KW - Midwifery
KW - Pregnancy
KW - Prenatal Care
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1111/jmwh.13084
ER -

TY - JOUR
AN - rayyan-504930967
TI - Influence of the duration of the second stage of labor on the likelihood of obstetric anal sphincter injury.
Y1 - 2015
Y2 - 3
T2 - Birth (Berkeley, Calif.)
SN - 1523-536X (Electronic)
J2 - Birth
VL - 42
IS - 1
SP - 86-93
AU - Aiken CE
AU - Aiken AR
AU - Prentice A
AV - Department of Obstetrics and Gynaecology, University of Cambridge, Cambridge, UK; NIHR Cambridge Comprehensive Biomedical Research Centre, Cambridge, UK; University of Cambridge Metabolic Research Laboratories and Medical Research Council Metabolic Diseases Unit, Institute of Metabolic Science, Addenbrooke's Hospital, Cambridge, UK.
UR - <https://pubmed.ncbi.nlm.nih.gov/25439012/>
LA - eng
CY - United States
KW - Adult
KW - Anal Canal/*injuries
KW - Cohort Studies
KW - Female
KW - Humans
KW - Labor Stage, Second/*physiology
KW - Logistic Models
KW - Obstetric Labor Complications/epidemiology/*etiology
KW - Parity
KW - Pregnancy
KW - Retrospective Studies
KW - Risk Factors
KW - Time Factors
KW - Anal Canal
KW - Labor Stage, Third
AB - BACKGROUND: Duration of the second stage of labor has been suggested as an independent risk factor for clinically detectable obstetric anal sphincter injury in low-risk nulliparous women. METHODS: A retrospective 5-year cohort study was conducted in a UK obstetrics center which included a high-risk delivery unit and a low-risk birthing center. The study included 4,831 nulliparous women with vertex-presenting, single, live-born infants at term, stratified according to spontaneous or instrumental delivery. Binary logistic regression models were used to examine the association between duration of second stage and sphincter injury. RESULTS: Three-hundred twenty-five of 4,831 women (6.7%) sustained sphincter injuries. In spontaneously delivering women, no association between duration of the second stage and the likelihood of sphincter injury was recorded. Factors associated with increased likelihood of sphincter injury included older maternal age, higher birthweight, and Southeast Asian ethnicity. In contrast, for women undergoing instrumental delivery, a longer second stage was associated with an increased sphincter injury risk of 6 percent per 15 minutes in the second stage of labor before delivery. CONCLUSIONS: For spontaneous vaginal deliveries, duration of the second stage of labor was not an independent risk factor for obstetric anal sphincter injury. The association between prolonged second stage and sphincter injury for instrumental

deliveries is likely explained by the risk posed by the use of the instruments themselves or by delay in initiating instrumental assistance. Attempts to modify the duration of the second stage for prevention of sphincter injuries are unlikely to be beneficial and may be detrimental.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital
DO - 10.1111/birt.12137
ER -

TY - English Abstract
AN - rayyan-504930969
TI - [How the workers of a birthing center justify using harmful practices in natural childbirth].
Y1 - 2012
Y2 - 2
T2 - Revista da Escola de Enfermagem da U S P
SN - 0080-6234 (Print)
J2 - Rev Esc Enferm USP
VL - 46
IS - 1
SP - 30-7
AU - de Carvalho VF
AU - da Costa Kerber NP
AU - Busanello J
AU - Gonçalves BG
AU - da Fonseca Rodrigues E
AU - de Azambuja EP
AV - Universidade Federal do Rio Grande, RS, Brasil. va_carvalho@yahoo.com.br
UR - <https://pubmed.ncbi.nlm.nih.gov/22441262/>

LA - por
CY - Brazil
KW - *Birthing Centers
KW - Brazil
KW - Female
KW - Humans
KW - Natural Childbirth/*adverse effects
KW - *Practice Patterns, Nurses'
KW - Pregnancy

AB - This study was performed with the objective of understanding the reasons why workers of a birthing center in southern Brazil use natural birth practices considered harmful by the World Health Organization. This exploratory study was performed in July 2009 through interviews with 23 workers. The analysis revealed three themes: Actions and behaviors dependent on health workers; Routine practices as facilitators of work; and Restricting the parturients' participation in the decision-making process. Some justifications for using the practices were: perpetuation of inappropriate models, facilitation of the care provided during delivery and authoritarianism that some workers impose over parturients in the erroneous belief that workers have all the knowledge.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
DO - 10.1590/s0080-62342012000100004
ER -

TY - JOUR
AN - rayyan-504930970
TI - Subfoveal fluid in healthy full-term newborns observed by handheld spectral-domain optical coherence tomography.
Y1 - 2012
Y2 - 1
T2 - American journal of ophthalmology
SN - 1879-1891 (Electronic)
J2 - Am J Ophthalmol
VL - 153

IS - 1
 SP - 167-75.e3
 AU - Cabrera MT
 AU - Maldonado RS
 AU - Toth CA
 AU - O'Connell RV
 AU - Chen BB
 AU - Chiu SJ
 AU - Farsiu S
 AU - Wallace DK
 AU - Stinnett SS
 AU - Panayotti GM
 AU - Swamy GK
 AU - Freedman SF
 AV - Department of Ophthalmology, Duke Eye Center, Durham, North Carolina 27710, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/21925640/>
 LA - eng
 CY - United States
 KW - Birth Weight
 KW - Female
 KW - Fovea Centralis/*metabolism
 KW - Gestational Age
 KW - Humans
 KW - Infant, Newborn
 KW - Male
 KW - Ophthalmology/instrumentation
 KW - Ophthalmoscopy
 KW - Prospective Studies
 KW - Retinal Hemorrhage/diagnosis
 KW - Subretinal Fluid/*metabolism
 KW - Term Birth/*physiology
 KW - *Tomography, Optical Coherence
 AB - PURPOSE: To report retinal findings for healthy newborn infants imaged with handheld spectral-domain optical coherence tomography (SD OCT). DESIGN: Prospective, observational case series. METHODS: Thirty-nine full-term newborn infants underwent dilated retinal examinations by indirect ophthalmoscopy and retinal imaging by handheld SD OCT, without sedation, at the Duke Birthing Center. RESULTS: Of the 39 infants imaged, 44% (17/39) were male. Race and ethnicity composition was 56% white, 38% black, 3% Asian, and 3% Hispanic. Median gestational age was 39 weeks (range, 36 to 41 weeks). Six (15%) of the 39 infants had bilateral subfoveal fluid on SD OCT not seen by indirect ophthalmoscopy. Eight infants (21%) had retinal hemorrhages noted on dilated retinal examination, 1 of which had subretinal fluid on SD OCT. Subretinal fluid was noted on follow-up examination to have resolved on SD OCT 1 to 4 months later. Infants with bilateral subretinal fluid had an older gestational age compared with infants without subretinal fluid (median, 40.4 vs 39.1 weeks, respectively; $P = .03$) and were more likely to have had mothers with diabetes (2/6 vs 0/33, respectively; $P = .02$). Vaginal versus Caesarian section delivery was not significantly different between the 2 groups. CONCLUSIONS: Some healthy full-term infants have bilateral subfoveal fluid not obvious on dilated retinal examination. This fluid resolves within several months. The visual significance of this finding is unknown, but clinicians should be aware that it is common when evaluating newborn infants for retinal pathologic features using SD OCT.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1016/j.ajo.2011.06.017
 ER -

 TY - JOUR
 AN - rayyan-504930971
 TI - Obstetrical staff nurses experiences of clinical learning.
 Y1 - 2015

Y2 - 1
T2 - Nurse education in practice
SN - 1873-5223 (Electronic)
J2 - Nurse Educ Pract
VL - 15
IS - 1
SP - 44-51
AU - Veltri LM
AV - University of Wisconsin, Milwaukee, PO Box 413, 220 E. Kenwood Blvd, Milwaukee, WI 53201, USA.
Electronic address: veltri@ohsu.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/25564334/>
LA - eng
CY - Scotland
KW - Adult
KW - Clinical Competence
KW - Education, Nursing, Baccalaureate/*methods
KW - Humans
KW - Interprofessional Relations
KW - Interviews as Topic
KW - *Mentors/education/psychology
KW - Middle Aged
KW - Obstetric Nursing/*education
KW - Students, Nursing/psychology
KW - Nursing Staff
AB - The clinical learning experience is used in nursing programs of study worldwide to prepare nurses for professional practice. This study's purpose was to use Naturalistic Inquiry to understand the experiences of staff nurses in an obstetrical unit with undergraduate nursing students present for clinical learning. A convenience sample of 12 staff nurses, employed on a Family Birth Center, participated in semi-structured interviews. The constant comparative method as modified by Lincoln and Guba was used to analyze data. Five themes related to staff nurses experiences of clinical learning were identified: Giving and Receiving; Advancing Professionally and Personally; Balancing Act; Getting to Know and Working with You; and Past and Present. This research highlights staff nurses' experiences of clinical learning in undergraduate nursing education. Staff nurses exert a powerful, long lasting influence on students. A need exists to prepare and judiciously select nurses to work with students. Clinical agencies and universities can take joint responsibility providing tangible incentives, financial compensation, and recognition to all nurses working with nursing students.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1016/j.nepr.2014.10.006
ER -

TY - JOUR
AN - rayyan-504930972
TI - Racial variation in optic nerve head parameters quantified in healthy newborns by handheld spectral domain optical coherence tomography.
Y1 - 2013
Y2 - 10
T2 - Journal of AAPOS : the official publication of the American Association for Pediatric Ophthalmology and Strabismus
SN - 1528-3933 (Electronic)
J2 - J AAPOS
VL - 17
IS - 5
SP - 501-6
AU - Allingham MJ
AU - Cabrera MT
AU - O'Connell RV

AU - Maldonado RS
 AU - Tran-Viet D
 AU - Toth CA
 AU - Freedman SF
 AU - El-Dairi MA
 AV - Department of Ophthalmology, Duke Eye Center, Durham, North Carolina.
 UR - <https://pubmed.ncbi.nlm.nih.gov/24160971/>
 LA - eng
 CY - United States
 KW - *Black People
 KW - Female
 KW - *Hispanic or Latino
 KW - Humans
 KW - Infant, Newborn
 KW - Male
 KW - Ophthalmoscopy/*methods
 KW - Optic Disk/*anatomy & histology
 KW - Point-of-Care Systems
 KW - Prospective Studies
 KW - Tomography, Optical Coherence/*instrumentation
 KW - *White People
 KW - Optic Disk
 AB - PURPOSE: To characterize optic nerve head (ONH) morphology and parameters, including vertical disk diameter, vertical cup diameter, and vertical cup/disk ratio in healthy, full-term newborns using a handheld spectral domain optical coherence tomography (SD-OCT) device. METHODS: In this prospective observational case series, healthy white, black, and Hispanic full-term newborns delivered at the Duke Birthing Center between August 2010 and May 2011 underwent dilated fundus examination and SD-OCT imaging of the optic nerve in each eye. OCT parameters were calculated and compared for each group of infants. RESULTS: A total of 58 consecutive newborns of white (n = 22), black (n = 15) and Hispanic (n = 21) ethnicity were included. Mean vertical disk diameter in white, black, and Hispanic newborns was 1.29 ± 0.15 mm (standard deviation), 1.38 ± 0.14 mm, and 1.38 ± 0.14 mm, respectively (white versus Hispanic, $P = 0.02$; white versus black, $P = 0.07$). Mean vertical cup diameter in white, black, and Hispanic newborns was 0.44 ± 0.15 mm, 0.56 ± 0.23 mm, and 0.46 ± 0.30 mm, respectively (white versus black, $P = 0.03$). Mean vertical cup/disk ratio was 0.34 ± 0.10 for white, 0.40 ± 0.17 for black, and 0.33 ± 0.20 for Hispanic newborns ($P = 0.07$ for white versus black). CONCLUSIONS: Handheld SD-OCT is an effective means of imaging the ONH in newborns. Racial differences in cup/disk ratio are present at birth. These data may serve as the beginning of a normative dataset for characterizing development of the ONH as well as for comparison to the neonatal ONH in disease states.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1016/j.jaapos.2013.06.014
 ER -

 TY - JOUR
 AN - rayyan-504930974
 TI - Perineal analgesia with an ice pack after spontaneous vaginal birth: a randomized controlled trial.
 Y1 - 2011
 Y2 - 3
 T2 - Journal of midwifery & women's health
 SN - 1542-2011 (Electronic)
 J2 - J Midwifery Womens Health
 VL - 56
 IS - 2
 SP - 141-6
 AU - Leventhal LC
 AU - de Oliveira SM
 AU - Nobre MR
 AU - da Silva FM

AV - School of Nursing in Albert Einstein Hospital, Sao Paulo, Brazil.
 UR - <https://pubmed.ncbi.nlm.nih.gov/21429079/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Analgesia, Obstetrical/*methods
 KW - Female
 KW - Humans
 KW - *Ice
 KW - *Pain Management
 KW - *Pain Measurement
 KW - Perineum
 KW - Postpartum Period
 KW - Pregnancy
 KW - Time Factors
 KW - Treatment Outcome
 KW - Young Adult
 AB - INTRODUCTION: This study evaluated the effectiveness of an ice pack applied for 20 minutes to alleviate perineal pain after spontaneous vaginal birth. METHODS: We conducted a randomized controlled trial at the Amparo Maternal Birth Center in São Paulo, Brazil. Study participants included 114 nulliparous women divided into 3 groups (n = 38 per group): experimental (ice packs on the perineum), placebo (water packs at set temperature), and control (no treatment). RESULTS: A numerical scale (0 to 10) was used for pain assessment. A comparison of the average pain at the beginning and after 20 minutes showed a significant reduction of pain ($P < .001$) in the 3 groups, and the experimental group had a lower average score for pain compared with the control group (1.6 versus 3.3, $P = .032$). DISCUSSION: The use of ice packs for 20 minutes was effective for perineal pain relief after vaginal birth.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1111/j.1542-2011.2010.00018.x
 ER -

 TY - JOUR
 AN - rayyan-504930975
 TI - Missing prenatal records at a birth center: a communication problem quantified.
 Y1 - 2005
 T2 - AMIA ... Annual Symposium proceedings. AMIA Symposium
 SN - 1942-597X (Electronic)
 J2 - AMIA Annu Symp Proc
 VL - 2005
 SP - 535-9
 AU - Miller DW Jr
 AU - Yeast JD
 AU - Evans RL
 AV - eNATAL, LLC, Shawnee, KS, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/16779097/>
 LA - eng
 CY - United States
 KW - Birthing Centers/*organization & administration
 KW - Communication
 KW - Data Collection
 KW - Female
 KW - Humans
 KW - Information Storage and Retrieval
 KW - Kansas
 KW - *Medical Records
 KW - Obstetrics and Gynecology Department, Hospital/*organization & administration
 KW - Pregnancy
 KW - Prenatal Care/*organization & administration

KW - Time Factors
 KW - Birth Certificates
 AB - OBJECTIVES: To quantify the extent of missing prenatal records at the time of patient presentation to a birth center, to document the age of the information in those records, and to discover how quickly missing records were retrieved. METHOD: A survey form was completed over a three-month period for each patient presenting for care. RESULTS: Prenatal records were unavailable 37% of the time at initial presentation. Records were never obtained for 20% of patients. The median age of the prenatal record was 30 days for those records that were immediately available, and the median age was 5 days for those records that were retrieved later. It took a median of 1.4 hours to retrieve a missing re-cord. CONCLUSION: Prenatal records are frequently missing at the point-of-care, and even when records are avail-able or retrieved, the information contained within them is likely to be outdated. Further research is needed to quantify both the clinical and economic impact of this problem.
 N1 - RAYYAN-INCLUSION: {"Christel"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 ER -

 TY - JOUR
 AN - rayyan-504930977
 TI - Screening for critical congenital heart disease in newborns using pulse oximetry: evaluation of nurses' knowledge and adherence.
 Y1 - 2014
 Y2 - 4
 T2 - Advances in neonatal care : official journal of the National Association of Neonatal Nurses
 SN - 1536-0911 (Electronic)
 J2 - Adv Neonatal Care
 VL - 14
 IS - 2
 SP - 119-28
 AU - Ryan DJ
 AU - Mikula EB
 AU - Germana S
 AU - Silva SG
 AU - Derouin A
 AV - Duke University School of Nursing (Drs Ryan, Silva, and Derouin) and Duke University Medical Center Birthing Center (Dr Germana), Durham, North Carolina; and HCA Henrico Docors' Hospital (Ms Mikula), Richmond, Virginia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/24675632/>
 LA - eng
 CY - United States
 KW - Documentation
 KW - *Education, Nursing, Continuing
 KW - Educational Measurement
 KW - Female
 KW - *Health Knowledge, Attitudes, Practice
 KW - Heart Defects, Congenital/*diagnosis
 KW - Humans
 KW - Infant, Newborn
 KW - Male
 KW - Neonatal Nursing/*education
 KW - Neonatal Screening/*methods
 KW - *Oximetry
 KW - Quality Improvement
 KW - Retrospective Studies
 KW - Oximetry
 KW - Mass Screening
 AB - PURPOSE: The purpose of this project was to evaluate the benefits of an online nursing education program addressing the significance and rationale of an evidence-based critical congenital heart disease (CCHD) screening protocol using pulse oximetry implemented on full-term newborns delivered at an

academic obstetric referral center. The aim was to assess nurses' knowledge of the protocol and nurses' adherence to the protocol documentation before and after the education module was implemented. SUBJECTS: Registered nurses working in the birthing center who completed the online knowledge tests and an education module. DESIGN: A repeated-measures quality improvement study was conducted to assess nurses' knowledge of the evidence supporting CCHD screening by pulse oximetry and adherence to the correct documentation of the screening protocol before, immediately after, and 3 months following participation in an online education module. METHODS: Nurses' knowledge of the CCHD screening protocol was determined by the number of correct answers on a 10-item online test administered before and after the education module. Adherence to correct documentation of the protocol before and after the education intervention was evaluated. The medical charts of 300 newborns delivered at the center with pulse oximetry readings performed after 24 hours of age and before discharge were randomly selected and reviewed. RESULTS: A significant improvement in knowledge test scores was observed immediately after the education module (9.1 ± 1.0), relative to baseline (8.4 ± 1.2 ; paired $t = 3.02$, $P = .0046$). A significant increase in knowledge test scores measured at baseline, immediately after, and 3 months postintervention was also indicated ($F = 3.25$; $df = 2, 24$; $P = .0564$). Documentation of the protocol in the medical charts for the location of the readings significantly improved after the educational intervention (right hand: 28%, 83%, and 90%; right foot: 27%, 82%, and 89%; both $P < .0001$). CONCLUSIONS: Providing education to staff before implementing new practice changes enhances their knowledge. Quality improvement monitoring is recommended to ensure nursing adherence to any practice change.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/ANC.0000000000000047
ER -

TY - JOUR

AN - rayyan-504930978

TI - Factors associated with women's desire for control of healthcare during childbirth: Psychometric analysis and construct validation.

Y1 - 2019

Y2 - 8

T2 - Research in nursing & health

SN - 1098-240X (Electronic)

J2 - Res Nurs Health

VL - 42

IS - 4

SP - 273-283

AU - Stevens NR

AU - Adams N

AU - Wallston KA

AU - Hamilton NA

AV - Department of Psychiatry & Behavioral Sciences, Rush University Medical Center, Chicago, Illinois.; Department of Psychology, University of Kansas, Lawrence, Kansas.; Vanderbilt University Medical Center, Center for Health Services Research, Nashville, Tennessee.; Department of Psychology, University of Kansas, Lawrence, Kansas.

UR - <https://pubmed.ncbi.nlm.nih.gov/31016758/>

LA - eng

CY - United States

KW - Adult

KW - *Choice Behavior

KW - Cross-Sectional Studies

KW - Decision Making

KW - Delivery, Obstetric/*psychology

KW - Female

KW - Humans

KW - Parturition/*psychology

KW - Patient Acceptance of Health Care/*psychology

KW - Patient Preference/*psychology

KW - *Patient Satisfaction

KW - Pregnancy
 KW - Pregnant Women/*psychology
 KW - Psychometrics
 KW - Reproducibility of Results
 KW - Surveys and Questionnaires
 AB - The desire for control of healthcare is a significant moderator of outcomes related to childbirth. Researchers have shown that a sense of control of healthcare during childbirth is strongly correlated with postpartum maternal well-being. The aims of this study were to examine (a) the psychometric characteristics of an instrument to assess women's desire for control of healthcare during childbirth, and (b) examine desire for control in relation to parity, medical complications of pregnancy, and women's choices of childbirth providers and setting. The study design was cross-sectional using two different samples totaling 385 pregnant women. In Sample 1, (n = 193) we conducted an exploratory factor analysis to reduce the initial item pool. In Sample 2, (n = 192) we conducted a confirmatory factor analysis (CFA) of the final 12-item instrument and examined factors related to the desire for control. Results of the analysis in Sample 1 were supportive of a single-factor structure reflecting women's desire to influence the childbirth healthcare environment and decision-making. The final 12-item instrument had high internal consistency reliability (Cronbach's alpha = 0.93). CFA in Sample 2 was supportive of the single-factor structure with good model fit. The desire for control was directly correlated with an internal locus of control. Nulliparous women reported a lower desire for control compared with multiparous women. The desire for control among women with self-reported medical complications of pregnancy was comparable to that among women without pregnancy complications. The desire for control was a predictor of choosing midwives (vs. obstetricians), home or birth center (vs. hospitals), and professional labor support (e.g., doulas). Implications for future research on the impact of desire for control on maternal health outcomes are discussed.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1002/nur.21948
 ER -

 TY - Comment
 AN - rayyan-504930979
 TI - Progress and challenges to introduce midwifery education in Nepal.
 Y1 - 2017
 Y2 - 2
 Y3 - 18
 T2 - Lancet (London, England)
 SN - 1474-547X (Electronic)
 J2 - Lancet
 VL - 389
 IS - 10070
 SP - 698-699
 AU - Goyet S
 AU - Tamang L
 AU - Alvarez VB
 AU - Shrestha ID
 AU - Bajracharya K
 AV - Independent researcher, Kathmandu, Nepal. Electronic address: sophiegoyet@gmail.com.; APS Birth Center, Kathmandu, Nepal.; Deutsche Gesellschaft fuer internationale Zusammenarbeit, Kathmandu, Nepal.; Ministry of Health, Government of Nepal, Kathmandu, Nepal.; Midwifery Society of Nepal, Lalitpur, Nepal.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28229873/>
 LA - eng
 CY - England
 KW - Clinical Competence
 KW - Humans
 KW - *Maternal Health Services
 KW - *Midwifery
 KW - Nepal
 KW - Pregnancy
 KW - Midwifery

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population, Midwifery in general
DO - 10.1016/S0140-6736(17)30341-0
ER -

TY - JOUR

AN - rayyan-504930980

TI - Intrapartum management of twin pregnancies: are uncomplicated monochorionic pregnancies more at risk of complications than dichorionic pregnancies?

Y1 - 2015

Y2 - 3

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 94

IS - 3

SP - 301-7

AU - Garabedian C

AU - Poulain C

AU - Duhamel A

AU - Subtil D

AU - Houfflin-Debarge V

AU - Deruelle P

AV - Department of Obstetrics, Jeanne de Flandre Hospital, Lille, France; Unit EA 4489 Perinatal Environment and Growth, Faculty of Medicine, Henri-Warembourg, University of Lille, Lille, France.

UR - <https://pubmed.ncbi.nlm.nih.gov/25494703/>

LA - eng

CY - United States

KW - Birth Weight

KW - Cesarean Section/*statistics & numerical data

KW - Female

KW - France

KW - Humans

KW - Labor, Induced/statistics & numerical data

KW - Obstetric Labor Complications/*epidemiology

KW - Perinatal Care/*statistics & numerical data

KW - Pregnancy

KW - Pregnancy Outcome/*epidemiology

KW - Pregnancy Trimester, Third

KW - Pregnancy, High-Risk

KW - Pregnancy, Twin/*statistics & numerical data

KW - Retrospective Studies

KW - Risk Factors

KW - Twins

AB - **OBJECTIVE:** To analyze mode of delivery and neonatal morbidity according to chorionicity in a hospital birth center with a policy of vaginal delivery for twins. **STUDY DESIGN:** Retrospective analysis over a 13-year period. **SETTING:** Department of Obstetrics, University Hospital, Lille, France. **POPULATION:** In all, 1009 twin pregnancies were included, divided into 171 uncomplicated monochorionic pregnancies (17%) and 838 dichorionic pregnancies (83%). **METHODS:** We compared the monochorionic and the dichorionic populations. **MAIN OUTCOME MEASURES:** Rate of cesarean section and neonatal outcome (umbilical artery pH, Apgar score and neonatal complications). **RESULTS:** The rate of cesarean sections was 45.7% with no difference found based on chorionicity. The reasons for elective cesarean section were mainly noncephalic presentation, which was more frequent in dichorionic than in monochorionic (48.8% vs. 37.2%, $p = 0.025$) pregnancies. Birthweight was lower in monochorionic twins (2249 ± 469 g vs. 2329 ± 478 g, $p = 0.045$). The rate of umbilical artery cord blood values with a pH < 7.10 was similar in monochorionic and dichorionic pregnancies. There was no difference in neonatal complications between the two groups. **CONCLUSION:** Monochorionic and dichorionic twin pregnancies had similar delivery outcomes. The neonatal outcome for

twin 2 was not different between monochorionic and dichorionic pregnancies. Vaginal birth could be offered to women with twin pregnancies regardless of chorionicity.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.1111/aogs.12558

ER -

TY - JOUR

AN - rayyan-504930982

TI - A Swiss birthing centre.

Y1 - 2008

Y2 - 2

T2 - The practising midwife

SN - 1461-3123 (Print)

J2 - Pract Midwife

VL - 11

IS - 2

SP - 27-8

AU - Brailey S

AV - Berne School of Midwifery, Switzerland.

UR - <https://pubmed.ncbi.nlm.nih.gov/18372817/>

LA - eng

CY - England

KW - Adult

KW - Birthing Centers/*organization & administration

KW - Decision Making

KW - Delivery, Obstetric/nursing

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Labor, Obstetric/*psychology

KW - Mothers/*psychology

KW - Nurse-Patient Relations

KW - Nursing Methodology Research

KW - *Patient Satisfaction

KW - Postnatal Care/organization & administration

KW - Pregnancy

KW - *Social Support

KW - Switzerland

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal

ER -

TY - JOUR

AN - rayyan-504930983

TI - Satisfaction with known, open-identity, or unknown sperm donors: reports from lesbian mothers of 17-year-old adolescents.

Y1 - 2015

Y2 - 1

T2 - Fertility and sterility

SN - 1556-5653 (Electronic)

J2 - Fertil Steril

VL - 103

IS - 1

SP - 242-8

AU - Gartrell NK

AU - Bos H

AU - Goldberg NG

AU - Deck A
AU - van Rijn-van Gelderen L
AV - Williams Institute, UCLA School of Law, Los Angeles, California; Research Institute of Child Development and Education, University of Amsterdam, Amsterdam, the Netherlands. Electronic address: ngartrell@nllfs.org.; Research Institute of Child Development and Education, University of Amsterdam, Amsterdam, the Netherlands.; Movement Advancement Project, Denver, Colorado.; Birth Center, San Francisco General Hospital, San Francisco, California.; Research Institute of Child Development and Education, University of Amsterdam, Amsterdam, the Netherlands.
UR - <https://pubmed.ncbi.nlm.nih.gov/25439795/>
LA - eng
CY - United States
KW - Adolescent
KW - Boston/epidemiology
KW - Child
KW - Child, Preschool
KW - Female
KW - Homosexuality, Female/*psychology/statistics & numerical data
KW - Humans
KW - Informed Consent/*psychology/statistics & numerical data
KW - Insemination, Artificial, Heterologous/*psychology/statistics & numerical data
KW - Living Donors/psychology/statistics & numerical data
KW - Male
KW - Mental Disorders/*epidemiology/psychology
KW - Mothers/*psychology/*statistics & numerical data
KW - Patient Satisfaction/*statistics & numerical data
KW - Prevalence
KW - San Francisco/epidemiology
AB - OBJECTIVE: To assess whether lesbian mothers of 17-year-old adolescents conceived through donor insemination are satisfied with their choice of a known, open-identity, or unknown sperm donor and whether the mothers' satisfaction is associated with psychological health problems in the index adolescent offspring. DESIGN: Mixed-method study. SETTING: Not applicable. PATIENT(S): One hundred twenty-nine lesbian mothers and 77 index offspring. INTERVENTION(S): Semistructured interviews with the mothers conducted by telephone and the State-Trait Personality Inventory (STPI) completed online by the adolescent offspring. MAIN OUTCOME MEASURE(S): Satisfaction with the type of sperm donor selected was assessed through multiple choice questions, and adolescent psychological health problems by the STPI. The reasons for the mothers' (dis)satisfaction were evaluated through a thematic analysis of transcribed interviews. RESULT(S): Overall, 77.5% of mothers were satisfied with the type of donor chosen. There were no significant differences between birth mothers and comothers on (dis)satisfaction. In comparing satisfied with dissatisfied birth mothers by donor type, the only significant differences were that those selecting open-identity donors were more satisfied than dissatisfied and that those using unknown donors were more dissatisfied than satisfied; (dis)satisfaction with donor type was unrelated to offspring psychological health problems. Qualitative analyses revealed six themes concerning all mothers' reasons for (dis)satisfaction. CONCLUSION(S): Donor access and custody concerns were the primary themes mentioned by lesbian mothers regarding their (dis)satisfaction with the type of sperm donor they had selected.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1016/j.fertnstert.2014.09.019
ER -

TY - JOUR
AN - rayyan-504930984
TI - Implementing preterm labor guidelines: a collaborative care improvement process.
Y1 - 2002
Y2 - 6
T2 - The Journal of perinatal & neonatal nursing
SN - 0893-2190 (Print)
J2 - J Perinat Neonatal Nurs
VL - 16

IS - 1
 SP - 47-57
 AU - Goering M
 AU - Wilson W
 AV - The Birth Center, United Hospital, St Paul, Minnesota, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/12083294/>
 LA - eng
 CY - United States
 KW - Birthing Centers/*standards/statistics & numerical data
 KW - Evidence-Based Medicine
 KW - Female
 KW - Guideline Adherence
 KW - Humans
 KW - Length of Stay
 KW - Minnesota
 KW - Neonatal Nursing/*standards
 KW - Obstetric Labor, Premature/*nursing/*prevention & control
 KW - Patient Care Team
 KW - *Practice Guidelines as Topic
 KW - Pregnancy
 KW - Quality Indicators, Health Care
 KW - *Total Quality Management
 KW - Obstetric Labor, Premature
 AB - Health care organizations today are being challenged to deliver care that is cost-effective, satisfying to patients, and based on quality outcomes. Urgency created by inadequate bed capacity as well as financial opportunity prompted United Hospital's Birth Center to launch care improvement activities aimed at assessing appropriateness of antepartal length of stay. Collaboration between all members of the health care team enabled a steering committee to implement evidence-based provider practice guidelines targeting variance around preterm labor management. Other multidisciplinary strategies implemented include a home care prescreening process, case management, and establishment of a peer review process. Within the 1-year care improvement process, the Birth Center successfully decreased the length of stay for preterm labor patients from 6.9 days to 5.3 days. This article describes one institution's efforts to improve care by implementing guidelines for the inpatient management of preterm labor.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
 DO - 10.1097/00005237-200206000-00006
 ER -

 TY - JOUR
 AN - rayyan-504930985
 TI - Essential Issues for Pregnancy Counseling in Renal Transplant Women.
 Y1 - 2018
 Y2 - 6
 T2 - Transplantation
 SN - 1534-6080 (Electronic)
 J2 - Transplantation
 VL - 102
 IS - 6
 SP - e254
 AU - van Buren M
 AU - Lely T
 AU - van de Wetering J
 AV - Department of Internal Medicine, Section Nephrology and Transplantation, Erasmus Medical Center Rotterdam, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center, Utrecht, The Netherlands.; Department of Internal Medicine, Section Nephrology and Transplantation, Erasmus Medical Center Rotterdam, The Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/29521879/>

LA - eng
 CY - United States
 KW - Adult
 KW - *Counseling
 KW - Female
 KW - Graft Survival
 KW - Humans
 KW - *Kidney Transplantation/adverse effects
 KW - Preconception Care/*methods
 KW - Pregnancy
 KW - Pregnancy Complications/etiology
 KW - Pregnancy Outcome
 KW - Retrospective Studies
 KW - Risk Assessment
 KW - Risk Factors
 KW - Treatment Outcome
 KW - Kidney Transplantation
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
 DO - 10.1097/TP.0000000000002164
 ER -

TY - JOUR
 AN - rayyan-504930986
 TI - Using maternity practices in infant nutrition and care (mPINC) survey results as a catalyst for change.
 Y1 - 2010
 Y2 - 11
 T2 - Journal of human lactation : official journal of International Lactation Consultant Association
 SN - 1552-5732 (Electronic)
 J2 - J Hum Lact
 VL - 26
 IS - 4
 SP - 399-404
 AU - Edwards RA
 AU - Philipp BL
 AV - Bouvé College of Health Sciences, Northeastern University, Boston, MA 02115, USA.
 ro.edwards@neu.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/20876345/>
 LA - eng
 CY - United States
 KW - Breast Feeding/epidemiology/*psychology
 KW - Data Collection
 KW - Health Promotion
 KW - Hospitals, Maternity/organization & administration/*standards
 KW - Humans
 KW - Infant Nutritional Physiological Phenomena/*physiology
 KW - Infant, Newborn
 KW - Massachusetts
 KW - *Quality of Health Care
 KW - Surveys and Questionnaires
 KW - Infant
 AB - Results from the US federally sponsored Maternity Practices in Infant Nutrition and Care (mPINC) Survey were leveraged to bring together facility leaders who influence hospital breastfeeding practices to improve adherence to the standard of care. Eighty Massachusetts hospital and birth center maternity care decision makers, representing 34 of the state's 50 facilities (covering 74% of births), participated. Active engagement in problem solving generated a sense of enthusiasm and accomplishment. The collaborative spirit across traditionally competing hospitals demonstrated that these leaders clearly were committed to

quality and to improving their facilities' practices. An important aspect of the summit was to foster transformational leadership by supporting participants in their envisioning, energizing, and enabling roles within their organizations. Cooperation from a broad array of stakeholders is important to drive change.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1177/0890334410371212
ER -

TY - JOUR
AN - rayyan-504930997
TI - On the need for a real choice.
Y1 - 2013
T2 - The Journal of clinical ethics
SN - 1046-7890 (Print)
J2 - J Clin Ethics
VL - 24
IS - 3
SP - 291-2
AU - Calvin S
AV - University of Minnesota, USA. calvi002@mac.com
UR - <https://pubmed.ncbi.nlm.nih.gov/24282859/>
LA - eng
CY - United States
KW - *Birthing Centers
KW - *Choice Behavior
KW - Delivery Rooms
KW - Female
KW - Humans
KW - *Midwifery
KW - Mothers
KW - *Natural Childbirth
KW - Personal Autonomy
KW - Pregnancy
KW - *Pregnant Women
KW - United States
AB - For low-risk mothers who do not wish to give birth in a hospital, a nearby birth center led by midwives is an excellent option.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: No access to full text
ER -

TY - JOUR
AN - rayyan-504930999
TI - Distribution of PAPP-A and total hCG between 11 and 13 weeks of gestation in Japanese pregnant women.
Y1 - 2020
Y2 - 6
T2 - The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians
SN - 1476-4954 (Electronic)
J2 - J Matern Fetal Neonatal Med
VL - 33
IS - 12
SP - 2017-2022
AU - Hasegawa J
AU - Wada S
AU - Kasamatsu A
AU - Nakamura M

AU - Hamanoue H
AU - Iwata E
AU - Murotsuki J
AU - Nagai R
AU - Tateishi Y
AU - Sunami R
AU - Tajima A
AU - Murata S
AU - Matsubara K
AU - Nakata M
AU - Kondo A
AU - Nishiyama M
AU - Sasaki A
AU - Sekizawa A
AU - Sago H
AU - Kamei Y
AV - Department of Obstetrics and Gynecology, St Marianna University School of Medicine, Kanagawa, Japan.; Center for Maternal-Fetal, Neonatal and Reproductive Medicine, The National Center for Child Health and Development, Tokyo, Japan.; Department of Obstetrics and Gynecology, Kansai Medical University, Osaka, Japan.; Department of Obstetrics and Gynecology, Showa University School of Medicine, Tokyo, Japan.; Department of Clinical Genetics, Yokohama City University Hospital, Kanagawa, Japan.; Department of Obstetrics and Gynecology, Sanno Birth Center, Tokyo, Japan.; Department of Maternal and Fetal Medicine, Tohoku University Graduate School of Medicine, Miyagi Children's Hospital, Miyagi, Japan.; Department of Obstetrics and Gynecology, Kochi Health Sciences Center, Kochi, Japan.; Department of Obstetrics and Gynecology, Okayama Medical Center, National Hospital Organization, Okayama, Japan.; Department of Obstetrics and Gynecology, Yamanashi Prefectural Central Hospital, Yamanashi, Japan.; Department of Obstetrics and Gynecology, Juntendo University Urayasu Hospital, Chiba, Japan.; Department of Obstetrics and Gynecology, Kawasaki Medical School Hospital, Okayama, Japan.; Department of Obstetrics and Gynecology, Ehime University School of Medicine, Ehime, Japan.; Department of Obstetrics and Gynecology, Toho University Omori Medical Center, Tokyo, Japan.; Perinatal Medical Center, Medical Genetics Center, Shikoku Medical Center for Children and Adults, Kagawa, Japan.; Center for Maternal-Fetal, Neonatal and Reproductive Medicine, The National Center for Child Health and Development, Tokyo, Japan.; Center for Maternal-Fetal, Neonatal and Reproductive Medicine, The National Center for Child Health and Development, Tokyo, Japan.; Department of Obstetrics and Gynecology, Showa University School of Medicine, Tokyo, Japan.; Center for Maternal-Fetal, Neonatal and Reproductive Medicine, The National Center for Child Health and Development, Tokyo, Japan.; Department of Obstetrics and Gynecology, Saitama Medical University Hospital, Saitama, Japan.
UR - <https://pubmed.ncbi.nlm.nih.gov/30318933/>
LA - eng
CY - England
KW - Adult
KW - Aneuploidy
KW - Asian People
KW - Chorionic Gonadotropin/*blood
KW - Down Syndrome/*diagnosis
KW - Female
KW - Humans
KW - Japan
KW - *Nuchal Translucency Measurement
KW - Pregnancy
KW - Pregnancy-Associated Plasma Protein-A/*analysis
KW - Prospective Studies
KW - Reference Standards
KW - Risk Assessment
KW - Chorionic Gonadotropin
AB - Objectives: To establish the reference values for PAPP-A and total hCG between 11 and 13 weeks of gestation for the use of risk assessment of fetal aneuploidy in Japanese pregnant women.Methods: A

multicenter prospective study was conducted. The subjects included only Japanese pregnant women with viable singleton who requested the first trimester combined (nuchal translucency and maternal serum marker) screening for fetal aneuploidy. Reference values of PAPP-A and total hCG in Japanese population were made and compared with them in Caucasian. Results: Overall 1,751 Japanese pregnant women were analyzed. Median values of maternal serum concentration in Japanese pregnant women from 11 + 0-13 + 6 weeks' gestation were ranged from 3.01 to 9.51 mIU/mL for PAPP-A and from 70.2 to 58.3 IU/mL for total-hCG, respectively. Regression curve of median maternal serum PAPP-A and total-hCG concentration against gestational days are significantly higher in Japanese comparing with Caucasian. At most distant values, Japanese serum concentration indicated 1.45 MoM for total-hCG and 1.70 MoM for PAPP-A based on Caucasian regression curves. Conclusion: A modification of the equations by specific reference values is necessary for Japanese pregnant women at the risk assessment of chromosomal abnormalities using the first trimester maternal serum marker.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome, wrong population

DO - 10.1080/14767058.2018.1536737

ER -

TY - JOUR

AN - rayyan-504931001

TI - Parents' perceptions regarding readiness for their infant's discharge from the NICU.

Y1 - 2013

Y2 - 9

T2 - Neonatal network : NN

SN - 1539-2880 (Electronic)

J2 - Neonatal Netw

VL - 32

IS - 5

SP - 324-34

AU - Burnham N

AU - Feeley N

AU - Sherrard K

AV - Family Birthing Centre, Jewish General Hospital, McGill University, Montreal, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/23985470/>

LA - eng

CY - United States

KW - Adult

KW - Anxiety/nursing/psychology

KW - *Attitude to Health

KW - Consumer Behavior

KW - Female

KW - Humans

KW - Infant Care/psychology

KW - Infant, Newborn

KW - Infant, Premature, Diseases/*nursing/*psychology

KW - *Intensive Care Units, Neonatal

KW - *Length of Stay

KW - Male

KW - Parents/education/*psychology

KW - *Patient Discharge

KW - Qualitative Research

KW - Infant

AB - PURPOSE: To identify what parents need to feel ready for the discharge of their infant from the neonatal intensive care unit (NICU). DESIGN: Qualitative. SAMPLE: 20 parents of infants admitted to a Canadian Level III NI CU were interviewed (2011-2012) and asked to identify what they require to feel ready for discharge. Interview transcripts underwent qualitative content analysis to produce a descriptive summary of parents' perceptions of their needs. RESULTS: Parents indicated a need for information and hands-on experience to enhance their readiness for discharge. Observations of their infant and of the NI CU

environment impacted parents' perceptions of their infant's readiness for discharge, which influenced perceptions of their own readiness for discharge. Finally, parents require tailoring of information and experiences to meet the unique needs of their family.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1891/0730-0832.32.5.324

ER -

TY - JOUR

AN - rayyan-504931002

TI - Differential effects of renin-angiotensine-aldosterone system inhibition, sympathoinhibition and low sodium diet on blood pressure in women with a history of preeclampsia: A double-blind, placebo-controlled cross-over trial (the PALM study).

Y1 - 2022

Y2 - 3

T2 - Pregnancy hypertension

SN - 2210-7797 (Electronic)

J2 - Pregnancy Hypertens

VL - 27

SP - 173-175

AU - Zoet GA

AU - Paauw ND

AU - Veerbeek JHW

AU - Groenhof TKJ

AU - Spiering W

AU - Verhaar MC

AU - Franx A

AU - Titia Lely A

AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands. Electronic address: g.zoet@umcutrecht.nl.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; Department of Obstetrics and Gynaecology, Diaconessenhuis Utrecht, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; Department of Vascular Medicine, University Medical Center Utrecht, The Netherlands.; Department of Nephrology, University Medical Center Utrecht, The Netherlands.; Department of Obstetrics and Gynaecology, Erasmus Medical Center, Rotterdam, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/35074611/>

LA - eng

CY - Netherlands

KW - Adult

KW - Angiotensin II Type 1 Receptor Blockers/*administration & dosage

KW - Blood Pressure

KW - Cardiovascular Diseases/*prevention & control

KW - Cross-Over Studies

KW - Dietary Approaches To Stop Hypertension/methods

KW - Double-Blind Method

KW - Female

KW - Gestational Age

KW - Humans

KW - Imidazoles/*administration & dosage

KW - Losartan/*administration & dosage

KW - Postpartum Period

KW - *Pre-Eclampsia/diet therapy/drug therapy

KW - Pregnancy

KW - Renin-Angiotensin System/drug effects

KW - Pre-Eclampsia

KW - Diet, Sodium-Restricted
 KW - Renin-Angiotensin System
 AB - Current guidelines lack sufficient evidence to recommend a specific blood pressure lowering strategy to prevent cardiovascular disease after preeclampsia. We conducted a double-blind cross-over trial to identify the most potent antihypertensive strategy: renin-angiotensin-aldosterone system (RAAS) inhibition (losartan), sympathoinhibition (moxonidine), low sodium diet and placebo (n = 10). Due to low inclusion rate our study stopped prematurely. Initiatory analyses showed no significant effect of antihypertensive strategy on office blood pressure and 24-hour blood pressure. However, nocturnal dipping was significantly higher on RAAS inhibition and low sodium diet compared to placebo and sympathoinhibition. Optimal cardiovascular prevention after preeclampsia should be further explored.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia
 DO - 10.1016/j.preghy.2021.12.016
 ER -

TY - JOUR
 AN - rayyan-504931003
 TI - A web-based tool for the Comprehensive Unit-based Safety Program (CUSP).
 Y1 - 2006
 Y2 - 3
 T2 - Joint Commission journal on quality and patient safety
 SN - 1553-7250 (Print)
 J2 - Jt Comm J Qual Patient Saf
 VL - 32
 IS - 3
 SP - 119-29
 AU - Pronovost PJ
 AU - King J
 AU - Holzmüller CG
 AU - Sawyer M
 AU - Bivens S
 AU - Michael M
 AU - Haig K
 AU - Paine L
 AU - Moore D
 AU - Miller M
 AV - Adult Critical Care, Johns Hopkins University School of Medicine, Baltimore, USA. ppronovo@jhmi.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/16617943/>
 LA - eng
 CY - Netherlands
 KW - Health Facilities
 KW - *Internet
 KW - Medical Errors/prevention & control
 KW - Organizational Case Studies
 KW - Organizational Culture
 KW - Organizational Innovation
 KW - Program Development
 KW - Quality of Health Care
 KW - Safety Management/*organization & administration
 KW - United States
 AB - BACKGROUND: An organization's ability to change is driven by its culture, which in turn has a significant impact on safety. The six-step Comprehensive Unit-Based Safety Program (CUSP) is intended to improve local culture and safety. A Web-based project management tool for CUSP was developed and then pilot tested at two hospitals. HOW ECUSP WORKS: Once a patient safety concern is identified (step 3), a unit-level interdisciplinary safety committee determines issue criticality and starts up the projects (step 4), which are managed using project management tools within eCUSP (step 5). On a project's completion, the results are disseminated through a shared story (step 6). CASE STUDIES: OSF St. Joseph's Medical Center-

The Medical Birthing Center (Bloomington, Illinois), identified 11 safety issues, implemented 11 projects, and created 9 shared stories--including one for its Armband Project. The Johns Hopkins Hospital (Baltimore) Medical Progressive Care (MPC4) Unit identified 5 safety issues and implemented 4 ongoing projects, including the intravenous (IV) Tubing Compliance Project. DISCUSSION: The eCUSP tool's success depends on an organizational commitment to creating a culture of safety.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1016/s1553-7250(06)32017-x
ER -

TY - JOUR

AN - rayyan-504931004

TI - The Influence of Early Infant-Feeding Practices on the Intestinal Microbiome and Body Composition in Infants.

Y1 - 2015

T2 - Nutrition and metabolic insights

SN - 1178-6388 (Print)

J2 - Nutr Metab Insights

VL - 8

SP - 1-9

AU - O'Sullivan A

AU - Farver M

AU - Smilowitz JT

AV - UCD Institute of Food and Health, University College Dublin, Belfield, Dublin, Ireland.; Sutter Davis Hospital Birthing Center, Davis, CA, USA.; Department of Food Science and Technology, University of California Davis, Davis, CA, USA ; Foods for Health Institute, University of California Davis, Davis, CA, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/26715853/>

LA - eng

CY - United States

KW - Infant

KW - Body Composition

AB - Despite many years of widespread international recommendations to support exclusive breastfeeding for the first six months of life, common hospital feeding and birthing practices do not coincide with the necessary steps to support exclusive breastfeeding. These common hospital practices can lead to the infant receiving formula in the first weeks of life despite mothers' dedication to exclusively breastfeed. Consequently, these practices play a role in the alarmingly high rate of formula-feeding worldwide. Formula-feeding has been shown to alter the infant gut microbiome in favor of proinflammatory taxa and increase gut permeability and bacterial load. Furthermore, several studies have found that formula-feeding increases the risk of obesity in later childhood. While research has demonstrated differences in the intestinal microbiome and body growth between exclusively breast versus formula-fed infants, very little is known about the effects of introducing formula to breastfed infants either briefly or long term on these outcomes. Understanding the relationships between mixed-feeding practices and infant health outcomes is complicated by the lack of clarity in the definition of mixed-feeding as well as the terminology used to describe this type of feeding in the literature. In this commentary, we highlight the need for hospitals to embrace the 10 steps of the Baby Friendly Hospital Initiative developed by UNICEF and the WHO for successful breastfeeding. We present a paucity of studies that have focused on the effects of introducing formula to breastfed infants on the gut microbiome, gut health, growth, and body composition. We make the case for the need to conduct well-designed studies on mixed-feeding before we can truly answer the question: how does brief or long-term use of formula influence the health benefits of exclusive breastfeeding?

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.4137/NMI.S29530

ER -

TY - JOUR

AN - rayyan-504931005

TI - Gynaecological and obstetric management of women with inherited bleeding disorders.

Y1 - 2006

Y2 - 10

SN - 0020-7292 (Print)

J2 - Int J Gynaecol Obstet

VL - 95

IS - 1

SP - 75-87

AU - Demers C

AU - Derzko C

AU - David M

AU - Douglas J

UR - <https://pubmed.ncbi.nlm.nih.gov/17106950/>

LA - eng

CY - United States

AB - **OBJECTIVE:** The prevalence of bleeding disorders, notably von Willebrand disease (vWD), among adult women with objectively documented menorrhagia is consistently reported to be 10% to 20% and is even higher in adolescents presenting with menorrhagia. This consensus document has been developed by a multidisciplinary committee consisting of an anesthesiologist, 2 hematologists, and an obstetrician/gynaecologist and has been endorsed by their relevant specialty bodies. It has been prepared with the express purpose of providing guidelines for both women with inherited bleeding disorders and for their caregivers regarding the gynaecological and obstetric management of these women, including appropriate anesthesia support where indicated. **OPTIONS:** Diagnostic tools and specific medical and, where appropriate, surgical alternatives to management are reviewed and evidence-based recommendations presented. **EVIDENCE:** A MEDLINE search of the English literature between January 1975 and November 2003 was performed using the following key words: menorrhagia, uterine bleeding, pregnancy, von Willebrand, congenital bleeding disorder, desmopressin/DDAVP, tranexamic acid, oral contraceptives, medroxyprogesterone, therapy, hysterectomy, anesthesia, epidural, spinal. Recommendations from other society guidelines were reviewed. **RECOMMENDATIONS:** 1. Inherited bleeding disorders should be considered in the differential diagnosis of all patients presenting with menorrhagia (II-2B). The graphical scoring system presented is a validated tool which offers a simple yet practical method that can be used by patients to quantify their blood loss (II-2B). 2. Because underlying bleeding disorders are frequent in women with menorrhagia, physicians should consider performing a hemoglobin/hematocrit, platelet count, ferritin, PT (INR) and APTT in women with menorrhagia. In women who have a personal history of other bleeding or a family history of bleeding, further investigation should be considered, including a vWD workup (factor VIII, vWF antigen, and vWF functional assay) (II-2B). 3. Treatment of menorrhagia in women with inherited bleeding disorders should be individualized (III-B). 4. An inherited bleeding disorder is not a contraindication to hormonal therapy (oral contraceptives [II-1B], depot medroxyprogesterone acetate (DMPA) [II-3B], danazol [II-2B], GnRH analogs [II-3B]) or local treatments (levonorgestrel-releasing IUS [II-1B]) and non-hormonal therapy (antifibrinolytic drug tranexamic acid [II-1B]) as well as desmopressin (II-1B). These therapies represent first line treatment. Blood products should not be used for women with mild bleeding disorders (III-A). 5. In women who no longer want to preserve their fertility, conservative surgical therapy (ablation) and hysterectomy may be options (III-B). Clinicians may consult the "SOGC Clinical Practice Guideline: Guidelines for the Management of Abnormal Uterine Bleeding" for an in-depth discussion of the available therapeutic modalities, both medical and surgical. To minimize the risk of intraoperative and post-operative hemorrhage, coagulation factors should be corrected preoperatively with post-operative monitoring (II-1B). 6. Girls growing up in families with a history of vWD or other inherited bleeding disorders should be tested pre-menarchally to determine whether or not they have inherited the disease to allow both the patient and her family to prepare for her first and subsequent menstrual periods (III-C). 7. In adolescents presenting with menorrhagia, an inherited bleeding disorder should be excluded (III-B). When possible, investigation should be undertaken before oral contraceptive therapy is instituted, as the hormonally induced increase in factor VIII and vWF may mask the diagnosis (II-B). 8. Pregnancy in women with inherited bleeding disorders may require a multidisciplinary approach. A copy of their recommendations should be given to the patient and she should be instructed to present it to the health care provider admitting her to the birthing centre. Women with severe bleeding disorders or with a fetus at risk for a severe bleeding disorder should deliver in a hospital (level three) or where there is access to consultants in obstetrics, anesthesiology, hematology, and pediatrics (III-C). 9. Vacuum extraction, forceps, fetal scalp electrodes, and fetal scalp blood sampling should be avoided if the fetus is known or thought to be at risk for a congenital bleeding disorder. A Caesarean

section should be performed for obstetrical indications only (II-2C). 10. Epidural and spinal anesthesia are contraindicated if there is a coagulation defect. There is no contraindication to regional anesthesia if coagulation is normalized. The decision to use regional anesthesia should be made on an individual basis (III-C). 11. The risk of early and late postpartum hemorrhage is increased in women with bleeding disorders. Women with inherited bleeding disorders should be advised about the possibility of excessive postpartum bleeding and instructed to report this immediately (III-B). 12. Intramuscular injections, surgery, and circumcision should be avoided in neonates at risk for a severe hereditary bleeding disorder until adequate workup/preparation are possible (III-B). The quality of evidence reported in this document has been described using the Evaluation of Evidence criteria outlined in the Report of the Canadian Task Force on the Periodic Health Exam (Table 1).

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
DO - 10.1016/j.ijgo.2006.02.004
ER -

TY - JOUR

AN - rayyan-504931006

TI - Somali refugee women speak out about their needs for care during pregnancy and delivery.

Y1 - 2004

Y2 - 7

T2 - Journal of midwifery & women's health

SN - 1526-9523 (Print)

J2 - J Midwifery Womens Health

VL - 49

IS - 4

SP - 345-9

AU - Herrel N

AU - Olevitch L

AU - DuBois DK

AU - Terry P

AU - Thorp D

AU - Kind E

AU - Said A

AV - Somali Health Initiative, Minnesota International Health Volunteers, Minneapolis, MN 55405, USA.

nherrel@mihv.org

UR - <https://pubmed.ncbi.nlm.nih.gov/15236715/>

LA - eng

CY - United States

KW - Adult

KW - Anecdotes as Topic

KW - Attitude to Health/*ethnology

KW - Female

KW - Focus Groups

KW - Health Services Needs and Demand

KW - Humans

KW - Infant, Newborn

KW - Maternal Health Services/*standards

KW - *Maternal Welfare/ethnology/psychology

KW - Minnesota

KW - *Needs Assessment/standards

KW - Nurse-Patient Relations

KW - Patient Education as Topic/methods

KW - Pregnancy

KW - Refugees/*psychology

KW - Somalia/ethnology

KW - Surveys and Questionnaires

KW - Women's Health

AB - More than half of all Somali refugees in the United States live in Minnesota. To obtain information to develop culturally sensitive health education materials, we conducted two focus groups with 14 Somali women who had each given birth to one child in Minnesota. Overall, women thought that their childbirth experience was positive. They also reported racial stereotyping, apprehension of cesarean births, and concern about the competence of medical interpreters. Women wanted more information about events in the delivery room, pain medications, prenatal visits, interpreters, and roles of hospital staff. The most desirable educational formats were a videotape, audiotapes, printed materials, and birth center tours. To increase their attendance at prenatal appointments, participants said they needed reminder telephone calls, transportation, and childcare.

N1 - RAYYAN-INCLUSION: {"Christél" => "Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1016/j.jmwh.2004.02.008

ER -

TY - Evaluation Study

AN - rayyan-504931007

TI - Awakening professionals' critical awareness of health literacy issues within a francophone linguistic-minority population in Ontario.

Y1 - 2014

Y2 - 11

T2 - Chronic diseases and injuries in Canada

SN - 1925-6523 (Electronic)

J2 - Chronic Dis Inj Can

VL - 34

IS - 4

SP - 236-47

AU - Zanchetta MS

AU - Maheu C

AU - Fontaine C

AU - Salvador-Watts L

AU - Wong N

AV - Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, Ontario, Canada.; Ingram School of Nursing, Faculty of Medicine, McGill University, Montréal, Quebec, Canada.; Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario (Rifssso), Toronto, Ontario, Canada.; Family Birthing Centre, St. Joseph's Health Centre, Toronto, Ontario, Canada.; General Internal Medicine, Toronto Western Hospital, Toronto, Ontario, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/25408183/>

LA - ["eng", "fre"]

CY - Canada

KW - Attitude of Health Personnel

KW - Education

KW - Health Knowledge, Attitudes, Practice

KW - *Health Literacy

KW - Health Personnel/*education

KW - Humans

KW - Language

KW - Minority Groups/*education

KW - Ontario

KW - Qualitative Research

KW - Social Work/*education

AB - INTRODUCTION: We carried out a qualitative evaluation of immediate learning and attitudinal change among health care and social services professionals who attended a workshop promoting critical reflection about health literacy among linguistic-minority Franco-Ontarians. METHODS: The study involved 41 francophone health care and social services professionals. The workshop facilitator used evocative objects to elicit reflection on health literacy. Data sources were audio-recordings of group discussions and feedback forms completed by participants. RESULTS: The study found that the workshop awakened participants' awareness of health literacy and stimulated them to promote health literacy in their professional practice. The workshop also broadened participants' vision of health literacy as a social determinant of health that

interacts synergistically with culture, age, immigration status, social support, and socioeconomic status.
CONCLUSION: Professionals expressed their awakened awareness of health literacy as collective accountability. This corroborates our claim that critical pedagogy applied to in-service education effectively stimulates professionals' awareness of their potential to change their practice and work environment.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
ER -

TY - JOUR

AN - rayyan-504931008

TI - Nationwide confidential enquiries into maternal deaths because of obstetric hemorrhage in the Netherlands between 2006 and 2019.

