MIDIRS Search Pack

Search Pack M54
Evidence-based practice

Midwifery care and practice which is evidence-based. Excludes critical appraisal skills (M59)

Date created: 25/11/2025

M54 - Evidence-based practice
(517)

2025-13647

Implementation of the clinical practice guideline on intrapartum care for low-risk births in Belgium. Kuipers YJ, Bleijenbergh R, Mestdagh E (2025), Midwifery vol 150, November 2025, 104606

Background
The newest Belgian clinical practice guideline on intrapartum care for low-risk births requires support to facilitate its implementation, as merely presenting guidelines does not guarantee adoption by end-users.
Aim
To systematically identify and prioritise clinical questions that need greater implementation support, understand the context of barriers and facilitators to implementation, and define a set of healthcare behavioural implementation activities for Belgian maternity services.
Methods
We employed an integrated knowledge translation approach, combining the Knowledge-To-Action and Intervention Mapping frameworks. This approach involves identifying clinical questions that require enhanced implementation support, analysing barriers within the context, and defining change and performance objectives. Feedback from a Belgian multi-stakeholder consulting group and Advisory Board informed the process.
Findings
Two clinical questions require greater support for implementation: (1) initial clinical investigations during labour and (2) ongoing investigations and interventions during a low-risk birth. Barriers to applying the recommendations include individual healthcare professional factors and professional interactions. Implementation demands healthcare professionals recognise the physiological aspects of labour and birth, stay updated on the evidence, accept the evidence supporting the management of low-risk births, and involve shared decision-making while seeking the woman's consent. Achieving behavioural change consists of shifting attitudes, intentions, knowledge, social norms, and skills.
Discussion
The identified barriers to implementing recommendations emphasise the crucial role of interpersonal dynamics in successful guideline implementation. Therefore, policies should tackle structural challenges within Belgian maternity care.
Conclusion
To enhance maternity care services, communication, collaboration, and mutual understanding across professional boundaries are needed.

Full URL: https://doi.org/10.1016/j.midw.2025.104606

2025-13519

Evidence-based management of intramural pregnancy: A comprehensive systematic review. Stabile G, Mazzola BM, Cracco F, et al (2025), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 314, November 2025, 114717

Background
Intramural pregnancy (IMP) is a rare and potentially life-threatening form of ectopic pregnancy, representing less than 1 % of all ectopic cases. Its diagnosis is challenging, and currently no standardized guidelines exist for its management.
Objective
To analyze reported cases of intramural pregnancy to identify relevant clinical parameters that may support decision-making in the choice between medical and surgical management, and to assess factors influencing treatment outcomes.
Search strategy
A systematic review was conducted according to PRISMA guidelines. Three databases (PubMed, Scopus, Web of Science) were searched for studies published from 1990 to March 2024 using relevant MeSH terms and keywords. Only studies in English and French were included.
Selection criteria
Studies reporting cases of intramural or intramyometrial pregnancies, excluding cervical, interstitial, cesarean scar, and subserosal pregnancies, were eligible. A total of 71 studies (96 cases) were included after full-text screening and duplicate removal.

Data collection and analysis
Data were independently extracted and analyzed regarding patients' clinical features, imaging findings, treatment modalities (expectant, medical, surgical), and outcomes. Risk of bias was assessed using the JBI Critical Appraisal Checklist. Parameters including gestational age, β-hCG, gestational sac diameter, and residual myometrial thickness were examined.
Main results
IMP was primarily managed surgically (68.8 %). Expectant and medical management showed success in selected cases with favorable characteristics. Higher β-hCG levels (>20,000 mIU/ml), gestational age >60 days, sac diameter >30 mm, and residual myometrial thickness <4 mm were more frequently associated with surgical treatment. Medical therapy was less effective in cases with subserosal features or large gestational sacs.
Conclusions
Intramural pregnancy requires early diagnosis and individualized management. Clinical parameters such as gestational age, β-hCG levels, sac diameter, myometrial thickness, and subserosal features may help guide treatment choice. Surgical management is often preferred in higher-risk cases, while medical or expectant approaches may be suitable for selected patients.

2025-13456

Students' perceptions of research and evidence-based practice pedagogy. Morris K (2025), British Journal of Midwifery vol 33, no 11, November 2025, pp 618–627

Background/Aims
Research and evidence have a long history in midwifery education and practice. This literature review aimed to give an overview of student nurses' and midwives' perceptions of research and evidence-based practice pedagogy in their pre-registration training.
Methods
Nine databases were searched for studies published between 2009 and 2024 that explored students' perceptions. The findings of 29 studies were integrated to identify predominant themes. Results The way research and evidence-based practice education were facilitated was generally satisfactory to students, although they may value learning about these topics less than clinical elements. For some students, there was a disconnect between what they learnt in university and what they believed was needed in practice. This could be because of a lack of evidence-based behaviours demonstrated by qualified clinicians.
Conclusions
For some students, there is a detachment between what is taught in theory and what is considered necessary for practice concerning research and evidence-based practice. Given that evidence-based practice is a cornerstone of midwifery, understanding how to diminish this disconnect would be beneficial and assist in closing the practice–theory gap.
Implications for practice
To strengthen evidence-based midwifery care, lecturers and clinical educators responsible for pre-registration midwifery practice should look to address barriers that contribute to the disconnect between research and clinical practice.

2025-12131

Integrating the Latest Evidence into Childbirth Education: A 2025 Curriculum Update. Shadle R (2025), Lamaze International 16 October 2025

An overview on childbirth education and the importance for childbirth educators in staying up to date with latest evidence-based research and practice. (AS)

Full URL: https://lamaze.org/Connecting-the-Dots/Post/ArtMID/420/ArticleID/3610/Integrating-the-Latest-Evidence-into-Childbirth-Education-A-2025-Curriculum-Update

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2025-11698

Charting a New Course: Integrating Evidence-Based Practices in Neonatal Abstinence Syndrome Treatment. Grisham LM, Weiss AB (2025), Neonatal Network vol 44, no 4, July/August 2025, pp 237-239

This editorial discusses the shift from pharmacologic to evidence-based non-pharmacologic treatments for Neonatal Abstinence Syndrome (NAS), aiming to improve outcomes and reduce hospital stays. It highlights newer assessment methods that prioritise infant comfort and family-centred care. (AS)

2025-11418

Evidence-Based Suturing Education for Midwives. Yeager AL, Nypaver C (2025), Journal of Midwifery & Women's Health 3 September 2025, online

Perineal repair is a skill that student nurse-midwives must achieve competency in before graduating and entering practice. Students and new midwives often express a lack of confidence in their ability to undertake perineal repair. This article aims to share one public university nurse-midwifery program's experience developing and implementing a suturing education program with an interprofessional approach. We designed a workshop that optimized student confidence and competence in suturing by incorporating the best evidence. Components of this workshop included interprofessional education, leveraging of technology, online preparatory materials for students to reference and practice before attending, allowing time for in-person practice and return demonstration with instructor feedback, and evaluation of student competence at the end of the session. The lack of evidence for best practices in suturing education for student midwives highlights interprofessional suturing education—where midwives, medical students, and obstetric interns learn together—as a promising area for future research. Optimizing student competence through interprofessional education enhances new midwives' skills and confidence and fosters collaboration and trust among professions with shared clinical responsibilities, ultimately improving outcomes for providers and patients. (© 2025 The Author(s). Journal of Midwifery & Women's Health published by Wiley Periodicals LLC on behalf of American College of Nurse Midwives (ACNM).)

Full URL: https://doi.org/10.1111/jmwh.70018

2025-11404

Enhancing evidence-based practices and person-centered care during induction of labor: Insights from a quality improvement study conducted in a low-resource setting. Rishard M, Riyal H, Jayawardane IA, et al (2025), International Journal of Gynecology & Obstetrics 20 August 2025, online

Background
Induction of labor without indications is a growing concern in obstetric care, particularly in low- and middle-income countries (LMIC). This practice not only increases the risk of unnecessary medical interventions but also places undue stress on healthcare systems and patients. This study evaluated the outcomes of a quality improvement (QI) initiative aimed at enhancing evidence-based practices and person-centered care during induction of labor (IOL) in a low-resource setting.

Methods
The QI initiative was conducted at a tertiary care hospital in Sri Lanka from January 2019 to December 2022 and comprised four phases: retrospective audit, co-creation of interventions, implementation, and re-audit. The interventions included training healthcare providers, developing unit protocols, implementing patient safety checklists, and providing patient information leaflets.

Results
The baseline audit revealed suboptimal adherence to evidence-based practices and inadequate patient involvement in decision-making. Following the intervention, improvements were observed in documenting the indications for IOL (59% to 90%), obtaining informed consent (2% to 91%), conducting pre-induction assessments (30.8% to 100%), and using Foley catheters during induction (39% to 68%). However, an increase in caesarean section rates was noted (22.3% to 35.4%), possibly because of factors such as staff shortages, limited drug availability, and increased maternal obesity during the post-intervention period. Neonatal outcomes, including admission to special care units and intrapartum death rates, have also improved.

Conclusion
This study highlights the importance of standardized induction protocols and continuous monitoring to sustain and enhance the quality of maternal care in LMIC. Further research is needed to explore the reasons for the increased caesarean section rates and develop targeted strategies to reduce unnecessary interventions while maintaining high-quality care. (© 2025 International Federation of Gynecology and Obstetrics.)

2025-11157

Toward Evidence-Based Practice. Rohan A, Barta KR, Carmody J, et al (2025), MCN - American Journal of Maternal/Child Nursing vol 50, no 5, September/October 2025, pp 308-310

Experts suggest how 6 research articles can be used in nursing practice. (© 2025, Wolters Kluwer Health, Inc. All rights

reserved.)

2025-11147

Toward Evidence-Based Practice. Rohan A, Agunsday J, Cassar L, et al (2025), MCN - American Journal of Maternal/Child Nursing vol 50, no 4, July/August 2025, pp 240-242

Experts suggest how 6 research articles can be used in nursing practice. (© 2025, Wolters Kluwer Health, Inc. All rights reserved.)

2025-10044

WHO labour care guide: implementation resource package. World Health Organization (2025), 7 September 2025. 44 pages

The WHO Labour Care Guide advances evidence-based, respectful, and person-centered intrapartum care by strengthening health workers' capacity for standardized monitoring and timely decision-making.

The newly published LCG Implementation Resource Package supports countries in using it to replace the partograph, enhance quality of intrapartum care, and improve maternal and newborn outcomes. It also promotes positive birth experiences and serves as a practical tool for policymakers, program managers, trainers, and frontline providers. (© World Health Organization 2025)

Full URL: https://iris.who.int/bitstream/handle/10665/382511/9789240109346-eng.pdf?sequence=1

2025-09538

How research and evidence-based practice education affect students' knowledge and attitudes. Morris K (2025), British Journal of Midwifery vol 33, no 8, August 2025, pp 446–456

Background/Aims
Research and evidence are a key part of the midwife's role and pre-registration midwifery education. This literature review aimed to identify what was known about research/evidence-based practice pedagogy in midwifery and nursing programmes; specifically, how this type of education is facilitated and how learning about research/evidence-based practice affects students' knowledge and attitudes.
Methods
Databases were reviewed to identify papers published between 2009 and 2024. Findings were synthesised into overarching themes, integrating the data from 38 papers, which included a sample of pre-registration midwifery or nursing students.
Results
Research and evidence-based practice education is provided via a structured learning pathway, through participating in the research process or via specific pedagogical activities or exercises. Learning about research and evidence-based practice positively affects students' knowledge of and attitudes to these concepts.
Conclusions
Research and evidence-based practice can be taught in multiple ways, positively affecting students' knowledge and attitudes. However, a paucity of research explores this from the UK student midwife's perspective and this area needs further exploration.
Implications for practice
Educators must ensure that they review the pedagogical approaches they use to effectively increase students' opinions of research and evidence-based practice. (© MA Healthcare Limited.)

2025-09193

Navigating Personalised Maternity Care. Wilcock F (2024), The Student Midwife vol 7, no 4, October 2024, pp 16-19

In a regulated maternity system where we need to meet specific standards to maintain safety, can we truly provide personalised maternity care? Consider if we are truly offering evidence-based care, what are the measures we need to take to gain consent and how do I tackle these challenges in my role as a consultant obstetrician? (© Copyright 2025 All4Maternity)

2025-07730

Safe, effective, equitable, compassionate, and respectful maternity and newborn care for all. UK Network of Professors in Midwifery and Maternal and Newborn Health (2025), 4 June 2025. 5 pages

Policy briefing paper from the UK Network of Professors in Midwifery and Maternal and Newborn Health, highlighting

the issues, barriers and gaps hindering the provision of safe, effective and respectful care for all mothers and their babies. Proposes a 3-5 year plan to address the issues identified, implement changes and make improvements across the whole maternity journey. (JSM)

Full URL: https://www.councilofdeans.org.uk/wp-content/uploads/2025/06/Safe-effective-care-for-all-Policy-Briefing-by-UK-Profs-4th-June-2025-2.pdf

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2025-06865

Challenges in making an evidence-based prognosis. Rysavy MA (2025), Seminars in Perinatology vol 49, no 3, April 2025, 152054

Prognosis is one of three traditional roles of clinicians, along with diagnosis and therapy. Prognostication—predicting and communicating about what to expect—plays a major, if overlooked, role in the day-to-day practice of both obstetricians and neonatologists. This article describes several challenges in formulating an evidence-based prognosis that practicing clinicians may find helpful to consider in their practice.

2025-06314

Enhancing opportunities in education: novel approaches to research activities for student midwives. Daley R, Stacey T, Mungeam C, et al (2025), MIDIRS Midwifery Digest vol 35, no 2, June 2025, pp 134-136

Midwives are required to provide care based on the best available evidence (Nursing and Midwifery Council (NMC) 2018). This evidence-based practice benefits childbearing women and people, and their families, by improving health outcomes (Miller et al 2016). As a research-active midwifery teaching department with extensive clinical research delivery and academic experience, an integral part of our roles and faculty aspirations involves embedding research throughout the student's journey. Beyond an evidence-based curriculum and teaching research methods, students are encouraged to engage with research activities throughout their three-year undergraduate programme. Opportunities for experiential learning aid student understanding of evidence-based practice, enhance the student experience by offering novel activities and provide professional development opportunities that also inform future career pathways (Patterson et al 2019). Focusing on the research process in addition to content allows the student to move from being an observer to a participant (Kuipers & Verschuren 2023). This pedagogical approach aims to ensure student midwives acquire an early understanding of the research process and the skills required to provide evidence-based midwifery care.

2025-05771

Evidenced-Based Recommendation for Involving Mothers to Reduce the Procedural Pain and Stress in High-Risk Neonates A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Siva N, Praharaj M, Tanay K, et al (2025), Advances in Neonatal Care vol 25, no 2, April 2025, pp 103-112

Background:
Neonates admitted to the neonatal intensive care unit (NICU) undergo several painful procedures, causing significant stress. Maternal involvement in neonatal care significantly reduces pain and stress, thereby supporting better neurodevelopment in neonates.

Clinical Question:
How do maternal involvement strategies reduce neonatal pain and pain-related stress in the NICU?

Data Sources:
A systematic search was conducted on CENTRAL, PubMed Medline, EMBASE, CINAHL, Scopus, Web of Science, ProQuest databases, and Google Scholar for studies published between January 2007 and March 2024.

Study Selection:
A search across 7 databases yielded a total of 1360 studies, which were exported to Rayyan software for screening. Two independent authors conducted the screening based on the eligibility criteria.

Data Extraction:
Cochrane data collection forms were used to extract the data from the included studies.

Results:
Out of 1360 titles identified during the initial search, a total of 27 randomized controlled trials were eligible and were

included. Although there is a slight inconsistency in results, meta-analysis findings revealed that skin-to-skin care, holding, massage, feeding the baby, and maternal voice stimulation, significantly reduce procedural pain and pain-related stress, in neonates admitted to the NICU.

Implications for Practice and Research:
Given the consistent results, this systematic review strongly supports NICU healthcare professionals in encouraging mothers to engage in neonatal care activities to reduce procedural pain and related stress. More research is needed, including navigating the mothers on the importance of their involvement in neonatal care throughout the NICU admission and after hospital discharge. (© Author)

2025-05770

Optimizing Pain Relief for Neonates Through Evidence-Based Strategies. Dudding KM (2025), Advances in Neonatal Care vol 25, no 2, April 2025, pp 99-100

This editorial highlights the critical need for consistent, evidence-based pain assessment and management in neonates. It advocates for the development of standardized pain protocols, use of validated pain scales, and ongoing education and research to improve neonatal outcomes in the NICU. (AS)

Full URL: https://doi.org/10.1097/ANC.0000000000001257

2025-04565

Developing Evidence-Based Implementation Strategies for the Management of Women With Early Pregnancy Bleeding in the Emergency Department: A Multi-Method Study. Trostian B, Curtis K, McCloughen A (2025), Journal of Advanced Nursing 10 April 2025, online

Aim
To determine characteristics, variability and enablers/barriers to evidence-based care and generate recommendations with implementation strategies to improve the management of early pregnancy bleeding in the emergency department (ED).

Design
Multi-method study.

Methods
This paper reports the integration phase of a multi-method study conducted in a regional health service with five sites. Quantitative results (characteristics, variabilities in care and barriers/enablers to evidence-based care) and qualitative findings (ED clinicians' perspectives and experiences) were integrated to generate new findings and recommendations, mapped to the Theoretical Domains Framework (TDF) and corresponding intervention strategies using the Behaviour Change Wheel.

Results
This study integrated findings from two cohort studies of 9859 women over 10 years and a mixed-method study of 104 ED clinicians from five sites. The four key findings were (i) ED remains a critical source of assessment, (ii) Improved access to resources is needed to provide evidence-based care, (iii) Gaps in ED clinician knowledge, skill and confidence have potential patient and health service consequences and (iv) A practice guideline is available; however, it needs refinement. These were mapped to five TDF domains: beliefs about capabilities and consequences, environmental context and resources, knowledge and skills and seven intervention functions. Recommended implementation strategies included multimodal education, clinical champions and an updated practice guideline.

Conclusion
Recommendations to improve delivery of care to women with early pregnancy bleeding in the ED focus on clinical skills and resources. An implementation strategy, considering resource availability, clinician knowledge, skills and confidence, was developed using behaviour change theory.

Impact
Integration of characteristics, variability of, and influences on evidence-based care generated recommendations that could contribute to more consistent and effective care, improving patient and health service outcomes.

Patient Contribution

No patient or public involvement. (Author)
Full URL: https://doi.org/10.1111/jan.16954

2025-04442

Toward Evidence-Based Practice. Rohan A, Konrad KML, Rohan AJ, et al (2025), MCN - American Journal of Maternal/Child Nursing vol 50, no 2, March/April 2025, pp 118-120

Experts suggest how 6 research articles can be used in nursing practice. (Author)

2025-04398

Insights From a Clinical Research Midwife. Mills A (2025), The Practising Midwife vol 28, no 2, March 2025, pp 30-32

Making the transition from clinical midwifery to overseeing research in maternity care can be a daunting aspect for many. It often leaves midwives feeling like they are starting again, with new knowledge, skills and a whole host of abbreviations to learn. However, this exciting career pathway offers the opportunity to combine care of women, birthing people and their families with research, innovation and the opportunity to provide vital contributions to evidence based practice. In this article, I share my experiences of becoming a research midwife in a large tertiary maternity centre in the North of England. (Author)

2025-03689

How valuable is an implementation toolkit for midwives? An exploratory study. De Leo AA, Sweet L, Palamara P, et al (2025), Midwifery vol 141, February 2025, 104241

Background
Incorporating evidence-based approaches in maternity care throughout the entire trajectory from pregnancy through to the postnatal phase is integral to good public health. Yet, despite developing theories, frameworks, and models to guide midwives' implementation efforts, implementing new evidence-based practices in midwifery practice settings remains challenging.
Methods
An exploratory study design was used to conduct an initial assessment of the appeal and suitability of an implementation 'how to' Toolkit for Australian change-leader midwives. We aimed to determine the effectiveness of the intervention by evaluating midwives' experience of using the Toolkit, and report on the usability of the Toolkit in maternity care. We also sought to establish the degree to which the intervention could reach a broad cross-section of midwives, confirming the usability of the Toolkit across a range of public and private maternity services.
Results
Twenty-four midwives participated in our study. Participants provided practical Toolkit evaluation data, contextual information related to Toolkit content, their understanding of what implementation in a healthcare context is, and factors that hindered midwives' implementation efforts in clinical settings. The importance of co-design research and involving end-users in product development were also highlighted as crucial factors underpinning the effectiveness of resources like ours, particularly those designed to support specialist disciplines and the implementation challenges experienced by health practitioners in clinical environments.
Conclusions
It is crucial to progress health care practitioners understanding of how to accelerate the implementation and sustainment of new evidence-based practices in clinical settings, including strategies to support organisational readiness, local barriers or challenges, and partnerships between researchers and end-users. Evaluation of our midwifery-specific implementation Toolkit indicates health professionals require tailored materials and information specific to their disciplines and clinical work environments; ideally, packaged in a centalised, open-access format. Future research is required to evaluate the mid-to-longterm impact of our Toolkit on implementation initiatives in midwifery contexts, and to establish the adaptability of our Toolkit in other settings, and with other disciplines. (Author) [Erratum: Midwifery, vol 141, February 2025, 104263. https://doi.org/10.1016/j.midw.2024.104263]

Full URL: https://doi.org/10.1016/j.midw.2024.104241

2025-03527

Teaching and interconnecting research and evidence-based practice in midwifery and nursing education: A mixed methods systematic review. Leiviska E, Pezaro S, Kneafsley R, et al (2025), Nurse Education Today vol 150, July 2025, 106701

Objective
To examine current approaches in research, teaching, and Evidence Based Practice (EBP) in midwifery and nursing education and how they interconnect.

Design
A mixed-methods systematic review.
Data sources
Seven databases were used: Academic Search Complete, ASSIA, CINAHL, Cochrane Library, Education Source, Medline, and Scopus. Grey literature was searched from GreyNet International, The Society for Research on Educational Effectiveness, Virginia Henderson Global Nursing e-Repository, The National Institutes for Health Library, and the DART-Europe E-theses Portal.
Methods
This review followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. It includes studies conducted in higher and professional practice education in midwifery and nursing between 2013 and 2024. Included studies were published in English, reported the design, development, implementation, and/or evaluation of research or EBP intervention with primary data as part of their research, regardless of study design. The quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT). Extracted data were analysed using reflective thematic analysis and descriptive statistics.
Results
A total of 59 studies, and 7214 participants were included. Four themes representing the interconnections between teaching, research and EBP were identified: 1) Pedagogical approaches employed in teaching and learning interventions 2) Theories, models, and frameworks to bridge the theory-practice gap 3) Collaborative approaches and partnerships as a conduit for the acquisition of knowledge and transferable skills 4) Capabilities developed in research and EBP.
Conclusions
This review is the first to demonstrate how different educational interventions, models and findings relate to teaching research and EBP and their application in midwifery and nursing. Despite numerous educational strategies for integrating research into teaching, there is no conclusive evidence on the best methods for teaching EBP. The field needs clear guidelines, educational toolkits, and comprehensive materials to effectively bridge the gap between knowledge and practice and to address the challenges of EBP education and its clinical application. (Author)

Full URL: https://doi.org/10.1016/j.nedt.2025.106701

2025-03038

William Aaron Silverman (1917–2004) was a Pioneer of Evidence-Based Medicine and Advocate for Families and Children Born Preterm. Kutzsche S, Nalliah S (2025), Acta Paediatrica vol 114, no 6, June 2025, pp 1122-1125

This article is an essay providing an overview of William Aaron Silverman as a pioneer of evidence-based medicine. (JM)

2025-02979

Preparing for Emergent Events in the Perinatal Setting. Roth CK (2025), Journal of Perinatal and Neonatal Nursing vol 39, no 1, January/March 2025, pp 5-6

This column briefly reviews an evidence-based Obstetric Life Support (OLS) program. (Author)

2025-02978

Infant and Family-Centered Developmental Care Is Essential Care We Have the Evidence. Kenner C (2025), Journal of Perinatal and Neonatal Nursing vol 39, no 1, January/March 2025, p 9

This commentary discusses the lack of implementation of infant and family-centred developmental care, especially after the Covid-19 pandemic where a number of challenges arose including staffing shortages and budget cuts, resulting the loss of positions of developmental specialists. (AS)

2025-02977

The Role of Evidence-Based Practice in Enhancing Health Outcomes for Infants in the NICU. Bordelon C (2025), Journal of Perinatal and Neonatal Nursing vol 39, no 1, January/March 2025, pp 7-8

This article provides examples of the influence of evidence-based practice (EBP) within the neonatal intensive care unit along with strategies of promoting EBP in neonatal care. (Author, edited)

2025-02976

Are We Practicing Evidence-Based Yet?. Michel A (2025), Journal of Perinatal and Neonatal Nursing vol 39, no 1,

This column discusses how evidence-based today's nursing practice is. (AS)

2025-02934

Strengthening evidence-based intrapartum and newborn care practices in medical schools: Subnational implementation research from India. Gupta M, Iyengar K, Singla N, et al (2025), International Journal of Gynecology & Obstetrics vol 170, no 1, July 2025, pp 378-387

Objective
We examined the impact of a codesigned multicomponent implementation strategy on adherence to evidence-based intrapartum care, respectful maternity care, and newborn care practices in 11 medical schools across two states and a union territory in India.

Methods
We conducted pre-post implementation research using the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework from July 2019 to October 2021. The implementation strategy was codesigned by researchers and medical school faculty. At baseline and endline, we recruited intranatal (n = 175, 158) and postnatal women (n = 158, 167) with uncomplicated vaginal delivery for observation and interview, respectively. The primary outcome was proportion of uncomplicated deliveries with a composite of avoiding augmentation, avoiding episiotomy, and using alternate birthing positions. We used generalized estimating equations to compare baseline and endline findings and estimated adjusted prevalence odds ratios (APORs).

Results
The primary outcome increased from 5.4% at baseline to 17.4% at endline with APOR 3.55 (95% CI: 1.08, 11.66). A decline was observed in not-recommended practices, namely pubic shaving (APOR 0.05, 95% CI: 0.01, 0.18), enema (APOR 0.07, 95% CI: 0.02, 0.22), fundal pressure (APOR 0.05, 95% CI: 0.02, 0.14), episiotomy (APOR 0.75, 95% CI: 0.38, 1.48). Newborn care practices showed the greatest improvements in early initiation of breastfeeding (APOR 42.35, 95% CI: 5.70, 314.61) and delayed cord clamping (APOR 21.28, 95% CI: 6.00, 75.43). Results from postnatal interviews corroborated those from direct observation in the labor room.

Conclusion
A codesigned multi-component implementation strategy can improve adherence to evidence-based intrapartum and newborn care practices in medical schools. (Author)

2025-01543

Effect of midwives' attitudes towards evidence-based practices on mothers' perceptions regarding childbirth practices and satisfaction. Karataş Okyay E, Öztaş HG (2024), Journal of Reproductive and Infant Psychology 20 November 2024, online

Objective
The aim was to determine the effect of midwives' attitudes towards evidence-based practices in childbirth on mothers' perception and satisfaction with childbirth practices.

Material and Method
This cross-sectional study was carried out with the participation of 34 midwives working in the delivery rooms of three public hospitals in a province in the south of Türkiye and 287 postpartum women whose deliveries were facilitated by these midwives. A Personal Information Form and the Midwives' Evidence-Based Practices Attitude Scale during Labor (MEBPAS) were administered to the midwives. A Personal Information Form, the Birth Practices Perception Scale (BPPS), and the Birth Satisfaction Scale-Revised (BSS-R) were administered to the postpartum women.

Results
Because the skewness and kurtosis values were between −2 and + 2, the data showed normal distribution. The multiple linear regression model showed that the dimensions of MEBPAS (Interventional Practices, Supportive Care Practices, Movement and Nutrition Practices, Early Postpartum Period Practices) explained 29.4% of the total variance in BSS-R ($F = 30.798$; $p = 0.041$) and 53.4% of the total variance in BPPS ($F = 83.094$; $p < 0.001$). According to the Structural Equation Modeling, Interventional Practices, Movement and Nutrition Practices, and Early Postpartum Period Practices had statistically significant positive effects on BSS-R (respectively, $\beta = 0.286$, $p < 0.001$; $\beta = 0.479$, $p = 0.016$, and $\beta = 1.009$, $p < 0.001$), while Interventional Practices, Supportive Care Practices, and Early Postpartum Period Practices had

statistically significant negative effects on BPPS (respectively, β=-0.048, p < 0.001; β=-0.026, p = 0.027, and β=-0.039, p = 0.034).

Conclusion
It was found that midwives' positive attitudes towards evidence-based practices in childbirth positively affected women's perceptions and satisfaction with birth practices. (Author)

2025-01085

Exploring nurse educators' preparation of clinical nurses and midwives for research utilization in practice: A qualitative study. Owusu LB, Scheepers N, Tenza IS (2025), Nurse Education Today vol 145, February 2025, 106476

Background
Research utilization is crucial for enhancing nursing and midwifery practice by integrating evidence-based interventions. For effective research utilization, nursing and midwifery education, spearheaded by nurse educators, is required to prepare nurses and midwives for it. However, there is a lack of exploration into the preparation of clinical nurses and midwives for research utilization.
Aim
This study explored nurse educators' preparation of clinical nurses and midwives for research utilization in practice.
Design
Qualitative descriptive design.
Setting
Kumasi, Ghana.
Participants
Purposive and snowball sampling were used to select 33 nurse educators from one private university, one public university, and one nursing and midwifery training college.
Methodology
Six focus group discussions were conducted using a semi-structured interview guide. Recorded data were transcribed and thematically analyzed and themes were developed related to clinical nurses' and midwives' preparation for research utilization.
Results
Three themes emerged from the analyzed data: Preparation of nursing and midwifery students for research utilization; barriers in incorporating research utilization in nursing and midwifery education; and strategies to enhance research utilization in nursing and midwifery education. Nurses and midwives are not adequately prepared for research utilization during their nursing and midwifery education.
Conclusion
The study revealed significant gaps in nurse educators' preparation of clinical nurses and midwives for research utilization in Ghana. These findings highlight the urgent need for curriculum review to include research use and enhancing the research capacity of educators. Also, the gaps in nursing and midwifery education identified imply that clinical nurses and midwives require training for research utilization in practice. (Author)

Full URL: https://doi.org/10.1016/j.nedt.2024.106476

2024-14139

REVIVE Is an Evidence-Based Approach for Nurses to Universally Apply Trauma-Informed Care in Maternity Settings. Endres KH, Maurer GM (2024), Nursing for Women's Health vol 28, no 6, December 2024, pp 485-491

The principles of trauma-informed care—safety, compassion, collaboration, communication, autonomy, and empowerment—are also the domains most vulnerable to implicit bias and most cited in adverse outcomes in maternal health. Perinatal nurses can practice trauma-informed care universally and thereby foster and advance person-centered care for all individuals with respect to race, ethnicity, religion, or lived experiences. In this article, we present evidence-based nursing interventions, collectively called REVIVE, that are known to promote principles of trauma-informed care. Taken together, the REVIVE interventions may improve health outcomes and reduce disparities in maternal health outcomes because they are proactive nursing interventions independent of implicit bias. REVIVE is described here and intended for use by individual nurses or health care teams to implement and evaluate in different maternity settings. (Author)

2024-13076

Unit Leadership and Climates for Evidence-Based Practice Implementation in Maternal–Infant Health Units: A Cross-Sectional Descriptive Study. Hsu J, Morgan M, Veliz P, et al (2025), Journal of Advanced Nursing vol 81, no 11, November 2025, pp 7514-7524

Aims
To describe unit leadership and climates for evidence-based practice implementation and test for differences in unit leader and staff nurses' perceptions within maternal–infant units.

Design
A cross-sectional descriptive study.

Methods
A convenience sample of maternal–infant unit leaders and nurses (labour, postpartum, neonatal intensive care, paediatrics) from four Midwestern United States hospitals completed a survey including the Implementation Leadership Scale (ILS) and Implementation Climate Scale (ICS). Descriptive statistics described items, subscales and total scores. Independent t-tests with Bonferroni correction tested for differences in perceptions.

Results
A total of 470 nurses and 21 unit leaders responded, representing 17 units. Ratings of unit leadership and climates for implementation were modest at best [ICS: M = 2.17 (nurses), 2.41 (leaders); ILS: M = 2.4 (nurses), 2.98 (leaders)]. Unit leader ratings were statistically significant and higher than nurse ratings.

Conclusion
This study is one of the first to describe unit leadership and climates for implementation in maternal–infant health. To improve outcomes and equity in maternal–infant health, attention on leadership behaviours and unit climates for evidence-based practice implementation is needed.

Implications for the Profession
Nurse leaders are encouraged to evaluate their leadership behaviours and the unit climates they facilitate, and work to improve areas of concern or where staff perceptions differ. Staff nurses should work with their leaders to identify resources and rewards/recognition which support and facilitate EBP implementation.

Impact
This study addressed a gap in research examining the social dynamic factors of unit leadership and climate for evidence-based practice implementation in maternal–infant units. Leadership behaviours for implementation and unit climate were rated moderately by both staff and leaders. Unit leaders rated their implementation leadership and climates higher in almost all items. This study is relevant to unit leaders and nurses in maternal–infant units in the United States.

Reporting Method
This study adhered to STROBE guidelines.

Patient or Public Contribution
No patient or public contribution. (Author)

Full URL: https://doi.org/10.1111/jan.16531

2024-12335

Impact of Patient Safety Bundle and Team-Based Training on Obstetric Hypertensive Emergencies. Grogan L, Peterson E, Flatley M, et al (2025), American Journal of Perinatology vol 42, no 4, March 2025, pp 452-461

Objective Hypertensive disorders of pregnancy, defined as chronic (<20 weeks) or gestational (>20 weeks), are a leading cause of pregnancy-related mortality in the United States. Hypertensive disorders of pregnancy had increased prevalence from 13.3 to 15.9% among delivery hospitalizations between 2017 and 2019. The objective of this project was to increase the percentage of obstetric patients with hypertensive emergency who received evidence-based treatment within 60 minutes at a single academic center.

Study Design Data were collected before and after the implementation of a hypertension patient safety bundle. Each occurrence of hypertensive emergency was assessed to determine if evidence-based intervention occurred within 60 minutes, and if the intervention steps were successfully followed. Bundle implementation included creation

of a standardized order set and interdisciplinary team-based simulations. Baseline data compared 250 preimplementation to 250 postimplementation interventions. The quality improvement interdisciplinary team reevaluated data monthly and incorporated process improvements through Plan-Do-Study-Act (PDSA) cycles to achieve a goal of 80% of patients receiving evidence-based treatment within 60 minutes.

Results A total of 1,025 hypertensive emergencies were identified in 543 patients. Prior to the protocol on average 64% of patients received evidence-based, timely treatment. After implementation of this bundle and several PDSA cycles, we sustained >80% of patients receiving target treatment for the final 6 months of data collection. The leading deviations were “no medication given” and “incorrect medication.” Improvements in order set accessibility and repeated team-based trainings led to improvement in these identified protocol deviations.

Conclusion Implementation of a patient safety bundle led to a sustained 6-month improvement in the percentage of patients receiving appropriate treatment of obstetric hypertensive emergency within 60 minutes of the first severe hypertension measurement. Processes that may have helped achieve this outcome included standardized order sets, team awareness of institutional data, and team-based simulations.

Key Points

Hypertensive emergency treatment improved with patient safety bundle.

Training and order sets improved adherence to hypertensive emergency patient safety bundle.

Regular data review necessary for sustainability of hypertensive emergency patient safety bundle. (Author) [Erratum: American Journal of Perinatology, vol 42, no 4, March 2025, pp e1-e2]

2024-11379

Using guidelines and evidence to support women to make fully informed choices. Drain R (2024), 23 September 2024

The RCM’s Quality and Standards Advisor Rachel Drain discusses changes to NICE guidance and how using evidence to support women to make fully informed choices that are right for them is integral to the role of a midwife. (Author)

Full URL: https://rcm.org.uk/blog/2024/09/using-guidelines-and-evidence-to-support-women-to-make-fully-informed-choices/

2024-09535

Toward Evidence-Based Practice. Chapman-Rodriguez R, Fallon BM, MacNeil M, et al (2024), MCN - American Journal of Maternal/Child Nursing vol 49, no 4, July/August 2024, pp 236-238

Experts suggest how 6 research articles can be used in nursing practice. (Author)

2024-09490

Committee Corner: Lamaze A+C Committee Champions Evidence-Based and Global Childbirth Education Initiatives. Gami S (2024), Lamaze International 31 July 2024

An overview on the Lamaze Advocacy and Collaboration (A+C) Committee's work projects and their mission which is focused on promoting access to Lamaze childbirth education and raising awareness at local, national, and international levels. (AS)

Full URL: https://www.lamaze.org/Connecting-the-Dots/Post/committee-corner-lamaze-ac-committee-champions-evidence-based-and-global-childbirth-education-initiatives

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2024-08759

Implementation of NICE guidelines in Northern Ireland [written answer]. Northern Ireland Assembly (2024), Hansard Written question AQW 14066/22-27, 2 July 2024

Mr Mike Nesbitt responds to a written question from Mrs Diane Dodds to the Minister of Health, regarding whether National Institute for Health and Care Excellence (NICE) guidance (i) NG133 (Hypertension in Pregnancy: diagnosis and management) and (ii) NG185 (Acute coronary syndromes) have been implemented in Northern Ireland. (JSM)

Full URL: https://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=407368

2024-07748

A Narrative Review of NICU Implementation of Evidence-Based Early Relational Health Interventions. Darilek U, Finley E, McGrath J, et al (2024), Advances in Neonatal Care vol 24, no 3, June 2024, pp 253-267

Background:
Early relational health (ERH) interventions in the neonatal intensive care unit (NICU) buffer infants from toxic stress effects. Implementation science (IS) can guide successful uptake of evidence-based practice (EBP) ERH interventions. It is unknown if implementors of ERH interventions currently use the resources of IS to improve implementation.

Purpose:
A narrative review of recent literature on implementation of ERH EBPs was completed to understand (a) which ERH interventions are currently being implemented in NICUs globally, (b) whether clinical implementors of ERH interventions have adopted the resources of IS, (c) existence of implementation gaps, and (d) implementation outcomes of ERH interventions in contemporary literature.

Data Sources:
Scopus, PubMed, and CINHAL were searched for original research regarding implementation of dyadic ERH interventions using key words related to IS and ERH.

Study Selection:
For inclusion, ERH EBPs had to have been implemented exclusively in NICU settings, contained data addressing an IS domain, printed in English within the last 5 years. Twenty-four studies met inclusion criteria.

Data Extraction:
Studies were distilled for intervention, IS domains addressed, location, aims, design, sample, and outcomes.