Y1 - 2022

Y2 - 4

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 101

IS - 4

SP - 450-460

AU - Ramler PI

AU - Beenackers ICM

AU - Bloemenkamp KWM

AU - Van der Bom JG

AU - Braams-Lisman BAM

AU - Cornette MJ

AU - Kallianidis AF

AU - Kuppens SMI

AU - Rietveld AL

AU - Schaap TP

AU - Schutte JM

AU - Stekelenburg J

AU - Zwart JJ

AU - Van den Akker T

AV - Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Anesthesiology, Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Birth Center, Wilhelmina Children's Hospital Division Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics and Gynecology, Tergooi Hospital, Blaricum, the Netherlands.; Department of Obstetrics and Gynecology, Erasmus University Medical Center Rotterdam, Rotterdam, the Netherlands.; Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics and Gynecology, Catharina Hospital, Eindhoven, the Netherlands.; Department of Obstetrics and Gynecology, Amsterdam VU University Medical Center, Amsterdam, the Netherlands.; Department of Obstetrics, Birth Center, Wilhelmina Children's Hospital Division Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics and Gynecology, Isala Hospital, Zwolle, the Netherlands.; Department of Health Sciences, Global Health, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands.; Department of Obstetrics and Gynecology, Leeuwarden Medical Center, Leeuwarden, the Netherlands.; Department of Obstetrics and Gynecology, Deventer Hospital, Deventer, the Netherlands.; Department of Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Athena Institute, Faculty of Science, VU University, Amsterdam, the Netherlands.; National Perinatal Epidemiology Unit, University of Oxford, Oxford, UK.

UR - <https://pubmed.ncbi.nlm.nih.gov/35238018/>

LA - eng

CY - United States

KW - Female
KW - Hemorrhage
KW - Humans
KW - *Maternal Death/etiology
KW - *Maternal Health Services
KW - Netherlands/epidemiology
KW - *Obstetrics
KW - Pregnancy
KW - Netherlands

AB - INTRODUCTION: Obstetric hemorrhage-related deaths are rare in high income countries. Yet, with increasing incidences of obstetric hemorrhage in these countries, it is of utmost importance to learn lessons from each obstetric hemorrhage-related death to improve maternity care. Our objective was to calculate the obstetric hemorrhage-related maternal mortality ratio (MMR), assess causes of obstetric hemorrhage-related deaths, and identify lessons learned. MATERIAL AND METHODS: Nationwide mixed-methods prospective case-series with confidential enquiries into maternal deaths due to obstetric hemorrhage in the Netherlands from January 1, 2006 to December 31, 2019. RESULTS: The obstetric hemorrhage-related MMR in the Netherlands in 2006-2019 was 0.7 per 100 000 livebirths and was not statistically significantly different compared with the previous MMR of 1.0 per 100 000 livebirths in 1993-2005 (odds ratio 0.70, 95% confidence interval 0.38-1.30). Leading underlying cause of hemorrhage was retained placenta. Early recognition of persistent bleeding, prompt involvement of a senior clinician and timely management tailored to the cause of hemorrhage with attention to coagulopathy were prominent lessons learned. Also, timely recourse to surgical interventions, including hysterectomy, in case other management options fail to stop bleeding came up as an important lesson in several obstetric hemorrhage-related deaths. CONCLUSIONS: The obstetric hemorrhage-related MMR in the Netherlands in 2006-2019 has not substantially changed compared to the MMR of the previous enquiry in 1993-2005. Although obstetric hemorrhage is commonly encountered by maternity care professionals, it is important to remain vigilant for possible adverse maternal outcomes and act upon an ongoing bleeding following birth in a more timely and adequate manner. Our confidential enquiries still led to important lessons learned with clinical advice to professionals as how to improve maternity care and avoid maternal deaths. Drawing lessons from maternal deaths should remain a qualitative and moral imperative.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/aogs.14321
ER -

TY - JOUR
AN - rayyan-504931011
TI - Duration of breastfeeding, daycare, and physician visits among infants 6 months and younger.
Y1 - 2003
Y2 - 7
T2 - Annals of epidemiology
SN - 1047-2797 (Print)
J2 - Ann Epidemiol
VL - 13
IS - 6
SP - 431-5
AU - Pettigrew MM
AU - Khodae M
AU - Gillespie B
AU - Schwartz K
AU - Bobo JK
AU - Foxman B
AV - Department of Epidemiology, University of Michigan School of Public Health, Ann Arbor, MI 48109, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/12875801/>
LA - eng
CY - United States
KW - Adolescent
KW - Adult

KW - Breast Feeding/*statistics & numerical data
 KW - Child Day Care Centers/*statistics & numerical data
 KW - Cohort Studies
 KW - Communicable Diseases/*epidemiology/therapy
 KW - Female
 KW - Humans
 KW - Infant
 KW - Infant Care/*statistics & numerical data
 KW - Infant, Newborn
 KW - Interviews as Topic
 KW - Linear Models
 KW - Michigan/epidemiology
 KW - Nebraska/epidemiology
 KW - Office Visits/*statistics & numerical data
 KW - Otitis/epidemiology/prevention & control
 KW - Parity
 KW - Respiratory Tract Infections/epidemiology/prevention & control
 KW - Risk Assessment
 KW - Smoking
 KW - Surveys and Questionnaires
 KW - Breast Feeding
 AB - PURPOSE: To describe the association between duration of breastfeeding and an illness requiring a visit to a health care provider within the past 30 days (IRHP) among infants ≤ 6 months. METHODS: Participants were breastfeeding women who delivered at a birthing center in suburban Detroit, Michigan and women employed by a company in Omaha, Nebraska. Subjects were interviewed by telephone at 3,6,9, and 12 weeks postpartum and by mailed questionnaire at 6 months postpartum. RESULTS: Of the 674 breastfeeding women, 233 (34.5%) reported an IRHP. An IRHP was more likely among infants attending daycare (RR = 1.60; 95% CI 1.30, 1.96). There was an interaction between duration of breastfeeding, the number of children in the household, and IRHP ($p < 0.0001$). For firstborn children, each additional week of breastfeeding decreased the likelihood of an IRHP by 4%. An increased duration of breastfeeding was not significantly protective against an IRHP for infants living with additional children in the household. CONCLUSIONS: Breastfeeding offers protection against an IRHP among firstborn children. Having additional children in the household or attending daycare outside of the home may diminish these benefits.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1016/s1047-2797(02)00463-5
 ER -

TY - Case Reports
 AN - rayyan-504931012
 TI - Overconsumption of fluids during labour leading to water intoxication and a tonic-clonic seizure in a healthy labourer.
 Y1 - 2021
 Y2 - 6
 Y3 - 23
 T2 - BMJ case reports
 SN - 1757-790X (Electronic)
 J2 - BMJ Case Rep
 VL - 14
 IS - 6
 AU - Shanmugharaj Y
 AU - Schut V
 AU - Syed R
 AU - Zakaryan A
 AV - GKT School of Medical Education, King's College London Faculty of Life Sciences and Medicine, London, UK yogita.shanmugharaj@kcl.ac.uk.; GKT School of Medical Education, King's College London Faculty of Life Sciences and Medicine, London, UK.; Department of Obstetrics and Gynaecology, Darent Valley Hospital,

Dartford and Gravesham NHS Trust, Dartford, UK.; Department of Obstetrics and Gynaecology, Darent Valley Hospital, Dartford and Gravesham NHS Trust, Dartford, UK.

UR - <https://pubmed.ncbi.nlm.nih.gov/34162617/>

LA - eng

CY - England

KW - Adult

KW - Female

KW - Humans

KW - *Hyponatremia/chemically induced

KW - *Labor, Obstetric

KW - Pregnancy

KW - Risk

KW - Seizures/chemically induced

KW - *Water Intoxication/complications

KW - Water Intoxication

KW - Seizures

AB - A 33-year-old woman in her first pregnancy with no significant medical history had a tonic-clonic seizure one hour after delivery due to acute hyponatraemia caused by excess intake of fluids. She was admitted to a birthing centre as a low-risk labourer where she spent 19 hours including 4 hours in the second stage of labour. Throughout the labour, she was encouraged to drink as per her own initiative and thirst. However, there was no monitoring of fluid intake. In spite of initial confusion about the cause of the seizure, a multidisciplinary approach helped with diagnosis of an underlying pathology and allowed timely treatment to avoid adverse outcomes in this patient. We would like to increase awareness of a possibility, however rare, of water intoxication due to fluid overconsumption by patients in labour and encourage production of information guidance for monitoring of fluid intake of women in labour.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1136/bcr-2021-242674

ER -

TY - JOUR

AN - rayyan-504931013

TI - The Effect of an Evidence-Based Practice Education and Mentoring Program on Increasing Knowledge, Practice, and Attitudes Toward Evidence-Based Practice in a Rural Critical Access Hospital.

Y1 - 2020

Y2 - 5

T2 - The Journal of nursing administration

SN - 1539-0721 (Electronic)

J2 - J Nurs Adm

VL - 50

IS - 5

SP - 281-286

AU - Mudderman J

AU - Nelson-Brantley HV

AU - Wilson-Sands CL

AU - Brahn P

AU - Graves KL

AV - Author Affiliations: Clinical and Nursing Administrative Coordinator (Ms Mudderman), Former Associate Director of Nursing Practice (Ms Wilson-Sands), Former Education Specialist and Present Care Coordination and Education Manager (Ms Brahn), and Former Education Manager and Present Birthing Center Nurse (Ms Graves), Waverly Health Center, Iowa; Assistant Professor and Leadership Program Director (Dr Nelson-Brantley), University of Kansas School of Nursing; Oncology Service Line Director (Ms Wilson-Sands), UnityPoint Health Allen Hospital, Waterloo, Iowa; Assistant Professor (Ms Graves), School of Nursing, Allen College, Waterloo, Iowa.

UR - <https://pubmed.ncbi.nlm.nih.gov/32317569/>

LA - eng

CY - United States

KW - Adult

KW - Clinical Competence
KW - *Critical Care
KW - *Evidence-Based Nursing
KW - *Health Knowledge, Attitudes, Practice
KW - Hospitals, Rural/*organization & administration
KW - Humans
KW - *Mentoring
KW - Middle Aged
KW - Surveys and Questionnaires
KW - Young Adult

AB - OBJECTIVE: The aim of this study was to determine the effect of an evidence-based practice (EBP) education and mentoring program on the knowledge, practice, and attitudes toward EBP among staff nurses and clinicians in a rural critical access hospital. BACKGROUND: While rural nurses value EBP, they often have more limited resources to engage in EBP activities compared with urban-based nurses. METHODS: Direct care nurses and clinicians participated in a 5-month EBP education and mentoring program following the Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care. The Evidence-Based Practice Questionnaire was used to assess pretest-posttest knowledge, practice, and attitudes toward EBP. RESULTS: Knowledge and practice of EBP increased significantly ($P = .008$ and $P = .015$, respectively) after the EBP education and mentoring intervention. Attitudes toward EBP also increased, although the increase was not statistically significant ($P = .106$). CONCLUSIONS: Education and mentoring of healthcare clinicians in rural settings are crucial to the translation of evidence-based research into practice to improve patient outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1097/NNA.0000000000000884
ER -

TY - JOUR
AN - rayyan-504931014
TI - Universal institutional delivery among mothers in a remote mountain district of Nepal: what are the challenges?
Y1 - 2016
Y2 - 12
Y3 - 21
T2 - Public health action
SN - 2220-8372 (Print)
J2 - Public Health Action
VL - 6
IS - 4
SP - 267-272
AU - Joshi D
AU - Baral SC
AU - Giri S
AU - Kumar AM
AV - Health Research and Social Development Forum (HERD), Kathmandu, Nepal.; Health Research and Social Development Forum (HERD), Kathmandu, Nepal.; Health Research and Social Development Forum (HERD), Kathmandu, Nepal.; International Union Against Tuberculosis and Lung Disease South-East Asia Regional Office, New Delhi, India.
UR - <https://pubmed.ncbi.nlm.nih.gov/28123966/>
LA - eng
CY - France
KW - Mountaineering
KW - Nepal
AB - Setting: Eight village development committees of Mugu District, a remote mountainous district of Nepal that has poor maternal health indicators. Objectives: 1) To assess the proportion of mothers who delivered in health facilities (institutional delivery); 2) among mothers who delivered at home, to understand their reasons for doing so; and 3) among mothers who delivered in health facilities, to understand their

challenges. Design: Cross-sectional study involving semi-structured interviews with mothers conducted in 2015. Results: Of 275 mothers, 97 (35%) had an institutional delivery. Multivariate logistic regression analysis showed that women who resided within 1 h distance from the birthing centre, had adequate mass media exposure or had only one child were more likely to deliver in hospital. Reasons for non-institutional delivery (n = 178) were related to geographical access (49%), personal preferences (18%) and perceived poor quality care (4%). Mothers who accessed institutional delivery (n = 97) also reported difficulties related to travel (60%), costs (28%), dysfunctional health system (18%) and unfriendly attitudes of the health-care providers (7%). Conclusion: To improve access to institutional delivery, the government should establish a 24/7 emergency ambulance network, including air ambulance. Health system issues, including unfriendly staff attitudes, urgently need to be addressed to gain the trust of the mothers.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.5588/pha.16.0025

ER -

TY - JOUR

AN - rayyan-504931015

TI - Increasing incidence of postpartum hemorrhage: the Dutch piece of the puzzle.

Y1 - 2016

Y2 - 10

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 95

IS - 10

SP - 1104-10

AU - van Stralen G

AU - von Schmidt Auf Altenstadt JF

AU - Bloemenkamp KW

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AV - Department of Obstetrics, Leiden University Medical Center, Leiden, The Netherlands.

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UR - <https://pubmed.ncbi.nlm.nih.gov/27460955/>

LA - eng

CY - United States

KW - Delivery, Obstetric/*statistics & numerical data

KW - Female

KW - Humans

KW - Incidence

KW - Labor Stage, Third

KW - Netherlands/epidemiology

KW - Postpartum Hemorrhage/*epidemiology

KW - Pregnancy

KW - *Registries

KW - Risk Factors

KW - Severity of Illness Index

KW - Postpartum Period

AB - INTRODUCTION: An increase of postpartum hemorrhage (PPH) has been reported in many high-income countries. In addition to this data, this study reports on trends in the incidence of PPH in the Netherlands in 2000-2013, and examines the extent to which temporal changes in risk indicators could explain a possible change in incidence of PPH. MATERIAL AND METHODS: We used data from the Dutch Perinatal Registry, which contains prospectively collected antenatal, peripartum and neonatal data of 95-99% of all women and neonates in the Netherlands. We selected births ≥ 22 weeks of gestation from January

2000 until December 2013. Changes in the incidence of PPH and its risk indicators were studied over time. Main outcome measure was PPH, defined as blood loss >1000 mL within 24 h following delivery. RESULTS: The data comprised 2 406 784 women. The incidence of PPH rose significantly from 4.1% in 2000 to 6.4% in 2013 ($p < 0.0001$). The incidence of previously identified risk indicators for PPH increased over time. Manual removal of placenta was strongly associated with PPH (OR 29.3, CI 28.8-29.8). The incidence of PPH-related blood transfusion decreased remarkably. CONCLUSIONS: In line with international observations, Dutch data suggest a considerable increase in the incidence of PPH which can only partly be explained by the studied risk indicators. The decreasing incidence of obstetric blood transfusion suggests an increased incidence of blood loss of 1000-1500 mL.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/aogs.12950

ER -

TY - JOUR

AN - rayyan-504931016

TI - COVID-19 mRNA vaccination status and concerns among pregnant women in Japan: a multicenter questionnaire survey.

Y1 - 2023

Y2 - 5

Y3 - 9

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 23

IS - 1

SP - 332

AU - Takahashi K

AU - Samura O

AU - Hasegawa A

AU - Okubo H

AU - Morimoto K

AU - Horiya M

AU - Okamoto A

AU - Ochiai D

AU - Tanaka M

AU - Sekiguchi M

AU - Miyasaka N

AU - Suzuki Y

AU - Tabata T

AU - Hayata E

AU - Nakata M

AU - Suzuki T

AU - Nishi H

AU - Toda Y

AU - Tanigaki S

AU - Furuya N

AU - Hasegawa J

AU - Tamaru S

AU - Kamei Y

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UR - <https://pubmed.ncbi.nlm.nih.gov/37161480/>

LA - eng

CY - England

KW - Infant, Newborn

KW - Pregnancy

KW - Female

KW - Humans

KW - Japan/epidemiology

KW - Pregnant Women

KW - Cesarean Section

KW - Retrospective Studies

KW - *COVID-19/epidemiology/prevention & control

KW - SARS-CoV-2
KW - *Premature Birth/epidemiology
KW - Vaccination/adverse effects
KW - *Drug-Related Side Effects and Adverse Reactions
KW - Surveys and Questionnaires
KW - Questionnaires
KW - Japan
KW - Vaccination
KW - RNA, Messenger
AB - BACKGROUND: mRNA vaccination is an effective, safe, and widespread strategy for protecting pregnant women against infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. However, information on factors such as perinatal outcomes, safety, and coverage of mRNA vaccinations among pregnant women is limited in Japan. Therefore, this study aimed to investigate the perinatal outcomes, coverage, adverse effects, and short-term safety of mRNA vaccination as well as vaccine hesitancy among pregnant women. METHODS: We conducted a multicenter online survey of postpartum women who delivered their offspring at 15 institutions around Tokyo from October 2021 to March 2022. Postpartum women were divided into vaccinated and unvaccinated groups. Perinatal outcomes, COVID-19 prevalence, and disease severity were compared between the two groups. Adverse reactions in the vaccinated group and the reasons for being unvaccinated were also investigated retrospectively. RESULTS: A total of 1,051 eligible postpartum women were included. Of these, 834 (79.4%) had received an mRNA vaccine, while 217 (20.6%) had not, mainly due to concerns about the effect of vaccination on the fetus. Vaccination did not increase the incidence of adverse perinatal outcomes, including fetal morphological abnormalities. The vaccinated group demonstrated low COVID-19 morbidity and severity. In the vaccinated group, the preterm birth rate, cesarean section rate, and COVID-19 incidence were 7.2%, 33.2%, and 3.3%, respectively, compared with the 13.7%, 42.2%, and 7.8% in the unvaccinated group, respectively. Almost no serious adverse reactions were associated with vaccination. CONCLUSIONS: mRNA vaccines did not demonstrate any adverse effects pertaining to short-term perinatal outcomes and might have prevented SARS-CoV-2 infection or reduced COVID-19 severity. Concerns regarding the safety of the vaccine in relation to the fetus and the mother were the main reasons that prevented pregnant women from being vaccinated. To resolve concerns, it is necessary to conduct further research to confirm not only the short-term safety but also the long-term safety of mRNA vaccines.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1186/s12884-023-05669-4
ER -

TY - JOUR
AN - rayyan-504931018
TI - Validating the WHO maternal near miss tool: comparing high- and low-resource settings.
Y1 - 2017
Y2 - 6
Y3 - 19
T2 - BMC pregnancy and childbirth
SN - 1471-2393 (Electronic)
J2 - BMC Pregnancy Childbirth
VL - 17
IS - 1
SP - 194
AU - Witteveen T
AU - Bezstarosti H
AU - de Koning I
AU - Nelissen E
AU - Bloemenkamp KW
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UR - <https://pubmed.ncbi.nlm.nih.gov/28629394/>

LA - eng

CY - England

KW - Cohort Studies

KW - Female

KW - Humans

KW - Malawi/epidemiology

KW - Maternal Health Services/standards/*statistics & numerical data

KW - Maternal Mortality

KW - Near Miss, Healthcare/standards/*statistics & numerical data

KW - Netherlands/epidemiology

KW - Outcome Assessment, Health Care/*methods/statistics & numerical data

KW - Pregnancy

KW - Pregnancy Complications/*mortality

KW - Prevalence

KW - Quality Assurance, Health Care/methods/statistics & numerical data

KW - Tanzania/epidemiology

KW - World Health Organization

KW - Health Resources

AB - BACKGROUND: WHO proposed the WHO Maternal Near Miss (MNM) tool, classifying women according to several (potentially) life-threatening conditions, to monitor and improve quality of obstetric care. The objective of this study is to analyse merged data of one high- and two low-resource settings where this tool was applied and test whether the tool may be suitable for comparing severe maternal outcome (SMO) between these settings. METHODS: Using three cohort studies that included SMO cases, during two-year time frames in the Netherlands, Tanzania and Malawi we reassessed all SMO cases (as defined by the original studies) with the WHO MNM tool (five disease-, four intervention- and seven organ dysfunction-based criteria). Main outcome measures were prevalence of MNM criteria and case fatality rates (CFR). RESULTS: A total of 3172 women were studied; 2538 (80.0%) from the Netherlands, 248 (7.8%) from Tanzania and 386 (12.2%) from Malawi. Total SMO detection was 2767 (87.2%) for disease-based criteria, 2504 (78.9%) for intervention-based criteria and 1211 (38.2%) for organ dysfunction-based criteria. Including every woman who received ≥ 1 unit of blood in low-resource settings as life-threatening, as defined by organ dysfunction criteria, led to more equally distributed populations. In one third of all Dutch and Malawian maternal death cases, organ dysfunction criteria could not be identified from medical records. CONCLUSIONS: Applying solely organ dysfunction-based criteria may lead to underreporting of SMO. Therefore, a tool based on defining MNM only upon establishing organ failure is of limited use for comparing settings with varying resources. In low-resource settings, lowering the threshold of transfused units of blood leads to a higher detection rate of MNM. We recommend refined disease-based criteria, accompanied by a limited set of intervention- and organ dysfunction-based criteria to set a measure of severity.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1186/s12884-017-1370-0

ER -

TY - JOUR

AN - rayyan-504931019

TI - The use of liquid petroleum jelly in the prevention of perineal lacerations during birth.

Y1 - 2008

Y2 - 5

T2 - Revista latino-americana de enfermagem

SN - 0104-1169 (Print)

J2 - Rev Lat Am Enfermagem
 VL - 16
 IS - 3
 SP - 375-81
 AU - Araújo NM
 AU - Oliveira SM
 AV - School of Arts, Sciences and Humanities, University of São Paulo, Brazil. natalucia@usp.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/18695809/>
 LA - ["eng", "por", "spa"]
 CY - Brazil
 KW - Adult
 KW - Emollients/*therapeutic use
 KW - Female
 KW - Humans
 KW - Lacerations/*prevention & control
 KW - Obstetric Labor Complications/*prevention & control
 KW - Perineum
 KW - Petrolatum/*therapeutic use
 KW - Pregnancy
 AB - Most of vaginal births are accompanied by lacerations in the genital tract. This was a randomized study carried out in a Birth Center located in São Paulo city to evaluate the efficacy of liquid petroleum jelly in reducing perineal laceration. The sample was composed of 38 nulliparous women per group (experimental and control). In the experimental group was used 30 ml of the petroleum jelly in the perineal region during the expulsive period. The parturient were allowed to push spontaneously during the delivery and remained in the left side position. The frequency of perineal laceration was similar in both groups (experimental 63.2% versus control 60.5%). The posterior perineum region presented the highest frequency of trauma (53.2%). Of the total cases of perineal trauma, 72.3% were first-degree lacerations. The use of liquid petroleum jelly of perineal protection does not reduce the frequency neither the degree of lacerations in childbirth.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1590/s0104-11692008000300007
 ER -

 TY - JOUR
 AN - rayyan-504931020
 TI - Incidence, Indications, Risk Factors, and Outcomes of Emergency Peripartum Hysterectomy Worldwide: A Systematic Review and Meta-analysis.
 Y1 - 2023
 Y2 - 1
 Y3 - 1
 T2 - Obstetrics and gynecology
 SN - 1873-233X (Electronic)
 J2 - Obstet Gynecol
 VL - 141
 IS - 1
 SP - 35-48
 AU - Kallianidis AF
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 UR - <https://pubmed.ncbi.nlm.nih.gov/36701608/>
 LA - eng

CY - United States
KW - Pregnancy
KW - Female
KW - Humans
KW - *Uterine Rupture/epidemiology/surgery/etiology
KW - Placenta
KW - Incidence
KW - Peripartum Period
KW - Hysterectomy/adverse effects
KW - Risk Factors
KW - Retrospective Studies
KW - *Postpartum Hemorrhage/epidemiology/surgery/etiology
KW - Hysterectomy
KW - Emergencies

AB - OBJECTIVE: To describe the incidence, indications, risk factors, outcomes, and management of emergency peripartum hysterectomy globally and to compare outcomes among different income settings. DATA SOURCES: PubMed, MEDLINE, EMBASE, ClinicalTrials.gov, Cochrane Library, Web of Science, and Emcare databases up to December 10, 2021. METHODS OF STUDY SELECTION: Update of a systematic review and meta-analysis (2016). Studies were eligible if they reported the incidence of emergency peripartum hysterectomy, defined as surgical removal of the uterus for severe obstetric complications up to 6 weeks postpartum. Title and abstract screening and full-text review were performed using Endnote data-management software. Of 8,775 articles screened, 26 were included that were published after 2015, making the total number of included studies 154. A subanalysis was performed for the outcomes of interest per income setting. TABULATION, INTEGRATION, AND RESULTS: The meta-analysis included 154 studies: 14,409 emergency peripartum hysterectomies were performed in 17,127,499 births in 42 countries. Overall pooled incidence of hysterectomy was 1.1 per 1,000 births (95% CI 1.0-1.3). The highest incidence was observed in lower middle-income settings (3/1,000 births, 95% CI 2.5-3.5), and the lowest incidence was observed in high-income settings (0.7/1,000 births, 95% CI 0.5-0.8). The most common indications were placental pathology (38.0%, 95% CI 33.9-42.4), uterine atony (27.0%, 95% CI 24.6-29.5), and uterine rupture (21.2%, 95% CI 17.8-25.0). In lower middle-income countries, uterine rupture (44.5%, 95% CI 36.6-52.7) was the most common indication; placental pathology (48.4%, 95% CI 43.5-53.4) was most frequent in high-income settings. To prevent hysterectomy, uterotonic medication was used in 2,706 women (17%): 53.2% received oxytocin, 44.6% prostaglandins, and 17.3% ergometrine. Surgical measures to prevent hysterectomy were taken in 80.5% of women, the most common being compressive techniques performed in 62.6% (95% CI 38.3-81.9). The most common complications were febrile (29.7%, 95% CI 25.4-34.3) and hematologic (27.5%, 95% CI 20.4-35.9). The overall maternal case fatality rate was 3.2 per 100 emergency peripartum hysterectomies (95% CI 2.5-4.2) and was higher in lower middle-income settings (11.2/100 emergency peripartum hysterectomies 95% CI 8.9-14.1) and lower in high-income settings (1.0/100 emergency peripartum hysterectomies 95% CI 0.6-1.6). CONCLUSION: Substantial differences across income settings exist in the incidence of emergency peripartum hysterectomy. Women in lower-income settings have a higher risk of undergoing emergency peripartum hysterectomy and suffer more procedure-related morbidity and mortality. The frequency of emergency peripartum hysterectomy is likely to increase in light of increasing cesarean delivery rates.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,wrong study design

DO - 10.1097/AOG.00000000000005022

ER -

TY - Letter

AN - rayyan-504931023

TI - Low-dose ketamine infusion for post-cesarean delivery analgesia in patients with opioid use disorder.

Y1 - 2021

Y2 - 8

T2 - International journal of obstetric anesthesia

SN - 1532-3374 (Electronic)

J2 - Int J Obstet Anesth

VL - 47

SP - 103170
AU - Cobb J
AU - Craig W
AU - Richard J
AU - Snow E
AU - Turcotte H
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UR - <https://pubmed.ncbi.nlm.nih.gov/34090769/>
LA - eng
CY - Netherlands
KW - *Analgesia
KW - Analgesics, Opioid/therapeutic use
KW - Cesarean Section
KW - Double-Blind Method
KW - Female
KW - Humans
KW - *Ketamine
KW - *Opioid-Related Disorders/drug therapy
KW - Pain Management
KW - Pain, Postoperative/drug therapy
KW - Pregnancy
KW - Ketamine
KW - Analgesics, Opioid
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1016/j.ijoa.2021.103170
ER -

TY - JOUR
AN - rayyan-504931024
TI - Increased Risk of Pregnancy Complications After Stroke: The FUTURE Study (Follow-Up of Transient Ischemic Attack and Stroke Patients and Unelucidated Risk Factor Evaluation).
Y1 - 2018
Y2 - 4
T2 - Stroke
SN - 1524-4628 (Electronic)
J2 - Stroke
VL - 49
IS - 4
SP - 877-883
AU - van Alebeek ME
AU - de Vrijer M
AU - Arntz RM
AU - Maaijwee NAMM
AU - Synhaeve NE
AU - Schoonderwaldt H
AU - van der Vlugt MJ
AU - van Dijk EJ
AU - de Heus R

AU - Rutten-Jacobs LCA

AU - de Leeuw FE

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UR - <https://pubmed.ncbi.nlm.nih.gov/29511129/>

LA - eng

CY - United States

KW - Abortion, Spontaneous/*epidemiology

KW - Adolescent

KW - Adult

KW - Diabetes, Gestational/epidemiology

KW - Female

KW - Follow-Up Studies

KW - HELLP Syndrome/epidemiology

KW - Humans

KW - Hypertension, Pregnancy-Induced/epidemiology

KW - Ischemic Attack, Transient/*epidemiology

KW - Middle Aged

KW - Netherlands/epidemiology

KW - Pre-Eclampsia/epidemiology

KW - Pregnancy

KW - Pregnancy Complications/*epidemiology

KW - Prospective Studies

KW - Risk Factors

KW - Stroke/*epidemiology

KW - Pregnancy Complications

KW - Ischemic Attack, Transient

AB - BACKGROUND AND PURPOSE: The study goal was to investigate the prevalence of pregnancy complications and pregnancy loss in women before, during, and after young ischemic stroke/transient ischemic attack. METHODS: In the FUTURE study (Follow-Up of Transient Ischemic Attack and Stroke Patients and Unelucidated Risk Factor Evaluation), a prospective young stroke study, we assessed the occurrence of pregnancy, miscarriages, and pregnancy complications in 223 women aged 18 to 50 years with a first-ever ischemic stroke/transient ischemic attack. Pregnancy complications (gestational hypertension, diabetes mellitus, preeclampsia, and hemolysis, elevated liver enzymes, low platelet count syndrome) were assessed before, during, and after stroke using standardized questionnaires. Primary outcome was occurrence of pregnancy complications and the rate of pregnancy loss compared with the Dutch population. Secondary outcome was the risk of recurrent vascular events after stroke, stratified by a history of hypertensive disorder in pregnancy. RESULTS: Data were available for 213 patients. Mean age at event was 39.6 years (SD=7.8) and mean follow-up 9.5 years (SD=8.5). Miscarriages occurred in 35.2% and fetal death in 6.2% versus 13.5% and 0.9% in the Dutch population, respectively ($P<0.05$). In nulliparous women after stroke ($n=22$), in comparison with Dutch population, there was a high prevalence of hypertensive disorders in pregnancy (33.3 versus 12.2%; $P<0.05$), hemolysis, elevated liver enzymes, low platelet count syndrome (9.5 versus 0.5%; $P<0.05$), and early preterm delivery <32 weeks (9.0 versus 1.4%; $P<0.05$). In primi/multiparous women ($n=141$) after stroke, 29 events occurred (20-year cumulative risk 35.2%; 95% confidence interval, 21.3-49.0), none during subsequent pregnancies, and a history of a hypertensive disorder in pregnancy did not modify this risk (log-rank $P=0.62$). CONCLUSIONS: When compared with the

general population, women with young stroke show higher rates of pregnancy loss throughout their lives. Also, after stroke, nulliparous women more frequently experienced serious pregnancy complications.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1161/STROKEAHA.117.019904
ER -

TY - Comparative Study

AN - rayyan-504931025

TI - Optimal outcomes and women's positive pregnancy experience: a comparison between the World Health Organization guideline and recommendations in European national antenatal care guidelines.

Y1 - 2018

Y2 - 12

T2 - Minerva ginecologica

SN - 1827-1650 (Electronic)

J2 - Minerva Ginecol

VL - 70

IS - 6

SP - 650-662

AU - Iannuzzi L

AU - Branchini L

AU - Clausen JA

AU - Ruiz-Berdún D

AU - Gillen P

AU - Healy M

AU - Beeckman K

AU - Seijmonsbergen-Schermer A

AU - Escuriet Peiró R

AU - Morano S

AU - Di Tommaso M

AU - Downe S

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UR - <https://pubmed.ncbi.nlm.nih.gov/30291700/>

LA - eng

CY - Italy

KW - Europe

KW - Evidence-Based Medicine

KW - Female

KW - Humans

KW - *Practice Guidelines as Topic

KW - Pregnancy

KW - *Pregnancy Outcome

KW - Prenatal Care/*standards

KW - World Health Organization

AB - BACKGROUND: The publication of the World Health Organization (WHO) recommendations on

antenatal care in 2016 introduced the perspective of women as a necessary component of clinical guidelines in maternity care. WHO highlights the crucial role played by evidence-based recommendations in promoting and supporting normal birth processes and a positive experience of pregnancy. This paper aims to explore and critically appraise recommendations of national antenatal care guidelines across European countries in comparison with the WHO guideline. METHODS: We collected guidelines from country partners of the EU COST Action IS1405. Components of the documents structure and main recommendations within and between them were compared and contrasted with the WHO guideline on antenatal care with a particular interest in exploring whether and how women's experience was included in the recommendations. RESULTS: Eight out of eleven countries had a single national guideline on antenatal care while three countries did not. National guidelines mostly focused on care of healthy women with a straightforward pregnancy. The level of concordance between the national and the WHO recommendations varied along a continuum from almost total concordance to almost total dissonance. Women's views and experiences were accounted for in some guidelines, but mostly not placed at the same level of importance as clinical items. CONCLUSIONS: Findings outline convergences and divergences with the WHO recommendations. They highlight the need for considering women's views more in the development of evidence-based recommendations and in practice for positive impacts on perinatal health at a global level, and on the experiences of each family.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.23736/S0026-4784.18.04301-0

ER -

TY - JOUR

AN - rayyan-504931026

TI - H3K27 acetylation and gene expression analysis reveals differences in placental chromatin activity in fetal growth restriction.

Y1 - 2018

T2 - Clinical epigenetics

SN - 1868-7083 (Electronic)

J2 - Clin Epigenetics

VL - 10

SP - 85

AU - Paauw ND

AU - Lely AT

AU - Joles JA

AU - Franx A

AU - Nikkels PG

AU - Mokry M

AU - van Rijn BB

AV - 1Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; 6Division Woman and Baby, University Medical Center Utrecht, Postbus 85090, 3508 AB Utrecht, the Netherlands.; 1Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; 2Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht, the Netherlands.; 1Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; 3Department of Pathology, University Medical Center Utrecht, Utrecht, the Netherlands.; 4Division of Pediatrics, University Medical Center Utrecht, Utrecht, the Netherlands.; 1Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht, the Netherlands.; 5Academic Unit of Human Development and Health, University of Southampton, Southampton, UK.; 6Division Woman and Baby, University Medical Center Utrecht, Postbus 85090, 3508 AB Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/29983832/>

LA - eng

CY - Germany

KW - Acetylation

KW - Chromatin Immunoprecipitation/methods

KW - Epigenesis, Genetic

KW - Female

KW - Fetal Development

KW - Fetal Growth Retardation/*genetics

KW - Histones/*metabolism
KW - Humans
KW - Hypoxia-Inducible Factor 1, alpha Subunit/metabolism
KW - Placenta/*metabolism
KW - Pregnancy
KW - Protein Processing, Post-Translational
KW - Receptors, Somatotropin/metabolism
KW - Sequence Analysis, RNA
KW - Transcription Factors
KW - Gene Expression

AB - BACKGROUND: Posttranslational modification of histone tails such as histone 3 lysine 27 acetylation (H3K27ac) is tightly coupled to epigenetic regulation of gene expression. To explore whether this is involved in placenta pathology, we probed genome-wide H3K27ac occupancy by chromatin immunoprecipitation sequencing (ChIP-seq) in healthy placentas and placentas from pathological pregnancies with fetal growth restriction (FGR). Furthermore, we related specific acetylation profiles of FGR placentas to gene expression changes. RESULTS: Analysis of H3K27ac occupancy in FGR compared to healthy placentas showed 970 differentially acetylated regions distributed throughout the genome. Principal component analysis and hierarchical clustering revealed complete segregation of the FGR and control group. Next, we identified 569 upregulated genes and 521 downregulated genes in FGR placentas by RNA sequencing. Differential gene transcription largely corresponded to expected direction based on H3K27ac status. Pathway analysis on upregulated transcripts originating from hyperacetylated sites revealed genes related to the HIF-1-alpha transcription factor network and several other genes with known involvement in placental pathology (LEP, FLT1, HK2, ENG, FOS). Downregulated transcripts in the vicinity of hypoacetylated sites were related to the immune system and growth hormone receptor signaling. Additionally, we found enrichment of 141 transcription factor binding motifs within differentially acetylated regions. Of the corresponding transcription factors, four were upregulated, SP1, ARNT2, HEY2, and VDR, and two downregulated, FOSL and NR4A1. CONCLUSION: We demonstrate a key role for genome-wide alterations in H3K27ac in FGR placentas corresponding with changes in transcription profiles of regions relevant to placental function. Future studies on the role of H3K27ac in FGR and placental-fetal development may help to identify novel targets for therapy of this currently incurable disease.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1186/s13148-018-0508-x
ER -

TY - JOUR
AN - rayyan-504931027
TI - Longitudinal follow-up of kidney function in patients with a history of preeclampsia: From 11 to 18 years postpartum.
Y1 - 2020
Y2 - 1
T2 - Pregnancy hypertension
SN - 2210-7797 (Electronic)
J2 - Pregnancy Hypertens
VL - 19
SP - 187-189
AU - Roessingh T
AU - Zoet GA
AU - Franx A
AU - Maas AHM
AU - Navis G
AU - Joles JA
AU - Lely TA
AU - Paauw ND
AV - Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; Department of Cardiology, Radboud University

Medical Center, Nijmegen, The Netherlands.; Department of Obstetrics and Gynaecology, Martini Hospital, Groningen, The Netherlands.; Department of Nephrology and Hypertension, University Medical Center Utrecht, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, The Netherlands. Electronic address: N.D.Paauw-2@umcutrecht.nl.

UR - <https://pubmed.ncbi.nlm.nih.gov/32059138/>

LA - eng

CY - Netherlands

KW - Adult

KW - Aging/physiology

KW - Blood Pressure/physiology

KW - Female

KW - Glomerular Filtration Rate/*physiology

KW - Humans

KW - Kidney/*physiology

KW - Longitudinal Studies

KW - Middle Aged

KW - Pre-Eclampsia/*epidemiology

KW - Pregnancy

KW - Proteinuria/epidemiology

KW - Pre-Eclampsia

KW - Kidney

AB - Formerly preeclamptic (fPE) women are reported to have an increased risk to develop end stage kidney disease. To gain more insight in the course of kidney function after preeclampsia we assessed blood pressure, eGFR and urinary protein loss in 75 fPE women at 11 and 18 years postpartum. We found that during follow-up blood pressure did not increase and no cases of CKD were identified. Only a small decrease in eGFR (6-7 mL/min) and a small increase in urinary protein loss were observed, which fall within the expected range of normal aging. In conclusion, our data suggests that progression to kidney disease might not be a major concern in women after preeclampsia within 18 years postpartum.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia

DO - 10.1016/j.pregphy.2020.01.007

ER -

TY - JOUR

AN - rayyan-504931028

TI - Dimensional analysis: calculate dosages the easy way.

Y1 - 2013

Y2 - 6

T2 - Nursing

SN - 1538-8689 (Electronic)

J2 - Nursing

VL - 43

IS - 6

SP - 57-62

AU - Cookson KL

AV - Family Birthing Center of Promedica St. Luke's Hospital in Maumee, Ohio, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/23685695/>

LA - eng

CY - United States

KW - *Drug Dosage Calculations

KW - Humans

KW - Mathematical Concepts

KW - Medication Errors/*prevention & control

KW - Nursing Methodology Research

KW - Patient Safety

KW - *Practice Patterns, Nurses'

KW - Quality of Health Care
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1097/01.NURSE.0000428696.87216.e1
 ER -

TY - JOUR
 AN - rayyan-504931029
 TI - Delayed Umbilical Cord Clamping at Birth: Beneficial for All Babies.
 Y1 - 2017
 T2 - MCN. The American journal of maternal child nursing
 SN - 1539-0683 (Electronic)
 J2 - MCN Am J Matern Child Nurs
 VL - 42
 IS - 4
 SP - 232
 AU - Killion MM
 AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. Ms. Killion can be reached via e-mail at molly.killion@ucsf.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28654448/>
 LA - eng
 CY - United States
 KW - *Constriction
 KW - Humans
 KW - Infant, Newborn
 KW - Standard of Care/trends
 KW - *Time Factors
 KW - Umbilical Cord/*blood supply/pathology
 KW - Umbilical Cord
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
 DO - 10.1097/NMC.0000000000000351
 ER -

TY - JOUR
 AN - rayyan-504931030
 TI - Maternal Perceived Stress during Pregnancy Increases Risk for Low Neonatal Iron at Delivery and Depletion of Storage Iron at One Year.
 Y1 - 2018
 Y2 - 9
 T2 - The Journal of pediatrics
 SN - 1097-6833 (Electronic)
 J2 - J Pediatr
 VL - 200
 SP - 166-173.e2
 AU - Rendina DN
 AU - Blohowiak SE
 AU - Coe CL
 AU - Kling PJ
 AV - Department of Psychology, Harlow Center for Biological Psychology, Madison, WI.; School of Medicine and Public Health, Madison, WI; Department of Pediatrics, Division of Neonatology, University of Wisconsin-Madison, Madison, WI.; Department of Psychology, Harlow Center for Biological Psychology, Madison, WI.; School of Medicine and Public Health, Madison, WI; Department of Pediatrics, Division of Neonatology, University of Wisconsin-Madison, Madison, WI. Electronic address: pkling@pediatrics.wisc.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/29908648/>
 LA - eng
 CY - United States

KW - Adolescent
KW - Adult
KW - Anemia, Iron-Deficiency/*blood/epidemiology/etiology
KW - Female
KW - Ferritins/blood
KW - Follow-Up Studies
KW - Gestational Age
KW - Hemoglobins/metabolism
KW - Humans
KW - Infant, Newborn
KW - Infant, Premature/*blood
KW - Male
KW - Maternal Exposure/*adverse effects
KW - Pregnancy
KW - *Pregnancy Complications
KW - Prospective Studies
KW - Risk Factors
KW - Stress, Psychological/*blood
KW - Time Factors
KW - Wisconsin/epidemiology
KW - Young Adult
KW - Oxalic Acid
KW - Iron
KW - Norisoprenoids

AB - OBJECTIVE: To investigate the impact of maternal stress during pregnancy on newborn iron and stage 1 iron deficiency at 1 year of age. STUDY DESIGN: In total, 245 mothers and their newborn infants (52% male; 72% white) were recruited at the Meriter Hospital Birthing Center on the basis of known risk factors for iron deficiency. Umbilical cord blood hemoglobin and zinc protoporphyrin/heme (ZnPP/H) were determined to evaluate erythrocyte iron and plasma ferritin was determined to reflect storage iron. Mothers retrospectively reported stress experienced previously during pregnancy on a 25-item questionnaire. Blood was also collected from 79 infants who were breastfed at 1 year of age. RESULTS: Maternal recall of distress and health concerns during pregnancy correlated with cord blood ZnPP/H indices ($r = 0.21$, $P < .01$), even in the absence of major traumatic events. When concurrent with other known risks for iron deficiency, including maternal adiposity, socioeconomic status, and race, maternal stress had a summative effect, lowering cord blood iron. At 1 year, 24% of infants who were breastfed had moderate iron deficiency (plasma ferritin $< 12 \mu\text{g/L}$). Higher cord blood ZnPP/H was predictive of this moderate iron deficiency (95% CI 0.26-1.47, $P = .007$). When coincident with maternal reports of gestational stress, the likelihood of low plasma ferritin at 1 year increased 36-fold in breastfed infants as compared with low-stress pregnancies (95% CI 1.33-6.83, $P = .007$). CONCLUSIONS: Maternal recall of stress during pregnancy was associated with lower iron stores at birth. High cord blood ZnPP/H, reflecting low erythrocyte iron, was correlated with the likelihood of stage 1 iron deficiency at 1 year, when rapid growth can deplete storage iron in breastfed infants.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.jpeds.2018.04.040
ER -

TY - JOUR
AN - rayyan-504931031
TI - A patient-centered health care delivery system by a university obstetrics and gynecology department.
Y1 - 2005
Y2 - 1
T2 - Obstetrics and gynecology
SN - 0029-7844 (Print)
J2 - Obstet Gynecol
VL - 105
IS - 1
SP - 205-10

AU - Anderson GD
 AU - Nelson-Becker C
 AU - Hannigan EV
 AU - Berenson AB
 AU - Hankins GD
 AV - Department of Obstetrics & Gynecology, University of Texas Medical Branch, Galveston, Texas, USA.
 ganderso@utmb.edu
 UR - <https://pubmed.ncbi.nlm.nih.gov/15625165/>
 LA - eng
 CY - United States
 KW - Female
 KW - *Gynecology
 KW - Humans
 KW - *Obstetrics
 KW - *Outpatient Clinics, Hospital
 KW - *Patient-Centered Care
 KW - Pregnancy
 KW - Telemedicine
 KW - Texas
 AB - At the University of Texas Medical Branch at Galveston, we developed an off-site clinic system that offers a wide array of services to low-income women and their infants over a large geographic area. These clinics strove toward cultural sensitivity and competency. This patient-centered approach was well accepted and appreciated by our patients. The clinics offered unique, value-added services including combined location with other needed services, on-site laboratory and antepartum testing, the option for delivery at the University of Texas Medical Branch at Galveston in a Birth Center by certified nurse midwives from the clinics, 2 high-level ultrasound "hub" centers in the outlying region that offer level II ultrasound and maternal-fetal medicine specialist consultation on site, and linkage of all sites to our electronic medical record, telemedicine, and telegenetics consultation. We also developed an off-site domiciliary facility at the University of Texas Medical Branch at Galveston. From 1989 to 2004, our clinics grew from 12 to 38 (now serving 123 Texas counties). Annual patient visits increased from approximately 34,000 to 342,926. Deliveries at the University of Texas Medical Branch at Galveston grew from 3,959 in 1990 to an estimated 6,400 in 2004. Underscoring this increase was the probable loss of at least 1,500 deliveries to local hospitals that had previously denied or discouraged admission to Medicaid-eligible pregnant women. Many women chose to deliver in our hospital even although they had to travel a longer distance to reach our facility. Our experience has shown that patient-centered care can be a viable business strategy to maintain and expand patient volumes and will work even where there are serious geographic disadvantages.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital
 DO - 10.1097/01.AOG.0000146288.28195.27
 ER -

 TY - JOUR
 AN - rayyan-504931032
 TI - The wavering line in the sand: the effects of domestic violence and sexual coercion.
 Y1 - 2003
 Y2 - 9
 T2 - Issues in mental health nursing
 SN - 0161-2840 (Print)
 J2 - Issues Ment Health Nurs
 VL - 24
 IS - 6
 SP - 723-38
 AU - Coggins M
 AU - Bullock LF
 AV - Cambridge Birth Center/Cambridge Health Alliance, Cambridge, Massachusetts, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/12907386/>
 LA - eng
 CY - England

KW - Adaptation, Psychological
KW - Adult
KW - Aged
KW - Battered Women/*psychology
KW - Contraception Behavior/psychology
KW - Denial, Psychological
KW - Female
KW - Focus Groups
KW - Humans
KW - Internal-External Control
KW - Men/psychology
KW - Middle Aged
KW - Midwestern United States
KW - Nurse's Role
KW - Nursing Methodology Research
KW - Power, Psychological
KW - Pregnancy
KW - Pregnant Women/*psychology
KW - Qualitative Research
KW - Rape/*psychology
KW - Spouse Abuse/prevention & control/*psychology
KW - Surveys and Questionnaires
KW - Trust
KW - Coercion
KW - Sex Offenses
KW - Violence

AB - Control and power regarding sexuality and fertility challenges many women, especially those involved in abusive relationships. This preliminary study was done to explore the relationship between domestic violence, sexual coercion, and pregnancy. The sample was comprised of community-dwelling women attending support groups for survivors of abuse, and women attending group therapy sessions while housed at a battered woman's shelter. Both questionnaires and focus groups addressed the women's experiences with contraception, sexuality, pregnancy, and domestic violence. Only the qualitative phase of the study, plus demographics from the questionnaires, are presented in this article. The responses suggest that many of the women felt they could not avoid intercourse with their abusers, despite fears of pregnancy. Focus group transcript analysis revealed recurrent themes of problems regarding pregnancy, tactics of abuse, inability to access birth control, and denial and mistrust. This article explores the reality these women face and the thought processes they employ to survive and remain in their relationship. Health care providers can use this information to better understand their clients, to assist them in obtaining and using effective contraception, and to support clients as they make their decisions.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1080/01612840305322

ER -

TY - English Abstract

AN - rayyan-504931035

TI - [Educational practices developed by nurses: reflections on women's pregnancy and labor experiences].

Y1 - 2012

Y2 - 3

T2 - Revista brasileira de enfermagem

SN - 1984-0446 (Electronic)

J2 - Rev Bras Enferm

VL - 65

IS - 2

SP - 257-63

AU - Progianti JM

AU - Costa RF

AV - Departamento Materno-Infantil, Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, RJ, Brazil.

UR - <https://pubmed.ncbi.nlm.nih.gov/22911407/>

LA - por

CY - Brazil

KW - Female

KW - *Health Education

KW - Humans

KW - Labor, Obstetric/psychology

KW - *Obstetric Nursing

KW - Pregnancy/*psychology

KW - Pregnancy

AB - The objective was to discuss the impact of educational practices developed by nurses on the experience of women in pregnancy and childbirth. A qualitative study was carried out, whose data was collected through semi-structured interviews with sixteen women who gave birth and who attended the educational groups and puerperal consultations in a Birth Center. Analysis was done according to the guidelines for content analysis of Bardin. The results showed that the practices were essential for peaceful pregnancy experience, maternal bonding, free expression of sexuality during pregnancy and sensations experienced in childbirth. It was concluded that health education, used as an instrument of care, nurture the accession of women to less interventionist obstetric practices.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language

DO - 10.1590/s0034-71672012000200009

ER -

TY - JOUR

AN - rayyan-504931036

TI - Examining agreement between nurse and patient perceptions of nursing care attributes in the surgical setting.

Y1 - 2021

Y2 - 12

Y3 - 1

T2 - Nursing management

SN - 1538-8670 (Electronic)

J2 - Nurs Manage

VL - 52

IS - 12

SP - 14-21

AU - Krueger A

AU - Erdman K

AU - Lemke J

AU - Kabir C

AV - Amy Krueger is a nurse navigator at Advocate Illinois Masonic Medical Center in Chicago, Ill. Katherine Erdman is an office manager at Birth Center of Chicago (Ill.). Johanna Lemke is the system director of nursing operations at Advocate Aurora Health in Downers Grove, Ill. Christopher Kabir is a senior patient-centered outcomes coordinator at Advocate Aurora Research Institute in Downers Grove, Ill.

UR - <https://pubmed.ncbi.nlm.nih.gov/34852357/>

LA - eng

CY - United States

KW - Humans

KW - *Nursing Care

KW - *Nursing Staff, Hospital

KW - Surveys and Questionnaires

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1097/01.NUMA.0000800332.41930.ff

ER -

TY - JOUR
AN - rayyan-504931037
TI - Factors associated with successful rehabilitation in older adults: A systematic review and best evidence synthesis.
Y1 - 2021
Y2 - 1
T2 - Geriatric nursing (New York, N.Y.)
SN - 1528-3984 (Electronic)
J2 - Geriatr Nurs
VL - 42
IS - 1
SP - 83-93
AU - van der Laag PJ
AU - Arends SAM
AU - Bosma MS
AU - van den Hoogen A
AV - Zorggroep Florence, Rijswijk, The Netherlands; Clinical Health Sciences, University Medical Center Utrecht, Utrecht University, The Netherlands. Electronic address: patricia.te.pas@florence.nl.; Clinical Health Sciences, University Medical Center Utrecht, Utrecht University, The Netherlands; Stichting Humanitas, Rotterdam, The Netherlands.; Zorggroep Florence, Rijswijk, The Netherlands; Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, The Netherlands.; Clinical Health Sciences, University Medical Center Utrecht, Utrecht University, The Netherlands; Department of Neonatology, Birth Center Wilhelmina's Children Hospital, Division Women and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.
UR - <https://pubmed.ncbi.nlm.nih.gov/33387828/>
LA - eng
CY - United States
KW - Aged
KW - Caregivers
KW - Comorbidity
KW - Geriatric Nursing
KW - Hospitalization
KW - Humans
KW - *Inpatients
KW - *Patient Discharge
KW - Fibrinogen
AB - Purpose; Returning to community living is an indicator for successful rehabilitation in older adults admitted to geriatric rehabilitation. Predicting successful rehabilitation could contribute to the deployment of early discharge planning, and leads to a more custom-made rehabilitation trajectory. This review aims to present an overview of factors associated with successful rehabilitation following inpatient geriatric rehabilitation. Method; A systematic literature review was conducted in PubMed, CINAHL and Embase. Extracted factors were analysed via Bakker's five levels of evidence. Results; Nine studies with methodological quality of good to moderate were included. For 13 of the 18 extracted factors, limited (n=3), moderate (n=5) and conflicting (n=5) evidence found a significant association. Conclusions; Caregiver, comorbidities, motor-function, nutritional status, time from onset are significantly related to successful rehabilitation. These factors could support healthcare professionals to indicate successful rehabilitation at admission and contributes to deployment of early discharge planning and development of more custom-made rehabilitation trajectories.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1016/j.gerinurse.2020.11.010
ER -

TY - JOUR
AN - rayyan-504931038
TI - The severity of chronic histiocytic intervillitis is associated with gestational age and fetal weight.
Y1 - 2023

Y2 - 1
T2 - Placenta
SN - 1532-3102 (Electronic)
J2 - Placenta
VL - 131
SP - 28-35
AU - Bos M
AU - Koenders MJM
AU - Dijkstra KL
AU - van der Meeren LE
AU - Nikkels PGJ
AU - Bloemenkamp KWM
AU - Eikmans M
AU - Baelde HJ
AU - van der Hoorn MLP
AV - Department of Pathology, Leiden University Medical Center, the Netherlands; Department of Obstetrics and Gynaecology, Leiden University Medical Center, the Netherlands.; Department of Obstetrics and Gynaecology, Leiden University Medical Center, the Netherlands.; Department of Pathology, Leiden University Medical Center, the Netherlands.; Department of Pathology, University Medical Center Utrecht, the Netherlands.; Department of Pathology, University Medical Center Utrecht, the Netherlands.; Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, Division Woman and Baby, University Medical Center Utrecht, the Netherlands.; Department of Immunology, Leiden University Medical Center, the Netherlands.; Department of Pathology, Leiden University Medical Center, the Netherlands.; Department of Obstetrics and Gynaecology, Leiden University Medical Center, the Netherlands. Electronic address: M.L.P.van_der_Hoorn@lumc.nl.
UR - <https://pubmed.ncbi.nlm.nih.gov/36473391/>
LA - eng
CY - Netherlands
KW - Pregnancy
KW - Female
KW - Humans
KW - *Placenta/pathology
KW - Chorionic Villi/pathology
KW - Thrombomodulin
KW - Gestational Age
KW - Fetal Weight
KW - Birth Weight
KW - *Placenta Diseases/pathology
KW - Fibrin
KW - Histiocytes
AB - INTRODUCTION: Chronic histiocytic intervillitis (CHI) is a rare histopathological lesion in the placenta that is associated with poor reproductive outcomes. The intervillous infiltrate consists mostly of maternal mononuclear cells and fibrin depositions, which are both indicators for the severity of the intervillous infiltrate. The severity of the intervillous infiltrate as well as the clinical outcomes of pregnancy differ between cases. Our objective is to determine the relation between the severity of the intervillous infiltrate and the clinical outcomes of CHI. METHODS: Cases of CHI were semi-quantitatively graded based on histopathological severity scores. Hereto, CD68 positive mononuclear cells were quantified, fibrin depositions visualized by both a PTAH stain and an immunohistochemical staining, and placental dysfunction was assessed via thrombomodulin staining. RESULTS: This study included 36 women with CHI. A higher CD68 score was significantly associated with a lower birthweight. Loss of placental thrombomodulin was associated with lower gestational age, lower birthweight, and a lower placenta weight. The combined severity score based on CD68 and PTAH was significantly associated with fetal growth restriction, and the joint score of CD68 and fibrin was associated with birthweight and placental weight. DISCUSSION: More severe intervillous infiltrates in CHI placentas is associated with a lower birth weight and placental weight. Furthermore, this study proposes thrombomodulin as a possible new severity marker of placental damage. More research is needed to better understand the pathophysiology of CHI.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

outcome,wrong population

DO - 10.1016/j.placenta.2022.11.014

ER -

TY - Case Reports

AN - rayyan-504931039

TI - One-Sided Chronic Intervillositis of Unknown Etiology in Dizygotic Twins: A Description of 3 Cases.