Results:
Eleven ERH interventions were described in the literature. Few studies utilized the resources of IS, indicating variable degrees of success in implementation. Discussions of implementation cost were notably missing

Implications for Practice and Research:
Implementors of ERH interventions appear to be largely unfamiliar with IS resources. More work is needed to reach clinicians with the tools and resources of IS to improve implementation outcomes. (Author)

2024-06875

Empowering maternity support worker voices through evidence-based practice. Moore R (2024), MIDIRS Midwifery Digest vol 34, no 2, June 2024, pp 102-106

Maternity support workers (MSWs) provide invaluable services in maternity care and are undergoing a transformational period with the implementation of Health Education England (HEE)'s framework (2019a). With more MSWs now encouraged into higher education in pursuit of this development, it is important that they are educationally supported in accessing evidence-based information to inform their practice. This article will discuss the introduction of an MSW-focused virtual journal club service as a cost-effective and contemporary resource for the national workforce. (Author)

2024-06757

Infodemic management challenges and evidence-based midwifery. Vivilaki VG, Wilhelm E, Petelos E (2023), European Journal of Midwifery vol 7, August 2023, p 21

The World Health Organization (WHO) defines an infodemic as an overwhelming amount of information, including misinformation and disinformation, that can circulate during acute events, making it hard for people to identify trustworthy sources and reliable guidance. However, infodemics can, also, interfere with health-seeking behaviors and evidence-based practice at any time, affecting women and their families across communities, including in the context of seeking routine sexual and reproductive healthcare. Today, midwives can help protect their health by identifying the best possible evidence for new technologies and combating the infodemic in the context of evidence-based midwifery practice. (Author, edited)

Full URL: https://doi.org/10.18332/ejm/168728

2024-06721

Measure to improve: a pilot study of Birthrate Plus in the Netherlands. Cronie DJ, Rosman A, De Vries R (2024), British Journal of Midwifery vol 32, no 6, June 2024, pp 302–308

Background/Aims
Evidence-based standards are an important means for ensuring safe and effective care for birthing women. The provision of one-to-one care for women in labour is one such standard, which should be the norm in Dutch maternity care. However, no audit measures of this standard are available. This study examined the use of Birthrate Plus, a validated instrument for the measurement of patient acuity. This tool has the added benefit of allowing measurement of birth characteristics in relation to staffing numbers, providing a basis for auditing the standard of one-to-one care for women in labour in hospitals in the Netherlands.

Methods
This pilot study used the Birthrate Plus tool to retrospectively examine birth characteristics and staffing levels in a 4-month period, in five hospitals in the Netherlands.

Results
The review of 11 582 patient cases found that most births in the sample were classified as occurring in the higher acuity levels of Birthrate+ tool. Examination of staffing levels showed that when comparing actual staffing levels with recommended levels, hospitals had a shortfall of between 47% and 64%.

Conclusions
The Birthrate Plus tool could be useful in auditing staffing levels in Dutch maternity care. Analysis of the data provided by hospitals in the sample showed that none were able to meet the Dutch standard of providing consistent one-one-one care. (Author)

Full URL: https://doi.org/10.12968/bjom.2024.32.6.302

2024-06601

Building a community of practice through social media using the hashtag #neoEBM. Keir A, Bamat N, Hennebry B, et al (2021), PLoS ONE vol 16, no 5, May 2021, e0252472

Objectives
Social media use is associated with developing communities of practice that promote the rapid exchange of information across traditional institutional and geographical boundaries faster than previously possible. We aimed to describe and share our experience using #neoEBM (Neonatal Evidence Based Medicine) hashtag to organise and build a digital community of neonatal care practice.

Materials and methods
Analysis of #neoEBM Twitter data in the Symplur Signals database between 1 May 2018 to 9 January 2021. Data on tweets containing the #neoEBM hashtag were analysed using online analytical tools, including the total number of tweets and user engagement.

Results
Since its registration, a total of 3 228 distinct individual Twitter users used the hashtag with 23 939 tweets and 37 259 710 impressions generated. The two days with the greatest number of tweets containing #neoEBM were 8 May 2018 (n = 218) and 28 April 2019 (n = 340), coinciding with the annual Pediatric Academic Societies meeting. The majority of Twitter users made one tweet using #neoEBM (n = 1078), followed by two tweets (n = 411) and more than 10 tweets (n = 347). The number of individual impressions (views) of tweets containing #neoEBM was 37 259 710. Of the 23 939 tweets using #neoEBM, 17 817 (74%) were retweeted (shared), 15 643 (65%) included at least one link and 1 196 (5%) had at least one reply. As #neoEBM users increased over time, so did tweets containing #neoEBM, with each additional user of the hashtag associated with a mean increase in 7.8 (95% CI 7.7–8.0) tweets containing #neoEBM.

Conclusion
Our findings support the observation that the #neoEBM community possesses many of the characteristics of a community of practice, and it may be an effective tool to disseminate research findings. By sharing our experiences, we hope to encourage others to engage with or build online digital communities of practice to share knowledge and build collaborative networks across disciplines, institutions and countries. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0252472

2024-06507

The Evidence-Based Practice Process Steps 4, 5, and 6: Integration, Evaluation, and Dissemination. Bell SG (2024), Neonatal Network vol 43, no 3, May 2024, pp 176-178

This is the final column in a series of columns that began with the January/February 2021 issue of Neonatal Network, describing the evidence-based practice (EBP) project. The series has taken the reader through sparking the spirit of inquiry, asking a compelling question, and searching and critically appraising the literature. This column will briefly describe the final three steps: step 4, the integration of evidence with clinical expertise and patient/family preferences; step 5, the evaluation of outcomes of practice changes based on evidence; and step 6, the dissemination of the outcomes of the EBP change. (Author)

2024-06281

Antenatal education – Putting research into practice: A guideline review. Ferri A, Sutcliffe KL, Catling C, et al (2024), Midwifery vol 132, May 2024, 103960

Problem
Antenatal care guidelines used in Australia are inconsistent in their recommendations for childbirth and parenting education (CBPE) classes for preparation of women and parents for pregnancy, childbirth, and early parenting.

Background
Clinical practice guidelines in maternity care are developed to assist healthcare practitioners and consumers to make decisions about appropriate care. The benefit of such guidelines relies on the translation and quality of the evidence contained within them. In the context of antenatal care guidelines, there is a potential evidence-practice gap with regard to CBPE.

Aims
This review aims to appraise the quality of Australian antenatal care guidelines in their recommendations for CBPE for women and partners.

Methods
Publicly available Australian antenatal care guidelines were identified including local health district websites and professional organisations pertaining to maternity care. Guidelines were reviewed independently, and the quality was assessed using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool.

Findings
Five guidelines were included in the review and appraised using AGREE II. With the exception of the Department of Health Pregnancy Care Guidelines, guidelines scored poorly across all six domains. When appraised according to specific CBPE recommendations for rigour of development, presentation, and applicability; all guidelines received low scores.

Discussion
Prenatal services remain largely unregulated across the board, with no systematic approach to make recommendations for CBPE and guidelines lacking in rigour with regard to CBPE.

Conclusion
Within the guidelines reviewed there was a lack of evidence-based recommendations provided for educators or consumers regarding childbirth and parenting education. (Author)

Full URL: https://doi.org/10.1016/j.midw.2024.103960

2024-05340

Brazilian women's use of evidence-based practices in childbirth after participating in the Senses of Birth intervention: A mixed-methods study. da Matta Machado Fernandes L, Lansky S, Reis Passos H, et al (2021), PLoS ONE vol 16, no 4, April 2021, e0248740

Brazil has a cesarean rate of 56% and low use of Intrapartum Evidence-based Practices (IEBP) of 3.4%, reflecting a medically centered and highly interventionist maternal health care model. The Senses of Birth (SoB) is a health education intervention created to promote normal birth, use of EBP, and reduce unnecessary c-sections. This study aimed to understand the use of intrapartum EBP by Brazilian women who participated in the SoB intervention. 555 women answered the questionnaire between 2015 and 2016. Bivariate analysis and ANOVA test were used to identify

if social-demographic factors, childbirth information, and perceived knowledge were associated with the use of EBP. A qualitative analysis was performed to explore women's experiences. Research participants used the following EBP: birth plan (55.2%), companionship during childbirth (81.6%), midwife care (54.2%), freedom of mobility during labor (57.7%), choice of position during delivery (57.2%), and non-pharmacological pain relief methods (74.2%). Doula support was low (26.9%). Being a black woman was associated with not using a birth plan or having doula support. Women who gave birth in private hospitals were more likely not to use the EBP. Barriers to the use of EBP identified by women were an absence of individualized care, non-respect for their choices or provision of EBP by health care providers, inadequate structure and ambiance in hospitals to use EBP, and rigid protocols not centered on women's needs. The SoB intervention was identified as a potential facilitator. Women who used EBP described a sense of control over their bodies and perceived self-efficacy to advocate for their chosen practices. Women saw the strategies to overcome barriers as a path to become their childbirth protagonist. Health education is essential to increase the use of EBP; however, it should be implemented combined with changes in the maternal care system, promoting woman-centered and evidence-based models. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0248740

2024-03670

Service specification: National service specification for the care of women who are pregnant or post-natal in detained settings (prisons, immigration removal centres, children and young people settings). NHS England (2022), NHS England June 2022. 70 Pages

This specification outlines what should be included in a trauma informed, detained setting based maternity service; providing support for women who are pregnant and in the post-natal period. Maternity care should be integrated with wider health, psychological and social support services and services provided by the voluntary sector. It includes desired objectives and outcomes concerning the multiple complex needs of perinatal women who reside in prison, and recommendations for users of this service specification to consider. It is because of the complexities for women in detained settings that all pregnancies must be classed as high risk. (Author)

Full URL: https://www.england.nhs.uk/wp-content/uploads/2022/06/B1708-National-service-specification-for-the-care-of-women-who-are-pregnant-or-post-natal-in-detained-settings.pdf

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2024-03425

Evidence based perineal repair. Kindberg S (2023), Australian Midwifery News vol 33, Winter 2023, pp 18-19

Features the work of GynZone, a Danish company founded in 2008 by midwife Sara Kindberg and urogynaecologist Karl Møller Bek, specialising in training midwives and obstetricians in the skills needed to diagnose and repair perineal injuries. (JSM)

2024-03326

What barriers to evidence-based practice do midwives in Australia face? A review of recent literature. Bayes S, Ponchard K, Shewring H (2023), Australian Midwifery News vol 35, Summer 2023, pp 46-52

Defines what is meant by the term 'evidence-based practice' and what is expected of midwives in Australia. Presents and discusses the results of a literature review to ascertain the problems faced by midwives in adhering to the set of national standards for practice. (JSM)

2024-03282

Embarking on a clinical academic career: opportunities for midwives. McEvoy B, Anderson M, Farrant K, et al (2024), MIDIRS Midwifery Digest vol 34, no 1, March 2024, pp 31-32

Clinical academics practise both in the clinical setting and as researchers within their specialty (Carrick-Sen et al 2016). Their unique position allows them to identify relevant research questions and apply evidence in a way that meaningfully responds to contemporary health care challenges and service needs.

There are many motivations for entering a clinical academic career, including a desire to improve services and advance career progression. The duality of a clinical academic role provides opportunity to develop clinical and academic skills simultaneously, rather than choosing between two careers. Clinical academics promote a culture of critical thinking, improvement and excellence. It is well documented that research-active NHS trusts provide higher-quality health care and improved clinical outcomes (Hanney et al 2013, Ozdemir et al 2015). These benefits can be attributed to early adoption of innovation, service development and increased research activity (Jones & Keenan 2021).

The Chief Midwifery Officer for England's strategic plan for research (NHS England 2023) highlighted the importance of embedding research in midwifery practice. As autonomous practitioners, midwives are well positioned to support the

advancement of midwifery care through a clinical academic career. There is a need for clinical academic midwives to ensure a midwifery perspective in evidence-based practice. (Author)

2024-01990

Step 3: Critical Appraisal of Evidence—Expert Opinion. Bell SG (2024), Neonatal Network vol 43, no 1, January/February 2024, pp 50-51

Critically appraising the literature is the third step in the evidence-based practice process. The lowest level of evidence includes expert opinion and related types of literature. This column describes the appraisal of this type of literature using a specific set of questions. (Author)

2023-13330

Changing minds: The impact of introducing evidence-based practices around the use of episiotomy in a South Indian Tertiary Centre. Ahmed M, Kaur I, Thota S (2023), Midwifery vol 126, November 2023, 103833

Background
Episiotomies are still a routine procedure during childbirth in India, reflecting the misconceptions and lack of knowledge in the traditional training programs. There is a marked variation in the use of episiotomy between doctors and midwives. This study was conducted to ascertain and gain insight into this inequality in practice.

Methods
Retrospective data of spontaneous vaginal births across all units of a tertiary care center in South India from 2014 to 2021 was retrieved from medical records. First the total number of episiotomies, who performed them and indications were analysed. In the second part of the study, a questionnaire was distributed among doctors and midwives to delve into their knowledge and attitudes towards using episiotomy.

Findings
Of the 35253 spontaneous vaginal births over seven years, 28 % had an episiotomy. Midwives performed 22 % of them and obstetricians did the remaining. The most common indication was presumed fetal compromise. There was a reduction in episiotomy rates from 21 % to 5 % in midwifery practice and 45 % to 35 % for doctors over the study period. The second part of the study revealed a significant difference in the attitudes of doctors and midwives. Doctors leaned in favor of episiotomies despite the contrary evidence.

Conclusion
Successful institution of any change in behavior needs an understanding of the perception and attitude towards the change. A focus on respectful maternity care, hospital policies based on scientific evidence and an enabling environment for training and education can avoid unnecessary birth practices not recommended for healthy pregnant women. (Author)

2023-12871

Advanced nurse and midwife practitioners' experience of interprofessional collaboration when implementing evidence-based practice into routine care: An interpretative phenomenological analysis. Clarke V, Lehane E, Cotter P, et al (2024), Journal of Advanced Nursing vol 80, no 4, April 2024, pp 1559-1573

Aim
To understand advanced nurse and midwife practitioners' experience of interprofessional collaboration in implementing evidence-based practice into routine care.

Design
A qualitative interpretative phenomenological analysis.

Methods
A purposeful sample of 10 Registered Advanced Nurse and Midwife Practitioners from a range of practice settings in the Republic of Ireland participated in semi-structured interviews over a 10-month timeframe. Interviews were transcribed verbatim and data were analysed using a multi-stage approach in line with guidance for interpretative phenomenological analysis.

Results

Six superordinate themes emerged: Understanding of advanced practice; 'Treated as an equal and as a "nurse"'; Nursing management support; 'A voice to implement anything new'; Confidence and Emotional intelligence. These factors impacted interprofessional relationships and the extent to which advanced practitioners could implement evidence-based practice.

Conclusion
There is scope to improve advanced practitioners' ability to collaborate with the interprofessional team in implementing evidence-based practice into routine care.

Impact and Implications
The study findings demonstrate that enhancing understanding of the advanced practice role; increasing organizational support for advanced practitioners and augmenting specific practitioner skills and attributes will increase their ability to collaborate effectively and implement evidence-based practice. Supporting advanced practitioners in this important aspect of their role will positively influence health outcomes for patients.

Contribution to the Wider Global Clinical Community
As numbers of both nurse and midwife practitioners increase globally, this study provides timely evidence from a range of practice settings to guide the design of education programmes and policies governing advanced practice.

Study recommendations have broad applicability to all healthcare professionals who are engaged in implementing evidence-based practice into routine care.

Reporting Method
Consolidated criteria for reporting qualitative research (COREQ).

Patient or Public Contribution
No patient or public contribution. (Author)

Full URL: https://doi.org/10.1111/jan.15917

2023-12389

Challenges to implement evidence-based midwifery care in Bangladesh. An interview study with medical doctors mentoring health care providers. Khatun M, Pakter P, Yunus S, et al (2022), Sexual & Reproductive Healthcare vol 31, March 2022, 100692

Background
In 2013 the first midwives in Bangladesh to be educated according to international standards completed their course and were awarded a diploma. Sixty percent of their training took place in clinical placement sites. In order to achieve appropriate mentor support while in clinical practice, a mentorship programme was initiated whereby local doctors were appointed by Save the Children. The aim of this study is to describe the mentors' purpose and the actions they took to improve midwifery care at clinical placement sites. Their appointment was intended to support local Health Care Providers (HCPs) at clinical placement sites meant for educating midwifery students in evidence-based midwifery care.

Methods
An open-ended interview study with 14 mentors. The data was analysed using content analysis.

Results
The main category, the theme that emerged from the analysis was "Creating commitment". "Creating commitment" describe how the mentors; the medical doctors employed by Save the Children, "Motivate", "Educate", "Mentor", "Advocate" and "Communicate" (subcategories) to creating commitment for quality midwifery care "In the organization of care" and "In clinical care practices" (categories). As intended, they enabled HCPs, midwifery students, and newly graduated midwives to provide quality midwifery care.

Conclusions
Using medical doctors' status and power to support the development of a newly emerging midwifery cadre in a country where midwifery is just emerging as a profession is because midwives integrated in the health system will improve the birthing process, improve life chances for newborns, and reduce morbidity and mortality in Bangladesh.

It is recommended for implementation in other similar national contexts. (Author)
Full URL: https://doi.org/10.1016/j.srhc.2021.100692

2023-12258

Breastfeeding training improved healthcare professional's self-efficacy to provide evidence-based breastfeeding support: A pre-post intervention study. Blixt I, Rosenblad AK, Axelsson O, et al (2023), Midwifery vol 125, October 2023, 103794

Objective
To describe healthcare professional's (HCP's) perceived self-efficacy in their ability to provide breastfeeding support before and after a breastfeeding training program.

Design
Pre-post intervention study.

Setting
Antenatal care and child healthcare (CHC) centres in Sweden during 2020.

Participants
An intervention group consisting of 39 HCPs (midwives 51.3%, child healthcare nurses 46.2%) completing a questionnaire at baseline and after intervention, and a control group of 34 HCPs (midwives 61.8%, child healthcare nurses 38.2%) completing a questionnaire at baseline.

Intervention
A breastfeeding training program in line with the Ten Steps to Successful Breastfeeding and WHO recommendations about breastfeeding.

Measurements and findings
The 11-item Breastfeeding Support Confidence Scale (BSCS) measures HCP's self-efficacy regarding providing breastfeeding support in line with Ten Steps to Successful Breastfeeding and WHO recommendations. The intervention group experienced a significantly increased self-efficacy from pre-intervention to post-intervention for 8 of the 11 BSCS items, with the overall BSCS index score increasing from 36.87 to 39.56 points ($p = 0.001$). The index score in the intervention group at follow-up was significantly higher than the corresponding score in the control group at baseline ($p = 0.025$). The intervention group had significantly higher scores at follow-up than the control group at baseline on the questions: “I'm sure that I can help mothers continue to breastfeed even if the infant doesn't follow the growth curve” ($p = 0.026$) and “I'm sure that I can help mothers continue to breastfeed when the breastfeeding is painful” ($p = 0.048$).

Key conclusions
The breastfeeding training program improved HCP’ self-efficacy to provide evidence-based support to breastfeeding mothers.

Implications for practice
This training program is well suited to implement in clinical practice and follows the Ten Steps to Successful Breastfeeding.

Trial registration
ACTRN12623000648628 (Author)

Full URL: https://doi.org/10.1016/j.midw.2023.103794

2023-11582

Adapting group care to the postpartum period using a human-centered design approach in Malawi. Gresh A, Batchelder A, Glass N, et al (2023), BMC Health Services Research vol 23, no 1098, October 2023

Background
Responsive and resilient strategies to reduce high rates of maternal and infant mortality and clinician shortages are needed in low- and middle-income countries (LMICs). Malawi has some of the highest maternal and infant mortality rates globally. Group healthcare is a service delivery model that integrates these strategies. Although primarily

implemented during the prenatal period, its potential for improving both maternal and infant health outcomes during the postpartum period has not been realized. The purpose of this study was to adapt and co-design the prototype for an evidence-based group care model for the postpartum period using a human-centered design approach with key stakeholders in Malawi.

Methods
We completed steps of a framework guiding the use of human-centered design: 1) define the problem and assemble a team; 2) gather information through evidence and inspiration; 3) synthesize; and 4) intervention design: guiding principles and ideation. Qualitative methods were used to complete steps 2–4. In-depth interviews (n = 24), and incubator sessions (n = 6) that employed free listing, pile sorting and ranking were completed with key stakeholders. Data analysis consisted of content analysis of interviews and framework analysis for incubator sessions to produce the integrated group postpartum and well-child care model prototype. The fifth step is detailed in a separate paper.

Results
All stakeholders reported a desire to participate in and offer group care in the postpartum period. Stakeholders worked collaboratively to co-create the prototype that included a curriculum of health promotion topics and interactive activities and the service delivery structure. Health promotion topic priorities were hygiene, breastfeeding, family planning, nutrition, and mental health. The recommended schedule included 6 sessions corresponding with the child vaccination schedule over the 12-month postpartum period.

Conclusions
Using a human-centered design approach to adapt an evidence-based group care model in an LMIC, specifically Malawi, is feasible and acceptable to key stakeholders and resulted in a prototype curriculum and practical strategies for clinic implementation. (Author)

Full URL: https://doi.org/10.1186/s12913-023-10036-2

2023-10275

An ethnography study of the philosophy, culture and practices within an urban freestanding midwifery unit. (2023), The Practising Midwife vol 26, no 8, September 2023, pp 25-30

First in a four part series. Service users and providers deserve to engage with healthcare systems that are functional, evidence-based and engender positive experiences. Current and recurrent maternity scandals urge us to explore the key characteristics of well-performing services as well as those which fail. Theory generation is important for the progress of maternity care, safety improvement and enhancing organisational culture. This ethnographic study explored the key characteristics of a well-functioning Freestanding Midwifery Unit (FMU) and also embedded a systematic review of evidence on Midwifery Units (MUs) in high-income settings, to create logic models. (Author)

2023-09930

Third stage of labor: evidence-based practice for prevention of adverse maternal and neonatal outcomes. Hersh AR, Carroli G, Hofmeyr GJ, et al (2023), American Journal of Obstetrics & Gynecology (AJOG) 20 August 2023, online

The third stage of labor is defined as the time period between delivery of the fetus through delivery of the placenta. During a normal third stage, uterine contractions lead to separation and expulsion of the placenta from the uterus. Postpartum hemorrhage is a relatively common complication of the third stage of labor. Strategies have been studied to mitigate the risk of postpartum hemorrhage, leading to the widespread implementation of active management of the third stage of labor. Initially, active management of the third stage of labor consisted of a bundle of interventions including administration of a uterotonic agent, early cord clamping, controlled cord traction, and external uterine massage. However, the effectiveness of these interventions as a bundle has been questioned, leading to abandonment of some components in recent years. Despite this, upon review of selected international guidelines, we found that the term “active management of the third stage of labor” was still used, but recommendations for and against individual interventions were variable and not necessarily supported by current evidence. In this review, we: (1) examine the physiology of the third stage of labor, (2) present evidence related to interventions that prevent postpartum hemorrhage and promote maternal and neonatal health, (3) review current global guidelines and recommendations for practice, and (4) propose future areas of investigation. The interventions in this review include pharmacologic agents to prevent postpartum hemorrhage, cord clamping, cord milking, cord traction, cord drainage, early skin-to-skin contact, and nipple stimulation. Treatment of complications of the third stage of labor is outside of the scope of this review. We conclude that current evidence supports the use of effective pharmacologic postpartum hemorrhage prophylaxis, delayed cord clamping, early skin-to-skin contact, and controlled cord traction at delivery

when feasible. The most effective uterotonic regimens for preventing postpartum hemorrhage after vaginal delivery include oxytocin plus ergometrine; oxytocin plus misoprostol; or carbetocin. After cesarean delivery, carbetocin or oxytocin as a bolus are the most effective regimens. There is inconsistent evidence regarding the use of tranexamic acid in addition to a uterotonic compared with a uterotonic alone for postpartum hemorrhage prevention after all deliveries. Because of differences in patient comorbidities, costs, and availability of resources and staff, decisions to use specific prevention strategies are dependent on patient- and system-level factors. We recommend that the term “active management of the third stage of labor” as a combined intervention no longer be used. Instead, we recommend that “third stage care” be adopted, which promotes the implementation of evidence-based interventions that incorporate practices that are safe and beneficial for both the woman and neonate. (Author)

2023-09481

Connecting the dots: Adoption of maternal, newborn and child health research evidence in policy and practice. Chandhiok N, Goudar SS, Kavi A, et al (2023), BJOG: An International Journal of Obstetrics and Gynaecology 2 August 2023, online

This article is a commentary on India's recent improvement in maternal and neonatal health outcomes which can be attributed to the adoption of policies that are based on research evidence. However, this commentary's main focus is on India's high maternal and neonatal death rate which requires continuous efforts to attain sustainable development goals. This commentary provides a summary of the discussion surrounding the policy need to synthesise research evidence and accelerate the inclusion of key diverse stakeholders in both policy framework and practice. (JM2)

Full URL: https://doi.org/10.1111/1471-0528.17599

2023-08173

Building an Evidence Base for the Protection and Support of Breastfeeding: An Interview With Adriano Cattaneo. Cattaneo A, Arendt M (2023), Journal of Human Lactation vol 39, no 3, August 2023, pp 380-384

Adriano Cattaneo holds an MD degree from the University of Padua, Italy, and an MSc from the London School of Hygiene and Tropical Medicine. He spent most of his professional career in low-income countries, including 4 years as medical officer with the World Health Organization (WHO) in Geneva. After returning to Italy, he worked for 20 years as an epidemiologist at the Unit for Health Services Research and International Health, the Institute for Maternal and Child Health (IRCCS Burlo Garofolo) in Trieste, a WHO Collaborating Centre for Maternal and Child Health. He is the author of more than 220 publications in scientific journals and books, more than 100 of which are in peer reviewed journals. He has been affiliated with International Baby Food Action Network (IBFAN) in Italy since it was created in 2001. As project coordinator of two European Union funded projects, he played an important role in the development of the document Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action, a tool tested and used for the development of national breastfeeding policies and programs. He retired in 2014. (Author)

2023-06939

Searching for evidence in neonatology. Saugstad OD, Kirpalani H (2023), Acta Paediatrica vol 112, no 8, August 2023, pp 1648-1652

Evidence-based medicine has changed clinical practice by incorporating data from randomised controlled trials (RCTs). While some biases in RCTs are well recognised, we discuss some less acknowledged. Selection bias may arise in the consent stage. Industry-funded studies more often report a positive outcome. Post-hoc changes of outcome measures and other mis-reporting lowers the reliability of outcome data. Finally, even the GRADE system retains subjectivity.

Conclusion
Moving from “intuition” into “evidence-based” medicine involves grappling with several pitfalls. These pose challenges for authors, editors, reviewers, and readers. All require vigilance before drawing conclusions from presented data. (Author)

Full URL: https://doi.org/10.1111/apa.16815

2023-06830

An innovative approach to NAS: Eat, Sleep, Console. Kipp K (2023), Journal of Neonatal Nursing vol 29, no 6, December 2023, pp 912-915

Maternal substance abuse during pregnancy has dramatically increased in prevalence in the United States. Consequently, neonatal abstinence syndrome (NAS) is now a leading cause of developmental and medical problems in newborns (Thigpen and Melton, 2014). Eat, Sleep, Console (ESC) is an innovative approach to the treatment of NAS, which hospitals are implementing to improve outcomes for women and infants with perinatal opioid exposure

(Whalen et al., 2018). This educational innovation project incorporates current, evidence-based practice (EBP) guidelines into the associate degree nursing (ADN) program curriculum at a community college to better prepare nurses to provide safe, therapeutic nursing care to infants and their families. (Author)

2023-06714

Midwifery Theories: A scoping review protocol. Paz S, Goncalves A, Prata AP, et al (2023), The Practising Midwife vol 26, no 6, June 2023, pp 26-30

Theory defines and clarifies midwifery and the purpose of midwifery practice, making the practice more evident by stating not only the focus of practice, but also specific goals and outcomes.

This study aims to undertake a scoping review of the literature to identify the underlying midwifery theories, and, therefore, contribute to the identification of a potential different model of care for women with low-risk pregnancies.

The JBI methodology for scoping reviews will be used to conduct this review, with a three-step search strategy. Published and unpublished studies that include and describe theories which inform midwifery practice will be considered. (Author)

2023-06374

Toward Evidence-Based Practice. Rohan A, Giurgescu C, Hayman LL, et al (2023), MCN - American Journal of Maternal/Child Nursing vol 48, no 3, May/June 2023, pp. 172-174

Experts suggest how 6 research articles can be used in nursing practice. (Author)

2023-06282

Research and midwifery — reflecting on how they are joined. Jones D (2023), MIDIRS Midwifery Digest vol 33, no 2, June 2023, pp 114-115

In December 2022, I had the opportunity to spend a day shadowing Dr Mary Ross-Davie, Director of Midwifery at NHS Greater Glasgow and Clyde, to discuss (among other things) her role in midwifery research. Dr Ross-Davie completed a PhD on intrapartum support and, more recently, was the project lead for the Royal College of Midwives' (RCM) collaborative Re:Birth project (RCM 2022). This wasn't the first time I had 'met' Mary. During Year 1 of my pre-registration midwifery programme, Mary was a guest speaker on campus to discuss her midwifery career, including her fascinating PhD study (Ross-Davie 2012). I was about to embark on my first clinical placement and I listened intently to Mary's vast knowledge and experience. (Author)

2023-06281

Viewing research from a fresh perspective — introducing the RCM's Small Research Awards. Field J, Cunningham J (2023), MIDIRS Midwifery Digest vol 33, no 2, June 2023, pp 110-112

The Royal College of Midwives' (RCM) Small Research Awards are a new benefit for RCM members. The aim of the awards is to support the implementation of the RCM Research and Development Strategy. This is centred on building a stronger midwifery research knowledge base, developed by midwives and relevant to midwifery practice. It aims to build research capacity by encouraging and supporting midwives, at all points in their career, to develop their evidence-based practice and get involved in research.
The awards were launched in October 2022, at the RCM conference, with a deadline for applications of February 2023, giving applicants enough time to ensure the application process remained a useful experience, while being manageable around busy working and personal lives. (Author)

2023-06040

The Impact of an Educational Intervention on Neonatal Care and Survival. Emmanuel A, Kain VJ, Forster E (2023), The Journal of Perinatal and Neonatal Nursing vol 37, no 2, April/June 2023, pp. 138-147

Objective:
Under-5 mortality has declined globally; however, proportion of under-5 deaths occurring within the first 28 days after birth has increased significantly. This study aims to determine the impact of an educational intervention on neonatal care and survival rates in Nigeria.

Methods:
This was a sequential exploratory mixed-methods design involving 21 health workers in the preintervention phase, while 15 health workers and 30 mother-baby dyads participated in the postintervention phase. Data were collected using semistructured interviews and nonparticipatory observation. Qualitative data were analyzed using thematic analysis, while quantitative data were analyzed using descriptive and inferential statistics.

Results:
Healthy newborns were routinely separated from their mothers in the preintervention period. During this time, non-evidence-based practices, such as routine nasal and oral suctioning, were performed. Skin-to-skin contact and early initiation of breastfeeding were frequently interrupted. After the intervention, 80.6% were placed in skin-to-skin contact with their mothers, and 20 of these babies maintained contact with the mother until breastfeeding was established. There was decline in neonatal deaths post-intervention. Independent t-test analysis of the day of neonatal death demonstrates a significant difference in mean (P = .00, 95% confidence interval −5.629; −7.447 to −4.779).

Conclusion:
Newborn survival can be improved through regular training of maternity health workers in evidence-based newborn care. (Author)

2023-05490

Three Year Delivery Plan for Maternity and Neonatal Services [Last updated 4 April 2023]. NHS England (2023), March 2023. 42 pages

This plan aims to make care safer, more personalised, and more equitable. These aims will be achieved by listening to women and families with compassion to promotes safer care; developing and sustaining a culture of safety to benefit everyone; effective implementation of the NHS-wide “PSIRF” (Patient Safety Incident Response Framework) and by meeting and improving standards and structures that underpin our national ambition. This will be made possible by offering all women personalised care and support plans. By 2024, every area in England will have specialist care including pelvic health services and bereavement care when needed. During 2023/24, Integrated care systems (ICSs) will publish equity and equality plans and take action to reduce inequalities in experience and outcomes. Additionally, Integrated care boards (ICBs) will be funded to involve service users enabling the co-production of national policy to keep service users at the heart of our work. Additional support will be put in place for the workforce to develop their skills and capacity to provide high-quality care and by 2025, improved neonatal cot capacity will be in place.
It is envisioned that Trusts will meet establishment set by midwifery staffing tools and achieve fill rates by 2027/28, with new tools to guide safe staffing for other professions from 2023/24. During 2023/24, trusts will implement local evidence-based retention action plans to positively impact job satisfaction and retention and from 2023, NHS England, ICBs, and trusts will ensure all staff have the training, supervision, and the support that they need to perform to the best of their ability. Effective implementation of the NHS-wide “PSIRF” approach, to support learning and a compassionate response to families following any incidents, will take place throughout 2023. By 2024, NHS England will offer a development programme to all maternity and neonatal leadership teams to promote positive culture and leadership, additionally NHS England, ICBs, and trusts will strengthen their support and oversight of services to ensure concerns are identified early and addressed. Trusts will implement best practice consistently, including the updated Saving Babies Lives Care Bundle by 2024 and new “MEWS” (Maternity Early Warning Score) and “NEWTT-2” (Newborn Early Warning Trigger and Track tools by 2025. In 2023, NHS England’s new taskforce will report on how to better detect and act sooner on safety issues, arising from relevant data, in local services. By 2024, NHS England will publish digital maternity standards; services will progress work to enable women to access their records and interact with their digital plans. (Author, edited)

Full URL: https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf

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2023-05114

Implementing the WHO Safe Childbirth Checklist: lessons learnt on a quality improvement initiative to improve mother and newborn care at Gobabis District Hospital, Namibia. Kabongo L, Gass J, Kivondo B, et al (2017), BMJ Open Quality vol 6, no 2, August 2017, e000145

Background: Although there are many evidence-based practices that reduce the risk of maternal and neonatal mortality around the time of birth, there remains a gap between what is known and the care received. This know-do

gap is a source of preventable maternal and perinatal deaths and is the focus of improvement efforts in many countries. Following an increase in perinatal and maternal deaths, Gobabis District Hospital initiated a quality improvement (QI) initiative to increase adherence to these WHO Safe Childbirth Checklist (SCC)-targeted essential birth practices (EBPs). Methods: We implemented the SCC with support from leadership, coaching and organisational redesign. Implementation was led by a facility champion supported by a QI team and adapted through a series of three 8-week Plan-Do-Study-Act (PDSA) cycles. Results: During the 6-month period, we observed an improvement of average EBPs delivered from 68% to 95%. We also found reductions in perinatal mortality rates from 22 deaths/1000 deliveries to 13.8/1000 deliveries largely due to a drop in fresh stillbirths. Conclusion: We conclude that replicating the programme is feasible, acceptable and effective in areas where gaps exist, but it requires local leadership, ongoing coaching and adaptation through PDSA cycles. (Author)

2023-04877

Knowledge, Judgment, and Skills in Reproductive Health Care and Abortion Are Essential to the Practice of Obstetrics and Gynecology. Shivraj P, Chadha R, Novak A, et al (2023), Obstetrics & Gynecology vol 141, no 4, April 2023, pp 676-680

A social contract exists between medicine and society. In fulfilling the social contract to our patients and society, physicians have an obligation to provide the evidence-based care that patients want and need. What do the data regarding knowledge, judgment, and skills required to practice obstetrics and gynecology show? Obstetrics and gynecology job task analyses assess the importance of knowledge, judgment, and skills through surveys asking practicing physicians about the criticality and frequency of a variety of task statements to create an importance score. Excerpts from a 2018 practice analysis survey clearly indicate that reproductive health care and abortion are important components of the knowledge, judgment, and skills to practice obstetrics and gynecology in the United States. These standards help to assure the knowledge, judgment, and skills of current and future generations of ob-gyns, so their patients and the public can be provided the comprehensive reproductive health care they want and need. It is sometimes important to restate principles and standards that have become ingrained in thoughts and practices that guide physicians and serve to protect our patients. This concept is important now, as our country, health care professionals, and patients examine the future of reproductive health care, including abortion. (Author)

2023-04059

Toward Evidence-Based Practice. Rohan A, Elliot G, Guo Y, et al (2023), MCN - American Journal of Maternal/Child Nursing vol 48, no 2, March/April 2023, pp. 108-110

Experts suggest how 6 research articles can be used in nursing practice. (Author)

2023-04058

Evidence-Based Guidelines for Labor Support that Promote Vaginal Birth. Bernstein SL (2023), MCN - American Journal of Maternal/Child Nursing vol 48, no 2, March/April 2023, p. 103

The Association of Women' Health, Obstetric and Neonatal Nurses has published evidence-based clinical practice guidelines Labor support for intended vaginal birth to support nurses who care for patients during labor and birth. Our maternity nursing expert, Dr. Bernstein, summarizes the guidelines. (Author)

2023-03603

The Association between Evidence-Based Healthcare Practices and Outcomes among Preterm Births in China. Jin D, Gu X, Jiang S, et al (2022), Neonatology vol 119, no 1, 2022, pp. 26-32

Introduction: Very preterm infants are at high risk of early death or severe brain injury, with potential for impaired long-term neurodevelopmental function and physical health. There are evidence-based healthcare practices that can reduce the incidence. Materials and Methods: Infants born at 24–316 weeks gestational age and admitted within 24 h to NICUs participating in the Chinese Neonatal Network in 2019 were included. We examined the association between 4 evidence-based practices: inborn (born in a tertiary hospital in the Chinese Neonatal Network), ACS (any antenatal corticosteroid), MgSO4 (prenatal magnesium sulfate), and NT (normothermic temperature [36.0–37.5°C] at admission) and early death and/or severe brain injury in the study population. Results: Of 6,035 eligible infants, the incidence of early death and/or severe brain injury was 10.6%. Exposure to ACS only was associated with significant lower incidence of death and/or severe brain injury than none (aOR, 0.71; 95% CI: 0.57–0.88), but not MgSO4 only (aOR, 0.97; 95% CI: 0.81–1.17), NT only (aOR, 0.91; 95% CI: 0.76–1.08), or inborn only (aOR, 0.91; 95% CI: 0.72–1.15). The association between number of practices and incidence of early death and/or severe brain injury is as follows: none = 23% (31/138), any 1 = 14% (84/592), any 2 = 12% (185/1,538), any 3 = 9% (202/2,285), and all 4 = 9% (140/1,482). Discussion/Conclusion: More comprehensive use of evidence-based practices was associated with improved survival

without severe brain injury among very preterm infants born at <32 weeks gestational age. (Author)
Full URL: https://doi.org/10.1159/000519846

2023-02977

Developmental Care Rounds: An Initiative to Improve Nursing Confidence and Contributions at the Bedside. Moss E, Kim K, Dickinson K, et al (2023), Neonatal Network: the Journal of Neonatal Nursing vol 42, no 1, January 2023, pp 37-44

Purpose: To describe the use of developmental care (DC) rounds as an initiative to ensure the implementation of bedside DC. To measure the confidence of NICU nurses with participation in DC rounds. Design: Evidence-based practice/quality improvement initiative aimed to answer the following questions: What are the implementation rates of bedside DC nursing interventions used or discussed during DC rounds? Do NICU nurses report agreement with education about DC rounds prior to DC rounds starting? Do nurses in the NICU feel confident participating in DC rounds Do nurses with more years of NICU nursing experience feel more confident than nurses with fewer years of nursing experience? Sample: 513 DC rounds and 101 nursing surveys. Main Outcome Variable: Nursing survey Likert score response and implementation rate of DC nursing interventions. Results: Implementation of bedside DC nursing interventions was strong in the NICU. Areas of opportunity include developmental bath, oral care with breast milk, use of scent clothes, kangaroo care, breastfeeding, use of head plan when appropriate, assignment of a primary baby buddy when appropriate, and use of schedule when needed. Nurses reported their confidence in participation in DC during the implementation of this project. (Author)

2023-01934

The bigger picture. Anon (2022), Midwives vol 25, November 2022, pp 14-20

Women's health has been neglected for years, under-researched and under-funded, and it's women who have paid the price. But things are changing. (Author)

2023-01309

Pregnancy [written answer]. House of Commons (2023), Hansard Written question 122033, 12 January 2023

Maria Caulfield responds to a written question from Gareth Thomas to the Secretary of State for Health and Social Care, regarding whether his Department will make an assessment of the efficacy of NHS guidelines on managing ovarian cysts during pregnancy; and if he will make a statement. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2023-01-12/122033

2023-00564

Addressing reproductive health needs across the life course: an integrated, community-based model combining contraception and preconception care. Hall J, Chawla M, Watson D, et al (2023), The Lancet Public Health vol 8, no 1, January 2023, pp E76-84

Prevention of pregnancy (contraception) and preparation for pregnancy (preconception care) are services that most people need during their reproductive life course. Despite increased attention, and growing recognition that health before pregnancy is crucial to addressing disparities in maternity outcomes, service provision is far from routine. We bring together evidence from the literature, new quantitative and qualitative data on women's preferences, and case studies of existing practice, to develop an integrated, community-based model that synthesises reproductive life planning, contraception, and preconception care. Our model provides a holistic, life course approach, encompassing school-based education, social media, and national campaigns, and highlights the need for training and system-level support for the range of health-care professionals who can deliver it. This high-level model can be adapted across settings, leading to a step change in the provision of preconception care in the community with consequent improvements in health and wellbeing, and reductions in inequalities at population level. (Author)

Full URL: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00254-7/fulltext?dgcid=raven_jbs_etoc_feature_lanpub

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2022-09032

Evidence-Based Practice: Improving the Quality of Perinatal Care. Soll RF, McGuire W (2019), Neonatology vol 116, no 3, October 2019, pp 193-198

Background: For clinical research findings to improve the quality of care and outcomes for newborn infants and their families, they need to be implemented in policy and adopted in practice. Methods: We describe the principles of effective dissemination and implementation of research findings and highlight examples of collaborative quality

improvement strategies to ensure that guidelines, protocols, policies and practices reflect research-informed evidence. Results: Passive dissemination of research findings is generally ineffective in driving change. Implementation strategies that use multi-faceted approaches acting on different barriers to change are better at driving improvements in the quality of care practices. These initiatives are increasingly embedded within regional, national and international networks of neonatal care centres that collaborate in conducting research, implementing its findings and auditing its uptake. Examples of successful network-based collaborative quality improvement programmes include efforts to increase use of evidence-based strategies to prevent hospital-acquired bloodstream infections, optimise surfactant replacement for preterm infants, reduce the incidence of bronchopulmonary dysplasia, improve antibiotic stewardship and promote the use of human milk to prevent necrotising enterocolitis in very-low-birth-weight infants. Conclusions: Effective dissemination and implementation are essential for research evidence to improve quality of care and outcomes for newborn infants and their families. Multifaceted initiatives within network-based collaborative quality improvement programmes facilitate continuous audit and benchmarking cycles to ensure equity of access to evidence-based care practices. (Author)

2022-06332

Knowledge, attitudes and use of evidence-based practice among midwives in Belgium: A cross-sectional survey. Lanssens D, Goemaes R, Vrielinck C, et al (2022), European Journal of Midwifery vol 6, June 2022, p 36

Introduction:
Evidence-based practice (EBP) leads to improved health outcomes and reduces variability in the quality of care. However, literature on the knowledge, attitudes and use of EBP among midwives is scarce internationally and in Belgium.

Methods:
A cross-sectional study using an online semi-structured questionnaire explored practice, attitudes and barriers on EBP and clinical practice guidelines. Midwives (n=251) working in university and non-university hospitals, primary care, and midwifery education, in Flanders (Belgium) were included.

Results:
Midwives with a Master's degree (57.7% vs 37.8%; p=0.004), ≤15 years since graduation (50.8% vs 35.5%; p=0.015) and aged <40 years (49.7% vs 34.6%; p=0.02), had better knowledge of the EBP-definition. The majority searched for literature (80.1%), mainly evidence-based (EB) clinical practice guidelines (50.6%), randomized controlled trials (45.0%) and systematic reviews (43.0%). Midwives found EBP necessary and realistic to apply in daily practice and support decision-making. They were willing to improve EBP-knowledge and skills but assumed to be competent in providing evidence-based care. Most respondents were convinced of the importance of EB clinical practice guidelines but did not believe guidelines facilitated their practices or enabled them to consider patient preferences adequately. Half of the midwives (55.8%) experienced barriers to EB clinical practice guideline use, mainly lack of time (35.9%), access (19.5%), and support (17.9%).

Conclusions:
Although midwives showed a positive attitude towards EBP, education programs to promote EBP and improve EBP-related knowledge and skills are needed. Future efforts should focus on developing strategies for overcoming barriers and enhancing the consistency of EBP implementation. (Author)

Full URL: https://doi.org/10.18332/ejm/147478

2022-03929

Screening: Spinal Muscular Atrophy: Scotland [written answer]. Scottish Parliament (2022), Official Report Written question S6W-08225, 27 April 2022

Maree Todd responds to a written question from Jackie Baillie to the Scottish Government, to ask, in light of the first UK pilot study of newborn screening for spinal muscular atrophy (SMA), which was recently launched by the University of Oxford, what steps it will take to incorporate SMA screening in Scotland once this study is completed. (JSM)

Full URL: https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6W-08225

2022-03172

Evaluating factors that influenced the successful implementation of an evidence-based neonatal care intervention in

Chinese hospitals using the PARIHS framework. Yue J, Liu J, Zhao Y, et al (2022), BMC Health Services Research vol 22, no 104, 25 January 2022

Background
Evidence based interventions (EBIs) can improve patient care and outcomes. Understanding the process for successfully introducing and implementing EBIs can inform effective roll-out and scale up. The Promoting Action on Research Implementation in Health Services (PARIHS) framework can be used to evaluate and guide the introduction and implementation of EBIs. In this study, we used kangaroo mother care (KMC) as an example of an evidence-based neonatal intervention recently introduced in selected Chinese hospitals, to identify the factors that influenced its successful implementation. We also explored the utility of the PARIHS framework in China and investigated how important each of its constructs (evidence, context and facilitation) and sub-elements were perceived to be to successful implementation of EBIs in a Chinese setting.

Method
We conducted clinical observations and semi-structured interviews with 10 physicians and 18 nurses in five tertiary hospitals implementing KMC. Interview questions were organized around issues including knowledge and beliefs, resources, culture, implementation readiness and climate. We used directed content analysis to analyze the interview transcript, amending the PARIHS framework to incorporate emerging sub-themes. We also rated the constructs and sub-elements on a continuum from "low (weak)", "moderate" or "high (strong)" highlighting the ones considered most influential for hospital level implementation by study participants.

Results
Using KMC as an example, our finding suggest that clinical experience, culture, leadership, evaluation, and facilitation are highly influential elements for EBI implementation in China. External evidence had a moderate impact, especially in the initial awareness raising stages of implementation and resources were also considered to be of moderate importance, although this may change as implementation progresses. Patient experience was not seen as a driver for implementation at hospital level.

Conclusion
Based on our findings examining KMC implementation as a case example, the PARIHS framework can be a useful tool for planning and evaluating EBI implementation in China. However, it's sub-elements should be assessed and adapted to the implementation setting. (Author)

Full URL: https://doi.org/10.1186/s12913-022-07493-6

2022-02030

WHO recommendations on maternal and newborn care for a positive postnatal experience. World Health Organization (2022), 30 March 2022. 242 pages

This guideline aims to improve the quality of essential, routine postnatal care for women and newborns with the ultimate goal of improving maternal and newborn health and well-being. It recognizes a "positive postnatal experience" as a significant end point for all women giving birth and their newborns, laying the platform for improved short- and long-term health and well-being. A positive postnatal experience is defined as one in which women, newborns, partners, parents, caregivers and families receive information, reassurance and support in a consistent manner from motivated health workers; where a resourced and flexible health system recognizes the needs of women and babies, and respects their cultural context.

This is a consolidated guideline of new and existing recommendations on routine postnatal care for women and newborns receiving facility- or community-based postnatal care in any resource setting. (Author)

Full URL: https://www.who.int/publications/i/item/9789240045989

2022-01725

Implementation of evidence-based practice and associated factors among nurses and midwives working in Amhara Region government hospitals: a cross-sectional study. Dagne AH, Beshah MH, Kassa KG, et al (2021), Reproductive Health vol 18, no 36, 12 February 2021

Background
Implementation of evidence-based practice is crucial to enhance quality health care, professional development, and cost-effective health service. However, many factors influence the implementation of evidence-based practice. Therefore, this study aimed to assess the implementation of evidence-based practice and associated factors among

nurses and midwives.

Methods
Institutional-based cross-sectional study design was conducted to assess the implementation of evidence-based practice and associated factors from February 15 to March 15, 2019, among 790 nurses and midwives. Data were entered into EpiData version 3.1 then exported to SPSS version 20 for statistical analysis. Categorical variables were presented as frequency tables. Continuous variables were presented as descriptive measures, expressed as mean and standard deviation. Cronbach's alpha was used to measure reliability, mean, standard deviation, and inter-items correlation of the factors. Independent variables with a probability value (P-value) of less than 0.2 in the Chi-square analysis were entered in the multivariable logistic regression model. Statistically significant associated factors were identified at probability value (P-value) less than 0.05 and adjusted odds ratio with a 95% confidence interval.

Results
The mean age of participants was 28.35 (SD ± 4.5) years. This study revealed that 34.7% (95% CI 31.5–38%) of participants implemented evidence-based practice moderately or desirably. Age of participants (AOR = 5.98, CI 1.34–26.7), barriers of implementation of evidence-based practice (AOR = 4.8, CI 2.2–10.6), the attitude of participants (AOR = 5.02, CI 1.2–21.5), nursing/midwifery work index (AOR = 3.9, CI 1.4–10.87), self-efficacy of implementation of evidence-based practice skills (AOR = 12.5, CI 5.7–27.5) and knowledge of participants (AOR = 3.06, CI 1.6–5.77) were statistically significant associated factors of implementation of evidence-based practice

Concussion
Implementation of evidence-based practice of nurses and midwives was poor. Age of participants, barriers of implementation of evidence-based practice, the attitude of participants, self-efficacy of implementation of evidence-based practice skills, nursing/midwifery work index, and knowledge of participants were found to be predictors of implementation of evidence-based practice. Insufficient time and difficulty in judging the quality of research papers and reports were the most common barriers to the implementation of evidence-based practice. (Author)

Full URL: https://doi.org/10.1186/s12978-021-01096-w

2021-13450

Do bachelor assignments in Danish midwifery and nursing educations reflect evidence-based practice? A document study. Mathar H, Nielsen M, Nielsen A (2022), Nurse Education in Practice 12 January 2022, online. 103291

Abstract
The aim of this study is to explore and compare if evidence-based practice is reflected in topics and methods in the bachelor assignment written by respectively nursing and midwifery students.

Method
The study is a document study; data is bachelor assignments (N = 274) from nursing (244) and midwifery (30) educations in Copenhagen in 2018. The abductive analysis examines the whole picture of used designs/methods, identify themes in the assignments and compare the assignments for similarities and differences.

Results
Nursing students mainly chose interview as a method, with 56% choosing to interview nurses and 17% choosing to interview patients. 90% of midwifery students chose to do literature studies. Nursing students mainly focus either on nurses' experience of clinical practise describing either personal or local nursing practice or on patient's experience (second person knowledge). Nursing students rarely employ evidence from research. Midwifery students employ knowledge from literature and mainly focus on professional action or discussion of the evidence in relation to professional practice.

Conclusion
Midwifery students' bachelor assignments indicate an ability to understand and use evidence in planning for professional action, while the bachelor assignments of nursing students do not. (Author)

2021-13419

Five Essential Guiding Lights for Birth: Illuminating the Future of Midwifery. Vinaver N (2021), Midwifery Today vol 140, Winter 2021

The author of this pertinent article discusses how, in order to expand our scope of guiding practices and principles beyond a single paradigm of any one system and serve women, we need to look at a variety of systems—encompassing traditional midwifery, evidence-based information, nature, instinct, and intuition. (Author)

2021-12368

Ways of knowing. Davison C (2021), British Journal of Midwifery vol 29, no 12, December 2021, pp 666-667

Clare Davison examines how different forms of knowledge, from scientific evidence to intuition, play a role in midwifery practice. (Author)

2021-11726

Using the Consolidated Framework for Implementation Research to design and implement a perinatal education program in a large maternity hospital. Guyatt S, Ferguson M, Beckmann M, et al (2021), BMC Health Services Research vol 21, no 1077, 11 October 2021

Background
Implementation science aims to embed evidence-based practice as 'usual care' using theoretical underpinnings to guide these processes. Conceptualising the complementary purpose and application of theoretical approaches through all stages of an implementation project is not well understood and is not routinely reported in implementation research, despite call for this. This paper presents the synthesis and a collective approach to application of a co-design model, a model for understanding need, theories of behaviour change with frameworks and tools to guide implementation and evaluation brought together with the Consolidated Framework for Implementation Research (CFIR).

Method
Using a determinant framework such as the CFIR provides a lens for understanding, influencing, and explaining the complex and multidimensional variables at play within a health service that contribute to planning for and delivering effective patient care. Complementary theories, models, frameworks, and tools support the research process by providing a theoretical and practical structure to understanding the local context and guiding successful local implementation.

Results
This paper provides a rationale for conceptualising the multidimensional approach for implementation using the worked example of a pregnancy, birth, postnatal and early parenting education intervention for expectant and new parents at a large maternity hospital.

Conclusion
This multidimensional theoretical approach provides useful, practical guidance to health service researchers and clinicians to develop project specific rationale for their theoretical approach to implementation projects. (Author)

Full URL: https://doi.org/10.1186/s12913-021-07024-9

2021-11710

Evidence-Based Practice Beliefs, Implementation, and Organizational Culture and Readiness for EBP Among Nurses, Midwives, Educators, and Students in the Republic of Ireland. Cleary-Holdforth J, O'Mathúna D, Fineout-Overholt E (2021), Worldviews on Evidence-Based Nursing 8 November 2021, online

Background
Evidence-based practice (EBP) is an approach to health care that combines best available evidence, healthcare professionals' expertise, and patient preferences, yielding benefits for patients, healthcare professionals, and organizations. However, globally, EBP implementation remains inconsistent among nurses. Exploring this in an Irish context will establish a national baseline from which progress can be made on system-wide integration of EBP in nurse and midwife (i.e., clinician) practice, nursing/midwifery education, and the Irish healthcare system.

Aim
To establish clinician, educator, and student's EBP beliefs, knowledge, and implementation, and the organizational culture of the clinical and educational settings within the Republic of Ireland.

Methods

Using a descriptive study design, a national survey with demographic questions, uniquely focused EBP scales, and an open-ended question were administered to clinicians, nursing/midwifery educators, and students. Ethical review was obtained. Descriptive and inferential statistics were used to analyze the quantitative data.

Results
Clinicians, educators, and students reported positive beliefs about EBP (M = 59.98, SD 8.68; M = 87.72, SD = 10.91; M = 55.18, SD = 10.29, respectively). Beliefs regarding their ability to implement EBP were lower overall. EBP implementation was low across all groups (clinicians: M = 12.85, SD = 14; educators: M = 31.09, SD = 16.54; students: M = 16.59, SD = 12.11). Clinicians, educators, and students reported varying perceptions of organizational support and readiness for EBP (M = 74.07, SD = 19.65; M = 86.43, SD = 15.01; M = 93.21, SD = 16.21, respectively). Across all measures, higher scores indicated higher beliefs, implementation, and organizational culture and readiness for EBP.

Linking Evidence to Action
Clinicians have a unique opportunity to facilitate system-wide integration of EBP. Furthermore, given the variable EBP knowledge, beliefs, and implementation, opportunities to enhance these attributes abound, particularly when supported by their organizations. This study established a contemporary baseline in Ireland from which to engage the identified strengths, challenges, and opportunities required to craft an organizational culture and environment that supports and advances an EBP approach to nursing and midwifery practice and education. (Author)

2021-09975

Midwives' use of best available evidence in practice: An integrative review. De Leo A, Bayes S, Geraghty S, et al (2019), Journal of Clinical Nursing vol 28, no 23-24, December 2019, pp 4225-4235

Aims and objectives
To synthesise international research that relates to midwives' use of best available evidence in practice settings and identify key issues relating to the translation of latest evidence into everyday maternity care.

Background
Midwifery is a research-informed profession. However, a gap persists in the translation of best available evidence into practice settings, compromising gold standard maternity care and delaying the translation of new knowledge into everyday practice.

Design
A five-step integrative review approach, based on a series of articles published by the Joanna Briggs Institute (JBI) for conducting systematic reviews, was used to facilitate development of a search strategy, selection criteria and quality appraisal process, and the extraction and synthesis of data to inform an integrative review.

Methods
The databases CINAHL, MEDLINE, Web of Science, Implementation Science Journal and Scopus were searched for relevant articles. The screening and quality appraisal process complied with the PRISMA 2009 checklist. Narrative analysis was used to develop sub-categories and dimensions from the data, which were then synthesised to form two major categories that together answer the review question.

Results
The six articles reviewed report on midwives' use of best available evidence in Australia, the UK and Asia. Two major categories emerged that confirm that although midwifery values evidence-based practice (EBP), evidence-informed maternity care is not always employed in clinical settings. Additionally, closure of the evidence-to-practice gap in maternity care requires a multidimensional approach.

Conclusion
Collaborative partnerships between midwives and researchers are necessary to initiate strategies that support midwives' efforts to facilitate the timely movement of best available evidence into practice.

Relevance to clinical practice
Understanding midwives' use of best available evidence in practice will direct future efforts towards the development of mechanisms that facilitate the timely uptake of latest evidence by all maternity care providers working in clinical settings. (Author)

Full URL: https://doi.org/10.1111/jocn.15027

2021-09651

Minimum evidence-based care in intrauterine growth-restricted fetuses and neonatal prognosis. Atallah A, Butin M, Moret S, et al (2022), Archives of Gynecology and Obstetrics vol 305, no 5, May 2022, pp 1159-1168

Background
Introduction: There is clear evidence that fetuses with intrauterine growth restriction (IUGR) do not receive the minimum evidence-based care during their antenatal management.

Objective
Considering that optimal management of IUGR may reduce neonatal morbi-mortality in IUGR, the objective of the present study was to evaluate the impact of antenatal management of IUGR according to the recommendations of the French college of gynecologists and obstetricians (CNGOF) on the neonatal prognosis of IUGR fetuses.

Study design
From a historical cohort of 31,052 children, born at the Femme Mère Enfant hospital (Lyon, France) between January 1, 2011 and December 31, 2017, we selected the population of IUGR fetuses. The minimum evidence-based care (MEC) in the antenatal management of fetuses with IUGR was defined according to the CNGOF recommendations and neonatal prognosis of early and late IUGR fetuses were assessed based on the whether or not they received MEC. The neonatal prognosis was defined according to a composite criterion that included neonatal morbidity and mortality.

Results
A total of 1020 fetuses with IUGR were studied. The application of MEC showed an improvement in the neonatal prognosis of early-onset IUGR (p = 0.003), and an improvement in the neonatal prognosis of IUGR born before 32 weeks (p = 0.030). Multivariate analysis confirmed the results showing an increase in neonatal morbi-mortality in early-onset IUGR in the absence of MEC with OR 1.79 (95% CI 1.01–3.19).

Conclusion
Diagnosed IUGR with MEC had a better neonatal prognosis when born before 32 weeks. Regardless of the birth term, MEC improved the neonatal prognosis of fetuses with early IUGR. Improvement in the rate of MEC during antenatal management has a significant impact on neonatal prognosis. (Author)

2021-08357

Lack of evidence-based maternal care practices in a governmental hospital in the middle region of Jordan. Abuidhail J, Mrayan L, Abujilban S, et al (2021), British Journal of Midwifery vol 29, no 9, September 2021, pp 502-509

Background
In Jordan, there is an overuse of treatments that were originally designed to manage complications of labour and birth.

Aim
To explore the reasons for the non-application of evidence-based practices in maternal care in a Jordanian governmental hospital from the healthcare professionals' perspective.

Methods
A descriptive qualitative method was employed in one selected Jordanian governmental hospital. Data were collected by conducting one-to-one, semi-structured interviews with 11 participants, which were subjected to a thematic and content analysis.

Findings
There were four main themes: limited human, financial, infrastructural resources and hospital environment; midwives are not autonomous; lack of motivation to apply evidence-based practices; and socio-cultural pressures hinder the usage of new evidence-based practices.

Conclusion
There is a weak application of evidence-based practices in maternal care in a governmental hospital in Jordan. So, it is important to modify maternal healthcare policy to allow greater midwife autonomy, and raise awareness of maternal

evidence-based practice. (Author)

2021-03945

Better together: why are we still separating newborns from their mothers immediately after childbirth?. The White Ribbon Alliance (2021), The White Ribbon Alliance Episode 08, 19 January 2021, 19 minutes, 7 seconds

This episode of White Ribbon Alliance's Brave Voices, Bold Actions podcast explores Article 8 of the Respectful Maternity Care Charter, and the human right to every child has to be with their parents or guardians.

We start with the story of Sabina Jankovičová who suffered through a traumatic separation from her newborn and is now an advocate in Slovakia and beyond for keeping mothers and babies together after birth. Then we chat with the World Health Organization's Ornella Lincetto, a neonatologist and pediatrician expert in public health, about ensuring health facilities follow evidence-based procedures related to childbirth to help every mother and newborn survive and thrive during COVID-19 and beyond. (Author, edited)

Full URL: https://www.whiteribbonalliance.org/2021/01/19/episode-8/

20201130-47*

Midwifery leaders' views on the factors considered crucial to implementing evidence-based practice in clinical areas. De Leo A, Bayes S, Butt J, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 1, February 2021, pp 22-29

Problem
The evidence-to-practice gap continues to persist in healthcare and midwives report limited knowledge and use of effective intervention strategies to support the implementation of new evidence-based practices in clinical settings.
Background
Despite ongoing development and dissemination of high quality research findings, the translation of latest research evidence by midwives into new evidence-based practices remains sub-optimal. This inefficiency places consumers at risk of obsolete or potentially dangerous healthcare interventions.
Aim
To explore midwifery leaders' views on what information and support midwives require to lead practice change initiatives in clinical areas.
Methods
The study formed part of a broader Participatory Action Research (PAR) project designed to improve the processes by which midwives implement evidence-based practice change in clinical settings. The study employed a qualitative design and was guided by the methodological underpinnings of Action Research (AR).
Findings
One core finding emerged to fulfil the aim and objectives of the study. To lead implementation of evidence-based practices, midwives need practical solutions and a map of the process, packaged into a centralised web-based resource.
Discussion
The findings reported in this study provide valuable insight into the specific needs of midwives wanting to improve the uptake and longevity of new evidence based practices in clinical areas. This includes information specific to evidence implementation, support networks and knowledge of Implementation Science.
Conclusion
To lead practice change initiatives, midwives require a web-based resource that standardises the process of evidence implementation, while providing midwives with clear direction and the support needed to confidently champion for evidence base change in clinical areas. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2020.08.013

20201102-40*

Identifying the know-do gap in evidence-based neonatal care practices among informal health care providers-a cross-sectional study from Ujjain, India. Mungai IG, Baghel SS, Soni S, et al (2020), BMC Health Services Research vol 20, no 966, 21 October 2020

Background
More than a quarter of global neonatal deaths are reported from India, and a large proportion of these deaths are preventable. However, in the absence of robust public health care systems in several states in India, informal health care providers (IHCPs) with no formal medical education are the first contact service providers. The aim of this study was to assess the knowledge of IHCPs in basic evidence-based practices in neonatal care in Ujjain district and

investigated factors associated with differences in levels of knowledge.
Methods
A cross-sectional survey was conducted using a questionnaire with multiple-choice questions covering the basic elements of neonatal care. The total score of the IHCPs was calculated. Multivariate quantile regression model was used to look for association of IHCPs knowledge score with: the practitioners' age, years of experience, number of patients treated per day, and whether they attended children in their practice.
Results
Of the 945 IHCPs approached, 830 (88%) participated in the study. The mean ± SD score achieved was 22.3 ± 7.7, with a median score of 21 out of maximum score of 48. Although IHCPs could identify key tenets of enhancing survival chances of neonates, they scored low on the specifics of cord care, breastfeeding, vitamin K use to prevent neonatal hemorrhage, and identification and care of low-birth-weight babies. The practitioners particularly lacked knowledge about neonatal resuscitation, and only a small proportion reported following up on immunizations. Results of quantile regression analysis showed that more than 5 years of practice experience and treating more than 20 patients per day had a statistically significant positive association with the knowledge score at higher quantiles (q75th and q90th) only. IHCPs treating children had significantly better scores across quantiles accept at the highest quantile (90th).
Conclusions
The present study highlighted that know-do gap exists in evidence-based practices for all key areas of neonatal care tested among the IHCPs. The study provides the evidence that some IHCPs do possess knowledge in basic evidence-based practices in neonatal care, which could be built upon by future educational interventions. Targeting IHCPs can be an innovative way to reach a large rural population in the study setting and to improve neonatal care services. (Author)

Full URL: https://doi.org/10.1186/s12913-020-05805-2

20201026-16*

Provision of essential evidence-based interventions during facility-based childbirth: cross-sectional observations of births in northeast Nigeria. Exley J, Hanson C, Umar N, et al (2020), BMJ Open vol 10, no 10, October 2020, e038470

Objectives To measure the provision of evidence-based preventive and promotive interventions to women, and subsequently their newborns, during childbirth in a high-mortality setting.
Design and participants Cross-sectional observations of care provided to women, and their newborns during the intrapartum and immediate postpartum period using a standardised checklist capturing healthcare worker behaviours regarding lifesaving and respectful care.
Setting Ten primary healthcare facilities in Gombe state, northeast Nigeria. The northeast region of Nigeria has some of the highest maternal and newborn death rates globally.
Main outcome measures Data on 50 measures of internationally recommended evidence-based interventions and good practice.
Results 1875 women were admitted to a health facility during the observation period; of these, 1804 gave birth in the facility and did not experience an adverse event or death. Many clinical interventions around the time of birth were routinely implemented, including provision of uterotonic (96% (95% CI 93% to 98%)), whereas risk-assessment measures, such as history-taking or checking vital signs were rarely completed: just 2% (95% CI 2% to 7%) of women had their temperature taken and 12% (95% CI 9% to 16%) were asked about complications during the pregnancy.
Conclusions The majority of women did not receive the recommended routine processes of childbirth care they and their newborns needed to benefit from their choice to deliver in a health facility. In particular, few benefited from even basic risk assessments, leading to missed opportunities to identify risks. To continue with the recommendation of childbirth care in primary healthcare facilities in high mortality settings like Gombe, it is crucial that birth attendant capacity, capability and prioritisation processes are addressed.

Full URL: http://dx.doi.org/10.1136/bmjopen-2020-037625

20200323-21*

When shared decision-making and evidence based practice clash: Infant sleep practices. Gray B, Coker TR (2019), Journal of Paediatrics and Child Health vol 55, no 9, September 2019, pp 924-927

In complex decisions, there are times when there may be a conflict between the recommendations from clinical

practice guidelines and the outcome of a shared decision-making process between the clinician and the patient. Sticking rigidly to practice guidelines can be seen as paternalistic and even dismissive of a patient's specific circumstances and preferences; however, failing to adhere to such guidelines can be troubling for many doctors. In this article, we present and discuss this conflict using the common problem of how to provide family-centred, yet evidence-based guidance on infant sleep practices. Infant sleep practices are a common discussion topic at well-baby visits, and family preferences for infant sleep practices are often at odds with national recommendations. With three cases as a backdrop, we discuss how cultural humility, complexity and trust can be key factors in how the clinician-parent discussion on infant sleep can incorporate safe sleep guidelines into a family-centred, culturally relevant discussion. (Author)

20200226-17*

Evidence based medicine - decades later. Vidaeff AC, Turrentine MA, Belfort MA (2020), Journal of Maternal-Fetal and Neonatal Medicine 2 February 2020, online

After more than two decades of enthusiasm surrounding the concept of evidence based medicine, wide variation in its implementation is still present. Some have suggested that evidence based medicine may be a failed model. We propose that the highly formulaic approach of evidence based medicine has evolved toward a more personalized, integrated and contextualized method, consistent with the principle of shared decision making advanced by the Institute of Medicine. Evidence based medicine remains an essential prerequisite but ultimately, only the practitioner's clinical expertise, knowledge and practical wisdom will provide the ability to apply general rules of evidence to particular clinical situations. (Author)

20200220-95*

Evidence-based intrapartum practice and its associated factors at a tertiary teaching hospital in the Philippines, a descriptive mixed-methods study. Masuda C, Ferolin SK, Masuda K, et al (2020), BMC Pregnancy and Childbirth vol 20, no 78, 5 February 2020

Background

Evidenced-based practice is a key component of quality care. However, studies in the Philippines have identified gaps between evidence and actual maternity practices. This study aims to describe the practice of evidence-based intrapartum care and its associated factors, as well as exploring the perceptions of healthcare providers in a tertiary hospital in the Philippines.

Methods

A mixed-methods study was conducted, which consisted of direct observation of intrapartum practices during the second and third stages, as well as semi-structured interviews and focus group discussions with care providers to determine their perceptions and reasoning behind decisions to perform episiotomy or fundal pressure. Univariate and multivariate logistic regression were used to analyse the relationship between observed practices and maternal, neonatal, and environmental factors. Qualitative data were parsed and categorised to identify themes related to the decision-making process.

Results

A total of 170 deliveries were included. Recommended care, such as prophylactic use of oxytocin and controlled cord traction in the third stage, were applied in almost all the cases. However, harmful practices were also observed, such as intramuscular or intravenous oxytocin use in the second stage (14%) and lack of foetal heart rate monitoring (57%). Of primiparae, 92% received episiotomy and 31% of all deliveries received fundal pressure. Factors associated with the implementation of episiotomy included primipara (adjusted Odds Ratio [aOR] 62.3), duration of the second stage of more than 30 min (aOR 4.6), and assisted vaginal delivery (aOR 15.0). Factors associated with fundal pressure were primipara (aOR 3.0), augmentation with oxytocin (aOR 3.3), and assisted delivery (aOR 4.8). Healthcare providers believe that these practices can prevent laceration. The rate of obstetric anal sphincter injuries (OASIS) was 17%. Associated with OASIS were assisted delivery (aOR 6.0), baby weights of more than 3.5 kg (aOR 7.8), episiotomy (aOR 26.4), and fundal pressure (aOR 6.2).

Conclusions

Our study found that potentially harmful practices are still conducted that contribute to the occurrence of OASIS. The perception of these practices is divergent with current evidence, and empirical knowledge has more influence. To improve practices the scientific evidence and its underlying basis should be understood among providers. (48 references) (Author)

Full URL: https://doi.org/10.1186/s12884-020-2778-5

20191205-1

Challenges and opportunities for conducting neonatal clinical trials in low- and middle-income countries. Raju TNK (2019), Journal of Perinatology vol 39, suppl 1, September 2019, pp 1-2

Editorial about the challenges and importance of running randomized controlled trials in low- and middle-income countries. Includes commentary on drug-approval processes in India, the importance of testing therapies on different populations and the different results that can ensue. (5 references) (CAP)

20191031-50*

How the Leading Change, Adding Value framework enables nursing, midwifery and care staff to transform practice. Aitkenhead S, Robinson K, Bosanquet J, et al (2019), British Journal of Nursing vol 28, no 18, 10 October 2019, pp 1210-1212

Summary of and commentary on the Leading Change, Adding Value Framework. No abstract available.

20191004-1

Hello Watson. Sinclair M (2019), Evidence Based Midwifery vol 17, no 3, September 2019, pp 75-76

Editorial discussing the implications of IBM's Watson - a question-answering computer system - for maternity services. (MB)

20190926-2*

NICEimpact maternity and neonatal care. NICE (2019), London: NICE September 2019. 21 pages

There were more than 626,000 births in the NHS in 2017/18, with around 100,000 neonatal admissions to hospital each year. This report focuses on how NICE's evidence based guidance contributes to improvements in maternity and neonatal care. (Publisher)

Full URL: https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/measuring-uptake/maternity-neonatal-impact/nice-impact-maternity-neonatal.pdf

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20190722-20*

Write a Scientific Paper (WASP): Academic hoax and fraud. Grech V (2019), Early Human Development vol 129, February 2019, pp 87-89

Academics may deliberately hoax colleagues with false research, so as to forcibly and dramatically make a particular point. Moreover, false research may a process of deliberate and outright fraud. This paper will review a few examples as cautionary tales for academics and researchers. While it may seem amusing and clever to entrap colleagues in a hoax, the repercussions may have chronic and unintended consequences. Outright fraud may result in short term gain but will almost inevitably, quite simply, lead to the destruction of one's career, along with the potential for exposure to criminal charges. It is sensible for wise academics to shy away from both. (Author)

20190722-19*

Write a Scientific Paper (WASP) - what can I publish (2)? Hierarchies of evidence. Cuschieri S, Grech V (2019), Early Human Development vol 129, February 2019, pp 84-86

Evidence-based published data is the prime source used for clinical decision making, the issuance of guidelines and the drafting new policies. A number of different study designs are used to perform and publish research studies, corresponding to the research question being investigated. Over the decades, a hierarchical system of evidence has been established. This provides an indication of the level of evidence each study design contributes to the research community. Policies and clinical guidelines should naturally be based on the highest level of evidence data available. However, the highest level of evidence study designs may not always provide an adequate answer to a research question. Thus, when utilising published evidence-based data, one should first understand the clinical question that needs to be answered, and then critically appraise the published data accordingly. (Author)

20190716-42

Best practice principles for research with Aboriginal and Torres Strait Islander communities in action: Case study of a safe infant sleep strategy. Young J, Watson K, Craigie L, et al (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 5, October 2019, pp 460-465

Background

Approaches to health promotion that are collaborative, support strengths inherent in Aboriginal and Torres Strait Islander culture, and demonstrate respect and understanding for individual communities, have achieved the most

positive outcomes to date.
Aim
To illustrate how the implementation and evaluation of a safe infant sleep health promotion strategy was facilitated by embedding recognised best practice principles for the conduct of research with Aboriginal and Torres Strait Islander peoples and communities.
Methods
The Pēpi-Pod® Program was introduced across rural, remote and metropolitan locations in Queensland between 2013 and 2017. This case study discusses the partnership between the Pēpi-Pod® Program and one community-controlled maternal and child health service that employed an Aboriginal Health Worker led model of maternal and child health care for remote regions of Queensland.
Findings
Best practice principles were embedded within the program design and adaptation, and in the approach to community consultation prior to program implementation. Collaborative partnerships based on trust, which established stakeholder expectations through transparent communication processes, together with effective engagement in achieving program goals, led to the implementation of this evidence-based health promotion initiative as intended. Consideration for locally relevant and culturally competent program delivery was key to success. The integrity of the program was maintained and embedded into ongoing service delivery.
Conclusions
Through adherence to best practice principles for research with Aboriginal and Torres Strait Islander communities, implementation and evaluation of health promotion programs can be conducted in mutually acceptable, feasible and sustainable ways that develop capacity within participating health services. (22 references)

20190710-30

Promoting evidence-based practice and raising concerns: considerations for the newly-qualified midwife. Allen K, Anderson G (2019), British Journal of Midwifery vol 27, no 7, July 2019, pp 453-459

Although newly-qualified midwives have achieved the professional standards required to become autonomous practitioners, many doubt their capabilities and decision-making skills, often comparing their limited clinical experience to that of senior midwives. As a result, it may prove challenging to ensure that evidence-based practice and the professional standards are upheld when confronted with resistance to change in practice. This article will discuss these challenges for the newly-qualified midwife, exploring the promotion of evidence-based practice in relation to providing breastfeeding support and advice; dealing with poor professional practice in relation to supporting mothers to breastfeed; and the stigmatised issue of whistle-blowing. (60 references) (Author)

20190710-25*

Induction of labour indications and timing: A systematic analysis of clinical guidelines. Coates D, Homer C, Wilson A, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 3, May 2020, pp 219-230

Background
There is widespread and some unexplained variation in induction of labour rates between hospitals. Some practice variation may stem from variability in clinical guidelines. This review aimed to identify to what extent induction of labour guidelines provide consistent recommendations in relation to reasons for, and timing of, induction of labour and ascertain whether inconsistencies can be explained by variability guideline quality.
Method
We conducted a systematic search of national and international English-language guidelines published between 2008 and 2018. General induction of labour guidelines and condition-specific guidelines containing induction of labour recommendations were searched. Guidelines were reviewed and extracted independently by two reviewers. Guideline quality was assessed using the Appraisal of Guidelines for Research and Evaluation II Instrument.
Findings
Forty nine guidelines of varying quality were included. Indications where guidelines had mostly consistent advice included prolonged pregnancy (induction between 41 and 42 weeks), preterm premature rupture of membranes, and term preeclampsia (induction when preeclampsia diagnosed ≥37 weeks). Guidelines were also consistent in agreeing on decreased fetal movements and oligohydramnios as valid indications for induction, although timing recommendations were absent or inconsistent. Common indications where there was little consensus on validity and/or timing of induction included gestational diabetes, fetal macrosomia, elevated maternal body mass index, and twin pregnancy.
Conclusion
Substantial variation in clinical practice guidelines for indications for induction exists. As guidelines rated of similar

quality presented conflicting recommendations, guideline variability was not explained by guideline quality. Guideline variability may partly account for unexplained variation in induction of labour rates. (101 references) (Author)

20190703-43

The blue top guidance collaboration. Pallotti P (2019), Midwives vol 22, May 2019, pp 24-26

Phoebe Pallotti describes how she worked as part of a team to develop guidelines for the universal care and support needs for women in labour, regardless of setting. (Author)

20190627-57

Indications for, and timing of, planned caesarean section: A systematic analysis of clinical guidelines. Coates D, Homer C, Wilson A, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 1, February 2020, pp 22-34