Y1 - 2021

Y2 - 4

Y3 - 30

T2 - International journal of molecular sciences

SN - 1422-0067 (Electronic)

J2 - Int J Mol Sci

VL - 22

IS - 9

AU - van der Meeren LE

AU - Krop J

AU - Dijkstra KL

AU - Bloemenkamp KWM

AU - Cornish EF

AU - Nikkels PGJ

AU - van der Hoorn MP

AU - Bos M

AV - Department of Pathology, Leiden University Medical Center, 2333 ZA Leiden, The Netherlands.; Department of Pathology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Department of Immunology, Leiden University Medical Center, 2333 ZA Leiden, The Netherlands.; Department of Pathology, Leiden University Medical Center, 2333 ZA Leiden, The Netherlands.; Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Elizabeth Garrett Anderson Institute for Women's Health, University College London, London WC1E 6DB, UK.; Department of Pathology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Department of Gynecology and Obstetrics, Leiden University Medical Center, 2333 ZA Leiden, The Netherlands.; Department of Pathology, Leiden University Medical Center, 2333 ZA Leiden, The Netherlands.; Department of Gynecology and Obstetrics, Leiden University Medical Center, 2333 ZA Leiden, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/33946432/>

LA - eng

CY - Switzerland

KW - Antigens, CD/analysis

KW - Chorionic Villi/pathology

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Male

KW - Placenta/*pathology

KW - Placenta Diseases/etiology/*pathology

KW - Pregnancy

KW - Pregnancy Outcome

KW - Premature Birth/etiology

KW - *Twins, Dizygotic

KW - Twins, Dizygotic

KW - Twins

AB - Chronic intervillositis of unknown etiology (CIUE) is a rare, poorly understood, histopathological diagnosis of the placenta that is frequently accompanied by adverse pregnancy outcomes including miscarriage, fetal growth restriction, and intrauterine fetal death. CIUE is thought to have an immunologically driven pathophysiology and may be related to human leukocyte antigen mismatches between the mother and the fetus. Dizygotic twins with one-sided CIUE provide an interesting context to study the influence of immunogenetic differences in such cases. The main immune-cell subsets were investigated using

immunohistochemistry. We identified three dizygotic twin pregnancies in which CIUE was present in only one of the two placentas. Two of the pregnancies ended in term delivery and one ended in preterm delivery. Presence of CIUE was correlated with lower placental weight and lower birthweight. Relative number of CD68, CD56, CD20, and CD3 positive cells were comparable between co-twins. The presence of one-sided CIUE in dizygotic twin pregnancy was associated with selective growth restriction in the affected twin. This suggests a unique fetal immunogenetic contribution to the pathogenesis of CIUE. Further study of dizygotic and monozygotic placentas affected by CIUE could identify new insights into its pathophysiology and into the field of reproductive immunology.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons

DO - 10.3390/ijms22094786

ER -

TY - Comparative Study

AN - rayyan-504931040

TI - Clinical characteristics of women captured by extending the definition of severe postpartum haemorrhage with 'refractoriness to treatment': a cohort study.

Y1 - 2019

Y2 - 10

Y3 - 17

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 19

IS - 1

SP - 361

AU - Henriquez DDCA

AU - Gillissen A

AU - Smith SM

AU - Cramer RA

AU - van den Akker T

AU - Zwart JJ

AU - van Roosmalen JJM

AU - Bloemenkamp KWM

AU - van der Bom JG

AV - Department of Obstetrics, Leiden University Medical Centre, Leiden, the Netherlands.

d.d.c.a.henriquez@lumc.nl.; Centre for Clinical Transfusion Research, Sanquin/LUMC, Leiden, the Netherlands. d.d.c.a.henriquez@lumc.nl.; Jon J van Rood Centre for Clinical Transfusion Science, Leiden University Medical Center, Leiden, the Netherlands. d.d.c.a.henriquez@lumc.nl.; Department of Clinical Epidemiology, Leiden University Medical Centre, Leiden, the Netherlands. d.d.c.a.henriquez@lumc.nl.; Department of Obstetrics, Leiden University Medical Centre, Leiden, the Netherlands.; Centre for Clinical Transfusion Research, Sanquin/LUMC, Leiden, the Netherlands.; Jon J van Rood Centre for Clinical Transfusion Science, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Centre, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Centre, Leiden, the Netherlands.; Centre for Clinical Transfusion Research, Sanquin/LUMC, Leiden, the Netherlands.; Jon J van Rood Centre for Clinical Transfusion Science, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Centre, Leiden, the Netherlands.; Department of Obstetrics and Gynaecology, Deventer Hospital, Deventer, the Netherlands.; Athena Institute, VU University, Amsterdam, the Netherlands.; Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, Division Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Centre for Clinical Transfusion Research, Sanquin/LUMC, Leiden, the Netherlands.; Jon J van Rood Centre for Clinical Transfusion Science, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University

Medical Centre, Leiden, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/31623631/>

LA - eng

CY - England

KW - Adult

KW - Blood Transfusion/*methods

KW - Embolization, Therapeutic/methods

KW - Female

KW - Follow-Up Studies

KW - Humans

KW - Hysterectomy/methods

KW - Incidence

KW - Infant, Newborn

KW - Male

KW - Netherlands/epidemiology

KW - Postpartum Hemorrhage/diagnosis/epidemiology/*therapy

KW - Pregnancy

KW - Prognosis

KW - Retrospective Studies

KW - Risk Factors

KW - Severity of Illness Index

KW - Survival Rate/trends

KW - Cohort Studies

KW - Postpartum Period

AB - BACKGROUND: The absence of a uniform and clinically relevant definition of severe postpartum haemorrhage hampers comparative studies and optimization of clinical management. The concept of persistent postpartum haemorrhage, based on refractoriness to initial first-line treatment, was proposed as an alternative to common definitions that are either based on estimations of blood loss or transfused units of packed red blood cells (RBC). We compared characteristics and outcomes of women with severe postpartum haemorrhage captured by these three types of definitions. METHODS: In this large retrospective cohort study in 61 hospitals in the Netherlands we included 1391 consecutive women with postpartum haemorrhage who received either ≥ 4 units of RBC or a multicomponent transfusion. Clinical characteristics and outcomes of women with severe postpartum haemorrhage defined as persistent postpartum haemorrhage were compared to definitions based on estimated blood loss or transfused units of RBC within 24 h following birth. Adverse maternal outcome was a composite of maternal mortality, hysterectomy, arterial embolisation and intensive care unit admission. RESULTS: One thousand two hundred sixty out of 1391 women (90.6%) with postpartum haemorrhage fulfilled the definition of persistent postpartum haemorrhage. The majority, 820/1260 (65.1%), fulfilled this definition within 1 h following birth, compared to 819/1391 (58.7%) applying the definition of ≥ 1 L blood loss and 37/845 (4.4%) applying the definition of ≥ 4 units of RBC. The definition persistent postpartum haemorrhage captured 430/471 adverse maternal outcomes (91.3%), compared to 471/471 (100%) for ≥ 1 L blood loss and 383/471 (81.3%) for ≥ 4 units of RBC. Persistent postpartum haemorrhage did not capture all adverse outcomes because of missing data on timing of initial, first-line treatment. CONCLUSION: The definition persistent postpartum haemorrhage identified women with severe postpartum haemorrhage at an early stage of haemorrhage, unlike definitions based on blood transfusion. It also captured a large majority of adverse maternal outcomes, almost as large as the definition of ≥ 1 L blood loss, which is commonly applied as a definition of postpartum haemorrhage rather than severe haemorrhage.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1186/s12884-019-2499-9

ER -

TY - Clinical Trial

AN - rayyan-504931041

TI - Effects of acute hypobaric hypoxia on resting and postprandial superior mesenteric artery blood flow.

Y1 - 2006

T2 - High altitude medicine & biology

SN - 1527-0297 (Print)

J2 - High Alt Med Biol

VL - 7
 IS - 1
 SP - 47-53
 AU - Loshbaugh JE
 AU - Loeppky JA
 AU - Greene ER
 AV - Department of Nursing, Family Birthing Center, Presbyterian Health Care Center, Albuquerque, New Mexico 87108, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/16544966/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Altitude Sickness/*physiopathology
 KW - Eating
 KW - *Energy Intake
 KW - Fasting
 KW - Female
 KW - Humans
 KW - Mesenteric Artery, Superior/*physiopathology
 KW - New Mexico
 KW - *Postprandial Period
 KW - Regional Blood Flow
 KW - *Splanchnic Circulation
 KW - Mesenteric Arteries
 KW - Anoxia
 KW - Mesenteric Artery, Superior
 AB - Reduced blood flow to the gut may contribute to weight loss and gastrointestinal symptoms of acute mountain sickness (AMS) at altitude. A study in humans tested the hypothesis that acute hypobaric hypoxia (ALT) would attenuate the normal postprandial hyperemia in the superior mesenteric artery (SM). Blood pressure, cardiac output (CO), and (SM) were measured with previously validated noninvasive Doppler ultrasonic flowmetry in 9 (3 women) healthy young adults (mean age: 23; range: 18-33 yr) residing at 1700 m. Baseline measurements were made after 2 h at ALT in a chamber at 430 mmHg (asymptotically equal to 4800 m = 15,750 ft) after 10-12-h fasting, and the next day the control (CON) measurements were made at 615 mmHg (1850 m). Postprandial measurements were made 45 to 60 min after ingesting a 1000-cal liquid meal under both conditions. At ALT, 5 of the 9 subjects had AMS by the Lake Louise score criteria of headache > or =1 and total score > or =3. ALT significantly reduced fasting, baseline SM relative to CON by 15%, and increased CO by 16%. The postprandial CO increase was not different between ALT and CON, but (SM) increased 115% at CON, but only 75% at ALT, the attenuation being significant ($p < 0.006$). Neither the diminution of fasting (SM) at ALT nor the attenuation of the postprandial increase in (SM) correlated significantly with AMS symptom scores. These results suggest that baseline and postprandial gut blood flow are altered during acute altitude exposure because of increased intestinal sympathetic tone, inferred from increased local resistance, and may be related to reduced energy intake if sustained during prolonged exposure.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1089/ham.2006.7.47
 ER -

 TY - JOUR
 AN - rayyan-504931042
 TI - Midwifery is touching.
 Y1 - 2009-2010
 T2 - Midwifery today with international midwife
 SN - 1551-8892 (Print)
 J2 - Midwifery Today Int Midwife
 IS - 92
 SP - 36

AU - Mazoff L
 AV - Juneau Family Health and Birth Center, Alaska, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/20095082/>
 LA - eng
 CY - United States
 KW - Female
 KW - Humans
 KW - Interpersonal Relations
 KW - Labor, Obstetric
 KW - Midwifery/*methods
 KW - *Nurse's Role
 KW - *Nurse-Patient Relations
 KW - Pregnancy
 KW - Prenatal Care/methods
 KW - *Touch
 KW - Midwifery
 KW - Impatiens
 KW - Touch
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
 ER -

 TY - JOUR
 AN - rayyan-504931043
 TI - Associations of preconception Body Mass Index in women with PCOS and BMI and blood pressure of their offspring.
 Y1 - 2019
 Y2 - 8
 T2 - Gynecological endocrinology : the official journal of the International Society of Gynecological Endocrinology
 SN - 1473-0766 (Electronic)
 J2 - Gynecol Endocrinol
 VL - 35
 IS - 8
 SP - 673-678
 AU - Gunning MN
 AU - van Rijn BB
 AU - Bekker MN
 AU - de Wilde MA
 AU - Eijkemans MJC
 AU - Fauser BCJM
 AV - a Department of Reproductive Medicine & Gynaecology , University Medical Center Utrecht, Utrecht University , Utrecht , the Netherlands.; b Department of Obstetrics and Gynaecology , Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, University of Utrecht , Utrecht , the Netherlands.; b Department of Obstetrics and Gynaecology , Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, University of Utrecht , Utrecht , the Netherlands.; a Department of Reproductive Medicine & Gynaecology , University Medical Center Utrecht, Utrecht University , Utrecht , the Netherlands.; a Department of Reproductive Medicine & Gynaecology , University Medical Center Utrecht, Utrecht University , Utrecht , the Netherlands.; c Julius Centre for Health Sciences and Primary Care , University Medical Center Utrecht, University of Utrecht , Utrecht , the Netherlands.; a Department of Reproductive Medicine & Gynaecology , University Medical Center Utrecht, Utrecht University , Utrecht , the Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31030581/>
 LA - eng
 CY - England
 KW - Adult
 KW - Blood Pressure/*physiology
 KW - *Body Mass Index

KW - Child
KW - Child, Preschool
KW - Cross-Sectional Studies
KW - Female
KW - Fertilization/physiology
KW - Follow-Up Studies
KW - Humans
KW - Infant, Newborn
KW - Insulin Resistance/physiology
KW - Male
KW - *Polycystic Ovary Syndrome/metabolism/physiopathology
KW - Pregnancy
KW - Pregnancy Complications/metabolism/physiopathology
KW - *Prenatal Exposure Delayed Effects/metabolism/physiopathology
KW - Body Mass Index
KW - Blood Pressure

AB - Women with polycystic ovary syndrome (PCOS) have unfavorable metabolic profiles. Their offspring may be affected by such risks. The objective of the current study was to disclose associations between preconception health of these women and health of their offspring. 74 women diagnosed with PCOS according to the Rotterdam criteria were screened systematically before conception. Cardiovascular health of their offspring was assessed at 2.5-4 (n = 42) or at 6-8 years of age (n = 32). Multivariate linear regression analysis was performed with adjustments for potential confounders. In the primary analyses the association between preconception Body Mass index (BMI) and offspring BMI was evaluated. Secondly associations between preconception blood pressure, androgens, insulin-resistance (HOMA-IR), and LDL-cholesterol in women with PCOS and BMI and blood pressure of offspring were assessed. Results show that preconception BMI of women with PCOS was positively associated with sex- and age-adjusted BMI of their offspring at 6-8 years of age ($\beta = 0.55$ (95% CI: 0.12 to 0.97), $p = .012$). No other significant associations were found. In conclusion, our data suggest that preconception BMI in PCOS is significantly associated with offspring BMI at 6-8 year of age. If this suggestion could be confirmed this may provide an opportunity for improving the future health of these children.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1080/09513590.2018.1563885

ER -

TY - Case Reports

AN - rayyan-504931045

TI - Preeclampsia, HELLP Syndrome, and Postpartum Renal Failure with Thin Basement Membrane Nephropathy: Case Report and a Brief Review of Postpartum Renal Failure.

Y1 - 2020

T2 - Case reports in obstetrics and gynecology

SN - 2090-6684 (Print)

J2 - Case Rep Obstet Gynecol

VL - 2020

SP - 3198728

AU - Janga KC

AU - Chitamanni P

AU - Raghavan S

AU - Kumar K

AU - Greenberg S

AU - Jana K

AV - Maimonides Medical Center, Brooklyn, NY 11219, USA.; Maimonides Medical Center, Brooklyn, NY 11219, USA.; Maimonides Medical Center, Brooklyn, NY 11219, USA.; Maimonides Medical Center, Brooklyn, NY 11219, USA.; Maimonides Medical Center, Brooklyn, NY 11219, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/33224542/>

LA - eng

CY - United States
KW - Pre-Eclampsia
KW - Renal Insufficiency
KW - Basement Membrane
KW - Glomerulonephritis, Membranous
AB - A 36-year-old primigravida female from a birthing center was referred for elevated blood pressure to the hospital two days after normal spontaneous vaginal delivery with nausea, vomiting, and diarrhea. During this two-day period, she was experiencing persistent vaginal bleeding and lower abdominal pains for which she took six doses of 600 mg ibuprofen. Further laboratory evaluation reflected leukocytosis, anemia, thrombocytopenia, elevation of liver enzymes, and renal failure with hyperkalemia requiring emergent hemodialysis once in the Medical Intensive Care Unit (MICU). She was diagnosed with HELLP syndrome with underlying preeclampsia. A week later, due to hypertension controlled with medications and nonoliguric renal failure with no active urine sediments, a renal biopsy was indicated to direct management. The renal biopsy supported the diagnosis of diffuse severe acute tubulointerstitial nephritis with hypereosinophilia and thin basement membrane nephropathy (see figures). She was subsequently treated with high-dose steroids which resulted in the normalization of blood pressures and renal function returning to baseline. We report the first case of acute tubulointerstitial nephritis in an individual with thin basement membrane nephropathy secondary to postpartum complications.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia
DO - 10.1155/2020/3198728
ER -

TY - JOUR
AN - rayyan-504931047
TI - The Maternal Fetal Triage Index: A Standardized Approach to OB Triage.
Y1 - 2016
T2 - MCN. The American journal of maternal child nursing
SN - 1539-0683 (Electronic)
J2 - MCN Am J Matern Child Nurs
VL - 41
IS - 6
SP - 372
AU - Killion MM
AV - Molly Killion is a Perinatal Clinical Nurse Specialist, Birth Center, University of California San Francisco Benioff Children's Hospital in San Francisco, CA. She can be reached via e-mail at molly.killion@ucsf.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/27759606/>
LA - eng
CY - United States
KW - Triage
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1097/NMC.0000000000000280
ER -

TY - Comment
AN - rayyan-504931048
TI - Pre-pregnancy advice in chronic kidney disease: do not forget genetic counseling.
Y1 - 2016
Y2 - 10
T2 - Kidney international
SN - 1523-1755 (Electronic)
J2 - Kidney Int
VL - 90
IS - 4
SP - 905-6
AU - van Eerde AM

AU - Krediet CT
 AU - Rookmaaker MB
 AU - van Reekum FE
 AU - Knoers NV
 AU - Lely AT
 AV - Department of Genetics and Center for Molecular Medicine, University Medical Center Utrecht, Utrecht, the Netherlands. Electronic address: a.vaneerde@umcutrecht.nl.; Department of Internal Medicine, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands.; Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Nephrology and Hypertension, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Genetics and Center for Molecular Medicine, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center, Utrecht, the Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27633871/>
 LA - eng
 CY - United States
 KW - Counseling
 KW - Female
 KW - *Genetic Counseling
 KW - Pregnancy
 KW - *Renal Insufficiency, Chronic
 KW - Kidney Diseases
 KW - Kidney
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,high risk pregnant persons
 DO - 10.1016/j.kint.2016.05.035
 ER -

 TY - JOUR
 AN - rayyan-504931049
 TI - Albumin-based solution is the ideal post-thawing suspension medium for cord blood hematopoietic stem cells: A stability and proliferative evaluation.
 Y1 - 2023
 Y2 - 5
 T2 - Transfusion
 SN - 1537-2995 (Electronic)
 J2 - Transfusion
 VL - 63
 IS - 5
 SP - 1050-1059
 AU - Lachica CA
 AU - Miele MJ
 AU - Herrera SM
 AU - Elanbari M
 AU - Deola S
 AU - Saleh A
 AU - Ejaz A
 AU - Aftab S
 AU - Olagunju D
 AU - Laoun R
 AU - Cugno C
 AV - Advanced Cell Therapy Core, Sidra Medicine, Doha, Qatar.; Advanced Cell Therapy Core, Sidra Medicine, Doha, Qatar.; Advanced Cell Therapy Core, Sidra Medicine, Doha, Qatar.; Advanced Cell Therapy Core, Sidra Medicine, Doha, Qatar.; Pediatric Oncology and Hematology Division, Sidra Medicine, Doha, Qatar.; Pediatric Oncology and Hematology Division, Sidra Medicine, Doha, Qatar.; Advanced Cell Therapy Core, Sidra Medicine, Doha, Qatar.; Birth Center II and Women's Special Care, Sidra Medicine, Doha, Qatar.; Birth Center II and Women's Special Care, Sidra Medicine, Doha, Qatar.; Advanced Cell Therapy Core, Sidra Medicine, Doha, Qatar.; Pediatric

Oncology and Hematology Division, Sidra Medicine, Doha, Qatar.

UR - <https://pubmed.ncbi.nlm.nih.gov/37036040/>

LA - eng

CY - United States

KW - Humans

KW - *Fetal Blood

KW - *Hematopoietic Stem Cells

KW - Antigens, CD34

KW - Leukocyte Count

KW - Cryopreservation/methods

KW - Serum Albumin, Human

KW - Albumins

KW - Cell Survival

KW - Hematopoietic Stem Cells

KW - Fetal Blood

AB - BACKGROUND: Cryopreservation and thawing protocols represent key factors for the efficacy of cellular therapy products, such as hematopoietic stem cells (HSCs). While the HSC cryopreservation has already been standardized, the thawing procedures have been poorly studied. This study aimed to evaluate the thawing and washing protocol of cord blood (CB) derived HSCs or the HPC(CB), by selecting the optimal thawing solution and determining CD34+ cells' stability over time. STUDY DESIGN AND METHODS: Seven cryopreserved CB products were thawed, washed, and resuspended in three different solutions (10% Dextran40 in NaCl equally prepared with 5% human albumin; 5% human albumin in PBS/EDTA; and normal saline) and stored at 4°C ($\pm 2^\circ\text{C}$). Mononuclear cell (MNC) count, CD45+/CD34+ cell enumeration, and cell viability were tested at 0, 1, 2, 4, 6, 8, 12, 24, 36, and 48 h. The protocol with the selected solution was further validated on additional 10 CB samples. The above parameters and the colony-forming unit (CFU) assay were analyzed at time points 0, 2, 4, 6, and 8 h. RESULTS AND DISCUSSION: The results showed that the 5% human albumin was the most suitable thawing solution. MNCs were stable up to 4 h ($p = 0.009$), viable CD45+ cells were unstable even at 2 h ($p = 0.013$), and viable CD34+ cells were stable until 6 h ($p = 0.019$). The CFU assay proved the proliferative potential up to 8 h, although significantly decreased after 4 h ($p = 0.013$), and correlated with the viable CD34+ cell counts. We demonstrated that the post-thawed and washed HPC(CB) using 5% human albumin is stable for up to 4 h.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1111/trf.17338

ER -

TY - JOUR

AN - rayyan-504931050

TI - Universal maternal drug testing in a high-prevalence region of prescription opiate abuse.

Y1 - 2015

Y2 - 3

T2 - The Journal of pediatrics

SN - 1097-6833 (Electronic)

J2 - J Pediatr

VL - 166

IS - 3

SP - 582-6

AU - Wexelblatt SL

AU - Ward LP

AU - Torok K

AU - Tisdale E

AU - Meinen-Derr JK

AU - Greenberg JM

AV - Division of Neonatology, Perinatal Institute, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Department of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, OH; Family Birthing Center, Mercy Anderson Hospital, Cincinnati, OH. Electronic address: scott.wexelblatt@cchmc.org; Division of Neonatology, Perinatal Institute, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Department

of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, OH; Family Birthing Center, Mercy Anderson Hospital, Cincinnati, OH.; Family Birthing Center, Mercy Anderson Hospital, Cincinnati, OH.; Division of Neonatology, Perinatal Institute, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Department of Biostatistics and Epidemiology, Cincinnati Children's Hospital Medical Center, Cincinnati, OH.; Division of Neonatology, Perinatal Institute, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Department of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, OH; Family Birthing Center, Mercy Anderson Hospital, Cincinnati, OH.

UR - <https://pubmed.ncbi.nlm.nih.gov/25454935/>

LA - eng

CY - United States

KW - Adult

KW - Analgesics, Opioid/*adverse effects

KW - Female

KW - Follow-Up Studies

KW - Humans

KW - Infant, Newborn

KW - Male

KW - Neonatal Abstinence Syndrome/*diagnosis/epidemiology/etiology

KW - Ohio/epidemiology

KW - Opioid-Related Disorders/complications/*diagnosis

KW - Pregnancy

KW - Pregnancy Complications

KW - Prescription Drugs/*adverse effects

KW - Prevalence

KW - ROC Curve

KW - Retrospective Studies

KW - Prescriptions

AB - OBJECTIVE: To evaluate the efficacy of a universal maternal drug testing protocol for all mothers in a community hospital setting that experienced a 3-fold increase in neonatal abstinence syndrome (NAS) over the previous 5 years. STUDY DESIGN: We conducted a retrospective cohort study between May 2012 and November 2013 after the implementation of universal maternal urine drug testing. All subjects with positive urine tests were reviewed to identify a history or suspicion of drug use, insufficient prenatal care, placental abruption, sexually transmitted disease, or admission from a justice center, which would have prompted urine testing using our previous risk-based screening guidelines. We also reviewed the records of infants born to mothers with a positive toxicology for opioids to determine whether admission to the special care nursery was required. RESULTS: Out of the 2956 maternal specimens, 159 (5.4%) positive results were recorded. Of these, 96 were positive for opioids, representing 3.2% of all maternity admissions. Nineteen of the 96 (20%) opioid-positive urine tests were recorded in mothers without screening risk factors. Seven of these 19 infants (37%) required admission to the special care nursery for worsening signs of NAS, and 1 of these 7 required pharmacologic treatment. CONCLUSION: Universal maternal drug testing improves the identification of infants at risk for the development of NAS. Traditional screening methods underestimate in utero opioid exposure.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1016/j.jpeds.2014.10.004

ER -

TY - Comparative Study

AN - rayyan-504931051

TI - Effect of inborn versus outborn delivery on clinical outcomes in ventilated preterm neonates: secondary results from the NEOPAIN trial.

Y1 - 2005

Y2 - 4

T2 - Journal of perinatology : official journal of the California Perinatal Association

SN - 0743-8346 (Print)

J2 - J Perinatol

VL - 25
 IS - 4
 SP - 270-5
 AU - Palmer KG
 AU - Kronsberg SS
 AU - Barton BA
 AU - Hobbs CA
 AU - Hall RW
 AU - Anand KJ
 AV - Department of Pediatrics, University of Arkansas for Medical Sciences, Little Rock, AR 72205, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/15616613/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Infant, Premature
 KW - Infant, Premature, Diseases/mortality/*therapy
 KW - Maternal Age
 KW - Patient Transfer
 KW - Practice Patterns, Physicians'
 KW - Pregnancy
 KW - *Pregnancy Outcome
 KW - Prospective Studies
 KW - Randomized Controlled Trials as Topic
 KW - Ventilators, Mechanical
 AB - OBJECTIVE: The objective of this study was to evaluate the effect of birth center (inborn versus outborn) on morbidity and mortality for preterm neonates (23 to 32 weeks) using data collected prospectively within a uniform protocol. STUDY DESIGN: Secondary analyses of data from the NEurologic Outcomes and Pre-emptive Analgesia In Neonates (NEOPAIN) trial (n=898) were performed to evaluate the effect of inborn versus outborn delivery on neonatal outcomes, including the occurrence of severe intraventricular hemorrhage (IVH), periventricular leukomalacia (PVL), chronic lung disease (CLD), and mortality. RESULTS: Outborn babies were more likely to have severe IVH (p=0.0005); this increased risk persisted after controlling for severity of illness. When adjustments for antenatal steroids were added, the effect of birth center was no longer significant. Neither the occurrences of PVL or CLD nor mortality were significantly different between the inborn and outborn infants. CONCLUSION: Outborn babies are more likely to have severe IVH than inborn babies, perhaps because their mothers are less likely to receive antenatal steroids. Improvements in antenatal steroid administration to high-risk women may substantially reduce neonatal morbidity.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1038/sj.jp.7211239
 ER -

 TY - Comment
 AN - rayyan-504931052
 TI - Commentary on "Are there differences in short-term pelvic floor muscle function after cesarean section or vaginal delivery in primiparous women? A systematic review with meta-analysis".
 Y1 - 2022
 Y2 - 1
 T2 - International urogynecology journal
 SN - 1433-3023 (Electronic)
 J2 - Int Urogynecol J
 VL - 33
 IS - 1
 SP - 163-164
 AU - Liu L

AU - Zheng Z
 AU - Wang Y
 AV - Department of Obstetrics, Gansu Provincial Maternity and Child-care Hospital, Lanzhou, 730050, Gansu, China.; Department of Obstetrics, Gansu Provincial Maternity and Child-care Hospital, Lanzhou, 730050, Gansu, China.; Birth Center, Gansu Provincial Maternity and Child-care Hospital, Lanzhou, 730050, Gansu, China. 19533012709@189.cn.
 UR - <https://pubmed.ncbi.nlm.nih.gov/34432090/>
 LA - eng
 CY - England
 KW - *Cesarean Section/adverse effects
 KW - Delivery, Obstetric/adverse effects
 KW - Female
 KW - Humans
 KW - Parity
 KW - *Pelvic Floor/physiopathology
 KW - Postpartum Period
 KW - Pregnancy
 KW - Cesarean Section
 KW - Pelvic Floor
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1007/s00192-021-04958-w
 ER -

 TY - JOUR
 AN - rayyan-504931053
 TI - Women's experiences using a nipple shield.
 Y1 - 2004
 Y2 - 8
 T2 - Journal of human lactation : official journal of International Lactation Consultant Association
 SN - 0890-3344 (Print)
 J2 - J Hum Lact
 VL - 20
 IS - 3
 SP - 327-34
 AU - Powers D
 AU - Tapia VB
 AV - Deaconess Billings Clinic Family Birth Center, Billings, MT 59107-3700, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/15296588/>
 LA - eng
 CY - United States
 KW - *Breast Feeding
 KW - Consultants
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Nipples/*pathology
 KW - Protective Devices/*statistics & numerical data
 KW - Retrospective Studies
 KW - Silicones
 KW - Telephone
 KW - Time Factors
 AB - An informal, retrospective telephone survey of 202 breastfeeding women was conducted over an 8-month period of time, assessing patients' perceptions regarding use of a silicone nipple shield. Women used the shield most frequently because of flat nipples (62%). Other reasons for shield use included the infant's disorganized suck (43%), sore nipples (23%), engorgement (15%), prematurity (12%), short frenulum (1%), and other reasons (1%). Forty-six percent of the women gave more than 1 reason for using a shield.

Sixty-seven percent of the women continued to breastfeed after transitioning off the nipple shield. Median duration of nipple shield use for this group of women was 2 weeks. Thirty-three percent of the women who used the nipple shield with every breastfeeding breastfed from 1 day to 15 months. Five percent of women used the shield on only one side from 1 day to 9 months.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1177/0890334404267214
ER -

TY - JOUR
AN - rayyan-504931054
TI - Reflections on the third stage.
Y1 - 2006
Y2 - 6
T2 - The practising midwife
SN - 1461-3123 (Print)
J2 - Pract Midwife
VL - 9
IS - 6
SP - 30-1
AU - Lucas M
AV - Crowborough Birthing Centre.
UR - <https://pubmed.ncbi.nlm.nih.gov/16830845/>
LA - eng
CY - England
KW - Delivery, Obstetric/*nursing
KW - Female
KW - Humans
KW - *Labor Stage, Third/physiology
KW - Midwifery/*organization & administration
KW - *Nurse's Role
KW - Nurse-Patient Relations
KW - Nursing Education Research
KW - Practice Guidelines as Topic
KW - Pregnancy
KW - Prenatal Care/*methods
KW - Quality Assurance, Health Care
KW - United Kingdom
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
ER -

TY - Comment
AN - rayyan-504931055
TI - Medicaid pregnancy termination funding and racial disparities in congenital anomaly-related infant deaths.
Y1 - 2015
Y2 - 4
T2 - Obstetrics and gynecology
SN - 1873-233X (Electronic)
J2 - Obstet Gynecol
VL - 125
IS - 4
SP - 987
AU - Calvin S
AV - The Minnesota Birth Center, Minneapolis, Minnesota.
UR - <https://pubmed.ncbi.nlm.nih.gov/25798976/>
LA - eng
CY - United States

KW - Abortion, Eugenic/*economics
KW - Black or African American/*statistics & numerical data
KW - Congenital Abnormalities/*mortality
KW - Female
KW - *Health Status Disparities
KW - Humans
KW - Infant Mortality/*ethnology
KW - Medicaid/*economics
KW - Pregnancy
KW - White People/*statistics & numerical data
KW - Infant
KW - Medicaid
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1097/AOG.0000000000000776
ER -

TY - English Abstract
AN - rayyan-504931057
TI - [Factors related to perineal trauma in normal births in nulliparous].
Y1 - 2006
Y2 - 9
T2 - Revista da Escola de Enfermagem da U S P
SN - 0080-6234 (Print)
J2 - Rev Esc Enferm USP
VL - 40
IS - 3
SP - 389-95
AU - Scarabotto LB
AU - Riesco ML
AV - Obstetriz do Centro de Parto Normal do Amparo Maternal. leila@fasb.com.br
UR - <https://pubmed.ncbi.nlm.nih.gov/17094323/>
LA - por
CY - Brazil
KW - Adolescent
KW - Adult
KW - Cross-Sectional Studies
KW - Female
KW - Humans
KW - Parity
KW - *Parturition
KW - Perineum/*injuries
KW - Pregnancy
KW - Risk Factors

AB - Many studies have been undertaken with the purpose of contributing towards the prevention of perineal trauma in normal birth. The objective of this study was to relate height of the perineum, duration of the second stage of labor, variation of the position of the head detaching, kind of effort, presence of the umbilical cord around the babies' neck, birth weight and vulva's ardor to urinate with the occurrence of perineal laceration. The study was undertaken in 2003 at the Normal Birth Center of the Amparo Maternal, with a sample consisting of 67 women in labor without previous vaginal births. The results demonstrated that there were no significant statistical differences between the variables verified.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
DO - 10.1590/s0080-62342006000300011
ER -

TY - JOUR
AN - rayyan-504931064

TI - Working Agenda for Black Mothers: A Position Paper From the Association of Black Cardiologists on Solutions to Improving Black Maternal Health.

Y1 - 2021

Y2 - 2

T2 - Circulation. Cardiovascular quality and outcomes

SN - 1941-7705 (Electronic)

J2 - Circ Cardiovasc Qual Outcomes

VL - 14

IS - 2

SP - e007643

AU - Bond RM

AU - Gaither K

AU - Nasser SA

AU - Albert MA

AU - Ferdinand KC

AU - Njoroge JN

AU - Parapid B

AU - Hayes SN

AU - Pegus C

AU - Sogade B

AU - Grodzinsky A

AU - Watson KE

AU - McCullough CA

AU - Ofili E

AV - Women's Heart Health, Dignity Health, AZ (R.M.B.); Internal Medicine, Creighton University School of Medicine, Chandler, AZ (R.M.B.); Perinatal Services and Maternal-Fetal Medicine, NYC Health + Hospitals/Lincoln, Bronx (K.G.); Saint Luke's Mid America Heart Institute, Kansas City, MO (A.G.); Medicine, UCSF School of Medicine, Center for the Study of Adversity and Cardiovascular Disease (M.A.A.); Medicine, Tulane University School of Medicine (K.C.F.); Department of Medicine, Division of Cardiology, University of California, San Francisco (J.N.N.); Medicine, Belgrade University School of Medicine (B.P.); Medicine and Cardiovascular Diseases, Mayo Clinic (S.N.H.); Cambia Health Solution (C.P.); Consumer Health Solutions (C.P.); ObGyne Birth Center for Natural Deliveries (B.S.); Saint Luke's Mid America Heart Institute, Kansas City, MO (A.G.); University of Missouri-Kansas City (A.G.); Medicine/Cardiology, UCLA School of Medicine (K.E.W.); UCLA Program in Preventive Cardiology (K.E.W.); UCLA Barbra Streisand Women's Heart Health Program (K.E.W.); Association of Black Cardiologists (C.A.M.); Medicine (Cardiology), Morehouse School of Medicine (E.O.); Morehouse Choice Accountable Care Organization (E.O.).

UR - <https://pubmed.ncbi.nlm.nih.gov/33563007/>

LA - eng

CY - United States

KW - Black or African American

KW - *Cardiologists

KW - Female

KW - Humans

KW - *Maternal Health

KW - Maternal Mortality

KW - Mothers

KW - United States/epidemiology

KW - African Continental Ancestry Group

KW - Maternal Welfare

AB - Following decades of decline, maternal mortality began to rise in the United States around 1990-a significant departure from the world's other affluent countries. By 2018, the same could be seen with the maternal mortality rate in the United States at 17.4 maternal deaths per 100 000 live births. When factoring in race/ethnicity, this number was more than double among non-Hispanic Black women who experienced 37.1 maternal deaths per 100 000 live births. More than half of these deaths and near deaths were from preventable causes, with cardiovascular disease being the leading one. In an effort to amplify the magnitude of this epidemic in the United States that disproportionately plagues Black women, on June 13, 2020, the Association of Black Cardiologists hosted the Black Maternal Heart Health Roundtable-a collaborative task

force to tackle the maternal health crisis in the Black community. The roundtable brought together diverse stakeholders and champions of maternal health equity to discuss how innovative ideas, solutions and opportunities could be implemented, while exploring additional ways attendees could address maternal health concerns within the health care system. The discussions were intended to lead the charge in reducing maternal morbidity and mortality through advocacy, education, research, and collaborative efforts. The goal of this roundtable was to identify current barriers at the community, patient, and clinician level and expand on the efforts required to coordinate an effective approach to reducing these statistics in the highest risk populations. Collectively, preventable maternal mortality can result from or reflect violations of a variety of human rights-the right to life, the right to freedom from discrimination, and the right to the highest attainable standard of health. This is the first comprehensive statement on this important topic. This position paper will generate further research in disparities of care and promote the interest of others to pursue strategies to mitigate maternal mortality.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1161/CIRCOUTCOMES.120.007643

ER -

TY - JOUR

AN - rayyan-504931065

TI - PP152. Eclampsia concurrent with HELLP syndrome - A sixteen-year clinical experience in an academic medical center.

Y1 - 2012

Y2 - 7

T2 - Pregnancy hypertension

SN - 2210-7789 (Print)

J2 - Pregnancy Hypertens

VL - 2

IS - 3

SP - 321

AU - Liu CM

AU - Cheng PJ

AU - Chang SD

AV - Obstetrics and Gynecology, Chang Gung Memorial Hospital, Taipei City, Taiwan, China.; Obstetrics and Gynecology, Chang Gung Memorial Hospital, Taipei City, Taiwan, China.; Obstetrics and Gynecology, Chang Gung Memorial Hospital, Taipei City, Taiwan, China.

UR - <https://pubmed.ncbi.nlm.nih.gov/26105473/>

LA - eng

CY - Netherlands

KW - Academic Medical Centers

KW - Eclampsia

AB - INTRODUCTION: Hypertensive disorders represent the most common complication among pregnant women, affecting 6-8% of gestations in the United States [1]. In Asia, There are many pregnant women die of eclampsia and severe preeclampsia. And 99% of these deaths occur in low income countries [2]. Eclampsia is defined as the occurrence of seizures in a woman with preeclampsia that cannot be attributed to other causes. HELLP syndrome represents a severe form of preeclampsia/eclampsia characterized by hemolysis, elevated liver enzymes, and low platelets [3]. The reported incidence of HELLP syndrome in association with eclampsia ranges from 10.8% to 32.1%. [4,5] And the incidence of eclampsia in association with HELLP syndrome ranges from 6% to 52% [6,7]. OBJECTIVES: The purpose of this study was to determine the characteristics of eclampsia concurrent with HELLP syndrome and maternal complications during the study period. METHODS: We retrospectively collected the data from the log book of our birth center between January 1994 and December 2010. There were 22 eclampsia patients concurrent with HELLP syndrome as compared with 46 patients with eclampsia and without HELLP syndrome. We analyzed the characteristics of 22 patients concurrent with HELLP syndrome and investigated the maternal complications, as well as fetal prognosis of them. Fisher exact test and Chi-square test were used in categorized variables. The univariate analysis of neonatal outcome was used to calculate the odds ratio and 95% confidence interval. RESULTS: The significant maternal outcome variables in patient with eclampsia concurrent with HELLP syndrome included the following: disseminated intravascular coagulation (DIC) (OR, 9.214, 95% confidence interval, 2.19-38.86, p=0.002); hypoxic encephalopathy (OR,3.467, 95% confidence interval,

1.03-11.68, $p=0.045$) multiple organ dysfunction syndrome (MODS)(OR, 30.83, 95% confidence interval, 7.35-129.37, $p<0.001$) would associate with the contributions to the maternal complications. CONCLUSION: The complexity of maternal complications was associated with eclampsia patient concurrent with HELLP syndrome.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population,Focus on pre-eclampsia
DO - 10.1016/j.preghy.2012.04.263
ER -

TY - JOUR

AN - rayyan-504931067

TI - Step 1: offers all birthing mothers unrestricted access to birth companions, labor support, professional midwifery care: the coalition for improving maternity services:

Y1 - 2007

T2 - The Journal of perinatal education

SN - 1058-1243 (Print)

J2 - J Perinat Educ

VL - 16

SP - 10S-9S

AU - Leslie MS

AU - Storton S

AV - MAYRI SAGADY LESLIE is a faculty member in the School of Nursing at Georgetown University in Washington, DC, and the former Director of the Nurse-Midwifery Service and Birth Center at the University of California at San Diego . SHARON STORTON is a psychotherapist who specializes in women's mental health and trauma recovery. She is also a member of the CIMS Leadership Team.

UR - <https://pubmed.ncbi.nlm.nih.gov/18523678/>

LA - eng

CY - United States

KW - Midwifery

AB - The first step of the Ten Steps of Mother-Friendly Care insures that women have access to a wide variety of support in labor and during the pregnancy and postpartum periods: unrestricted access to birth companions of their choice, including family and friends; unrestricted access to continuous emotional and physical support from a skilled woman such as a doula; and access to midwifery care. The rationales for the importance of each factor and the evidence to support those rationales are presented.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1624/105812407X173137

ER -

TY - JOUR

AN - rayyan-504931068

TI - Early postpartum breastfeeding and acculturation among Hispanic women.

Y1 - 2007

Y2 - 12

T2 - Birth (Berkeley, Calif.)

SN - 0730-7659 (Print)

J2 - Birth

VL - 34

IS - 4

SP - 308-15

AU - Gorman JR

AU - Madlensky L

AU - Jackson DJ

AU - Ganiats TG

AU - Boies E

AV - Joint Doctoral Program in Public Health (Health Behavior) at the University of California at San Diego/San Diego State University, San Diego, California, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/18021146/>

LA - eng
CY - United States
KW - *Acculturation
KW - Adult
KW - *Breast Feeding
KW - California
KW - Cohort Studies
KW - Female
KW - *Hispanic or Latino
KW - Humans
KW - *Postpartum Period
KW - Breast Feeding
KW - Postpartum Period
KW - Hispanic Americans
AB - BACKGROUND: Exclusive breastfeeding in the hospital is predictive of postpartum breastfeeding patterns. Although breastfeeding rates are similar for Hispanic and white women in the United States, evidence shows that more acculturated Hispanic mothers have lower rates of breastfeeding than those less acculturated. To date, no studies have examined whether this pattern exists in the immediate postpartum period. METHODS: We used medical record data from 1,635 participants in the San Diego Birth Center Study, a cohort study of low-income, low-risk pregnant women. We applied a proxy measure of acculturation to categorize participants into a low acculturation (Hispanic, Spanish speaking [n = 951]); high acculturation (Hispanic, English speaking [n = 408]); or white, English speaking (n = 276) group. Logistic regression was used to examine the relationship between acculturation and exclusive breastfeeding at the time of hospital discharge while controlling for potential confounders. RESULTS: Exclusive breastfeeding rates were significantly different across acculturation groups ($p < 0.01$). After adjusting for available confounding variables, women in the low acculturation group were more likely to breastfeed exclusively at discharge than those in the high acculturation group (OR = 1.36, 95% CI = 1.01-1.84). Women in the white, English-speaking group also had greater odds of exclusive breastfeeding when compared with those in the high acculturation group (OR = 1.49, 95% CI = 1.02-2.19). CONCLUSIONS: This cross-sectional study provides evidence of a correlation between acculturation and immediate postpartum breastfeeding, where higher acculturation is associated with lower odds of exclusive breastfeeding. Additional research is needed to understand how the process of acculturation may affect short- and long-term breastfeeding behavior.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1111/j.1523-536X.2007.00189.x
ER -

TY - JOUR
AN - rayyan-504931069
TI - A Humanized Anti-Interleukin 6 Receptor Monoclonal Antibody, Tocilizumab, for the Treatment of Endometriosis in a Rat Model.
Y1 - 2016
Y2 - 5
T2 - Reproductive sciences (Thousand Oaks, Calif.)
SN - 1933-7205 (Electronic)
J2 - Reprod Sci
VL - 23
IS - 5
SP - 662-9
AU - Taskin MI
AU - Gungor AC
AU - Adali E
AU - Yay A
AU - Onder GO
AU - Inceboz U
AV - Department of Obstetrics and Gynecology, Balikesir University Faculty of Medicine, Balikesir, Turkey
minetaskin1302@yahoo.com.tr.; Department of Obstetrics and Gynecology, On Sekiz Mart University Faculty of Medicine, Canakkale, Turkey.; Department of Obstetrics and Gynecology, Balikesir University Faculty of

Medicine, Balikesir, Turkey.; Department of Histology and Embryology, Erciyes University Faculty of Medicine, Kayseri, Turkey.; Department of Histology and Embryology, Erciyes University Faculty of Medicine, Kayseri, Turkey.; Special Irenb Department of Obstetrics and Birth Center, Izmir, Turkey.

UR - <https://pubmed.ncbi.nlm.nih.gov/26566855/>

LA - eng

CY - United States

KW - Animals

KW - Antibodies, Monoclonal, Humanized/pharmacology/*therapeutic use

KW - *Disease Models, Animal

KW - Endometriosis/*drug therapy/*metabolism/pathology

KW - Female

KW - Rats

KW - Rats, Wistar

KW - Receptors, Interleukin-6/*antagonists & inhibitors/*metabolism

KW - Humanities

KW - Humanism

KW - Humans

KW - Endometriosis

KW - Antibodies, Monoclonal

AB - OBJECTIVE: The aim of this study was to investigate the efficacy of anti-interleukin 6 (IL-6) therapy in the treatment of endometriosis in a rat model. STUDY DESIGN: After the peritoneal implantation of autologous endometrial tissue, 22 Wistar female rats were divided to create 2 intervention groups: the tocilizumab group (n = 13) and the control group (n = 9). After measuring implant volume, saline was administered to the rats in the control group and 8 mg/kg tocilizumab was administered intraperitoneally to the rats in the tocilizumab-treated group every 2 weeks. After a 4-week treatment period, the volumes and histopathological properties of the implants were evaluated. A scoring system was used to evaluate the preservation of epithelia. Fibrosis score was assessed between the groups. Ectopic and eutopic endometrium were evaluated immunohistochemically for IL-6 and vascular endothelial growth factor (VEGF). RESULTS: There was a significant difference between the volumes of implants before and after treatment in the tocilizumab group ($P < .05$). The posttreatment volumes of lesions were smaller in the tocilizumab group than in the control group. Histologic and fibrosis scores were lower in the tocilizumab group than in the control group. Immunoreactivity intensity for VEGF was significantly decreased in the tocilizumab group for ectopic and eutopic endometrium ($P < .05$). Interleukin 6 levels and endometrial thickness for ectopic and eutopic endometrium were similar between the groups. CONCLUSION: Tocilizumab treatment had a regressive effect on the endometriotic implants.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1177/1933719115612134

ER -

TY - Evaluation Study

AN - rayyan-504931070

TI - Carrier screening for alpha- and beta-thalassemia in pregnancy: the results of an 11-year prospective program in Guangzhou Maternal and Neonatal hospital.

Y1 - 2005

Y2 - 2

T2 - Prenatal diagnosis

SN - 0197-3851 (Print)

J2 - Prenat Diagn

VL - 25

IS - 2

SP - 163-71

AU - Liao C

AU - Mo QH

AU - Li J

AU - Li LY

AU - Huang YN

AU - Hua L
 AU - Li QM
 AU - Zhang JZ
 AU - Feng Q
 AU - Zeng R
 AU - Zhong HZ
 AU - Jia SQ
 AU - Cui YY
 AU - Xu XM
 AV - Guangzhou Maternal and Neonatal Hospital, Guangzhou, Guangdong, P.R. China.
 UR - <https://pubmed.ncbi.nlm.nih.gov/15712323/>
 LA - eng
 CY - England
 KW - Adult
 KW - China/epidemiology
 KW - Female
 KW - Genetic Testing/*statistics & numerical data
 KW - Gestational Age
 KW - Hospitals, Maternity/*organization & administration
 KW - Humans
 KW - Male
 KW - Maternal Health Services
 KW - *Outcome Assessment, Health Care
 KW - Predictive Value of Tests
 KW - Pregnancy
 KW - Prenatal Diagnosis/*statistics & numerical data
 KW - Program Evaluation
 KW - Prospective Studies
 KW - alpha-Thalassemia/*diagnosis/*epidemiology/etiology
 KW - beta-Thalassemia/*diagnosis/*epidemiology/etiology
 KW - beta-Thalassemia
 AB - OBJECTIVES: To evaluate the first prospective screening program in China for control of alpha and beta-thalassemia in the population of pregnant couples. METHODS: During the period between January 1993 and December 2003, a hospital-based preventive program was conducted at the biggest birth center in Guangzhou, with 1/17 of all deliveries in this city referred annually by use of conventional heterozygote screening strategy in combination with the system of regular healthcare examination in pregnancy. RESULTS: The screened records included 49 221 pregnant women, and 4503 husbands of the pregnant women showed positive on the screening test. Of the at-risk couples, there were 198 for alpha-thal (4.4%) and 83 for beta-thal (1.8%), respectively. Genetic counseling was offered to all at-risk couples and a successful prenatal diagnosis was performed for 269 out of 281 (95.7%) for alpha- or beta-thal major, with the remaining 12 couples refusing to accept prenatal diagnosis. Out of 187 pregnancies at risk for homozygous alpha0-thal and 82 at risk for beta-thal major, 51 hydrops fetalis with Hb Bart's and 18 beta-thal major were identified. All pregnancies with affected fetuses were voluntarily terminated, leading to a marked reduction of severe alpha- and beta-thal births at this hospital since the program has been launched. CONCLUSIONS: Our hospital-based program proved to be highly effective in reducing severe thals in pregnant populations.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
 DO - 10.1002/pd.1079
 ER -

 TY - JOUR
 AN - rayyan-504931071
 TI - Improving the process: increasing utilization, safety and satisfaction in a birth center.
 Y1 - 2007
 Y2 - 12
 T2 - Nursing for women's health
 SN - 1751-486X (Electronic)

J2 - Nurs Womens Health
 VL - 11
 IS - 6
 SP - 600-6
 AU - McLaughlin M
 AU - Bragg K
 AU - Pedaline SH
 AU - Nelson PA
 AU - Wassilchak D
 AV - Magee Women's Hospital of University of Pittsburgh Medical Center, Pittsburgh, PA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/18088297/>
 LA - eng
 CY - United States
 KW - *Appointments and Schedules
 KW - *Cesarean Section
 KW - Delivery Rooms/*organization & administration/standards/statistics & numerical data
 KW - Female
 KW - Humans
 KW - Pregnancy
 KW - Process Assessment, Health Care
 KW - *Total Quality Management
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital,wrong population
 DO - 10.1111/j.1751-486X.2007.00251.x
 ER -

 TY - JOUR
 AN - rayyan-504931072
 TI - Isolation and characterization of fetal nucleated red blood cells from maternal blood as a target for single cell sequencing-based non-invasive genetic testing.
 Y1 - 2021
 Y2 - 7
 T2 - Reproductive medicine and biology
 SN - 1445-5781 (Print)
 J2 - Reprod Med Biol
 VL - 20
 IS - 3
 SP - 352-360
 AU - Ito N
 AU - Tsukamoto K
 AU - Taniguchi K
 AU - Takahashi K
 AU - Okamoto A
 AU - Aoki H
 AU - Otera-Takahashi Y
 AU - Kitagawa M
 AU - Ogata-Kawata H
 AU - Morita H
 AU - Hata K
 AU - Nakabayashi K
 AV - Department of Maternal-Fetal Biology National Center for Child Health and Development Tokyo Japan.; Department of Pharmacotherapeutics, Course of Medical and Dental Sciences Nagasaki University Graduate School of Biomedical Sciences Nagasaki Japan.; Department of Pharmacotherapeutics, Course of Medical and Dental Sciences Nagasaki University Graduate School of Biomedical Sciences Nagasaki Japan.; Department of Maternal-Fetal Biology National Center for Child Health and Development Tokyo Japan.; Department of Maternal-Fetal Biology National Center for Child Health and Development Tokyo Japan.; Department of Obstetrics and Gynecology The Jikei University School of Medicine Tokyo Japan.; Department of Obstetrics

and Gynecology The Jikei University School of Medicine Tokyo Japan.; Aoki Obstetrics and Gynecology Clinic Tokyo Japan.; Sanno Birth Center Tokyo Japan.; Sanno Birth Center Tokyo Japan.; Department of Maternal-Fetal Biology National Center for Child Health and Development Tokyo Japan.; Department of Allergy and Clinical Immunology National Center for Child Health and Development Tokyo Japan.; Department of Maternal-Fetal Biology National Center for Child Health and Development Tokyo Japan.; Department of Maternal-Fetal Biology National Center for Child Health and Development Tokyo Japan.

UR - <https://pubmed.ncbi.nlm.nih.gov/34262404/>

LA - eng

CY - Japan

AB - PURPOSE: Although non-invasive prenatal testing (NIPT) based on cell-free DNA (cfDNA) in maternal plasma has been prevailing worldwide, low levels of fetal DNA fraction may lead to false-negative results.

Since fetal cells in maternal blood provide a pure source of fetal genomic DNA, we aimed to establish a workflow to isolate and sequence fetal nucleated red blood cells (fNRBCs) individually as a target for NIPT.

METHODS: Using male-bearing pregnancy cases, we isolated fNRBCs individually from maternal blood by FACS, and obtained their genomic sequence data through PCR screening with a Y-chromosome marker and whole-genome amplification (WGA)-based whole-genome sequencing.

RESULTS: The PCR and WGA efficiencies of fNRBC candidates were consistently lower than those of control cells. Sequencing data analyses revealed that although the majority of the fNRBC candidates were confirmed to be of fetal origin,

many of the WGA-based genomic libraries from fNRBCs were considered to have been amplified from a portion of genomic DNA.

CONCLUSIONS: We established a workflow to isolate and sequence fNRBCs individually. However, our results demonstrated that, to make cell-based NIPT targeting fNRBCs feasible, cell isolation procedures need to be further refined such that the nuclei of fNRBCs are kept intact.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

outcome,wrong population

DO - 10.1002/rmb2.12392

ER -

TY - JOUR

AN - rayyan-504931073

TI - Human mesenchymal stromal cell-derived extracellular vesicles attenuate aortic aneurysm formation and macrophage activation via microRNA-147.

Y1 - 2018

Y2 - 5

Y3 - 29

T2 - FASEB journal : official publication of the Federation of American Societies for
Biology

Experimental

SN - 1530-6860 (Electronic)

J2 - FASEB J

VL - 32

IS - 11

SP - fj201701138RR

AU - Spinoso M

AU - Lu G

AU - Su G

AU - Bontha SV

AU - Gehrau R

AU - Salmon MD

AU - Smith JR

AU - Weiss ML

AU - Mas VR

AU - Upchurch GR Jr

AU - Sharma AK

AV - Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Anatomy and Physiology, Kansas State

University, Manhattan, Kansas, USA.; Department of Anatomy and Physiology, Kansas State University, Manhattan, Kansas, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.; Department of Surgery, University of Virginia, Charlottesville, Virginia, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/29812968/>

LA - eng

CY - United States

KW - Humanities

KW - Humanism

KW - Humans

KW - Stromal Cells

KW - Aortic Aneurysm

KW - Mesoderm

AB - The formation of an abdominal aortic aneurysm (AAA) is characterized by inflammation, macrophage infiltration, and vascular remodeling. In this study, we tested the hypothesis that mesenchymal stromal cell (MSC)-derived extracellular vesicles (EVs) immunomodulate aortic inflammation, to mitigate AAA formation via modulation of microRNA-147. An elastase-treatment model of AAA was used in male C57BL/6 wild-type (WT) mice. Administration of EVs in elastase-treated WT mice caused a significant attenuation of aortic diameter and mitigated proinflammatory cytokines, inflammatory cell infiltration, an increase in smooth muscle cell α -actin expression, and a decrease in elastic fiber disruption, compared with untreated mice. A 10-fold up-regulation of microRNA (miR)-147, a key mediator of macrophage inflammatory responses, was observed in murine aortic tissue in elastase-treated mice compared with controls on d 14. EVs derived from MSCs transfected with miR-147 mimic, but not with miR-147 inhibitor, attenuated aortic diameter, inflammation, and leukocyte infiltration in elastase-treated mice. In vitro studies of human aortic tissue explants and murine-derived CD11b(+) macrophages induced proinflammatory cytokines after elastase treatment, and the expression was attenuated by cocultures with EVs transfected with miR-147 mimic, but not with miR-147 inhibitor. Thus, our findings define a critical role of MSC-derived EVs in attenuation of aortic inflammation and macrophage activation via miR-147 during AAA formation.-Spinosa, M., Lu, G., Su, G., Bontha, S. V., Gehrau, R., Salmon, M. D., Smith, J. R., Weiss, M. L., Mas, V. R., Upchurch, G. R., Sharma, A. K. Human mesenchymal stromal cell-derived extracellular vesicles attenuate aortic aneurysm formation and macrophage activation via microRNA-147.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1096/fj.201701138RR

ER -

TY - Case Reports

AN - rayyan-504931074

TI - Umbilical cord prolapse in primary midwifery care in the Netherlands; a case series. Part 2.