Background
There has been a worldwide rise in planned caesarean sections over recent decades, with significant variations in practice between hospitals and countries. Guidelines are known to influence clinical decision-making and, potentially, unwarranted clinical variation. The aim of this study was to review guidelines for recommendations in relation to the timing and indications for planned caesarean section as well as recommendations around the process of decision-making.
Method
A systematic search of national and international English-language guidelines published between 2008 and 2018 was undertaken. Guidelines were reviewed, assessed in terms of quality and extracted independently by two reviewers.
Findings
In total, 49 guidelines of varying quality were included. There was consistency between the guidelines in potential indications for caesarean section, although guidelines vary in terms of the level of detail. There was substantial variation in timing of birth, for example recommended timing of caesarean section for women with uncomplicated placenta praevia is between 36 and 39 weeks depending on the guideline. Only 11 guidelines provided detailed guidance on shared decision-making. In general, national-level guidelines from Australia, and overseas, received higher quality ratings than regional guidelines.
Conclusion
The majority of guidelines, regardless of their quality, provide very limited information to guide shared decision-making or the timing of planned caesarean section, two of the most vital aspects of guidance. National guidelines were generally of better quality than regional ones, suggesting these should be used as a template where possible and emphasis placed on improving national guidelines and minimising intra-country, regional, variability of guidelines. (120 references) (Author)

20190620-102*

Keeping up with best evidence for nursing and midwifery practice. Peters MDJ (2018), Australian Nursing and Midwifery Journal vol 26, no 4, October-December 2018, p 15

Following on from an article in an earlier issue of this journal (1), the author summarises some of the popular and recommended techniques that nurses and midwives can employ for keeping abreast of the evidence to use in their practice. 1. Peters MDJ. Engaging nurses and midwives with evidence-based healthcare. Australian Nursing and Midwifery Journal, vol 25, no 11, June 2018, p 24. (JSM)

Full URL: https://issuu.com/australiannursingfederation/docs/anmj__october_2018__issuu

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20190613-35*

Understanding evidence-informed decision-making: a rural interorganizational breastfeeding network. Lukeman S, Davies B, McPherson C, et al (2019), BMC Health Services Research vol 19, no 337, 27 May 2019

Background
Networks are a vehicle for mobilizing knowledge, but there is little research about evidence-informed decision-making in community settings. Breastfeeding is a powerful intervention for population health; combined system and community interventions can increase exclusive breastfeeding rates by 2.5 times. This study examined evidence-informed decision-making within an interorganizational network, including the facilitators and barriers to achieving network goals.
Methods
A mixed method case study design was used. The primary sources of data were focus group discussion and

questionnaire administration. Data were analyzed concurrently using framework analysis and social network analysis.
Results
Key findings were at the interorganizational and external levels: 1) Relationships and trust are connected to knowledge exchange 2) Need for multiple levels of leadership.
Conclusions
The findings of this study have potential implications for enhancing the use of evidence-informed decision-making as other networks work toward Baby Friendly Initiative (BFI) designation and also highlights the potential for network maps to be used as a knowledge mobilization tool.
(40 references) (Author) [Please note: this article is a digital version which may undergo minor changes in the future]

Full URL: https://doi.org/10.1186/s12913-019-4138-6

20190606-68*

WASP (Write a Scientific Paper): Qualitative research and evidence based practice: implications and contributions. Sant M (2019), Early Human Development vol 133, June 2019, pp 37-42

Qualitative methodologies are commonly used in the social sciences. This paper discusses how this type of research can enhance evidence-based practice in health care settings. Examples taken from qualitative studies are included in order to demonstrate how such research can be applied to medical settings. Additionally, this paper describes some of the unique characteristics inherent in qualitative research. (Author)

20190508-14

Aletheia-20 unconcealed observations from quality improvement and evidence-based medicine. Kaempf JW, Suresh G (2019), Journal of Perinatology vol 39, no 4, April 2019, pp 588-592

Quality improvement (QI) and evidence-based medicine (EBM) activities ideally generate value (benefit/cost). Physicians and hospitals vary in ability to demonstrate efficiency despite common methodology available to all. Based upon our 60-some years of combined QI and EBM experience, we suggest reasoned consideration of meta-cognition-thinking about thinking. How do we observe, analyze, intuit, then share observations and learning with collaborative networks? The Greek word aletheia denotes disclosure of the essence of an object or event as its genuine nature, 'unhidden, revealed, unconcealed'. Aletheia is authenticity, not a claim or opinion, not an argument or hypothesis, nor an intervention-based assertion. QI and EBM have crucial features obscured by the lure and distraction of technology, economic conflicts, and inherent self-interests. We offer 20 QI and EBM observations in the spirit of aletheia. Enhancing the well-being of children is the foundation of a civilized society, a journey needful of shared QI understanding. (49 references) (Author)

20190430-63*

Local people's views on the evidence-based skilled-maternal-care in Mfuwe, Zambia: a qualitative study. Muzyamba C (2019), BMC Pregnancy and Childbirth vol 19, no 135, 24 April 2019

Background
There is growing demand for high quality evidence-based practice in the fight against negative maternal health outcomes in Sub-Saharan Africa (SSA). Zambia is one of the countries that has transposed this evidence-based approach by outlawing Traditional Birth Attendants (TBAs) and recommending exclusive skilled-care. There is division among scholars regarding the usefulness of this approach to maternal health in SSA in general. One strand of scholars praises the approach and the other criticizes it. However, there is still lack of evidence to legitimize either of the two positions in poor-settings. Thus the aim of this study is to fill this gap by investigating local people's views on the evidence-based practice in the form of skilled-maternal-care in Zambia, by using Mfuwe as a case study.
Methods
With the help of the Social Representation theory, Focus Group Discussions (FGDs) were conducted in Mfuwe, Zambia with 63 participants.
Findings
The study shows that the evidence-based strategy (of exclusive skilled-care) led to improved quality of care in cases where it was accessible. However, not all women had access to skilled-care; thus the act of outlawing the only alternative form of care (TBAs) seemed to have been counterproductive in the context of Mfuwe. The study therefore demonstrates that incorporating TBAs rather than obscuring them may offer an opportunity for improving their potential benefits and minimizing their limitations thereby increasing access and quality of care to women of Mfuwe.
Conclusion
This study illustrates that while evidence-based strategies remain useful in improving maternal care, they need to be

carefully appropriated in poor settings in order to increase access and quality of care.
(30 references) (Author) [Please note: this article is a digital version which may undergo minor changes in the future]
Full URL: https://doi.org/10.1186/s12884-019-2282-y

20190429-7

T-piece resuscitators: a warning sign. Guinsburg R, Miyoshi MH, de Almeida MFB (2019), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 104, no 2, March 2019, pp F116-F117

An editorial on devices and interfaces used for positive pressure ventilation in newborn infants, of which T-piece resuscitators have increasingly become the standard, in high-income and some middle-income countries. Discusses how research studies have impacted practice in this area. (16 references) (KRB)

20190418-26*

Parental views on the principles for cluster randomised trials involving neonates and infants. Thiele N, Walz JM, Lindacher V, et al (2019), Acta Paediatrica vol 108, no 5, May 2019, pp 789-791

The European Foundation for the Care of Newborn Infants (EFCNI) is the first pan-European organisation and network to represent the interests of preterm and newborn infants and their families. The Foundation brings together parents, healthcare experts from different disciplines and scientists with the common goal of improving the long-term health of preterm and newborn infants. This article outlines the work of the EFCNI, in particular its involvement in setting standards for research. (CAP)

20190122-6

Interpreting research to inform practice: The hierarchy of evidence framework. Ball E, Regan P (2019), Journal of Health Visiting vol 7, no 1, January 2019, pp 32-38

This article examines the hierarchy of evidence (HoE) framework and evidence-based practice for clinical practice and nurse education. Student evaluations of a post-qualifying evidence-based practice module identified consistent tension in interpreting research papers that did not appear to fit into their experience of nursing practice. Community nurses identified a lack of evidence informing their practice. A mixed methods study facilitated a comparative analysis of HoE framework and a complimentary Familial model developed to improve student understanding. Data collection methods included a focus group of module members (n=5), and a sample of 314 respondents identified the HoE framework fails to help nurses interpret high and low evidence, reducing the potential to implement evidence into clinical practice, but it was not clear why. The Familial model appeared to enable a better understanding and relevance of evidence to inform clinical action. This is a unifying principle for evidence-based practice, yet one not found within a HoE framework. The art of nursing does not merely respond to published literature, but patient interaction and clinical implementation for community nursing requires a broader interpretation of evidence-based practice. (Author)

20190117-11

An evaluation of the objective quality and perceived usefulness of maternity clinical practice guidelines at a tertiary maternity unit. Trollope H, Leung JPY, Wise M, et al (2018), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 58, no 6, December 2018, pp 660-666

Background
Compliance with maternity clinical practice guidelines developed by National Women's Health has been found to be low at audit.
Objective
To explore the reasons for poor compliance with maternity guidelines by evaluating the quality of a sample of National Women's Health guidelines using a validated instrument and assessing local guideline users' perceptions of and attitudes toward guidelines.
Design
Five independent reviewers evaluated the quality of 10 purposively selected guidelines for adherence to the Appraisal of Guidelines Research & Evaluation (AGREE) II instrument standards. A self-administered questionnaire for staff was undertaken regarding views of and barriers to guideline use.
Results
None of the guidelines attained a score over 50% for the following domains: stakeholder involvement, rigour of development, applicability, editorial independence. The highest scoring domain was clarity of presentation (mean 69%). All guidelines scored the minimum possible for editorial independence. Survey respondents had positive

attitudes toward guidelines, believed that their use could improve quality of care within the service, and felt that encouragement from senior staff members and peers would encourage their use. Accessibility was the most commonly cited of many barriers identified.
Conclusion
The National Women's Health guidelines evaluated in this study cannot be considered to be high quality, and could be improved by reporting on methodology of the development process. Although poor guideline development may contribute to failure of the local maternity guidelines, it appears that accessibility is a major barrier to their use and implementation. (Author)

20181205-16

Utilizing Levine's conservation model in second-stage labor care. Waller-Wise R (2018), International Journal of Childbirth Education vol 33, no 4, October 2018, pp 32-35

Childbirth educators should be aware of nursing interventions in obstetric care to prepare clients for options that the expectant family may encounter. Nursing interventions may be based on conceptual or theoretical frameworks. Nursing conceptual frameworks guide nursing practice by providing descriptions, propositions, and integrated concepts that specifies a systematic guideline to deliver nursing care. This article will describe Levine's Conservation Model and its usage by a women's health clinical nurse specialist in the planning of care for women during second-stage labor. (18 references) (Author)

20181127-63

Getting evidence into practice - Managing hares and tortoises. Homer C (2018), Women and Birth: Journal of the Australian College of Midwives vol 31, no 6, December 2018, pp 431-432

An editorial discussing the challenge of getting evidence into practice, including the fact that some interventions are implemented much more quickly than others. Mentions the use of corticosteroids in women at risk of premature labour, a treatment with a 20-year time frame from evidence to practice; the very different impact of the Term Breech Trial on handling vaginal breech births, and the acceptance of subsequent randomised controlled trials; and midwifery continuity of care, which is being implemented very slowly. (20 references) (KRB)

20181113-3

Credible Evidence for Practice. Budin WC (2018), The Journal of Perinatal Education vol 27, no 4, Fall 2018, pp 187-189

In this column, the editor of The Journal of Perinatal Education discusses the importance of relying on sources of strong credible evidence in order to guide our practice and provides information about accessing systematic reviews. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth. (Author)

20181030-31

Vaginal breech birth or caesarean section: a literature review. Denson H (2018), MIDIRS Midwifery Digest vol 28, no 4, December 2018, pp 464-470

Evidence-based research forms the protocols and guidelines that direct clinical practice to ensure the provision of safe and effective care. It is therefore essential that midwives are research aware: 'Always practice in line with the best available evidence' as per The Code (Nursing and Midwifery Council (NMC) 2015:7). DiCenso & Cullum (1998) acknowledge that some health care professionals lack the necessary skills such as information seeking and critical appraisal required to be knowledgeable regarding research, creating misunderstandings about the evidence. With that in mind, the aim of this paper is to practise these skills and critically appraise two papers of different paradigms focusing on term breech delivery. (54 references) (Author)

20181011-31

The value of evidence in change. Cliffe J (2018), British Journal of Midwifery vol 26, no 10, October 2018, p 690

An over-emphasis on targets, a lack of communication and worries about learning new skills: change can be daunting. But, as Jonathan Cliffe writes, knowing the evidence can help midwives prepare. (Author)

20180621-23*

Health providers pass knowledge and abilities acquired by training in obstetric emergencies to their peers: the

average treatment on the treated effect of PRONTO on delivery attendance in Mexico. Fritz J, Lamadrid-Figueroa H, Angeles G, et al (2018), BMC Pregnancy and Childbirth vol 18, no 232, 15 June 2018

Background
A significant proportion of newborn and maternal deaths can be prevented through simple and cost-effective strategies. The main aim of this study was to evaluate the impact of the PRONTO obstetric-emergency management training for improving evidence-based birth attendance practices among providers attending the training at 12 hospitals in three states of Mexico from 2010 to 2012, and to estimate dissemination of the training within the hospitals.
Methods
The average treatment on the treated effect of the PRONTO intervention for the probability of performing certain practices during birth attendance was estimated in a sample of 310 health providers. Impact estimates were obtained by performing provider-level matching using a mixed Mahalanobis distance one-to-one nearest-neighbor and exact matching approach. A secondary analysis estimated the positive externalities caused by the intervention in the treated hospitals using the same analytical approach. Provider-level fixed effects regression models were used to estimate the rate of decay of the probability of performing the examined practices.
Results
Providers attending the PRONTO training showed significant increases in the probability of performing the complete active management of the third stage of labor, especially the first and third steps, and skin-to-skin-contact. There was a negative and significant effect on the probability of performing uterine sweeping. Providers who did not attend the training in treated hospitals also showed marked significant changes in the same practices, except for uterine sweeping. There was no evidence of a significant decay of the probability of performing the routine practices over time among the treated providers.
Conclusions
PRONTO is efficacious in changing trained providers' behavior, but not on all practices, suggesting that some practices are deeply ingrained. The results also suggest that information on practices is effectively transmitted to peers within treated hospitals. Previous findings of the dilution of the effect of PRONTO on some practices seem to be more related to the rotation of personnel (mainly interns) rather than providers returning to their former habits.
(27 references) (Author) [Please note: BMC initially publishes articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: https://doi.org/10.1186/s12884-018-1872-4

20180607-17*

Adrian Grant's pioneering use of evidence synthesis in perinatal medicine, 1980-1992. Chalmers I (2018), Reproductive Health vol 15, no 79, 15 May 2018

Systematic reviews of existing research are needed to help reduce the enormous amount of wasted resources in biomedical research. Whether already available or needed but unavailable, systematic reviews are a key element in prioritising questions for new research, and for informing the design of additional studies. One of the most important of Adrian Grant's many contributions was to recognise this a decade before it began to become more widely accepted. In this sphere, as well as in many others, he was a real pioneer.
(21 references) (Author) [Please note: BMC initially publishes articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0518-3

20180606-42*

Engaging nurses and midwives with evidence-based healthcare. Peters MDJ (2018), Australian Nursing and Midwifery Journal vol 25, no 11, June 2018, p 24

At the February 2018 Australian Council of Australian Governments (COAG) meeting, state and territory leaders met to discuss future national public hospital funding and healthcare reform. Key strategic areas were focussed on including the need to drive best practice and performance in healthcare using data and research. (4 references) (Author)

Full URL: https://issuu.com/australiannursingfederation/docs/anmj_june_2018_issuu

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20180515-76

Embedding evidence-based practice within the pre-registration midwifery curriculum. Spencer RL, Yuill O (2018), British Journal of Midwifery vol 26, no 5, May 2018, pp 338-342

Clinical midwifery skills and understanding are continually changing in line with research evidence and service innovations. Evidence-based midwifery practice is essential to ensuring that the care provided to childbearing women

is safe, effective and of the best quality to meet their individual needs. To deliver woman-centred care, evidence from research should be considered in conjunction with clinical experience and women's own preferences. One of the challenges for Higher Education Institutions that offer pre-registration midwifery education is to incorporate evidence-based practice across the curriculum so that student midwives see it as an integral part of their role, rather than as a separate concept. Midwifery students need the knowledge and skills to identify areas of practice in need of investigation, an understanding of how each stage of the research process works, and the skills to critique research studies to ensure that their practice is evidence-based. (20 references) (Author)

20180509-40*

Retraction of publications in nursing and midwifery research: A systematic review. Al-Ghareeb A, Hillel S, McKenna L, et al (2018), International Journal of Nursing Studies vol 81, May 2018, pp 8-13

Background
Rates of manuscript retraction in academic journals are increasing. Papers are retracted because of scientific misconduct or serious error. To date there have been no studies that have examined rates of retraction in nursing and midwifery journals.
Design
A systematic review of Journal Citation Report listed nursing science journals.
Data sources
The Medline database was searched systematically from January 1980 through July 2017, and www.retractionwatch.com was manually searched for relevant studies that met the inclusion criteria.
Review methods
Two researchers undertook title and abstract and full text screening. Data were extracted on the country of the corresponding author, journal title, impact factor, study design, year of retraction, number of citations after retraction, and reason for retraction. Journals retraction index was also calculated.
Results
Twenty-nine retracted papers published in nursing science journals were identified, the first in 2007. This represents 0.029% of all papers published in these journals since 2007. We observed a significant increase in the retraction rate of 0.44 per 10,000 publications per year (95% CI; 0.03-0.84, p = .037). There was a negative association between a journal's retraction index and impact factor with a significant reduction in retraction index of −0.57 for a one-point increase in impact factor (95% CI; −1.05 to −0.09, p = .022). Duplicate publication was the most common reason for retraction (n = 18, 58%). The mean number of citations manuscripts received after retraction was seven, the highest was 52. Most (n = 27, 93.1%) of the retracted papers are still available online (with a watermark indicating they are retracted).
Conclusion
Compared to more established academic disciplines, rates of retraction in nursing and midwifery are low. Findings suggest that unsound research is not being identified and that the checks and balances incumbent in the scientific method are not working. In a clinical discipline, this is concerning and may indicate that research that should have been removed from the evidence base continues to influence nursing and midwifery care. (16 references) (Author)

20180502-38*

A perfect union: bringing together client values and preferences, best available research, and clinical expertise to build an evidence-informed midwifery practice. Delaney S (2018), Midwifery Matters (USA) vol 5, no 1, Spring 2018, pp 20-26

Looks at the acquisition and utilisation of essential skills such as the 'principles of research, evidence-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings' advocated by the Midwifery Education and Accreditation Council (MEAC). (JSM)

20180430-23*

Creating an Optimality Index - Netherlands: a validation study. Thompson SM, Nieuwenhuijze MJ, Budé L, et al (2018), BMC Pregnancy and Childbirth vol 18, no 100, 16 April 2018

Background
At present, the maternity care system in the Netherlands is being reorganized into an integrated model of care, shifting the focus of midwives to include increasing numbers of births in hospital settings and clients with medium risk profiles. In light of these changes, it is useful for midwives to have a tool which may help them in reflecting upon care practices that promote physiological childbirth practices. The Optimality Index-US is an evidence based tool, designed to measure optimal perinatal care processes and outcomes. It has been validated for use in the United States (OI-US), United Kingdom (OI-UK) and Turkey (OI-TR). The objective of this study was to adapt the OI-US for the

Dutch maternity care setting (OI-NL).
Methods
Translation and back translation were applied to create the OI-NL. A panel of maternity care experts (n = 10) provided input for face validation items in the OI-NL. Assessment of inter-rater reliability and ease of use was also conducted. Following this, the OI-NL was used prospectively to collect data on 266 women who commenced intrapartum care under the responsibility of a midwife. Twice groups were compared, based on parity and on care-setting at birth. Mean scores between these groups, corrected for perinatal background factors were assessed for discriminant validity.
Results
Face validity was established for OI-NL on the basis of expert input. Discriminant validity was confirmed by conducting multiple regressions analyses for parity (β = 6.21, P = 0.00) and for care-setting (β = 12.1, p = 0.00). Inter-rater reliability was 98%, with one item (Apgar score) sensitive to scoring differences.
Conclusion
OI-NL is a valid and reliable tool for use in the Dutch maternity care setting. In addition to its value for assessing evidence-based maternity care processes and outcomes, there is potential for use for learning and reflection. Against the backdrop of a changing maternity care system, and due to the specificity of its items OI-NL may be of value as a tool for detecting subtle changes indicative of escalating medicalization of childbirth in the Netherlands. (37 references) (Author) [Please note: BMC initially publishes articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1735-z

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20180117-82

Is the evidence in our favour? How evidence-based practice might be working against us and how we can take it back. Parnaby J (2017), Australian Midwifery News vol 17, no 4, Summer 2017, pp 32-33

What is evidence based practice (EBP) and how is it incorporated into contemporary midwifery? Professor David Sackett, the Canadian medical practitioner and epidemiologist, is best known as the father of evidence based medicine and defines it as: ... the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients ... the integration of individual clinical expertise with the best available external clinical evidence from systematic research (Sackett and Cooke, 1996, p. 535). (17 references) (Author)

20180104-14

Optimizing the Birth Environment With Evidence-Based Design. Howard ED (2017), The Journal of Perinatal and Neonatal Nursing vol 31, no 4, October/December 2017, pp 290-293

Short commentary detailing how evidence-based design concepts of the birth environment can make a positive impact on the birth experience. (17 references) (AB)

20171221-20

New guidance: decisions on staff and outputs for REF 2021. Sinclair M (2017), Evidence Based Midwifery vol 15, no 4, December 2017, p 111

Discusses the UK Research Excellence Framework exercise carried out in 2014, and the Stern review and other reflective actions that took place in its wake, as institutions and researchers look ahead to REF 2021. Comments briefly on how the process will be different as a result and how it may affect midwifery research. (4 references) (KRB)

20171101-77*

An evaluation of the guidelines of the Society of Obstetricians and Gynaecologists of Canada. Ghui R, Bansal JK, McLaughlin C, et al (2016), Journal of Obstetrics and Gynaecology vol 36, no 5, July 2016, pp 658-662

Clinical practice guidelines hope to offer unbiased, evidence-based guidance for clinicians. This paper examines levels of evidence contained within the guidelines of the Society of Obstetricians and Gynaecologists of Canada and compares classification of the recommendation (CoR) A/B/C/D/E/L (derived from evidence and consensus) versus quality of evidence assessment (QoEA) I-III. 1250 recommendations were analysed and 43% of recommendations were graded as 'good' evidence, the highest grade of CoR, while just 24.6% of recommendations were based on the highest level of QoEA (level I). The paper discusses possible reasons for this discrepancy. The authors hope that this analysis promotes greater transparency in evidence-based medicine ultimately leading to using the best quality of evidence available yet taking into account any areas of scientific uncertainty. This will enhance respectful care of patients, while taking into account their autonomy and furthering the cause of patient centre care. (26 references) (Author)

20170922-16*

Developing a prenatal nursing care International Classification for Nursing Practice catalogue. Liu L, Coenen A, Tao H, et al (2017), International Nursing Review vol 64, no 3, September 2017, pp 371-378

Aim
This study aimed to develop a prenatal nursing care catalogue of International Classification for Nursing Practice.
Background
As a programme of the International Council of Nurses, International Classification for Nursing Practice aims to support standardized electronic nursing documentation and facilitate collection of comparable nursing data across settings. This initiative enables the study of relationships among nursing diagnoses, nursing interventions and nursing outcomes for best practice, healthcare management decisions, and policy development. The catalogues are usually focused on target populations. Pregnant women are the nursing population addressed in this project.
Methods
According to the guidelines for catalogue development, three research steps have been adopted: (a) identifying relevant nursing diagnoses, interventions and outcomes; (b) developing a conceptual framework for the catalogue; (c) expert's validation.
Results
This project established a prenatal nursing care catalogue with 228 terms in total, including 69 nursing diagnosis, 92 nursing interventions and 67 nursing outcomes, among them, 57 nursing terms were newly developed. All terms in the catalogue were organized by a framework with two main categories, i.e. Expected Changes of Pregnancy and Pregnancy at Risk. Each category had four domains, representing the physical, psychological, behavioral and environmental perspectives of nursing practice.
Implications for nursing practice
This catalogue can ease the documentation workload among prenatal care nurses, and facilitate storage and retrieval of standardized data for many purposes, such as quality improvement, administration decision-support and researches. The documentations of prenatal care provided data that can be more fluently communicated, compared and evaluated across various healthcare providers and clinic settings. (Author)

20170830-76

Current Resources for Evidence-Based Practice, July/August 2017. Carlson NS (2017), Journal of Midwifery & Women's Health vol 62, no 4, July/August 2017, pp 488-492

Overview of the reasons why evidence-based practice is vital for providing current information regarding care during pregnancy and labour, and outlining the reasons why obtaining evidence-based research in these areas is intrinsically difficult to undertake. (14 references) (AB)

20170803-64*

Decreased rates of shoulder dystocia and brachial plexus injury via an evidence-based practice bundle. Sienas LE, Hedriana HL, Wiesner S, et al (2017), International Journal of Gynecology & Obstetrics vol 136, no 2, February 2017, pp 162-167

Objective
To evaluate whether a standardized approach to identify pregnant women at risk for shoulder dystocia (SD) is associated with reduced incidence of SD and brachial plexus injury (BPI).
Methods
Between 2011 and 2015, prospective data were collected from 29 community-based hospitals in the USA during implementation of an evidence-based practice bundle, including an admission risk assessment, required 'timeout' before operative vaginal delivery (OVD), and low-fidelity SD drills. All women with singleton vertex pregnancies admitted for vaginal delivery were included. Rates of SD, BPI, OVD, and cesarean delivery were compared between a baseline period (January 2011-September 2013) and an intervention period (October 2013-June 2015), during which there was a system-wide average bundle compliance of 90%.
Results
There was a significant reduction in the incidence of SD (17.6%; P=0.028), BPI (28.6%; P=0.018), and OVD (18.0%; P<0.001) after implementation of the evidence-based practice bundle. There was a nonsignificant reduction in primary (P=0.823) and total (P=0.396) cesarean rates, but no association between SD drills and incidence of BPI.
Conclusion
Implementation of a standard evidence-based practice bundle was found to be associated with a significant reduction in the incidence of SD and BPI. Utilization of low-fidelity drills was not associated with a reduction in BPI. (Author)

20170728-18*

Using Q Methodology in Quality Improvement Projects. Tiernon P, Hensel D, Roy-Ehri L (2017), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 46, no 4, July-August 2017, pp 601-608

Q methodology consists of a philosophical framework and procedures to identify subjective viewpoints that may not be well understood, but its use in nursing is still quite limited. We describe how Q methodology can be used in quality improvement projects to better understand local viewpoints that act as facilitators or barriers to the implementation of evidence-based practice. We describe the use of Q methodology to identify nurses' attitudes about the provision of skin-to-skin care after cesarean birth. (26 references) (Author)

20170719-62

Poster presentations: a great way to share your evidence-based knowledge. Sawaya MA (2017), International Journal of Childbirth Education vol 32, no 2, April 2017, pp 44-46

To promote the translation of research into evidence based practice, health care professionals need to communicate findings from all types of research to enhance clinical decision making. However, many may be intimidated by the prospect of a podium presentation. A poster presentation can be a great way to communicate findings without the anxiety of speaking to a large group. Despite many resources available on creating a poster, there remains a lack of confidence among nurses and doulas on how to create a powerful poster. In an effort to assist in translating evidence to practice, this article provides the beginner with a guide on how to create a compelling poster for presentation at a conference. (5 references) (Author)

20170719-61

Essentials of evidence based practice. Zimmerman K (2017), International Journal of Childbirth Education vol 32, no 2, April 2017, pp 37-43

With the continual demand for improvement in health outcomes while reducing costs, Evidence based practice (EBP) has taken priority for health care facilities. EBP is the direct application of empirical research and dissemination into real world clinical settings. Around the globe, healthcare professionals, facilities, and administrators support and promote use of EBP to improve clinical practice and patient outcomes. While there are policy and administrative initiatives to support use of EBP, gaps in utilization and barriers to implementing EBP exist. The purpose of this article is to provide the reader with essential elements of EBP through definition, to compare and contrast EBP and EBN, review historical development, barriers and gaps, and explore steps in how to translate evidence into to practice. (38 references) (Author)

20170719-59

Baby steps to evidence based practice. Sullivan DH, Weatherspoon D, Tennison AL (2017), International Journal of Childbirth Education vol 32, no 2, April 2017, pp 26-30

Childbirth educators strive to utilize current research and supported evidence as a basis for clinical decision making and client education. A directive, known as evidence-based practice (EBP), promotes positive patient outcomes and reduces morbidities, mortality, and medical errors. However, childbirth educators may encounter barriers to utilizing EBP, such as lack of support from their organization, resistance of colleagues, lack of knowledge about research, or research terminology. A seven-step process for EBP can simplify this process. (21 references) (Author)

20170719-56

Origins of evidence-based practice and what it means for nurses. Brower EJ, Nemec R (2017), International Journal of Childbirth Education vol 32, no 2, April 2017, pp 14-18

Evidence-based practice is a term used throughout multiple disciplines in healthcare to describe the use of research in clinical decision making. However, despite its frequent usage in healthcare vernacular, there remains a gap between the understanding and application of evidence-based practice. In an effort to assist in transforming evidence-based care from a buzz word into a guiding framework for clinical practice, the origins, evolution, rationale and use of evidence-based practice are explored and a case study is provided. (25 references) (Author)

20170719-54

The history of evidence-based practice. Dillard DM (2017), International Journal of Childbirth Education vol 32, no 2, April 2017, pp 8-10

Evidence-based practice, based upon the principles of knowledge translation, practitioner expertise, and client autonomy, may seem like a relatively new philosophy; however, despite the relatively recent arrival of the term, evidence-based practice has been in use for hundreds of years. By looking to the history of evidence-based practice, the intent of the philosophy becomes clear: Advances in knowledge can lead to informed treatment, prevention, intervention, and education applications, guiding practitioner recommendations, while also incorporating practitioner expertise and respecting client beliefs. (14 references) (Author)

20170510-44

Randomised controlled trials. Winter G (2017), British Journal of Midwifery vol 25, no 5, May 2017, p 288

In 2005, Sir Ian Wilmut said we shouldn't await more evidence before offering stem cell treatments to terminal patients. George Winter challenges attitudes concerning the universal necessity of RCTs. (7 references) (Author)

20170323-82*

The positive birth book. Hill M (2017), London: Pinter & Martin Publishers 2017. 320 pages

Work out what kind of birth you really want, and learn how to maximise your chances of getting it, in this refreshing, warm and witty guide to pregnancy, birth and the early weeks. Packed with vital and cutting-edge information on everything from building the ultimate birth plan, to your choices and rights in the birth room; from optimal cord clamping, to seeding the microbiome; from the inside track on breastfeeding, to woman-centred caesarean, The Positive Birth Book shows you how to have the best possible birth, regardless of whether you plan to have your baby in hospital, in the birth centre, at home or by elective caesarean. Find out how the environment you give birth in, your mindset and your expectations can influence the kind of birth you have, and be inspired by the voices of real women, who tell you the truth about what giving birth really feels like. Challenging negativity and fear of childbirth, and brimming with everything you need to know about labour, birth, and the early days of parenting, The Positive Birth Book is the must-have birth book for women of the 21st century. (Publisher)

20170320-20*

Can a simulation-based training program impact the use of evidence based routine practices at birth? Results of a hospital-based cluster randomized trial in Mexico. Fritz J, Walker DM, Cohen S, et al (2017), PLoS ONE vol 12, no 3, 20 March 2017, e0172623

Background
In Mexico, although the majority of births are attended in hospitals, reports have emerged of obstetric violence, use of unsafe practices, and failure to employ evidence-based practices (EBP). Recent attention has refocused global efforts towards provision of quality care that is both patient-centered and evidence-based. Scaling up of local interventions should rely on strong evidence of effectiveness.
Objective
To perform a secondary analysis to evaluate the impact of a simulation and team-training program (PRONTO) on the performance of EBP in normal births.
Methods
A pair-matched cluster randomized controlled trial of the intervention was designed to measure the impact of the program (PRONTO intervention) on a sample of 24 hospitals (12 hospitals received the PRONTO training and 12 served as controls) in the states of Chiapas, Guerrero, and Mexico. We estimated the impact of receiving the intervention on the probability of birth practices performance in a sample of 641 observed births of which 318 occurred in the treated hospitals and 323 occurred in control hospitals. Data was collected at 4 time points (baseline, 4th, 8th and 12th months after the training). Women were blinded to treatment allocation but observers and providers were not. Estimates were obtained by fitting difference-in-differences logistic regression models considering confounding variables. The trial is registered at clinicaltrials.gov: # NCT01477554.
Results
Significant changes were found following the intervention. At 4 months post-intervention an increase of 20 percentage points (p.p.) for complete Active Management of Third Stage of Labor (AMTSL) (p = 0.044), and 16 p.p. increase for Skin-to-Skin Contact (p = 0.067); at 12 months a 25 p.p. increase of the 1st step of AMTSL (p = 0.026) and a 42 p.p. increase of Delayed Cord Clamping (p = 0.004); at 4 months a 30 (p = 0.001) and at 8 months a 22 (p = 0.010) p.p. decrease for Uterine Sweeping.
Conclusions
The intervention has an impact on adopting EBP at birth, contributing to an increased quality of care. Long lasting

impacts on these practices are possible if there were to be a widespread adoption of the training techniques including simulation, team-training and facilitated discussions regarding routine care. (32 references) (Author)
Full URL: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0172623

20170224-93*

Educational interventions on evidence-based nursing in clinical practice: A systematic review with qualitative analysis.
Haggman-Laitila A, Mattila L-R, Melender H-L (2016), Nurse Education Today vol 43, August 2016, pp 50-59

Highlights
•First systematic review of educational interventions for EBN in clinical practice.
•Best outcomes were obtained from diverse interventions with long duration.
•Interventions produced positive outcomes on attitudes, knowledge and skills.
•Interventions encouraged learners to critically evaluate their practice.
Abstract
Aims
To gather, assess and synthesise the currently available evidence of educational interventions on evidence-based nursing (EBN).
Background
Previous systematic reviews have focused on the items used in reporting educational interventions for facilitating evidence-based practices in medicine and health care or teaching research literacy in nursing as well as on the outcomes of these interventions.
Design
A systematic review based on a procedure of the Centre for Reviews and Disseminations for conducting a systematic review of health interventions.
Data Sources and Methods
Texts from 2008 to 2015 were sought from the Cochrane, CINAHL and PubMed Medline databases. Eight studies were selected for the final data and reviewed for quality. Data were analysed with narrative synthesis including qualitative content analysis.
Results
Four main categories and sixteen subcategories were identified. The learning contents included principles of EBN and research, the process of EBN, and planning a change in practice. The most popular teaching/learning methods were lectures/didactic presentations and group work. The interventions encouraged learners to critically examine and evaluate their practice. The interventions also improved participants' capacity to identify the need for research evidence in clinical practice.
Conclusion
The educational interventions were fairly similar and had promising results. However, as the level of evidence was modest in the studies, there are several development needs for interventions and further research challenges. Interventions should provide participants with sufficient competences for implementing every step of EBN, with special focus on the implementation of evidence in patient care. The assessment of the outcomes of interventions should cover all learning categories of EBN with focus on medium to long-term effectiveness. The influence of different teaching/learning methods and learning contexts and settings should be investigated further. (Author)

20170221-21*

Better Beginnings: Improving Health for Pregnancy. National Institute of Health Research (2017), London: NIHR February 2017. 58 pages

This review brings together recent evidence on improving health and wellbeing before, during, and after pregnancy from studies funded by the National Institute for Health Research (NIHR). The NIHR was set up in 2006 as the research arm of the NHS to provide a health research system focused on the needs of patients and the public. Better Beginnings is not a comprehensive review of all evidence on improving health for pregnancy which is a broad area of knowledge and practice. It focuses on building health for women to support pregnancy and the future health of their children. Further relevant research from the NIHR is available, relating to the management of pregnancy, long term health conditions in pregnancy and the provision of maternity services, including workforce and models of care. This review complements other initiatives, drawing on best evidence, including guidance and quality standards from the National Institute for Health and Care Excellence (NICE). Further sources of information and resources for each topic are signposted in this report. Unless stated otherwise, all research mentioned in this report is funded entirely or substantively by NIHR. The appendices feature summaries of the research, and you can download full reports and protocols in most cases from the NIHR Journals Library website https://www.journalslibrary.nihr.ac.uk This review

provides research evidence for healthcare professionals working with women around the time of pregnancy, particularly midwives, general practitioners, obstetricians, and health visitors. It is also relevant to colleagues with a wider interest in women's and children's health including public health, children's services and social care. Evidence can help commissioners to plan and shape future services.We hope that the review will also be useful to women interested in research findings about health for pregnancy. (Author) [Full document available online at: http://www.dc.nihr.ac.uk/themed-reviews/Better-beginnings-web-interactive.pdf]

20170216-20*

Pregnancy-related anxiety: A concept analysis. Bayrampour H, Ali E, McNeil DA, et al (2016), International Journal of Nursing Studies vol 55, March 2016, pp 115-130

Objectives
Evidence suggests that pregnancy-related anxiety is more strongly associated with maternal and child outcomes than general anxiety and depression are and that pregnancy-related anxiety may constitute a distinct concept. However, because of its poor conceptualization, the measurement and assessment of pregnancy-related anxiety have been limited. Efforts to analyze this concept can significantly contribute to its theoretical development. The first objective of this paper was to clarify the concept of pregnancy-related anxiety and identify its characteristics and dimensions. The second aim was to examine the items of current pregnancy-related anxiety measures to determine the dimensions and attributes that each scale addresses, noting any gaps between the current assessment and the construct of the concept.
Design
A concept analysis was conducted to examine the concept of pregnancy-related anxiety.
Data sources
To obtain the relevant evidence, several databases were searched including MEDLINE, PsycINFO, EBSCO's SocINDEX, Psychological and Behavioral Sciences Collection, CINAHL, SCOPUS, and EMBASE.
Review methods
A modified approach based on Walker and Avant (Strategies for theory construction in nursing. 5th ed; 2011) was used. Qualitative or quantitative studies published in English that explored or examined anxiety during pregnancy or its dimensions prospectively or retrospectively were included.
Results
Thirty eight studies provided data for the concept analysis. Three critical attributes (i.e., affective responses, cognitions, and somatic symptoms), three antecedents (i.e., a real or anticipated threat to pregnancy or its outcomes, low perceived control, and excessive cognitive activity, and four consequences (i.e., negative attitudes, difficulty concentrating, excessive reassurance-seeking behavior, and avoidance behaviors) were identified. Nine dimensions for pregnancy-related anxiety were determined, and a definition of the concept was proposed. The most frequently reported dimensions included anxiety about fetal health, fetal loss, childbirth, and parenting and newborn care. The content of five scales was analyzed to determine the attributes and dimensions measured by each tool. Our findings suggest that the Pregnancy-Related Anxiety Scale tapping five dimensions of pregnancy-related anxiety and the Pregnancy Outcome Questionnaire with six items pertaining to the consequences of pregnancy-related anxiety can respectively be considered the most useful tools for assessing the existence and severity of the concept.
Conclusions
The critical attributes of pregnancy-related anxiety are similar to those defined for anxiety disorders. However, the behavioral consequences of pregnancy-related anxiety appear to apply only some women and may serve as important indicators of the severity of the condition. Current tools are useful instruments to determine whether the concept exists and to capture selected domains of pregnancy-related anxiety. A tool that includes all dimensions of the concept and examines the severity of pregnancy-related anxiety is needed. (Author) (93 references)

20170213-8*

Questionnaire-based survey in a developing country showing noncompliance with paediatric gastro-oesophageal reflux practice guidelines. Manasfi H, Hanna-Wakim R, Akel I, et al (2017), Acta Paediatrica vol 106, no 2, February 2017, pp 316-321

Aim
This 2015 study investigated whether Lebanese paediatricians diagnosed and managed gastro-oesophageal reflux disease (GERD) in infants and children in accordance with the 2009 guidelines from the North American and European Societies for Paediatric Gastroenterology, Hepatology and Nutrition.
Methods

Paediatricians members of the Lebanese Order of Physicians with updated email addresses were invited to complete a web-based survey between September and November 2015, to assess their knowledge and management of GERD.
Results
Responses were received from 114 of the 543 paediatricians, and 96 were analysed. Only two respondents complied fully with the international guidelines. The majority diagnosed GERD in infants based solely on their medical history and examination. Moreover, nearly two-thirds of the respondents would start an empiric trial with acid suppression. Around half of the respondents considered proton pump inhibitors to be the mainstay of GERD treatment.
Conclusion
This was the first Lebanese study that surveyed the management of paediatric GERD. Only 2.1% of the paediatricians followed the guidelines on the evidence-based management of GERD. This highlights the need for studies to assess barriers to guideline implementation and the development of new guidelines accounting for regional factors, mainly the cost of investigations and prevalence of medical insurance. (13 references) (Author)

20170210-57

The practice teacher role in facilitating a supportive clinical learning environment for students. Phillips KE (2017), Journal of Health Visiting vol 5, no 1, January 2017, pp 44-47

This reflective account explores how a practice teacher applied learning theory and styles to facilitate a supportive clinical learning environment for a health visiting student, which acknowledged their individuality and personal needs. (33 references) (Author)

20170209-83

What does studying research methods have to do with practice? Views of student midwives and nurses. Power A, Ridge J (2017), British Journal of Midwifery vol 25, no 1, January 2017, pp 59-61

At the point of registration, the Nursing and Midwifery Council (NMC, 2015) requires nurses and midwives to prioritise people, practise effectively, preserve safety and promote professionalism and trust. Registrants must 'always practise in line with the best available evidence' (NMC, 2015: 7), both in terms of their skills and competencies and the evidence on which their practice is based. A key aspect of a university lecturer's role in teaching on pre-registration nursing and midwifery programmes is to ensure students appreciate the link between research and practice. Student midwives and nurses must develop an understanding that gold-standard care is based on best evidence and realise that by studying research methods during their programme of study they are actually developing higher-order skills of critical thinking and decision making. Such skills are highly transferable for safe and effective clinical practice, commensurate with graduate-level programmes of study. (11 references) (Author)

20161124-53*

The use of evidenced-based information by nurses and midwives to inform practice. Veeramah V (2016), Journal of Clinical Nursing vol 25, no 3, February 2016, pp 340-350

Aims and objectives
To examine the implementation of evidence-based information by nurses and midwives to inform their practice.
Background
It is widely recognised that the main benefits of using evidence-based information are to improve and update clinical practice and to enhance the quality of care and outcomes for patients. However, despite a large body of research showing that nurses and midwives have positive attitudes towards evidence-based practice , its implementation remains a considerable and significant challenge.
Design
This was a cross-sectional on-line survey.
Methods
A self-completed questionnaire was used to collect data from a convenience sample of 386 nursing and midwifery diplomates and graduates from June-December 2013. One hundred and seventy-two participants completed the questionnaire, giving a response rate of 44·6%.
Results/Findings
The majority of respondents expressed very positive attitude towards evidence-based practice and nearly everyone felt that this should become an important part of daily practice. A significant number stated that they have regular access to research through a number of relevant databases and the Internet at their place of work and evidence-based guidelines relevant to their speciality were also available. The two top barriers perceived by respondents were lack of time to search for relevant evidence-based information and being able to make time during working hours to look for

new information. The most popular strategy suggested was to ensure evidence-based information is readily available in a form which nurses and midwives can easily understand the implications for their practice.
Conclusion
Health services and government agencies should make a concerted effort to make time for nurses and midwives to access, appraise and use evidence-based information to inform practice. (Author)

20161004-40

Women's Voices in Maternity Care: The Triad of Shared Decision Making, Informed Consent, and Evidence-Based Practices. Moore JE (2016), The Journal of Perinatal and Neonatal Nursing vol 30, no 3, July/September 2016, pp 218-223

The United States is the only industrialized nation that has experienced dramatic increases in the use of maternity interventions resulting in poor birth outcomes. It is speculated that the increased rates of maternal mortality and other outcomes are attributed to the current maternity model of care focused on the overuse of interventions, such as induction of labor, in otherwise healthy pregnant women. The overuse of induction of labor to artificially speed up the birth process has been linked to an increase in preterm and cesarean births. The cost of these interventions and poor outcomes has been substantial. The purpose of this article is to present concepts that demonstrate the challenges and value of informed, shared decision making, informed consent, and women's use of evidence within the context of maternity care. To highlight these important concepts, this article presents original findings from a secondary analysis of data on induction of labor. Findings from this analysis further highlight the importance of including women as part of informed, shared decision making in models of maternity care. (33 references) (Author)

20161004-33

Evidence-Based Practice and Quality Improvement in Nursing Education. Balakas K, Smith J (2016), The Journal of Perinatal and Neonatal Nursing vol 30, no 3, July/September 2016, pp 191-194

For more than a decade, nursing education has experienced several significant changes in response to challenges faced by healthcare organizations. Accrediting organizations have called for improved quality and safety in care, and the Institute of Medicine has identified evidence-based practice and quality improvement as 2 core competencies to include in the curricula for all healthcare professionals. However, the application of these competencies reaches far beyond the classroom setting. For nurses to possess the knowledge, skills, and attitudes to apply evidence-based practice and quality improvement to the real-world setting, academic-clinical institution partnerships are vital. (33 references) (Author)

20160919-3*

Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. Miller S, Abalos E, Chamillard M, et al (2016), The Lancet vol 388, no 10056, 29 October 2016, pp 2176-2192

On the continuum of maternal health care, two extreme situations exist: too little, too late (TLTL) and too much, too soon (TMTS). TLTL describes care with inadequate resources, below evidence-based standards, or care withheld or unavailable until too late to help. TLTL is an underlying problem associated with high maternal mortality and morbidity. TMTS describes the routine over-medicalisation of normal pregnancy and birth. TMTS includes unnecessary use of non-evidence-based interventions, as well as use of interventions that can be life saving when used appropriately, but harmful when applied routinely or overused. As facility births increase, so does the recognition that TMTS causes harm and increases health costs, and often concentrates disrespect and abuse. Although TMTS is typically ascribed to high-income countries and TLTL to low-income and middle-income ones, social and health inequities mean these extremes coexist in many countries. A global approach to quality and equitable maternal health, supporting the implementation of respectful, evidence-based care for all, is urgently needed. We present a systematic review of evidence-based clinical practice guidelines for routine antenatal, intrapartum, and postnatal care, categorising them as recommended, recommended only for clinical indications, and not recommended. We also present prevalence data from middle-income countries for specific clinical practices, which demonstrate TLTL and increasing TMTS. Health-care providers and health systems need to ensure that all women receive high-quality, evidence-based, equitable and respectful care. The right amount of care needs to be offered at the right time, and delivered in a manner that respects, protects, and promotes human rights. (148 references) (Author)

Full URL: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31472-6/fulltext

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20160722-4*

Midwifery-led antenatal care models: mapping a systematic review to an evidence-based quality framework to

identify key components and characteristics of care. Symon A, Pringle J, Cheyne H, et al (2016), BMC Pregnancy and Childbirth vol 16, no 168, 19 July 2016

Background
Implementing effective antenatal care models is a key global policy goal. However, the mechanisms of action of these multi-faceted models that would allow widespread implementation are seldom examined and poorly understood. In existing care model analyses there is little distinction between what is done, howit is done, and who does it. A new evidence-informed quality maternal and newborn care (QMNC) framework identifies key characteristics of quality care. This offers the opportunity to identify systematically the characteristics of care delivery that may be generalizable across contexts, thereby enhancing implementation. Our objective was to map the characteristics of antenatal care models tested in Randomised Controlled Trials (RCTs) to a new evidence-based framework for quality maternal and newborn care; thus facilitating the identification of characteristics of effective care.
Methods
A systematic review of RCTs of midwifery-led antenatal care models. Mapping and evaluation of these models' characteristics to the QMNC framework using data extraction and scoring forms derived from the five framework components. Paired team members independently extracted data and conducted quality assessment using the QMNC framework and standard RCT criteria.
Results
From 13,050 citations initially retrieved we identified 17 RCTs of midwifery-led antenatal care models from Australia (7), the UK (4), China (2), and Sweden, Ireland, Mexico and Canada (1 each). QMNC framework scores ranged from 9 to 25 (possible range 0-32), with most models reporting fewer than half the characteristics associated with quality maternity care. Description of care model characteristics was lacking in many studies, but was better reported for the intervention arms. Organisation of care was the best-described component. Underlying values and philosophy of care were poorly reported.
Conclusions
The QMNC framework facilitates assessment of the characteristics of antenatal care models. It is vital to understand all the characteristics of multi-faceted interventions such as care models; not only what is done but why it is done, by whom, and how this differed from the standard care package. By applying the QMNC framework we have established a foundation for future reports of intervention studies so that the characteristics of individual models can be evaluated, and the impact of any differences appraised. (74 references) (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes] [The full version of this text is available free of charge at: http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0944-6]

Full URL: http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0944-6

20160708-24

Readiness for practice change: evaluation of a tool for the Australian midwifery context. Bayes S, Fenwick J, Jennings D (2016), Women and Birth: Journal of the Australian College of Midwives vol 29, no 3, June 2016, pp 240-244

Background
Midwifery is a research-informed profession with a mandated requirement to utilise latest best evidence. It is now recognised, however, that the introduction of new evidence into practice is complicated and uncertain. Growing awareness of this fact has led to the establishment of a new discipline, Implementation Science (IS), which is focused on developing ways to expedite the timely movement of evidence into practice. To date though, the wider midwifery profession has yet to make use of IS change-facilitation tools and methods.
Aim
The aim of this study was to determine the fitness for use in midwifery of one established IS tool: the UK NHS Spread & Adoption tool, which is designed to enable clinicians to assess their organisational context for change readiness.
Methods
A qualitative descriptive methodology was used for this study, which was set in two Australian states. Focus groups were used to collect data. The sample comprised ten Australian change-leader midwifery teams who had led evidence-based practice change initiatives in the previous 12 months.
Findings
Three themes emerged from the data which together convey that although poor internet access was problematic for some, and some of the language was found to be inappropriate, the tool was ultimately viewed as very useful for helping the implementation of practice change in midwifery settings.
Conclusions
This study provides valuable information about the broad suitability of the tested tool for Australian midwifery settings. Further research is required to evaluate a revised version. (21 references) (Author)

20160708-10*

Use of evidence based practices to improve survival without severe morbidity for very preterm infants: results from the EPICE population based cohort. Zeitlin J, Manktelow BN, Piedvache A, et al (2016), BMJ vol 354, no 8065, 9 July 2016, p 60

This is a summary of the following paper that was published online at http://www.bmj.com/content/354/bmj.i2976:

Objectives To evaluate the implementation of four high evidence practices for the care of very preterm infants to assess their use and impact in routine clinical practice and whether they constitute a driver for reducing mortality and neonatal morbidity.
Design Prospective multinational population based observational study.
Setting 19 regions from 11 European countries covering 850 000 annual births participating in the EPICE (Effective Perinatal Intensive Care in Europe for very preterm births) project.
Participants 7336 infants born between 24+0 and 31+6 weeks' gestation in 2011/12 without serious congenital anomalies and surviving to neonatal admission.
Main outcome measures Combined use of four evidence based practices for infants born before 28 weeks' gestation using an 'all or none' approach: delivery in a maternity unit with appropriate level of neonatal care; administration of antenatal corticosteroids; prevention of hypothermia (temperature on admission to neonatal unit ≥36°C); surfactant used within two hours of birth or early nasal continuous positive airway pressure. Infant outcomes were in-hospital mortality, severe neonatal morbidity at discharge, and a composite measure of death or severe morbidity, or both. We modelled associations using risk ratios, with propensity score weighting to account for potential confounding bias. Analyses were adjusted for clustering within delivery hospital.
Results Only 58.3% (n=4275) of infants received all evidence based practices for which they were eligible. Infants with low gestational age, growth restriction, low Apgar scores, and who were born on the day of maternal admission to hospital were less likely to receive evidence based care. After adjustment, evidence based care was associated with lower in-hospital mortality (risk ratio 0.72, 95% confidence interval 0.60 to 0.87) and in-hospital mortality or severe morbidity, or both (0.82, 0.73 to 0.92), corresponding to an estimated 18% decrease in all deaths without an increase in severe morbidity if these interventions had been provided to all infants.
Conclusions More comprehensive use of evidence based practices in perinatal medicine could result in considerable gains for very preterm infants, in terms of increased survival without severe morbidity. (Author)

Full URL: http://www.bmj.com/content/354/bmj.i2976

20160701-6*

New Zealand needs guidelines for the safe and responsible inclusion of pregnant women in medical research. Ballantyne A (2016), New Zealand Medical Journal vol 129, no 1437, 1 July 2016, pp 64-70

Pregnancy is a crucial window of time that influences long-term population health. As a matter of justice, pregnant woman are entitled to high quality, evidenced-based care. As a matter of population health, we need to better understand foetal development, particularly the impact of lifestyle, stress, chronic conditions and clinical treatment during pregnancy. Pregnancy continues to be dominated by the precautionary principle, advocating for the routine exclusion of pregnant women from medical research, particularly intervention studies, on the grounds of foetal vulnerability. But this stance simply shifts the risk into the community. Due to a lack of evidence-based data, many pregnant women are refused medically important drugs, are subject to dangerous delays in getting drugs, or are prescribed drugs that are thought 'safe', despite evidence of possible teratogenicity. I argue that New Zealand needs to shift to a default position of inclusion of pregnant women in research; and to develop guidelines to facilitate their safe and responsible inclusion. The uniqueness of pregnancy gives rise to specific questions regarding research ethics. These questions warrant focused debate and the answers cannot simply be deduced from the general principles of research ethics we currently have in New Zealand. (Author)

20160621-28

Social media and evidence-based maternity care: a cross-sectional survey study. Dekker RL, King S, Lester K (2016), The Journal of Perinatal Education vol 25, no 2, Spring 2016, pp 105-115

The purpose of this study was to describe how people use social media to find and disseminate information about evidence-based maternity care. We used a cross-sectional Internet-based survey design in which 1,661 participants were recruited from childbirth-related blogs. Participants answered questions about how they find, use, and share evidence-based maternity information using social media. Overall, women in this study were highly engaged in using social media to find and share maternity information. Most respondents were very interested in reading

evidence-based maternity care articles online. Most intend to use this information that they found, despite the fact that a substantial percentage had no intentions of discussing this information with their childbirth educators or physician. (7 references) (Author)

20160425-9

'Inside looking out... outside looking back': post-REF 2014 personal reflections. Sinclair M (2015), Evidence Based Midwifery vol 13, no 1, March 2015, p 3

Comments on the results of the Research Excellence Framework2014 results, which were published in December 2014, reflecting on the author's of being a member of the panel for nursing (which included midwifery). (2 references) (MB)

20160419-6

Outside the evidence: births missing from the evidence. Shatken-Stern S (2016), Midwifery Today no 117, Spring 2016, p 66

The author shares her experiences working in a large academic hospital and later in a small, rural midwifery practice - where she experienced fewer complications and a lower caesarean rate. She argues that it is hard to provide an evidence-base for midwife-led care as sample sizes are too small to demonstrate statistical significance. (MB)

20160415-11

Using evidence base to inform practice. Veeramah V (2016), Nursing Times vol 112, no 14, 6-12 April 2016, pp 20-21

All health professionals should use evidence-based information to guide their clinical practice but, despite it being part of the Nursing and Midwifery Council's revised code of practice, nurses and midwives often find it difficult to achieve. This article reports on a study of their attitudes to evidence-based practice, available resources, barriers to implementation and strategies that could facilitate it becoming routine. (12 references) (Author)

20160411-6

Sensitivity and specificity of electronic databases: the example of searching for evidence on child protection issues related to pregnant women. McElhinney H, Taylor B, Sinclair M, et al (2016), Evidence Based Midwifery vol 14, no 1, March 2016, pp 29-35

Background. There are increasing demands on health and social care (HSC) professionals to make decisions based on best evidence to inform their practice. To do this, they must be skilled in searching the literature. A robust approach to literature reviewing that results in optimal outcomes is highly desirable in a climate where time and resources are limited. Aim. This paper explores the processes of undertaking a structured literature search and measuring the effectiveness of five commonly used health and social care databases. Method. A review question was posed using the qualitative version of PICO (Population, Interest, Context and Outcome): 'How do HSC professionals (P) make decisions (I) in relation to pregnant women (C) where there is a safeguarding concern (O) regarding an unborn child?' Databases selected for review were: ASSIA, CINAHL Plus, Ovid MEDLINE, PsychINFO and Social Care Online. Searches were undertaken from October 2014 to April 2015. A rapid update was undertaken in March 2016 prior to publication. Papers were screened for their suitability for inclusion using a screening tool developed by the research team. Papers were required to report empirical research; to have published in peer-reviewed journals, as an indicator of a measure of quality; and to be available in the English language. Full-text papers were chosen if the data were gathered from or about decision-making regarding safeguarding in pregnancy by midwives, nurses, social workers and professional managers. The quality of the chosen databases was determined by sensitivity (capacity to retrieve a satisfactory number of papers), precision (to prevent the retrieval of too many irrelevant papers) and Number Needed to Read (NNR) - number of papers needed to read to find one paper to include. Results. A total of 866 papers were identified, titles and abstracts were reviewed by the researcher and full-text papers were further reviewed by the research team, both using a screening tool. These results were discussed and nine papers were identified for review. Sensitivity was greatest on CINAHL Plus and Ovid MEDLINE. Precision scores were generally low; CINAHL Plus scored the highest at 4%. CINAHL Plus was found to be the most effective with an NNR score of 26%, followed by psycINFO with an NNR score of 36% and Ovid MEDLINE was the lowest precision with an NNR score of 45%. Implications. The challenges of robust searching for literature indicate that if evidence-based practice is to become a reality, regular training for midwives, social workers and other healthcare professionals in database searching is essential. (71 references) (Author)

20160209-67

Part 2: A model for evidence-based decision-making in midwifery care. Ménage D (2016), British Journal of Midwifery vol 24, no 2, February 2016, pp 137-143

National and local health-care policies, along with professional standards and guidance, call for midwives to play a key role in delivering evidence-based, safe, personalised care in partnership with women. However, the tools to guide this complex process have been missing. This paper introduces, explains and demonstrates the utility of a model of evidence-based decision-making for midwifery. Uniquely, the model uses a very broad definition of evidence, which includes evidence from the woman, the midwife, research and resources, in an environmental context. The model addresses a gap in theory and practice about how partnership decision-making works within increasingly complex maternity services. Testing and evaluating the model in different maternity settings would assist in the development and refinement of this model. (26 references) (Author)

20160129-4

What are evidence-based guidelines and what are they not?. Korppi M (2016), Acta Paediatrica vol 105, no 1, January 2016, pp 11-12

Considers the purpose of evidence-based guidelines and argues that while evidence-based medicine can provide a standard answer to a standard question, it will not necessarily inform what is best for an individual patient. (13 references) (SB)

20160106-47

Clinical guidelines. Uppal E (2016), The Practising Midwife vol 19, no 1, January 2016, pp 13-16

This article is part of the Advancing practice series which is aimed at exploring practice issues in more depth, considering topics that are frequently encountered and facilitating the development of new insights. Elaine Uppal focuses on the importance of all midwives developing guideline writing skills to ensure that local, national and international midwifery/maternity guidelines are up to date, relevant and reflect midwifery knowledge alongside 'gold' standard evidence. The article aims to consider the development, use and critical appraisal of clinical guidelines. It will define and explain guidelines; discuss their development and dissemination; and consider issues relating to their use in practice. Techniques to critique and develop guidelines using the AGREE tool will be outlined in the form of practice challenges to be undertaken by the individual or in a group. (17 references) (Author)

20151217-11

Accessing data from safe havens and warehouses: pinnacles and pitfalls. Sinclair M (2015), Evidence Based Midwifery vol 13, no 4, December 2015, pp 111

Discusses how the development of the Honest Broker Service, which allows access to reliable maternity, child health and medication data sets, is likely to affect midwifery research. (1 reference) (MB)

20151202-48

Evidence for everyday midwifery. Chapman S (2015), The Practising Midwife vol 18, no 11, December 2015, p 6

Introduces the new initiative from Cochrane UK - Evidence for everyday midwifery - an ongoing series of evidence shared through social media. (MB)

20151028-32

Best-practice statements: should we use them?. Tolmie EP (2015), Nursing Times vol 111, no 42, 14-20 October 2015, pp 12-14

Best-practice statements aim to facilitate evidence-based practice and improve care quality. They may improve care provision when developed using systematic, rigorous methods but there is no standardised approach for this and the support available may be limited. Methods used to develop, implement and monitor statements are not always transparent, and evaluation of their impact is inadequate. This article discusses their use as tools to facilitate evidence-based practice and improve care, and the factors that can constrain or promote this. (19 references) (Author)

20151007-28

Contemporary midwifery practice: art, science or both?. Power A (2015), British Journal of Midwifery vol 23, no 9, September 2015, pp 654-657

Current midwifery practice is regulated by the Nursing and Midwifery Council (NMC), whose primary role is to safeguard the public through setting standards for education and practice and regulating fitness to practise, conduct and performance through rules and codes (NMC, 2012;2015a). Practice is informed by evidence-based guidelines developed and implemented by the National Institute for Health and Care Excellence based on hierarchies of evidence, with meta-analyses and systematic reviews being identified as the 'gold standard'. This positivist epistemological approach as developed by Auguste Comte (1798-1857), with scientific evidence at the top of a knowledge hierarchy, fails to acknowledge the 'art of midwifery', where a constructivist paradigm of experiential, intuitive and tacit knowledge is used by reflective practitioners to provide high-quality care. As midwifery pre-registration education is now degree-level, is the essence of midwifery practice being 'with woman' providing holistic care under threat, as the drive for a systematic and analytical approach to decision-making gathers momentum? (40 references) (Author)

20150803-38*

Quality appraisal: part 1. Raines DA (2015), Neonatal Network: the Journal of Neonatal Nursing vol 34, no 4, July/August 2015, pp 245-247

Quality appraisal is an essential step in the evidence-based practice process. This column focuses on designating the level of evidence of the scientific research. (6 references) (Author)

20150521-18

Ensuring practice is based on the best evidence: masterclass on literature searching. Power A, Siddall G (2015), British Journal of Midwifery vol 23, no 5, May 2015, pp 356-358

The Nursing and Midwifery Council's revised Code became effective on 31 March 2015 (NMC, 2015a) and post-registration education and practice (Prep) will be replaced with revalidation in October 2015 (NMC, 2015b). The new standards and requirements aim to reassure the public that midwives are reflective, professional practitioners who provide high-quality care underpinned by best evidence (NMC, 2015a). The requirements of revalidation include increased continuing professional development (CPD) whereby midwives must provide written evidence of reflective practice and undertake at least 40 hours of work-related learning activities every 3 years (NMC, 2014; NMC, 2015a; 2015b). With the new requirement for written evidence of reflection, this article will provide some useful hints and tips on where and how to search for relevant literature and meet the requirements of the Code and revalidation. (8 references) (Author)

20150506-41

An innovative program to close the gap from research to practice: A clinical neonatal nursing fellowship. Spence K, Casey A (2015), Journal of Neonatal Nursing vol 21, no 2, April 2015, pp 42-46

Neonatal nursing is specialised and nurses are encouraged to provide evidence for their practice. We established a Clinical Neonatal Nursing Research Fellowship to provide an opportunity for clinical nurses to learn about research. We describe how this innovative program can be implemented in an NICU to support clinical nurses undertaking research. External funding was initially obtained to enable the applicant's clinical position to be back-filled. Applications included a small research proposal to be undertaken in the NICU and there have been five experienced neonatal nurses complete the program.
The establishment of the Fellowship has enabled us to create a research culture of enquiry amongst clinical nurses. This is a useful model for other NICUs who are willing to take the initiative to set-up an opportunity. The studies chosen by the Fellowship nurses are topics of interest and/or concern within their NICU and show how nurses can make a different to their clinical practice through enquiry and research. (6 references) (Author)

20150107-18

What constitutes evidence?. Dixon L (2014), Midwifery News (New Zealand College of Midwives) no 75, December 2014, pp 9-10

Highlights the fact that some areas of midwifery practice have a limited evidence base, and are therefore based on historical procedures or clinical experience. Argues that changes in practice should be supported by a considerable body of evidence and advises caution in the interpretation of research. (9 references) (JSM)

20150107-14

Guidelines; do they guide or further medicalise normal pregnancy and birth?. Guilliland K (2014), Midwifery News (New Zealand College of Midwives) no 75, December 2014, pp 4-5

Discusses the ways in which guidelines impact midwifery practice in New Zealand and argues that many lead to increased medicalisation of pregnancy and childbirth. (JSM)

20141210-54

The `dismal science' of birth. Rawlings L (2014), O & G vol 16, no 4, Summer 2014, pp 18-19

Discusses a book written by American economist, Emily Oster, called 'Expecting better, why the conventional pregnancy wisdom is wrong - and what you really need to know'. The article discusses the hierarchy of the research behind medical science, discusses difficulties in proving causation and questions the logic of evidence-based medicine placing clinical experience low down in the evidential hierarchy. (JR)

20141203-30*

Royal College of Obstetricians and Gynaecologists guidelines: How evidence-based are they?. Prusova K, Churcher L, Tyler A, et al (2014), Journal of Obstetrics and Gynaecology vol 34, no 8, 1 November 2014, pp 706-711

Evidence-based medicine aims to translate scientific research into good medical practice. The Royal College of Obstetricians and Gynaecologists publishes recommendations and guidelines to guide clinicians in decision-making. In this study, the evidence base underlying the 'Green-top Guidelines' has been analysed in order to establish the quality of research underlying recommendations. During this descriptive study of 1,682 individual recommendations, the authors found that only 9-12% of the guidelines were based on the best quality (Grade A) evidence. The authors believe that this type of analysis serves to provide greater clarity for clinicians and patients using guidelines and recommendations in the field of obstetrics and gynaecology to make collaborative clinical decisions. (18 references) (Author)

20141014-19

Evidence, eminence and opinion: A brief reflection on knowledge. Wickham S (2014), Midwifery Today no 111, Autumn 2014, pp 24-25

Discusses the levels of evidence on which guidelines and recommendations in the field of obstetrics are based. (4 references) (JSM)

20140826-13*

Widespread non-adherence to evidence-based maternity care guidelines: a population-based cluster randomised household survey. Nagpal J, Sachdeva A, Sengupta Dhar R, et al (2015), BJOG: An International Journal of Obstetrics and Gynaecology vol 122, no 2, January 2015, pp 238-47

OBJECTIVE:
To assess the quality of maternity care in an Indian metropolitan city.
STUDY DESIGN:
Three-stage cluster randomised cross-sectional survey.
SETTING:
Sixty selected colonies of Delhi.
POPULATION:
One thousand eight hundred and one subjects (of 2286 eligible) were enrolled from 118 446 houses. Women who had delivered a live viable birth in the past 6 months were selected for the study.
METHODS:
In stage 1, 20 wards (of 150) were selected using a probability-proportionate-to-size systematic method. In stage 2, one colony from each income stratum (high, middle and low) was selected from each ward by simple random sampling. In stage 3, a house-to-house survey was conducted to recruit 30 women for administering a peer-reviewed and pilot-trialled questionnaire.
MAIN OUTCOME MEASURES:
Caesarean section rate, induction rate and episiotomy rate.
RESULTS:
National health targets such as iron supplementation advice (>96%), tetanus vaccination (>81%), and ≥3 antenatal visits (>90%) were largely achieved across health care facilities but not in home deliveries. Interventions were lower in public than private hospitals: caesarean section [23.7% (20.2-27.7) versus 53.8% (49.3-58.3)], induction [20.6% (17.5-24.25) versus 30.8% (26.8-33.2)] and episiotomy [57.8% (52.3-63.1) versus 79.4% (71.0-85.9)]. Private hospitals achieved better labour support rates [1.1% (0.5-2.2) versus 14.6% (8.5-24.1)] and pain relief [0.9% (0.4-2.0) versus 9.9

(6.5-14.8)]. Pubic hair shaving [16.2% (11.5-22.5) versus 36.4% (29.9-43.4)], enema [20.2% (15.5-26.0) versus 57.3% (49.5-64.8)], and IV fluids during labour [44.0% (36.2-52.2) versus 38.7% (29.3-49.1)] were widely prevalent in public and private hospitals.
CONCLUSION:
Present practices fall short of evidence-based guidelines, with relative overuse of interventions in private hospitals and deficiency of patient-centred practices such as labour support in public hospitals.
(Author)

20140819-100*

Adherence to evidence based care practices for childbirth before and after a quality improvement intervention in health facilities of Rajasthan, India. Iyengar K, Jain M, Thomas S, et al (2014), BMC Pregnancy and Childbirth vol 14, no 270, 13 August 2014

Background
After the launch of Janani Suraksha Yojana, a conditional cash transfer scheme in India, the proportion of women giving birth in institutions has rapidly increased. However, there are important gaps in quality of childbirth services during institutional deliveries. The aim of this intervention was to improve the quality of childbirth services in selected high caseload public health facilities of 10 districts of Rajasthan. This intervention titled ?Parijaat? was designed by Action Research & Training for Health, in partnership with the state government and United Nations Population Fund.
Methods
The intervention was carried out in 44 public health facilities in 10 districts of Rajasthan, India. These included district hospitals (9), community health centres (32) and primary health centres (3). The main intervention was orientation training of doctors and program managers and regular visits to facilities involving assessment, feedback, training and action. The adherence to evidence based practices before, during and after this intervention were measured using structured checklists and scoring sheets. Main outcome measures included changes in practices during labour, delivery or immediate postpartum period.
Results
Use of several unnecessary or harmful practices reduced significantly. Most importantly, proportion of facilities using routine augmentation of labour reduced (p?=?0), episiotomy for primigravidas (p?=?0.0003), fundal pressure (p?=?0.0003), and routine suction of newborns (0?=?0.0005). Among the beneficial practices, use of oxytocin after delivery increased (p?=?0.0001) and the practice of listening foetal heart sounds during labour (p?=?0.0001). Some practices did not show any improvements, such as dorsal position for delivery, use of partograph, and hand-washing.
Conclusions
An intervention based on repeated facility visits combined with actions at the level of decision makers can lead to substantial improvements in quality of childbirth practices at health facilities.

(Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

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20140806-25

Randomised trials in developing countries. Berkley JA (2014), Archives of Disease in Childhood vol 99, no 7, July 2014, pp 607-608

Discusses the work of Professor Trevor Duke and colleagues from the Centre for International Child Health at the University of Melbourne, who have made a significant contribution to the field of international child health over the past 11 years by undertaking structured searches of randomised controlled trials of interventions addressing child health in developing countries, which are then compiled into a compendium of summaries of the research aimed at clinicians, policy makers and research funders. (5 references) (JSM)

20140625-56*

Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. Renfrew MJ, McFadden A, Bastos MH, et al (2014), The Lancet vol 384, no 9948, 20 September 2014, pp 1129-1145

In this first paper in a series of four papers on midwifery, we aimed to examine, comprehensively and systematically,

the contribution midwifery can make to the quality of care of women and infants globally, and the role of midwives and others in providing midwifery care. Drawing on international definitions and current practice, we mapped the scope of midwifery. We then developed a framework for quality maternal and newborn care using a mixed-methods approach including synthesis of findings from systematic reviews of women's views and experiences, effective practices, and maternal and newborn care providers. The framework differentiates between what care is provided and how and by whom it is provided, and describes the care and services that childbearing women and newborn infants need in all settings. We identified more than 50 short-term, medium-term, and long-term outcomes that could be improved by care within the scope of midwifery; reduced maternal and neonatal mortality and morbidity, reduced stillbirth and preterm birth, decreased number of unnecessary interventions, and improved psychosocial and public health outcomes. Midwifery was associated with more efficient use of resources and improved outcomes when provided by midwives who were educated, trained, licensed, and regulated. Our findings support a system-level shift from maternal and newborn care focused on identification and treatment of pathology for the minority to skilled care for all. This change includes preventive and supportive care that works to strengthen women's capabilities in the context of respectful relationships, is tailored to their needs, focuses on promotion of normal reproductive processes, and in which first-line management of complications and accessible emergency treatment are provided when needed. Midwifery is pivotal to this approach, which requires effective interdisciplinary teamwork and integration across facility and community settings. Future planning for maternal and newborn care systems can benefit from using the quality framework in planning workforce development and resource allocation. (Author)

20140501-74*

Current resources for evidence-based practice, March/April 2014. Avery MD (2014), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 43, no 2, 1 March 2014,

Gives a brief overview of the history and development of the Cochrane Collaboration and goes on to announce the launch of Cochrane Learning, through which clinicians are able to access selected pieces of information from the high-quality systematic reviews to assist them in their continuing education. (3 references) (JSM)

20140213-86

Evidence based practice, and the spirit of inquiry: The Asian example. Eklund W, Konishi M (2013), The Journal of Neonatal Nursing vol 19, no 5, October 2013, pp 233-237

Evidence based practice (EBP) does not go unnoticed in the healthcare setting in the 21st century. The valued presence of EBP is recognized by the healthcare professionals, educators, health policy makers, private and public payer systems as well as well-informed patients and their families. However, it is not always easy to grasp how well EBP is integrated into the neonatal nurses' daily practices or how well it is understood in concrete terms by the neonatal nursing work force. In this article, the author attempts to provide relevance of foundational concept of EBP to the daily routine seen in the common neonatal intensive care unit (NICU) setting and invites the readers to welcome the concept of EBP as a friendly presence and begin the process by developing the 'spirit of inquiry'. Two recent situations are described as examples of how valuable nurses' inquiries are to the vulnerable infants in the NICU setting. The 'spirit of inquiry' found among the nurses in Japan and South Korea are likely to be very similar to the inquiry found in the readers' unit in the western world. (5 references) (Author)

20140102-1

Unproven therapies in clinical research and practice: the necessity to change the regulatory paradigm. Wootton SH, Evans PW, Tyson JE (2013), Pediatrics vol 132, no 4, October 2013, pp 599-601

Challenges assumptions underlying the current regulation of research for therapies that are unproven and highlights the need for consideration of how better to care for all patients not just these research participants. (7 references) (SB)

20131216-91

Towards evidence based medicine for paediatricians. Phillips B (2013), Archives of Disease in Childhood vol 98, no 10, October 2013, pp 825-828

Sets out two medical scenarios then shows how to form a research question to help resolve the problem posed in each case; presents comprehensive search strategies that would find relevant literature to help answer each question, including results of the search; and provides a commentary to explain how the answers are arrived at (15 references)(JR)

20131203-13*

Evidence-based maternity care: Can new dogs learn old tricks?. Curl M, Lothian JA (2013), The Journal of Perinatal Education vol 22, no 4, Fall 2013, pp 234-240

In this article, a Lamaze Certified Childbirth Educator describes her efforts to change the culture of birth in a community hospital in a small Midwestern town. Her experience highlights the challenges and the frustrations involved in creating change. The authors reflect on ways to enhance the success of change and advocacy strategies. (Author)

20131125-87

Using the optimality index-US to teach midwifery students to recognize and implement evidence-based practices that promote optimal outcomes in perinatal health. van Olphen Fehr J (2013), Journal of Midwifery & Women's Health vol 58, no 5, September/October 2013, pp 531-537

Introduction

Perinatal optimality means achieving maximal perinatal outcomes with minimal interventions considering women's past and present histories. The Optimality Index-US (OI-US) is a research tool designed to measure potential associations between evidence-based perinatal care processes and outcomes in aggregate groups of women against an optimal standard. This article describes how the Shenandoah University Nurse-Midwifery Program uses the OI-US to teach students to recognize evidence-based care, reflect on the influences that care processes may have on outcomes, and consider the value of measuring the relationship between interventions and outcomes. Case studies and individual presentations apply the optimality concept by illustrating different care processes, identifying evidence-based care, and evaluating management through the optimality lens.

Methods

A pilot study was performed in which a 10-question interview was administered to 9 midwifery students before graduation. Two research questions were addressed: 'Is the OI-US an effective teaching tool?' and 'How can the program improve this strategy?' Narrative analysis was used to interpret students' understandings of the tool, how it affected their clinical learning, and its potential to use in future practices.

Results

Four themes were identified: 1) students felt the OI-US gave them a foundation to assess their management and the confidence to plan future management, 2) students used the OI-US as a teaching tool to help women prevent nonoptimal events from occurring, 3) students thought the OI-US would be feasible to use in their future practices, and 4) lack of accessibility to a printed version of the tool while providing care was an obstacle for efficient use. Students suggested increasing the tool's accessibility and using it in other learning activities.

Discussion

The use of the OI-US should be explored further to teach evidence-based care, to generate reflection concerning potential associations between perinatal care processes and outcomes, and to challenge students to question non-evidence-based practices. (34 references) (Author)

20131121-23

A suggested approach for implementing CONSORT guidelines specific to obstetric research. Chauhan SP, Blackwell SC, Saade GR, et al (2013), Obstetrics & Gynecology vol 122, no 5, November 2013, pp 952-956

The conduct and reporting of randomized controlled trials (RCTs) are enhanced by being compliant with the CONsolidated Standards of Reporting Trials (CONSORT) statement. The statement was meant to be general and was aimed at most RCTs without any particular focus on specific groups of patients. However, research in pregnancy presents important unique issues and challenges that are not addressed in the CONSORT statement. Thus, we suggest that there is a need to amend the statement to address RCTs enrolling pregnant or postpartum women. We propose CONSORT-OB (OBstetrics), with more than 30 modifications to the current statement. We hope the CONSORT group would consider our proposal, and we respectfully suggest that investigators incorporate these additional data into their reporting of RCTs involving pregnant or postpartum women. (11 references) (Author)

20131003-35*

Translating Cochrane Reviews to ensure that healthcare decision-making is informed by high-quality research evidence. von Elm E, Ravaud P, MacLehose H, et al (2013), PLoS Medicine vol 10, no 9, September 2013, e1001516

Cochrane Reviews, systematic reviews prepared by The Cochrane Collaboration, aim to inform healthcare decision-making anywhere in the world by providing high-quality timely critical summaries of research evidence.