Y1 - 2014

Y2 - 7

T2 - The practising midwife

SN - 1461-3123 (Print)

J2 - Pract Midwife

VL - 17

IS - 7

SP - 34-8

AU - Smit M

AU - Zwanenburg F

AU - van der Wolk S

AU - Middeldorp J

AU - Havenith B

AU - van Roosmalen J

UR - <https://pubmed.ncbi.nlm.nih.gov/25109075/>

LA - eng

CY - England

KW - Adult

KW - Asphyxia Neonatorum/*etiology/*prevention & control
KW - Curriculum
KW - Delivery, Obstetric/*adverse effects
KW - Education, Nursing, Continuing/methods
KW - Female
KW - Fetal Distress/*etiology
KW - Gestational Age
KW - Humans
KW - Infant, Newborn
KW - Male
KW - Midwifery/*education
KW - Netherlands
KW - Obstetric Labor Complications/*etiology
KW - Parity
KW - Pregnancy
KW - Prolapse
KW - Risk Factors
KW - Umbilical Cord/*physiopathology
KW - Umbilical Cord

AB - We aimed to gain insight into eight cases of umbilical cord prolapse (UCP) reported by primary care midwives in the Netherlands. Diagnosis-to-delivery interval (DDI) and risk factors were identified. Six cases occurred at home. Risk factors were found in four cases, but only two (unengaged fetal head) were known to the midwife prior to birth. One infant died of severe birth asphyxia; the other infants recovered and were discharged in good condition. The DDI varied from 13 to 72 minutes (median 41 minutes). The shortest DDI was found in the two cases of UCP occurring in hospital and birthing centre. In the six cases of UCP at home, DDI ranged from 31-72 minutes. The DDI is increased when UCP occurs at home, but no association with a less favourable perinatal outcome was found. Continuing multidisciplinary training is encouraged and guidelines should be developed and implemented.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
ER -

TY - JOUR

AN - rayyan-504931075

TI - Vaginal births after C-section are not necessarily riskier in a birth center than in the hospital.

Y1 - 2006

T2 - Midwifery today with international midwife

SN - 1551-8892 (Print)

J2 - Midwifery Today Int Midwife

IS - 77

SP - 16-7, 60

AU - Cohain JS

AV - judyslome@hotmail.com

UR - <https://pubmed.ncbi.nlm.nih.gov/16623142/>

LA - eng

CY - United States

KW - *Birthing Centers/statistics & numerical data

KW - Cesarean Section, Repeat/mortality/nursing/*statistics & numerical data

KW - Home Childbirth/nursing/*statistics & numerical data

KW - Humans

KW - Midwifery/*methods

KW - Natural Childbirth/statistics & numerical data

KW - Nurse-Patient Relations

KW - Nursing Methodology Research

KW - Obstetrics and Gynecology Department, Hospital/statistics & numerical data

KW - Risk Factors

KW - United States/epidemiology

KW - Vaginal Birth after Cesarean/mortality/nursing/*statistics & numerical data

KW - Cesarean Section

AB - Recent research concluded that VBACs are riskier in a birth center than in the hospital. This conclusion is only true if the woman is sure she will not have any more pregnancies and if she does not suffer from "Fear of Hospitals." Since childbirth centers offered a VBAC rate of 87%, whereas US hospitals currently offer a VBAC rate of less than 10%, the woman has a much higher risk of a repeat cesarean if she delivers in hospital, which increases her risk on subsequent pregnancies.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type

ER -

TY - Clinical Trial

AN - rayyan-504931076

TI - Prevalence of Subclinical Coronary Artery Disease Assessed by Coronary Computed Tomography Angiography in 45- to 55-Year-Old Women With a History of Preeclampsia.

Y1 - 2018

Y2 - 2

Y3 - 20

T2 - Circulation

SN - 1524-4539 (Electronic)

J2 - Circulation

VL - 137

IS - 8

SP - 877-879

AU - Zoet GA

AU - Benschop L

AU - Boersma E

AU - Budde RPJ

AU - Fauser BCJM

AU - van der Graaf Y

AU - de Groot CJM

AU - Maas AHM

AU - Roeters van Lennep JE

AU - Steegers EAP

AU - Visseren FL

AU - van Rijn BB

AU - Velthuis BK

AU - Franx A

AV - Wilhelmina Children's Hospital Birth Center (G.A.Z., B.B.v.R., A.F.) g.zoet@umcutrecht.nl a.franx-2@umcutrecht.nl.; Department of Obstetrics and Gynaecology (L.B., E.A.P.S.); Department of Cardiology (E.B., R.P.J.B.); Department of Cardiology (E.B., R.P.J.B.); Department of Radiology (R.P.J.B.); Department of Reproductive Medicine and Gynaecology (B.C.J.M.G.); Julius Center for Health Sciences and Primary Care (Y.v.d.G.); Department of Obstetrics and Gynecology, VU University Medical Center, Amsterdam, Netherlands (G.J.M.d.G.); Department of Cardiology, Radboud University Medical Center, Nijmegen, Netherlands (A.H.E.M.M.); Department of Internal Medicine (J.E.R.v.L.), Erasmus Medical Center, Rotterdam, Netherlands.; Department of Obstetrics and Gynaecology (L.B., E.A.P.S.); Department of Vascular Medicine (F.L.V.); Wilhelmina Children's Hospital Birth Center (G.A.Z., B.B.v.R., A.F.); Academic Unit of Human Development and Health, University of Southampton, Southampton, United Kingdom (B.B.v.R.); Department of Radiology (B.K.V.), University Medical Center Utrecht, Netherlands.; Wilhelmina Children's Hospital Birth Center (G.A.Z., B.B.v.R., A.F.) g.zoet@umcutrecht.nl a.franx-2@umcutrecht.nl.

UR - <https://pubmed.ncbi.nlm.nih.gov/29459475/>

LA - eng

CY - United States

KW - *Coronary Artery Disease/diagnostic imaging/epidemiology/etiology/physiopathology

KW - Female

KW - Humans

KW - Middle Aged

KW - *Pre-Eclampsia/diagnostic imaging/epidemiology/physiopathology

KW - Pregnancy
KW - Prevalence
KW - Prospective Studies
KW - Risk Factors
KW - *Tomography, X-Ray Computed
KW - Pre-Eclampsia
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Focus on pre-eclampsia
DO - 10.1161/CIRCULATIONAHA.117.032695
ER -

TY - JOUR
AN - rayyan-504931078
TI - The conscious choice to culturally reframe birth.
Y1 - 2009
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 90
SP - 39-41
AU - Bak C
AV - Friends of the Birth Center, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/19627063/>

LA - eng
CY - United States
KW - Attitude to Health/ethnology
KW - Choice Behavior
KW - Cultural Characteristics
KW - Delivery, Obstetric/*nursing
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Maternal Health Services/*organization & administration
KW - *Medicine, Traditional
KW - Midwifery/*methods
KW - Natural Childbirth/*nursing
KW - Nurse's Role
KW - Nurse-Patient Relations
KW - Patient Satisfaction
KW - Pregnancy
KW - Pregnancy Outcome
KW - Social Environment
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - Published Erratum
AN - rayyan-504931079
TI - Correction to "The Influence of Early Infant-Feeding Practices on the Intestinal Microbiome and Body Composition in Infants".
Y1 - 2015
T2 - Nutrition and metabolic insights
SN - 1178-6388 (Print)
J2 - Nutr Metab Insights
VL - 8
SP - 87
AU - O'Sullivan A

AU - Farver M
 AU - Smilowitz JT
 AV - UCD Institute of Food and Health, University College Dublin, Belfield, Dublin, Ireland.; Sutter Davis Hospital Birthing Center, Davis, CA, USA.; Department of Food Science and Technology, University of California Davis, Davis, CA, USA.; Foods for Health Institute, University of California Davis, Davis, CA, USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/27812287/>
 LA - eng
 CY - United States
 KW - Infant
 KW - Body Composition
 AB - [This corrects the article DOI: 10.4137/NMI.S29530.].
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.4137/NMI.S41125
 ER -

TY - JOUR
 AN - rayyan-504931080
 TI - Research summaries for normal birth.
 Y1 - 2005
 T2 - The Journal of perinatal education
 SN - 1058-1243 (Print)
 J2 - J Perinat Educ
 VL - 14
 IS - 3
 SP - 56-60
 AU - Romano AM
 AV - AMY ROMANO is a certified-nurse midwife who cares for women and their families in a freestanding birth center in Wilmington, Delaware. She is also the Web site editor of the Lamaze Institute for Normal Birth (www.lamaze.org/institute).
 UR - <https://pubmed.ncbi.nlm.nih.gov/17273444/>
 LA - eng
 CY - United States
 AB - In this column, the author presents summaries of four research studies that further support the benefits of normal birth. The topics of the studies address the downsides of routine episiotomy, the link of epidural analgesia to an increased risk of occiput-posterior babies, the relationship between normal birth and successful breastfeeding, and results from the first national survey of doulas.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1624/105812405X57606
 ER -

TY - JOUR
 AN - rayyan-504931081
 TI - 'Baby talk' attracts neighbors to new Manassas, Va., birthing center.
 Y1 - 2005
 Y2 - 5
 T2 - Profiles in healthcare marketing
 SN - 1040-7480 (Print)
 J2 - Profiles Healthc Mark
 VL - 21
 IS - 3
 SP - 1, 4-8, 3
 AU - Botvin JD
 UR - <https://pubmed.ncbi.nlm.nih.gov/15971721/>
 LA - eng
 CY - United States
 KW - Advertising/methods
 KW - *Birthing Centers

KW - Female
KW - Hospitals, Community/*organization & administration
KW - Humans
KW - Internet
KW - Marketing of Health Services/*methods
KW - Pregnancy
KW - Television
KW - Virginia
AB - An dollar 80 million expansion plan recently was launched by Prince William Hospital, Manassas, Va. The cornerstone of the plan is the new Hylton Family Birthing Center. The hospital employed a full range of tactics to promote the opening of the birthing center. These ranged from quarterly newsletters to billboards; from tours and radio spots to a newly revised web site. The campaign is characterized by infant testimonials, gentle humor and bright colors.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - JOUR
AN - rayyan-504931082
TI - Valuing labor support. A doula's perspective.
Y1 - 2002
Y2 - 10
T2 - AWHONN lifelines
SN - 1091-5923 (Print)
J2 - AWHONN Lifelines
VL - 6
IS - 5
SP - 387-9
AU - Trainor CL
AV - Birth Center, St. John's Hospital, Springfield, IL, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/12420380/>
LA - eng
CY - United States
KW - Birthing Centers
KW - Humans
KW - *Obstetric Nursing
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal
DO - 10.1177/1091592302238931
ER -

TY - JOUR
AN - rayyan-504931083
TI - Research summaries for normal birth.
Y1 - 2006
T2 - The Journal of perinatal education
SN - 1058-1243 (Print)
J2 - J Perinat Educ
VL - 15
IS - 1
SP - 52-5
AU - Romano AM
AV - AMY ROMANO is a certified-nurse midwife who cares for women and their families in a freestanding birth center in Wilmington, Delaware. She is also the Web site editor of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).
UR - <https://pubmed.ncbi.nlm.nih.gov/17322946/>
LA - eng
CY - United States

AB - In this column, the author presents summaries of four research studies that further support the benefits of normal birth. The topics of the studies address midwifery care practices, labor induction and increased medical costs, vaginal birth after cesarean, and labor support from student nurse-doulas.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
DO - 10.1624/105812406X93001
ER -

TY - JOUR
AN - rayyan-504931084
TI - Mexico birth center: Part II.
Y1 - 2005
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 76
SP - 55-7
AU - Nichols J
AV - International Cesarean Awareness Network.
UR - <https://pubmed.ncbi.nlm.nih.gov/16419679/>
LA - eng
CY - United States
KW - Birthing Centers/*organization & administration
KW - Cultural Characteristics
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Maternal Health Services/organization & administration
KW - Maternal-Child Nursing/*organization & administration
KW - Mexico
KW - Midwifery/*organization & administration
KW - Narration
KW - Natural Childbirth/*methods
KW - Nursing Evaluation Research
KW - Pregnancy
KW - Pregnancy Outcome
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
ER -

TY - JOUR
AN - rayyan-504931085
TI - Mexico birth center: part I.
Y1 - 2005
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 75
SP - 50-1, 68
AU - Nichols J
AV - International Cesarean Awareness Network.
UR - <https://pubmed.ncbi.nlm.nih.gov/16320884/>
LA - eng
CY - United States
KW - Adult
KW - Birthing Centers/*standards
KW - *Cultural Characteristics
KW - Female

KW - Holistic Health
KW - Home Childbirth/*nursing/standards
KW - Humans
KW - Infant, Newborn
KW - Mexico
KW - *Midwifery/education/standards
KW - Narration
KW - Natural Childbirth/*nursing
KW - *Nurse's Role
KW - Nurse-Patient Relations
KW - Pregnancy
KW - Women's Health
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
ER -

TY - JOUR
AN - rayyan-504931086
TI - Cultural lack of birth experience empowers media representations, not women.
Y1 - 2004
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 72
SP - 44-5, 65
AU - Bak C
AV - Friends of the Birth Center, NY, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/15651455/>
LA - eng
CY - United States
KW - Adult
KW - Attitude to Health
KW - Cultural Characteristics
KW - *Delivery, Obstetric/nursing/psychology
KW - Female
KW - Humans
KW - Infant Welfare
KW - Infant, Newborn
KW - *Labor Pain/nursing/psychology
KW - *Mass Media
KW - *Maternal Welfare
KW - Midwifery/*standards
KW - *Mothers/education/psychology
KW - Pregnancy
KW - United States
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - JOUR
AN - rayyan-504931088
TI - Research summaries for normal birth.
Y1 - 2005
T2 - The Journal of perinatal education
SN - 1058-1243 (Print)
J2 - J Perinat Educ
VL - 14
IS - 2

SP - 52-5
AU - Romano AM
AV - AMY ROMANO is a certified-nurse midwife who cares for women and their families in a freestanding birth center in Wilmington, Delaware. She is also the Web site editor of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).
UR - <https://pubmed.ncbi.nlm.nih.gov/17273434/>
LA - eng
CY - United States
AB - In this column, the author presents summaries of four research studies that further illuminate the physiology and benefits of normal birth. The topics of the studies address cesarean section following elective induction, epidural use, the effects of inadequate sleep during late pregnancy, and the immune properties of amniotic fluid and vernix caseosa.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1624/105812405X44745
ER -

TY - JOUR
AN - rayyan-504931089
TI - Midwifery model of care--phase II: embracing the unknowns of birth.
Y1 - 2006
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 80
SP - 8-9
AU - Bak C
AV - Friends of the Birth Center, Manhattan, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/17265821/>
LA - eng
CY - United States
KW - Female
KW - Home Childbirth/*nursing
KW - Humans
KW - Infant, Newborn
KW - Midwifery/*methods
KW - Models, Nursing
KW - *Nurse's Role
KW - Nurse-Patient Relations
KW - Nursing Methodology Research
KW - Perinatal Care/*methods
KW - Pregnancy
KW - Midwifery
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - JOUR
AN - rayyan-504931091
TI - An evolutionary path to deeply understanding the joys of normal birth.
Y1 - 2006
T2 - The Journal of perinatal education
SN - 1058-1243 (Print)
J2 - J Perinat Educ
VL - 15
IS - 4
SP - 4-5
AU - Callans H

AV - HELEN CALLANS is a registered nurse in a small, holistic birthing center that is affiliated with Providence Hospital in Southfield, Michigan. In addition, she has taught childbirth education classes and worked in perinatal care for 12 years.

UR - <https://pubmed.ncbi.nlm.nih.gov/17768428/>

LA - eng

CY - United States

AB - No matter how much one hears or reads about the desirability of normal birth, it can be difficult to comprehend the feasibility or magnificence of normal birth in a society where it is only rarely seen or experienced. In this column, a nurse describes how a series of "Ah-ha!" experiences shaped her understanding of and appreciation for normal birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Anecdotal

DO - 10.1624/105812406X151349

ER -

TY - JOUR

AN - rayyan-504931092

TI - Step 5: has clearly defined policies, procedures for collaboration, consultation, links to community resources: the coalition for improving maternity services:

Y1 - 2007

T2 - The Journal of perinatal education

SN - 1058-1243 (Print)

J2 - J Perinat Educ

VL - 16

SP - 28S-31S

AU - Salt K

AV - KAREN SALT is an author, childbirth educator, doula, and former cochair of the Coalition for Improving Maternity Services. She currently attends Purdue University in West Lafayette, Indiana, as a full-time doctoral student, specializing in nationalism, race, and gender studies.

UR - <https://pubmed.ncbi.nlm.nih.gov/18523674/>

LA - eng

CY - United States

KW - Referral and Consultation

AB - Step 5 of the Ten Steps of Mother-Friendly Care ensures that the hospital, birth center, or home birth service has clearly defined policies and procedures for collaborating and consulting with other maternity services and for linking the mother and baby to appropriate community services during both the prenatal and the postpartum periods. The rationales and evidence in support of this step are presented.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: background article

DO - 10.1624/105812407X173173

ER -

TY - Case Reports

AN - rayyan-504931093

TI - Safe breech homebirth--a guide.

Y1 - 2009

Y2 - 4

T2 - The practising midwife

SN - 1461-3123 (Print)

J2 - Pract Midwife

VL - 12

IS - 4

SP - 25-6

AU - Burns V

AV - Holistic Birthing Center, Northwich, Cheshire.

UR - <https://pubmed.ncbi.nlm.nih.gov/19437913/>

LA - eng

CY - England

KW - Adult

KW - Anecdotes as Topic
KW - Breech Presentation/*nursing
KW - Female
KW - Home Childbirth/*nursing
KW - Humans
KW - Infant, Newborn
KW - Midwifery/*methods
KW - Natural Childbirth/*nursing
KW - *Nurse's Role
KW - Nurse-Patient Relations
KW - *Practice Guidelines as Topic
KW - Pregnancy
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
ER -

TY - Case Reports
AN - rayyan-504931094
TI - Methods of stimulating the onset of labor: an exploration of maternal satisfaction.
Y1 - 2008
Y2 - 7
T2 - Journal of midwifery & women's health
SN - 1542-2011 (Electronic)
J2 - J Midwifery Womens Health
VL - 53
IS - 4
SP - 381-7
AU - Knoche A
AU - Selzer C
AU - Smolley K
AV - Women's Health and Birth Center, 583 Summerfield Rd., Santa Rosa, CA 95405, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/18586192/>
LA - eng
CY - United States
KW - Adult
KW - Delivery, Obstetric/*methods
KW - Extraembryonic Membranes/*physiology
KW - Female
KW - Humans
KW - Labor Onset/*physiology
KW - Labor, Induced/*methods
KW - Labor, Obstetric/physiology
KW - Parity
KW - *Patient Satisfaction
KW - Pregnancy
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1016/j.jmwh.2008.01.004
ER -

TY - JOUR
AN - rayyan-504931095
TI - Think before you speak.
Y1 - 2006
Y2 - 4
T2 - The practising midwife
SN - 1461-3123 (Print)
J2 - Pract Midwife

VL - 9
IS - 4
SP - 46
AU - Lucas M
AV - Crowborough Birthing Centre.
UR - <https://pubmed.ncbi.nlm.nih.gov/16634281/>
LA - eng
CY - England
KW - Adult
KW - Female
KW - Humans
KW - Midwifery/*methods
KW - *Nurse's Role
KW - *Nurse-Patient Relations
KW - Pregnancy
KW - *Verbal Behavior
KW - *Vocabulary
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
ER -

TY - JOUR
AN - rayyan-504931096
TI - Paying for and delivering pregnancy care.
Y1 - 2013
Y2 - 4
T2 - Minnesota medicine
SN - 0026-556X (Print)
J2 - Minn Med
VL - 96
IS - 4
SP - 36-8
AU - Calvin S
AU - Romano A
AV - Minnesota Birth Center and Southside Community Health Services, Minneapolis, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/23926829/>
LA - eng
CY - United States
KW - Cost-Benefit Analysis
KW - Delivery of Health Care/*economics
KW - Delivery, Obstetric/*economics
KW - Female
KW - Humans
KW - Infant
KW - Infant, Newborn
KW - Medicaid/economics
KW - Minnesota
KW - Neonatology/*economics
KW - Postnatal Care/*economics
KW - Pregnancy
KW - Prenatal Care/*economics
KW - Public Assistance/*economics
KW - State Health Plans/*economics
KW - United States
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}
ER -

TY - JOUR

AN - rayyan-504931097
TI - Research summaries for normal birth.
Y1 - 2006
T2 - The Journal of perinatal education
SN - 1058-1243 (Print)
J2 - J Perinat Educ
VL - 15
IS - 3
SP - 58-60
AU - Romano AM
AV - AMY ROMANO is a certified-nurse midwife who cares for women and their families in a freestanding birth center in Wilmington, Delaware. She is also the Web site editor of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).
UR - <https://pubmed.ncbi.nlm.nih.gov/17541462/>
LA - eng
CY - United States
AB - In this column, the author presents summaries of four research studies that further support the benefits of normal birth. The topics of the studies address cord clamping of term infants, the association of multiple cesareans and placental abnormalities, induction of labor at 41 weeks, and the World Health Organization's recently released pediatric growth charts.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population
DO - 10.1624/105812406X119048
ER -

TY - JOUR
AN - rayyan-504931098
TI - Waterbirth makes the midwife's job easier.
Y1 - 2010-2011
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 96
SP - 14-5
AU - McCormick S
AV - Baby Love Birth Center, Cape Coral, Florida, USA.
UR - <https://pubmed.ncbi.nlm.nih.gov/21322439/>
LA - eng
CY - United States
KW - Anecdotes as Topic
KW - Baths/*nursing
KW - Female
KW - Home Childbirth/methods/*nursing
KW - Humans
KW - Infant, Newborn
KW - Midwifery/*methods
KW - Mothers/psychology
KW - Natural Childbirth/methods/*nursing
KW - *Nurse-Patient Relations
KW - Pregnancy
KW - Pregnancy Outcome/psychology
KW - Prenatal Care/methods
KW - Midwifery
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong publication type
ER -

TY - JOUR
AN - rayyan-504931100
TI - Red Internacional de Parteras Independientes (RIPI).
Y1 - 2006
T2 - Midwifery today with international midwife
SN - 1551-8892 (Print)
J2 - Midwifery Today Int Midwife
IS - 77
SP - 47
AU - Alonso C
AV - Luna Maya Birth Center.
UR - <https://pubmed.ncbi.nlm.nih.gov/16623155/>
LA - eng
CY - United States
KW - Birthing Centers/*organization & administration
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Job Description
KW - Maternal Health Services/*organization & administration
KW - Mexico
KW - Midwifery/*organization & administration
KW - Narration
KW - *Nurse's Role
KW - Nurse-Patient Relations
KW - Pregnancy
KW - *Rural Health
KW - Societies, Nursing/organization & administration
KW - Workforce
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - Case Reports
AN - rayyan-504931101
TI - Preston v. Meriter Hospital in the Supreme Court of Wisconsin.
Y1 - 2005
T2 - Issues in law & medicine
SN - 8756-8160 (Print)
J2 - Issues Law Med
VL - 21
IS - 2
SP - 139-44
AU - Bostrom BA
UR - <https://pubmed.ncbi.nlm.nih.gov/16419722/>
LA - eng
CY - United States
KW - *Delivery Rooms
KW - Emergency Service, Hospital/*legislation & jurisprudence
KW - Humans
KW - Infant, Newborn
KW - Neonatal Screening/*legislation & jurisprudence
KW - Wisconsin
AB - When a baby is born in a hospital birthing center, the newborn has come to the "emergency department" for purposes of the Emergency Medical Treatment and Active Labor Act (EMTALA). Thus, the hospital must provide "an appropriate medical screening examination" to any infant born at the hospital birthing center in order to determine whether the infant has an emergency medical condition.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center

ER -

TY - JOUR

AN - rayyan-504931102

TI - Building a breastfeeding center of excellence.

Y1 - 2005

Y2 - 8

T2 - AWHONN lifelines

SN - 1091-5923 (Print)

J2 - AWHONN Lifelines

VL - 9

IS - 4

SP - 306-11

AU - Hahn J

AV - Pregnancy and Birth Center, Middlesex Hospital, Middletown, CT, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/16218146/>

LA - eng

CY - United States

KW - Adult

KW - *Breast Feeding

KW - Connecticut

KW - Counseling/standards

KW - Female

KW - Hospitals, Community/*organization & administration

KW - Humans

KW - Infant, Newborn

KW - Inservice Training/standards

KW - *Mothers/education/psychology

KW - Nursing Evaluation Research

KW - *Nursing Staff, Hospital/education/standards

KW - Organizational Objectives

KW - Patient Education as Topic/*standards

KW - Patient Satisfaction/statistics & numerical data

KW - Process Assessment, Health Care

KW - Program Evaluation

KW - Breast Feeding

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1177/1091592305280915

ER -

TY - JOUR

AN - rayyan-504931103

TI - Effects of timing of umbilical cord clamping on preventing early infancy anemia in low-risk Japanese term infants with planned breastfeeding: a randomized controlled trial.

Y1 - 2021

Y2 - 1

Y3 - 19

T2 - Maternal health, neonatology and perinatology

SN - 2054-958X (Print)

J2 - Matern Health Neonatol Perinatol

VL - 7

IS - 1

SP - 5

AU - Shinohara E

AU - Kataoka Y

AU - Yaju Y
AV - Department of Nursing, School of Medicine, Yokohama City University, 3-9 Fukuura, Kanazawa-ku, Yokohama, Kanagawa, 236-0004, Japan. eshino@yokohama-cu.ac.jp; Division of Women's Health and Midwifery, Graduate School of Nursing Science, St. Luke's International University, 10-1 Akashi-cho, Chuo-ku, Tokyo, 104-0044, Japan.; Division of Epidemiology and Statistics, Graduate School of Nursing Science, St. Luke's International University, 10-1 Akashi-cho, Chuo-ku, Tokyo, 104-0044, Japan.
UR - <https://pubmed.ncbi.nlm.nih.gov/33468261/>

LA - eng

CY - England

KW - Anemia

KW - Infant

KW - Breast Feeding

KW - Umbilical Cord

AB - BACKGROUND: Japanese infants have relatively higher risk of anemia and neonatal jaundice. This study aimed to assess the effects of delayed cord clamping (DCC) on the incidence of anemia during early infancy in low-risk Japanese term infants with planned exclusive breastfeeding for 4 months. This study also aimed to explore the effects of DCC on neonatal jaundice. METHODS: We conducted an open-label, parallel-arm, multicenter randomized controlled trial of DCC (clamping the cord after more than a minute or pulsation stops) vs. early cord clamping (ECC; clamping the cord within 15 s) at one birth center and two clinics in Japan. Low-risk pregnant women planning to have a vaginal birth and to exclusively breastfeed and term singleton infants delivered in cephalic presentation were included in this study. The primary outcome was spectrophotometric estimation of hemoglobin at 4 months. Secondary outcomes were anemia incidence at 4 months, four outcomes related to neonatal jaundice, hematocrit levels, and related outcomes. RESULTS: Overall, 150 pregnant women were recruited. Participants (N = 138) were randomly allocated to two groups (DCC n = 68, ECC n = 70). There were no significant differences between the two groups in spectrophotometric estimation of hemoglobin at 4 months: mean difference = 0.1 g/dL, 95% confidence interval - 0.14, 0.35, DCC 12.4 g/dL, ECC 12.3 g/dL. Only the hematocrit levels on days 3 to 5 were significantly higher in the DCC group than in the ECC group: DCC 57.0%, ECC 52.6%, mean difference = 4.4, 95% confidence interval 2.61, 6.20. There were no significant differences in other secondary outcomes, including outcomes related to neonatal jaundice. CONCLUSION: Among low-risk Japanese term infants with planned exclusive breastfeeding, DCC showed no significant effects on spectrophotometric hemoglobin levels at 4 months compared with ECC. We observed significantly higher hematocrit levels on days 3 to 5 in infants who underwent DCC, while these levels were within the normal range. Jaundice outcomes remained similar to those of infants who underwent ECC. Although a larger sample size is required to assess the effects of cord clamping on neonatal jaundice, DCC may prevent anemia in newborn infants. TRIAL REGISTRATION: UMIN-CTR; UMIN000022573, 06/01/2016 - retrospectively registered, https://upload.umin.ac.jp/cgi-open-bin/ctr/ctr_view.cgi?recptno=R000023056.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1186/s40748-021-00125-7

ER -

TY - JOUR

AN - rayyan-504931104

TI - Automated monitoring to detect H1N1 symptoms among urban, Medicaid-eligible, pregnant women: a community-partnered randomized controlled trial.

Y1 - 2014

Y2 - 2

T2 - Journal of community health

SN - 1573-3610 (Electronic)

J2 - J Community Health

VL - 39

IS - 1

SP - 159-66

AU - Nassar AF

AU - Alemi F

AU - Hetmyer A

AU - Alemi Y

AU - Randolph LA
AU - Ramey SL
AV - Georgetown University, 3700 Reservoir Road NW, Washington, DC, 20007, USA,
adf2@georgetown.edu.
UR - <https://pubmed.ncbi.nlm.nih.gov/23990336/>

LA - eng
CY - Netherlands
KW - Adolescent
KW - Adult
KW - Black or African American
KW - Community Health Workers/organization & administration
KW - Female
KW - Humans
KW - *Influenza A Virus, H1N1 Subtype
KW - Influenza, Human/*diagnosis
KW - *Medicaid
KW - Nurse Midwives
KW - Pregnancy
KW - Pregnancy Trimester, Second
KW - Pregnancy Trimester, Third
KW - Referral and Consultation/organization & administration
KW - Telephone
KW - United States
KW - *Urban Population
KW - White People
KW - Young Adult
KW - Interpersonal Relations
KW - Medicaid

AB - In response to the H1N1 epidemic, we used community health workers to design and implement a randomized controlled trial to test the efficacy of a new automated call-monitoring system for second and third trimester predominantly Medicaid-eligible pregnant women in an urban free standing birth center to promptly detect symptoms of influenza and assure rapid treatment to prevent adverse outcomes from influenza. Daily automated telephone call to second and third trimester pregnant women asking if the woman experienced flu-like symptoms. Calls continued daily until 38 weeks gestation. A community health worker's voice was used for the automated call recording. Positive responses triggered an immediate referral to a nurse-midwife for prompt treatment with anti-viral medication. Fifty pregnant participants were randomized into daily-automated call group (n = 26) or health information group (n = 24). The automated call group participants ranged in age from 14 to 36 (mean = 23.5, SD = 6.3), 84.7 % identified their race/ethnicity as African-American Non-Hispanic, and 80.7 % were Medicaid-Eligible. In the automated call group, 11.5 % chose to be immunized against H1N1. The mean percent of patients reached daily was 45.1 % (SD = 3.2 %) and at least once every 3 days was 65.1 % (SD = 3.1 %). One pregnant woman in the automated call group contracted H1N1 influenza and received prompt anti-viral treatment without any serious outcomes. Participation in daily-automated telephone calls did not differ significantly between patients younger than 18 years old versus patients 18 years or older. There was also no difference in participation between patients with parity of 0 versus patients with parity ≥ 1 . Participation in daily telephone calls significantly ($\alpha \leq 0.05$) increased when a community health worker provided personal follow-up of non-responsive participants. 93.3 % of surveyed pregnant women, who received automated daily calls, recommended to use a similar daily call system in response to a future health crisis. Automated daily phone calls, designed and produced by community health workers, is a feasible, well received strategy to provide urgent health information to an urban, Medicaid-eligible group of pregnant women, regardless of age or parity.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1007/s10900-013-9754-1
ER -

TY - JOUR
AN - rayyan-504931106
TI - Nursing responsibilities in preventing, preparing for, and managing epidural emergencies.

Y1 - 2003
Y2 - 1
T2 - The Journal of perinatal & neonatal nursing
SN - 0893-2190 (Print)
J2 - J Perinat Neonatal Nurs
VL - 17
IS - 1
SP - 19-32; quiz 33-4
AU - Mahlmeister L
AV - The Birth Center at San Francisco General Hospital, San Francisco, Calif, USA. rcprn@ad.com
UR - <https://pubmed.ncbi.nlm.nih.gov/12661737/>
LA - eng
CY - United States
KW - Analgesia, Epidural/*adverse effects/nursing
KW - Analgesia, Obstetrical/*adverse effects/nursing
KW - Anesthesia, Epidural/*adverse effects/nursing
KW - Anesthesia, Obstetrical/*adverse effects/nursing
KW - Emergencies
KW - Female
KW - Humans
KW - Obstetric Labor Complications/*chemically induced/nursing/prevention & control
KW - Pregnancy
AB - An increasing number of women receive epidurals during labor and birth. Although the incidence of adverse reactions remains very low, the potential for life-threatening complications still exists. The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) states that the safety of women undergoing procedures, such as the administration of epidural analgesia/anesthesia, depends significantly on the competence, attentiveness, and experience of those responsible for their care. The purpose of this article is to review the significant complications related to obstetric epidural. Recommendations are presented to aid the nurse in preparing for and managing epidural emergencies. Specific responsibilities of nurse managers and educators in competency training, evaluation, and guidance of nurses are also discussed.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
DO - 10.1097/00005237-200301000-00003
ER -

TY - Comparative Study
AN - rayyan-504931107
TI - Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births.
Y1 - 2019
Y2 - 11
T2 - Obstetrics and gynecology
SN - 1873-233X (Electronic)
J2 - Obstet Gynecol
VL - 134
IS - 5
SP - 1056-1065
AU - Souter V
AU - Nethery E
AU - Kopas ML
AU - Wurz H
AU - Sitcov K
AU - Caughey AB
AV - Foundation for Health Care Quality and the Department of Health Services, School of Public Health, University of Washington, Seattle, Washington; the School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada; the Department of Obstetrics & Gynecology, University of Washington School of Medicine, Northwest Hospital & Medical Center, and Kaiser Permanente Washington, Seattle, Washington; and Oregon Health & Science University, Portland, Oregon.
UR - <https://pubmed.ncbi.nlm.nih.gov/31599830/>

LA - eng
 CY - United States
 KW - Adult
 KW - Cesarean Section/statistics & numerical data
 KW - *Delivery, Obstetric/methods/statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Labor, Obstetric/physiology
 KW - *Midwifery/methods/standards
 KW - *Obstetrics/methods/standards
 KW - Parity
 KW - Perinatal Care/methods/standards
 KW - Pregnancy
 KW - Pregnancy Outcome
 KW - Risk Assessment
 KW - Shoulder Dystocia/epidemiology
 KW - Midwifery
 AB - OBJECTIVE: To compare midwife and obstetrician labor practices and birth outcomes in women with low-risk pregnancies delivered in the hospital. METHODS: We conducted a retrospective cohort study of singleton births of 37 0/7-42 6/7 weeks of gestation at 11 hospitals between January 1, 2014, and December 31, 2018. Exclusions included intrapartum transfer from home-birth center, antepartum stillbirth, previous cesarean delivery, practitioner other than midwife or obstetrician, prelabor cesarean, prepregnancy maternal disease, and pregnancy complications or risk factors. Interventions (induction, artificial rupture of membranes, epidural, oxytocin, and episiotomy), mode of delivery, maternal outcomes (third- or fourth-degree laceration, postpartum hemorrhage, blood transfusion, and severe maternal morbidity), and newborn outcomes (shoulder dystocia, 5-minute Apgar score less than 7, resuscitation at delivery, birth trauma, and neonatal intensive care unit admission) were examined by practitioner type. We used modified Poisson regression models adjusted for individual confounders to assess risk ratios, stratified by parity, for health care provider type and perinatal outcomes. RESULTS: The study cohort comprised 23,100 births (3,816 midwife and 19,284 obstetrician). Compared with obstetricians, midwifery patients had significantly lower intervention rates, an approximately 30% lower risk of cesarean delivery in nulliparous patients (adjusted relative risk [aRR] 0.68; 95th% CI 0.57-0.82), and an approximately 40% lower risk of cesarean in multiparous patients (aRR 0.57; 95th% CI 0.36-0.89). Operative vaginal birth was also less common in nulliparous patients (aRR 0.73; 95th% CI 0.57-0.93) and multiparous patients (aRR 0.30; 95th% CI 0.14-0.63). Shoulder dystocia was more common in multiparous patients receiving midwifery care (aRR 1.42; 95th% CI 1.04-1.92). CONCLUSIONS: In low-risk pregnancies, midwifery care in labor was associated with decreased intervention, decreased cesarean and operative vaginal births, and, in multiparous women, an increased risk for shoulder dystocia. Greater integration of midwifery care into maternity services in the United States may reduce intervention in labor and potentially even cesarean delivery, in low-risk pregnancies. Larger research studies are needed to evaluate uncommon but important maternal and newborn outcomes.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1097/AOG.0000000000003521
 ER -

 TY - JOUR
 AN - rayyan-504931108
 TI - Prenatal diagnosis, birth location, surgical center, and neonatal mortality in infants with hypoplastic left heart syndrome.
 Y1 - 2014
 Y2 - 1
 Y3 - 21
 T2 - Circulation
 SN - 1524-4539 (Electronic)
 J2 - Circulation
 VL - 129

IS - 3
SP - 285-92
AU - Morris SA
AU - Ethen MK
AU - Penny DJ
AU - Canfield MA
AU - Minard CG
AU - Fixler DE
AU - Nembhard WN
AV - Department of Pediatrics and Cardiovascular Research Institute, Baylor College of Medicine, Houston, TX (S.A.M., D.J.P.); Texas Department of State Health Services, Austin, TX (M.K.E., M.A.C.); Dan L. Duncan Institute for Clinical and Translational Research, Baylor College of Medicine, Houston, TX (C.G.M.); Department of Pediatrics, UT Southwestern Medical Center, Dallas, TX (D.E.F.); and the Department of Epidemiology & Biostatistics, University of South Florida, Tampa, FL (W.N.N.).
UR - <https://pubmed.ncbi.nlm.nih.gov/24135071/>
LA - eng
CY - United States
KW - Adult
KW - Child
KW - Female
KW - Humans
KW - *Hypoplastic Left Heart Syndrome/diagnosis/mortality/surgery
KW - *Infant Mortality
KW - Infant, Newborn
KW - Male
KW - *Outcome Assessment, Health Care
KW - Pregnancy
KW - Prenatal Diagnosis/*statistics & numerical data
KW - Registries/statistics & numerical data
KW - Retrospective Studies
KW - Risk Factors
KW - Socioeconomic Factors
KW - Texas/epidemiology
KW - Thoracic Surgery/organization & administration/*statistics & numerical data
KW - Time-to-Treatment/statistics & numerical data
KW - Infant
KW - Infant Mortality
AB - BACKGROUND: Most studies have not demonstrated improved survival after prenatal diagnosis of critical congenital heart disease, including hypoplastic left heart syndrome (HLHS). However, the effect of delivery near a cardiac surgical center (CSC), the recommended action after prenatal diagnosis, on HLHS mortality has been poorly investigated. METHODS AND RESULTS: Using Texas Birth Defects Registry data, 1999 through 2007, which monitored >3.4 million births, we investigated the association between distance (calculated driving time) from birth center to CSC and neonatal mortality in 463 infants with HLHS. Infants with extracardiac birth defects or genetic disorders were excluded. The associations between prenatal diagnosis, CSC HLHS volume, and mortality were also examined. Neonatal mortality in infants born <10 minutes from a CSC was 21.0%, 10 to 90 minutes 25.2%, and >90 minutes 39.6% (P for trend <0.001). Prenatal diagnosis alone was not associated with improved survival (P=0.14). In multivariable analysis, birth >90 minutes from a CSC remained associated with increased mortality (odds ratio, 2.03; 95% confidence interval, 1.19-3.45), compared with <10 minutes. In subanalysis, birth >90 minutes from a CSC was associated with higher pretransport mortality (odds ratio, 6.69; 95% confidence interval, 2.52-17.74) and birth 10 to 90 minutes with higher presurgical mortality (odds ratio, 4.45; 95% confidence interval, 1.17-17.00). Higher surgical mortality was associated with lower CSC HLHS volume (odds ratio per 10 patients, 0.88; 95% confidence interval, 0.84-0.91). CONCLUSIONS: Infants with HLHS born far from a CSC have increased neonatal mortality, and most of this mortality is presurgical. Efforts to improve prenatal diagnosis of HLHS and subsequent delivery near a large volume CSC may significantly improve neonatal HLHS survival.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1161/CIRCULATIONAHA.113.003711

ER -

TY - JOUR

AN - rayyan-504931109

TI - An Analytical Mobile App for Shared Decision Making About Prenatal Screening: Protocol for a Mixed Methods Study.

Y1 - 2019

Y2 - 10

Y3 - 8

T2 - JMIR research protocols

SN - 1929-0748 (Print)

J2 - JMIR Res Protoc

VL - 8

IS - 10

SP - e13321

AU - Abbasgholizadeh Rahimi S

AU - Archambault PM

AU - Ravitsky V

AU - Lemoine ME

AU - Langlois S

AU - Forest JC

AU - Giguère AMC

AU - Rousseau F

AU - Dolan JG

AU - Légaré F

AV - Department of Family Medicine, McGill University, Montreal, QC, Canada.; Lady Davis Institute for Medical Research, Jewish General Hospital, Montreal, QC, Canada.; Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, Québec, QC, Canada.; Centre de recherche, Centre intégré en santé et services sociaux de Chaudière-Appalaches, Lévis, QC, Canada.; Centre de recherche sur les soins et les services de première ligne de l'Université Laval, Université Laval, Québec, QC, Canada.; Programmes de bioéthique, Département de médecine sociale et préventive, École de santé publique de l'Université de Montréal, Université de Montréal, Montréal, QC, Canada.; Programmes de bioéthique, Département de médecine sociale et préventive, École de santé publique de l'Université de Montréal, Université de Montréal, Montréal, QC, Canada.; Department of Medical Genetics, University of British Columbia, Vancouver, BC, Canada.; Centre de recherche, Centre hospitalier universitaire de Québec, Québec, QC, Canada.; Department of Molecular Biology, Medical Biochemistry and Pathology, Faculty of Medicine, Université Laval, Québec, QC, Canada.; Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, Québec, QC, Canada.; Canadian Research Chair in Shared Decision Making and Knowledge Translation, Québec, QC, Canada.; Department of Molecular Biology, Medical Biochemistry and Pathology, Faculty of Medicine, Université Laval, Québec, QC, Canada.; Department of Public Health Sciences, University of Rochester Medical Center, Rochester, NY, United States.; Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, Québec, QC, Canada.; Centre de recherche sur les soins et les services de première ligne de l'Université Laval, Université Laval, Québec, QC, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/31596249/>

LA - eng

CY - Canada

KW - Decision Making

AB - BACKGROUND: Decisions about prenatal screening to assess the risk of genetic conditions such as Down syndrome are complex and should be well informed. Moreover, the number of available tests is increasing. Shared decision making (SDM) about testing could be facilitated by decision aids powered by mobile technology. OBJECTIVE: In this mixed methods study, we aim to (1) assess women's needs and preferences regarding using an app for considering prenatal screening, (2) develop a decision model using the analytical hierarchy process, and (3) develop an analytical app and assess its usability and usefulness. METHODS: In phase 1, we will assess the needs of 90 pregnant women and their partners (if available). We will identify eligible participants in 3 clinical sites (a midwife-led birthing center, a family practice clinic, and an obstetrician-led hospital-based clinic) in Quebec City and Montreal, Canada. Using semistructured

interviews, we will assess participants' attitudes toward mobile apps for decision making about health, their current use of apps for health purposes, and their expectations of an app for prenatal testing decisions. Self-administered questionnaires will collect sociodemographic information, intentions to use an app for prenatal testing, and perceived importance of decision criteria. Qualitative data will be transcribed verbatim and analyzed thematically. Quantitative data will be analyzed using descriptive statistics and the analytic hierarchy process (AHP) method. In phase 2, we will develop a decision model using the AHP whereby users can assign relative importance to criteria when deciding between options. We will validate the model with potential users and a multidisciplinary team of patients, family physicians, primary care researchers, decision sciences experts, engineers, and experts in SDM, genetics, and bioethics. In phase 3, we will develop a prototype of the app using the results of the first 2 phases, pilot test its usefulness and usability among a sample of 15 pregnant women and their partners (if available), and improve it through 3 iterations. Data will be collected with a self-administered questionnaire. Results will be analyzed using descriptive statistics.

RESULTS: Recruitment for phase 1 will begin in 2019. We expect results to be available in 2021.

CONCLUSIONS: This study will result in a validated analytical app that will provide pregnant women and their partners with up-to-date information about prenatal screening options and their risks and benefits. It will help them clarify their values and enable them to weigh the options to make informed choices consistent with their preferences and values before meeting face-to-face with their health care professional. The app will be easy to update with the latest information and will provide women with a user-friendly experience using their smartphones or tablets. This study and the resulting app will contribute to high-quality SDM between pregnant women and their health care team. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/13321.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.2196/13321

ER -

TY - JOUR

AN - rayyan-504931110

TI - TREC and KREC in very preterm infants: reference values and effects of maternal and neonatal factors.

Y1 - 2021

Y2 - 12

T2 - The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians

SN - 1476-4954 (Electronic)

J2 - J Matern Fetal Neonatal Med

VL - 34

IS - 23

SP - 3946-3951

AU - Remaschi G

AU - Ricci S

AU - Cortimiglia M

AU - De Vitis E

AU - Iannuzzi L

AU - Boni L

AU - Azzari C

AU - Dani C

AV - Division of Neonatology, Careggi University Hospital of Florence, Florence, Italy.; Division of Pediatric Immunology, Department of Pediatrics, Meyer Children's University Hospital, Florence, Italy.; Department of Health Sciences, Meyer University Hospital, University of Florence, Florence, Italy.; Division of Pediatric Immunology, Department of Pediatrics, Meyer Children's University Hospital, Florence, Italy.; Division of Pediatric Immunology, Department of Pediatrics, Meyer Children's University Hospital, Florence, Italy.; Margherita Birth Center, Careggi University Hospital of Florence, Florence, Italy.; Clinical Trials Coordinating Center, Careggi University Teaching Hospital of Florence, Florence, Italy.; Division of Pediatric Immunology, Department of Pediatrics, Meyer Children's University Hospital, Florence, Italy.; Department of Health Sciences, Meyer University Hospital, University of Florence, Florence, Italy.; Division of Neonatology, Careggi University Hospital of Florence, Florence, Italy.; Department of Neurosciences, Psychology, Drug Research and Child Health, University of Florence, Italy Florence.

UR - <https://pubmed.ncbi.nlm.nih.gov/31885296/>

LA - eng

CY - England

KW - *B-Lymphocytes

KW - Humans

KW - Infant

KW - Infant, Newborn

KW - Infant, Premature

KW - Neonatal Screening

KW - Reference Values

KW - Retrospective Studies

KW - *T-Lymphocytes

AB - OBJECTIVE: T-cell receptor excision circles (TREC) and kappa-deleting recombination excision circles (KREC) assays have been used for severe combined immunodeficiencies newborn screening (NBS). We assessed TREC and KREC NBS values in preterm infants and investigated if perinatal characteristics affect their values. METHODS: We performed a retrospective study collecting data from TREC and KREC NBS database and from mothers' and infants' medical charts. RESULTS: TREC and KREC values were lower in preterm infants born at 23-31 or 32-36 weeks of gestation than in term infants. Gestational age <28 weeks of gestation, leukopenia, and hypertensive disorders of pregnancy lowered TREC. Hypertensive disorders of pregnancy lowered KREC and intrapartum fever >38 °C increased it. Low TREC and KREC values were not associated to the risk of developing early-onset sepsis and late-onset sepsis. CONCLUSION: TREC and KREC levels are lower in preterm than term infants, but this did not increase the risk of neonatal sepsis.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1080/14767058.2019.1702951

ER -

TY - Comparative Study

AN - rayyan-504931111

TI - High-Normal Estimated Glomerular Filtration Rate in Early-Onset Preeclamptic Women 10 Years Postpartum.

Y1 - 2016

Y2 - 12

T2 - Hypertension (Dallas, Tex. : 1979)

SN - 1524-4563 (Electronic)

J2 - Hypertension

VL - 68

IS - 6

SP - 1407-1414

AU - Paauw ND

AU - Joles JA

AU - Drost JT

AU - Verhaar MC

AU - Franx A

AU - Navis G

AU - Maas AH

AU - Lely AT

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and Hypertension (J.A.J., M.C.V.), University Medical Center Utrecht, The Netherlands; Department of Cardiology, Isala Klinieken, Zwolle, The Netherlands (J.T.D.); Department of Nephrology, University Medical Center Groningen, The Netherlands (G.N.); and Department of Cardiology, Radboud University Medical Center, Nijmegen, The Netherlands (A.H.E.M.M.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., A.F., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., M.C.V.), University Medical Center Utrecht, The Netherlands; Department of Cardiology, Isala Klinieken, Zwolle, The Netherlands (J.T.D.); Department of Nephrology, University Medical Center Groningen, The Netherlands (G.N.); and Department of Cardiology, Radboud University Medical Center, Nijmegen, The Netherlands (A.H.E.M.M.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., A.F., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., M.C.V.), University Medical Center Utrecht, The Netherlands; Department of Cardiology, Isala Klinieken, Zwolle, The Netherlands (J.T.D.); Department of Nephrology, University Medical Center Groningen, The Netherlands (G.N.); and Department of Cardiology, Radboud University Medical Center, Nijmegen, The Netherlands (A.H.E.M.M.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., A.F., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., M.C.V.), University Medical Center Utrecht, The Netherlands; Department of Cardiology, Isala Klinieken, Zwolle, The Netherlands (J.T.D.); Department of Nephrology, University Medical Center Groningen, The Netherlands (G.N.); and Department of Cardiology, Radboud University Medical Center, Nijmegen, The Netherlands (A.H.E.M.M.); From the Department of Obstetrics, Wilhelmina Children's Hospital Birth Center (N.D.P., A.F., A.T.L.) and Department of Nephrology and Hypertension (J.A.J., M.C.V.), University Medical Center Utrecht, The Netherlands; Department of Cardiology, Isala Klinieken, Zwolle, The Netherlands (J.T.D.); Department of Nephrology, University Medical Center Groningen, The Netherlands (G.N.); and Department of Cardiology, Radboud University Medical Center, Nijmegen, The Netherlands (A.H.E.M.M.).

UR - <https://pubmed.ncbi.nlm.nih.gov/27802418/>

LA - eng

CY - United States

KW - Adult

KW - Cross-Sectional Studies

KW - Disease Progression

KW - Female

KW - Gestational Age

KW - Glomerular Filtration Rate/*physiology

KW - Humans

KW - Hypertension/*complications/physiopathology

KW - Incidence

KW - Kidney Failure, Chronic/*epidemiology/etiology/physiopathology

KW - Postpartum Period

KW - Pre-Eclampsia/*physiopathology

KW - Pregnancy

KW - *Pregnancy Outcome

KW - Prognosis

KW - Risk Assessment

KW - Severity of Illness Index

KW - Time Factors

KW - Young Adult

KW - Glomerular Filtration Rate

AB - Women with a history of preeclampsia have a 5- to 12-fold increased risk to develop end-stage kidney disease. Previous observations in small cohorts suggest that former preeclamptic (fPE) women have subtle abnormalities in renal hemodynamics and renal function, which might predispose them to renal failure in later life. In this study, we analyzed renal function in a cross-sectional cohort consisting of former early-onset preeclamptic (fPE, n=339) and former healthy pregnant women (fHP, n=332), overall with a mean age of 39 years at 10 years postpartum. Estimated glomerular filtration rate (eGFR), assessed by the modification of diet in renal disease (MDRD) and chronic kidney disease-epidemiology (CKD-epi) equations, and urinary

protein:creatinine ratios were assessed 10 years postpartum. Median MDRD and CKD-epi eGFR did not significantly differ between fHP and fPE groups, whereas a comparison of distribution of eGFR revealed a shift toward a high-normal MDRD eGFR in the fPE group (χ^2 , $P=0.02$) with the same trend for CKD-epi eGFR (χ^2 , $P=0.18$). The odds ratio for fPE women having MDRD eGFR >110 mL/min per 1.73 m 2 was 1.6 (1.1 - 2.4). In addition, the median urinary protein:creatinine ratio was slightly higher in fPE (8.5 versus 7.1 mg/mmol; $P<0.01$) and correlated positively with both MDRD and CKD-epi eGFR in fPE women. No increased incidence of CKD in fPE women was observed. In conclusion, we demonstrate subtle changes in renal function in former early-onset preeclamptic women 10 years postpartum, characterized by a high-normal eGFR and a slightly higher protein excretion. Whether these subtle differences predispose to or predict long-term renal function loss in fPE women remains to be investigated. CLINICAL TRIAL REGISTRATION: URL: <http://www.trialregister.nl>. Unique identifier: NTR2668.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population,Focus on pre-eclampsia
DO - 10.1161/HYPERTENSIONAHA.116.08227
ER -

TY - JOUR

AN - rayyan-504931112

TI - Pulse oximetry screening for critical congenital heart disease in planned out-of-hospital births.

Y1 - 2014

Y2 - 9

T2 - The Journal of pediatrics

SN - 1097-6833 (Electronic)

J2 - J Pediatr

VL - 165

IS - 3

SP - 485-9

AU - Lhost JJ

AU - Goetz EM

AU - Belling JD

AU - van Roojen WM

AU - Spicer G

AU - Hokanson JS

AV - School of Medicine and Public Health, University of Wisconsin, Madison, WI.; Department of Pediatrics, University of Wisconsin, Madison, WI.; Department of Pediatrics, University of Wisconsin, Madison, WI.; Wisconsin Guild of Midwives, Birthwise Health and Birth Center, Iola, Wisconsin.; Wisconsin Guild of Midwives, Local Delivery Midwifery Service, Iola, Wisconsin.; Department of Pediatrics, University of Wisconsin, Madison, WI. Electronic address: jhokanson@wisc.edu.

UR - <https://pubmed.ncbi.nlm.nih.gov/24948344/>

LA - eng

CY - United States

KW - Critical Illness

KW - Female

KW - Heart Defects, Congenital/*diagnosis/*physiopathology

KW - *Home Childbirth

KW - Humans

KW - Infant, Newborn

KW - Male

KW - Neonatal Screening/*methods

KW - *Oximetry

KW - Pregnancy

KW - Oximetry

KW - Pulse

AB - OBJECTIVES: To describe the use of pulse oximetry screening (POS) for critical congenital heart disease (CCHD). STUDY DESIGN: This observational study of Wisconsin out-of-hospital births was performed from January to November, 2013. Licensed midwives, Amish birth attendants, and public health nurses were trained in the use of pulse oximetry to detect CCHD, supplied with pulse oximeters, and reported screening

results and clinical outcomes. RESULTS: Results of POS in 440 newborns were reviewed; 173/440 births were from Amish or Mennonite communities. Prenatal ultrasonography was performed in less than one-half of the pregnancies and in only 13% of Amish and Mennonite women. A total of 432 babies passed the screening, 5 babies were incorrectly assigned to have passed or failed, and 3 babies failed the screening. Two of the babies who failed the screening were treated for sepsis and the third had congenital heart disease. There was 1 false negative result (coarctation of the aorta and ventricular septal defect). CONCLUSIONS: This study provides information on the use of POS for CCHD in out-of-hospital births and shows that POS can be successfully implemented outside the hospital setting. Although the failure rate in this small sample was higher than reported in studies of hospital births, those babies failing the screening had significant disease processes that were identified more rapidly because of the screening.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1016/j.jpeds.2014.05.011

ER -

TY - JOUR

AN - rayyan-504931113

TI - Recommendations for neonatologists and pediatricians working in first level birthing centers on the first communication of genetic disease and malformation syndrome diagnosis: consensus issued by 6 Italian scientific societies and 4 parents' associations.