All Cochrane Reviews are prepared and published in English, but during its 20th anniversary year, The Cochrane Collaboration is responding to the challenge to increase access and global reach through translations into other languages.
Current projects to translate Cochrane content into Spanish and French are promising as usage statistics increase with greater provision of translated content. Enhanced ways to search and access Cochrane Reviews in different languages will improve the user experience and availability of content.
New technologies, such as machine translation using learning systems, translation crowd-sourcing, and the use of a controlled language for the original English version have the potential to considerably improve possibilities to translate Cochrane content at large scale and in several languages. [The full text of this article is available free of charge at:
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001516] (9 references) (Author)

Full URL: http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001516

20130916-80*

Happy 20th birthday to the Cochrane Collaboration. Crenshaw JT (2013), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 42, no 5, September/October 2013, pp 503-505

The author, who is an assistant professor at the Texas Tech University Health Sciences Center School of Nursing, a family educator and a member of the Cochrane Nursing Care Field (CNCF), charts the history of the Cochrane Collaboration, which is now in its 20th year, and gives examples of how Cochrane systematic reviews have changed clinical practice.
(12 references) (JSM)

20130807-18*

The role for prospective surgical trials in neonates. Sharp NE, St. Peter SD (2013), NeoReviews vol 8, no 1, August 2013, pp e387 -e392

Despite agreement that prospective randomized controlled trials offer the best available evidence to guide our practice, there is a remarkable lack of prospective trials in neonatal surgical literature. We, the treating physicians, are responsible for conducting the research that will allow for evidence upon which better care may be based. We have an ethical obligation to provide the highest level of care based on the greatest level of evidence possible. This will only be possible with further prospective trials in fetal and neonatal surgery. (Author)

20130626-2*

The evidence base of the public health contribution of nurses and midwives. Public Health England (2013), London: Public Health England June 2013. 8 pages

Evidence is one part of a process in demonstrating that interventions have been robustly tested and therefore that public health practice is supported by research or tested pathways.
There are a number of advantages to using evidence based practice: it ensures care is clinically and cost effective, it ensures that high standards are maintained, that care is provided based on the best evidence possible and that the best outcomes for people are achieved. (Author)

Full URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208842/Evidence.pdf

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20130607-19

Mother knows best: developing a consumer led, evidence informed, research agenda for maternity care. Cheyne H, McCourt C, Semple K (2013), Midwifery vol 29, no 6, June 2013, pp 705-712

The principles of evidence-based practice and involvement of consumers in healthcare are well established. However, consumers are rarely involved in decisions about what evidence is actually required and this may result in a mismatch between research undertaken and issues of importance to those who use the health services. This may be particularly evident in maternity care where disease focused research funding priorities may not address aspects of care which are important to the majority of women. Working with service users to generate possible future research questions may facilitate more women centred research.
AIM: 1. To work with groups of mothers to develop questions for research that reflect issues of importance to them; 2. To make these questions widely available to facilitate the development of woman centred maternity care research.
METHOD:
the project used a three stage participatory approach in a diverse sample of localities across Scotland. Twelve pre-existing, community-based groups of maternity service users participated with between 8 and 20 mothers in each.

Each group met twice. At the first meeting group discussion identified topics and questions. A rapid literature review of each topic was conducted and used to develop a document summarising evidence to facilitate discussion at the second meeting. The group then prioritised topic areas and questions using a modified Nominal Group Technique.
FINDINGS:
analysis identified key topics and questions which were raised and prioritised by a number of the groups; a 'top ten' list of priority topics was readily identified, these included aspects of postnatal care, antenatal care, communication and information giving and risk. Approximately 200 individual questions were asked by women, for example: What is the impact of a bad birth experience on postnatal physical and psychological health? What is the best way of providing antenatal classes/preparation classes? What is the effect of women feeling not listened to in labour? How can fathers be given effective preparation for coping with labour and birth and supporting their partner?
DISCUSSION:
this project demonstrates that women are well able to articulate researchable questions when given the opportunity and support to do so. Although a wide range of topics and questions were identified there were remarkable areas of consensus and clear areas of priority for women, these should be used to inform development of women centred research. (15 references) (Author)

20130213-20*

Implementation strategies - moving guidance into practice. Latibeaudiere M, Phillips J, Siassakos D, et al (2013), The Obstetrician and Gynaecologist vol 15, no 1, 2013, pp 51-57

Key content: The importance of guideline development; the gap between knowledge and practice; evidence for implementation strategies. Learning objectives: To understand how simple guidelines fail to promote change; to understand the evidence for implementation tools; to understand the range of implementation tools, such as: integrated care pathways, care bundles (venous thromboembolism [VTE] risk assessment), equipment boxes (e.g. eclampsia), decision stickers (e.g. cardiotocography [CTG] analysis), safety briefings/structured ward rounds; how to go about designing an implementation project; how to effect change. (31 references)(Author, edited)

20130205-139*

Translating coverage gains into health gains for all women and children: the quality care opportunity. Graham WJ, McCaw-Binns A, Munjanja S (2013), PLoS Medicine vol 10, no 1, January 2013, e1001368

Looks at health care for women and girls around the world, focusing on reasons for the neglect of quality of health care, and identifying opportunities for the improvement of quality care. (24 references) (JSM)

20130131-59*

Reading research articles. Raines DA (2013), Neonatal Network: the Journal of Neonatal Nursing vol 32, no 1, January/February 2013, pp 52-54

Nursing research provides the foundation for evidence-based practice. Yet one of the frequently cited barriers to using research findings in practice is that nurses do not know how to read a research article. In fact, the idea of reading research sets off panic in many bedside nurses. In thinking about this article, I randomly asked 100 of my neonatal nurse colleagues two questions: 'What nursing journals do you regularly read?' and 'When there is a new procedure or piece of equipment at work, where do you go for information?' Seventy-three percent of these neonatal nurses admitted to not regularly reading a nursing journal. About half of the respondents indicated they subscribed to a journal or had access to a journal at work, but they 'flipped through it' or only read the sections about clinical topics or case studies. When they needed knowledge about a new procedure or equipment, they asked a physician, another nurse, or the unit pharmacist for medication information; Googled it; or used a clinical application on their phone or the information the company provides about the equipment. Unfortunately, going to the nursing research literature did not make the list. In fact, no one mentioned finding an article in a professional nursing journal in the responses. To many nurses, reading a research article is frustrating and something to avoid at all costs. However, learning how to read and evaluate research is an important skill to be developed and practiced until it becomes learned behavior. (Author)

20121015-19

'The midwifery two-step': a study on evidence-based midwifery practice. Kennedy HP, Doig E, Hackley B, et al (2012), Journal of Midwifery & Women's Health vol 57, no 5, September/October 2012, pp 454-460

Introduction: To date, there has been little documentation of how practice-based midwifery networks in the United States might influence the transfer and development of knowledge in childbearing and women's health care. The first

phase of this participatory action research project was to conduct a qualitative study with a community of midwifery practices to understand their perspectives on evidence-based practice and how an organized network could facilitate their work. Methods: Midwives within the community of interest were invited by letter or e-mail to participate in individual or small group interviews about knowledge transfer, primary concerns of evidence-based practice, and potential for a midwifery practice-based research network. Participatory action research strategies and organizational ethnographic approaches to data collection were used to guide qualitative interviews. Results: Eight midwifery practices enrolled in the study with 23 midwives participating in interviews. They attended births at 2 hospitals in the community. Two broad areas of discourse about evidence-based practice were identified: 1) challenges from influential persons, finances and resources, and the cultural perception of midwifery, and 2) strategies to foster best practice in the face of those challenges. The midwives believed a research network could be useful in learning collectively about their practices and in the support of their work. Discussion: Evidence-based practice is a goal but also has many challenges in everyday implementation. Practice-based research networks hold promise to support clinicians to examine the evidence and form strong coalitions to foster best clinical practice. The second phase of this study will work with this community of midwives to explore collective strategies to examine and improve practice. (36 references) (Author)

20120918-5*

Interventions to improve the use of systematic reviews in decision-making by health system managers, policy makers and clinicians (Cochrane Review). (Assessed as up-to-date: 28 Mar 2012). Murthy L, Shepperd S, Clarke MJ, et al (2012), The Cochrane Database of Systematic Reviews Issue 9, 2012

Background: Systematic reviews provide a transparent and robust summary of existing research. However, health system managers, national and local policy makers and healthcare professionals can face several obstacles when attempting to utilise this evidence. These include constraints operating within the health system, dealing with a large volume of research evidence and difficulties in adapting evidence from systematic reviews so that it is locally relevant. In an attempt to increase the use of systematic review evidence in decision-making a number of interventions have been developed. These include summaries of systematic review evidence that are designed to improve the accessibility of the findings of systematic reviews (often referred to as information products) and changes to organisational structures, such as employing specialist groups to synthesise the evidence to inform local decision-making. Objectives: To identify and assess the effects of information products based on the findings of systematic review evidence and organisational supports and processes designed to support the uptake of systematic review evidence by health system managers, policy makers and healthcare professionals. Search methods: We searched The Cochrane Library, MEDLINE, EMBASE, CINAHL, Web of Science, and Health Economic Evaluations Database. We also handsearched two journals (Implementation Science and Evidence and Policy), Cochrane Colloquium abstracts, websites of key organisations and reference lists of studies considered for inclusion. Searches were run from 1992 to March 2011 on all databases, an update search to March 2012 was run on MEDLINE only. Selection criteria: Randomised controlled trials (RCTs), interrupted time-series (ITS) and controlled before-after studies (CBA) of interventions designed to aid the use of systematic reviews in healthcare decision-making were considered. Data collection and analysis: Two review authors independently extracted the data and assessed the study quality. We extracted the median value across similar outcomes for each study and reported the range of values for each median value. We calculated the median of the two middlemost values if an even number of outcomes were reported. Main results: We included eight studies evaluating the effectiveness of different interventions designed to support the uptake of systematic review evidence. The overall quality of the evidence was very low to moderate. Two cluster RCTs evaluated the effectiveness of multifaceted interventions, which contained access to systematic reviews relevant to reproductive health, to change obstetric care; the high baseline performance in some of the key clinical indicators limited the findings of these studies. There were no statistically significant effects on clinical practice for all but one of the clinical indicators in selected obstetric units in Thailand (median effect size 4.2%, range -11.2% to 18.2%) and none in Mexico (median effect size 3.5%, range 0.1% to 19.0%). In the second cluster RCT there were no statistically significant differences in selected obstetric units in the UK (median effect RR 0.92; range RR 0.57 to RR 1.10). One RCT evaluated the perceived understanding and ease of use of summary of findings tables in Cochrane Reviews. The median effect of the differences in responses for the acceptability of including summary of findings tables in Cochrane Reviews versus not including them was 16%, range 1% to 28%. One RCT evaluated the effect of an analgesic league table, derived from systematic review evidence, and there was no statistically significant effect on self-reported pain. Only one RCT evaluated an organisational intervention (which included a knowledge broker, access to a repository of systematic reviews and provision of tailored messages), and reported no statistically significant difference in evidence informed programme planning. Three interrupted time series studies evaluated the dissemination of printed bulletins based on evidence from systematic reviews. A statistically significant reduction in

the rates of surgery for glue ear in children under 10 years (mean annual decline of -10.1%; 95% CI -7.9 to -12.3) and in children under 15 years (quarterly reduction -0.044; 95% CI -0.080 to -0.011) was reported. The distribution to general practitioners of a bulletin on the treatment of depression was associated with a statistically significant lower prescribing rate each quarter than that predicted by the rates of prescribing observed before the distribution of the bulletin (8.2%; P = 0.005). Authors' conclusions: Mass mailing a printed bulletin which summarises systematic review evidence may improve evidence-based practice when there is a single clear message, if the change is relatively simple to accomplish, and there is a growing awareness by users of the evidence that a change in practice is required. If the intention is to develop awareness and knowledge of systematic review evidence, and the skills for implementing this evidence, a multifaceted intervention that addresses each of these aims may be required, though there is insufficient evidence to support this approach. (Author)

20120613-39*

Pregnancy is a screening test for later life cardiovascular disease: now what? Research recommendations. Roberts JR, Catov JM (2012), Women's Health Issues vol 22, no 2, March 2012, e123-e128

Refers to an earlier article (1) which considered pregnancy as a screening test for cardiovascular disease later in life, and highlighted the association of pre-eclampsia and gestational diabetes with cardiovascular disease and carbohydrate intolerance. Looks at how the information gained can be applied in clinical practice. 1. Roberts JR, Hubel CA (2010). Pregnancy; a screening test for later life cardiovascular disease. Women's Health Issues, vol 20, no 5, September/October 2010, pp 304-307. (33 references) (Author)

Full URL: http://www.whijournal.com/article/S1049-3867(12)00002-3/fulltext

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20120613-35

Term breech trial. Murray H (2012), O & G vol 14, no 2, Winter 2012, pp 40-41

The `Term Breech Trial' and its aftermath is a prime example of how evidence itself can be put on trial. (12 references) (Author)

20120613-33

Trials and tribulations. Grivell RM, Dodd JM (2012), O & G vol 14, no 2, Winter 2012, pp 24-25

The importance of testing interventions with randomised trials. (12 references) (Author)

20120613-31

What evidence?. Permezel M (2012), O & G vol 14, no 2, Winter 2012, pp 20-22

Some suggested rules for assessing the available evidence in women's health. (12 references) (Author)

20120613-30

The Cochrane project. Gibson G (2012), O & G vol 14, no 2, Winter 2012, pp 18-19

The origins of evidence-based healthcare began with collaborative work in perinatal medicine. This has evolved into a worldwide organisation, with a maintained database, that is readily accessible, promoting the use of up-to-date evidence. (6 references) (Author)

20120515-7

Factors influencing application of evidence-based practice among nurses. Barako TD, Chege M, Wakasiaka S, et al (2012), African Journal of Midwifery and Women's Health vol 6, no 2, April-June 2012, pp 71-77

Evidence-based practice (EBP) involves the application of care that is based on scientific evidence, to ensure the delivery of quality patient care. Generally, there is a dearth of documentary evidence on the evolution of EBP and standardization of nursing practice in the developing world. This study was conducted to determine factors influencing application of EBP specifically at the Kenyatta National Hospital, in Nairobi, Kenya. Nurses working in medical and surgical wards, the surgical outpatient clinic (SOPC) and medical outpatient clinics (MOPC) were purposefully selected. A sample size of 156 was determined, with 130 nurses consenting to be interviewed and 14 nurse managers discussing and informing the interview guide to gather qualitative facts and to determine their knowledge on EBP and the extent of EBP application in the wards. Results of the descriptive analysis suggested that over 92% of the respondents agreed that EBP was not widely used and not factored into current practices. Major factors that affect application of evidence-based nursing are: level of education, ability to review literature, and nursing practice guide

(hospital policy and ward routines). It appears research evidence is not fully utilized in patients' care, although self-rating among nurses indicates that nurses with a Bachelor's degree are better placed to apply research evidence in nursing care. Other major limitations to EBP application are resources and time. Hospital management should therefore invest in and develop comprehensive policy that entrenches EBP in patients' care. In addition, a deliberate policy stance to train more nurses to degree and postgraduate levels will positively impact on adoption of EBP. (21 references) (Author)

20120508-6

Use of technology in childbirth. 8. Finding high quality evidence for practice. Brettle A (2012), Practising Midwife vol 15, no 5, May 2012, pp 42-46

`Use of technology in childbirth' is the 11th series of `Midwifery basics'. The aim of these articles is to inform and encourage readers to seek further information through a series of activities relating to this topic. In this eighth article of the series, Alison Brettle considers the technology available in searching for evidence. (3 references) (Author)

20120411-120*

The handbook of midwifery research. Steen M, Roberts T (2011), Wiley-Blackwell 2011. 219 pages

This accessible handbook enables midwives and student midwives to understand how to search and make sense of research evidence, how to write a research proposal and finally how to undertake a research study. The book specifically focuses on the needs of midwives and students and helps increase the knowledge and understanding of midwifery research, enabling the reader to undertake research with confidence. (Publisher, edited)

20120216-15*

Effectiveness of organisational infrastructures to promote evidence-based nursing practice (Cochrane Review). (Assessed as up-to-date: 7 Mar 2011). Flodgren G, Ximena Rojas-Reyes M, Cole N, et al (2012), The Cochrane Database of Systematic Reviews Issue 2, 2012

Background: Nurses and midwives form the bulk of the clinical health workforce and play a central role in all health service delivery. There is potential to improve health care quality if nurses routinely use the best available evidence in their clinical practice. Since many of the factors perceived by nurses as barriers to the implementation of evidence-based practice (EBP) lie at the organisational level, it is of interest to devise and assess the effectiveness of organisational infrastructures designed to promote EBP among nurses. Objectives: To assess the effectiveness of organisational infrastructures in promoting evidence-based nursing. Search methods: We searched the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL, LILACS, BIREME, IBECS, NHS Economic Evaluations Database, Social Science Citation Index, Science Citation Index and Conference Proceedings Citation Indexes up to 9 March 2011. We developed a new search strategy for this update as the strategy published in 2003 omitted key terms. Additional search methods included: screening reference lists of relevant studies, contacting authors of relevant papers regarding any further published or unpublished work, and searching websites of selected research groups and organisations. Selection criteria: We considered randomised controlled trials, controlled clinical trials, interrupted times series (ITSs) and controlled before and after studies of an entire or identified component of an organisational infrastructure intervention aimed at promoting EBP in nursing. The participants were all healthcare organisations comprising nurses, midwives and health visitors. Data collection and analysis: Two authors independently extracted data and assessed risk of bias. For the ITS analysis, we reported the change in the slopes of the regression lines, and the change in the level effect of the outcome at 3, 6, 12 and 24 months follow-up. Main results: We included one study from the USA (re-analysed as an ITS) involving one hospital and an unknown number of nurses and patients. The study evaluated the effects of a standardised evidence-based nursing procedure on nursing care for patients at risk of developing healthcare-acquired pressure ulcers (HAPUs). If a patient's admission Braden score was below or equal to 18 (i.e. indicating a high risk of developing pressure ulcers), nurses were authorised to initiate a pressure ulcer prevention bundle (i.e. a set of evidence-based clinical interventions) without waiting for a physician order. Re-analysis of data as a time series showed that against a background trend of decreasing HAPU rates, if that trend was assumed to be real, there was no evidence of an intervention effect at three months (mean rate per quarter 0.7%; 95% confidence interval (CI) 1.7 to 3.3; P = 0.457). Given the small percentages post intervention it was not statistically possible to extrapolate effects beyond three months. Authors' conclusions: Despite extensive searching of published and unpublished research we identified only one low-quality study; we excluded many studies due to non-eligible study design. If policy-makers and healthcare organisations wish to promote evidence-based nursing successfully at an organisational level, they must ensure the funding and conduct of well-designed studies to generate evidence to

guide policy. (Author)

20111222-18

Developing evidence-based practice among students. Emanuel V, Day K, Diegnan L, et al (2011), Nursing Times vol 107, no 49/50, 13 December 2011, pp 21-23

In response to government initiatives and the rise in patient empowerment, nurses are increasingly being challenged to deliver high-quality care supported by evidence-based practice. This can be a challenge for nurse educators providing the foundation for pre-registration student nurses. Evidence-based practice within nursing is achieved by developing and supporting patient-centred approaches to care using the most current evidence. This facilitates the development of a questioning approach incorporating the four principles of healthcare ethics - beneficience, non-maleficence, autonomy and justice. (25 references) (Author)

20111208-25*

Evidence-based care for breastfeeding mothers: a resource for midwives and allied healthcare professionals. Pollard M (2012), London: Routledge 2012. 256 pages

Breastfeeding is a major public health issue. Breast milk provides all the nutrients a baby needs for the first six months. Research studies also show that breastfeeding doesn't just help to protect infants from infection, but has other benefits such as reducing obesity and can help protect mothers from other diseases later in life. Breastfeeding rates are low, however, and women need the support of their midwives and health visitors when beginning breastfeeding and throughout their child's infancy. Based on the UNICEF UK BFI Best Practice Standards for Higher Education Institutions, this accessible textbook addresses all 18 outcomes to ensure that students are equipped with the essential knowledge and skills to effectively promote and support breastfeeding mothers. (289 references) (Publisher, edited)

20111124-35

Myth: neonatology is evidence-based. Schumacher RE (2011), Seminars in Fetal and Neonatal Medicine vol 16, no 5, October 2011, pp 288-292

The practice of evidence-based medicine involves the judicious use of current best evidence in the care of individual patients. Decisions about diagnosis, prognosis and treating patients require knowledge of the probability and value of outcomes. Decision analysis illustrates how probabilities and values help define one another, and each are important. Whereas initial probability estimates can be obtained by 'searching for the best evidence', values belong to individuals. Obtaining values from patients or parents is sometimes difficult and requires a respectful, thoughtful, systematic approach, but only after doing this is neonatal care evidence-based. (13 references) (Author)

20111104-1

Many women and providers are unprepared for an evidence-based, educated conversation about birth. Klein MC (2011), Journal of Perinatal Education vol 20, no 4, Fall 2011, pp 185-7

Findings from recent Canadian studies on the knowledge and beliefs about birth practices among first-time pregnant women and among obstetricians and other birth providers indicate that many women are inadequately informed and many providers deliver non-evidence-based maternity care. Consequently, informed decision making is problematic for pregnant women and their providers. New strategies are needed to inform pregnant women about key procedures and approaches that might be used in birth so they can have an educated, shared discussion with their provider and successfully advocate for their preferred birth experience. In addition, providers can be encouraged to supplement their knowledge with current, evidence-based maternity care practices. To avoid a lack of informed decision making and to ensure that natural, safe and healthy birth practices are based on current evidence, pregnant women and providers must work together to inform themselves and to add childbirth to the women's health agenda. (5 references) (Author)

20110831-64

Parents' search for evidence-based practice: A personal story. Ben-Sasson A (2011), Journal of Paediatrics and Child Health vol 47, no 7, July 2011, pp 415-418

Many clients engage in an intense search for evidence related to the diagnosis, prognosis and intervention options of their (or their dependent's) health condition. A client-based search for evidence poses challenges from a client and clinician perspective and evolves the client-clinician relationship. This paper describes the meaning of searching for

health evidence by health-care clients such as parents of hospitalised children through a personal story. I discuss the subjective search for evidence-based health information, interpretation and transfer of information as well as its impact on providers. In order to implement client-centred care and evidence-based practice health care organisations and providers need to take an active role in guiding clients in effective health information-seeking behaviour and to develop mechanisms for processing evidence presented by clients. (24 references) (Author)

20110802-5*

Translating evidence into practice, policy, and public health in perinatal medicine. Lee HC, Adams Dudley R, Gonzales R (2011), NeoReviews vol 12, no 8, August 2011, e 431

Although translation of medical research has traditionally been referred to as the process whereby basic science is applied to clinical medicine, focus has been growing on applying clinical research findings to the broader clinical community, what has been deemed 'translating evidence into practice.' Scientific studies and clinical trials provide the evidence by which medicine can improve health, but how can the clinician actually apply this evidence to daily practice to improve patient outcomes? In this article, we describe some of the history of thought in the arena of translational medicine, consider some seminal examples in perinatal medicine, and hypothesize about the future of the field. (Author)

Full URL: http://neoreviews.aappublications.org/cgi/content/abstract/12/8/e431?etoc

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20110726-36

It's all in the eyes. Scanlon P, Harcombe J (2011), Midwives no 5, 2011, p 46

Peter Scanlon and Joanne Harcombe describe the key factors surrounding diabetic retinopathy and tell midwives what they need to know about the screening process. (Author)

20110721-12

Research into practice. Christie J, Whittaker K (2011), Community Practitioner vol 84, no 7, July 2011, p 10

Provides tips on the best way to apply research to practice. (JR)

20110707-34

Guideline-centered care: a two-edged sword. Kotaska A (2011), Birth vol 38, no 2, June 2011, pp 97-98

Editorial looking at the use of guidelines in modern-day obstetric care. (7 references) (JSM)

20110705-6

Occularcentrism and the need to 'see' the evidence of impact. Sinclair M (2011), Evidence Based Midwifery vol 9, no 2, June 2011, pp 39-40

Comments on the increasing reliance by health care professionals on what can be seen, for example the cardiotocograph machine in labour. (5 references) (MB)

20110622-83*

Getting started in health research. Bowers D, House A, Owens D (2011), Oxford: Wiley-Blackwell 2011. 180 pages

Not everyone in clinical research is a scientific investigator. In fact, a large proportion of health professionals undertaking a research project are working in clinical care, as junior doctors, nurses or allied health professionals. For them a book that begins with the basics of study design and takes them through all the stages to data collection, analysis, and submission for publication is vital. Getting Started in Health Research is the answer. It provides fundamental information on: Framing the research question Performing the literature search Choosing the study design Collecting data Getting funding Recruiting participants Writing your paper Lively case studies provide a continuous narrative, addressing the pitfalls and problems that can occur. Calling upon their vast experience of teaching health research methodology, these authors have turned a seemingly daunting task into a challenging and enjoyable prospect. (Publisher)

20110526-10*

Introduction to research for midwives. Rees C (2011), London: Elsevier 2011. 3rd ed. 249 pages

Research is now a fundamental part of midwifery practice. However, not everyone finds it easy to understand the

basic principles, and particularly the language of research. This book provides an answer to these frustrations. The third edition of this introductory text explores and explains the world of research from the viewpoint of both those using it and those carrying it out. In simple language and with clear examples, Colin Rees demonstrates how quantative and qualitative research projects are constructed, and how they are evaluated. The aim of the book is to enable midwives, midwifery students, and other health professionals, to apply research to their own practice. It is useful for anyone, particularly students, who have to evaluate research articles or carry out a review of the literature, as it is packed with practical advice and tips that really work. An essential purchase for any student beginning research, An Introduction to Research for Midwives 3rd edition will be equally useful for those who wish to broaden their understanding of the subject and improve their use of research in practice. (Publisher)

20110511-73*

Consumer-oriented interventions for evidence-based prescribing and medicines use: an overview of systematic reviews (Cochrane Review). (Review content assessed as up-to-date: 2 March 2010). Ryan R, Santesso N, Hill S, et al (2011), The Cochrane Database of Systematic Reviews issue 5, 2011

Background: Numerous systematic reviews exist on interventions to improve consumers' medicines use, but this research is distributed across diseases, populations and settings. The scope and focus of reviews on consumers' medicines use also varies widely. Such differences create challenges for decision makers seeking review-level evidence to inform decisions about medicines use. Objectives: To synthesise the evidence from systematic reviews on the effects of interventions which target healthcare consumers to promote evidence-based prescribing for, and medicines use, by consumers. We sought evidence on the effects on health and other outcomes for healthcare consumers, professionals and services. Methods: We included systematic reviews published on the Cochrane Database of Systematic Reviews and the Database of Abstracts of Reviews of Effects. We identified relevant reviews by handsearching both databases from start date to Issue 3 2008. We screened and ranked reviews based on relevance to consumers' medicines use, using criteria developed for this overview. Standardised forms were used to extract data, and reviews were assessed for methodological quality using the AMSTAR instrument. We used standardised language to summarise results within and across reviews; and a further synthesis step was used to give bottom-line statements about intervention effectiveness. Two review authors selected reviews, extracted and analysed data. We used a taxonomy of interventions to categorise reviews. Main results: We included 37 reviews (18 Cochrane, 19 non-Cochrane), of varied methodological quality. Reviews assessed interventions with diverse aims including support for behaviour change, risk minimisation, skills acquisition and information provision. No reviews aimed to promote systems-level consumer participation in medicines-related activities. Medicines adherence was the most commonly reported outcome, but others such as clinical (health and wellbeing), service use and knowledge outcomes were also reported. Reviews rarely reported adverse events or harms, and the evidence was sparse for several populations, including children and young people, carers, and people with multimorbidity. Promising interventions to improve adherence and other key medicines use outcomes (eg adverse events, knowledge) included self-monitoring and self-management, simplified dosing and interventions directly involving pharmacists. Other strategies showed promise in relation to adherence but their effects were less consistent. These included reminders; education combined with self-management skills training, counselling or support; financial incentives; and lay health worker interventions. No interventions were effective to improve all medicines use outcomes across all diseases, populations or settings. For some interventions, such as information or education provided alone, the evidence suggests ineffectiveness; for many others there is insufficient evidence to determine effects on medicines use outcomes. Authors' conclusions: Systematically assembling the evidence across reviews allows identification of effective or promising interventions to improve consumers' medicines use, as well as those for which the evidence indicates ineffectiveness or uncertainty. Decision makers faced with implementing interventions to improve consumers' medicines use can use this overview to inform these decisions and also to consider the range of interventions available; while researchers and funders can use this overview to determine where research is needed. However, the limitations of the literature relating to the lack of evidence for important outcomes and specific populations, such as people with multimorbidity, should also be considered. (Author)

20110511-111*

New online tool brings all related NICE guidance together for first time. Medical News Today (2011), Medical News Today 10 May 2011

Reports that the National Institute for Health and Clinical Excellence (NICE) has launched a new online tool for health care professionals - NICE Pathways - which allows users to view all NICE guidance in one place. (MB)

20110504-79

Application of Consolidated Standards of Reporting Trials (CONSORT). Smith BA, Lee HJ, Lee JH, et al (2011), African Journal of Midwifery and Women's Health vol 5, no 2, April-June 2011, pp 80-86

In the era of evidence-based practice (EBP), randomized controlled trials (RCTs) may provide the best evidence of the efficacy of nursing interventions and yet the quality of RCT reporting in nursing literature has not been evaluated. The purposes of this study were to apply the Consolidated Standards of Reporting Trials (CONSORT) statement to published reports of nursing science, examine how adequately the published reports adhere to the statement, and examine the effect of the adoption of CONSORT on the quality of the RCT published reports. One hundred RCTs from 2002-2005 were identified from four nursing journals. Articles were randomly assigned to four reviewers and the quality of the published reports was evaluated using a modified CONSORT checklist. There was no difference between the four journals in the quality of the published reports of RCTs based on the modified CONSORT checklist employed (F=1.27, P=0.29). The quality of reporting of RCTs improved significantly in the only journal, Nursing Research, to adopt the CONSORT statement during the study period (t=-2.70, P=0.01). Adoption of CONSORT is recommended as it may lead to an overall improvement in quality of reporting of RCTs in nursing journals. The profession may also wish to explore the use or development of standards similar to CONSORT but ones more appropriate for the types of research typical of that published by nurse scientists. (37 references) (Author)

20110419-51*

Difficulties in the dissemination and implementation of clinical guidelines in government Neonatal Intensive Care Units in Brazil: how managers, medical and nursing, position themselves. Magluta C, de Sousa Mendes Gomez MA, Wuillaume SM (2011), Journal of Evaluation in Clinical Practice 19 April 2011. Online version ahead of print

Rationale, aims and objectives: Clinical guidelines are tools that systematize scientific evidence and help to achieve proper care. Several difficulties are reported regarding the effective use, such as the shortcomings in the level of knowledge and attitudes by the professionals, the service structure and the preferences appointed by patients. An analysis of these difficulties was the objective of this study in the context of government Neonatal Intensive Care Units (NICU) in Brazil. Method: A semi-structured survey was carried out with 53 managers (medical and nursing) of the 15 NICU in a convenient sample of two groups of government units in Brazil. The managers chose their answers from a list of difficulties to implement the guidelines based on the analytical model of Cabana and graded the difficulties found on a 5-point scale with no reference to quality. Results: Respondents have reported several difficulties with the following priority: lack of professionals to provide care, being perceived as more critical within the nursing and physiotherapy crews, minor participation of professionals in the discussion process and inadequate infrastructure. The lack of acquaintance with the guidelines by the professionals has been reported by few of the surveyed. Conclusion:These findings show some common ground to literature pointing the importance of adequate infrastructure. Managers showed a low valuation of both the level of knowledge and the professionals' adhesion to the guidelines. (Author)

20110112-10

Implementation of evidence-based nursing practice: nurses' personal and professional factors?. Eizenberg MM (2011), Journal of Advanced Nursing vol 67, no 1, January 2011, pp 33-42

AIMS: This paper is a report of a study conducted to explore the relationship between nurses' personal and professional factors and evidence-based nursing practice. BACKGROUND: Like most health-related professions, nursing is shifting from the traditional intuition-based paradigm to evidence-based nursing practice. METHODS: A cross-sectional survey was conducted in 2007 with a convenience sample of 243 nurses from northern Israel, who worked in hospitals or in the community. Associations between background variables and evidence-based nursing practice were examined. For the purpose of finding factors that predicted behaviour, a logistic regression analysis was conducted. RESULTS: The self-reported professional behaviour of nurses with a degree was more evidence-based than that of those without a degree. Moreover, evidence-based nursing practice was more likely where there was access to a rich library with nursing and medical journals, and opportunities for working with a computer and for searching the Internet in the workplace. The variables emerging as predicting evidence-based nursing practice were: education, skills in locating various research sources, support of the organization for searching and reading professional literature, knowledge sources based on colleagues and system procedures (inhibiting variable), knowledge sources based on reading professional literature, and knowledge sources based on experience or intuition. CONCLUSION: The findings point to the need for research-based information, exposure to professional journals and, in particular, organizational support for evidence-based nursing practice. (38 references) (Author)

20110105-9*

Meta-analysis in neonatal perinatal medicine. Soll RF (2010), NeoReviews vol 12, no 1, January 2011, e 8 - e 12

Systematic overviews provide a comprehensive and thorough review of the available data from clinical trials. When these reviews include meta-analyses, clinicians can synthesize the results of related studies and gain greater precision in their estimates of the effects of therapy. Even when inconclusive, meta-analyses allow for the exploration of differences between studies and may point toward promising areas of future research (or steer clinicians away from further nonproductive areas). In the field of neonatal-perinatal medicine, systematic overviews have provided the basis of several major changes in guidelines with measurable impact on neonatal outcome. (Author)

Full URL: http://neoreviews.aappublications.org/cgi/content/abstract/12/1/e8?etoc

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20101108-82

NCT supports the vision of Midwifery 2020. (2010), New Digest no 52, October 2010, p 4

Briefly outlines the key recommendations contained in the final report from the Midwifery 2020 collaborative programme (1). Department of Health, Social Services and Public Safety; Welsh Assembly Government; Department of Health; The Scottish Government (2010). Midwifery 2020. Delivering expectations.Midwifery 2020 Programme. (CR)

20101018-7*

ACNM debuts evidence-based resource highlighting midwifery approach to maternity care. Medical News Today (2010), Medical News Today 18 October 2010

Reports that the American College of Nurse-Midwives has released a presentation entitled Evidence-based practice: pearls of midwifery, which shows care providers how they can implement the latest recommendations from Cochrane for care of women in labour. The presentation, available to download for free from the ACNM website (http://www.acnm.org/pearlsforwomen.cfm), highlights the benefits of the midwifery model of care in supporting labour and childbirth. (MB)

20100914-38

Action research: a process to facilitate collaboration and change in clinical midwifery practice. McKellar L, Pincombe JI, Henderson AN (2010), Evidence Based Midwifery vol 8, no 3, September 2010, pp 85-90

Background. Midwifery practices are increasingly research based from applied knowledge emanating from primary research. However, there has been a realisation that the outcomes of research gained in controlled and removed environments are not always applicable to the practice setting in which midwifery care is provided. Aim. This paper describes a modified action research approach as a means of addressing some of the challenges facing contemporary clinical midwifery practice. Method. The approach to action research described in this paper is based on the methodology proposed by Kemmis and McTaggart (1982). Parents, midwives and researchers collaborated to develop actions to improve education and support for parents in the early postnatal period. Three specific actions were developed, implemented on a postnatal ward and evaluated. Based on the appraisal of parents, the actions were found to be relevant and beneficial. Reflective comments from the midwives indicated that the process contributed to their personal and professional development. Implications. Action research provides a democratic, collaborative and dynamic framework for research enquiry and has the potential to bring change and improve practice by responding to the needs of people and practitioners. Action research should be considered as an appropriate methodology to engage researchers and midwives in collaboration and change to improve maternity care. (22 references) (Author)

20100909-28*

Midwifery 2020: delivering expectations. Chief Nursing Officers of England, Northern Ireland, Scotland and Wales (2010), Edinburgh: Midwifery 2020 Programme 9 September 2010. 60 pages

Culmination of Midwifery 2020, a UK-wide collaborative programme commissioned by the four UK Chief Nursing Officers in England, Northern Ireland, Scotland and Wales and involving a wide range of stakeholders, which set out to consider the future direction of midwifery and develop a vision of the contribution midwives can make to achieving quality and cost-effective maternity services for women, babies and families. Presents the key messages resulting from the work of the programme and sets out their vision for midwifery across the UK. (46 references) (CR)

Full URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216029/dh_119470.pdf

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20100909-23*

Midwifery 2020. Delivering expectations: executive summary. Department of Health, Social Services and Public Safety, Welsh Assembly Government, et al (2010), Edinburgh: Midwifery 2020 Programme 9 September 2010. 14 pages

Summary of 'Delivery expectations', a report which is the culmination of the Midwifery 2020 programme, a unique UK-wide collaboration commissioned by the four UK Chief Nursing Officers in England, Northern Ireland, Scotland and Wales and which focused on how midwives and midwifery can make the greatest contributions to the health and well-being of women, babies and families. This Executive Summary outlines the principle objectives of Midwifery 2020 and sets out the key messages that resulted from the programme and which underpin the vision of how midwives can lead and deliver care in a changing environment. (CR)

Full URL: http://www.nes.scot.nhs.uk/media/1892095/mw2020_exec_summary_ms_web.pdf

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20100825-35*

Development of RCOG Green-Top Guidelines. Consensus methods for adaptation of RCOG guidelines. Penney G, Bearfield C, Makins AE (2010), London: Royal College of Obstetricians and Gynaecologists March 2010. 9 pages

The 'Green Top' guidelines are published by the Royal College of Obstetricians and Gynaecologists, and available on their website at www.rcog.org.uk, should provide systematically developed statements to assist clinicians and patients in making decisions about appropriate treatment for specific conditions. This short report provides guidance for those involved in the writing of future green-top guidelines. This is the second edition of Clinical Governance Advice No 1 and replaces the first edition entitled Guidance for the Development of RCOG Green-Top Guidelines which was published in January 2000. (10 references) (MB)

20100810-38*

The relationship between characteristics of context and research utilization in a pediatric setting. Cummings GC, Hutchinson AM, Scott SD, et al (2010), BMC Health Services Research vol 10, no 168, 16 June 2010. 10 pages

Background: Research utilization investigators have called for more focused examination of the influence of context on research utilization behaviors. Yet, up until recently, lack of instrumentation to identify and quantify aspects of organizational context that are integral to research use has significantly hampered these efforts. The Alberta Context Tool (ACT) was developed to assess the relationships between organizational factors and research utilization by a variety of healthcare professional groups. The purpose of this paper is to present findings from a pilot study using the ACT to elicit pediatric and neonatal healthcare professionals' perceptions of the organizational context in which they work and their use of research to inform practice. Specifically, we report on the relationship between dimensions of context, founded on the Promoting Action on Research Implementation in Health Services (PARIHS) framework, and self-reported research use behavior. Methods: A cross-sectional survey approach was employed using a version of the ACT, modified specifically for pediatric settings. The survey was administered to nurses working in three pediatric units in Alberta, Canada. Scores for three dimensions of context (culture, leadership and evaluation) were used to categorize respondent data into one of four context groups (high, moderately high, moderately low and low). We then examined the relationships between nurses' self-reported research use and their perceived context. Results: A 69% response rate was achieved. Statistically significant differences in nurses' perceptions of culture, leadership and evaluation, and self-reported conceptual research use were found across the three units. Differences in instrumental research use across the three groups of nurses by unit were not significant. Higher self-reported instrumental and conceptual research use by all nurses in the sample was associated with more positive perceptions of their context. Conclusions: Overall, the results of this study lend support to the view that more positive contexts are associated with higher reports of research use in practice. These findings have implications for organizational endeavors to promote evidence-informed practice and maximize the quality of care. Importantly, these findings can be used to guide the development of interventions to target modifiable characteristics of organizational context that are influential in shaping research use behavior. [The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1472-6963-10-168.pdf] (52 references) (Author)

20100428-53

'There is nothing like looking, if you want to find something' - asking questions and searching for answers - the evidence based approach. Haroon M, Phillips R (2010), Archives of Disease in Childhood: Education & Practice Edition vol 95, no 2, April 2010, pp 34-39

Evidence based medicine (EBM) consists of four separate processes. Asking a clinical question Locating the evidence Appraising and synthesizing the evidence Applying the evidence Most people are familiar with the third step but not so familiar with the first two. Well-designed clinical questions can help clarify in a clinicians mind exactly what information is being sought and also help with the search. This clinical question can be framed around the PICO

format. With a well-structured PICO information can then be located in a timely manner using the concept of Haynes's 5 S's and a range of websites including trial registers and meta-search engines. (14 references) (Author)

20100422-14

Evaluation of evidence-based episiotomy practice by midwives. Teckla N, Omoni G, Mwaura J, et al (2010), African Journal of Midwifery and Women's Health vol 4, no 2, April-June 2010, pp 80-87

Research-based practice in nursing and midwifery is regarded as a means of ensuring that quality care is provided by integrating individual clinical expertise with the best available clinical evidence from systematic research. Previous studies indicate that few midwives strive to achieve their role of safe motherhood by helping women and their families through the pregnancy and childbirth process using research-based practice. The study documents the practice of episiotomy by midwives in an urban setting. This is a cross-sectional qualitative and quantitative descriptive study. All midwives working in the labour ward at Pumwani Maternity Hospital in June-July 2009 were eligible for the study. A standard questionnaire was used to collect data regarding socio-demographic characteristics, professional training and evidence-based knowledge. Consenting and qualifying midwives were eligible for study. In-depth interviews were conducted among key informants over the same period. Data were analyzed using Statistical Package for the Social Sciences (SPSS). The most common types of episiotomy preferred by the midwives was medio-lateral and midline. Various factors were reported to have influenced the midwives practices: very tight perineum, breech presentation, premature labour, female genital mutilation, instrumental delivery and status of the fetus. In-depth interviews demonstrated lack of specific guidelines on specific procedures, personal attitudes and inadequate administration support. The study recommends an urgent need to put in place modalities to ensure that guidelines are developed and used appropriately in order to standardize provision of services. (24 references) (Author)

20100331-29

New Zealand Midwifery research - coming of age. Dixon L (2009), Midwifery News (New Zealand College of Midwives) no 54, September 2009, pp 34-35

Charts changes to attitudes to midwifery research since the 1980's as midwifery moved from traditional knowledge to evidence-based knowledge and the way this has influenced practice in the last 20 years. (4 references)(JR)

20100330-28

Use of research by nurses during their first two years after graduating. Forsman H, Rudman A, Gustavsson P, et al (2010), Journal of Advanced Nursing vol 66, no 4, April 2010, pp 878-890

Aim. This paper reports on a study of research use among nurses two years after graduation, as well as changes over time in research use in relation to changes in working conditions. Background. The demand for evidence-based practice is widely expressed, and newly graduated nurses should possess the skills to provide high-quality care based on the best knowledge available. The way in which nurses use research during the first few years after graduating is, however, largely unknown. Method. As part of a national longitudinal survey, nurses reported their extent of instrumental, conceptual and persuasive research use in 2006 (n = 1365) and 2007 (n = 1256). Data were analysed cross-sectionally and prospectively, using variable- and pattern-oriented methods.