Y1 - 2021

Y2 - 4

Y3 - 19

T2 - Italian journal of pediatrics

SN - 1824-7288 (Electronic)

J2 - Ital J Pediatr

VL - 47

IS - 1

SP - 94

AU - Serra G

AU - Memo L

AU - Coscia A

AU - Giuffré M

AU - Iuculano A

AU - Lanna M

AU - Valentini D

AU - Contardi A

AU - Filippeschi S

AU - Frusca T

AU - Mosca F

AU - Ramenghi LA

AU - Romano C

AU - Scopinaro A

AU - Villani A

AU - Zampino G

AU - Corsello G

AV - Department of Health Promotion, Mother and Child Care, Internal Medicine and Medical Specialties "G. D'Alessandro", University of Palermo, Palermo, Italy. gregorio.serra@unipa.it.; Clinical Genetics Outpatient Service, Neonatology and Neonatal Intensive Care Unit, San Bortolo Hospital, Vicenza, Italy.; University Neonatology Unit, AOU Città della Salute e della Scienza, Turin, Italy.; Department of Health Promotion, Mother and Child Care, Internal Medicine and Medical Specialties "G. D'Alessandro", University of Palermo, Palermo, Italy.; Unit of Prenatal and Preimplantation Diagnosis, Thalassaemic Hospital, AO Brotzu, Cagliari, Italy.; Unit of Obstetrics and Gynecology, Prenatal Diagnosis and Fetal Therapy "U. Nicolini", Buzzi Hospital, ASST FBF Sacco, Milan, Italy.; Unit of General Pediatrics, Emergency and Acceptance Department, Bambino Gesù Pediatric Hospital, Rome, Italy.; Coordinator of the Italian Association of Down People, Rome, Italy.; President of the Italian National Association of Volunteers Cornelia de Lange, Pesaro, Italy.; President of the Italian Society of Obstetric and Gynecological Ultrasound and Biophysical Methodologies, Parma, Italy.; President of the Italian Society of Neonatology, Milan, Italy.; President of the Italian Society of Perinatal

Medicine, Genoa, Italy.; Coordinator of the Clinical Genetics Study Group of the Italian Society of Human Genetics, Troina, EN, Italy.; President of Italian Federation of Rare Diseases and of Williams Syndrome People Association, Rome, Italy.; President of the Italian Society of Pediatrics, Rome, Italy.; President of the Italian Society of Pediatric Genetic Diseases and Congenital Disabilities, Rome, Italy.; Department of Health Promotion, Mother and Child Care, Internal Medicine and Medical Specialties "G. D'Alessandro", University of Palermo, Palermo, Italy.

UR - <https://pubmed.ncbi.nlm.nih.gov/33874990/>

LA - eng

CY - England

KW - *Birthing Centers

KW - Congenital Abnormalities/*diagnosis/psychology/therapy

KW - Consensus

KW - Female

KW - *Genetic Counseling

KW - Genetic Diseases, Inborn/*diagnosis/psychology/therapy

KW - Humans

KW - Intensive Care Units, Neonatal

KW - Italy

KW - *Neonatologists

KW - Parents/psychology

KW - *Pediatricians

KW - Pregnancy

KW - *Prenatal Diagnosis

KW - Societies, Scientific

KW - Truth Disclosure

AB - BACKGROUND: Genetic diseases are chronic conditions with relevant impact on the lives of patients and their families. In USA and Europe it is estimated a prevalence of 60 million affected subjects, 75% of whom are in developmental age. A significant number of newborns are admitted in the Neonatal Intensive Care Units (NICU) for reasons different from prematurity, although the prevalence of those with genetic diseases is unknown. It is, then, common for the neonatologist to start a diagnostic process on suspicion of a genetic disease or malformation syndrome, or to make and communicate these diagnoses. Many surveys showed that the degree of parental satisfaction with the methods of communication of diagnosis is low. Poor communication may have short and long-term negative effects on health and psychological and social development of the child and his family. We draw up recommendations on this issue, shared by 6 Italian Scientific Societies and 4 Parents' Associations, aimed at making the neonatologist's task easier at the difficult time of communication to parents of a genetic disease/malformation syndrome diagnosis for their child. METHODS: We used the method of the consensus paper. A multidisciplinary panel of experts was first established, based on the clinical and scientific sharing of the thematic area of present recommendations. They were suggested by the Boards of the six Scientific Societies that joined the initiative: Italian Societies of Pediatrics, Neonatology, Human Genetics, Perinatal Medicine, Obstetric and Gynecological Ultrasound and Biophysical Methodologies, and Pediatric Genetic Diseases and Congenital Disabilities. To obtain a deeper and global vision of the communication process, and to reach a better clinical management of patients and their families, representatives of four Parents' Associations were also recruited: Italian Association of Down People, Cornelia de Lange National Volunteer Association, Italian Federation of Rare Diseases, and Williams Syndrome People Association. They worked from September 2019 to November 2020 to achieve a consensus on the recommendations for the communication of a new diagnosis of genetic disease. RESULTS: The consensus of experts drafted a final document defining the recommendations, for the neonatologist and/or the pediatrician working in a first level birthing center, on the first communication of genetic disease or malformation syndrome diagnosis. Although there is no universal communication technique to make the informative process effective, we tried to identify a few relevant strategic principles that the neonatologist/pediatrician may use in the relationship with the family. We also summarized basic principles and significant aspects relating to the modalities of interaction with families in a table, in order to create an easy tool for the neonatologist to be applied in the daily care practice. We finally obtained an intersociety document, now published on the websites of the Scientific Societies involved. CONCLUSIONS: The neonatologist/pediatrician is often the first to observe complex syndromic pictures, not always identified before birth, although today more frequently prenatally diagnosed. It is necessary for him to know the aspects of genetic diseases related to communication and bioethics, as well as the biological and clinical

ones, which together outline the cornerstones of the multidisciplinary care of these patients. This consensus provide practical recommendations on how to make the first communication of a genetic disease /malformation syndrome diagnosis. The proposed goal is to make easier the informative process, and to implement the best practices in the relationship with the family. A better doctor-patient/family interaction may improve health outcomes of the child and his family, as well as reduce legal disputes with parents and the phenomenon of defensive medicine.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong

population,Alongside birth center

DO - 10.1186/s13052-021-01044-1

ER -

TY - JOUR

AN - rayyan-504931114

TI - Maternal health care seeking by rural Tibetan women: characteristics of women delivering at a newly-constructed birth center in western China.

Y1 - 2015

Y2 - 9

Y3 - 22

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 15

SP - 225

AU - Gyaltsen K

AU - Gipson JD

AU - Gyal L

AU - Kyi T

AU - Hicks AL

AU - Pebley AR

AV - Tso-ngon (Qinghai) University Tibetan Medical College, No. 16 Kunlun Road., Xining City, Qinghai Province, 81001, P.R. China. Kunchokg5@gmail.com.; Tibetan Birth and Training Center, Tongren County of Huannan Prefecture, Qinghai, P.R. China. Kunchokg5@gmail.com.; Department of Community Health Sciences, UCLA Fielding School of Public Health, 650 Charles E. Young Drive South CHS 46-071B, Los Angeles, CA, 90095-1772, USA. jgipson@ucla.edu.; California Center for Population Research, University of California Los Angeles, Los Angeles, CA, USA. jgipson@ucla.edu.; Tso-ngon (Qinghai) University Tibetan Medical College, No. 16 Kunlun Road., Xining City, Qinghai Province, 81001, P.R. China. lxgyal@sina.com.; Tibetan Birth and Training Center, Tongren County of Huannan Prefecture, Qinghai, P.R. China. lxgyal@sina.com.; Tibetan Birth and Training Center, Tongren County of Huannan Prefecture, Qinghai, P.R. China. Annie_cuo@hotmail.com.; CCPR Statistics and Methods Core, California Center for Population Research, University of California Los Angeles, Los Angeles, CA, USA. andrew@ccpr.ucla.edu.; Current address: Department of Health Care Policy, Harvard Medical School, Boston, MA, USA.

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UR - <https://pubmed.ncbi.nlm.nih.gov/26396077/>

LA - eng

CY - England

KW - Adolescent

KW - Adult

KW - Age Distribution

KW - Birthing Centers/*statistics & numerical data

KW - Decision Making

KW - Delivery, Obstetric/methods/psychology/*statistics & numerical data

KW - Educational Status

KW - Female

KW - Humans
KW - Maternal Health Services/*statistics & numerical data
KW - Patient Acceptance of Health Care/*statistics & numerical data
KW - Pregnancy
KW - Rural Population/*statistics & numerical data
KW - Social Class
KW - Spouses
KW - Surveys and Questionnaires
KW - Tibet
KW - Young Adult
KW - Maternal Welfare

AB - BACKGROUND: Increasing skilled birth attendance at delivery is key to reducing maternal mortality, particularly among marginalized populations. Despite China's successful rollout of a national policy to promote facility deliveries, challenges remain among rural and ethnic minority populations. In response, a Tibetan Birth and Training Center (TBTC) was constructed in 2010 to provide high-quality obstetric care in a home-like environment to a predominantly Tibetan population in Tso-ngon (Qinghai) province in western China to improve maternal care in the region. This study examines if and how first users of the TBTC differ from women in the broader community, and how this information may inform subsequent maternal health care interventions in this area. METHODS: Trained, Tibetan interviewers administered a face-to-face, quantitative questionnaire to two groups of married, Tibetan women: women who had delivered at the TBTC between June 2011-June 2012 (n = 114) and a non-equivalent comparison group of women from the same communities who had delivered in the last two years, but not at the TBTC (n = 108). Chi-squared and ANOVA tests were conducted to detect differences between the samples. RESULTS: There were no significant differences between the samples in education or income; however, women from the TBTC sample were significantly younger (25.55 vs. 28.16 years; $p < 0.001$) and had fewer children (1.54 vs. 1.70; $p = 0.05$). Items measuring maternity health care-seeking and perceived importance of health facility amenities indicated minimal differences between the samples. However, as compared to the community sample, the TBTC sample had a greater proportion of women who reported having the final say regarding where to deliver (26% vs. 14%; $p = 0.02$) and having a friend or family member who delivered at home (50% vs. 28%; $p < 0.001$). CONCLUSIONS: Findings did not support the hypothesis that the TBTC attracts lower-income, less-educated women. Minimal differences in women's characteristics and perceptions regarding delivery care between the two samples suggest that the TBTC is serving a broad cross-section of women. Differences between the samples with respect to delivery care decision-making and desire for skilled birth care underscore areas that may be further explored and supported in subsequent efforts to promote facility delivery in this population, and similar populations, of women.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1186/s12884-015-0634-9
ER -

TY - JOUR
AN - rayyan-504931116
TI - Clinical features and outcomes of pregnant women suspected of coronavirus disease 2019.
Y1 - 2020
Y2 - 7
T2 - The Journal of infection
SN - 1532-2742 (Electronic)
J2 - J Infect
VL - 81
IS - 1
SP - e40-e44
AU - Yang H
AU - Sun G
AU - Tang F
AU - Peng M
AU - Gao Y
AU - Peng J
AU - Xie H

AU - Zhao Y

AU - Jin Z

AV - Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: keaiyh@163.com.; Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: sunguoqiang@hbfy.com.; Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: tangfei87169226@163.com.; Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: pm19751023@163.com.; Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: gaoying123114@163.com.; Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: 15670513217@163.com.; Department of Radiology, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: 1165557196@qq.com.; Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: zhao020060@163.com.; Department of prenatal diagnosis, Maternal and Child Health Hospital of Hubei Province, Tongji Medical College, Huazhong University of Science and Technology, No. 745, Wuluo Road, Hongshan District, Wuhan 430070, China. Electronic address: jzc88@163.com.

UR - <https://pubmed.ncbi.nlm.nih.gov/32294503/>

LA - eng

CY - England

KW - Adult

KW - *Betacoronavirus/isolation & purification

KW - COVID-19

KW - Case-Control Studies

KW - China/epidemiology

KW - Coronavirus Infections/*diagnosis/*pathology

KW - Cough

KW - Female

KW - Fever

KW - Humans

KW - Lung/diagnostic imaging

KW - Lymphocyte Count

KW - Pandemics

KW - Pleura/diagnostic imaging/pathology

KW - Pneumonia, Viral/*diagnosis/*pathology

KW - Postpartum Period

KW - Pregnancy

KW - Pregnancy Complications, Infectious/*diagnosis/epidemiology/*virology

KW - SARS-CoV-2

KW - Tomography, X-Ray Computed

AB - BACKGROUND: 2019 novel coronavirus disease (COVID-19) has become a worldwide pandemic. Under such circumstance pregnant women are also affected significantly. OBJECTIVE: This study aims to observe the clinical features and outcomes of pregnant women who have been confirmed with COVID-19. METHODS: The research objects were 55 cases of suspected COVID-19 pregnant women who gave a birth from Jan 20th 2020 to Mar 5th 2020 in our hospital-a big birth center delivering about 30,000 babies in the last 3 years. These cases were subjected to pulmonary CT scan and routine blood test, manifested symptoms of fever, cough, chest tightness or gastrointestinal symptoms. They were admitted to an isolated suite, with clinical features and newborn babies being carefully observed. Among the 55 cases, 13 patients were assigned into the confirmed COVID-19 group for being tested positive severe acute respiratory syndrome

coronavirus 2(SARS-CoV-2) via maternal throat swab test, and the other 42 patients were assigned into the control group for being ruled out COVID-19 pneumonia based on new coronavirus pneumonia prevention and control program(the 7th edition). RESULTS: There were 2 fever patients during the prenatal period and 8 fever patients during the postpartum period in the confirmed COVID-19 group. In contrast, there were 11 prenatal fever patients and 20 postpartum fever patients in the control group ($p>0.05$). Among 55 cases, only 2 case had cough in the confirmed group. The imaging of pulmonary CT scan showed ground- glass opacity (46.2%, 6/13), patch-like shadows(38.5%, 5/13), fiber shadow(23.1%, 3/13), pleural effusion (38.5%, 5/13)and pleural thickening(7.7%, 1/13), and there was no statistical difference between the confirmed COVID-19 group and the control group ($p>0.05$). During the prenatal and postpartum period, there was no difference in the count of WBC, Neutrophils and Lymphocyte, the ratio of Neutrophils and Lymphocyte and the level of CRP between the confirmed COVID-19 group and the control group($p<0.05$). 20 babies (from confirmed mother and from normal mother) were subjected to SARS-CoV-2 examination by throat swab samples in 24 h after birth and no case was tested positive. CONCLUSION: The clinical symptoms and laboratory indicators are not obvious for asymptomatic and mild COVID-19 pregnant women. Pulmonary CT scan plus blood routine examination are more suitable for finding pregnancy women with asymptomatic or mild COVID-19 infection, and can be used screening COVID-19 pregnant women in the outbreak area of COVID-19 infection.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1016/j.jinf.2020.04.003

ER -

TY - English Abstract

AN - rayyan-504931117

TI - [Preterm birth among Icelandic and migrant women in Iceland during 1997-2018 and main contributing factors].

Y1 - 2023

Y2 - 2

T2 - Laeknabladid

SN - 1670-4959 (Electronic)

J2 - Laeknabladid

VL - 109

IS - 2

SP - 75-81

AU - Gudmundsdottir EY

AU - Vigfusdottir L

AU - Gottfredsdottir H

AV - Department of Midwifery, Faculty of Nursing and Midwifery, University of Iceland, Iceland, The Reykjavík Birth Center, Iceland.; The Health Directorate of East Iceland, Iceland.; Department of Midwifery, Faculty of Nursing and Midwifery, University of Iceland, Iceland, Department of Obstetrics and Gynecology, Women's Clinic, Landspítali University Hospital, Iceland.

UR - <https://pubmed.ncbi.nlm.nih.gov/36705587/>

LA - ice

CY - Iceland

KW - Pregnancy

KW - Female

KW - Infant, Newborn

KW - Humans

KW - Adolescent

KW - *Premature Birth/epidemiology

KW - Iceland/epidemiology

KW - *Transients and Migrants

KW - Cohort Studies

KW - Placenta

KW - Iceland

AB - INTRODUCTION: Migrant women often experience worse perinatal outcomes during pregnancy, birth, and puerperium than native women, but results regarding preterm birth vary. The objective of this study was to detect the prevalence and risk factors of preterm birth among Icelandic and migrant women in Iceland.

MATERIAL AND METHODS: The study was a population-based cohort study with data from the Icelandic Medical Birth Register. The cohort included all women who had a singleton birth from 22w0d to 36w6d of pregnancy in the years 1997-2018, a total of 89 170 women. The group was divided in two; women with an Icelandic citizenship and women with foreign citizenship, that were further divided according to the Human Development Index (HDI) of their country of citizenship. Preterm birth rate and risk factor prevalence was analysed according to this classification and significance in differences measured with a chi-square test. **RESULTS:** Significance in differences of preterm birth was found between Icelandic (4.4%) and migrant women (5.6%) ($p<0.001$). Migrant women from middle-HDI countries gave birth preterm in 5.5% of cases ($p<0.01$) and women from low-HDI countries in 6.4% of cases ($p<0.001$). Migrant women were more often diagnosed with urinary tract infections, diabetes, intrauterine growth restriction and premature rupture of membranes, but less often with pre-eclampsia, obesity, placental defect, mental health issues and age $p<18$ years ($p<0.05$). **CONCLUSION:** Migrant women in Iceland from middle-HDI and low-HDI countries give birth preterm more often than Icelandic women. A difference in risk factors is also present and needs further research. The findings can be used in continuing development of prenatal care for migrant women in Iceland. N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language DO - 10.17992/lbl.2023.02.729 ER -

TY - JOUR

AN - rayyan-504931118

TI - Factors Associated With Psychosocial Illness Impact Among Black/African American and Hispanic Older Women Living With HIV.

Y1 - 2021

Y2 - 11

Y3 - 19

T2 - Journal of the American Psychiatric Nurses Association

SN - 1532-5725 (Electronic)

J2 - J Am Psychiatr Nurses Assoc

SP - 10783903211058786

AU - Iriarte E

AU - Cianelli R

AU - Villegas N

AU - De Oliveira G

AU - Toledo C

AU - Smith L

AU - Castro JG

AV - Evelyn Iriarte, MSN, RN, University of Miami School of Nursing and Health Studies, Coral Gables, FL, USA; Pontificia Universidad Catolica de Chile, Santiago, Chile.; Rosina Cianelli, PhD, MPH, RN, IBCLC, FAAN, University of Miami School of Nursing and Health Studies, Coral Gables, FL, USA.; Natalia Villegas, PhD, MSN, RN, IBCLC, University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, NC, USA.; Giovanna De Oliveira, PhD, MSN, ANP-C, PMHNP-BC, University of Miami School of Nursing and Health Studies, Coral Gables, FL, USA.; Christine Toledo. PhD, MSN, APRN, FNP-C, Christine E. Lynn College of Nursing at Florida Atlantic University, Boca Raton, FL, USA.; Lindsay Smith, DNP, CNM, Holistic South Pregnancy and Birth Center in Miami, FL, USA.; Jose Guillermo Castro, MD, University of Miami Miller School of Medicine, Miami, FL, USA.

UR - <https://pubmed.ncbi.nlm.nih.gov/34796759/>

LA - eng

CY - United States

KW - Hispanic Americans

KW - African Continental Ancestry Group

AB - **BACKGROUND:** In 2018, one in six newly diagnosed individuals with HIV in the United States were adults aged 50 years and older, 24% were women, and 60% were Black/African American and Hispanic (42% and 18%, respectively). **OBJECTIVES:** This study aims to examine the factors associated with HIV psychosocial illness impact among Black/African American and Hispanic older women living with HIV.

METHOD: Guided by the socioecological model, a secondary data analysis design with cross-sectional data that included 138 Black/African American and Hispanic women aged 50 years and older was conducted.

RESULTS: Higher levels of avoidant coping, depressive symptoms, negative self-perception of health, and

decreased social support were significant factors associated with HIV psychosocial illness impact among this sample. CONCLUSIONS: Findings from this study can contribute to identifying solutions to prevent and decrease these negative factors associated with HIV psychosocial illness impact among Black/African American and Hispanic older women.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1177/10783903211058786

ER -

TY - JOUR

AN - rayyan-504931119

TI - Long-term Graft Survival and Graft Function Following Pregnancy in Kidney Transplant Recipients: A Systematic Review and Meta-analysis.

Y1 - 2020

Y2 - 8

T2 - Transplantation

SN - 1534-6080 (Electronic)

J2 - Transplantation

VL - 104

IS - 8

SP - 1675-1685

AU - van Buren MC

AU - Schellekens A

AU - Groenhof TKJ

AU - van Reekum F

AU - van de Wetering J

AU - Paauw ND

AU - Lely AT

AV - Department of Internal Medicine, Nephrology and Renal Transplantation, Erasmus Medical Center, Rotterdam, The Netherlands.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht.; Department of Cardiovascular Epidemiology, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht.; Department of Nephrology and Hypertension, UMC Utrecht, Utrecht.; Department of Obstetrics, Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht.; Department of Internal Medicine, Nephrology and Renal Transplantation, Erasmus Medical Center, Rotterdam, The Netherlands.; Department of Internal Medicine, Nephrology and Renal Transplantation, Erasmus Medical Center, Rotterdam, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/32732847/>

LA - eng

CY - United States

KW - Female

KW - Graft Rejection/*epidemiology/etiology/physiopathology

KW - Graft Survival/*physiology

KW - Humans

KW - Kidney Transplantation/*adverse effects

KW - Postpartum Period/*physiology

KW - Pregnancy

KW - Pregnancy Complications/*epidemiology/etiology/physiopathology

KW - Risk Factors

KW - Kidney Transplantation

KW - Graft Survival

KW - Kidney

AB - BACKGROUND: The incidence of pregnancy in kidney transplantation (KT) recipients is increasing. Studies report that the incidence of graft loss (GL) during pregnancy is low, but less data are available on long-term effects of pregnancy on the graft. METHODS: Therefore, we performed a meta-analysis and systematic review on GL and graft function, measured by serum creatinine (SCr), after pregnancy in KT recipients, stratified in years postpartum. Furthermore, we included studies of nulliparous KT recipients. RESULTS: Our search yielded 38 studies on GL and 18 studies on SCr. The pooled incidence of GL was 9.4%

within 2 years after pregnancy, 9.2% within 2-5 years, 22.3% within 5-10 years, and 38.5% >10 years postpartum. In addition, our data show that, in case of graft survival, SCr remains stable over the years. Only within 2 years postpartum, Δ SCr was marginally higher (0.18 mg/dL, 95%CI [0.05-0.32], $P = 0.01$). Furthermore, no differences in GL were observed in 10 studies comparing GL after pregnancy with nulliparous controls. Systematic review of the literature showed that mainly prepregnancy proteinuria, hypertension, and high SCr are risk factors for GL. CONCLUSIONS: Overall, these data show that pregnancy after KT has no effect on long-term graft survival and only a possible effect on graft function within 2 years postpartum. This might be due to publication bias. No significant differences were observed between pre- and postpartum SCr at longer follow-up intervals.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1097/TP.0000000000003026

ER -

TY - JOUR

AN - rayyan-504931123

TI - Clinical outcomes in chronic intervillitis of unknown etiology.

Y1 - 2020

Y2 - 2

T2 - Placenta

SN - 1532-3102 (Electronic)

J2 - Placenta

VL - 91

SP - 19-23

AU - Bos M

AU - Harris-Mostert ETMS

AU - van der Meeren LE

AU - Baelde JJ

AU - Williams DJ

AU - Nikkels PGJ

AU - Bloemenkamp KWM

AU - van der Hoorn MLP

AV - Department of Pathology, Leiden University Medical Center, the Netherlands; Department of Obstetrics and Gynaecology, Leiden University Medical Center, the Netherlands. Electronic address: m.bos@lumc.nl.; Department of Pathology, Leiden University Medical Center, the Netherlands.; Department of Pathology, University Medical Center Utrecht, the Netherlands.; Department of Pathology, Leiden University Medical Center, the Netherlands.; Institute for Women's Health, University College London Hospitals, United Kingdom.; Department of Pathology, University Medical Center Utrecht, the Netherlands.; Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, Division Woman and Baby, University Medical Center Utrecht, the Netherlands.; Department of Obstetrics and Gynaecology, Leiden University Medical Center, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/32174302/>

LA - eng

CY - Netherlands

KW - Abortion, Spontaneous/pathology

KW - Adult

KW - Chorionic Villi/*pathology

KW - Female

KW - Fetal Growth Retardation/etiology/*pathology

KW - Humans

KW - Placenta/*pathology

KW - Placenta Diseases/*pathology

KW - Pregnancy

KW - Pregnancy Outcome

KW - Young Adult

AB - INTRODUCTION: Chronic intervillitis of unknown etiology (CIUE) is a histopathological lesion of the placenta that is frequently accompanied by unfavourable pregnancy outcomes, e.g. miscarriage, fetal growth

restriction (FGR) and intrauterine fetal death. Earlier described case series and cohorts have been based on diverse diagnostic criteria of CIUE. To improve our understanding of clinical outcomes associated with CIUE, we report the obstetric and perinatal outcomes in a cohort based on the recently described diagnostic criteria. METHODS: CIUE is defined as an infiltrate occupying 5% or more of the intervillous space with approximately 80% of mononuclear cells positive for CD68 in the absence of an infection. Thirty-eight cases were included. Also previous and subsequent pregnancies were described. RESULTS: Pregnancies accompanied by CIUE frequently resulted in FGR (51.6%) and pre-term birth (55.3%). Twenty-nine out of 38 pregnancies (76.3%) with CIUE resulted in a living baby. Women with CIUE frequently have had a miscarriage (16/38; 42%). Four-teen subsequent pregnancies in 8 women resulted in 2 miscarriages, 2 terminations of pregnancy for FGR, 1 early neonatal death and 9 living babies (9/14; 64.3%). Histopathologically confirmed CIUE recurred in 5 out of 10 subsequent pregnancies. Two pregnancies with recurrent CIUE were terminated, one pregnancy ended in a late miscarriage and another resulted in term birth complicated by FGR. Recurrent CIUE can also be accompanied by an uncomplicated pregnancy (1/5; 20%). CONCLUSION: This study provides additional insight into the clinical phenotype of CIUE and emphasises the need for further research to understand the pathophysiology behind different pregnancy outcomes in CIUE.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1016/j.placenta.2020.01.001

ER -

TY - JOUR

AN - rayyan-504931124

TI - Combining regional expertise to form a bereavement support alliance.

Y1 - 2014

Y2 - 5

T2 - MCN. The American journal of maternal child nursing

SN - 1539-0683 (Electronic)

J2 - MCN Am J Matern Child Nurs

VL - 39

IS - 3

SP - 198-204

AU - Friedrichs JB

AU - Kobler K

AU - Roose RE

AU - Meyer C

AU - Schmitz N

AU - Kavanaugh K

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Karen Kavanaugh is Elizabeth Schotanus Professor of Pediatric Nursing, Family, Community and Mental

Health, Wayne State University and Children's Hospital of Michigan.

UR - <https://pubmed.ncbi.nlm.nih.gov/24759313/>

LA - eng

CY - United States

KW - Community Networks/*organization & administration

KW - Education/*methods/organization & administration

KW - *Empathy

KW - *Fetal Death

KW - Hospice Care/*methods/organization & administration

KW - Humans

KW - *Social Support

KW - Terminal Care/*methods/organization & administration

KW - Bereavement

AB - Providing compassionate bereavement care for families experiencing perinatal loss is a standard of care in most healthcare organizations. In this article, we describe the development of The Alliance of Perinatal Bereavement Support Facilitators, begun over 25 years ago in Chicago by staff who identified the need to reach out to colleagues at other area institutions for advice and support in this work. This collaboration created a regional support network that has resulted in a long-lasting, active, sustainable organization of excellence focused on enhancing practice, education, and perinatal bereavement care. Alliance activities center around four main areas: education, networking/support, policy, and recognizing outstanding service to families. By continuing to draw upon the collective talent, wisdom, and expertise of its members, The Alliance still serves grieving families and provides mentoring for future interdisciplinary team members engaged in this work. The path taken to build this organization can be used by professionals in other specialties who are looking to create their own alliance infrastructure based on mutual benefit and interest.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1097/NMC.0000000000000026

ER -

TY - Clinical Trial

AN - rayyan-504931125

TI - Evaluation of satisfaction with midwifery care.

Y1 - 2002

Y2 - 12

T2 - Midwifery

SN - 0266-6138 (Print)

J2 - Midwifery

VL - 18

IS - 4

SP - 260-7

AU - Harvey S

AU - Rach D

AU - Stainton MC

AU - Jarrell J

AU - Brant R

AV - Arbour Birth Center, Calgary, Alberta, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/12473441/>

LA - eng

CY - Scotland

KW - Female

KW - Humans

KW - Labor, Obstetric

KW - Maternal Health Services/organization & administration/*standards

KW - Nurse Midwives/organization & administration/*standards

KW - Nursing Evaluation Research

KW - *Patient Satisfaction

KW - Physician-Patient Relations

KW - Pregnancy

KW - Prenatal Care/methods/*standards

KW - Surveys and Questionnaires

KW - Midwifery

AB - OBJECTIVE: to determine if there were differences in women's satisfaction with maternity care given by doctors and midwives. In addition a simple, six-question, satisfaction questionnaire was to be tested.

DESIGN: a randomised controlled trial comparing two models of maternity care. SETTING: a tertiary referral centre in Alberta, Canada. PARTICIPANTS: one hundred and ninety four women with a low-risk pregnancy were randomly assigned to either the midwife care, experimental group (n = 101), or the doctor care, control group (n = 93). INTERVENTIONS: a pilot midwifery programme was introduced into a maternity services delivery system that did not have established midwifery. MEASUREMENTS: women's satisfaction was measured, at two weeks postpartum, with the Labour and Delivery Satisfaction Index (LADSI), general attitudes toward the birth experience, also at two weeks postpartum; with the Attitudes about Labour and Delivery Experience (ADLE) questionnaire. Fluctuations in satisfaction were measured with a Six Simple

Questions (SSQ) questionnaire at 36 weeks gestation and 48 hours, two and six weeks postpartum. FINDINGS: women in the midwife group reported significantly greater satisfaction and a more positive attitude toward their childbirth experience than women in the doctor group ($p < 0.001$). The SSQ demonstrated scores similar to the LADSI. Satisfaction in both groups was lowest at 36 weeks gestation and highest immediately postpartum. KEY CONCLUSIONS: women experiencing low-risk pregnancies were more satisfied with care by midwives than with care provided by doctors. Satisfaction scores were high for both groups and may have been lower for women in the doctor group as a result of disappointment with caregiver assignment as all women had sought midwifery care. The SSQ measures similar dimensions to the LADSI but the agreement is not strong enough to recommend its use as a substitute at this time. IMPLICATIONS FOR PRACTICE: the significantly higher satisfaction of the women with the care provided by the midwives together with better clinical outcomes reported elsewhere suggest that the option of midwifery care should be accessible as an option for all women in Canada. Further research is suggested to determine the usefulness of the SSQ.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Hospital

DO - 10.1054/midw.2002.0317

ER -

TY - JOUR

AN - rayyan-504931126

TI - Skin-to-skin contact after birth: Developing a research and practice guideline.

Y1 - 2023

Y2 - 5

Y3 - 11

T2 - Acta paediatrica (Oslo, Norway : 1992)

SN - 1651-2227 (Electronic)

J2 - Acta Paediatr

AU - Brimdyr K

AU - Stevens J

AU - Svensson K

AU - Blair A

AU - Turner-Maffei C

AU - Grady J

AU - Bastarache L

AU - Al Alfy A

AU - Crenshaw JT

AU - Giugliani ERJ

AU - Ewald U

AU - Haider R

AU - Jonas W

AU - Kagawa M

AU - Lilliesköld S

AU - Maastrup R

AU - Sinclair R

AU - Swift E

AU - Takahashi Y

AU - Cadwell K

AV - Healthy Children Project, Inc., Harwich, Massachusetts, USA.; New South Wales Health, Western Sydney University, Sydney, New South Wales, Australia.; Karolinska University Hospital, Stockholm, Sweden.; Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden.; Healthy Children Project, Inc., Harwich, Massachusetts, USA.; Healthy Children Project, Inc., Harwich, Massachusetts, USA.; Curry College, Milton, Massachusetts, USA.; Harvard Medical Faculty at BID Plymouth, Curry College, Milton, Massachusetts, USA.; Our Dream, Al Galaa Military Medical Complex, Cairo, Egypt.; Texas Tech University Health Sciences Center, Lubbock, Texas, USA.; Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil.; Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden.; Training and Assistance for Health and Nutrition Foundation (TAHN), Dhaka, Bangladesh.; Karolinska Institute, Stockholm, Sweden.; Makerere University College of Health Sciences, Kampala, Uganda.; Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden.; Department of Neonatology, Astrid Lindgren

Children's Hospital, Solna, Sweden.; Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark.; Internatinal Perinatal Professionals, Stonecrest, Georgia, USA.; Reykjavik Birth Center, University of Iceland, Reykjavik, Iceland.; Healthy Children Project, Inc., Harwich, Massachusetts, USA.; Department of Integrated Health Sciences, Nagoya University Graduate School of Medicine, Nagoya, Japan.

UR - <https://pubmed.ncbi.nlm.nih.gov/37166443/>

LA - eng

CY - Norway

KW - Skin

AB - AIM: Skin-to-skin contact immediately after birth is recognised as an evidence-based best practice and an acknowledged contributor to improved short- and long-term health outcomes including decreased infant mortality. However, the implementation and definition of skin-to-skin contact is inconsistent in both practice and research studies. This project utilised the World Health Organization guideline process to clarify best practice and improve the consistency of application. METHODS: The rigorous guideline development process combines a systematic review with acumen and judgement of experts with a wide range of credentials and experience. RESULTS: The developed guideline received a strong recommendation from the Expert Panel. The result concluded that there was a high level of confidence in the evidence and that the practice is not resource intensive. Research gaps were identified and areas for continued work were delineated. CONCLUSION: The World Health Organization guideline development process reached the conclusion immediate, continuous, uninterrupted skin-to-skin contact should be the standard of care for all mothers and all babies (from 1000 g with experienced staff if assistance is needed), after all modes of birth. Delaying non-essential routine care in favour of uninterrupted skin-to-skin contact after birth has been shown to be safe and allows for the progression of newborns through their instinctive behaviours.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/apa.16842

ER -

TY - JOUR

AN - rayyan-504931127

TI - Association of Maternal Prepregnancy Body Mass Index With Placental Histopathological Characteristics in Uncomplicated Term Pregnancies.

Y1 - 2019

Y2 - 1

T2 - Pediatric and developmental pathology : the official journal of the Society for Pediatric Pathology and the Paediatric Pathology Society

SN - 1615-5742 (Electronic)

J2 - Pediatr Dev Pathol

VL - 22

IS - 1

SP - 45-52

AU - Brouwers L

AU - Franx A

AU - Vogelvang TE

AU - Houben ML

AU - van Rijn BB

AU - Nikkels PG

AV - 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; 2 Department of Obstetrics & Gynecology, Diaconessenhuis, Utrecht, The Netherlands.; 3 Department of Pediatrics, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; 1 Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.; 4 Department of Pathology, Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/29969058/>

LA - eng

CY - United States

KW - Adult

KW - *Body Mass Index

KW - Cross-Sectional Studies
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Male
 KW - Obesity/*pathology
 KW - Placenta/*pathology
 KW - Pregnancy
 KW - Pregnancy Complications/*pathology
 KW - Prospective Studies
 KW - Term Birth
 KW - Body Mass Index
 AB - INTRODUCTION: Prepregnancy obesity is a growing global health problem and has several risks for mother and child. The aim of this study was to systematically examine the effect of increased maternal body mass index (BMI) on placental pathology in otherwise uneventful term pregnancies. METHODS: In this analysis, we studied data of the Netherlands Amniotic Fluid study, a prospective study of women delivering in Utrecht, the Netherlands, between 2006 and 2007. We included women with uncomplicated pregnancies, vaginal delivery, and data on prepregnancy weight and height (n = 382). Placental histopathology was compared between women of normal BMI (≤ 24.9 kg/m²), overweight (25-29.9 kg/m²), and obese (≥ 30 kg/m²). RESULTS: Increasing prepregnancy BMI was associated with heavier placentas and higher mean infant's birth weight. In addition, obesity was positively associated with high-grade chronic villitis (odds ratio [OR]: 18.1, 95% confidence interval [CI]: 1.6-205.2), accelerated villous maturation (OR: 1.1, 95% CI: 1.0-1.2), and lower incidence of placental weight below the 10th percentile for gestational age (OR: 0.5, 95% CI: 0.3-1.0). There was a substantial effect of parity on maternal, placental, and neonatal weights. CONCLUSIONS: Even in uncomplicated pregnancies, maternal obesity is associated with characteristic changes in placental pathology. Further research is needed to evaluate these changes in view of later-life health of infants born to obese mothers.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1177/1093526618785838
 ER -

 TY - JOUR
 AN - rayyan-504931128
 TI - A Retrospective Study of Acute Postoperative Pain After Cesarean Delivery in Patients With Opioid Use Disorder Treated With Opioid Agonist Pharmacotherapy.
 Y1 - 2022
 Y2 - 9
 Y3 - 01
 T2 - Journal of addiction medicine
 SN - 1935-3227 (Electronic)
 J2 - J Addict Med
 VL - 16
 IS - 5
 SP - 549-556
 AU - Cobb J
 AU - Craig W
 AU - Richard J
 AU - Snow E
 AU - Turcotte H
 AU - Warters R
 AU - Quaye A
 AV - From the Department of Anesthesiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH (JC); Center for Outcomes Research and Evaluation, Maine Medical Center Research Institute, Portland, ME (WC); Department of Anesthesiology & Perioperative Medicine, Maine Medical Center, Portland, ME (JR, HT, RW, AQ); Family Birth Center, Maine Medical Center, Portland, ME (ES).
 UR - <https://pubmed.ncbi.nlm.nih.gov/35165223/>
 LA - eng

CY - Netherlands
KW - Analgesics, Opioid
KW - *Buprenorphine/therapeutic use
KW - Endrin/analogs & derivatives
KW - Female
KW - Humans
KW - Methadone/therapeutic use
KW - Morphine Derivatives/therapeutic use
KW - *Opioid-Related Disorders/drug therapy
KW - Pain, Postoperative/drug therapy
KW - Pregnancy
KW - Retrospective Studies
KW - Pain, Postoperative
AB - OBJECTIVE: We aimed to quantify the effect of opioid agonist pharmacotherapy on pain management after cesarean delivery, compared with patients not on these medications. METHODS: Patients undergoing cesarean delivery at our institution between January 2016 and December 2018 were stratified by peripartum use of opioid agonist pharmacotherapy versus no agonist therapy. We compared 24-hour postoperative opioid consumption not including buprenorphine and methadone, in milligram morphine equivalents (MME) (primary outcome), highest pain score on a 0 to 10 numerical rating scale in the first 24 postoperative hours, and postoperative length of stay in hours (secondary outcomes) between groups. These outcomes were also compared after covariate adjustment using logistic regression. RESULTS: We identified 123 patients on opioid agonist pharmacotherapy - in the form of buprenorphine or methadone and 2856 patients not on these medications. The groups differed in demographic characteristics, including age, smoking, and marital status. Opioid consumption during the first 24 postoperative hours (median [interquartile range]) was 99 [75,120] MME for patients on agonist therapy and 30 [0, 64] MME among parturients not taking these medications ($P < 0.001$). Highest pain scores during this time were also higher for patients on opioid agonist pharmacotherapy (mean [standard deviation]: 8.2 [1.6] vs 5.5 [2.2], $P < 0.001$ for the no agonist group). Postoperative length of stay was 73 [68, 77] hours for patients on agonist pharmacotherapy, and 71 [62, 76] hours for parturients taking no agonist ($P < 0.001$). All differences remained significant after covariate adjustment. CONCLUSIONS: Parturients on opioid agonist pharmacotherapy have markedly increased opioid utilization and pain severity after cesarean delivery.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1097/ADM.0000000000000964
ER -

TY - JOUR
AN - rayyan-504931129
TI - Evaluating a cardiovascular disease risk management care continuum within a learning healthcare system: a prospective cohort study.
Y1 - 2020
Y2 - 12
T2 - BJGP open
SN - 2398-3795 (Electronic)
J2 - BJGP Open
VL - 4
IS - 5
AU - Groenhof TKJ
AU - Lely AT
AU - Haitjema S
AU - Nathoe HM
AU - Kortekaas MF
AU - Asselbergs FW
AU - Bots ML
AU - Hollander M
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UR - <https://pubmed.ncbi.nlm.nih.gov/33144367/>

LA - eng

CY - England

KW - Risk Management

KW - Cohort Studies

KW - Continuity of Patient Care

AB - BACKGROUND: Many patients now present with multimorbidity and chronicity of disease. This means that multidisciplinary management in a care continuum, integrating primary care and hospital care services, is needed to ensure high quality care. AIM: To evaluate cardiovascular risk management (CVRM) via linkage of health data sources, as an example of a multidisciplinary continuum within a learning healthcare system (LHS). DESIGN & SETTING: In this prospective cohort study, data were linked from the Utrecht Cardiovascular Cohort (UCC) to the Julius General Practitioners' Network (JGPN) database. UCC offers structured CVRM at referral to the University Medical Centre (UMC) Utrecht. JGPN consists of electronic health record (EHR) data from referring GPs. METHOD: The cardiovascular risk factors were extracted for each patient 13 months before referral (JGPN), at UCC inclusion, and during 12 months follow-up (JGPN). The following areas were assessed: registration of risk factors; detection of risk factor(s) requiring treatment at UCC; communication of risk factors and actionable suggestions from the specialist to the GP; and change of management during follow-up. RESULTS: In 52% of patients, ≥ 1 risk factors were registered (that is, extractable from structured fields within routine care health records) before UCC. In 12%-72% of patients, risk factor(s) existed that required (change or start of) treatment at UCC inclusion. Specialist communication included the complete risk profile in 67% of letters, but lacked actionable suggestions in 86%. In 29% of patients, at least one risk factor was registered after UCC. Change in management in GP records was seen in 21%-58% of them. CONCLUSION: Evaluation of a multidisciplinary LHS is possible via linkage of health data sources. Efforts have to be made to improve registration in primary care, as well as communication on findings and actionable suggestions for follow-up to bridge the gap in the CVRM continuum.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.3399/bjgpopen20X101109

ER -

TY - JOUR

AN - rayyan-504931130

TI - Spiral artery remodeling and maternal cardiovascular risk: the spiral artery remodeling (SPAR) study.

Y1 - 2016

Y2 - 8

T2 - Journal of hypertension

SN - 1473-5598 (Electronic)

J2 - J Hypertens

VL - 34

IS - 8

SP - 1570-7

AU - Veerbeek JH

AU - Brouwers L

AU - Koster MP

AU - Koenen SV

AU - van Vliet EO

AU - Nikkels PG

AU - Franx A

AU - van Rijn BB

AV - aDivision Woman and Baby, Wilhelmina Children's Hospital Birth Center, Department of Obstetrics,

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UR - <https://pubmed.ncbi.nlm.nih.gov/27219485/>

LA - eng

CY - Netherlands

KW - Adult

KW - Antigens, CD/analysis

KW - Antigens, Differentiation, Myelomonocytic/analysis

KW - Arteries/*pathology/physiopathology

KW - CD3 Complex/analysis

KW - CD56 Antigen/analysis

KW - Cardiovascular Diseases/physiopathology

KW - Case-Control Studies

KW - Cholesterol, LDL/*blood

KW - Decidua/pathology

KW - Female

KW - Humans

KW - Myometrium/pathology

KW - Placenta/blood supply/*pathology

KW - Postpartum Period

KW - Pre-Eclampsia/*pathology/physiopathology

KW - Pregnancy

KW - Risk Factors

KW - *T-Lymphocytes/chemistry

KW - Triglycerides/*blood

KW - *Vascular Remodeling

AB - BACKGROUND: Women with a history of placental bed disorders, including preeclampsia and intrauterine growth restriction have an increased long-term risk of cardiovascular disease (CVD). Further, similarities exist between atherosclerosis and abnormalities observed in placental bed spiral arteries in pregnancies affected by preeclampsia and intrauterine growth restriction, such as acute atherosclerosis and defective remodeling. This suggests a common pathophysiological pathway underlying both disorders.

OBJECTIVES: The aim of this study was to investigate vascular and inflammatory lesions in the placental bed of women with preeclampsia and normal pregnancy using a systematic approach to characterize lesions of the placental bed, and relate spiral artery pathology to postpartum CVD risk assessment. METHODS:

Placental bed punch biopsies were performed following caesarean section and systematically studied to assess vascular pathology, arterial remodeling, and the presence of CD3, CD56, and CD68 cells. In addition, levels of modifiable CVD risk factors were assessed immediately postpartum. RESULTS: We found fewer spiral arteries with complete remodeling in women with preeclampsia than in the control group (21 vs. 68%; $P = 0.008$). Further, women with preeclampsia showed less presence of CD3 cells in both the decidua and the myometrium. Preliminary findings of CVD risk factor assessment postpartum suggest a correlation between acute atherosclerosis and higher triglyceride and low-density lipoprotein cholesterol levels. CONCLUSION: Systematic study of vascular pathology in uterine spiral artery biopsy samples in relation to CVD risk factors provides valuable insight into the link between cardiovascular health and placental bed disorders.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1097/HJH.0000000000000964

ER -

TY - JOUR

AN - rayyan-504931132

TI - Morphological and molecular changes in the murine placenta exposed to normobaric hypoxia throughout pregnancy.

Y1 - 2016

Y2 - 3

Y3 - 1

T2 - The Journal of physiology
 SN - 1469-7793 (Electronic)
 J2 - J Physiol
 VL - 594
 IS - 5
 SP - 1371-88
 AU - Matheson H
 AU - Veerbeek JH
 AU - Charnock-Jones DS
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 UR - <https://pubmed.ncbi.nlm.nih.gov/26278110/>
 LA - eng
 CY - England
 KW - Animals
 KW - Endoplasmic Reticulum Stress
 KW - Female
 KW - Fetal Hypoxia/*metabolism/pathology
 KW - Fetal Weight
 KW - Male
 KW - Mice
 KW - Mice, Inbred C57BL
 KW - Placenta/*metabolism/pathology
 KW - Pregnancy
 KW - Protein Serine-Threonine Kinases/metabolism
 KW - Proto-Oncogene Proteins c-akt/genetics/metabolism
 KW - Sex Factors
 KW - TOR Serine-Threonine Kinases/genetics/metabolism
 KW - Placenta
 KW - Anoxia
 AB - Chronic hypoxia is a common complication of pregnancy, arising through malperfusion of the placenta or pregnancy at high altitude. The present study investigated the effects of hypoxia on the growth of the placenta, which is the organ that interfaces between the mother and her fetus. Mice were housed in an hypoxic environment for the whole of gestation. An atmosphere of 13% oxygen induced fetal growth restriction (1182 ± 9 mg, $n = 90$ vs. 1044 ± 11 mg, $n = 62$, $P < 0.05$) but enhanced placental weight (907 ± 11 mg, $n = 90$ vs. 998 ± 15 mg, $n = 62$, $P < 0.05$). Stereological analyses revealed an increase in the volume of maternal blood spaces in the placenta, consistent with increased flow. At the molecular level, we observed activation of the protein kinase B (Akt)-mechanistic target of rapamycin growth and proliferation pathway. Chronic hypoxia also triggered mild endoplasmic reticulum stress, a conserved homeostatic response that mediates translational arrest through phosphorylation of eukaryotic initiation factor 2 subunit α . Surprisingly, although subunits of the mitochondrial electron transport chain complexes were reduced at the protein level, there was no evidence of intracellular energy depletion. Finally, we demonstrated sex-specific placental responses to chronic hypoxia. Placentas from male fetuses were heavier (1082 ± 2 mg, $n = 30$ vs. 928 ± 2 mg, $n = 34$, $P < 0.05$) and less susceptible to hypoxia-induced oxidative stress than those from females. Their capacity to adapt may explain why male fetuses were significantly less growth restricted at embryonic day 18.5 than their female counterparts. These findings are consistent with the concept that male fetuses are more aggressive with respect to their nutrient demands, which may place them at greater risk of adverse

outcomes under limiting conditions.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1113/JP271073

ER -

TY - JOUR

AN - rayyan-504931133

TI - Chorioamnionitis Causes Kidney Inflammation, Podocyte Damage, and Pro-fibrotic Changes in Fetal Lambs.

Y1 - 2022

T2 - Frontiers in pediatrics

SN - 2296-2360 (Print)

J2 - Front Pediatr

VL - 10

SP - 796702

AU - Hoogenboom LA

AU - Lely AT

AU - Kemp MW

AU - Saito M

AU - Jobe AH

AU - Wolfs TGAM

AU - Schreuder MF

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UR - <https://pubmed.ncbi.nlm.nih.gov/35444963/>

LA - eng

CY - Switzerland

KW - Kidney

KW - Inflammation

KW - Chorioamnionitis

AB - BACKGROUND: Perinatal complications, such as prematurity and intrauterine growth restriction, are associated with increased risk of chronic kidney disease. Although often associated with reduced nephron endowment, there is also evidence of increased susceptibility for sclerotic changes and podocyte alterations. Preterm birth is frequently associated with chorioamnionitis, though studies regarding the effect of chorioamnionitis on the kidney are scarce. In this study, we aim to unravel the consequences of premature birth and/or perinatal inflammation on kidney development using an ovine model. METHODS: In a preterm sheep model, chorioamnionitis was induced by intra-amniotic injection of lipopolysaccharide (LPS) at either 2, 8, or 15 days prior to delivery. Control animals received intra-amniotic injections of sterile saline. All lambs were surgically delivered at 125 days' gestation (full term is 150 days) and immediately euthanized for necropsy. Kidneys were harvested and processed for staining with myeloperoxidase (MPO), Wilms tumor-1 (WT1) and alpha-smooth muscle actine (αSMA). mRNA expression of tumor necrosis factor alpha (TNFA), Interleukin 10 (IL10), desmin (DES), Platelet derived growth factor beta (PDGFB), Platelet derived growth factor receptor beta (PDGFRB), synaptopodin (SYNPO), and transforming growth factor beta (TGFB) was measured using quantitative PCR. RESULTS: Animals with extended (but not acute) LPS exposure had an inflammatory response in the kidney. MPO staining was significantly increased after 8 and 15 days ($p = 0.003$ and $p = 0.008$, respectively). Expression of TNFA ($p = 0.016$) and IL10 ($p = 0.026$) transcripts was

increased, peaking on day 8 after LPS exposure. Glomerular aSMA and expression of TGFB was increased on day 8, suggesting pro-fibrotic mesangial activation, however, this was not confirmed with PDFGB or PDGFRB. The number of WT1 positive nuclei in the glomerulus, as well as expression of synaptopodin, decreased, indicating podocyte injury. CONCLUSION: We report that, in an ovine model of prematurity, LPS-induced chorioamnionitis leads to inflammation of the immature kidney. In addition, this process was associated with podocyte injury and there are markers to support pro-fibrotic changes to the glomerular mesangium. These data suggest a potential important role for antenatal inflammation in the development of preterm-associated kidney disease, which is frequent.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.3389/fped.2022.796702

ER -

TY - JOUR

AN - rayyan-504931135

TI - Impact of preventive screening and lifestyle interventions in women with a history of preeclampsia: A micro-simulation study.

Y1 - 2020

Y2 - 9

T2 - European journal of preventive cardiology

SN - 2047-4881 (Electronic)

J2 - Eur J Prev Cardiol

VL - 27

IS - 13

SP - 1389-1399

AU - Lagerweij GR

AU - Brouwers L

AU - De Wit GA

AU - Moons K

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UR - <https://pubmed.ncbi.nlm.nih.gov/32054298/>

LA - eng

CY - England

KW - Adult

KW - Cardiovascular Diseases/economics/*prevention & control

KW - *Computer Simulation

KW - Cost-Benefit Analysis

KW - Exercise/*physiology
KW - Female
KW - Humans
KW - *Life Style
KW - Mass Screening/*methods
KW - Pre-Eclampsia/*diagnosis
KW - Pregnancy
KW - Quality-Adjusted Life Years
KW - Risk Assessment/*methods
KW - Pre-Eclampsia
KW - Life Style

AB - BACKGROUND: Preeclampsia is a female-specific risk factor for the development of future cardiovascular disease. Whether early preventive cardiovascular disease risk screenings combined with risk-based lifestyle interventions in women with previous preeclampsia are beneficial and cost-effective is unknown. METHODS: A micro-simulation model was developed to assess the life-long impact of preventive cardiovascular screening strategies initiated after women experienced preeclampsia during pregnancy. Screening was started at the age of 30 or 40 years and repeated every five years. Data (initial and follow-up) from women with a history of preeclampsia was used to calculate 10-year cardiovascular disease risk estimates according to Framingham Risk Score. An absolute risk threshold of 2% was evaluated for treatment selection, i.e. lifestyle interventions (e.g. increasing physical activity). Screening benefits were assessed in terms of costs and quality-adjusted-life-years, and incremental cost-effectiveness ratios compared with no screening. RESULTS: Expected health outcomes for no screening are 27.35 quality-adjusted-life-years and increase to 27.43 quality-adjusted-life-years (screening at 30 years with 2% threshold). The expected costs for no screening are €9426 and around €13,881 for screening at 30 years (for a 2% threshold). Preventive screening at 40 years with a 2% threshold has the most favourable incremental cost-effectiveness ratio, i.e. €34,996/quality-adjusted-life-year, compared with other screening scenarios and no screening. CONCLUSIONS: Early cardiovascular disease risk screening followed by risk-based lifestyle interventions may lead to small long-term health benefits in women with a history of preeclampsia. However, the cost-effectiveness of a lifelong cardiovascular prevention programme starting early after preeclampsia with risk-based lifestyle advice alone is relatively unfavourable. A combination of risk-based lifestyle advice plus medical therapy may be more beneficial.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population,Focus on pre-eclampsia

DO - 10.1177/2047487319898021

ER -

TY - JOUR

AN - rayyan-504931136

TI - A national surveillance approach to monitor incidence of eclampsia: The Netherlands Obstetric Surveillance System.

Y1 - 2019

Y2 - 3

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 98

IS - 3

SP - 342-350

AU - Schaap TP

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University, Amsterdam, the Netherlands.; Department of Obstetrics, Birth Center Wilhelmina's Children Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/30346039/>

LA - eng

CY - United States

KW - Adult

KW - Antihypertensive Agents/therapeutic use

KW - Delivery, Obstetric/*statistics & numerical data

KW - Eclampsia/*epidemiology/therapy

KW - Female

KW - Humans

KW - Incidence

KW - Infant, Newborn

KW - Magnesium Sulfate/therapeutic use

KW - Monitoring, Physiologic

KW - Netherlands/epidemiology

KW - Perinatal Mortality

KW - Pre-Eclampsia/epidemiology

KW - Pregnancy

KW - Young Adult

KW - Eclampsia

KW - Netherlands

AB - INTRODUCTION: There have been many efforts in the last decade to decrease the incidence of eclampsia and its related complications in the Netherlands, such as lowering thresholds for treatment of hypertension and mandatory professional training. To determine the impact of these policy changes on incidence and outcomes, we performed a nationwide registration of eclampsia, 10 years after the previous registration. MATERIAL AND METHODS: Cases of eclampsia were prospectively collected using the Netherlands Obstetric Surveillance System (NethOSS; 2013-2016) in all hospitals with a maternity unit in the Netherlands. Complete case file copies were obtained for comparative analysis of individual level data with the previous cohort (2004-2006). Primary outcome measure was incidence of eclampsia; main secondary outcomes were antihypertensive and magnesium sulfate use, and maternal and perinatal mortality.

RESULTS: NethOSS identified 88 women with eclampsia. The incidence decreased from 6.2/10 000 in 2004-2006 to 1.8/10 000 births (relative risk [RR] 0.28, 95% confidence interval [CI] 0.22-0.36). Increases in the use of antihypertensive medication (61/82 vs 35/216; RR 18.4, 95% CI 9.74-34.70) and magnesium sulfate treatment (82/82 vs 201/216; RR 1.08, 95% CI 1.04-1.12) were observed. There was one intrauterine death following termination of pregnancy. No cases of neonatal mortality were reported in NethOSS compared with 11 in the LEMMoN. Maternal death occurred in one woman compared vs three in the previous registration.

CONCLUSIONS: There has been a strong reduction of eclampsia and associated perinatal mortality in the Netherlands over the last decade. Management changes and increased awareness may have contributed to this reduction.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population,Focus on pre-eclampsia

DO - 10.1111/aogs.13493

ER -

TY - JOUR

AN - rayyan-504931137

TI - Postpartum increases in cerebral edema and inflammation in response to placental ischemia during pregnancy.