Results. Instrumental research was reported most frequently, on about half of the working shifts. Seven profiles of research use were found, showing structural stability over time when compared with results from year 1. Most typically, nurses maintained the same profile over time; moreover, low users tended to become even lower users. Two years after graduation, 54·9% reported overall low use. Changes in working conditions did not explain the decrease in research use. Conclusion. The results support previous claims of a gap between research and clinical practice. The predominance of overall low users is alarming and requires further research, including investigation of individual and organizational factors, to study their impact on nurses' research use. (74 references) (Author)

20100324-98

Assessing environmental readiness: first steps in developing an evidence-based practice implementation culture. Smith JR, Donze A (2010), Journal of Perinatal and Neonatal Nursing vol 24, no 1, January/March 2010, pp 61-71

Significant emphasis has been placed on evidence-based practice (EBP) in today's healthcare systems. Nurses are expected to practice within an EBP framework by using current, reliable, and valid research. However, implementing EBP is not always easy and can be challenging. In order for nurses to provide evidence-based care, they need to be cognizant of organizational factors that can potentially hinder or support an EBP culture. This article provides practitioners with an understanding of how to evaluate environmental readiness for implementation of EBP within their organization. Barriers and facilitators for implementing EBP at the organizational level, at the interdisciplinary

team level, and within nursing are also described. To successfully implement EBP, it is important to recognize the interaction between these 3 levels and to highlight the important role nurses play as interdisciplinary team members in supporting an EBP environment. (58 references) (Author)

20100324-97

Implementing the evidence-based change in perinatal and neonatal nursing. Gennaro S (2010), Journal of Perinatal and Neonatal Nursing vol 24, no 1, January/March 2010, pp 55-60

Perinatal nursing and neonatal nursing both have a scientific base upon which to base care, and great strides have been made in translating research into practice in both of these specialties. However, barriers still exist for nurses in implementing evidence-based perinatal and neonatal care. Patient, provider, and systems factors that influence how evidence is translated into practice are discussed. Suggestions for how to implement practice change when evidence is inadequate are also discussed. Finally, examples of how the scientific base for both perinatal nursing and neonatal nursing can be more efficiently implemented are outlined on the basis of the state of implementation science in the United States today. (41 references) (Author)

20100317-85

Evidence based midwifery. Current status and future priorities. Spiby H, Munro J (2010), In: Spiby H and Munro J editors. Evidence based midwifery: applications in context. Chichester: Wiley-Blackwell 2010, pp 167-183

Concluding chapter which reviews the extent to which midwifery has developed in its involvement with evidence-based practice over the past few years, considers the preparation and support for evidence-based midwifery, the importance of midwifery culture and philosophy, and how practitioners can close the gap between research and practice. Examines the importance of professional leadership and how midwives can implement changes and progress in their own practice. (TC)

20100317-82

Guidelines and the consultant midwife. The challenges of the interdisciplinary guideline group. Shallow H (2010), In: Spiby H and Munro J editors. Evidence based midwifery: applications in context. Chichester: Wiley-Blackwell 2010, pp 123-136

A consultant midwife shares her experience of drafting evidence-based midwifery guidelines to support normal birth and the bureaucracy she faced from other senior midwives within the hospital. Describes her eventual resignation from the post and a new consultant midwife role in a very different organisational culture, which led to the ratification and dissemination of the guidelines she had written to support normal birth. Considers the advocacy role of the consultant midwife in supporting women's choice in the absence of evidence. (TC)

20100317-81

Is there enough evidence to meet the expectations of a changing midwifery agenda?. Lavender T (2010), In: Spiby H and Munro J editors. Evidence based midwifery: applications in context. Chichester: Wiley-Blackwell 2010, pp 109-122

Considers the education and practice based changes in midwifery over the last 20 years and discusses the types of evidence used to make recommendations for change. Explores what evidence-based practice means for maternity care, the midwifery profession, and individual midwives and women. Uses a number of examples to illustrate how midwives can assist in using evidence to meet the needs of a changing midwifery agenda. (Author, edited)

20100317-78

Reflections on running an evidence course. Walsh D (2010), In: Spiby H and Munro J editors. Evidence based midwifery: applications in context. Chichester: Wiley-Blackwell 2010, pp 69-80

The author reflects on his experience of setting up and running an evidence-based course for midwives in the United Kingdom, to disseminate research evidence that would support midwives in their practice of normal childbirth. Outlines the content of the eight sessions in the two-day course and considers issues for the future of the course programme, including the possibility of multidisciplinary learning. (TC)

20100317-75

The development of evidence based midwifery in the Netherlands. The journey from midwifery knowledge to midwifery research to midwifery standards of practice. Amelink-Verburg MP, Herschderfer KC, Offerhaus PM, et al (2010), In: Spiby H and Munro J editors. Evidence based midwifery: applications in context. Chichester: Wiley-Blackwell 2010, pp 17-37

This chapter describes evidence based midwifery as seen from the Dutch perspective. After an introduction and a

discussion of evidence based midwifery, we look at the way midwifery care is organised in the Netherlands, including the current referral system between the levels of care. The background and methodology of midwifery guideline development are then addressed and illustrated with a description of the midwifery standard that addresses anaemia in (first-line) midwifery practice. In the conclusion section, we describe the status of midwifery research in the Netherlands, addressing the main obstacles and challenges it faces. (Author)

20100317-74

The nature and use of evidence in midwifery care. Munro J, Spiby H (2010), In: Spiby H and Munro J editors. Evidence based midwifery: applications in context. Chichester: Wiley-Blackwell 2010, pp 1-16

Introductory chapter examining the development of the evidence-based practice movement in midwifery care, considering the meaning of 'evidence' and the use of hierarchies of evidence. Outlines a number of grading systems currently in use, such as the Scottish Intercollegiate Guidelines Network (SIGN), the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) Working Group, and the grading scheme used by NICE. Considers the limitations of grading systems and notes the major criticisms of evidence hierarchies. Concludes by discussing what midwives can do when there is little evidence to guide practice. (TC)

20100310-41*

Are consumers at the bottom of the evidence pyramid?. Romano A (2010), e-patients.net 9 March 2010

Summarizes a Cochrane review which looked at pregnancy, childbirth, neonates, and children up to the age of five, to ascertain the level of consumer involvement versus health care system involvement required by each intervention. Argues that the scarcity of comparative effectiveness studies supporting the use of consumer-led health strategies is hindering their implementation. Suggest there is great potential for improving maternal, infant and child health services by involving consumers more in research, policy and practice. (2 references) (JSM)

Full URL: http://e-patients.net/archives/2010/03/are-consumers-at-the-bottom-of-the-evidence-pyramid.html

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20100223-49

Successful implementation of evidence-based routines in Ukrainian maternities. Berglund A, Lefevre-Cholay H, Bacci A, et al (2010), Acta Obstetricia et Gynecologica Scandinavica vol 89,m no 2, 2010, pp 230-237

OBJECTIVE: To describe the process of change and assess compliance and effect on maternal and infant outcome when the WHO package Effective Perinatal Care (EPC) was implemented at maternities in Ukraine. DESIGN: Intervention study comparing outcomes before and during 2.5 years after training. SETTING: Three maternities in Donetsk, Lutsk and Lviv 2003-2006. POPULATION: Baseline data were collected for 652, 742 and 302 deliveries and 420, 381 and 135 infants, respectively, in Donetsk, Lutsk and Lviv. Follow-up data included 4,561, 9,865 and 7,227 deliveries and 3,829, 8,658 and 6,401 infants. METHODS: Staff training on evidence-based guideline. MAIN OUTCOME MEASURES: Interventions during labor, maternal outcomes and hypothermia in the infants. RESULTS: EPC procedures were successfully implemented and adherence to the protocols was excellent. For most variables, the change occurred during the first three months but was well sustained. The use of partogram increased fourfold in Donetsk and from 0% to 60% in Lviv. Induction and augmentation of labor decreased to less than 1% and less than 5%, respectively. Cesarean section rate dropped significantly in two of the maternities. The proportion of hypothermic infants decreased from 60% (Donetsk), 85% (Lutsk) and 77% (Lviv) to 1% in all three maternities during the first three months and was stable throughout the study period. Admission to Neonatal Intensive Care Unit decreased significantly in two of the maternities and there was no effect on early neonatal mortality. CONCLUSIONS: The process of education and change was well anchored in the organization, and implementation of new procedures was quick and successful. (16 references) (Author)

20100217-68*

Neonatal guidelines - A positive force or an instant turnoff?. Teasdale DT, Brady-Murphy N, McSorley L (2009), Journal of Neonatal Nursing vol 15, no 3, June 2009, pp 100-106

Locally created guidelines are commonly used to support staff and educate students in current best practice for a wide variety of nursing interventions. Their creation and maintenance require considerable investment by the staff involved. This paper explores the use of guidelines within a Level 3 neonatal unit in England, identifies areas for potential improvement and highlights influencing factors which may need addressing to support effective use of guidelines within the neonatal environment. (Author)

20100217-31*

Building evidence-based practice with staff nurses through mentoring. Di Gaudio Mariano K, Caley LM, Eschberger L, et al (2010), Journal of Neonatal Nursing vol 15, no 3, June 2009, pp 81-87

Evidence- based practice (EBP) is an effective way for nurses to improve patient outcomes. Although EBP has gained popularity, barriers to implementation exist. This study explored whether mentoring neonatal intensive care unit (NICU) nurses in EBP would increase their participation in EBP. A sample of 20 nurses were mentored in an EBP project. The EBP Beliefs Scale and EBP Implementation Scale measured scores upon initiation and completion of the project. Statistical analysis showed no significant changes in nurses' beliefs in EBP or implementation of EBP following mentoring. However, a moderate degree of correlation between changes in beliefs scores and implementation scores was seen with a borderline significance. Age and years of experience did significantly influence changes in EBP beliefs scores. Although the study results did not support that mentoring changed attitudes or utilization of EBP, changes in NICU were implemented as a result of the project activities. (Author)

20100208-90

How has research in the last 5 years changed my clinical practice?. Weindling AM (2010), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 95, no 1, January 2010, pp F59-F63

This paper considers some of the changes in practice that have occurred in the last 5 years. There have been significant improvements in parental involvement in care. Not all changes have been based on evidence from research: practice has also been affected by changing technology and pressure by industry and other groups. Among the research-based changes were: an awareness of confidentiality, individualised developmental care, increased use of inhaled nitric oxide, therapeutic hypothermia, less postnatal steroids (although the dosage used is not evidence-based), sucrose as analgesia and permissive hypotension. (43 references) (Author)

20100204-30

The legal effects of fetal monitoring guidelines. Dickens BM, Cook RJ (2010), International Journal of Gynecology & Obstetrics vol 108, no 2, Feburary 2010, pp 170-173

The new American College of Obstetricians and Gynecologists' (ACOG) monitoring guidelines introduce a new category of interpretation of fetal heart rate tracings between reassuring and nonreassuring, namely intermediate. The purpose is to reduce unnecessary cesarean deliveries. The legal role of medical guidelines is ambivalent. Providers are expected to be familiar with such guidelines, but also to exercise clinical judgment in their patients' interests. Practice departing from guidelines requires justification, but simple compliance without regard to patients' circumstances may constitute negligence. Some courts defer to medical professional guidelines, but others hold that professional standards are set as a matter of law, not by the profession itself. Unlike conclusions in medical science, which are open to continuing review, courts determine facts in a case only once, at trial. Litigation to compel patients' compliance with medical advice based on guidelines may fail, as may prosecutions, more common in the US, of patients who defy such advice. (28 references) (Author)

20100105-51

Deconstruction Junction: How to Separate the Good Evidence From the Bad (From the Ugly). Romano AM (2009), Journal of Perinatal Education vol 18, no 4, Fall 2009, pp 49-55

In this column, the author reprises recent selections from the Lamaze International research blog, Science & Sensibility. Each selection discusses a new study that demonstrates the need to look closely at research articles to avoid being misled. Examples include new research on the effectiveness of intrapartum antibiotics for preventing early onset Group B streptococcal disease in newborns, a recent study on the incidence of infection after cesarean surgery and vaginal birth, and a new study demonstrating long-term benefits of skin-to-skin contact between the mother and infant after birth. (11 references) (Author)

20091202-82*

Views on evidence from nursing and midwifery opinion leaders. Waters D, Rychetnik L, Crisp J, et al (2009), Nurse Education Today vol 29, no 8, November 2009, pp 829-834

National registration standards in Australia require nurses and midwives to be educationally prepared to use an evidence-based framework for their practice. These standards assume a shared professional understanding of evidence and, an agreed approach towards educational preparation for evidence implementation. In this study, a qualitative phenomenographic approach is used to explore the ways in which nursing opinion leaders understand 'evidence' within the context of evidence-based practice (EBP). Semi-structured in-depth interviews were conducted

with 23 nursing and midwifery opinion leaders across the state of New South Wales, Australia. The findings suggest that views of evidence are deeply imbedded within individual clinical, contextual and professional experiences, and are highly variable. Establishing basic consensus on the meaning of evidence for the nursing and midwifery context is fundamental to the successful educational preparation of nurses and midwives for EBP. It is proposed that future evaluations of EBP education in nursing and midwifery examine the assumptions on which such programs are based as individual variation may be a significant factor in both defining and measuring the success of educational interventions for evidence implementation. (Author)

20091119-31*

Evidence based midwifery: Applications in context. Spiby H, Munro J (2009), Chichester: Wiley-Blackwell November 2009. 224 pages

Evidence based practice is now widely accepted as a fundamental tenet of midwifery. The importance of evidence in defining midwifery policy and practice in the UK health system, and others, is acknowledged and enduring. While the development and evaluation of research in midwifery is well charted, the question of how such evidence is incorporated into practice has, to date, received less attention and discussion in the midwifery profession. Answering this need, Evidence Based Midwifery focuses on the dissemination and use of evidence for midwifery practice, and explores midwives' experiences in using the evidence base to inform policy and enhance clinical practice. (Publisher)

20091020-98*

Best practice in labour and delivery. Warren R, Arulkumaran S (2009), Cambridge: Cambridge University Press 2009. 362 pages

A clear understanding of best practice in labour and delivery will help to ensure the safety and health of mother and baby through parturition. Whilst the basis for the understanding and encouragement of normality is implicit, abnormality in labour must be recognized promptly and, when necessary, must be appropriately managed to ensure best outcome. An understanding of when and how to intervene is the key to good obstetric care. This textbook is an encompassing reference covering all the essential information relating to childbirth: it offers clear practical guidance on labour and delivery. Written by well-known leading experts, each chapter offers a modern authoritative review of best practice. The evidence base described will help to optimize outcome through appropriate clinical management and justifiable intervention. Whilst this is an ideal textbook for those training and taking examinations in labour ward practice, it offers all those caring for the woman in labour a modern, evidence-based approach, which will help them understand, recognize and deliver the best possible clinical care. The importance of team working, prioritizing and the organization of maternity care receive appropriate emphasis with clear guidance and practical advice. Guided by appropriate, clearly defined, management pathways, based on national and international guidance, the attending professional will be best placed to improve safety and the quality of the labour process for both mother and baby. (Publisher)

20091008-106

Hips and feet should never meet. Wickham S (2009), Practising Midwife vol 12, no 9, October 2009, p 42

Why must we wait for proof that practices could be harmful. (Author)

20090930-62

Implementing evidence-based practice: a mantra for clinical change. Purdy IB, Melwak MA (2009), Journal of Perinatal and Neonatal Nursing vol 23, no 3, July/September 2009, pp 263-269

Evidence-based practice (EBP) requires a commitment to adopting innovation to change clinical problems. In perinatal and neonatal care, this commitment involves utilization of current best evidence in decision making about patient care for the benefit of mothers, infants, and their families. Embracing EBP can lead to increased patient and professional outcomes, creating synergy that will be welcomed on all levels. Moving toward EBP in this arena is a challenging goal for perinatal nurses, who may encounter many barriers. This article describes the need for 'buy in' from key stakeholders at the bedside and within the infrastructure of the organization. Provided herein are stepwise methods to engage nurses in EBP as well as ideas to promote use of research in a way that every patient receives the right care every time. This article provides an overview of how perinatal and neonatal clinicians can shift their focus to embrace EBP and translate research into practice at the bedside. (32 references) (Author)

20090923-8

Safe, healthy birth: What every pregnant woman needs to know. Lothian JA (2009), Journal of Perinatal Education vol 18,

no 3, Summer 2009, pp 48-54

In spite of technology and medical science's ability to manage complex health problems, the current maternity care environment has increased risks for healthy women and their babies. It comes as a surprise to most women that standard maternity care does not reflect best scientific evidence. In this column, evidence-based maternity care practices are discussed with an emphasis on the practices that increase safety for mother and baby, and what pregnant women need to know in order to have safe, healthy births is described. (27 references) (Author)

20090923-68

The art of inconsistency: evidence-based practice my way. Golec L (2009), Journal of Perinatology vol 29, no 9, September 2009, pp 600-602

Inconsistency of care in the Neonatal Intensive Care Unit is a common complaint amongst caregivers. This paper discusses evidence-based medicine and standards of care in relation to personal preference where care-giving choices are concerned. It is suggested that moral distress may be diminished by consistently applying evidence-based practice, adhering to standards of care and optimizing the team dynamic by engaging in consensus-based collaboration. (28 references) (Author)

20090922-4

How the web portal NHS Evidence will help nurses to make informed decisions. Ford KP (2009), Nursing Times vol 105, no 36, 15 September 2009, pp 14-15

NHS Evidence, launched in April 2009, allows everyone in health and social care to access the latest clinical and non-clinical evidence and best practice, to help them make informed decisions. This article outlines how nurses can make best use of the service and explains its features. From October, one of these is helping users to identify the best evidence by awarding an accreditation mark to the most reliable sources of guidance. (1 reference) (Author)

20090813-68

Evidence-based maternity care. Lowe NK (2009), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 38, no 3, May/June 2009, pp 253-254

An editorial discussing a report entitled Evidence-based maternity care: What it is and what it can achieve. (2 references) (PR).

20090709-23

The one-stop evidence shop. Wickham S (2009), Practising Midwife vol 12, no 7, July/August 2009, p 46

There's more than one way to gather information on the Internet, argues Sara Wickham. (Author)

20090702-1

Strategies for the rapid adoption of best practices on the labor and delivery unit. Tillett J, Kruger B (2009), Journal of Perinatal and Neonatal Nursing vol 23, no 2, April/June 2009, pp 102-104

Suggests strategies for the implementation of best practice in labour and delivery units. (10 references) (SB)

20090616-97

Evidence-based compared with reality-based medicine in obstetrics. Vintzileos AM (2009), Obstetrics & Gynecology vol 113, no 6, June 2009, pp 1335-1340

Looks at some of the problems associated with applying evidence from research studies into the workplace, and compares the theory with what really happens in obstetric practice using the examples of electronic fetal monitoring and antepartum fetal surveillance. (10 references) (JSM)

20090515-25

Evidence-based practice-focused interactive teaching strategy: a controlled study. Kim SC, Brown CE, Fields W, et al (2009), Journal of Advanced Nursing vol 65, no 6, June 2009, pp 1218-1227

Title. Evidence-based practice-focused interactive teaching strategy: a controlled study. Aim. This paper is a report of a study to evaluate the effectiveness of the evidence-based practice (EBP)-focused interactive teaching (E-FIT) strategy. Background. Although EBP is a mandatory competency for all healthcare professionals, little is known about the effectiveness of E-FIT in nursing. Methods. A quasi-experimental, controlled, pre- and post-test study involving

senior, 4th-year nursing students (N = 208) at two nursing schools in the USA was carried out from August 2007 to May 2008. The experimental group (n = 88) received the E-FIT strategy intervention and the control group (n = 120) received standard teaching. A Knowledge, Attitudes and Behaviors Questionnaire for Evidence-Based Practice was used to assess the effectiveness of the E-FIT strategy. Results. Independent t-tests showed that the experimental group had statistically significant higher post-test Evidence-Based Practice Knowledge (mean difference = 0·25; P = 0·001) and Evidence-Based Practice Use (mean difference = 0·26; P = 0·015) subscale scores compared to the control group, but showed no statistically significant differences in Attitudes toward Evidence-Based Practice and Future Use of Evidence-Based Practice (mean difference = −0·12; P = 0·398 and mean difference = 0·13; P = 0·255 respectively). Hierarchical multiple regression analyses of the post-test data indicated that the intervention explained 7·6% and 5·1% of variance in Evidence-Based Practice Knowledge and Evidence-Based Practice Use respectively. Conclusion. The EBP-focused interactive teaching strategy was effective in improving the knowledge and use of EBP among nursing students but not attitudes toward or future use of EBP. (39 references) (Author)

20090515-24

Research use in clinical practice - extent and patterns among nurses one and three years postgraduation. Forsman H, Gustavsson P, Ehrenberg A, et al (2009), Journal of Advanced Nursing vol 65, no 6, June 2009, pp 1195-1206

AIM: This paper is a report of a study of nurses' research use in clinical practice one and three years postgraduation in Sweden. BACKGROUND: Internationally, learning to critically appraise and use research is an educational objective within nursing training, with the aim of promoting research use in nursing practice. The extent to which these skills is acquired and used among relatively newly graduated nurses is largely unexplored, however. METHOD:. A descriptive study was conducted in 2006 using a national longitudinal survey of two nursing cohorts one (n = 1,365) and three (n = 933) years postgraduation. The self-reported extent of instrumental, conceptual and persuasive research use was measured. Data were analysed using both variable- and pattern-oriented approaches based on cluster analysis. RESULTS: Research use was reported to occur in about half or fewer of the working shifts. In both samples, seven clusters of nurses with different research use profiles were identified. Clusters representing overall low and very low users in all three types of research use were predominant both at one (45.6%) and three (51.6%) years postgraduation, whereas clusters of nurses reporting overall high research use were uncommon. The proportion of very low users was larger 3 years after graduation than 1 year after graduation. CONCLUSIONS: The low extent of reported research use, raises the question of whether scientific perspectives included in nursing education are translated into clinical application. The pattern-oriented approach illustrates the complexity of research use and identification of typical research use profiles in specific contexts may have potential to guide interventions aimed at supporting evidence-based practice. (81 references) (Author)

20090423-34*

The role of qualitative research within an evidence-based context: can metasynthesis be the answer?. Thorne S (2009), International Journal of Nursing Studies vol 46, no 4, 2009, pp 569-575

The increasing emphasis on evidence in the health care planning and policy context has fuelled considerable discussion and debate in nursing circles on the appropriate place of the less favourably placed knowledge forms within the conventional evidentiary hierarchy. In this paper, nursing's affinity for qualitative methods, and the species of knowledge they generate, are considered within the context of this evolving evidence-based practice movement. Noting conceptual and terminological confusions around the notion of evidence such as have arisen within the nursing literature, the author argues for clarity in our collective thinking about the role of research in a nursing or any other applied practice discipline. Toward this end, she points to some of the newer approaches to research synthesis and integration that may hold particular promise for enhancing our confidence about what might properly constitute a qualitatively-derived evidentiary knowledge claim. Such approaches may assist nurses to work more comfortably within the evidence-based movement, assured that reliance upon scientifically sound reference points need not compromise the complexity, richness and diversity they recognize as inherent in practice context excellence. (41 references) (Author)

20090422-14

The development and peer review of evidence-based guidelines to support midwifery led care in labour. Spiby H, Munro J (2009), Midwifery vol 25, no 2, April 2009, pp 163-171

OBJECTIVE: to describe the development and peer review process for the third edition of evidence-based guidelines to support the provision of midwifery led care in labour. METHODS: the process of guideline development including identifying aspects of care for inclusion in the guidelines, the literature search strategy, bibliographic databases used,

types of literature reviewed and rationale for inclusion are detailed. The process of formulating recommendations for practice is described. The peer review process, involving the principal stakeholders in the guidelines (midwives and representatives of maternity service users), the appraisal instrument used and issues identified during peer review are included. The third edition of the guidelines was commissioned in 2003 and completed during 2004. DISCUSSION: the development of the evidence-based guidelines is discussed in the context of contemporary debate related to guideline development and evidence-based practice including issues related to the nature and hierarchy of evidence, stakeholder involvement and sociological discourses of evidence-based medicine. (64 references) (Author)

20090331-65

Evidence-based medicine, guidelines, protocols, and optimal decision making. Tillett J (2009), Journal of Perinatal and Neonatal Nursing vol 23, no 1, January/March 2009, pp 3-5

Looks at the use of guidelines and protocols to inform nursing practice and decision making on obstetrical and neonatal units. (11 references) (JSM)

20090319-61*

Evidence-based maternity care: what it is and what it can achieve. Sakala C, Corry MP (2008), New York: Reforming States Group 2008. 118 pages

The report presents a discussion of current maternity care in the U.S. health care system and identifies key indicators that show the need for improvement. The report further summarizes results of the many systematic reviews that could be used to improve maternity care quality, identifies barriers to the use of evidence-based maternity care, and offers policy recommendations and other strategies that could lead to wider implementation of evidence-based maternity care in the United States. [The full text version of this report can be accessed online at http://www.childbirthconnection.org/pdfs/evidence-based-maternity-care.pdf] (Author)

20090318-51

Why first-level health workers fail to follow guidelines for managing severe disease in children in the Coast Region, the United Republic of Tanzania. Walter ND, Lyimo T, Skarbinski J, et al (2009), Bulletin of the World Health Organization vol 87, no 2, February 2009, pp 99-107

OBJECTIVE: To determine why health workers fail to follow integrated management of childhood illness (IMCI) guidelines for severely ill children at first-level outpatient health facilities in rural areas of the United Republic of Tanzania. METHODS: Retrospective and prospective case reviews of severely ill children aged < 5 years were conducted at health facilities in four districts. We ascertained treatment and examined the characteristics associated with referral, conducted follow-up interviews with parents of severely ill children, and gave health workers questionnaires and interviews. FINDINGS: In total, 502 cases were reviewed at 62 facilities. Treatment with antimalarials and antibiotics was consistent with the diagnosis given by health workers. However, of 240 children classified as having 'very severe febrile disease', none received all IMCI-recommended therapies, and only 25% of severely ill children were referred. Lethargy and anaemia diagnoses were independently associated with referral. Most (91%) health workers indicated that certain severe conditions can be managed without referral. CONCLUSION: The health workers surveyed rarely adhered to IMCI treatment and referral guidelines for children with severe illness. They administered therapy based on narrow diagnoses rather than IMCI classifications, disagreed with referral guidelines and often considered referral unnecessary. To improve implementation of IMCI, attention should focus on the reasons for health worker non-adherence. (41 references) (Author)

20090225-40*

Research issues in health and social care. Cowan D (2009), Keswick: M&K Publishing March 2009. 220 pages

This book is aimed at various health and social care practitioners including: nurses, midwives, doctors, social workers, health promotion and public health practitioners, health visitors and hospital managers, and in particular, those who are studying a multidisciplinary research course. There appears to be no single book on the topic of general research issues that is relevant to all of the above. This lack has resulted in requests from a diverse range of research students for the development of a suitable textbook. Thus, the book is intended to complement a multidisciplinary research course or indeed, any other type of research endeavour such as a dissertation. Furthermore, the book should be of general use to anybody studying health and/or social care research at undergraduate or postgraduate level. (Publisher)

20090211-64

Randomized clinical trials behind level A recommendations in obstetric practice bulletins: compliance with CONSORT statement. Chauhan SP, Berghella V, Sanderson M, et al (2009), American Journal of Perinatology vol 26, no 1, January 2009, pp 69-80

We appraised the compliance of randomized clinical trials (RCTs) cited for level A recommendations in obstetric practice bulletins (OPBs) and published after the CONSORT (Consolidated Standards of Reporting Trials, published 1996) statement. From the CONSORT checklist, we identified 50 separate items the RCTs should describe in the article and assigned 1 point if present; 0, if absent. The CONSORT score was the total points, expressed as a percentage. From 1998 to 2006, American College of Obstetricians and Gynecologists published 68 level A obstetric recommendations, and 20 (29%) are supported by > or = 1 RCT published after 1997. The median CONSORT score for the 32 RCTs published after the statement was 73% (range 30 to 100%). Only four RCTs complied with 90% of the CONSORT statement. RCTs supporting level A recommendations in OPB have variable compliance with CONSORT. Recommendations that lack quality RCTs should prompt further studies into the topic. (84 references) (Author)

20090211-5

Fad, frenzy, or future? A review of the Institute of Medicine's Report of the direction of evidence-based practice. Smith JR, Donze A (2009), Neonatal Network: the Journal of Neonatal Nursing vol 28, no 1, January/February 2009, pp 51-58

Reviews the process of evidence-based practice, and looks at the role in has to play in the future. (12 references) (JSM)

20090120-81

Teaching the facts: the dilemma of evidence-based care. Abe D (2008), International Journal of Childbirth Education vol 23, no 4, December 2008, pp 9-14

With the release of a new report, Evidence-Based Maternity Care, childbirth professionals have an additional resource to teach and promote evidence-based care. Recent data shows a widening gap between current maternity care practices and evidence-based care. Hospital based childbirth educators are often conflicted about how to teach evidence-based care, when it is not the standard of care used at the facilities they teach. (4 references) (Author)

20090120-55

Nursing practice, knowledge, attitudes and perceived barriers to evidence-based practice at an academic medical center. Brown CE, Wickline MA, Ecoff L, et al (2009), Journal of Advanced Nursing vol 65, no 2, February 2009, pp 371-381

Aim. This paper is a report of a study to describe nurses' practices, knowledge, and attitudes related to evidence-based nursing, and the relation of perceived barriers to and facilitators of evidence-based practice. Background. Evidence-based practice has been recognized by the healthcare community as the gold standard for the provision of safe and compassionate healthcare. Barriers and facilitators for the adoption of evidence-based practice in nursing have been identified by researchers. Healthcare organizations have been challenged to foster an environment conducive to providing care based on evidence and not steeped in ritualized practice. Methods. A descriptive, cross-sectional research study was conducted in 2006-2007 with a convenience sample of 458 nurses at an academic medical center in California (response rate 44·68%). Two reliable and valid questionnaires were electronically formatted and administered using a secured website. Relationships between responses to the two instruments were examined and results compared with previously published data. Results. Organizational barriers (lack of time and lack of nursing autonomy) were the top perceived barriers. Facilitators were learning opportunities, culture building, and availability and simplicity of resources. Statistically significant correlations were found between barriers and practice, knowledge and attitudes related to evidence-based practice. Conclusion. Similar barriers to the adoption of evidence-based practice have been identified internationally. Educators must work with managers to address organizational barriers and proactively support evidence-based practice. (36 references) (Author)

20081218-30*

Survey of knowledge and perception on the access to evidence-based practice and clinical practice change among maternal and infant health practitioners in South East Asia. Martis R, Ho JJ, Crowther CA, et al (2008), BMC Pregnancy and Childbirth vol 8, no 34, 5 August 2008. 10 pages

Background: Evidence-based practice (EBP) can provide appropriate care for women and their babies; however implementation of EBP requires health professionals to have access to knowledge, the ability to interpret health care information and then strategies to apply care. The aim of this survey was to assess current knowledge of evidence-based practice, information seeking practices, perceptions and potential enablers and barriers to clinical

practice change among maternal and infant health practitioners in South East Asia. Methods: Questionnaires about IT access for health information and evidence-based practice were administered during August to December 2005 to health care professionals working at the nine hospitals participating in the South East Asia Optimising Reproductive and Child Health in Developing countries (SEA-ORCHID) project in Indonesia, Malaysia, Thailand and The Philippines. Results: The survey was completed by 660 staff from six health professional groups. Overall, easy IT access for health care information was available to 46% of participants. However, over a fifth reported no IT access was available and over half of nurses and midwives never used IT health information. Evidence-based practice had been heard of by 58% but the majority did not understand the concept. The most frequent sites accessed were Google and PubMed. The Cochrane Library had been heard of by 47% of whom 51% had access although the majority did not use it or used it less than monthly. Only 27% had heard of the WHO Reproductive Health Library and 35% had been involved in a clinical practice change and were able to identify enablers and barriers to change. Only a third of participants had been actively involved in practice change with wide variation between the countries. Willingness to participate in professional development workshops on evidence-based practice was high. Conclusion: This survey has identified the need to improve IT access to health care information and health professionals' knowledge of evidence-based health care to assist in employing evidence base practice effectively. [The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1471-2393-8-34.pdf] (23 references) (Author)

Full URL: www.biomedcentral.com

20081120-2

Evidence-based labor and delivery management. Berghella V, Baxter JK, Chauhan SP (2008), American Journal of Obstetrics & Gynecology (AJOG) vol 199, no 5, November 2008, pp 445-454

Our objective was to provide evidence-based guidance for management decisions during labor and delivery. We performed MEDLINE, PubMed, and COCHRANE searches with the terms labor, delivery, pregnancy, randomized trials, plus each management aspect of labor and delivery (eg, early admission). Each management step of labor and delivery was reviewed separately. Evidence-based good quality data favor hospital births, delayed admission, support by doula, training birth assistants in developing countries, and upright position in the second stage. Home-like births, enema, shaving, routine vaginal irrigation, early amniotomy, 'hands-on' method, fundal pressure, and episiotomy can be associated with complications without sufficient benefits and should probably be avoided. We conclude that labor and delivery interventions supported by good quality data as just described should be routinely performed. All aspects with lower data quality should be researched with adequately powered and designed trials. (83 references) (Author)

20081106-17

Evidence-based intrapartum care in Cali, Colombia: a quantitative and qualitative study. Conde-Agudelo A, Rosas-Bermudez AQ, Gulmezoglu AM (2008), BJOG: An International Journal of Obstetrics and Gynaecology vol 115, no 12, November 2008, pp 1547-1556

Objectives To measure the rate of use of selected intrapartum obstetric practices and to explore the factors associated with their use. Design Prospective quantitative and qualitative study. Setting Fifteen public and private hospitals in Cali, Colombia. Sample Quantitative arm: 1767 low-risk women delivering a single live baby; qualitative arm: 36 intrapartum care providers. Methods Quantitative analysis of women's clinical charts for measuring the rates of obstetric practices. Qualitative analysis of audiotaped semi-structured interviews with intrapartum care providers. Main outcome measures Rates of use of ten intrapartum obstetric practices and associated factors and intrapartum care providers' views on evidence-based obstetric practice. Results Rates for the ineffective practices of enema use, perineal/pubic shaving, and routine intravenous infusion during labour were around 75%. Episiotomy rates for primiparae and multiparae were 70 and 22%, respectively. Rates for the beneficial practices of active management of the third stage of labour and allowing women's choice of position during the first stage of labour were around 45%. Companionship during labour, external cephalic version for breech presentation at term, and absorbable synthetic sutures for episiotomy showed rates of utilisation lower than 15%. Hospital characteristics, type of intrapartum care provider, and women's medical insurance status were associated with use of selected practices. Barriers and opportunities for implementing evidence-based practices in routine obstetric care were identified. Conclusions Intrapartum care in Cali, Colombia, is not guided by the best available evidence. Effective change strategies should be undertaken to encourage the adoption of obstetric practices clearly demonstrated as effective and to discard those that are ineffective. (27 references) (Author)