Y1 - 2018

Y2 - 5

T2 - Brain, behavior, and immunity

SN - 1090-2139 (Electronic)

J2 - Brain Behav Immun

VL - 70

SP - 376-389

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 UR - <https://pubmed.ncbi.nlm.nih.gov/29588233/>
 LA - eng
 CY - Netherlands
 KW - Animals
 KW - Astrocytes
 KW - Blood-Brain Barrier/metabolism
 KW - Brain/metabolism
 KW - Brain Edema/*etiology/physiopathology
 KW - Female
 KW - Hypertension/physiopathology
 KW - Inflammation/physiopathology
 KW - Ischemia/*physiopathology
 KW - Microglia
 KW - Occludin/metabolism
 KW - Placenta/*blood supply/metabolism
 KW - Postpartum Period
 KW - Pre-Eclampsia/physiopathology
 KW - Pregnancy
 KW - Rats
 KW - Rats, Sprague-Dawley
 KW - Uterus/physiopathology
 KW - Brain Edema
 KW - Inflammation
 AB - Reduced placental blood flow results in placental ischemia, an initiating event in the pathophysiology of preeclampsia, a hypertensive pregnancy disorder. While studies show increased mortality risk from Alzheimer's disease, stroke, and cerebrovascular complications in women with a history of preeclampsia, the underlying mechanisms are unknown. During pregnancy, placental ischemia, induced by reducing uterine perfusion pressure (RUPP), leads to cerebral edema and increased blood-brain barrier (BBB) permeability; however whether these complications persist after delivery is not known. Therefore, we tested the hypothesis that placental ischemia contributes to postpartum cerebral edema and neuroinflammation. On gestational day 14, time-pregnant Sprague Dawley rats underwent Sham (n = 10) or RUPP (n = 9) surgery and brain tissue collected 2 months post-delivery. Water content increased in posterior cortex but not hippocampus, striatum, or anterior cerebrum following RUPP. Using a rat cytokine multi-plex kit, posterior cortical IL-17, IL-1 α , IL-1 β , Leptin, and MIP2 increased while hippocampal IL-4, IL-12(p70) and RANTES increased and IL-18 decreased following RUPP. Western blot analysis showed no changes in astrocyte marker, Glial Fibrillary Acidic Protein (GFAP); however, the microglia marker, ionized calcium binding adaptor molecule (Iba1) tended to increase in hippocampus of RUPP-exposed rats. Immunofluorescence staining revealed reduced number of posterior cortical microglia but increased activated (Type 4) microglia in RUPP. Astrocyte number increased in both regions but area covered by astrocytes increased only in posterior cortex following RUPP. BBB-associated proteins, Claudin-1, Aquaporin-4, and zonular occludens-1 expression were unaltered; however, posterior cortical occludin decreased. These results suggest that 2 months postpartum, neuroinflammation, along with decreased occludin expression, may partly explain posterior cortical edema in rats with history of placental ischemia.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome
 DO - 10.1016/j.bbi.2018.03.028

ER -

TY - Comparative Study

AN - rayyan-504931138

TI - Association of Timing of Plasma Transfusion With Adverse Maternal Outcomes in Women With Persistent Postpartum Hemorrhage.

Y1 - 2019

Y2 - 11

Y3 - 1

T2 - JAMA network open

SN - 2574-3805 (Electronic)

J2 - JAMA Netw Open

VL - 2

IS - 11

SP - e1915628

AU - Henriquez DDCA

AU - Caram-Deelder C

AU - le Cessie S

AU - Zwart JJ

AU - van Roosmalen JJM

AU - Eikenboom JCJ

AU - So-Osman C

AU - van de Watering LMG

AU - Zwaginga JJ

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UR - <https://pubmed.ncbi.nlm.nih.gov/31730187/>

LA - eng

CY - United States

KW - Adult

KW - *Blood Component Transfusion

KW - Cohort Studies

KW - Female

KW - Humans

KW - Incidence

KW - *Plasma

KW - Postpartum Hemorrhage/*therapy

KW - Puerperal Disorders/*epidemiology

KW - *Time-to-Treatment

AB - IMPORTANCE: Early plasma transfusion for women with severe postpartum hemorrhage (PPH) is recommended to prevent coagulopathy. However, there is no comparative, quantitative evidence on the association of early plasma transfusion with maternal outcomes. OBJECTIVE: To compare the incidence of adverse maternal outcomes among women who received plasma during the first 60 minutes of persistent PPH vs women who did not receive plasma for similarly severe persistent PPH. DESIGN, SETTING, AND PARTICIPANTS: This multicenter cohort study used a consecutive sample of women with persistent PPH, defined as PPH refractory to first-line measures to control bleeding, between January 1, 2011, and January 1, 2013. Time-dependent propensity score matching was used to select women who received plasma during the first 60 minutes of persistent PPH and match each of them with a woman who had shown the same severity and received the same treatment of PPH but who had not received plasma at the moment of matching. Transfusions were not guided by coagulation tests. Statistical analysis was performed from June 2018 to June 2019. EXPOSURES: Transfusion of plasma during the first 60 minutes of persistent PPH vs no or later plasma transfusion. MAIN OUTCOMES AND MEASURES: Incidence of adverse maternal outcomes, defined as a composite of death, hysterectomy, or arterial embolization. RESULTS: This study included 1216 women (mean [SD] age, 31.6 [5.0] years) with persistent PPH, of whom 932 (76.6%) delivered vaginally and 780 (64.1%) had PPH caused by uterine atony. Seven women (0.6%) died because of PPH, 62 women (5.1%) had a hysterectomy, and 159 women (13.1%) had arterial embolizations. Among women who received plasma during the first 60 minutes of persistent PPH, 114 women could be matched with a comparable woman who had not received plasma at the moment of matching. The incidence of adverse maternal outcomes was similar between the women, with adverse outcomes recorded in 24 women (21.2%) who received early plasma transfusion and 23 women (19.9%) who did not receive early plasma transfusion (odds ratio, 1.09; 95% CI, 0.57-2.09). Results of sensitivity analyses were comparable to the primary results. CONCLUSIONS AND RELEVANCE: In this cohort study, initiation of plasma transfusion during the first 60 minutes of persistent PPH was not associated with adverse maternal outcomes compared with no or later plasma transfusion, independent of severity of PPH.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.1001/jamanetworkopen.2019.15628

ER -

TY - Controlled Clinical Trial

AN - rayyan-504931139

TI - Age at menopause in women with type 1 diabetes mellitus: the OVADIA study.

Y1 - 2015

Y2 - 2

T2 - Human reproduction (Oxford, England)

SN - 1460-2350 (Electronic)

J2 - Hum Reprod

VL - 30

IS - 2

SP - 441-6

AU - Yarde F

AU - van der Schouw YT

AU - de Valk HW

AU - Franx A

AU - Eijkemans MJ

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Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.; Department of Vascular Medicine, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.; Department of Reproductive Medicine and Gynaecology, University Medical Center Utrecht, PO Box 85500, 3508 GA Utrecht, The Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/25452435/>

LA - eng

CY - England

KW - *Aging

KW - Cohort Studies

KW - Cross-Sectional Studies

KW - Diabetes Mellitus, Type 1/*complications

KW - Female

KW - Humans

KW - Linear Models

KW - *Menopause, Premature

KW - Middle Aged

KW - Netherlands

KW - Proportional Hazards Models

KW - Retrospective Studies

KW - Self Report

KW - Menopause

AB - STUDY QUESTION: Is type 1 diabetes a determinant of advanced ovarian ageing, resulting in an early age at natural menopause? SUMMARY ANSWER: No clear evidence was provided that type 1 diabetes is a determinant of accelerated ovarian ageing resulting in an early menopause. WHAT IS KNOWN ALREADY: The association between type 1 diabetes and early menopause has been examined previously with inconsistent results. STUDY DESIGN, SIZE, DURATION: A cross-sectional study was performed in 140 post-menopausal women with, and 5426 post-menopausal women without, diabetes. PARTICIPANTS/MATERIALS, SETTING, METHODS: Both women with and without diabetes had experienced natural menopause. Study participants filled out a standardized questionnaire including report of their age at last menstrual period. Differences in menopausal age were analysed using linear regression analyses, with adjustment for possible confounders. MAIN RESULTS AND THE ROLE OF CHANCE: Mean age at natural menopause was 49.8 ± 4.7 years in women with type 1 diabetes and 49.8 ± 4.1 in women without diabetes. Linear regression analyses showed that type 1 diabetes was not associated with an earlier menopause compared with the reference group without diabetes, after adjustment for age, smoking history and parity (difference in age at menopause between women with type 1 diabetes and reference group 0.34 years, 95% confidence interval -0.34, 1.01). LIMITATIONS, REASON FOR CAUTION: Age at menopause was self-reported and assessed retrospectively. We had no information regarding microvascular complications therefore a possible association between vascular health and menopausal age could not be investigated. WIDER IMPLICATIONS OF THE FINDINGS: It has been hypothesized that the possible mechanism behind an accelerated ovarian ageing process in type 1 diabetes is prolonged poor glycaemic control and subsequent effects on vascular health. The improved glycaemic control during the last decades may have prevented vascular damage from occurring to an extent that would affect organ function. Nevertheless, the present findings are reassuring for reproductive health prospects in women with type 1 diabetes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1093/humrep/deu327

ER -

TY - Evaluation Study

AN - rayyan-504931140

TI - Clinical value of early viscoelastometric point-of-care testing during postpartum hemorrhage for the prediction of severity of bleeding: A multicenter prospective cohort study in the Netherlands.

Y1 - 2021

Y2 - 9

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 1600-0412 (Electronic)

J2 - Acta Obstet Gynecol Scand

VL - 100
 IS - 9
 SP - 1656-1664
 AU - Ramler PI
 AU - Gillissen A
 AU - Henriquez DDCA
 AU - Caram-Deelder C
 AU - Markovski AA
 AU - de Maat MPM
 AU - Duvekot JJ
 AU - Eikenboom JCJ
 AU - Bloemenkamp KWM
 AU - van Lith JMM
 AU - van den Akker T
 AU - van der Bom JG
 AV - Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Hematology, Erasmus University Medical Center, Rotterdam, the Netherlands.; Department of Obstetrics, Erasmus University Medical Center, Rotterdam, the Netherlands.; Department of Internal Medicine, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Division Woman and Baby, Birth Center Wilhelmina Children Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Center, Leiden, the Netherlands.; Athena Institute, Faculty of Science, VU University Medical Center, Amsterdam, the Netherlands.; National Perinatal Epidemiology Unit, University of Oxford, Oxford, United Kingdom.; Center for Clinical Transfusion Research, Sanquin Research, Leiden, the Netherlands.; Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, the Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/33999407/>
 LA - eng
 CY - United States
 KW - Adult
 KW - Cohort Studies
 KW - Female
 KW - Humans
 KW - Netherlands
 KW - Point-of-Care Testing
 KW - Postpartum Hemorrhage/*diagnosis
 KW - Predictive Value of Tests
 KW - Pregnancy
 KW - *Prenatal Diagnosis
 KW - Prospective Studies
 KW - Severity of Illness Index
 KW - *Thrombelastography
 KW - Postpartum Period
 AB - INTRODUCTION: To evaluate rotational fibrin-based thromboelastometry (ROTEM®) FIBTEM) with amplitude of clot firmness at 5 min (A5) as an early point-of-care parameter for predicting progression to severe postpartum hemorrhage, and compare its predictive value with that of fibrinogen. MATERIAL AND METHODS: Prospective cohort study in the Netherlands including women with 800-1500 ml of blood loss within 24 h following birth. Blood loss was quantitatively measured by weighing blood-soaked items and using a fluid collector bag in the operating room. Both FIBTEM A5 values and fibrinogen concentrations

(Claus method) were measured between 800 and 1500 ml of blood loss. Predictive accuracy of both biomarkers for the progression to severe postpartum hemorrhage was measured by area under the receiver operating curves (AUC). Severe postpartum hemorrhage was defined as a composite endpoint of (1) total blood loss >2000 ml, (2) transfusion of ≥ 4 packed cells, and/or (3) need for an invasive intervention to cease bleeding. RESULTS: Of the 391 women included, 72 (18%) developed severe postpartum hemorrhage. Median (IQR) volume of blood loss at blood sampling was 1100 ml (1000-1300) with a median (interquartile range [IQR]) fibrinogen concentration of 3.9 g/L (3.4-4.6) and FIBTEM A5 value of 17 mm (13-20). The AUC for progression to severe postpartum hemorrhage was 0.53 (95% confidence interval [CI] 0.46-0.61) for FIBTEM A5 and 0.58 (95% CI 0.50-0.65) for fibrinogen. Positive predictive values for progression to severe postpartum hemorrhage for FIBTEM A5 ≤ 12 mm was 22.5% (95% CI 14-33) and 50% (95% CI 25-75) for fibrinogen ≤ 2 g/L. CONCLUSIONS: The predictive value of FIBTEM A5 compared to fibrinogen concentrations measured between 800 and 1500 ml of blood loss following childbirth was poor to discriminate between women with and without progression towards severe postpartum hemorrhage.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/aogs.14172

ER -

TY - JOUR

AN - rayyan-504931141

TI - Circulating Neutrophils Do Not Predict Subclinical Coronary Artery Disease in Women with Former Preeclampsia.

Y1 - 2020

Y2 - 2

Y3 - 18

T2 - Cells

SN - 2073-4409 (Electronic)

J2 - Cells

VL - 9

IS - 2

AU - Meeuwssen JAL

AU - de Vries J

AU - Zoet GA

AU - Franx A

AU - Fauser BCJM

AU - Maas AHM

AU - Velthuis BK

AU - Appelman YE

AU - Visseren FL

AU - Pasterkamp G

AU - Hoefer IE

AU - van Rijn BB

AU - den Ruijter HM

AU - de Jager SCA

AV - Laboratory for Experimental Cardiology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Laboratory for Experimental Cardiology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Department of Reproductive Medicine and Gynaecology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Department cardiology, Radboud University Medical Center, 6525 GA Nijmegen, The Netherlands.; Department of Radiology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Amsterdam University Medical Centre, VU Medical Centre, VU University, 1081 VV Amsterdam, The Netherlands.; Department of Vascular Medicine, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Central Diagnostic Laboratory, University Medical Center Utrecht, Utrecht, 3584 CX Utrecht, The Netherlands.; Central Diagnostic Laboratory, University Medical Center Utrecht, Utrecht, 3584 CX Utrecht, The Netherlands.; Wilhelmina Children's Hospital Birth Center, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Laboratory for Experimental Cardiology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Laboratory for

Experimental Cardiology, University Medical Center Utrecht, 3584 CX Utrecht, The Netherlands.; Center Translational Immunology, University Medical Center Utrecht, Utrecht, 3584 CX Utrecht, The Netherlands.
UR - <https://pubmed.ncbi.nlm.nih.gov/32085575/>

LA - eng

CY - Switzerland

KW - Cohort Studies

KW - Coronary Angiography

KW - Coronary Artery Disease/*blood/*diagnostic imaging

KW - Cross-Sectional Studies

KW - Female

KW - Flow Cytometry

KW - Humans

KW - Leukocyte Count

KW - Middle Aged

KW - Neutrophils/*metabolism

KW - Pre-Eclampsia/*blood

KW - Pregnancy

KW - Prognosis

KW - Risk Factors

KW - Vascular Calcification/diagnostic imaging

KW - Pre-Eclampsia

AB - : Introduction: Preeclampsia (PE) represents a hypertensive pregnancy disorder that is associated with increased cardiovascular disease (CVD) risk. This increased risk has been attributed to accelerated atherosclerosis, with inflammation being a major contributor. Neutrophils play an important role in the onset and progression of atherosclerosis and have been associated with vascular damage in the placenta as well as the chronic inflammatory state in women with PE. We therefore investigated whether circulating neutrophil numbers or reactivity were associated with the presence and severity of subclinical atherosclerosis in women with a history of PE. METHODS: Women aged 45-60 years with a 10 to 20 years earlier history of early onset preeclampsia (delivery <34 weeks of gestation) (n = 90), but without symptomatic CVD burden were screened for the presence of subclinical coronary artery disease (CAD) using both contrast-enhanced and non-contrast coronary CT angiography. Subclinical CAD was defined as a coronary artery calcium (CAC) score ≥ 100 Agatston Units and/or $\geq 50\%$ coronary luminal stenosis. We assessed whether the numbers and activity of circulating neutrophils were associated with the presence of subclinical CAD and as secondary outcome measurements, with the presence of any calcium (CAC score > 0 AU) or stenosis, categorized as absent (0%), minimal to mild (>0 and <50%), and moderate to severe ($\geq 50\%$) narrowing of the coronary artery. Blood was drawn just before CT and neutrophil numbers were assessed by flow cytometry. In addition, the presence of the chemokine receptors CXCR2 and CXCR4, which are known to be instrumental in neutrophil recruitment, and neutrophil activity upon stimulation with the bacterial peptide N-Formylmethionyl-leucyl-phenylalanine (fMLF) was assessed by flow cytometry. RESULTS: Of the participating women, with an average age of 49 years, 13% (12 out of 90) presented with subclinical signs of CAD (CAC score ≥ 100 AU and/or $\geq 50\%$ luminal stenosis), and 37% (33 out of 90) had a positive CAC score (>0). Total white blood cell count and neutrophil counts were not associated with the presence of subclinical CAD or with a positive CAC score. When assessing the presence of the chemokine receptors CXCR4 and CXCR2, we observed a slight decrease of neutrophil CXCR2 expression in women with CAC (median MFI 22.0 [interquartile range (IQR) 20.2-23.8]) compared to women without CAC (23.8 [IQR 21.6-25.6], $p = 0.02$). We observed no differences regarding neutrophil CXCR4 expression. In addition, expression of the early activity marker CD35 was slightly lower on neutrophils of women with subclinical CAD (median MFI 1.6 [IQR 1.5-1.9] compared to 1.9 [IQR 1.7-2.1] in women without CAD, $p = 0.02$). However, for all findings, statistical significance disappeared after adjustment for multiple testing. CONCLUSION: Our findings indicate that neutrophil counts and (re)activity are not directly associated with silent CAD disease burden and as such are not suitable as biomarkers to predict the presence of subclinical CAD in a high-risk population of women with a history of preeclampsia.

N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population,Focus on pre-eclampsia

DO - 10.3390/cells9020468

ER -

TY - JOUR
AN - rayyan-504931143
TI - Balloon catheter for induction of labor in women with one previous cesarean and an unfavorable cervix.
Y1 - 2019
Y2 - 7
T2 - Acta obstetricia et gynecologica Scandinavica
SN - 1600-0412 (Electronic)
J2 - Acta Obstet Gynecol Scand
VL - 98
IS - 7
SP - 920-928
AU - Huisman CMA
AU - Ten Eikelder MLG
AU - Mast K
AU - Oude Rengerink K
AU - Jozwiak M
AU - van Dunné F
AU - Duvekot JJ
AU - van Eyck J
AU - Gaugler-Senden I
AU - de Groot CJM
AU - Franssen MTM
AU - van Gemund N
AU - Langenveld J
AU - de Leeuw JW
AU - Oude Lohuis EJ
AU - Oudijk MA
AU - Papatsonis D
AU - van Pampus M
AU - Porath M
AU - Rombout-de Weerd S
AU - van Roosmalen JJ
AU - van der Salm PCM
AU - Scheepers HCJ
AU - Sikkema MJ
AU - Sporken J
AU - Stigter RH
AU - van Wijngaarden WJ
AU - Woiski M
AU - Mol BWJ
AU - Bloemenkamp KWM
AV - Obstetrics and Gynecology, Haaglanden Medical Center, The Hague, the Netherlands.; Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Obstetrics and Gynecology, Academic Hospital Maastricht, Maastricht, the Netherlands.; Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, the Netherlands.; Obstetrics and Gynecology, St. Antonius Hospital, Nieuwegein, the Netherlands.; Obstetrics and Gynecology, Haaglanden Medical Center, The Hague, the Netherlands.; Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, the Netherlands.; Obstetrics and Gynecology, Isala Clinics, Zwolle, the Netherlands.; Obstetrics and Gynecology, Jeroen Bosch Hospital, Den Bosch, the Netherlands.; Obstetrics and Gynecology, Amsterdam UMC, University of Amsterdam, Amsterdam, the Netherlands.; Obstetrics and Gynecology, University Medical Center Groningen, Groningen, the Netherlands.; Obstetrics and Gynecology, St. Franciscus Gasthuis, Rotterdam, the Netherlands.; Obstetrics and Gynecology, Zuyderland Medical Center, Heerlen, the Netherlands.; Obstetrics and Gynecology, Ikazia Hospital, Rotterdam, the Netherlands.; Obstetrics and Gynecology, Isala Clinics, Zwolle, the Netherlands.; Obstetrics and Gynecology, Medical Spectrum Twente, Enschede, the Netherlands.; Obstetrics and Gynecology, Amsterdam UMC, University of Amsterdam, Amsterdam, the Netherlands.; Obstetrics and Gynecology, Amphia Hospital, Breda, the Netherlands.; Obstetrics and Gynecology, Onze Lieve Vrouwe Gasthuis, Amsterdam, the Netherlands.; Obstetrics and Gynecology, Maxima Medical Center,

Veldhoven, the Netherlands.; Obstetrics and Gynecology, Albert Schweitzer Hospital, Dordrecht, the Netherlands.; Obstetrics and Gynecology, Leiden University Medical Center, Leiden, the Netherlands.; Obstetrics and Gynecology, Meander Medical Center, Amersfoort, the Netherlands.; Obstetrics and Gynecology, Academic Hospital Maastricht, Maastricht, the Netherlands.; Obstetrics and Gynecology, Hospital Group Twente (ZGT), Almelo, the Netherlands.; Obstetrics and Gynecology, Canisius Hospital, Nijmegen, the Netherlands.; Obstetrics and Gynecology, Deventer Hospital, Deventer, the Netherlands.; Obstetrics and Gynecology, Haaglanden Medical Center, The Hague, the Netherlands.; Obstetrics and Gynecology, Radboud University Medical Center, Nijmegen, the Netherlands.; Department of Obstetrics and Gynecology, Monash University, Melbourne, Australia.; Division Women and Baby, Department of Obstetrics, Birth Center Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/30723900/>

LA - eng

CY - United States

KW - Adult

KW - Catheterization/*methods

KW - Cervical Ripening

KW - Cervix Uteri/*pathology

KW - Cesarean Section, Repeat

KW - Dystocia/*therapy

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Labor, Induced/*methods

KW - Netherlands

KW - Pregnancy

KW - Pregnancy Outcome

KW - Prospective Studies

KW - Uterine Rupture/etiology

KW - *Vaginal Birth after Cesarean

KW - Cervix Uteri

AB - INTRODUCTION: When women with a previous cesarean section and an unfavorable cervix have an indication for delivery, the choice is to induce labor or to perform a cesarean section. This study aims to assess the effectiveness and safety of a balloon catheter as a method of induction of labor in women with one previous cesarean section and an unfavorable cervix compared with an elective repeat cesarean section.

MATERIAL AND METHODS: We performed a prospective cohort study in 51 hospitals in the Netherlands on term women with one previous cesarean section, a live singleton fetus in cephalic position, an unfavorable cervix and an indication for delivery. We recorded obstetric, maternal and neonatal characteristics. We compared the outcome of women who were induced with a balloon catheter with the outcome of women who delivered by elective repeat cesarean section. Main outcomes were maternal and neonatal morbidity. Mode of delivery was a secondary outcome for women who were induced. Adjusted odds ratios (aOR) were calculated using logistic regression, adjusted for potential confounders. RESULTS: Analysis was performed on 993 women who were induced and 321 women who had a repeat cesarean section (August 2011 until September 2012). Among the women who were induced, 560 (56.4%) delivered vaginally and 11 (1.1%) sustained a uterine rupture. Composite adverse maternal outcome (uterine rupture, severe postpartum hemorrhage or postpartum infection) occurred in 73 (7.4%) in the balloon and 14 (4.5%) women in the repeat cesarean section group (aOR 1.58, 95% confidence interval [CI] 0.85-2.96). Composite adverse neonatal outcome (Apgar score <7 at 5 minutes or umbilical pH <7.10) occurred in 57 (5.7%) and 10 (3.2%) neonates, respectively (aOR 1.40, 95% CI 0.87-3.48). Women who were induced had a shorter postpartum admission time (2.0 vs 3.0 days (P < 0.0001)). CONCLUSIONS: In women with a previous cesarean section and a need for delivery, induction of labor with a balloon catheter does not result in a significant increase in adverse maternal and neonatal outcomes as compared with planned cesarean section.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population

DO - 10.1111/aogs.13558

ER -

TY - JOUR

AN - rayyan-504931144

TI - Counseling and surveillance of obstetrical risks for female childhood, adolescent, and young adult cancer survivors: recommendations from the International Late Effects of Childhood Cancer Guideline Harmonization Group.

Y1 - 2021

Y2 - 1

T2 - American journal of obstetrics and gynecology

SN - 1097-6868 (Electronic)

J2 - Am J Obstet Gynecol

VL - 224

IS - 1

SP - 3-15

AU - van der Kooi ALF

AU - Mulder RL

AU - Hudson MM

AU - Kremer LCM

AU - Skinner R

AU - Constine LS

AU - van Dorp W

AU - van Dulmen-den Broeder E

AU - Winther JF

AU - Wallace WH

AU - Waugh J

AU - Woodruff TK

AU - Anderson RA

AU - Armenian SH

AU - Bloemenkamp KWM

AU - Critchley HOD

AU - Demoor-Goldschmidt C

AU - Ehrhardt MJ

AU - Green DM

AU - Grobman WA

AU - Iwahata Y

AU - Krishna I

AU - Laven JSE

AU - Levitt G

AU - Meacham LR

AU - Miller ES

AU - Mulders A

AU - Polanco A

AU - Ronckers CM

AU - Samuel A

AU - Walwyn T

AU - Levine JM

AU - van den Heuvel-Eibrink MM

AV - Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, the Netherlands; Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands. Electronic address: a.vanderkooi@erasmusmc.nl.; Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands.; Department of Oncology, St. Jude Children's Research Hospital, Memphis, TN.; Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands; Department of Pediatrics, Emma Children's Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam, the Netherlands.; Department of Pediatric and Adolescent Haematology and Oncology and Children's Haematopoietic Stem Cell Transplant Unit, Great North Children's Hospital, and Northern Institute for Cancer Research, Newcastle University, Newcastle upon Tyne, UK.; Departments of Radiation Oncology and Pediatrics, University of Rochester Medical Center, Rochester, NY.; Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, the Netherlands.; Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands; Department of Pediatric Oncology, Emma Children's Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam, the

Netherlands.; Danish Cancer Society Research Center, Copenhagen, and Department of Clinical Medicine, Faculty of Health, Aarhus University, Aarhus, Denmark.; Department of Oncology and Haematology, Royal Hospital for Sick Children, Sciennes Road, Edinburgh, Scotland.; Department of Medical and Health Sciences, University of Auckland, Auckland, New Zealand.; Department of Obstetrics and Gynecology, Northwestern University, Chicago, IL.; Medical Research Council Centre for Reproductive Health, University of Edinburgh, Edinburgh, UK.; Department of Population Sciences, City of Hope Medical Center, Duarte, CA.; Department of Obstetrics, Birth Center Wilhelmina Children's Hospital, and Division of Woman and Baby, University Medical Center Utrecht, Utrecht, the Netherlands.; Medical Research Council Centre for Reproductive Health, University of Edinburgh, Edinburgh, UK.; Department of Paediatric Oncology and Haematology, Centre Hospitalier Universitaire d'Angers, France, and Cancer and Radiation Team, Centre for Research in Epidemiology and Population Health, University of Paris-Sud, Villejuif, France.; Department of Oncology, St. Jude Children's Research Hospital, Memphis, TN.; Department of Oncology, St. Jude Children's Research Hospital, Memphis, TN.; Department of Obstetrics and Gynecology, Northwestern University, Chicago, IL.; Department of Obstetrics and Gynecology, Northwestern University, Chicago, IL; St. Marianna University School of Medicine, Kawasaki, Japan.; Department of Gynecology and Obstetrics, Emory University, Atlanta, GA.; Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, the Netherlands.; Great Ormond Street Hospital for Children National Health Service Foundation Trust, London.; Children's Healthcare of Atlanta, Emory University, Atlanta, GA.; Department of Obstetrics and Gynecology, Northwestern University, Chicago, IL.; Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Erasmus University Medical Center, Rotterdam, the Netherlands.; University Hospitals Coventry and Warwickshire and Coventry University, Coventry, UK.; Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands; Institute of Biostatistics and Registry Research, Brandenburg Medical School, Neuruppin, Germany.; Conroe Regional Medical Center, Shenandoah, TX.; Department of Pediatric and Adolescent Oncology, Perth Children's Hospital, Nedlands, Western Australia, Australia.; Weill Cornell Medicine, New York, NY.; Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/32502557/>

LA - eng

CY - United States

KW - Adolescent

KW - *Cancer Survivors

KW - Child

KW - *Counseling

KW - Female

KW - Humans

KW - *Practice Guidelines as Topic

KW - Preconception Care/*standards

KW - Pregnancy

KW - Pregnancy Complications/prevention & control/*psychology

KW - Young Adult

KW - Counseling

KW - Survivors

AB - Female childhood, adolescent, and young adult cancer survivors have an increased risk of adverse pregnancy outcomes related to their cancer- or treatment-associated sequelae. Optimal care for childhood, adolescent, and young adult cancer survivors can be facilitated by clinical practice guidelines that identify specific adverse pregnancy outcomes and the clinical characteristics of at-risk subgroups. However, national guidelines are scarce and vary in content. Here, the International Late Effects of Childhood Cancer Guideline Harmonization Group offers recommendations for the counseling and surveillance of obstetrical risks of childhood, adolescent, and young adult survivors. A systematic literature search in MEDLINE database (through PubMed) to identify all available evidence published between January 1990 and December 2018. Published articles on pregnancy and perinatal or congenital risks in female cancer survivors were screened for eligibility. Study designs with a sample size larger than 40 pregnancies in childhood, adolescent, and young adult cancer survivors (diagnosed before the age of 25 years, not pregnant at that time) were eligible. This guideline from the International Late Effects of Childhood Cancer Guideline Harmonization Group systematically appraised the quality of available evidence for adverse obstetrical outcomes in childhood, adolescent, and young adult cancer survivors using Grading of Recommendations Assessment, Development, and Evaluation methodology and formulated recommendations to enhance evidence-based obstetrical care

and preconception counseling of female childhood, adolescent, and young adult cancer survivors. Healthcare providers should discuss the risk of adverse obstetrical outcomes based on cancer treatment exposures with all female childhood, adolescent, and young adult cancer survivors of reproductive age, before conception. Healthcare providers should be aware that there is no evidence to support an increased risk of giving birth to a child with congenital anomalies (high-quality evidence). Survivors treated with radiotherapy to volumes exposing the uterus and their healthcare providers should be aware of the risk of adverse obstetrical outcomes such as miscarriage (moderate-quality evidence), premature birth (high-quality evidence), and low birthweight (high-quality evidence); therefore, high-risk obstetrical surveillance is recommended. Cardiomyopathy surveillance is reasonable before pregnancy or in the first trimester for all female survivors treated with anthracyclines and chest radiation. Female cancer survivors have increased risks of premature delivery and low birthweight associated with radiotherapy targeting the lower body and thereby exposing the uterus, which warrant high-risk pregnancy surveillance.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome,wrong population

DO - 10.1016/j.ajog.2020.05.058

ER -

TY - JOUR

AN - rayyan-508474032

TI - Mapping the trajectories for women and their babies from births planned at home, in a birth centre or in a hospital in New South Wales, Australia, between 2000 and 2012.

Y1 - 2019

Y2 - 12

Y3 - 21

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 19

IS - 1

SP - 513

AU - Scarf VL

AU - Viney R

AU - Yu S

AU - Foureur M

AU - Rossiter C

AU - Dahlen H

AU - Thornton C

AU - Cheah SL

AU - Homer CSE

AV - Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia. Vanessa.Scarf@uts.edu.au.; Centre for Health Economic Research and Evaluation (CHERE), University of Technology Sydney, PO Box 123, Broadway, Ultimo, NSW, 2007, Australia.; Centre for Health Economic Research and Evaluation (CHERE), University of Technology Sydney, PO Box 123, Broadway, Ultimo, NSW, 2007, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.; School of Nursing and Midwifery, Western Sydney University, Sydney, Australia.; College of Nursing and Health Sciences, Flinders University, Adelaide, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.

UR - <https://pubmed.ncbi.nlm.nih.gov/31864317/>

LA - eng

CY - England

KW - Adolescent

KW - Adult

KW - Birth Setting/*statistics & numerical data

KW - Birthing Centers

KW - Cesarean Section/statistics & numerical data
 KW - Decision Trees
 KW - Delivery, Obstetric
 KW - Extraction, Obstetrical/statistics & numerical data
 KW - Female
 KW - Home Childbirth/statistics & numerical data
 KW - Humans
 KW - Infant, Newborn
 KW - Intensive Care Units, Neonatal/*statistics & numerical data
 KW - *Intention
 KW - New South Wales
 KW - *Parity
 KW - Patient Transfer/*statistics & numerical data
 KW - Pregnancy
 KW - Retrospective Studies
 KW - Young Adult
 KW - Wales
 KW - Australia
 AB - BACKGROUND: In New South Wales (NSW) Australia, women at low risk of complications can choose from three birth settings: home, birth centre and hospital. Between 2000 and 2012, around 6.4% of pregnant women planned to give birth in a birth centre (6%) or at home (0.4%) and 93.6% of women planned to birth in a hospital. A proportion of the woman in the home and birth centre groups transferred to hospital. However, their pathways or trajectories are largely unknown. AIM: The aim was to map the trajectories and interventions experienced by women and their babies from births planned at home, in a birth centre or in a hospital over a 13-year period in NSW. METHODS: Using population-based linked datasets from NSW, women at low risk of complications, with singleton pregnancies, gestation 37-41 completed weeks and spontaneous onset of labour were included. We used a decision tree framework to depict the trajectories of these women and estimate the probabilities of the following: giving birth in their planned setting; being transferred; requiring interventions and neonatal admission to higher level hospital care. The trajectories were analysed by parity. RESULTS: Over a 13-year period, 23% of nulliparous and 0.8% of multiparous women planning a home birth were transferred to hospital. In the birth centre group, 34% of nulliparae and 12% of multiparas were transferred to a hospital. Normal vaginal birth rates were higher in multiparous women compared to nulliparous women in all settings. Neonatal admission to SCN/NICU was highest in the planned hospital group for nulliparous women (10.1%), 7.1% for nulliparous women planning a birth centre birth and 5.1% of nulliparous women planning a homebirth. Multiparas had lower admissions to SCN/NICU for all three settings (hospital 6.3%, BC 3.6%, home 1.6%, respectively). CONCLUSIONS: Women who plan to give birth at home or in a birth centre have high rates of vaginal birth, even when transferred to hospital. Evidence on the trajectories of women who choose to give birth at home or in birth centres will assist the planning, costing and expansion of models of care in NSW.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1186/s12884-019-2584-0
 ER -

 TY - JOUR
 AN - rayyan-508475900
 TI - Making physiological birth possible: birth at a free-standing birth centre in Berlin.
 Y1 - 2012
 Y2 - 10
 T2 - Midwifery
 SN - 1532-3099 (Electronic)
 J2 - Midwifery
 VL - 28
 IS - 5
 SP - 568-75
 AU - Stone NI
 AV - Geburtshaus Kreuzberg, Müllenhoffstr. 17, 10967 Berlin, Germany. nancyiris21@gmail.com
 UR - https://pubmed.ncbi.nlm.nih.gov/22938796/

LA - eng
 CY - Scotland
 KW - Adult
 KW - Birthing Centers/*organization & administration
 KW - Continuity of Patient Care/*organization & administration
 KW - Delivery, Obstetric/*statistics & numerical data
 KW - Female
 KW - Germany
 KW - Humans
 KW - Interprofessional Relations
 KW - Middle Aged
 KW - Midwifery/*organization & administration
 KW - Mothers/statistics & numerical data
 KW - Nurse's Role
 KW - *Nurse-Patient Relations
 KW - *Postpartum Period
 KW - Pregnancy
 KW - Pregnancy Outcome/epidemiology
 AB - BACKGROUND: the practical training in midwifery education in Germany takes place predominantly in hospital delivery wards, where high rates of intervention and caesarean section prevail. When midwives practice birth assistance at free-standing birth centres, they have to make adjustments to what they learned in the clinic to support women without the interventions common to hospital birth. OBJECTIVES: the primary aim of this study was to investigate and describe the approach of midwives practicing birth assistance at a free-standing birth centre. METHODOLOGY: a qualitative approach to data collection and analysis with grounded theory was used which included semi-structured expert interviews and participant observation. Five midwives were interviewed and nine births observed in the research period. The setting was a free-standing birth centre in a large German city with approximately 115 births per year. FINDINGS: the midwives all had to re-learn birth assistance when commencing work outside of the hospital. However, having been trained predominantly in hospital maternity wards, they have retained many aspects characteristic of their training. The midwives use technology, although minimal, and medical discourse in combination with 1:1, woman-centred care. The birthing woman and midwife share authority at birth. The fetus is treated as an ally of the mother, suited for birth and cooperative. Through use of objective and subjective criteria, the midwives have their own approach to making physiological birth possible. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: to prepare midwives to support low-intervention birth, it is necessary to include training in birth assistance with women who birth physiologically, without interventions common to hospital birth. The results of this study would also suggest that the rate of interventions in hospital could be reduced if midwives gain more experience with women birthing without the above-mentioned interventions.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.midw.2012.04.005
 ER -

 TY - Evaluation Study
 AN - rayyan-508498463
 TI - Developing quality indicators for assessing quality of birth centre care: a mixed- methods study.
 Y1 - 2017
 Y2 - 8
 Y3 - 2
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 17
 IS - 1
 SP - 259
 AU - Boesveld IC
 AU - Hermus MAA
 AU - de Graaf HJ
 AU - Hitzert M

AU - van der Pal-de Bruin KM
 AU - de Vries RG
 AU - Franx A
 AU - Wiegers TA
 AV - Jan van Es Institute (Netherlands Expert Centre Integrated Primary Care), Wisselweg 33, 1314 CB Almere, Almere, Netherlands. i.boesveld@jvei.nl.; Department of Child Health, TNO, PO Box 2215 2301, CE Leiden, Leiden, Netherlands.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2014 3000, CA Rotterdam, Rotterdam, Netherlands.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2014 3000, CA Rotterdam, Rotterdam, Netherlands.; Department of Child Health, TNO, PO Box 2215 2301, CE Leiden, Leiden, Netherlands.; Academie Verloskunde Maastricht/Zuyd University, CAPHRI School for Public Health and Primary Care, PO Box 616 6200, MD Maastricht, Maastricht, Netherlands.; Division Woman and Baby, University Medical Centre Utrecht, PO Box 85500 3508, GA Utrecht, Utrecht, Netherlands.; NIVEL (Netherlands Institute for Health Services Research), PO Box 1568 3500, Utrecht, BN, Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/28768487/>
 LA - eng
 CY - England
 KW - Birthing Centers/*standards
 KW - Delphi Technique
 KW - Feasibility Studies
 KW - Female
 KW - Humans
 KW - Maternal Health Services/*standards
 KW - Netherlands
 KW - Outcome and Process Assessment, Health Care/methods/*standards
 KW - Pregnancy
 KW - Quality Assurance, Health Care/*methods
 KW - Quality Indicators, Health Care/*standards
 KW - Quality Indicators, Health Care
 AB - BACKGROUND: Birth centres are described as settings where women with uncomplicated pregnancies can give birth in a home-like environment assisted by midwives and maternity care assistants. If complications arise or threaten, the woman is referred to a maternity unit of a hospital where an obstetrician will take over responsibility. In the last decade, a number of new birth centres have been established in the Netherlands, based on the assumption that birth centres provide better quality of care since they offer a better opportunity for more integrated care than the existing system with independent primary and secondary care providers. At present, there is no evidence for this assumption. The Dutch Birth Centre Study is designed to present evidence-based recommendations for organization and functioning of future birth centres in the Netherlands. A necessary first step in this evaluation is the development of indicators for measuring the quality of the care delivered in birth centres in the Netherlands. The aim of this study is to identify a comprehensive set of structure and process indicators to assess quality of birth centre care. METHODS: We used mixed methods to develop a set of structure and process quality indicators for evaluating birth centre care. Beginning with a literature review, we developed an exhaustive list of determinants. We then used a Delphi study to narrow this list, calling on experts to rate the determinants for relevance and feasibility. A multidisciplinary expert panel of 63 experts, directly or indirectly involved with birth centre care, was invited to participate. RESULTS: A panel of 42 experts completed two Delphi rounds rating determinants of the quality of birth centre care based on their relevance (to the setting) and feasibility (of use). A set of 30 determinants for structure and process quality indicators was identified to assess the quality of birth centre care in the Netherlands. CONCLUSIONS: We identified 30 determinants for structure and process quality indicators concerning birth centre care. This set will be validated during the evaluation of birth centres in the Dutch Birth Centre Study.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1186/s12884-017-1439-9
 ER -

 TY - JOUR
 AN - rayyan-508508903
 TI - Freestanding Birth Centers: An Evidence-Based Option for Birth.

Y1 - 2022
Y2 - 1
Y3 - 1
T2 - The Journal of perinatal education
SN - 1058-1243 (Print)
J2 - J Perinat Educ
VL - 31
IS - 1
SP - 8-13
AU - Alliman J
AU - Bauer K
AU - Williams T
AV - Frontier Nursing University and American Association of Birth Centers, Sweetwater, Tennessee.; American Association of Birth Centers.; Midwife in the City, and Haven Midwifery Birth Center.
UR - <https://pubmed.ncbi.nlm.nih.gov/35165499/>
LA - eng
CY - United States
AB - Every childbearing person has the right to learn about all options for perinatal care provider and birth setting. To ensure an informed decision about their preferred birth plan, information should be provided either preconceptionally or in early pregnancy. Personal preferences and risk status should be considered in decision-making. Numbers of births in birth centers have doubled over past decade to almost 20,000 births per year. The evidence shows that childbearing people who participate in birth center care, even if they have only birth center prenatal care, experience better outcomes including lower rates of preterm birth, low birth weight births, and cesarean birth, and higher rates of breastfeeding when compared to people with similar risk profiles who receive typical perinatal care.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
DO - 10.1891/JPE-2021-0024
ER -

TY - JOUR
AN - rayyan-508518342
TI - An approach to assessing the quality of birth centres results of the Dutch birth centre study.
Y1 - 2018
Y2 - 11
T2 - Midwifery
SN - 1532-3099 (Electronic)
J2 - Midwifery
VL - 66
SP - 36-48
AU - Boesveld IC
AU - Hermus MAA
AU - van der Velden-Bollemaat EC
AU - Hitzert M
AU - de Graaf HJ
AU - Franx A
AU - Wiegers TA
AV - Jan van Es Institute (Netherlands Expert Centre Integrated Primary Care), Wisselweg 33, 1314 CB Almere, The Netherlands. Electronic address: i.boesveld@jvei.nl; Department of Child Health, TNO, PO Box 2215, 2301 CE Leiden, The Netherlands; Department of Obstetrics, Leiden University Medical Centre, PO Box 9600, 2300 RC Leiden, The Netherlands; Midwifery Practice Trivia, Werkmansbeemd 2, 4907 EW Oosterhout, The Netherlands.; Department of Health & Society, Wageningen University, PO Box 9101, 6700 HB Wageningen, The Netherlands.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2014, 3000 CA Rotterdam, The Netherlands.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2014, 3000 CA Rotterdam, The Netherlands.; Division Woman and Baby, University Medical Centre Utrecht, PO Box 85500, 3508 GA Utrecht, the The Netherlands.; NIVEL (Netherlands Institute for Health Services Research, PO Box 1568, 3500 BN Utrecht, The Netherlands.
UR - <https://pubmed.ncbi.nlm.nih.gov/30121477/>

LA - eng
 CY - Scotland
 KW - Birthing Centers/organization & administration/*standards
 KW - Female
 KW - Health Services Accessibility/standards
 KW - Humans
 KW - Netherlands
 KW - Pregnancy
 KW - Program Evaluation/*methods
 KW - Quality Indicators, Health Care/statistics & numerical data/trends
 KW - Quality of Health Care/standards
 KW - Surveys and Questionnaires
 AB - OBJECTIVE: to determine the usability of a recently developed set of 30 structure and process birth centre quality indicators. DESIGN: an explorative study using mixed-methods including literature, a survey, interviews and observations. The study is part of the Dutch Birth Centre Study. We first determined the measurability of birth centre quality indicators by describing them in detail. Next, we assessed the birth centres in the Netherlands according to these indicators using data derived from the Dutch Birth Centre General Questionnaire, the Dutch Birth Centre Integration Questionnaire, interviews, and policy documents. SETTING AND PARTICIPANTS: representatives of 23 birth centres in the Netherlands. MEASUREMENTS AND FINDINGS: 28 of the 30 quality indicators could be used to assess birth centres in the Netherlands, one had no optimal value defined, another could not be scored because the information was not available. Each quality indicator could be scored 0 or 1. Differences between birth centres were shown: the scores ranged from 7 to 22. Some of the quality indicators can be combined or made more specific so that they are easier to assess. Some quality indicators need adaptation because they are only applicable for some birth centres (e.g. only for freestanding or alongside birth centres). KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: 28 of the 30 quality indicators are usable to assess structure and process quality of birth centres. With the findings of this study the set of structure and process quality indicators for birth centres in the Netherlands can be reduced to 22 indicators. This set of quality indicators can contribute to the development of a quality system for birth centres. Further research is necessary to formulate standards or minimum quality requirements for birth centres and to improve the set of birth centre quality indicators.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.midw.2018.07.008
 ER -

 TY - JOUR
 AN - rayyan-509432523
 TI - Differences in optimality index between planned place of birth in a birth centre and alternative planned places of birth, a nationwide prospective cohort study in The Netherlands: results of the Dutch Birth Centre Study.
 Y1 - 2017
 Y2 - 11
 Y3 - 16
 T2 - BMJ open
 SN - 2044-6055 (Electronic)
 J2 - BMJ Open
 VL - 7
 IS - 11
 SP - e016958
 AU - Hermus MAA
 AU - Hitzert M
 AU - Boesveld IC
 AU - van den Akker-van Marle ME
 AU - Dommelen PV
 AU - Franx A
 AU - Graaf JP
 AU - Lith JMMV
 AU - Luurssen-Masurel N

AU - Steegers EAP
 AU - Wiegers TA
 AU - Bruin KMVP
 AV - Department of Child Health, TNO (Netherlands Organisation for Applied Scientific Research), Leiden, The Netherlands.; Department of Obstetrics, Leids Universitair Medisch Centrum, Leiden, The Netherlands.; Midwifery Practice Verloskundigen Oosterhout, Werkmansbeemd, Oosterhout, the Netherlands.; Department of Obstetrics and Gynaecology, Erasmus MC university Medical Centre Rotterdam, Rotterdam, The Netherlands.; Jan van Es Instituut, Almere, Flevoland, The Netherlands.; Department of Medical Decision Making, Leiden University Medical Centre, Leiden, The Netherlands.; Department of Life Style, TNO (Netherlands Organisation for Applied Scientific Research), Leiden, The Netherlands.; Division of Woman and Baby, University Medical Centre Utrecht, Utrecht, The Netherlands.; Department of Obstetrics and Gynaecology, Erasmus MC university Medical Centre Rotterdam, Rotterdam, The Netherlands.; Department of Obstetrics, Leids Universitair Medisch Centrum, Leiden, The Netherlands.; Department of Child Health, TNO (Netherlands Organisation for Applied Scientific Research), Leiden, The Netherlands.; Department of Obstetrics and Gynaecology, Erasmus MC university Medical Centre Rotterdam, Rotterdam, The Netherlands.; NIVEL(Netherlands Institute for Health Services Research), Utrecht, The Netherlands.; Department of Child Health, TNO (Netherlands Organisation for Applied Scientific Research), Leiden, The Netherlands.
 UR - <https://pubmed.ncbi.nlm.nih.gov/29150465/>
 LA - eng
 CY - England
 KW - Adult
 KW - Birthing Centers/standards/*statistics & numerical data
 KW - Delivery Rooms/*statistics & numerical data
 KW - Delivery, Obstetric/*statistics & numerical data
 KW - Female
 KW - Home Childbirth/psychology/*statistics & numerical data
 KW - Humans
 KW - Midwifery/statistics & numerical data
 KW - Netherlands/epidemiology
 KW - Outcome and Process Assessment, Health Care
 KW - Parity
 KW - *Patient Preference
 KW - Pregnancy
 KW - Pregnancy Outcome/epidemiology
 KW - Prospective Studies
 KW - Cohort Studies
 AB - OBJECTIVES: To compare the Optimality Index of planned birth in a birth centre with planned birth in a hospital and planned home birth for low-risk term pregnant women who start labour under the responsibility of a community midwife. DESIGN: Prospective cohort study. SETTING: Low-risk pregnant women under care of a community midwife and living in a region with one of the 21 participating Dutch birth centres or in a region with the possibility for midwife-led hospital birth. Home birth was commonly available in all regions included in the study. PARTICIPANTS: 3455 low-risk term pregnant women (1686 nulliparous and 1769 multiparous) who gave birth between 1 July 2013 and 31 December 2013: 1668 planned birth centre births, 701 planned midwife-led hospital births and 1086 planned home births. MAIN OUTCOME MEASUREMENTS: The Optimality IndexNL-2015, a tool to measure 'maximum outcome with minimal intervention', was assessed by planned place of birth being a birth centre, a hospital setting or at home. Also, a composite maternal and perinatal adverse outcome score was calculated for the different planned places of birth. RESULTS: There were no differences in Optimality Index NL-2015 for pregnant women who planned to give birth in a birth centre compared with women who planned to give birth in a hospital. Although effect sizes were small, women who planned to give birth at home had a higher Optimality Index NL-2015 than women who planned to give birth in a birth centre. The differences were larger for multiparous than for nulliparous women. CONCLUSION: The Optimality Index NL-2015 for women with planned birth centre births was comparable with planned midwife-led hospital births. Women with planned home births had a higher Optimality Index NL-2015, that is, a higher sum score of evidence-based items with an optimal value than women with planned birth centre births.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1136/bmjopen-2017-016958

ER -

TY - JOUR

AN - rayyan-509434362

TI - Mothers' birth care experiences in a Brazilian birth centre.

Y1 - 2011

Y2 - 10

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 27

IS - 5

SP - 693-9

AU - Jamas MT

AU - Hoga LA

AU - Tanaka AC

AV - School of Nursing, University of São Paulo, São Paulo, Brazil.

UR - <https://pubmed.ncbi.nlm.nih.gov/20870320/>

LA - eng

CY - Scotland

KW - Adult

KW - Attitude to Health

KW - Birthing Centers/*organization & administration

KW - Brazil

KW - Continuity of Patient Care

KW - Delivery Rooms/*organization & administration

KW - Delivery, Obstetric/*psychology

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Mothers/*psychology

KW - Nursing Methodology Research

KW - Parturition/psychology

KW - Patient Acceptance of Health Care/*statistics & numerical data

KW - Patient Satisfaction/*statistics & numerical data

KW - Patient-Centered Care

KW - Pregnancy

KW - Social Support

KW - Surveys and Questionnaires

KW - Young Adult

AB - OBJECTIVE: to explore the reasons why women with previous hospital experience seek care at a birth centre, and their perceptions related to the care received in both settings. DESIGN, SETTING AND PARTICIPANTS: in-depth interviews focusing on the care experiences of 18 women who received birth care in a birth centre of the Brazilian public health system. FINDINGS: three key themes emerged from the analysis: 'Confrontation with strong problems in the hospital setting', 'Reasons to seek the birth centre' and 'Satisfaction related to birth centre care'. The main aspects that the mothers mentioned in the first and third themes were related to the institutional structure and system of care. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: mothers' narratives suggested that their previous experience of problems in the hospital setting was the main motive for seeking care at the birth centre. The most important components of birth care were attention, meeting personal care demands and establishment of an adequate interpersonal relationship. More sensitive birthing care in the hospital setting is necessary, and this can be promoted through continuing professional education.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2009.10.004

ER -

TY - JOUR

AN - rayyan-509434856
 TI - Two decades of Birth Centre and midwifery-led care in South Australia, 1998-2016.
 Y1 - 2021
 Y2 - 2
 T2 - Women and birth : journal of the Australian College of Midwives
 SN - 1878-1799 (Electronic)
 J2 - Women Birth
 VL - 34
 IS - 1
 SP - e84-e91
 AU - Adelson P
 AU - Fleet JA
 AU - McKellar L
 AU - Eckert M
 AV - Rosemary Bryant AO Research Centre, Clinical and Health Services, University of South Australia, North Terrace, Adelaide, SA 5000, Australia. Electronic address: pam.adelson@unisa.edu.au.; Clinical and Health Services, University of South Australia, North Terrace, Adelaide, SA 5000, Australia.; Clinical and Health Services, University of South Australia, North Terrace, Adelaide, SA 5000, Australia.; Rosemary Bryant AO Research Centre, Clinical and Health Services, University of South Australia, North Terrace, Adelaide, SA 5000, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/32518041/>
 LA - eng
 CY - Netherlands
 KW - Adult
 KW - Australia
 KW - Birthing Centers/*statistics & numerical data
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Midwifery/*statistics & numerical data/trends
 KW - Parturition
 KW - Pregnancy
 KW - Prenatal Care/*statistics & numerical data/trends
 KW - South Australia
 KW - Midwifery
 AB - BACKGROUND: Birth Centres (BC) are underpinned by a philosophy of woman- centred care and were pivotal in growing models of midwifery-led care in South Australia (SA). AIM: To describe BC utilisation and the growth of midwifery-led care in SA over the past two decades. METHODS: The SA Perinatal Statistics Collection was used to describe women birthing from 1998 to 2016. Number of births through midwifery-led services from 2004 to 2016 were obtained from unit managers. Analyses are descriptive. FINDINGS: Women who birthed in BC in SA from 1998 to 2016 comprised approximately 6% of all births per year, and numbers have remained static. Three BC models operate in SA, all with different capacity. Proportionally, women not born in Australia are as likely to birth in BC as labour wards. The proportion of women who received midwifery-led care (whether affiliated with a BC or not), increased from 8.3% in 1998 to 19.2% of all births in 2016. Of the women who received midwifery-led care in 2016, 15.3% went on to birth in a midwifery-led model of care. CONCLUSION: Whilst the overall number of BC births has not increased, women seeking midwifery-led care has more than doubled over the past two decades. BC encompass the midwifery philosophy, quality of care, and a physical home-like environment. The BC models in SA are managed through the three tertiary maternity units enabling women to access publicly funded midwifery care and should be more widely available.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population,Alongside birth center
 DO - 10.1016/j.wombi.2020.05.005
 ER -

 TY - JOUR
 AN - rayyan-509434917

TI - Developing operational standards for Midwifery Centers.
 Y1 - 2021
 Y2 - 2
 T2 - Midwifery
 SN - 1532-3099 (Electronic)
 J2 - Midwifery
 VL - 93
 SP - 102882
 AU - Stevens JR
 AU - Alonso C
 AV - Boston University, School of Public Health, 715 Albany St., Boston MA 02118 USA; GoodBirth Network, California, 2577 Post Street, San Francisco, CA 94115 USA; United Nations Population Fund (UNFPA), Bangladesh, Sher-e-Bangla Nagar, 8/A Begum Rokeya Sharani, IDB Bhaban (15th floor), E, Dhaka, 1207 Bangladesh.; GoodBirth Network, California, 2577 Post Street, San Francisco, CA 94115 USA; Harvard University, Chan School of Public Health, 677 Huntington Ave, Boston MA 02115 USA.
 UR - <https://pubmed.ncbi.nlm.nih.gov/33242702/>
 LA - eng
 CY - Scotland
 KW - Bangladesh
 KW - Birthing Centers/organization & administration/trends
 KW - Delphi Technique
 KW - Focus Groups/methods
 KW - Haiti
 KW - Humans
 KW - Mexico
 KW - Midwifery/*standards/trends
 KW - Nursing Care/*methods/trends
 KW - Peru
 KW - Qualitative Research
 KW - Quality Improvement
 KW - *Reference Standards
 KW - Sierra Leone
 KW - Trinidad and Tobago
 KW - Uganda
 KW - Midwifery
 AB - BACKGROUND: Midwifery centres have been identified in over 56 countries. Consensus was reached on a global definition for midwifery centres, yet there is a lack of standards to assure consistent quality of care is provided. METHODS: Evidence-based standards and guidelines developed from American Association of Birth Centres (USA), Midwifery Unity Network (UK/EU), World Health Organization, International Childbirth Initiative, and White Ribbon Alliance, were gathered, duplicate standards were removed, and language was adapted for global use with sensitivity to low and middle countries (LMIC). An initial list of 52 midwifery centre standards were identified. Through an informal modified Delphi process these were reviewed by global midwifery centres experts, researchers, and midwifery centre staff at focus groups in Haiti, Mexico and Bangladesh for significance, language, and usability. The standards were then piloted at midwifery centres in eight countries (Sierra Leone, Cambodia, Bangladesh, Mexico, Haiti, Peru, Uganda and Trinidad). All feedback was incorporated into the final standards. RESULTS: A final list of 43 standards, organized into 3 domains including quality standards for care providers, dignity standards for women, and community standards for administration, were agreed on. CONCLUSION: Midwifery centres are prevalent around the globe. Identifying standards for quality of care provides a foundation for the midwifery centre model to be replicated and ensure consistent quality of care. Evidence based standards for midwifery centres in LMIC, allows systems to embrace and encourage the implementation and growth of midwifery centres to address accessible, acceptable, respectful, woman-centred, community-engaged maternal health care that participates fully in the health care system.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.midw.2020.102882
 ER -

TY - JOUR
 AN - rayyan-509434962
 TI - Risk factors for birth-related perineal trauma: a cross-sectional study in a birth centre.
 Y1 - 2012
 Y2 - 8
 T2 - Journal of clinical nursing
 SN - 1365-2702 (Electronic)
 J2 - J Clin Nurs
 VL - 21
 IS - 15
 SP - 2209-18
 AU - da Silva FM
 AU - de Oliveira SM
 AU - Bick D
 AU - Osava RH
 AU - Tuesta EF
 AU - Riesco ML
 AV - National Council for Scientific and Technological Development (CNPq) Scholarship, University of São Paulo, São Paulo, SP, Brazil. floramaria@usp.br
 UR - <https://pubmed.ncbi.nlm.nih.gov/22646921/>
 LA - eng
 CY - England
 KW - Adolescent
 KW - Adult
 KW - *Birthing Centers
 KW - Brazil
 KW - Cross-Sectional Studies
 KW - Episiotomy/adverse effects/classification
 KW - Female
 KW - Humans
 KW - Lacerations/*etiology
 KW - Medical Audit
 KW - Pregnancy
 KW - Pregnancy Complications/*etiology
 KW - Pudendal Nerve/*injuries
 KW - Retrospective Studies
 KW - Risk Factors
 KW - Young Adult
 KW - Cesarean Section
 AB - AIM AND OBJECTIVES: To identify maternal, newborn and obstetric factors associated with birth-related perineal trauma in one independent birth centre. BACKGROUND: Risk factors for birth-related perineal trauma include episiotomy, maternal age, ethnicity, parity and interventions during labour including use of oxytocin, maternal position at time of birth and infant birth weight. Understanding more about these factors could support the management of vaginal birth to prevent spontaneous perineal trauma, in line with initiatives to reduce routine use of episiotomy. DESIGN: Cross-sectional study. METHODS: Data were retrospectively collected from one independent birth centre in Brazil, during 2006-2009. The dependent variable (perineal trauma) was classified as: (1) intact perineum or first-degree laceration, (2) second-degree laceration and (3) episiotomy (right mediolateral or median). RESULTS: There were 1079 births during the study period. Parity, use of oxytocin during labour, position at time of giving birth and infant birth weight were associated with second-degree lacerations and episiotomies. After adjusting for parity, oxytocin, maternal position at the expulsive stage of labour and infant birth weight influenced perineal outcomes among primiparae only. CONCLUSIONS: Although the overall rate of episiotomies in this study was low compared with national data, it was observed that younger women were most vulnerable to this intervention. In this age group in particular, the use of oxytocin as well as semi-upright positions at the time of birth was associated with second-degree lacerations and episiotomies. RELEVANCE TO CLINICAL PRACTICE: The use of upright alternative positions for birth and avoidance of use of oxytocin could reduce the risk of perineal trauma from lacerations and need to perform episiotomy.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/j.1365-2702.2012.04133.x

ER -

TY - JOUR

AN - rayyan-509438003

TI - Typology of birth centres in the Netherlands using the Rainbow model of integrated care: results of the Dutch Birth Centre Study.

Y1 - 2017

Y2 - 6

Y3 - 21

T2 - BMC health services research

SN - 1472-6963 (Electronic)

J2 - BMC Health Serv Res

VL - 17

IS - 1

SP - 426

AU - Boesveld IC

AU - Bruijnzeels MA

AU - Hitzert M

AU - Hermus MAA

AU - van der Pal-de Bruin KM

AU - van den Akker-van Marle ME

AU - Steegers EAP

AU - Franx A

AU - de Vries RG

AU - Wiegers TA

AV - Jan van Es Institute, Netherlands Expert Centre Integrated Primary Care, Wisselweg 33, 1314 CB, Almere, the Netherlands. i.boesveld@jvei.nl.; Jan van Es Institute, Netherlands Expert Centre Integrated Primary Care, Wisselweg 33, 1314 CB, Almere, the Netherlands.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2014, 3000 CA, Rotterdam, the Netherlands.; Department of Child Health, TNO, PO Box 2215, 2301 CE, Leiden, the Netherlands.; Department of Obstetrics, Leiden University Medical Centre, PO Box 9600, 2300 RC, Leiden, the Netherlands.; Midwifery Practice Trivia, Werkmansbeemd 2, 4907 EW, Oosterhout, the Netherlands.; Department of Child Health, TNO, PO Box 2215, 2301 CE, Leiden, the Netherlands.; Department of Medical Decision Making, Leiden University Medical Centre, PO Box 9600, 2300 RC, Leiden, the Netherlands.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, PO Box 2014, 3000 CA, Rotterdam, the Netherlands.; Division Woman and Baby, University Medical Centre Utrecht, PO Box 85500, 3508 GA, Utrecht, the Netherlands.; Academie Verloskunde Maastricht/Zuyd University, CAPHRI School for Public Health and Primary Care, PO Box 616, 6200 MD, Maastricht, the Netherlands.; NIVEL (Netherlands Institute for Health Services Research), PO Box 1568, 3500 BN, Utrecht, the Netherlands.

UR - <https://pubmed.ncbi.nlm.nih.gov/28633636/>

LA - eng

CY - England

KW - Analysis of Variance

KW - Birthing Centers/*classification/organization & administration

KW - Cluster Analysis

KW - Delivery of Health Care, Integrated/*organization & administration

KW - Health Care Surveys

KW - Humans

KW - Interviews as Topic

KW - Netherlands

KW - Primary Health Care/organization & administration

KW - Surveys and Questionnaires

AB - BACKGROUND: The goal of integrated care is to offer a continuum of care that crosses the boundaries of public health, primary, secondary, and tertiary care. Integrated care is increasingly promoted for people with complex needs and has also recently been promoted in maternity care systems to improve the quality of

care. Especially when located near an obstetric unit, birth centres are considered to be ideal settings for the realization of integrated care. At present, however, we know very little about the degree of integration in these centres and we do not know if increased levels of integration improve the quality of the care delivered. The Dutch Birth Centre Study is designed to evaluate birth centres and their contribution to the Dutch maternity care system. The aim of this particular sub-study is to classify birth centres in clusters with similar characteristics based on integration profiles, to support the evaluation of birth centre care. METHODS: This study is based on the Rainbow Model of Integrated Care. We used a survey followed by qualitative interviews in 23 birth centres in the Netherlands to determine which integration profiles can be distinguished and to describe their discriminating characteristics. Cluster analysis was used to classify the birth centres. RESULTS: Birth centres were classified into three clusters: 1) "Mono-disciplinary-oriented birth centres" (n = 10): which are mainly owned by primary care organizations and established as physical facilities to provide an alternative birthplace for low risk births; 2) "Multi-disciplinary-oriented birth centres" (n = 6): which are mainly multi-disciplinary oriented and can be regarded as facilities to give birth, with a focus on integrated birth care; 3) "Mixed Cluster of birth centres" (n = 7): which have a range of organizational forms that differentiate them from centres in the other clusters. CONCLUSION: We identified a recognizable classification, with similar characteristics between birth centres in the clusters. The results of this study can be used to relate integration profiles of birth centres to quality of care, costs, and perinatal outcomes. This assessment makes it possible to develop recommendations with regard to the type and degree of integration of Dutch birth centres in the future.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12913-017-2350-9

ER -

TY - JOUR

AN - rayyan-509438004

TI - Characteristics and practices of birth centres in Australia.

Y1 - 2009

Y2 - 6

T2 - The Australian & New Zealand journal of obstetrics & gynaecology

SN - 1479-828X (Electronic)

J2 - Aust N Z J Obstet Gynaecol

VL - 49

IS - 3

SP - 290-5

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UR - <https://pubmed.ncbi.nlm.nih.gov/19566562/>

LA - eng

CY - Australia

KW - Australia

KW - Birthing Centers/*classification/organization & administration

KW - Data Collection

KW - Female

KW - Humans

KW - Midwifery

KW - Personnel Staffing and Scheduling

KW - Physicians

KW - Pregnancy

KW - Workforce

AB - BACKGROUND: Around 2% of women who give birth in Australia each year give birth in a birth centre. There is currently no standard definition of a birth centre in Australia. AIMS: This study aimed to locate all birth centres nationally, describe their characteristics and procedures, and develop a definition. METHODS: Surveys were sent to 23 birth centres. Questions included: types of procedures, equipment and pain relief

available, staffing, funding, philosophies, physical characteristics and transfer procedures. Of the birth centres, 19 satisfied the inclusion criteria and 16 completed surveys. RESULTS: Three constructs of a birth centre were identified. A 'commitment to normality of pregnancy and birth' was most commonly reported as the most important philosophy (44%). The predominant model of care was group practice/caseload midwifery (63%). Thirteen birth centres were located within/attached to a hospital, two were on a hospital campus and one was freestanding. The distance to the nearest labour ward ranged from 2 m to 15 km. Reported intrapartum transfer rates ranged from 7% to 29%. Thirteen centres had a special care nursery or neonatal intensive care unit onsite, or both. Eight centres undertook artificial rupture of membranes for induction of labour, while two administered oxytocin or prostaglandins. All centres offered nitrous oxide and local anaesthetic. Twelve centres had systemic opioids available and one offered pudendal analgesia. Fetal monitoring was used in all birth centres. Only three centres conducted instrumental deliveries, while 15 performed episiotomies. CONCLUSION: Birth centres vary in their philosophies, characteristics and service delivery.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/j.1479-828X.2009.01002.x

ER -

TY - JOUR

AN - rayyan-509438359

TI - [A midwife-led birthing unit].

Y1 - 2006

Y2 - 1

Y3 - 12

T2 - Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny raekke

SN - 0807-7096 (Electronic)

J2 - Tidsskr Nor Laegeforen

VL - 126

IS - 2

SP - 170-2

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UR - <https://pubmed.ncbi.nlm.nih.gov/16415940/>

LA - nor

CY - Norway

KW - Adult

KW - Birthing Centers/*organization & administration

KW - Delivery, Obstetric/methods

KW - Female

KW - Humans

KW - Norway

KW - *Nurse Midwives

KW - Parity

KW - Pregnancy

KW - Pregnancy Complications/diagnosis

KW - Referral and Consultation

KW - Retrospective Studies

KW - Workforce

KW - Midwifery

AB - BACKGROUND: The Alternative Birth Centre (ABC) is a midwife-led unit which offers low-risk women integrated, individualised antenatal, intrapartum and postpartum care. MATERIAL AND METHODS: The study included 432 women who received their care at the ABC from November 1997 until July 2000. Demographic information and details about antenatal care were recorded for all women. Information about labour, delivery and the postnatal period were recorded for the 341 women who started their labour at the ABC. RESULTS: Of the 432 women who started their care at the ABC, 265 (61.3 %) gave birth there, 100 (38 %) were primiparous while 165 (62.3 %) were multiparous. 84 (19.4 %) women were not suitable for birth at the ABC

for reasons such as preterm birth, postterm pregnancies, breech presentation and preeclampsia, and were referred back to their own hospital during pregnancy. Among the 341 women that started labour at the ABC, 76 (22 %) were transferred to the obstetrical department during labour. Three reasons accounted for 88 % off all transfers during labour: failure to progress (n = 34, 44.7 %), need for continuous fetal monitoring (n = 20, 26.3 %), and the need for pharmacological pain relief (n = 13, 17.1 %). Of the 76 women transferred in labour, 42 had a spontaneous vaginal birth while 36 (44.7 %) women had an operative delivery, 14 caesarean section, 16 vacuum extraction and 1 of them forceps delivery. One baby born at the ABC had an Apgar score below 7 at 5 min. ABC is a safe alternative to standard care for low-risk women.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
ER -

TY - JOUR

AN - rayyan-509789264

TI - Out-of-hospital births and infant mortality in the United States: Effect measure modification by rural maternal residence.

Y1 - 2022

Y2 - 5

T2 - Paediatric and perinatal epidemiology

SN - 1365-3016 (Electronic)

J2 - Paediatr Perinat Epidemiol

VL - 36

IS - 3

SP - 399-411

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UR - <https://pubmed.ncbi.nlm.nih.gov/35108404/>

LA - eng

CY - England

KW - *Birthing Centers

KW - Cohort Studies

KW - Female

KW - *Home Childbirth

KW - Hospitals

KW - Humans

KW - Infant

KW - Infant Mortality

KW - Infant, Newborn

KW - Pregnancy

KW - United States/epidemiology

KW - United States

AB - BACKGROUND: Out-of-hospital births have been increasing in the United States, and home births are almost twice as common in rural vs. urban counties. Planned home births and births in rural areas have each been associated with an increased risk of infant mortality. OBJECTIVES: To estimate the effect of birth setting on infant mortality in the United States and how this is modified by rural-urban county of maternal residence. METHODS: We conducted a population-based cohort study of infants born in the United States during 2010-2017 using the National Center for Health Statistics' period-linked birth-infant death files. Unadjusted and adjusted Poisson regression models were used to calculate infant mortality rate ratios and 95% confidence intervals for out-of-hospital births vs. hospital births stratified by maternal residence. Relative excess risk due to interaction (RERI) was calculated to assess effect measure modification on the additive scale. RESULTS: The study included 25,210,263 live births. Of rural births, 97.8% was in hospitals, 0.5% was in birth centres, and 1.5% was planned home births; of urban births, 98.6% was in hospitals,

0.5% was in birth centres, and 0.7% was planned home births. After adjusting for maternal demographics and markers of high-risk pregnancy and stratifying by maternal residence, infant mortality rates were generally higher for out-of-hospital as compared to hospital births (e.g. rural planned home births aRR 1.62, 95% confidence interval [CI] 1.42, 1.85, and rural birth centre aRR 1.33, 95% CI 1.05, 1.68). There were positive additive effects of rural residence on infant mortality for planned home births and birth centre births. CONCLUSIONS: Within both rural and urban areas, out-of-hospital births generally had higher rates of infant mortality than hospital births after accounting for maternal demographics and markers of high-risk pregnancy. The risks associated with planned home births and birth centre births were more pronounced for women in rural counties.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/ppe.12862

ER -

TY - JOUR

AN - rayyan-509792489

TI - Safety of non-medically led primary maternity care models: a critical review of the international literature.

Y1 - 2012

Y2 - 5

T2 - Australian health review : a publication of the Australian Hospital Association

SN - 0156-5788 (Print)

J2 - Aust Health Rev

VL - 36

IS - 2

SP - 140-7

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UR - <https://pubmed.ncbi.nlm.nih.gov/22624633/>

LA - eng

CY - Australia

KW - Australia

KW - Birthing Centers/*organization & administration/trends

KW - Databases, Bibliographic

KW - Developed Countries/statistics & numerical data

KW - Female

KW - Government Publications as Topic

KW - Home Childbirth/*standards/trends

KW - Humans

KW - Midwifery/*organization & administration/trends

KW - *Patient Safety

KW - Pregnancy

KW - Pregnancy Outcome/*epidemiology

AB - The Australian government has announced major reforms with the move to a primary maternity care model. The direction of the reforms remains contentious; with the Australian Medical Association warning that the introduction of non-medically led services will compromise current high standards in maternity services and threaten the safety of mothers and babies. The purpose of this paper is to conduct a critical review of the literature to determine whether there is convincing evidence to support the safety of non-medically led models of primary maternity care. Twenty-two non-randomised international studies were included representing midwifery-led care, birth centre care and home birth. Comparative outcome measurements included: perinatal mortality; perinatal morbidity; rates of medical intervention in labour; and antenatal and intrapartum referral and transfer rates. Findings support those of the three Cochrane reviews, that there is sufficient international evidence to support the conclusion of no difference in outcomes associated with low risk women in midwifery-led, birth centre and home birth models compared with standard hospital or obstetric care. These findings are limited to services involving qualified midwives working within rigorous exclusion, assessment and referral guidelines, limiting the number of urgent intrapartum transfers that come with increased risk of perinatal mortality.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1071/AH11039

ER -

TY - JOUR

AN - rayyan-509807112

TI - Quality improvement opportunities for handover practices in birth centres: A case study from a process perspective.

Y1 - 2018

Y2 - 6

T2 - Journal of evaluation in clinical practice

SN - 1365-2753 (Electronic)

J2 - J Eval Clin Pract

VL - 24

IS - 3

SP - 590-597

AU - Hitzert M

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UR - <https://pubmed.ncbi.nlm.nih.gov/29878610/>

LA - eng

CY - England

KW - *Birthing Centers

KW - Continuity of Patient Care

KW - Health Policy

KW - Health Services Research

KW - Humans

KW - Netherlands

KW - Observation

KW - Organizational Case Studies

KW - Patient Handoff/organization & administration/*standards

KW - *Quality Improvement

AB - RATIONALE, AIMS AND OBJECTIVES: Handovers within and between health care settings are known to affect quality of care. Health care organizations, struggle how to guarantee best care during handovers. The aim of this paper is to evaluate handover practices in Dutch birth centres from a process perspective, to identify obstacles and opportunities for quality improvements. METHODS: This case study in 7 Dutch birth centres was undertaken from a process perspective by conducting observations and using process mapping. This study is part of the Dutch Birth Centre Study. RESULTS: Solutions to obstacles during handovers from a birth centre to a hospital were identified in at least 1 of the 7 birth centres. Four of the centres had agreements with a hospital for client support when a caregiver in a birth centre was absent. Face-to-face communication during handover was observed in 6 of the 7 centres. An electronic health record was noted in 1 centre; joint training of acute situations was available in 2 centres with 3 centres indicating that this was not compulsory. Continuity of caregiver was present in 4 birth centres with postpartum care available in 3 centres. CONCLUSIONS: Ensuring quality during handovers requires a case-specific process approach. This study reveals distinctive aspects during handovers, concrete obstacles, and potential solutions for quality improvements in inter-organizational networks, transferrable to birth centres in other countries as well.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jep.12939

ER -

TY - JOUR

AN - rayyan-509807522

TI - Intrapartum transfer from a birth centre to a hospital - reasons, procedures, and consequences.

Y1 - 2006

T2 - Acta obstetricia et gynecologica Scandinavica

SN - 0001-6349 (Print)

J2 - Acta Obstet Gynecol Scand

VL - 85

IS - 4

SP - 422-8

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LA - eng

CY - United States

KW - Adult

KW - *Birthing Centers

KW - *Delivery Rooms

KW - *Delivery, Obstetric

KW - Female

KW - Germany

KW - Humans

KW - Parity

KW - Patient Selection

KW - *Patient Transfer

KW - Pregnancy

KW - Pregnancy Complications

KW - Prospective Studies

KW - Risk Factors

AB - BACKGROUND: Investigation of the reasons for the transfer of women from a birth centre to a hospital in the course of childbirth as well as modalities and effects. PATIENTS AND METHOD: In the prospective investigation from September 1, 1999 to August 31, 2001, information was collected for all women in Berlin and Bavaria transferred intrapartum from a birth centre to a hospital concerning the reason for the transfer, stage of delivery at the start of transfer, details of the transport, accompaniment, state of mother and medical diagnosis on arrival at the hospital, further progress of delivery, and the condition of the baby postnatum. Comparison groups were formed by all birth centre deliveries in Berlin and Bavaria 1999/2000 (n = 3060) and hospital deliveries in Berlin and Bavaria 1998/1999 (selected data, n = 89 696 births).

RESULTS: Three hundred and sixty transfer cases could be evaluated, and a majority of these were nulliparous. The most frequent reasons for transfer were prior premature rupture of membranes and failure to progress in labor. Fifty-seven percentages of the women who were transferred subsequently delivered spontaneously, with an episiotomy rate of approximately 30%. 1-min Apgar value < or = 7 were frequently in nulliparous and multiparous patients in the transfer group than in the comparison groups, as were 5-min Apgar values < or = 7 and pH < 7.10 in arterial cord blood in particular for nulliparous in the transfer group. Hospitalisation of neonates born to the transfer group and in particular the nulliparous was significantly more common. CONCLUSIONS: Women delivering in a birth centre represent in general a low-risk group as a result of careful preselection by the centres. However, some neonatal data and the high rate of operative deliveries (cesarean section, forceps, and vaginal extraction) indicate that the intrapartum-transferred

women, in particular when nulliparous, represent than a special high-risk group.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1080/00016340600593174

ER -

TY - JOUR

AN - rayyan-510069972

TI - Factors associated with maternal intrapartum transfers from a freestanding birth centre in São Paulo, Brazil: a case control study.

Y1 - 2012

Y2 - 10

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 28

IS - 5

SP - 646-52

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UR - <https://pubmed.ncbi.nlm.nih.gov/22944103/>

LA - eng

CY - Scotland

KW - Adult

KW - Birthing Centers/*organization & administration

KW - Brazil

KW - Case-Control Studies

KW - Continuity of Patient Care/organization & administration

KW - Delivery Rooms/*organization & administration

KW - Delivery, Obstetric/nursing/*statistics & numerical data

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Obstetric Labor Complications/*epidemiology/nursing

KW - Patient Transfer/*statistics & numerical data

KW - Perinatal Care/statistics & numerical data

KW - Pregnancy

KW - Risk Factors

KW - Young Adult

AB - OBJECTIVES: to identify factors associated with maternal intrapartum transfer from a freestanding birth centre to hospital. DESIGN: case-control study with retrospective data collection. PARTICIPANTS AND SETTINGS: cases included all 111 women transferred from a freestanding birth centre in Sao Paulo to the referral hospital, from March 2002 to December 2009. The controls were 456 women who gave birth in the birth centre during the same period who were not transferred, randomly selected with four controls for each case. METHODS: data were obtained from maternal records. Factors associated with maternal intrapartum transfers were initially analysed using a χ^2 test of association. Variables with $p < 0.20$ were then included in multivariate analyses. A multiple logistic regression model was built using stepwise forward selection; variables which reached statistical significance at $p < 0.05$ were considered to be independently associated with maternal transfer. FINDINGS: during the study data collection period, 111 (4%) of 2,736 women admitted to the centre were transferred intrapartum. Variables identified as independently associated factors for intrapartum transfer included nulliparity (OR 5.1, 95% CI 2.7-9.8), maternal age ≥ 35 years (OR 5.4, 95% CI 2.1-13.4), not having a partner (OR 2.8, 95% CI 1.5-5.3), cervical dilation ≤ 3 cm on admission to the

birth centre (OR 1.9, 95% CI 1.1-3.2) and between 5 and 12 antenatal appointments at the birth centre (OR 3.8, 95% CI 1.9-7.5). In contrast, a low correlation between fundal height and pregnancy gestation (OR 0.3, 95% CI 0.2-0.6) appeared to be protective against transfer. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: identifying factors associated with maternal intrapartum transfer could support decision making by women considering options for place of birth, and support the content of appropriate information about criteria for admission to a birth centre. Findings add to the evidence base to support identification of women in early labour who may experience later complications and could support timely implementation of appropriate interventions associated with reducing transfer rates.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2012.07.012

ER -

TY - JOUR

AN - rayyan-510071023

TI - Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England: 2. Specific aspects of care.

Y1 - 2014

Y2 - 9

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 30

IS - 9

SP - 1009-20

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UR - <https://pubmed.ncbi.nlm.nih.gov/24929271/>

LA - eng

CY - Scotland

KW - Adolescent

KW - Adult

KW - *Birthing Centers/economics

KW - Cesarean Section/statistics & numerical data

KW - England

KW - Female

KW - Health Care Surveys

KW - Humans

KW - *Midwifery/statistics & numerical data

KW - Natural Childbirth/statistics & numerical data

KW - Pain Management

KW - Parturition/psychology

KW - *Patient Preference

KW - Pregnancy

KW - Surveys and Questionnaires

KW - *Urban Health Services/statistics & numerical data

KW - Young Adult

KW - Midwifery

AB - OBJECTIVE: to describe and compare women's experiences of specific aspects of maternity care before and after the opening of the Barkantine Birth Centre, a new freestanding midwifery unit in an inner city area.

DESIGN: telephone surveys undertaken in late pregnancy and about six weeks after birth. Two separate waves of interviews were conducted, Phase 1 before the birth centre opened and Phase 2 after it had opened. SETTING: Tower Hamlets, a deprived inner city borough in east London, 2007-2010.

PARTICIPANTS: 620 women who were resident in Tower Hamlets and who satisfied the Barts and the London Trust's eligibility criteria for using the birth centre. Of these, 259 women were recruited to Phase 1

and 361 to Phase 2. MEASUREMENTS AND FINDINGS: the replies women gave show marked differences between the model of care in the birth centre and that at the obstetric unit at the Royal London Hospital with respect to experiences of care and specific practices. Women who initially booked for birth centre care were more likely to attend antenatal classes and find them useful and were less likely to be induced. Women who started labour care at the birth centre in spontaneous labour were more likely to use non-pharmacological methods of pain relief, most notably water and less likely to use pethidine than women who started care at the hospital. They were more likely to be able to move around in labour and less likely to have their membranes ruptured or have continuous CTG. They were more likely to be told to push spontaneously when they needed to rather than under directed pushing and more likely to report that they had been able to choose their position for birth and deliver in places other than the bed, in contrast to the situation at the hospital. The majority of women who had a spontaneous onset of labour delivered vaginally, with 28.6 per cent of women at the birth centre but no one at the hospital delivering in water. Primiparous women who delivered at the birth centre were less likely to have an episiotomy. Most women who delivered at the birth centre reported that they had chosen whether or not to have a physiological third stage, whereas a worrying proportion at the hospital reported that they had not had a choice. A higher proportion of women at the birth centre reported skin to skin contact with their baby in the first two hours after birth. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: significant differences were reported between the hospital and the birth centre in practices and information given to the women, with lower rates of intervention, more choice and significant differences in women's experiences. This case study of a single inner-city freestanding midwifery unit, linked to the Birthplace in England Research Programme, indicates that this model of care also leads to greater choice and a better experience for women who opted for it.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2014.05.008

ER -

TY - JOUR

AN - rayyan-510071024

TI - Outcomes of independent midwifery attended births in birth centres and home births: a retrospective cohort study in Japan.

Y1 - 2013

Y2 - 8

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 29

IS - 8

SP - 965-72

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UR - <https://pubmed.ncbi.nlm.nih.gov/23415360/>

LA - eng

CY - Scotland

KW - Adolescent

KW - Adult

KW - Birthing Centers/*statistics & numerical data

KW - Cohort Studies

KW - Delivery, Obstetric/*methods/statistics & numerical data

KW - Female

KW - Home Childbirth/*statistics & numerical data

KW - Humans

KW - Infant, Newborn

KW - Japan

KW - Middle Aged

KW - Midwifery

KW - Nurse Midwives/*statistics & numerical data

KW - Pregnancy
KW - Pregnancy Complications/*epidemiology
KW - Pregnancy Outcome
KW - Retrospective Studies
KW - Young Adult
AB - OBJECTIVE: the objective of this study was to describe and compare perinatal and neonatal outcomes of women who received care from independent midwives practicing home births and at birth centres in Tokyo. DESIGN: a retrospective cohort study. SETTINGS: birth centres and homes serviced by independent midwives in Tokyo. PARTICIPANTS: of the 43 eligible independent midwives 19 (44%) (10 assisted birth at birth centres, nine assisted home birth) participated in the study. A total of 5477 women received care during their pregnancy and gave birth assisted by these midwives between 2001 and 2006. METHODS: researchers conducted a retrospective chart review of women's individual data. Collected data included demographic characteristics, process of pregnancy and perinatal and neonatal outcomes. We also collected data about independent midwives and their practice. FINDINGS: of the 5477 women, 83.9% gave birth at birth centres and 16.1% gave birth at home. The average age was 31.7 years old and the majority (70.6%) were multiparas. All women had vaginal spontaneous deliveries, with no vacuum, forceps or caesarean section interventions. No maternal fatalities were reported, nor were breech or multiple births. The average duration of the first and second stages of labour was 14.9 hours for primiparas and 6.2 hours for multiparas. Most women (97.1%) gave birth within 24 hours of membrane rupture. Maternal position during labour varied and family attended birth was common. The average blood loss was 371.3mL, while blood loss over 500mL was 22.6% and over 1000mL was 3.6%. Nearly 60% of women had intact perineae. There were few preterm births (0.6%) and post mature births (1.3%). Infant's average birth weight was 3126g and 0.5% were low-birthweight-infants, while 3.3% had macrosomia. Among primiparas, the birth centre group had more women experiencing an excess of 500mL blood loss compared to the home birth group (27.2% versus 17.6% respectively; RR 1.54; 95%CI 1.10 to 2.16). Multiparas delivering at birth centres were more likely to have a blood loss over 500mL (RR1.28; 95%CI 1.07 to 1.53) and over 1000mL (RR1.75; 95%CI 1.04 to 2.82) compared to women birthing at home. CONCLUSION: our results for birth outcomes with independent midwives at birth centres and home births in Japan indicated a high degree of safety and evidence-based practice. This study had some limitations because of its incomplete data and low response rate. However, this is one of the few studies that reported outcomes of Japanese independent midwives and the safety of their practice. A birth registry system would provide us with more accurate and complete information of all childbirths with which to evaluate the safety of independent Japanese midwives.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2012.12.020

ER -

TY - JOUR

AN - rayyan-510071025

TI - Changes to booking, transfer criteria and procedures in birth centres in Australia from 1997-2007: a national survey.

Y1 - 2011

Y2 - 10

T2 - Journal of clinical nursing

SN - 1365-2702 (Electronic)

J2 - J Clin Nurs

VL - 20

IS - 19

SP - 2812-21

AU - Laws PJ

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UR - <https://pubmed.ncbi.nlm.nih.gov/21771135/>

LA - eng

CY - England
KW - Australia
KW - *Birthing Centers
KW - Data Collection
KW - Female
KW - Humans
KW - *Patient Transfer
KW - Pregnancy
AB - AIMS: This study aimed to describe booking and transfer criteria and procedures available in birth centres in Australia in 2007 and to compare results with those of a previous national birth centre study undertaken in 1997. BACKGROUND: Approximately 2% of women who give birth in Australia each year do so in a birth centre. A national study on birth centre procedures was conducted in 1997. There have been changes in the management of women in birth centres during the past 10 years and this may be due in part to changes in booking and transfer criteria. DESIGN: Survey. METHODS: Questionnaires were sent to 23 birth centres. Questions included: types of procedures, equipment and pain relief available and exclusion criteria for booking and transfer. Of the birth centres, 19 satisfied the inclusion criteria and 16 completed surveys. RESULTS: Changes were noted in booking and transfer criteria and procedures for birth centres between 1997-2007. These included a decline in birth centres accepting postterm pregnancies, vaginal births after caesarean section and women who are obese. There were also reductions in the use of artificial rupture of membranes for augmentation of labour, forceps and opioids. Use of natural therapies was widespread in 2007. Increases in birth centres managing induction of labour and electronic fetal monitoring were also noted. CONCLUSIONS: The changes observed in birth centre practice reflect overall changes in maternity care in Australia from 1997-2007. RELEVANCE TO CLINICAL PRACTICE: Findings of the study suggest that factors such as increasing obesity and limited admission for vaginal births after caesarean section may lead to proportionately more women being unable to access birth centres as their preferred place of birth.
N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
DO - 10.1111/j.1365-2702.2011.03765.x
ER -

TY - JOUR
AN - rayyan-510071026
TI - 'Nesting' and 'Matrescence' as distinctive features of a free-standing birth centre in the UK.
Y1 - 2006
Y2 - 9
T2 - Midwifery
SN - 0266-6138 (Print)
J2 - Midwifery
VL - 22
IS - 3
SP - 228-39
AU - Walsh DJ
AV - Midwifery Research Unit, University of Central Lancashire, Preston, PR1 2HE, UK.
Denis.walsh@ntlworld.com
UR - <https://pubmed.ncbi.nlm.nih.gov/16713045/>
LA - eng
CY - Scotland
KW - Adult
KW - Birthing Centers/*organization & administration
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Maternal Health Services/*organization & administration
KW - Midwifery/*organization & administration
KW - *Mothers
KW - Nurse's Role
KW - Nurse-Patient Relations
KW - Nursing Methodology Research

KW - Outcome Assessment, Health Care
KW - *Patient Satisfaction
KW - Pregnancy
KW - Surveys and Questionnaires
KW - United Kingdom
AB - OBJECTIVE: To explore the culture, beliefs, values, customs and practices around the birth process within a free-standing birth centre (FSBC). DESIGN: Ethnography. SETTING: A birth centre situated in the midlands of England. PARTICIPANTS: Women attending the centre, midwives and maternity-care assistants (MCAs) working at the centre. FINDINGS: Women in the study seemed to invoke intuitive nesting-related behaviours in their assessment of the suitability of the birth centre. In addition, the birth centre staff's focus on creating the right ambience for birth may also emanate from nesting concerns. Birth-centre staff assisted women through the 'becoming mother' transition, which is conceptualised as 'matrescent' care. KEY CONCLUSIONS: The birth-centre environment elicited nesting-like behaviours from both women and staff. This formed part of a nurturing orientation that was conceptualised as 'matrescent' (becoming mother) care. 'Matrescence' does not seem to be grounded in clinical skills but is relationally mediated. IMPLICATIONS FOR PRACTICE: Nesting-like behaviours and 'matrescent' care in this context challenge maternity services to review traditional conceptualisations of safety and traditional expressions of clinical intrapartum care.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.midw.2005.09.005
ER -

TY - JOUR
AN - rayyan-510077516
TI - Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England. 1: Methods and women's overall ratings of care.
Y1 - 2014
Y2 - 9
T2 - Midwifery
SN - 1532-3099 (Electronic)
J2 - Midwifery
VL - 30
IS - 9
SP - 998-1008
AU - Macfarlane AJ
AU - Rocca-Ihenacho L
AU - Turner LR
AU - Roth C
AV - City University London, UK. Electronic address: A.J.Macfarlane@city.ac.uk.; Barts Health NHS Trust, UK.; City University London, UK.; University of Keele, UK.
UR - <https://pubmed.ncbi.nlm.nih.gov/24820003/>
LA - eng
CY - Scotland
KW - Adolescent
KW - Adult
KW - *Birthing Centers/economics
KW - England
KW - Female
KW - Health Care Surveys
KW - Humans
KW - *Midwifery/statistics & numerical data
KW - Parturition/psychology
KW - *Patient Satisfaction
KW - Pregnancy
KW - Surveys and Questionnaires
KW - *Urban Health Services/statistics & numerical data
KW - Young Adult
AB - OBJECTIVE: to describe and compare women's choices and experiences of maternity care before and

after the opening of the Barkantine Birth Centre, a new freestanding midwifery unit in an inner city area. DESIGN: telephone surveys undertaken in late pregnancy and about six weeks after birth in two separate time periods, Phase 1 before the birth centre opened and Phase 2 after it had opened. SETTING: Tower Hamlets, a deprived inner city borough in east London, England, 2007-2010. PARTICIPANTS: 620 women who were resident in Tower Hamlets and who satisfied the Barts and the London NHS Trust's eligibility criteria for using the birth centre. Of these, 259 women were recruited to Phase 1 and 361 to Phase 2. MEASUREMENTS AND FINDINGS: women who satisfied the criteria for birth centre care and who booked antenatally for care at the birth centre were significantly more likely to rate their care as good or very good overall than corresponding women who also satisfied these criteria but booked initially at the hospital. Women who started labour care in spontaneous labour at the birth centre were significantly more likely to be cared for by a midwife they had already met, have one to one care in labour and have the same midwife with them throughout their labour. They were also significantly more likely to report that the staff were kind and understanding, that they were treated with respect and dignity and that their privacy was respected. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: this survey in an inner city area showed that women who chose the freestanding midwifery unit care had positive experiences to report. Taken together with the findings of the Birthplace Programme, it adds further weight to the evidence in support of freestanding midwifery unit care for women without obstetric complications.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2014.03.013

ER -

TY - JOUR

AN - rayyan-510077538

TI - Risk factors for neonatal transfers from the Sapopemba free-standing birth centre to a hospital in São Paulo, Brazil.

Y1 - 2010

Y2 - 12

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 26

IS - 6

SP - e37-43

AU - Koiffman MD

AU - Schneck CA

AU - Riesco ML

AU - Bonadio IC

AV - Escola de Enfermagem da Universidade de São Paulo, Departamento de Enfermagem Materno-Infantil e Psiquiátrica, 05403-000 Cerqueira César, São Paulo, SP, Brazil.

UR - <https://pubmed.ncbi.nlm.nih.gov/19327877/>

LA - eng

CY - Scotland

KW - Birthing Centers/*organization & administration

KW - Brazil/epidemiology

KW - Confidence Intervals

KW - Delivery Rooms/*organization & administration

KW - Female

KW - Humans

KW - Intensive Care, Neonatal/*organization & administration/statistics & numerical data

KW - Obstetric Labor Complications/*epidemiology/prevention & control

KW - Odds Ratio

KW - Patient Transfer/*statistics & numerical data

KW - Perinatal Care/organization & administration

KW - Pregnancy

KW - Pregnancy Outcome

KW - Risk Factors

KW - Transportation of Patients/statistics & numerical data

KW - Urban Population/statistics & numerical data
 KW - Young Adult
 KW - Infant, Newborn
 AB - OBJECTIVE: to identify risk factors associated with neonatal transfers from a free-standing birth centre to a hospital. DESIGN: epidemiological case-control study. SETTING: midwifery-led free-standing birth centre in São Paulo, Brazil. PARTICIPANTS: 96 newborns were selected from 2840 births between September 1998 and August 2005. Cases were defined as all newborns transferred from the birth centre to a hospital (n=32), and controls were defined as newborns delivered at the same birth centre, during the same time period, and who had not been transferred to a hospital (n=64). MEASUREMENTS AND FINDINGS: data were collected from medical records available at the birth centre. Univariate and multivariate analyses were performed using logistic regression. The multivariate analysis included outcomes with $p < 0.25$, specifically: smoking during pregnancy, prenatal care appointments, labour complications, weight in relation to gestational age, and one-minute Apgar score. Of the foregoing outcomes, those that remained in the full regression model as a risk factor associated with neonatal transfer were: smoking during pregnancy [$p = 0.009$, odds ratio (OR) = 4.1, 95% confidence interval (CI) 1.03-16.33], labour complications ($p < 0.001$, OR = 5.5, 95% CI 1.06-28.26) and one-minute Apgar score ≤ 7 ($p < 0.001$, OR = 7.8, 95% CI 1.62-37.03). KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: smoking during pregnancy, labour complications and one-minute Apgar score ≤ 7 were confirmed as risk factors for neonatal transfer from the birth centre to a hospital. The identified risk factors can help to improve institutional protocols and formulate hypotheses for other studies.
 N1 - RAYYAN-INCLUSION: {"Christél" => "Included"}
 DO - 10.1016/j.midw.2009.02.004
 ER -

 TY - English Abstract
 AN - rayyan-511195287
 TI - [Obstetric and neonatal outcomes in a home-like birth centre: a case-control study].
 Y1 - 2012
 Y2 - 9
 T2 - Gynecologie, obstetrique & fertilite
 SN - 1769-6682 (Electronic)
 J2 - Gynecol Obstet Fertil
 VL - 40
 IS - 9
 SP - 524-8
 AU - Gaudineau A
 AU - Sauleau EA
 AU - Nisand I
 AU - Langer B
 AV - Département de gynécologie-obstétrique, centre hospitalo-universitaire de Strasbourg, 1, avenue Molière, 67098 Strasbourg cedex, France. a.gaudineau@orange.fr
 UR - <https://pubmed.ncbi.nlm.nih.gov/22902711/>
 LA - fre
 CY - France
 KW - Adult
 KW - Apgar Score
 KW - *Birthing Centers
 KW - Case-Control Studies
 KW - Delivery Rooms
 KW - Delivery, Obstetric/methods/statistics & numerical data
 KW - Female
 KW - Humans
 KW - Hydrogen-Ion Concentration
 KW - Labor, Obstetric
 KW - Patient Transfer/statistics & numerical data
 KW - Perineum/injuries
 KW - Pregnancy
 KW - *Pregnancy Outcome

KW - Retrospective Studies
KW - Umbilical Arteries
KW - Infant, Newborn
AB - OBJECTIVES: To compare intervention rates associated with labor in low-risk women who began their labor in the "home-like birth centre" and the traditional delivery room. PATIENTS AND METHODS: This retrospective study used data that were collected from January 2005 through June 2008, from women admitted to the "home-like birth centre" (n=316) and compared to a group of randomly selected low-risk women admitted to the traditional labor ward (n=890) using the Bayesian Information Criterion to select the best predictive model. RESULTS: Women in the "home-like birth centre" had spontaneous vaginal deliveries more often (88.6% versus 82.8%, P value 0.034) and perineal lesions less often (60.1% versus 62.5%, P value 0.013). The frequency of adverse neonatal outcomes did not differ statistically between the two groups, although mean clamped at birth umbilical arterial pH level was higher in the "home-like birth centre" group. The transfer rate from "home-like birth centre" to traditional labor ward was 31.3%. DISCUSSION AND CONCLUSIONS: It appears that women could benefit from "home-like birth centre" care in settings such as the one studied. Larger observational studies are warranted to validate these results.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: foreign language
DO - 10.1016/j.gyobfe.2012.07.001
ER -

TY - Comparative Study
AN - rayyan-511197027
TI - A comparison of intrapartum interventions and adverse outcomes by parity in planned freestanding midwifery unit and alongside midwifery unit births: secondary analysis of 'low risk' births in the birthplace in England cohort.
Y1 - 2017
Y2 - 3
Y3 - 21
T2 - BMC pregnancy and childbirth
SN - 1471-2393 (Electronic)
J2 - BMC Pregnancy Childbirth
VL - 17
IS - 1
SP - 95
AU - Hollowell J
AU - Li Y
AU - Bunch K
AU - Brocklehurst P
AV - National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF, UK. jennifer.hollowell@npeu.ox.ac.uk.; National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF, UK.; National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF, UK.; National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF, UK.; Institute for Women's Health, University College London, London, UK.
UR - <https://pubmed.ncbi.nlm.nih.gov/28320352/>
LA - eng
CY - England
KW - Adult
KW - Birthing Centers/statistics & numerical data
KW - Delivery, Obstetric/*adverse effects/methods
KW - England/epidemiology
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Midwifery/*methods
KW - Obstetric Labor Complications/epidemiology/*etiology
KW - *Parity

KW - Perinatal Care/*methods

KW - Pregnancy

KW - Prospective Studies

KW - England

KW - Midwifery

KW - Parity

AB - BACKGROUND: For low risk women, there is good evidence that planned birth in a midwifery unit is associated with a reduced risk of maternal interventions compared with planned birth in an obstetric unit. Findings from the Birthplace cohort study have been interpreted by some as suggesting a reduced risk of interventions in planned births in freestanding midwifery units (FMUs) compared with planned births in alongside midwifery units (AMUs). However, possible differences have not been robustly investigated using individual-level Birthplace data. METHODS: This was a secondary analysis of data on 'low risk' women with singleton, term, 'booked' pregnancies collected in the Birthplace national prospective cohort study. We used logistic regression to compare interventions and outcomes by parity in 11,265 planned FMU births and 16,673 planned AMU births, adjusted for potential confounders, using planned AMU birth as the reference group. Outcomes considered included adverse perinatal outcomes (Birthplace primary outcome measure), instrumental delivery, intrapartum caesarean section, 'straightforward vaginal birth', third or fourth degree perineal trauma, blood transfusion and maternal admission for higher-level care. We used a significance level of 1% for all secondary outcomes. RESULTS: There was no significant difference in adverse perinatal outcomes between planned AMU and FMU births. The odds of instrumental delivery were reduced in planned FMU births (nulliparous: aOR 0.63, 99% CI 0.46-0.86; multiparous: aOR 0.41, 99% CI 0.25-0.68) and the odds of having a 'straightforward vaginal birth' were increased in planned FMU births compared with planned AMU births (nulliparous: aOR 1.47, 99% CI 1.17-1.85; multiparous: 1.86, 99% CI 1.35-2.57). The odds of intrapartum caesarean section did not differ significantly between the two settings (nulliparous: $p = 0.147$; multiparous: $p = 0.224$). The overall pattern of findings suggested a trend towards lower intervention rates and fewer adverse maternal outcomes in planned FMU births compared with planned AMU births. CONCLUSIONS: The findings support the recommendation that 'low risk' women can be informed that planned birth in an FMU is associated with a lower rate of instrumental delivery and a higher rate of 'straightforward vaginal birth' compared with planned birth in an AMU; and that outcomes for babies do not appear to differ between FMUs and AMUs.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12884-017-1271-2

ER -

TY - JOUR

AN - rayyan-511201466

TI - Are freestanding midwifery units a safe alternative to obstetric units for low-risk, primiparous childbirth? An analysis of effect differences by parity in a matched cohort study.

Y1 - 2017

Y2 - 1

Y3 - 9

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 17

IS - 1

SP - 14

AU - Christensen LF

AU - Overgaard C

AV - Department of Health Science and Technology, Faculty of Medicine, Aalborg University, Aalborg, Denmark. l.fischer@rn.dk.; Department of Gynecology & Obstetrics, Aalborg University Hospital, Sdr. Skovvej 15, DK-9000, Aalborg, Denmark. l.fischer@rn.dk.; Department of Health Science and Technology, Faculty of Medicine, Aalborg University, Aalborg, Denmark.

UR - <https://pubmed.ncbi.nlm.nih.gov/28068929/>

LA - eng

CY - England

KW - Adult

KW - Analgesia, Epidural/statistics & numerical data
KW - *Birth Order
KW - Birthing Centers/*statistics & numerical data
KW - Case-Control Studies
KW - Cesarean Section/statistics & numerical data
KW - Cohort Studies
KW - Delivery Rooms/*statistics & numerical data
KW - Delivery, Obstetric/*methods
KW - Denmark
KW - Female
KW - Humans
KW - Labor, Induced/statistics & numerical data
KW - Midwifery/*statistics & numerical data
KW - Parity
KW - Pregnancy
KW - Midwifery

AB - BACKGROUND: Intrapartum complications and the use of obstetric interventions are more common in primiparous childbirth than in multiparous childbirth, leading to concern about out of hospital birth for primiparous women. The purpose of this study was to determine whether the effect of birthplace on perinatal and maternal morbidity and the use of obstetric interventions differed by parity among low-risk women intending to give birth in a freestanding midwifery unit or in an obstetric unit in the North Denmark Region. METHODS: The study is a secondary analysis of data from a matched cohort study including 839 low-risk women intending birth in a freestanding midwifery unit (primary participants) and 839 low-risk women intending birth in an obstetric unit (individually matched control group). Analysis was by intention-to-treat. Conditional logistic regression analysis was applied to compute odds ratios and effect ratios with 95% confidence intervals for matched pairs stratified by parity. RESULTS: On no outcome did the effect of birthplace differ significantly between primiparous and multiparous women. Compared with their counterparts intending birth in an obstetric unit, both primiparous and multiparous women intending birth in a freestanding midwifery unit were significantly more likely to have an uncomplicated, spontaneous birth with good outcomes for mother and infant and less likely to require caesarean section, instrumental delivery, augmented labour or epidural analgesia (although for caesarean section this trend did not attain statistical significance for multiparous women). Perinatal outcomes were comparable between the two birth settings irrespective of parity. Compared to multiparas, transfer rates were substantially higher for primiparas, but fell over time while rates for multiparas remained stable. CONCLUSIONS: Freestanding midwifery units appear to confer significant advantages over obstetric units to both primiparous and multiparous mothers, while their infants are equally safe in both settings. Our findings thus support the provision of care in freestanding midwifery units as an alternative to care in obstetric units for all low-risk women regardless of parity. In view of the global rise in caesarean section rates, we consider it an important finding that freestanding midwifery units show potential for reducing first-birth caesarean.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12884-016-1208-1

ER -

TY - JOUR

AN - rayyan-511201467

TI - A case study evaluation of implementation of a care pathway to support normal birth in one English birth centre: anticipated benefits and unintended consequences.

Y1 - 2009

Y2 - 10

Y3 - 5

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 9

SP - 47

AU - Bick DE

AU - Rycroft-Malone J

AU - Fontenla M
 AV - Division of Health and Social Care Research, King's College London, James Clerk Maxwell Building, London, UK. debra.bick@kcl.ac.uk
 UR - <https://pubmed.ncbi.nlm.nih.gov/19804624/>
 LA - eng
 CY - England
 KW - Attitude of Health Personnel
 KW - *Birthing Centers
 KW - Critical Pathways/*organization & administration
 KW - *Delivery, Obstetric
 KW - Female
 KW - Health Plan Implementation/*organization & administration
 KW - Humans
 KW - *Midwifery
 KW - National Health Programs
 KW - Obstetric Labor Complications/*prevention & control
 KW - Patient Satisfaction
 KW - Pregnancy
 KW - Program Evaluation
 KW - United Kingdom
 AB - BACKGROUND: The policy drive for the UK National Health Service (NHS) has focused on the need for high quality services informed by evidence of best practice. The introduction of care pathways and protocols to standardise care and support implementation of evidence into practice has taken place across the NHS with limited evaluation of their impact. A multi-site case study evaluation was undertaken to assess the impact of use of care pathways and protocols on clinicians, service users and service delivery. One of the five sites was a midwifery-led Birth Centre, where an adapted version of the All Wales Clinical Pathway for Normal Birth had been implemented. METHODS: The overarching framework was realistic evaluation. A case study design enabled the capture of data on use of the pathway in the clinical setting, use of multiple methods of data collection and opportunity to study and understand the experiences of clinicians and service users whose care was informed by the pathway. Women attending the Birth Centre were recruited at their 36 week antenatal visit. Episodes of care during labour were observed, following which the woman and the midwife who cared for her were interviewed about use of the pathway. Interviews were also held with other key stakeholders from the study site. Qualitative data were content analysed. RESULTS: Observations were undertaken of four women during labour. Eighteen interviews were conducted with clinicians and women, including the women whose care was observed and the midwives who cared for them, senior midwifery managers and obstetricians. The implementation of the pathway resulted in a number of anticipated benefits, including increased midwifery confidence in skills to support normal birth and promotion of team working. There were also unintended consequences, including concerns about a lack of documentation of labour care and negative impact on working relationships with obstetric and other midwifery colleagues. Women were unaware their care was informed by a care pathway. CONCLUSION: Care pathways are complex interventions which generate a number of consequences for practice. Those considering introduction of pathways need to ensure all relevant stakeholders are engaged with this and develop robust evaluation strategies to accompany implementation.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: Alongside birth center
 DO - 10.1186/1471-2393-9-47
 ER -

 TY - JOUR
 AN - rayyan-511201726
 TI - Key indicators influencing management of prolonged second stage labour by midwives in freestanding birth centres: Results from an ethnographic interview study.
 Y1 - 2021
 Y2 - 5
 T2 - Women and birth : journal of the Australian College of Midwives
 SN - 1878-1799 (Electronic)
 J2 - Women Birth

VL - 34
 IS - 3
 SP - e279-e285
 AU - Faulk KA
 AU - Niemczyk NA
 AV - University of Pittsburgh Medical Center. Electronic address: faulkka3@upmc.edu.; Department of Health Promotion and Development, University of Pittsburgh, School of Nursing, 440 Victoria Building, 3600 Victoria Street, Pittsburgh, PA 15261, USA. Electronic address: nan37@pitt.edu.
 UR - <https://pubmed.ncbi.nlm.nih.gov/32434683/>
 LA - eng
 CY - Netherlands
 KW - Adult
 KW - Anthropology, Cultural
 KW - Australia
 KW - *Birthing Centers/organization & administration
 KW - Continuity of Patient Care
 KW - Delivery, Obstetric/*psychology
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Interviews as Topic
 KW - *Labor Stage, Second/psychology
 KW - Midwifery/*methods
 KW - Nurse Midwives/*psychology
 KW - Obstetric Labor Complications/*psychology
 KW - Obstetrics
 KW - Patient Transfer/*statistics & numerical data
 KW - Pregnancy
 KW - Qualitative Research
 KW - Time Factors
 KW - Midwifery
 AB - PROBLEMS: Complications for newborns and postpartum clients in the hospital are more frequent after a prolonged second stage of labour. Midwives in community settings have little research to guide management in their settings. AIM: We explored how US birth centre midwives identify onset of second stage of labour and determine when to transfer clients to the hospital for prolonged second stage. METHODS: Ethnographic interviews of midwives with at least 2 years' experience in birth centres and participant observation of birth centre care. FINDINGS: We interviewed 21 midwives (18 CNMs, 3 CPMs/equivalent) from 18 birth centres in 11 US states, 45% with hospital practice privileges. Midwives relied on and engaged in embodied practice in evaluating each labour and making decisions concerning management of labour. Midwives considered time a useful but limited measure as a guiding factor in management. Though ideas of time and progress do play an important role in the decision-making process of midwives, their usefulness is limited due to the continual, multifactorial, and multisensory nature of the assessment. Relationship with the transfer hospital structured midwives' decision-making about transfers. DISCUSSION & CONCLUSION: These findings can inform future robust multivariate evaluation of factors, including but not limited to time, in guidelines for management of second stage of labour. Optimal management may require formal consideration of more than just time and parity. Our findings also suggest the need for evaluation of how structural issues involving hospital privileges for midwives and relationships between birth centre and hospital staff affect the well-being of childbearing families.
 N1 - RAYYAN-INCLUSION: {"Christ  l"=>"Included"}
 DO - 10.1016/j.wombi.2020.04.004
 ER -

 TY - JOUR
 AN - rayyan-511232721
 TI - PART ONE. How to ... build and develop a birth centre.
 Y1 - 2016
 T2 - Midwives

SN - 1479-2915 (Print)
J2 - Midwives
VL - 19
SP - 36-7
AU - Gutteridge K
UR - <https://pubmed.ncbi.nlm.nih.gov/27498476/>
LA - eng
CY - England
KW - Birthing Centers/*organization & administration
KW - Community Health Planning/*organization & administration
KW - *Efficiency, Organizational
KW - England
KW - Humans
KW - Maternal Health Services/organization & administration
KW - Organizational Objectives
KW - *Planning Techniques
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong study design
ER -

TY - JOUR
AN - rayyan-511234110
TI - Women in the driving seat: birth centre insights.
Y1 - 2007
Y2 - 5
T2 - The practising midwife
SN - 1461-3123 (Print)
J2 - Pract Midwife
VL - 10
IS - 5
SP - 23-7
AU - Deery R
AU - Jones P
AU - Phillips M
AV - Division of Midwifery, University of Huddersfield.
UR - <https://pubmed.ncbi.nlm.nih.gov/17536654/>
LA - eng
CY - England
KW - Adult
KW - Birthing Centers/*organization & administration
KW - Decision Making
KW - Female
KW - Home Childbirth/*nursing
KW - Humans
KW - Infant, Newborn
KW - Labor, Obstetric/psychology
KW - Maternal Behavior
KW - Midwifery/*organization & administration
KW - Mothers/*psychology
KW - Nurse-Patient Relations
KW - Nursing Methodology Research
KW - *Patient Satisfaction
KW - Pilot Projects
KW - Pregnancy
KW - Social Support
KW - Surveys and Questionnaires
KW - United Kingdom
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

ER -
 TY - JOUR
 AN - rayyan-511238902
 TI - 'She can't come here!' Ethics and the case of birth centre admission policy in the UK.
 Y1 - 2014
 Y2 - 12
 T2 - Journal of medical ethics
 SN - 1473-4257 (Electronic)
 J2 - J Med Ethics
 VL - 40
 IS - 12
 SP - 813-6
 AU - Scamell M
 UR - <https://pubmed.ncbi.nlm.nih.gov/24742881/>
 LA - eng
 CY - England
 KW - Birthing Centers/*ethics/legislation & jurisprudence
 KW - Female
 KW - *Health Policy/legislation & jurisprudence
 KW - Health Services Accessibility/*ethics
 KW - Humans
 KW - Infant, Newborn
 KW - *Patient Admission/legislation & jurisprudence
 KW - Pregnancy
 KW - Risk Factors
 KW - United Kingdom
 AB - Using ethnographic data lifted from an investigation into midwifery talk and practice in the South of England, this paper sets out to interrogate the ethics underpinning current admission policy for Free Standing (midwifery led) Birth Centres in the UK. The aim of this interrogation is to contest the grounds upon which birth centres admissions are managed, particularly the over-reliance on abstract calculations of risk--far removed from the material lived experience of the mother wishing to access these birth centre services.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1136/medethics-2013-101847
 ER -
 TY - JOUR
 AN - rayyan-511378871
 TI - Understanding factors affecting collaboration between midwives and other health care professionals in a birth center and its affiliated Quebec hospital: a case study.
 Y1 - 2017
 Y2 - 6
 Y3 - 26
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 17
 IS - 1
 SP - 200
 AU - Behruzi R
 AU - Klam S
 AU - Dehertog M
 AU - Jimenez V
 AU - Hatem M
 AV - Department of Family Medicine, McGill University/ The Research Center of the CISSS at Outaouais, 5858, Chemin de la Côte-des-Neiges, Montréal, QC, H3S 1Z1, Canada. roksana.behruzi@mcgill.ca.; Department of Obstetrics and Gynecology, McGill University, Montreal, Canada. roksana.behruzi@mcgill.ca.;

Department of Obstetrics and Gynecology, McGill University, Montreal, Canada.; Maison de naissance Côte-des-Neiges, CIUSSS Centre-Ouest-de-l'île-de-Montréal, 6560 Chemin de la Côte-des-Neiges, Montréal, QC, H3S 2A7, Canada.; Department of Family Medicine, McGill University/ The Research Center of the CISSS at Outaouais, 5858, Chemin de la Côte-des-Neiges, Montréal, QC, H3S 1Z1, Canada.; School of Public Health, Department of Social and Preventive Medicine, Université de Montreal, 7101 Avenue du Parc, Montreal, QC, H3N 1X9, Canada.

UR - <https://pubmed.ncbi.nlm.nih.gov/28651552/>

LA - eng

CY - England

KW - Attitude of Health Personnel

KW - Birthing Centers/*organization & administration

KW - Female

KW - Health Personnel/*psychology

KW - Hospitals, University/organization & administration

KW - Humans

KW - *Intersectoral Collaboration

KW - Maternal Health Services/*organization & administration

KW - Midwifery/*organization & administration

KW - Pregnancy

KW - Qualitative Research

KW - Quebec

KW - Tertiary Care Centers/*organization & administration

AB - BACKGROUND: A better understanding of the processes of collaboration between midwives who work in the birthing centers, and hospital-based obstetricians, family physicians and nurses may promote cooperation among professionals providing maternity care in both institutions. The aim of this research was to explore the barriers and facilitators of the interprofessional and interorganizational collaboration between midwives in birthing centers and other health care professionals in hospitals in Quebec. METHODS: A case study design was adopted. Data were collected through semi-structured interviews with midwives, multidisciplinary professionals and administrators, through direct observation of activities in maternity units and field notes, and a variety of organizational and policy documents and archives. A qualitative thematic analysis method was used for analyzing transcribed verbatim. RESULTS: The study suggests the close intertwinement between interactional, organizational and systemic factors in regard to barriers and opportunities for collaboration between midwives in birthing centers, and physicians and nurses in hospitals in Quebec. At interactional level, our findings show a conflict in scope of midwifery practice, myth about midwives, pre-judgment, and lack of communication skills between health care providers in the studied birthing center and hospital. At the organizational level, this investigation shows that although midwives have complete access to the hospital with which a formal agreement was signed, they were not integrated in hospital because of lack of interest of midwives and differences in philosophy and scope of practice among healthcare professionals as well as the culture of organizations. At a systemic level, in spite of excessive demand for midwifery care, there are not enough midwives to cover these demands. CONCLUSION: Maternity care professionals require taking a collaborative approach in working and the boundaries of responsibility need to be redrawn. The inter-professional collaborative work between midwives and other maternity care professionals is crucial to improve access and women's choices for maternity care in Canada. Although having collaborative and multidisciplinary teamwork is a goal of maternity care systems, it is hard to achieve.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12884-017-1381-x

ER -

TY - JOUR

AN - rayyan-511400257

TI - A risk model to predict probability of maternal intrapartum transfers from a free-standing birth centre: PROTRIP tool.

Y1 - 2015

Y2 - 4

T2 - Journal of clinical nursing

SN - 1365-2702 (Electronic)

J2 - J Clin Nurs
 VL - 24
 IS - 7
 SP - 1144-6
 AU - Silva FM
 AU - Oliveira SM
 AU - Osava RH
 AU - Auil F
 AU - Bick D
 AU - do Latorre Mdo R
 AV - School of Arts, Sciences and Humanities, University of São Paulo, Sao Paulo, Brazil.
 UR - <https://pubmed.ncbi.nlm.nih.gov/24393371/>
 LA - eng
 CY - England
 KW - Adult
 KW - *Birthing Centers
 KW - Brazil
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Obstetric Labor Complications/*epidemiology
 KW - Parturition
 KW - *Patient Transfer
 KW - Pregnancy
 KW - Probability
 KW - Risk
 KW - Young Adult
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1111/jocn.12504
 ER -

 TY - JOUR
 AN - rayyan-511422297
 TI - Birthplace in New South Wales, Australia: an analysis of perinatal outcomes using routinely collected data.
 Y1 - 2014
 Y2 - 6
 Y3 - 14
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 14
 SP - 206
 AU - Homer CS
 AU - Thornton C
 AU - Scarf VL
 AU - Ellwood DA
 AU - Oats JJ
 AU - Foureur MJ
 AU - Sibbritt D
 AU - McLachlan HL
 AU - Forster DA
 AU - Dahlen HG
 AV - Centre for Midwifery, Child and Family Health, Faculty of Health Level 7, University of Technology, 235-253 Jones St, Broadway, Sydney, New South Wales, Australia. Caroline.Homer@uts.edu.au.
 UR - <https://pubmed.ncbi.nlm.nih.gov/24929250/>
 LA - eng

CY - England
KW - Adult
KW - Birthing Centers/*statistics & numerical data
KW - Cesarean Section/statistics & numerical data
KW - Data Collection/*methods
KW - Extraction, Obstetrical/statistics & numerical data
KW - Female
KW - Home Childbirth/*statistics & numerical data
KW - Hospitals/*statistics & numerical data
KW - Humans
KW - Incidence
KW - Infant
KW - *Infant Mortality
KW - Infant, Newborn
KW - New South Wales/epidemiology
KW - Obstetric Labor Complications/epidemiology
KW - Pregnancy
KW - Stillbirth/epidemiology
KW - Young Adult
KW - New South Wales
KW - Australia
KW - Wales

AB - BACKGROUND: The outcomes for women who give birth in hospital compared with at home are the subject of ongoing debate. We aimed to determine whether a retrospective linked data study using routinely collected data was a viable means to compare perinatal and maternal outcomes and interventions in labour by planned place of birth at the onset of labour in one Australian state. METHODS: A population-based cohort study was undertaken using routinely collected linked data from the New South Wales Perinatal Data Collection, Admitted Patient Data Collection, Register of Congenital Conditions, Registry of Birth Deaths and Marriages and the Australian Bureau of Statistics. Eight years of data provided a sample size of 258,161 full-term women and their infants. The primary outcome was a composite outcome of neonatal mortality and morbidity as used in the Birthplace in England study. RESULTS: Women who planned to give birth in a birth centre or at home were significantly more likely to have a normal labour and birth compared with women in the labour ward group. There were no statistically significant differences in stillbirth and early neonatal deaths between the three groups, although we had insufficient statistical power to test reliably for these differences. CONCLUSION: This study provides information to assist the development and evaluation of different places of birth across Australia. It is feasible to examine perinatal and maternal outcomes by planned place of birth using routinely collected linked data, although very large data sets will be required to measure rare outcomes associated with place of birth in a low risk population, especially in countries like Australia where homebirth rates are low.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1186/1471-2393-14-206
ER -

TY - JOUR
AN - rayyan-511429593
TI - Does skin-to-skin contact and breast feeding at birth affect the rate of primary postpartum haemorrhage: Results of a cohort study.
Y1 - 2015
Y2 - 11
T2 - Midwifery
SN - 1532-3099 (Electronic)
J2 - Midwifery
VL - 31
IS - 11
SP - 1110-7
AU - Saxton A
AU - Fahy K

AU - Rolfe M
 AU - Skinner V
 AU - Hastie C
 AV - Southern Cross University, Southern Cross Drive, Bilinga, Qld 4225, Australia. Electronic address: Dfars1@pacific.net.au.; School of Health & Human Sciences & Northern NSW Local Health District, Southern Cross Drive, Bilinga, Qld 4225, Australia.; School of Health and Human Sciences, University Centre for Rural Health - North Coast, Medical School, Sydney University, PO Box 3074, Lismore, NSW 2480, Australia.; School of Engineering, Health, Science and Environment, Charles Darwin University, Darwin, NT 0909, Australia.; School of Health and Human Sciences, Southern Cross University, Locked bag 4, Coolangatta, Qld 4225, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/26277824/>
 LA - eng
 CY - Scotland
 KW - *Breast Feeding/statistics & numerical data
 KW - Female
 KW - Humans
 KW - Labor, Obstetric
 KW - New South Wales/epidemiology
 KW - Oxytocin/physiology
 KW - Parturition/*physiology
 KW - Postpartum Hemorrhage/epidemiology/*prevention & control
 KW - Pregnancy
 KW - Pregnancy Outcome/epidemiology
 KW - Retrospective Studies
 KW - Risk Factors
 KW - Cohort Studies
 KW - Breast Feeding
 KW - Postpartum Period
 AB - **OBJECTIVE:** to examine the effect of skin-to-skin contact and breast feeding within 30 minutes of birth, on the rate of primary postpartum haemorrhage (PPH) in a sample of women who were at mixed-risk of PPH. **DESIGN:** retrospective cohort study. **SETTING:** two obstetric units plus a freestanding birth centre in New South Wales (NSW) Australia. **PARTICIPANTS:** after excluding women (n=3671) who did not have opportunity for skin to skin and breast feeding, I analysed birth records (n=7548) for the calendar years 2009 and 2010. Records were accessed via the electronic data base ObstetriX. **INTERVENTION:** skin to skin contact and breast feeding within 30 minutes of birth. **MEASURES:** outcome measure was PPH i.e. blood loss of 500ml or more estimated at birth. Data was analysed using descriptive statistics and logistic regression (unadjusted and adjusted). **FINDINGS:** after adjustment for covariates, women who did not have skin to skin and breast feeding were almost twice as likely to have a PPH compared to women who had both skin to skin contact and breast feeding (aOR 0.55, 95% CI 0.41-0.72, p<0.001). This apparently protective effect of skin to skin and breast feeding on PPH held true in sub-analyses for both women at 'lower' (OR 0.22, 95% CI 0.17-0.30, p<0.001) and 'higher' risk (OR 0.37 95% CI 0.24-0.57), p<0.001. **KEY CONCLUSIONS AND IMPLICATION FOR PRACTICE:** this study suggests that skin to skin contact and breastfeeding immediately after birth may be effective in reducing PPH rates for women at any level of risk of PPH. The greatest effect was for women at lower risk of PPH. The explanation is that pronurturance promotes endogenous oxytocin release. Childbearing women should be educated and supported to have pronurturance during third and fourth stages of labour.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1016/j.midw.2015.07.008
 ER -

 TY - Comparative Study
 AN - rayyan-511432770
 TI - Maternal and perinatal outcomes by planned place of birth in Australia 2000 - 2012: a linked population data study.
 Y1 - 2019
 Y2 - 10
 Y3 - 29

T2 - BMJ open
 SN - 2044-6055 (Electronic)
 J2 - BMJ Open
 VL - 9
 IS - 10
 SP - e029192
 AU - Homer CSE
 AU - Cheah SL
 AU - Rossiter C
 AU - Dahlen HG
 AU - Ellwood D
 AU - Foureur MJ
 AU - Forster DA
 AU - McLachlan HL
 AU - Oats JJN
 AU - Sibbritt D
 AU - Thornton C
 AU - Scarf VL
 AV - Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia caroline.homer@uts.edu.au.; Maternal and Child Health, Burnet Institute, Melbourne, Victoria, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.; School of Nursing and Midwifery, University of Western Sydney, Parramatta, New South Wales, Australia.; School of Medicine, Griffith University, Gold Coast, Queensland, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.; Judith Lumley Centre, La Trobe University, Melbourne, Victoria, Australia.; Maternity Services, Royal Women's Hospital, Parkville, Victoria, Australia.; Judith Lumley Centre, La Trobe University, Melbourne, Victoria, Australia.; School of Nursing and Midwifery, La Trobe University, Bundoora, Victoria, Australia.; Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Victoria, Australia.; Faculty of Health, University of Technology Sydney, Sydney, New South Wales, Australia.; College of Nursing and Health Sciences, Flinders University Faculty of Medicine Nursing and Health Sciences, Adelaide, South Australia, Australia.; Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, New South Wales, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/31662359/>
 LA - eng
 CY - England
 KW - Adult
 KW - Australia/epidemiology
 KW - Birth Setting/*statistics & numerical data
 KW - Birthing Centers
 KW - Delivery Rooms
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - Information Storage and Retrieval
 KW - Logistic Models
 KW - Male
 KW - *Perinatal Mortality
 KW - Pregnancy
 KW - Pregnancy Outcome/*epidemiology
 KW - Retrospective Studies
 KW - Australia
 AB - OBJECTIVE: To compare perinatal and maternal outcomes for Australian women with uncomplicated pregnancies according to planned place of birth, that is, in hospital labour wards, birth centres or at home. DESIGN: A population-based retrospective design, linking and analysing routinely collected electronic data. Analysis comprised χ^2 tests and binary logistic regression for categorical data, yielding adjusted ORs. Continuous data were analysed using analysis of variance. SETTING: All eight Australian states and

territories. PARTICIPANTS: Women with uncomplicated pregnancies who gave birth between 2000 and 2012 to a singleton baby in cephalic presentation at between 37 and 41 completed weeks' gestation. Of the 1 251 420 births, 1 171 703 (93.6%) were planned in hospital labour wards, 71 505 (5.7%) in birth centres and 8212 (0.7%) at home. MAIN OUTCOME MEASURES: Mode of birth, normal labour and birth, interventions and procedures during labour and birth, maternal complications, admission to special care/high dependency or intensive care units (mother or infant) and perinatal mortality (intrapartum stillbirth and neonatal death). RESULTS: Compared with planned hospital births, the odds of normal labour and birth were over twice as high in planned birth centre births (adjusted OR (AOR) 2.72; 99% CI 2.63 to 2.81) and nearly six times as high in planned home births (AOR 5.91; 99% CI 5.15 to 6.78). There were no statistically significant differences in the proportion of intrapartum stillbirths, early or late neonatal deaths between the three planned places of birth. CONCLUSIONS: This is the first Australia-wide study to examine outcomes by planned place of birth. For healthy women in Australia having an uncomplicated pregnancy, planned births in birth centres or at home are associated with positive maternal outcomes although the number of homebirths was small overall. There were no significant differences in the perinatal mortality rate, although the absolute numbers of deaths were very small and therefore firm conclusions cannot be drawn about perinatal mortality outcomes.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1136/bmjopen-2019-029192

ER -

TY - JOUR

AN - rayyan-511432821

TI - Outcomes of free-standing, midwife-led birth centers: a structured review.

Y1 - 2004

Y2 - 9

T2 - Birth (Berkeley, Calif.)

SN - 0730-7659 (Print)

J2 - Birth

VL - 31

IS - 3

SP - 222-9

AU - Walsh D

AU - Downe SM

AV - Childbearing and Health (ReaCH) Group, Lancashire, United Kingdom.

UR - <https://pubmed.ncbi.nlm.nih.gov/15330886/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - Delivery, Obstetric/methods

KW - Episiotomy/statistics & numerical data

KW - Female

KW - Germany/epidemiology

KW - Humans

KW - Infant Mortality

KW - Infant, Newborn

KW - *Midwifery

KW - Patient Transfer/statistics & numerical data

KW - Pregnancy

KW - United Kingdom/epidemiology

KW - United States/epidemiology

AB - BACKGROUND: Over the last two decades, childbirth worldwide has been increasingly concentrated in large centralized hospitals, with a parallel trend toward more birth interventions. At the same time in several countries, interest in midwife-led care and free-standing birth centers has steadily increased. The objective of this review is to establish the current evidence base for free-standing, midwife-led birth centers. METHODS: A structured review, based on Cochrane guidelines, was conducted that included nonrandomized studies. The comparative outcomes measured were rates of normal vaginal birth; cesarean section; intact perineum; episiotomy; transfers; and babies remaining with their mothers. RESULTS: Of the 5 controlled studies that

met the review criteria, all except one was a single site study. Since no study was randomized, meta-analysis was not performed. The included studies all raised quality concerns, and significant heterogeneity was observed among them. For the outcomes measured, every study reported a benefit for women intending to give birth in the free-standing, midwife-led unit. CONCLUSIONS: The benefits shown for women recruited into the included studies who intended to give birth in a free-standing, midwife-led unit suggest a question about the efficacy of consultant unit care for low-risk women. However, the findings cannot be generalized beyond the individual studies. Good quality controlled studies are needed to investigate these issues in the future.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/j.0730-7659.2004.00309.x

ER -

TY - JOUR

AN - rayyan-511434929

TI - The Innovation Imperative: Scaling Freestanding Birth Centers, CenteringPregnancy, and Midwifery-Led Maternity Health Homes.

Y1 - 2015

Y2 - 5

T2 - Journal of midwifery & women's health

SN - 1542-2011 (Electronic)

J2 - J Midwifery Womens Health

VL - 60

IS - 3

SP - 244-249

AU - Alliman J

AU - Jolles D

AU - Summers L

UR - <https://pubmed.ncbi.nlm.nih.gov/25963548/>

LA - eng

CY - United States

KW - *Birthing Centers

KW - *Diffusion of Innovation

KW - Female

KW - Humans

KW - Infant, Newborn

KW - *Maternal Health Services

KW - *Midwifery

KW - *Patient-Centered Care

KW - Pregnancy

KW - Maternal Welfare

KW - Midwifery

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1111/jmwh.12320

ER -

TY - JOUR

AN - rayyan-511882848

TI - Safety of VBACs in birth centers: choices and risks. LK -

<https://UnivofPretoria.on.worldcat.org/oclc/111599021>

Y1 - 2005

T2 - Birth (Berkeley, Calif.)

SN - 0730-7659

VL - 32

IS - 3

SP - 229-31

AU - Albers, Leah L

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: commentary,wrong

study design, wrong publication type
ER -

TY - JOUR
AN - rayyan-511888787
TI - Birth outcomes for women using free-standing birth centers in South Auckland, New Zealand
Y1 - 2017
T2 - Birth
SN - 0730-7659
VL - 44
IS - 3
SP - 246-251
AU - Bailey, David John
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1111/birt.12287 LK - <https://UnivofPretoria.on.worldcat.org/oclc/7108791265>
ER -

TY - JOUR
AN - rayyan-511889725
TI - Facilitators and Barriers of Independent Decisions by Midwives During Labor and Birth
Y1 - 2012
T2 - Journal of Midwifery & Women's Health
SN - 1526-9523
VL - 57
IS - 1
SP - 49-54
AU - Everly, Marcee C.
KW - Midwifery
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1111/j.1542-2011.2011.00088.x LK - <https://UnivofPretoria.on.worldcat.org/oclc/5151476460>
ER -

TY - JOUR
AN - rayyan-511889772
TI - Confidence: Fundamental to midwives providing labour care in freestanding midwifery-led units
Y1 - 2018
T2 - Midwifery
SN - 0266-6138
VL - 66
SP - 176-181
AU - Hunter, Marion DHSc, MA (Hons), BA, RM, RGON
AU - Smythe, Elizabeth PhD, BA, RM, RN
AU - Spence, Deborah PhD, RM, RN
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.midw.2018.08.016 LK - <https://UnivofPretoria.on.worldcat.org/oclc/7851408563>
ER -

TY - JOUR
AN - rayyan-511905916
TI - PERINEAL CARE AND OUTCOMES IN A BIRTH CENTER
Y1 - 2019
Y2 - 11
T2 - Texto & Contexto - Enfermagem
SN - 0104-0707
VL - 28
SP - e20190168
AU - Lopes, Gisele Almeida

AU - Leister, Nathalie
AU - Riesco, Maria Luiza Gonzalez
UR - <https://www.scielo.br/j/tce/a/Kz9FJqTKbV8KgnTJqJWvYgx>
PB - Universidade Federal de Santa Catarina, Programa de Pós Graduação em Enfermagem
KW - Birthing centres
KW - Childbirth
KW - Lacerations
KW - Obstetric nursing
KW - Parturition

AB - ABSTRACT Objective: to analyse the perineal outcomes in childbirth and post-partum perineal care in a freestanding birth centre. Method: a cross-sectional study, with data collection performed in the women's birth records forms from Casa Angela, a freestanding birth centre, São Paulo, Brazil, in 2016-2017 (n=415). The following data was analysed: occurrence and perineal tear degree; maternal, neonatal and birth care-related variables; perineal suture prevalence; complications in wound healing and natural methods on perineal care. Data were subjected to descriptive, inferential and multiple analyses. Results: in 11.8% of women, the perineum was kept intact, 61.9% had spontaneous first-degree tear and 26.3% had second-degree tear. The variables related to the occurrence and higher spontaneous degree tears were maternal age and second period of childbirth >2 hours. The protective factors against the occurrence and higher degree tears were number of previous vaginal childbirths and maternal position different from vertical during childbirth. Perineal suture was performed in 16.0% and 70.6% of women with spontaneous first- and second-degree tears, respectively. The main perineal complications after birth were edema (53.6%) and pain (29.4%); and the perineal suture increased the chance for these complications (OR=2.5; 95%CI 1.5-4.3). Perineum icepack compress was used in 53.8% of women during post-partum period. Conclusion: maternal and health-care related factors were associated to the prevalence and degree of spontaneous perineal tear. First-degree spontaneous perineal tears were prevalent and sutured in a low number of women. There were more complications in the wound healing process when the perineal suture was performed, regardless the tear degree. The number of natural methods in post-partum perineal care was higher than the use of medicines.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1590/1980-265X-TCE-2018-0168
ER -

TY - JOUR
AN - rayyan-512741037
TI - The development of midwifery unit standards for Europe.
Y1 - 2020
T2 - Midwifery
SN - 0266-6138
VL - 86
SP - 102661
AU - Rayment, Juliet
AU - Rocca-Ihenacho, Lucia
AU - Newburn, Mary
AU - Thael, Ellen
AU - Batinelli, Laura
AU - Mcourt, Christine
KW - Europe

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1016/j.midw.2020.102661 LK - <https://UnivofPretoria.on.worldcat.org/oclc/8573735769>
ER -

TY - GEN
AN - rayyan-512749037
TI - Effect of Birth Center Care on Clinical and Cost Outcomes
Y1 - 2016
AU - Thornton, Patrick D
CY - Chicago

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong publication type
ER -

TY - THES

AN - rayyan-512754755

TI - A comparison of certified nurse-midwives in two locations : the freestanding birth center and the hospital LK - <https://UnivofPretoria.on.worldcat.org/oclc/62112605>

Y1 - 2004

AU - Wu, Maryalice Shao-Ping 1971-

UR - http://gateway.proquest.com/openurl?url_ver=Z39.88-

2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&res_dat=xri:pqm&rft_dat=xri:pqdiss:3160976

LA - English

N1 - ix, 268 leaves, bound : illustrations, maps (some color) ; 29 cm | RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong study design,wrong publication type
ER -

TY - JOUR

AN - rayyan-558788058

TI - Experiences of women who planned birth in a birth centre compared to alternative planned places of birth. Results of the Dutch Birth Centre Study

Y1 - 2016

T2 - Midwifery

SN - 0266-6138

VL - 40

SP - 70-78

AU - Hitzert, Marit MSc

AU - Hermus, Marieke A.A. MSc

AU - Scheerhagen, Marisja MSc

AU - Boesveld, Inge C. MSc

AU - Wiegers, Therese A. PhD (Dr)

AU - van den Akker-van Marle, M. Elske PhD (Dr)

AU - van Dommelen, Paula PhD (Dr)

AU - van der Pal-de Bruin, Karin M. PhD (Dr)

AU - de Graaf, Johanna P. PhD (Dr)

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2016.06.004 LK - <https://UnivofPretoria.on.worldcat.org/oclc/6781982028>

ER -

TY - JOUR

AN - rayyan-595978675

TI - Alternative versus conventional institutional settings for birth

Y1 - 2012

T2 - Cochrane Database of Systematic Reviews

SN - 1465-1858

IS - 8

UR - <https://doi.org/10.1002/14651858.CD000012.pub4>

PB - John Wiley & Sons, Ltd

KW - Analgesia

KW - Epidural [statistics & numerical data]; Analgesia

KW - Obstetrical [statistics & numerical data]; Birthing Centers [organization & administration

KW - *standards]; Breast Feeding [statistics & numerical data]; Confidence Intervals; Delivery Rooms;

Female; Humans; Interior Design and Furnishings; Odds Ratio; Pregnancy; Randomized Controlled Trials as Topic

AB - Abstract - Background Alternative institutional settings have been established for the care of pregnant women who prefer little or no medical intervention. The settings may offer care throughout pregnancy and birth, or only during labour; they may be part of hospitals or freestanding entities. Specially designed labour

rooms include bedroom-like rooms, ambient rooms, and Snoezelen rooms. Objectives Primary: to assess the effects of care in an alternative institutional birth environment compared to care in a conventional setting. Secondary: to determine if the effects of birth settings are influenced by staffing, architectural features, organizational models or geographical location. Search methods We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 March 2012). Selection criteria All randomized or quasi-randomized controlled trials which compared the effects of an alternative institutional birth setting to a conventional setting. Data collection and analysis We used the standard methods of the Cochrane Collaboration Pregnancy and Childbirth Group. Two review authors evaluated methodological quality. We performed double data extraction and presented results using risk ratios (RR) and 95% confidence intervals (CI). Main results Ten trials involving 11,795 women met the inclusion criteria. We found no trials of freestanding birth centres or Snoezelen rooms. Allocation to an alternative setting increased the likelihood of: no intrapartum analgesia/anesthesia (six trials, $n = 8953$; RR 1.18, 95% CI 1.05 to 1.33); spontaneous vaginal birth (eight trials; $n = 11,202$; RR 1.03, 95% CI 1.01 to 1.05); breastfeeding at six to eight weeks (one trial, $n = 1147$; RR 1.04, 95% CI 1.02 to 1.06); and very positive views of care (two trials, $n = 1207$; RR 1.96, 95% CI 1.78 to 2.15). Allocation to an alternative setting decreased the likelihood of epidural analgesia (eight trials, $n = 10,931$; RR 0.80, 95% CI 0.74 to 0.87); oxytocin augmentation of labour (eight trials, $n = 11,131$; RR 0.77, 95% CI 0.67 to 0.88); instrumental vaginal birth (eight trials, $n = 11,202$; RR 0.89, 95% CI 0.79 to 0.99), and episiotomy (eight trials, $n = 11,055$; RR 0.83, 95% CI 0.77 to 0.90). There was no apparent effect on other adverse maternal or neonatal outcomes. Care by the same or separate staff had no apparent effects. No conclusions could be drawn regarding the effects of continuity of caregiver or architectural characteristics. In several of the trials included in this review, the design features of the alternative setting were confounded by important differences in the organizational models for care (separate staff for the alternative setting, offering more continuity of caregiver), and thus it is difficult to draw inferences about the independent effects of the physical birth environment. Authors' conclusions Hospital birth centres are associated with lower rates of medical interventions during labour and birth and higher levels of satisfaction, without increasing risk to mothers or babies. Plain language summary Alternative versus conventional institutional settings for birth In high- and moderate-income countries, labour wards have become the settings for childbirth for the majority of childbearing women. Routine medical interventions have also increased steadily over time, leading to many questions about benefits, safety, and risk for healthy childbearing women. The design of conventional hospital labour rooms is similar to the design of other hospital sick rooms, i.e. the hospital bed is a central feature of the room, and medical equipment is in plain view. In an effort to support normal labour and birth for healthy childbearing women, a variety of institutional maternity care settings have been constructed. Some are 'home-like' bedrooms within hospital labour wards. Others are 'home-like' birthing units adjacent to the labour wards. Others are freestanding birth centres. More recently, 'ambient' and Snoezelen rooms have been constructed within labour wards; these rooms are not home-like but contain a variety of sensory stimuli and furnishings designed to promote feelings of calmness, control, and freedom of movement. The primary aim of this review is to evaluate the effects, on labour and birth outcomes, of care in an alternative institutional birth setting compared with care in a conventional hospital labour ward. We included ten trials involving 11,795 women. We found no trials of freestanding birth centres. When compared to conventional institutional settings, alternative settings were associated with reduced likelihood of medical interventions, increased likelihood of spontaneous vaginal birth, increased maternal satisfaction, and greater likelihood of continued breastfeeding at one to two months postpartum, with no apparent risks to mother or baby. Unfortunately, in several trials, the design features of the alternative setting were confounded by differences in the organizational models of care (including separate staff and more continuity of caregiver in the alternative setting), and thus it is not possible to draw conclusions about the independent effects of the design of the birth environment. We conclude that women and policy makers should be informed about the benefits of institutional settings which focus on supporting normal labour and birth.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population, Alongside birth center
DO - 10.1002/14651858.CD000012.pub4
ER -

TY - JOUR

AN - rayyan-595995221

TI - Evaluating Midwifery Units (EMU): a prospective cohort study of freestanding midwifery units in New South Wales, Australia.

Y1 - 2014

Y2 - 10
Y3 - 31
T2 - BMJ open
SN - 2044-6055 (Electronic)
J2 - BMJ Open
VL - 4
IS - 10
SP - e006252
AU - Monk A
AU - Tracy M
AU - Foureur M
AU - Grigg C
AU - Tracy S
AV - Faculty of Nursing and Midwifery, The University of Sydney, Sydney, New South Wales, Australia.; Centre for Newborn Care, Westmead Hospital and The University of Sydney, Sydney, New South Wales, Australia.; Centre for Midwifery, Child and Family Health, Faculty of Health, The University of Technology Sydney, Sydney, Australia.; Faculty of Nursing and Midwifery, The University of Sydney, Sydney, New South Wales, Australia.; Centre for Midwifery & Women's Health Nursing Research Unit, The Royal Hospital for Women and the University of Sydney, Sydney, Australia.
UR - <https://pubmed.ncbi.nlm.nih.gov/25361840/>
LA - eng
CY - England
KW - Adult
KW - Apgar Score
KW - *Birthing Centers
KW - Cesarean Section/statistics & numerical data
KW - Cohort Studies
KW - Delivery Rooms
KW - Delivery, Obstetric/*statistics & numerical data
KW - Female
KW - Humans
KW - Infant, Newborn
KW - Intensive Care Units, Neonatal/*statistics & numerical data
KW - Labor, Induced/statistics & numerical data
KW - Male
KW - Midwifery/*statistics & numerical data
KW - New South Wales
KW - Outcome Assessment, Health Care
KW - Patient Transfer/statistics & numerical data
KW - Pregnancy
KW - Prospective Studies
KW - Midwifery
KW - Wales
KW - Australia
AB - **OBJECTIVE:** To compare maternal and neonatal birth outcomes and morbidities associated with the intention to give birth in two freestanding midwifery units and two tertiary-level maternity units in New South Wales, Australia. **DESIGN:** Prospective cohort study. **PARTICIPANTS:** 494 women who intended to give birth at freestanding midwifery units and 3157 women who intended to give birth at tertiary-level maternity units. Participants had low risk, singleton pregnancies and were at less than 28(+0) weeks gestation at the time of booking. **PRIMARY AND SECONDARY OUTCOME MEASURES:** Primary outcomes were mode of birth, Apgar score of less than 7 at 5 min and admission to the neonatal intensive care unit or special care nursery. Secondary outcomes were onset of labour, analgesia, blood loss, management of third stage of labour, perineal trauma, transfer, neonatal resuscitation, breastfeeding, gestational age at birth, birth weight, severe morbidity and mortality. **RESULTS:** Women who planned to give birth at a freestanding midwifery unit were significantly more likely to have a spontaneous vaginal birth (AOR 1.57; 95% CI 1.20 to 2.06) and significantly less likely to have a caesarean section (AOR 0.65; 95% CI 0.48 to 0.88). There was no significant difference in the AOR of 5 min Apgar scores, however, babies from the freestanding midwifery

unit group were significantly less likely to be admitted to neonatal intensive care or special care nursery (AOR 0.60; 95% CI 0.39 to 0.91). Analysis of secondary outcomes indicated that planning to give birth in a freestanding midwifery unit was associated with similar or reduced odds of intrapartum interventions and similar or improved odds of indicators of neonatal well-being. CONCLUSIONS: The results of this study support the provision of care in freestanding midwifery units as an alternative to tertiary-level maternity units for women with low risk pregnancies at the time of booking.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1136/bmjopen-2014-006252

ER -

TY - JOUR

AN - rayyan-595997802

TI - Freestanding midwifery units: Maternal and neonatal outcomes following transfer.

Y1 - 2017

Y2 - 3

T2 - Midwifery

SN - 1532-3099 (Electronic)

J2 - Midwifery

VL - 46

SP - 24-28

AU - Monk AR

AU - Grigg CP

AU - Foureur M

AU - Tracy M

AU - Tracy SK

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UR - <https://pubmed.ncbi.nlm.nih.gov/28126592/>

LA - eng

CY - Scotland

KW - Adult

KW - Apgar Score

KW - Australia

KW - Birthing Centers/*standards/statistics & numerical data

KW - Female

KW - Humans

KW - Infant, Newborn

KW - Midwifery/methods/*standards/statistics & numerical data

KW - Patient Handoff/*standards/statistics & numerical data

KW - *Patient Outcome Assessment

KW - Pregnancy

KW - Transfer, Psychology

KW - Midwifery

AB - BACKGROUND: the viability of freestanding midwifery units in Australia is restricted, due to concerns over their safety, particularly for women and babies who, require transfer. AIM: to compare the maternal and neonatal birth outcomes of women who planned, to give birth at freestanding midwifery units and subsequently, transferred to a tertiary maternity unit to the maternal and neonatal, outcomes of a low-risk cohort of women who planned to give birth in, tertiary maternity unit. METHODS: a descriptive study compared two groups of women with low-risk singleton, pregnancies who were less than 28 weeks pregnant at booking: women who, planned to give birth at a freestanding midwifery unit (n=494) who, transferred to a tertiary maternity unit during the antenatal, intrapartum or postnatal periods (n=260) and women who planned to give, birth at a tertiary maternity unit (n=3157). Primary outcomes were mode, of birth, Apgar score of less than 7 at 5minutes and admission to, special care nursery or neonatal intensive care. KEY

FINDINGS: the proportion of women who experienced a caesarean section was lower, among the freestanding midwifery unit women who transferred during the, intrapartum/postnatal period compared to women in the tertiary maternity, unit group (16.1% versus 24.8% respectively). Other outcomes were, comparable between the cohorts. Rates of primary outcomes in relation to, stage of transfer varied when stratified by parity. **DISCUSSION:** these descriptive results support the provision of care in freestanding, midwifery units as an alternative to tertiary maternity units for women, with low risk pregnancies at the time of booking. A larger study, powered, to determine statistical significance of any differences in outcomes, is, required.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1016/j.midw.2017.01.006

ER -

TY - JOUR

AN - rayyan-608171914

TI - An Approach to measuring Integrated Care within a Maternity Care System: Experiences from the Maternity Care Network Study and the Dutch Birth Centre Study.

Y1 - 2017

Y2 - 6

Y3 - 20

T2 - International journal of integrated care

SN - 1568-4156 (Print)

J2 - Int J Integr Care

VL - 17

IS - 2

SP - 6

AU - Boesveld IC

AU - Valentijn PP

AU - Hitzert M

AU - Hermus MAA

AU - Franx A

AU - de Vries RG

AU - Wieggers TA

AU - Bruijnzeels MA

AV - Jan van Es Institute, Netherlands Expert Centre Integrated Primary Care, Almere, NL.; Division Woman and Baby, University Medical Centre Utrecht, Utrecht, NL.; Jan van Es Institute, Netherlands Expert Centre Integrated Primary Care, Almere, NL.; Department of Health Services Research, Medicine and Life Sciences, Faculty of Health, Maastricht University, Maastricht, NL.; Department of Obstetrics and Gynaecology, Erasmus University Medical Centre, Rotterdam, NL.; Department of Child Health, TNO, PO Box 2215, 2301 CE Leiden, NL.; Department of Obstetrics, Leiden University Medical Center, PO Box 9600, 2300 RC Leiden, NL.; Midwifery Practice Trivia, Werkmansbeemd 2, 4907 EW Oosterhout, NL.; Division Woman and Baby, University Medical Centre Utrecht, Utrecht, NL.; Academie Verloskunde Maastricht/Zuyd University, CAPHRI School for Public Health and Primary Care, Maastricht, NL.; NIVEL, Netherlands Institute for Health Services Research, Utrecht, NL.; Jan van Es Institute, Netherlands Expert Centre Integrated Primary Care, Almere, NL.

UR - <https://pubmed.ncbi.nlm.nih.gov/28970747/>

LA - eng

CY - England

AB - **INTRODUCTION:** Integrated care is considered to be a means to reduce costs, improve the quality of care and generate better patient outcomes. At present, little is known about integrated care in maternity care systems. We developed questionnaires to examine integrated care in two different settings, using the taxonomy of the Rainbow Model of Integrated Care. The aim of this study was to explore the validity of these questionnaires. **METHODS:** We used data collected between 2013 and 2015 from two studies: the Maternity Care Network Study (634 respondents) and the Dutch Birth Centre Study (56 respondents). We assessed the feasibility, discriminative validity, and reliability of the questionnaires. **RESULTS:** Both questionnaires showed good feasibility (overall missing rate < 20%) and reliability (Cronbach's Alpha coefficient > 0.70). Between-subgroups post-hoc comparisons showed statistically significant differences on integration profiles between regional networks (on all items, dimensions of integration and total integration score) and birth centres (on 50% of the items and dimensions of integration). **DISCUSSION:** Both questionnaires are feasible and can

discriminate between sites with different integration profiles in The Netherlands. They offer an opportunity to better understand integrated care as one step in understanding the complexity of the concept.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong outcome

DO - 10.5334/ijic.2522

ER -

TY - JOUR

AN - rayyan-608191783

TI - Audit of a new model of birth care for women with low risk pregnancies in South Africa: the primary care onsite midwife-led birth unit (OMBU).

Y1 - 2014

Y2 - 12

Y3 - 20

T2 - BMC pregnancy and childbirth

SN - 1471-2393 (Electronic)

J2 - BMC Pregnancy Childbirth

VL - 14

SP - 417

AU - Hofmeyr GJ

AU - Mancotywa T

AU - Silwana-Kwadjo N

AU - Mgudlwa B

AU - Lawrie TA

AU - Gülmezoglu AM

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UR - <https://pubmed.ncbi.nlm.nih.gov/25528588/>

LA - eng

CY - England

KW - Delivery Rooms/organization & administration/*statistics & numerical data

KW - Female

KW - Hospitals, Maternity/organization & administration/*statistics & numerical data

KW - Humans

KW - Infant

KW - Infant, Newborn

KW - Maternal Mortality

KW - Medical Audit

KW - *Midwifery

KW - Obstetrics and Gynecology Department, Hospital/statistics & numerical data

KW - Perinatal Care

KW - Perinatal Mortality

KW - Pregnancy

KW - Prenatal Care

KW - Primary Health Care/*methods

KW - Retrospective Studies

KW - South Africa
KW - Midwifery
AB - BACKGROUND: South Africa's health system is based on the primary care model in which low-risk maternity care is provided at community health centres and clinics, and 'high-risk' care is provided at secondary/tertiary hospitals. This model has the disadvantage of delays in the management of unexpected intrapartum complications in otherwise low-risk pregnancies, therefore, there is a need to re-evaluate the models of birth care in South Africa. To date, two primary care onsite midwife-led birth units (OMBUs) have been established in the Eastern Cape. OMBUs are similar to alongside midwifery units but have been adapted to the South African health system in that they are staffed, administered and funded by the primary care service. They allow women considered to be at 'low risk' to choose between birth in a community health centre and birth in the OMBU. METHODS: The purpose of this audit was to evaluate the impact of establishing an OMBU at Frere Maternity Hospital in East London, South Africa, on maternity services. We conducted an audit of routinely collected data from Frere Maternity Hospital over two 12 month periods, before and after the OMBU opened. Retrospectively retrieved data included the number of births, maternal and perinatal deaths, and mode of delivery. RESULTS: After the OMBU opened at Frere Maternity Hospital, the total number of births on the hospital premises increased by 16%. The total number of births in the hospital obstetric unit (OU) dropped by 9.3%, with 1611 births out of 7375 (22%) occurring in the new OMBU. The number of maternal and perinatal deaths was lower in the post-OMBU period compared with the pre-OMBU period. These improvements cannot be assumed to be the result of the intervention as observational studies are prone to bias. CONCLUSIONS: The mortality data should be interpreted with caution as other factors such as change in risk profile may have contributed to the death reductions. There are many additional advantages for women, hospital staff and primary care staff with this model, which may also be more cost-effective than the standard (freestanding) primary care model.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
DO - 10.1186/s12884-014-0417-8
ER -

TY - JOUR
AN - rayyan-610123507
TI - Looking back to go forward: Tair Afon--the first birth centre in Wales
Y1 - 2005
Y2 - 11
T2 - RCM midwives : the official journal of the Royal College of Midwives
VL - 8
IS - 11
SP - 448—449
AU - Walford, Diane
UR - <http://europepmc.org/abstract/MED/16312120>
KW - Wales
N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: No access to full text
ER -

TY - JOUR
AN - rayyan-613153662
TI - Birth models of care and intervention rates: The impact of birth centres.
Y1 - 2020
Y2 - 12
T2 - Health policy (Amsterdam, Netherlands)
SN - 1872-6054 (Electronic)
J2 - Health Policy
VL - 124
IS - 12
SP - 1395-1402
AU - Yu S
AU - Fiebig DG
AU - Scarf V
AU - Viney R

AU - Dahlen HG
 AU - Homer C
 AV - Centre for Health Economics Research and Evaluation, Faculty of Business, University of Technology Sydney, Australia. Electronic address: serena.yu@chere.uts.edu.au.; Business School, University of New South Wales, Australia.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, Australia.; Centre for Health Economics Research and Evaluation, Faculty of Business, University of Technology Sydney, Australia.; School of Nursing and Midwifery, Western Sydney University, Australia.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/33131907/>
 LA - eng
 CY - Ireland
 KW - *Birthing Centers
 KW - Delivery, Obstetric
 KW - Female
 KW - Humans
 KW - Infant, Newborn
 KW - *Midwifery
 KW - Parturition
 KW - Pregnancy
 AB - Birth centres offer a midwifery-led model of care which supports a non-medicalised approach to childbirth. They are often reported as having low rates of birth intervention, however the precise impact is obscured because less disadvantaged mothers with less complex pregnancies, and who prefer and often select little intervention, are more likely to choose a birth centre. In this paper, we use a methodology that purges the impact of these selection effects and provides a causal interpretation of the impact of birth centres on intervention outcomes. Using administrative birth data on over 364,000 births in Australia's most populous state between 2001 and 2012, we implement an instrumental variables framework to address confounding factors influencing choice of birth setting. We find that giving birth in a birth centre results in significantly lower probabilities of intervention, and that critically, this impact has been increasing over time. Our estimates are larger than those in existing studies, reflecting our newer data, diverging intervention rates across birth settings, and our accounting for important selection effects. The results emphasise the greater role of birth centres in delivering on policy priorities which include greater maternal autonomy, lower intervention rates, and lower health system costs.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"} | RAYYAN-EXCLUSION-REASONS: wrong population
 DO - 10.1016/j.healthpol.2020.10.001
 ER -

 TY - Systematic Review
 AN - rayyan-619168537
 TI - What are the strategies for implementing primary care models in maternity? A systematic review on midwifery units.
 Y1 - 2022
 Y2 - 2
 Y3 - 14
 T2 - BMC pregnancy and childbirth
 SN - 1471-2393 (Electronic)
 J2 - BMC Pregnancy Childbirth
 VL - 22
 IS - 1
 SP - 123
 AU - Batinelli L
 AU - Thaelis E
 AU - Leister N
 AU - McCourt C
 AU - Bonciani M
 AU - Rocca-Ihenacho L
 AV - Centre for Maternal and Child Health Research, School of Health Sciences, City, University of London, 1

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UR - <https://pubmed.ncbi.nlm.nih.gov/35152880/>

LA - eng

CY - England

KW - Humans

KW - Maternal Health Services/*organization & administration

KW - Midwifery/*organization & administration

KW - Primary Health Care/*organization & administration

KW - Professional Role

KW - Midwifery

AB - BACKGROUND: Midwifery Units (MUs) are associated with optimal perinatal outcomes, improved service users' and professionals' satisfaction as well as being the most cost-effective option. However, they still do not represent the mainstream option of maternity care in many countries. Understanding effective strategies to integrate this model of care into maternity services could support and inform the MU implementation process that many countries and regions still need to approach. METHODS: A systematic search and screening of qualitative and quantitative research about implementation of new MUs was conducted (Prospero protocol reference: CRD42019141443) using PRISMA guidelines. Included articles were appraised using the CASP checklist. A meta-synthesis approach to analysis was used. No exclusion criteria for time or context were applied to ensure inclusion of different implementation attempts even under different historical and social circumstances. A sensitivity analysis was conducted to reflect the major contribution of higher quality studies. RESULTS: From 1037 initial citations, twelve studies were identified for inclusion in this review after a screening process. The synthesis highlighted two broad categories: implementation readiness and strategies used. The first included aspects related to cultural, organisational and professional levels of the local context whilst the latter synthesised the main actions and key points identified in the included studies when implementing MUs. A logic model was created to synthesise and visually present the findings. CONCLUSIONS: The studies selected were from a range of settings and time periods and used varying strategies. Nonetheless, consistencies were found across different implementation processes. These findings can be used in the systematic scaling up of MUs and can help in addressing barriers at system, service and individual levels. All three levels need to be addressed when implementing this model of care.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

DO - 10.1186/s12884-022-04410-x

ER -

TY - JOUR

AN - rayyan-620546731

TI - Midwife Led Units: Transforming Maternity Care Globally.

Y1 - 2020

Y2 - 4

Y3 - 28

T2 - Annals of global health

SN - 2214-9996 (Electronic)

J2 - Ann Glob Health

VL - 86

IS - 1

SP - 44

AU - Edmonds JK

AU - Ivanof J

AU - Kafulafula U

AV - Boston College School of Nursing, US.; Boston College School of Nursing, US.; Kamuzu College of Nursing, MW.

UR - <https://pubmed.ncbi.nlm.nih.gov/32377509/>

LA - eng

CY - United States

KW - Birthing Centers

KW - Delivery Rooms

KW - Delivery of Health Care

KW - *Global Health

KW - Humans

KW - Infant Health

KW - Maternal Health

KW - Maternal Health Services/*organization & administration

KW - Midwifery/*organization & administration

KW - Midwifery

AB - BACKGROUND: Midwifery-led care is a high-certainty, evidence-based strategy to improve maternity care. Midwife-led units (MLUs) are one example of how the midwifery model of care is being integrated into existing health systems to transform maternal health around the world. PURPOSE: To promote global investment in MLUs by describing the benefits, current advances and future directions of this model of care.

METHOD: A viewpoint based on prevalent notions of midwifery, research findings, guidance from professional organizations and authors' professional experience. CONCLUSION: Renewed commitment to research and the implementation of MLUs across a variety of settings is needed to address the practice, education and policy issues associated with this evidence-based strategy. The World Health Organization "Year of the Nurse and Midwife-2020" is an opportune time to invest in midwifery models of care that are fundamental to achieving core global health initiatives such as Universal Healthcare 2030.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Excluded"}

DO - 10.5334/aogh.2794

ER -

TY - JOUR

AN - rayyan-621188325

TI - Midwife-led birthing centres in four countries: a case study.

Y1 - 2023

Y2 - 10

Y3 - 17

T2 - BMC health services research

SN - 1472-6963 (Electronic)

J2 - BMC Health Serv Res

VL - 23

IS - 1

SP - 1105

AU - Bazirete O

AU - Hughes K

AU - Lopes SC

AU - Turkmani S

AU - Abdullah AS

AU - Ayaz T

AU - Clow SE

AU - Epuital J

AU - Halim A

AU - Khawaja Z

AU - Mbalinda SN

AU - Minnie K

AU - Nabirye RC

AU - Naveed R

AU - Nawagi F

AU - Rahman F

AU - Rasheed SI

AU - Rehman H

AU - Nove A
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AU - Mandke S
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AV - College of Medicine and Health, Sciences, University of Rwanda, Kigali, Rwanda.
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UR - <https://pubmed.ncbi.nlm.nih.gov/37848936/>
LA - eng
CY - England
KW - Pregnancy
KW - Infant, Newborn
KW - Humans
KW - Adolescent
KW - Female
KW - *Midwifery
KW - *Birthing Centers
KW - Delivery of Health Care
KW - Leadership
KW - Referral and Consultation
KW - Midwifery
AB - BACKGROUND: Midwives are essential providers of primary health care and can play a major role in the provision of health care that can save lives and improve sexual, reproductive, maternal, newborn and adolescent health outcomes. One way for midwives to deliver care is through midwife-led birth centres (MLBCs). Most of the evidence on MLBCs is from high-income countries but the opportunity for impact of MLBCs in low- and middle-income countries (LMICs) could be significant as this is where most maternal and newborn deaths occur. The aim of this study is to explore MLBCs in four low-to-middle income countries, specifically to understand what is needed for a successful MLBC. METHODS: A descriptive case study design was employed in 4 sites in each of four countries: Bangladesh, Pakistan, South Africa and Uganda. We used an Appreciative Inquiry approach, informed by a network of care framework. Key informant interviews were conducted with 77 MLBC clients and 33 health service leaders and senior policymakers. Fifteen focus group discussions were used to collect data from 100 midwives and other MLBC staff. RESULTS: Key enablers to a successful MLBC were: (i) having an effective financing model (ii) providing quality midwifery care that is recognised by the community (iii) having interdisciplinary and interfacility collaboration, coordination and functional referral systems, and (iv) ensuring supportive and enabling leadership and governance at all levels. CONCLUSION: The findings of this study have significant implications for improving maternal and neonatal health outcomes, strengthening healthcare systems, and promoting the role of midwives in LMICs. Understanding factors for success can contribute to inform policies and decision making as well as design tailored maternal and newborn health programmes that can more effectively support midwives and respond to population needs. At an international level, it can contribute to shape guidelines and strengthen the midwifery profession in different settings.
N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
DO - 10.1186/s12913-023-10125-2
ER -

TY - JOUR
 AN - rayyan-621200737
 TI - Exploring networks of care in implementing midwife-led birthing centres in low- and middle-income countries: A scoping review.
 Y1 - 2023
 T2 - PLOS global public health
 SN - 2767-3375 (Electronic)
 J2 - PLOS Glob Public Health
 VL - 3
 IS - 5
 SP - e0001936
 AU - Turkmani S
 AU - Nove A
 AU - Bazirete O
 AU - Hughes K
 AU - Pairman S
 AU - Callander E
 AU - Scarf V
 AU - Forrester M
 AU - Mandke S
 AU - Homer CSE
 AV - Burnet Institute, Melbourne, Victoria, Australia.; University of Technology Sydney, Sydney, Australia.; Novametrics Ltd, Duffield, United Kingdom.; Novametrics Ltd, Duffield, United Kingdom.; University of Rwanda, Kigali, Rwanda.; Novametrics Ltd, Duffield, United Kingdom.; International Confederation of Midwives, The Hague, Netherlands.; Monash University, Melbourne, Victoria, Australia.; University of Technology Sydney, Sydney, Australia.; International Confederation of Midwives, The Hague, Netherlands.; International Confederation of Midwives, The Hague, Netherlands.; Burnet Institute, Melbourne, Victoria, Australia.; University of Technology Sydney, Sydney, Australia.
 UR - <https://pubmed.ncbi.nlm.nih.gov/37220124/>
 LA - eng
 CY - United States
 AB - The evidence for the benefits of midwifery has grown over the past two decades and midwife-led birthing centres have been established in many countries. Midwife-led care can only make a sustained and large-scale contribution to improved maternal and newborn health outcomes if it is an integral part of the health care system but there are challenges to the establishment and operation of midwife-led birthing centres. A network of care (NOC) is a way of understanding the connections within a catchment area or region to ensure that service provision is effective and efficient. This review aims to evaluate whether a NOC framework-in light of the literature about midwife-led birthing centres-can be used to map the challenges, barriers and enablers with a focus on low-to-middle income countries. We searched nine academic databases and located 40 relevant studies published between January 2012 and February 2022. Information about the enablers and challenges to midwife-led birthing centres was mapped and analysed against a NOC framework. The analysis was based on the four domains of the NOC: 1) agreement and enabling environment, 2) operational standards, 3) quality, efficiency, and responsibility, 4) learning and adaptation, which together are thought to reflect the characteristics of an effective NOC. Of the 40 studies, half (n = 20) were from Brazil and South Africa. The others covered an additional 10 countries. The analysis showed that midwife-led birthing centres can provide high-quality care when the following NOC elements are in place: a positive policy environment, purposeful arrangements which ensure services are responsive to users' needs, an effective referral system to enable collaboration across different levels of health service and a competent workforce committed to a midwifery philosophy of care. Challenges to an effective NOC include lack of supportive policies, leadership, inter-facility and interprofessional collaboration and insufficient financing. The NOC framework can be a useful approach to identify the key areas of collaboration required for effective consultation and referral, to address the specific local needs of women and their families and identify areas for improvement in health services. The NOC framework could be used in the design and implementation of new midwife-led birthing centres.
 N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}
 DO - 10.1371/journal.pgph.0001936
 ER -

TY - JOUR
AN - rayyan-645682890
TI - Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis.
Y1 - 2018
Y2 - 7
T2 - Midwifery
SN - 1532-3099 (Electronic)
J2 - Midwifery
VL - 62
SP - 240-255
AU - Scarf VL
AU - Rossiter C
AU - Vedam S
AU - Dahlen HG
AU - Ellwood D
AU - Forster D
AU - Foureur MJ
AU - McLachlan H
AU - Oats J
AU - Sibbritt D
AU - Thornton C
AU - Homer CSE
AV - Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW 2007, Australia. Electronic address: Vanessa.scarf@uts.edu.au.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW 2007, Australia. Electronic address: Christine.rossiter@uts.edu.au.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW 2007, Australia; UBC Midwifery, Faculty of Medicine, University of British Columbia, 304-5950 University Boulevard, Vancouver, BC V6T 1Z3, Canada. Electronic address: saraswathi.vedam@ubc.ca.; School of Nursing and Midwifery, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751, Australia. Electronic address: h.dahlen@westernsydney.edu.au.; School of Medicine, Griffith University, 170 Kessels Road, Nathan, QLD 4111, Australia. Electronic address: d.ellwood@griffith.edu.au.; Judith Lumley Centre, La Trobe University and the Royal Women's Hospital, 215 Franklin Street, Melbourne, VIC 3000, Australia. Electronic address: D.forster@latrobe.edu.au.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW 2007, Australia. Electronic address: Maralyn.foureur@uts.edu.au.; Faculty of Health Sciences, La Trobe University, Melbourne, VIC 3086, Australia. Electronic address: H.McLachlan@latrobe.edu.au.; Consultative Council on Obstetric and Paediatric Mortality and Morbidity, 50 Lonsdale Street, Melbourne, VIC 3000, Australia. Electronic address: jjnoats@gmail.com.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW 2007, Australia. Electronic address: david.sibbritt@uts.edu.au.; School of Nursing and Midwifery, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751, Australia. Electronic address: c.thornton@westernsydney.edu.au.; Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW 2007, Australia. Electronic address: caroline.homer@uts.edu.au.
UR - <https://pubmed.ncbi.nlm.nih.gov/29727829/>
LA - eng
CY - Scotland
KW - Adult
KW - Birthing Centers/standards/trends
KW - Developed Countries
KW - Developing Countries
KW - Female
KW - *Geographic Mapping
KW - Humans
KW - Infant

KW - Infant Mortality
KW - Labor, Obstetric
KW - Maternal Mortality
KW - Outcome Assessment, Health Care/*trends
KW - Pregnancy
KW - Residence Characteristics/*classification
KW - Pregnancy, High-Risk

AB - BACKGROUND: The comparative safety of different birth settings is widely debated. Comparing research across high-income countries is complex, given differences in maternity service provision, data discrepancies, and varying research techniques and quality. Studies of births planned at home or in birth centres have reported both better and poorer outcomes than planned hospital births. Previous systematic reviews have focused on outcomes from either birth centres or home births, with inconsistent attention to quality appraisal. Few have attempted to synthesise findings. OBJECTIVE: To compare maternal and perinatal outcomes from different places of birth via a systematic review of high-quality research, and meta-analysis of appropriate data (Prospero registration CRD42016042291). DESIGN: Reviewers searched CINAHL, Embase, Maternity and Infant Care, Medline and PsycINFO databases to identify studies comparing selected outcomes by place of birth among women with low-risk pregnancies in high-income countries. They critically appraised identified studies using an instrument specific to birth place research and then combined outcome data via meta-analysis, using RevMan software. FINDINGS: Twenty-eight articles met inclusion criteria, yielding comparative data on perinatal mortality, mode of birth, maternal morbidity and/or NICU admissions. Meta-analysis indicated that women planning hospital births had statistically significantly lower odds of normal vaginal birth than in other planned settings. Women experienced severe perineal trauma or haemorrhage at a lower rate in planned home births than in obstetric units. There were no statistically significant differences in infant mortality by planned place of birth, although most studies had limited statistical power to detect differences for rare outcomes. Differences in location, context, quality and design of identified studies render results subject to variation. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: High-quality evidence about low-risk pregnancies indicates that place of birth had no statistically significant impact on infant mortality. The lower odds of maternal morbidity and obstetric intervention support the expansion of birth centre and home birth options for women with low-risk pregnancies.

N1 - RAYYAN-INCLUSION: {"Christél"=>"Included"}

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