20081030-7

A population-based study of race-specific risk for preterm premature rupture of membranes. Shen TT, DeFranco EA, Stamilio DM, et al (2008), American Journal of Obstetrics & Gynecology (AJOG) vol 199, no 4, October 2008. 373.e1-7

OBJECTIVE: The purpose of this study was to test the hypothesis that race is associated with the risk of preterm birth due to preterm premature rupture of membranes (PPROM) and its recurrence. STUDY DESIGN: We conducted a population-based cohort study using the Missouri Department of Health's maternally linked birth certificate database (1989-1997) to assess racial effects on the occurrence and recurrence of PPROM, while adjusting for socioeconomic and maternal medical risk factors (n = 644,462). RESULTS: Black mothers were more likely to have PPROM compared to white mothers (aOR, 2.3; 95% CI, 2.0-2.5). The magnitude of risk of PPROM for black mothers compared to white mothers was greatest at < 28 weeks of gestation (aOR 2.8, 95% CI, 2.5-3.2). Black mothers were at significantly higher risk of recurrent PPROM compared to white mothers (aOR 6.4, 95% CI, 3.7-11.0). CONCLUSION: There is an overrepresentation in the occurrence and recurrence of PPROM in black mothers that persists after adjusting for known risk factors. (Author) (This is just a summary. Full article available online at www.ajog.org]

20081023-44*

A1C but not serum glycated albumin is elevated in late pregnancy owing to iron deficiency. Hashimoto K, Noguchi S, Morimoto Y, et al (2008), Diabetes Care vol 31, no 10, October 2008, pp 1945-1948

OBJECTIVE: A1C levels have been shown to be elevated in relation to glycemia in late pregnancy, although the precise mechanisms remain undetermined. We hypothesized that iron deficiency is involved in the A1C increase in late pregnancy. RESEARCH DESIGN AND METHODS: In study 1, A1C, serum glycated albumin, erythrocyte indexes, and iron metabolism indexes were determined in 47 nondiabetic pregnant women not receiving iron supplementation who were divided into four groups according to gestational period (group I, 21-24 weeks; group II, 25-28 weeks; group III, 29-32 weeks; and group IV, 33-36 weeks). In study 2, these determinants were obtained at two gestational periods (20-23 weeks and 32-33 weeks) in 17 nondiabetic pregnant women. RESULTS: In study 1, A1C levels were higher in groups III and IV than those in groups I and II, whereas serum glycated albumin levels were not different among these four groups. Hemoglobin, mean corpuscular hemoglobin (MCH), serum transferrin saturation, and serum ferritin were lower in groups III and IV. A1C levels were negatively correlated with MCH, serum transferrin saturation, and serum ferritin. In study 2, A1C levels were significantly increased at gestational weeks 32-33 from those at weeks 20-23, whereas serum glycated albumin levels did not differ between the two gestational periods. MCH, serum transferrin saturation, and serum ferritin were decreased at gestational weeks 32-33. A1C levels showed a negative correlation with MCH, serum transferrin saturation, and serum ferritin. CONCLUSIONS: A1C levels were elevated in late pregnancy owing to iron deficiency. Serum glycated albumin may offer a better index for monitoring glycemic control in pregnancy. (Author)

20081008-20

Translational research. Lean MEJ, Mann JI, Hoek JA, et al (2008), BMJ vol 337, no 7672, 27 September 2008, pp 705-706

From evidence based medicine to sustainable solutions for public health problems. (12 references) (Author)

20081008-19

Evidence based medicine and the medical curriculum. Glasziou P, Burls A, Gilbert R (2008), BMJ vol 337, no 7672, 27 September 2008, pp 704-705

The search engine is now as essential as the stethoscope. (10 references) (Author)

20081007-4

It's a high price to pay for genetic screening. Clift-Matthews V (2008), British Journal of Midwifery vol 16, no 10, October 2008, p 632

Editorial on evidence based practice for midwives and the risks of screening the foetus for Down syndrome. (TM)

20081007-17

Negligence and the standard of midwifery practice. Griffith R (2008), British Journal of Midwifery vol 16, no 10, October 2008, pp 676-677

Article on the legal implications and cost of negligence in midwifery practice, discussing duty of care, breach of duty, evidence based practice and causation. (14 references) (TM)

20080910-62

How fast is too fast? a practice change in umbilical arterial catheter blood sampling using the Iowa Model for Evidence-Based Practice. Gordon M, Bartruff L, Gordon S, et al (2008), Advances in Neonatal Care vol 8, no 4, August 2008, pp 198-207

A multidisciplinary team at the University of Iowa Children's Hospital utilized the Iowa Model of Evidence-Based Practice to Promote Quality Care as a basis for changing practice related to the rate of drawing and flushing umbilical artery catheters in very low birth-weight infants. Research indicates that rapid withdrawal of blood or flushing of catheters that are placed in the aorta can affect cerebral blood flow velocity, volume, and oxygenation. Alteration of cerebral blood flow in premature infants has been correlated with the incidence of intraventricular hemorrhage and periventricular leukomalacia, which can be a significant cause of morbidity and mortality in this population. Using this research as a guide, along with expert opinion, scientific principles, and theories, a new standard of practice was written, and the staff educated. (22 references) (Author)

20080903-12

Getting research into practice. Which strategies work?. Scott SD (2008), Nursing for Women's Health vol 12, no 3, June/July 2008, pp 204-207

Looks at strategies to shorten the time gap between the creation of research knowledge and its implementation into clinical practice. Examines five systematic reviews that illustrate potential strategies to discover which approaches have been most effective. (12 references) (JR)

20080829-10*

Developing evidence-based maternity care in Iran: a quality improvement study. Aghlmand S, Akbari F, Lameei A, et al (2008), BMC Pregnancy and Childbirth vol 8, no 20, 13 June 2008. 8 pages

Background: Current Iranian perinatal statistics indicate that maternity care continues to need improvement. In response, we implemented a multi-faceted intervention to improve the quality of maternity care at an Iranian Social Security Hospital. Using a before-and-after design our aim was to improve the uptake of selected evidence based practices and more closely attend to identified women's needs and preferences. Methods: The major steps of the study were to (1) identify women's needs, values and preferences via interviews, (2) select through a process of professional consensus the top evidence-based clinical recommendations requiring local implementation (3) redesign care based on the selected evidence-based recommendations and women's views, and (4) implement the new care model. We measured the impact of the new care model on maternal satisfaction and caesarean birth rates utilising maternal surveys and medical record audit before and after implementation of the new care model. Results: Twenty women's needs and requirements as well as ten evidence-based clinical recommendations were selected as a basis for improving care. Following the introduction of the new model of care, women's satisfaction levels improved significantly on 16 of 20 items ($p < 0.0001$) compared with baseline. Seventy-eight percent of studied women experienced care consistent with the new model and fewer women had a caesarean birth (30% compared with 42% previously). Conclusion: The introduction of a quality improvement care model improved compliance with evidence-based guidelines and was associated with an improvement in women's satisfaction levels and a reduction in rates of caesarean birth. [The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1471-2393-8-20.pdf] (36 references) (Author)

Full URL: www.biomedcentral.com

20080827-103

Grading of evidence of the effectiveness of health promotion interventions. Tang KC, Choi BCK, Beaglehole R (2008), Journal of Epidemiology and Community Health vol 62, no 9, September 2008, pp 832-834

AIMS: Grading of evidence of the effectiveness of health promotion interventions remains a priority to the practise of evidence-based health promotion. Several authors propose grading the strength of evidence based on a hierarchy: convincing, probable, possible and insufficient; or strong, moderate, limited and no evidence. Although these grading hierarchies provide simple and straightforward rankings, the terms that describe the categories in the hierarchies, however, do not explain, in an explicit manner, in what way the strength of the evidence in one category is more, or less, superior than that in another. METHODS: To enhance the explanatory power of the hierarchy, we propose that evidence be classified into three grades, each with a short explanatory note on the basis of three criteria: the degree of association between the intervention under study and the outcome factors, the consistency of the findings from different studies, and whether there is a known cause-effect mechanism for the intervention under study and the outcome factors. CONCLUSION: For more in-depth grading, a three-grade expanded hierarchy is also recommended.

Examples are given to illustrate our proposed grading schemes. (24 references) (Author)

20080813-2

Research evidence and clinical expertise. Walsh D (2008), British Journal of Midwifery vol 16, no 8, August 2008, p 498

Article looking at the roles of clinical expertise, research-based evidence and decision making in midwifery care, focusing particularly on confirmatory bias, hindsight bias, over confidence and base rate neglect. (3 references) (TM)

20080807-3

Research-related activities in community-based child health services. Comino EJ, Kemp L (2008), Journal of Advanced Nursing vol 63, no 3, August 2008, pp 266-275

This paper is a report of a study to describe current research-related activities within community-based child health services in a large urban health service. Background. In recent years, increased participation in research-related activities has accompanied implementation of evidence-based practice in hospital-based services. Little is known about participation in these activities in community-based health services. Methods. We undertook a descriptive study of current research-related activities by staff working in community-based child health services in an urban setting in Australia in 2006-2007. Research-related activities were defined as reflective practice, quality improvement, evaluation and research. Results. Staff reported that research-related activities usually comprised reflective practice or quality improvement. These activities worked best when there were sufficient staff within teams and a stable environment. Evaluation was confined to activities closely related to quality improvement. Participation in research was limited. Our consultation revealed a need for sustained investment to build organizational and workforce capacity, and resource support and infrastructure to encourage participation in research-related activities. Conclusion. Increased focus on evidence-based practice has created expectations that community-based child health service staff will utilize and contribute to research evidence. Whilst there is interest among community-based child health service staff in participating in research-related activities, investment in leadership, skill development, infrastructure, resource and novel ways to enhance research output within these services are needed to increase participation in research-related activities, and the evidence base for community-based child health services. (34 references) (Author)

20080805-71

Use of the Optimality Index-United States in perinatal clinical research: a validation study. Low LK, Seng JS, Miller JM (2008), Journal of Midwifery & Women's Health vol 53, no 4, July/August 2008, pp 302-309

The objective of this study was to assess the validity and observed effect size of a new instrument, the Optimality Index-United States (OI-US), for use in perinatal clinical research. Using a large, hospital-based, midwifery service clinical database that included complete obstetric data for 3425 women, we examined discriminant validity and the effects of two different scoring methods used with the OI-US. Discriminant validity was confirmed by comparing OI scores for women who remained low risk and did not require physician involvement in their care (OI score mean = 84%; standard deviation [SD] = 8%) compared to those whose condition changed to require physician involvement in their care (mean = 71%; SD = 10%; P < .001). Two methods of scoring the OI-US were compared, finding no significant difference and suggesting that the types of data available and the research question can drive this decision. Finally, effect size was calculated by two methods: Cohen's d (-1.4) and the effect size correlation (r = -0.548), the latter of which corresponds to a d of -1.3, both resulting in a similarly large effect size estimation. The OI-US is a new instrument that shows promise for use in perinatal clinical research, particularly when assessing more subtle clinical differences in outcomes between study groups. (18 references) (Author)

20080730-16*

Induction of labour. National Collaborating Centre for Women's and Children's Health (2008), London: RCOG Press July 2008. 104 pages

Guidance on the induction of labour, updating and replacing the 2001 guideline. Discusses care pathway, information and decision making, induction of labour in specific circumstances such as prolonged pregnancy, preterm labour rupture of membranes and breech, methods of induction, monitoring and pain relief and any complications associated with induced labour. (TM)

20080618-66

What is the evidence on evidence-based nursing? An epistemological concern. French P (2002), Journal of Advanced Nursing vol 37, no 3, February 2002, pp 250-257

AIM: This paper adopts an epistemological perspective in order to support the assertion that there is very little evidence to support the existence of evidence-based nursing as a distinct construct or process. RATIONALE: This analysis of concept meaning is based on the theory of symbolic interactionism. By adopting this theory the commonalities and inconsistencies in the use of evidence-based symbolism by nurses and other health care professionals can be used to evaluate the perceived meaning of the term. METHODS: A frequency analysis of relevant key words in one publications data-base demonstrates the increasing use of evidence-based terminology and its euphemistic status visa vi research. An epistemological analysis is conducted on a sample of concept clarification statements taken from the popular literature, defining the nature of 'evidence' and 'evidence-based practice'. FINDINGS: The results of the frequency analysis show that the keywords 'evidence-based medicine' revealed 5612 papers, evidence-based practice (EBP) 432 papers, evidence-based nursing 47 papers, evidence-based health care 60 papers, and evidence-based decision making 43. Almost all of these papers have been published since 1995 and the earliest use of the symbol 'evidence-based' is 1992. There is also an increase in papers adopting 'evidence-based' symbolism along with a commensurate decrease in the use of the term 'research' in the nursing context. CONCLUSION: 'Evidence-based practice' is commonly a euphemism for information management, clinical judgement, professional practice development or managed care. There is insufficient evidence to demonstrate that evidence-based nursing is a single construct or process that can be distinguished from its concomitants. The term adds little more to the existing long standing traditions of quality assurance and research-based practice. Nurses must avoid the inefficiency brought about by the 'intense enthusiasm followed by sad disenchantment' that has been associated with other attempts to introduce innovation in health care delivery (Fienstein & Horowitz 1997). (40 references) (Author)

20080613-1*

Breastfeeding-Related Maternity Practices at Hospitals and Birth Centers --- United States, 2007. Centers for Disease Control and Prevention (2008), Morbidity and Mortality Weekly Report (MMWR) vol 57, no 23, 13 June 2008, pp 621-625

Summarises findings from the first national Maternity Practices in Infant Nutrition and Care (mPINC) Survey to take place in the United States of America. Indicates that many facilities use non evidence-based maternity practices which have been found to interfere with breastfeeding. States that the lower mPINC scores were found in states in the south of the country, and these included states with the lowest 6-month breastfeeding rates. Highlights the importance of change implementation in hospitals and birth centres in the United States in order to improve maternity practices that support breastfeeding. (JSM)

20080610-17

Global implications of evidence 'biased' practice: management of the third stage of labour. Soltani H (2008), Midwifery vol 24, no 2, June 2008, pp 138-142

Article discussing the role of evidence-based practice in the management of third stage labour. (17 references) (TM)

20080604-50

Getting evidence into practice: the meaning of `context'. McCormack B, Kitson A, Harvey G, et al (2002), Journal of Advanced Nursing vol 38, no 1, April 2002, pp 94-104

AIM OF PAPER: This paper presents the findings of a concept analysis of 'context' in relation to the successful implementation of evidence into practice. BACKGROUND: In 1998, a conceptual framework was developed that represented the interplay and interdependence of the many factors influencing the uptake of evidence into practice [Kitson A., Harvey G. & McCormack B. (1998) Quality in Health Care 7, 149]. One of the key elements of the framework was 'context', that is, the setting in which evidence is implemented. It was proposed that key factors in the context of health care practice had a significant impact on the implementation and uptake of evidence. As part of the on-going development and refinement of the framework, the elements within it have undergone a concept analysis in order to provide some theoretical and conceptual rigour to its content. METHODS: Morse's [Morse J.M. (1995) Advances in Nursing Science 17, 31; Morse J.M., Hupcey J.E. & Mitcham C. (1996) Scholarly Inquiry for Nursing Practice. An International Journal 10, 253] approach to concept analysis was used as a framework to review semi-nal texts critically and the supporting research literature in order to establish the conceptual clarity and maturity of 'context' in relation to its importance in the implementation of evidence-based practice. FINDINGS: Characteristics of the concept of context in terms of organizational culture, leadership and measurement are outlined. A main finding is that context specifically means 'the setting in which practice takes place', but that the term itself does little to reflect the complexity of the concept. Whilst the themes of culture and leadership are central characteristics of the concept, the theme of 'measurement' is better articulated through the broader term of 'evaluation'. CONCLUSIONS: There is

inconsistency in the use of the term and this has an impact on claims of its importance. The concept of context lacks clarity because of the many issues that impact on the way it is characterized. Additionally, there is limited understanding of the consequences of working with different contexts. Thus, the implications of using context as a variable in research studies exploring research implementation are as yet largely unknown. The concept of context is partially developed but in need of further delineation and comparison. (63 references) (Author)

20080327-32

Evidence-based midwifery and power/knowledge. Fahy K (2008), Women and Birth: Journal of the Australian College of Midwives vol 21, no 1, March 2008, pp 1-2

Explains what is meant by 'evidence-based healthcare' and how this differs from 'evidence-based medicine'. (11 references) (JSM)

20080212-51

Triumph over the barricades and put the evidence into practice. Martin CJH (2008), British Journal of Midwifery vol 16, no 2, February 2008, pp 76, 78-81

In some instances midwives find it difficult to implement research into practice (Albers, 2001). For example, evidence informs of the benefits of providing continuous support during labour (Hodnett et al, 2003), yet one midwife to one woman is not compulsory in every maternity unit in the UK. Olsen (1997) meta-analyzed research that relates to the relative safety of home birth compared to hospital birth. Results found no difference in survival rates between babies born at home and those born in hospital. Amniotomy is still a common procedure, yet contra-indicated since fetal heart abnormalities are more likely in the healthy term fetus (Fraser et al, 1993). Such examples serve to sharpen awareness that some research is being overlooked. Consequently ideas about how to narrow the theory-practice gap become salient. With this in mind a model is proposed to help midwives implement change into practice. Changing behaviour is possible when logical structured approaches are taken at a number of levels. (32 references) (Author)

20080108-51

How well do your provider's practices match the evidence?. Hotelling BA (2007), Journal of Perinatal Education vol 16, no 4, Fall 2007, pp 59-61

The handout presented in this article can be used by expectant parents to compare the evidence-based, expected occurrence of routine interventions with the usual care given by their chosen provider and place of birth. The known occurrence of these routine interventions is derived from Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences. The evidence of harm or benefit is derived from both the Cochrane Collaboration and the Coalition for Improving Maternity Services. (4 references) (Author)

20071220-23*

Evidence-based care for midwives. Clinical effectiveness made easy. 2nd edition. Brayford D, Chambers R, Boath E, et al (2008), Abingdon: Radcliffe Publishing February 2008. 140 pages

This highly practical book is written specifically for midwives, having been developed from the best-selling Clinical Effectiveness and Clinical Governance Made Easy, Fourth Edition. Requiring no prior knowledge, it provides a straightforward guide to the topics of clinical effectiveness and clinical governance, avoiding jargon but explaining relevant terms in the context of practical midwifery. (Publisher). I wish this book had been around some years back, as it is very readable. It is what I would call 'foundational' (basic) as a reader for student midwives as well as midwives in practice. As a second edition it is carefully updated and addresses current matters facing midwives within the context of evidence-based practice, professional development and clinical governance. The authors claim that the book is for midwives, but scope exists for student midwives to utilise and benefit from it. Overall, it attempts to engage the reader by using simple and easy to understand language alongside a kind of workbook style with exercises and assessments to encourage the reader to consider their knowledge and understanding of key issues. I really like the cartoons and drawings; as a teacher these visual images with their comedy factor can really help in explaining important points and concepts. So for me, it considers the different learning styles that we have and by combining images, words, questions and the workbook framework, it should be appealing to many. Quite often the layout of a book can help engage the reader with the content and this book seems to achieve that. We have all been there with complex concepts when we read research papers or documents with huge amounts of information - well, the appraisal section unpicks many of the commonly used terms and tests that are presented in papers. The authors guide the reader through some appraisals, making clear the skills needed to evaluate and critique research. For me, these sections are considered and very helpful. Interestingly, the preface attempts to set the context for midwives in

contemporary health services, but actually in my mind this is a rather negative introduction. The view that, due to resource constraints and midwives workloads, achieving best practice is somehow difficult and restrictive, is not the opening tone by which to contextualise this book. Plus, I would have thought that something explicit about the importance of the client, ie women and their families, and how they can benefit and be included in the debates and issues surrounding evidence-based midwifery, would have enhanced the overarching philosophy. This said, the main body of the book follows a logical sequence from practice issues and question formulation to locating information (evidence), techniques for good searching, appraising evidence, issues regarding application and clinical governance. The Nursing and Midwifery Council (NMC) requirements for professional regulation are fairly well covered. Midwives and students are offered information, tips and support for enabling them to embrace what is expected in terms of quality assurance and their own revalidation.Reviewed by Julie Wray, senior lecturer, University of Salford.

20071204-5

Normal childbirth and evidence based practice. Waldenstrom U (2007), Women and Birth: Journal of the Australian College of Midwives vol 20, no 4, December 2007, pp 175-180

This paper was presented at a Health Conference in March 2007, celebrating the 150th birthday of the Royal Women's Hospital in Melbourne. It discusses the definition of 'normal childbirth', and the pros and cons of three medical technologies(a): caesarean section, epidural analgesia during labour and routine ultrasound screening during pregnancy, and whether clinical practices, in Australia and Sweden (author is Swedish), in relation to these methods are evidence based. It also discusses the impact of non-scientific reasons, such as anxiety, on clinical decision making. (25 references) (Author)

20071204-46*

Nurses' attitudes to and perceptions of knowledge and skills regarding evidence-based practice. Sherriff KL, Wallis M, Chaboyer W (2007), International Journal of Nursing Practice vol 13, no 6, December 2007, pp 363-369

The study evaluated the effect of an evidence-based practice (EBP) educational programme on attitudes and perceptions of knowledge and skills, of registered nurses, towards EBP. The study was conducted using a quasiexperimental interrupted time series design. Participants were clinical nurses in educational and leadership roles within a Health Service District in south-east Queensland. The data were collected using a self-administered questionnaire at three points. Nurses' belief in the value of EBP for practice was high prior to the programme and did not change subsequently. There was an improvement following the intervention in nurses' attitudes to organizational support for EBP and their perceptions of their knowledge and skills in locating and evaluating research reports. Providing educational courses in a clinical setting is useful in improving clinicians' attitudes to and perceptions of knowledge and skills related to EBP. (Author)

20071119-42

Conflicting guidelines on same topics cause doctors confusion, MPs tell NICE officials. Hitchen L (2007), BMJ vol 335, no 7628, 17 November 2007, p 1012

News item reporting on the confusion caused by the simultaneous publication of guidelines on the same subject. (MB)

20071026-22

Establishing food-based dietary guidelines for children: the challenge. Briend A (2007), Maternal & Child Nutrition vol 3, no 4, October 2007, pp 224-226

Explains some of the problems associated with writing nutritional guidelines for children, and the issues faced by those implementing them. (12 references) (JSM)

20071005-19

Campaign for normal birth. Recording facts. Fraser D (2007), RCM Midwives vol 10, no 9, October 2007, p 432

Professor of midwifery at the University of Nottingham and member of the Campaign for Normal Birth's Steering Committee Diane Fraser looks at how different sorts of knowledge can provide evidence for practice. (Author)

20071002-90

Barriers to evidence-based nursing: a focus group study. Hannes K, Vandersmissen J, de Blaeser L, et al (2007), Journal of

Advanced Nursing vol 60, no 2, October 2007, pp 162-171

Aim. This paper reports a study to explore the barriers to evidence-based nursing among Flemish (Belgian) nurses. Background. Barriers obstructing the call for an increase in evidence-based nursing have been explored in many countries, mostly through quantitative study designs. Authors report on lack of time, resources, evidence, authority, support, motivation and resistance to change. Relationships between barriers are seldom presented. Methods. We used a grounded theory approach, and five focus groups were organized between September 2004 and April 2005 in Belgium. We used purposeful sampling to recruit 53 nurses working in different settings. A problem tree was developed to establish links between codes that emerged from the data. Findings. The majority of the barriers were consistent with previous findings. Flemish (Belgian) nurses added a potential lack of responsibility in the uptake of evidence-based nursing, their 'guest' position in a patient's environment leading to a culture of adaptation, and a future 'two tier' nursing practice, which refers to the different education levels of nurses. The problem tree developed serves as (1) a basic model for other researchers who want to explore barriers within their own healthcare system and (2) a useful tool for orienting change management processes. Conclusion. Despite the fact that the problem tree presented is context-specific for Flanders (Belgium), it gives an opportunity to develop clear objectives and targeted strategies for tackling obstacles to evidence-based nursing. (42 references) (Author)

20070918-130

Every change needs a champion. Bingham D (2007), Journal of Perinatal Education vol 16, no 3, Summer 2007, pp 8-10

Lamaze International is pleased to launch the newly revised and updated (as of May 2007) six care practice papers that synthesize best practices that promote, support, and protect normal birth, bonding, and breastfeeding for pregnant women and their support teams. The updated six care practice papers are available as resource materials to start and support conversations of change. Childbirth educators are encouraged to be change champions and to incorporate the six care practices into the maternity care that women receive in their communities. (10 references) (Author)

20070820-41

Research priorities of NSW midwives. Reid J, O'Reilly R, Beale B, et al (2007), Women and Birth: Journal of the Australian College of Midwives vol 20, no 2, June 2007, pp 57-63

PURPOSE: Research is vital to achieve optimum health outcomes for pregnant women, children and families. Recently, the benefit of setting research priorities to effectively utilize limited resources has been identified. Currently there is a lack of published Australian research data relevant to the practice of midwifery. Consultation with current practitioners is important to fulfill the National Health and Medical Research Council (NHMRC) key priority for a healthy start to life, ensure limited resources are expended appropriately and promote evidence-based midwifery practice. The aim of this study was to ascertain the perceived research priorities and the research experience of midwives in NSW, Australia. PROCEDURES: Postal questionnaire sent to the 1000 subscribers of Australian Midwifery, of whom 90% (900) are midwives, in March 2005 with key open-ended questions to ascertain midwifery research priorities and research experience of participants. FINDINGS: Respondents were all midwives with 95% indicating they were currently practising as a midwife. They identified six priority areas: professional practice; clinical issues; education and support; breastfeeding; psychosocial factors; rural/indigenous issues. PRINCIPLE CONCLUSIONS: Priorities for research were identified and the need for a link between research and professional midwifery practice was highlighted. Midwives were positive about the possibility of becoming more actively involved in research and/or advocates for evidence based practice. The opportunity exists to take the broad priority areas from this study and develop research questions of relevance for the midwifery profession. (54 references) (Author)

20070813-27

Being with Jane in childbirth: putting science and sensitivity into practice. Page L (2006), In: Page LA, McCandlish R eds. The new midwifery: science and sensitivity in practice. Edinburgh: Elsevier 2006. pp 359-376

Illustrates how the aims and principles of what the author terms the 'New Midwifery' were put into practice at a birth that she attended. Describes the five steps of evidence-based midwifery. (51 references) (MB)

20070813-20

Evidence-based midwifery: finding, appraising and applying evidence in practice. Page L, Corkett M, McCandlish R (2006), In: Page LA, McCandlish R eds. The new midwifery: science and sensitivity in practice. Edinburgh: Elsevier 2006. pp 203-225

Discusses the evaluation and assessment of the effectiveness of midwifery care and outlines factors that have influenced the development of evidence-based maternity care in the United Kingdom. (26 references) (MB)

20070803-3

Fostering evidence-based practice: strategies for nurse leaders. Scott-Findlay S (2007), Nursing for Women's Health vol 11, no 3, June/July 2007, pp 250-252

Although evidence-based practice (EBP) has been accepted as the norm for practice, recent surveys suggest that 30-40% of cases are not receiving care based on current research. The influence of leaders is seen as essential to the fostering of EBP by providing adequate access to computers and libraries, creating forums bringing health professionals together, and by being advocates for staff for educational opportunities and resources. (4 references) (VDD)

20070803-10

Where are the data?. Bieda A (2007), Nursing for Women's Health vol 11, no 3, June/July 2007, pp 316-318

Discusses the need for research into specifically neonatal and paediatric treatments. Many treatments have been introduced into the neonatal unit which have only been tested in the adult arena; pain management and skin care being examples of this. Progress on these has improved care for neonates immensely but issues like adding thickening agents to infant feeds is still under-researched, even though the practice is widespread. Staff working in these areas not only need to be cognisant of current research but proactive in its use. (12 references) (VDD)

20070625-40*

Monitoring reproductive health in Europe: what are the best indicators of reproductive health? A need for evidence-based quality indicators of reproductive health care. Nelen WL, Hermens RP, Mourad SM, et al (2007), Human Reproduction vol 22, no 4, April 2007, pp 916-918

Monitoring reproductive health by the Reprostat indicators in Europe will facilitate the transparency of reproductive health as well as comparisons over time and between countries. However, for the monitoring and improvement of reproductive health care, we suggest the systematic development of evidence-based quality indicators, especially process and structure indicators. (Author)

20070619-72

Factors facilitating and inhibiting evidence-based nursing in Iran. Adib-Hajbaghery M (2007), Journal of Advanced Nursing vol 58, no 6, June 2007, pp 566-575

Aim. This paper is a presentation of a study to clarify the concept of evidence-based nursing and to explore the factors that influence evidence-based nursing by Iranian nurses. Background. Evidence-based practice was introduced as an approach to high-quality care intended to improve results for patients. Several nurse researchers have studied factors affecting implementation of evidence-based nursing in western countries. However, there is little or no research on the perceptions of evidence-based nursing and its barriers in eastern countries, especially Iran. Methodology. Grounded theory method was used. Interviews with 21 participants and 30 hours of observation were conducted in hospitals in Iran during 2005. Constant comparative analysis was used to analyse the data. Findings. Two main categories, 'the meaning of evidence-based nursing', and 'factors affecting it', emerged from the data. From participants' perspectives, evidence-based nursing was defined as 'caring for patients based on the nurse's professional knowledge in meeting patients' needs'. The second category, factors affecting evidence-based care, had six subcategories: possessing professional knowledge and experience; having time and opportunity; becoming accustomed; self-confidence; the process of nursing education; and the work environment and its expectations. Conclusion. Managers and educators need to be committed to the principles of EBP, provide resources and create a supportive environment for its implementation. Individual nurses also have a responsibility to carry out evidence-based nursing, and researchers should work with practitioners to generate high quality evidence to support nursing practice. (52 references) (Author)

20070611-91

Adoption and practice of evidence-based obstetric care among Nigerian obstetricians. Oladapo OT, Fawole AO (2007), Journal of Obstetrics and Gynaecology vol 27, no 3, April 2007, pp 279-281

Reports on a study that evaluated the extent that Nigerian obstetricians follow the best available evidence in their current obstetric practice. (4 references) (SB)

20070611-126

Implementation: use of the guideline. Richens Y, Burbeck R, Shackleton B, et al (2007), RCM Midwives vol 10, no 6, June 2007, pp 280-281

In this final article in the series covering the National Institute for Health and Clinical Excellence guideline on antenatal and postnatal mental health, Yana Richens, Rachel Burbeck, Beth Shackleton and Clare Taylor look at how midwives may implement the guideline and the challenges it presents. (10 references) (Author)

20070606-19

Getting guidelines to work in practice. McMaster P, Rogers D, Kerr M, et al (2007), Archives of Disease in Childhood vol 92, no 2, February 2007, pp 104-106

Creating good guidelines. (9 references) (Author)

20070605-50

Promoting evidence-based maternity care in middle-income countries: challenges and opportunities. Bastos MH (2007), Midwifery vol 23, no 2, June 2007, pp 111-112

Discusses the need to promote the use of evidence-based maternity care in Brazil, where practice is outdated and routinely medicalised. (8 references) (MB)

20070605-141

Putting results of a clinical trial into perspective. Wilcken NR, Gebski VJ, Pike R, et al (2007), Medical Journal of Australia vol 186, no 7, 2 April 2007, pp 368-370

Explores the need to assess the results of clinical trials in the context of existing evidence. Discusses the relative merits of randomised controlled trials and systematic reviews and suggests ways in which the relevance of trial findings can be judged. (13 references) (MB)

20070604-85

Putting evidence into practice. Does the workplace really matter?. Scott-Findlay S, Snelgrove-Clarke E, Newton M (2007), Nursing for Women's Health vol 11, no 1, February/March 2007, pp 32-35

Discusses the extent to which the workplace influences nurses' ability to use evidence-based research in their everyday practice. (10 references) (MB)

20070604-120

Journal clubs - knowledge sufficient for critical appraisal of the literature?. Rheeder p, van Zyl D, Webb E, et al (2007), South African Medical Journal (SAMJ) vol 97, no 3, March 2007, pp 177-178

Reports on an evaluation of four journal clubs from different clinical departments at the Faculty of Health Sciences at the University of Pretoria. (8 references) (SB)

20070522-96

Listening to mothers II reveals maternity care quality chasm. Sakala C, Corry MP (2006), Journal of Midwifery & Women's Health vol 52, no 3, May/June 2007, pp 183-185

Commentary on the 'Listening to Mothers II' survey, highlighting the large proportion of childbearing women in the United States who are experiencing care that does not reflect best evidence, the wishes of mothers, legal disclosure standards or the interests of mothers and infants. (11 references) (CR)

20070522-95

Using evidence-based care to improve women's health in childbirth. Albers LL (2006), Journal of Midwifery & Women's Health vol 52, no 3, May/June 2007, pp 181-182

Editorial highlighting the importance of incorporating evidence into midwifery practice in order to improve the health outcomes of childbearing women. (16 references) (CR)

20070521-82

Commentary: The coalition for improving maternity services. Hodges S, Stewart SB, Hotelling B, et al (2007), Journal of Perinatal Education vol 16, no 1, Winter 2007, suppl, pp 93S-96S

A consumer advocate, two childbirth educators, and a certified nurse-midwife each provide commentary on the effectiveness of and potential uses for the Evidence Basis for the Ten Steps of Mother-Friendly Care. (Author)

20070521-75

Step 6: Does not routinely employ practices, procedures unsupported by scientific evidence. The coalition for improving maternity services. Goer H, Leslie MS, Romano A (2007), Journal of Perinatal Education vol 16, no 1, Winter 2007, suppl, pp 32S-64S

Step 6 of the Ten Steps of Mother-Friendly Care addresses two issues: 1) the routine use of interventions (shaving, enemas, intravenous drips, withholding food and fluids, early rupture of membranes, and continuous electronic fetal monitoring; and 2) the optimal rates of induction, episiotomy, cesareans, and vaginal births after cesarean. Rationales for compliance and systematic reviews are presented. (6 references) (Author)

20070521-42

The pursuit of evidence. Mueller-Heubach E (2007), American Journal of Obstetrics & Gynecology (AJOG) vol 196, no 4, April 2007, pp 366-372

Paper from the 27th Annual Scientific Meeting of the American Gynecological and Obstetrical Society discussing how approaches to scientific evidence have changed over the past 130 years. (36 references) (CR)

20070518-9

Finding the research for evidence-based practice. Part two - selecting credible evidence. Fitzpatrick J (2007), Nursing Times vol 103, no 18, 1 May 2007, pp 32-33

This is the second article in a three-part series exploring the development of effective evidence-based practice (EBP) processes. The first article addressed the context of EBP, effective question identification and search strategies. This article looks at selecting and retrieving credible sources of evidence and the critical evaluation of research. The final article next week looks at how to turn research into evidence-based practice. This is a summary: the full paper and reference list can be accessed at nursingtimes.net. (5 references) (Author)

20070518-8

Finding the research for evidence-based practice. Part one - the development of EBP. Fitzpatrick J (2007), Nursing Times vol 103, no 17, 24 April 2007, pp 32-33

This is the first article in a three-part series that aims to explore what is involved in developing effective evidence-based practice (EBP) processes. This article discusses the development of EBP, its purpose in healthcare delivery and the development of skills to identify topics of interest. Parts two and three of this series examine the development of skills for critical appraisal of evidence. This is a summary: the full paper and reference list can be accessed at nursingtimes.net. (10 references) (Author)

20070517-4

How to turn research into evidence-based practice. Part three - making a case. Fitzpatrick J (2007), Nursing Times vol 103, no 19, 8 May 2007, pp 32-33

This is the third in a series of articles exploring what is involved in developing effective evidence-based practice (EBP). The first article addressed the context of EBP, effective question identification and search strategies. The second introduced critical evaluation of sources. This article examines turning research into EBP and the various processes involved. This is a summary: the full paper and reference list can be accessed at nursingtimes.net. (3 references) (Author)

20070430-14

What is evidence-based practice and why do we need to use it?. Roughley G (2007), British Journal of Midwifery vol 15, no 4, April 2007, p 211

The author defines evidence-based practice and comments on the advantages of using it in midwifery. (11 references) (Author)

20070420-2*

Evidence-based care for normal labour and birth: a guide for midwives. Walsh D (2007), London : Routledge 2007. 200

pages

Evidence-based care is a well established principle in contemporary health care and a worldwide health care movement. However, despite the emphasis on promoting evidence-based or effective care without the unnecessary use of technologies and drugs, intervention rates in childbirth are rising rapidly. 'Evidence-based Care for Normal Labour and Birth' brings to light much of the evidence around what works best for normal birth which has, until now, remained largely hidden and ignored by maternity care professionals. Beginning with the decision about where to have a baby, through all the phases of labour to the immediate post-birth period, it systematically details research and other evidence sources that endorse a low intervention approach. The book highlights where the evidence is compelling; discusses its application where women question its relevance to them and where the practitioner's expertise leads them to challenge it; gives background and context before discussing the research to date; includes questions for reflection and practice recommendations generated from the evidence. Using research data, 'Evidence-based Care for Normal Labour and Birth' critiques institutionalised, scientifically managed birth and endorses a more humane midwifery-led model. Packed with up-to-date and relevant information, this controversial book will help all students, practising midwives and doulas keep abreast of the evidence surrounding normal birth and ensure their practice takes full advantage of it. (Publisher)

20070419-13

Campaign for normal birth: guidelines are guidelines. Johnston D (2007), RCM Midwives vol 10, no 4, April 2007, p 181

Head of midwifery at the Women's and Children's Directorate at Darent Valley Hospital Dawn Johnston discusses the flexibility of guidelines. (3 references) (Author)

20070411-24

The effect of professional socialisation on midwives' practice. Parsons M, Griffiths R (2007), Women and Birth: Journal of the Australian College of Midwives vol 20, no 1, March 2007, pp 31-34

This article discusses the influence that professional socialisation can have on midwifery practice. Differences in beliefs and practices regarding the oral intake of labouring women were the basis for this paper's discussion. Midwives should be aware of the problems that may be caused by the socialisation processes experienced during the training and subsequent working life of a midwife which aim to procure obedience and unquestioning conformity. These attributes diminish the ability of midwives to challenge traditional practices and to make decisions based on the available research evidence and the preferences of women in their care. Basing practice on tradition or practice conventions rather than a formal guideline or an evidence-based policy may expose a midwife to potential litigation should there be an adverse event. (31 references) (Author)

20070302-5

In pursuit of evidence. Hoban V (2007), Nursing Times vol 103, no 9, 27 February 2007, pp 16-18

The barriers that nurses face moving into clinical research have been made worse by NHS cost-cutting. But there are solutions on the horizon. (Author)

20070205-6

Adopting and adapting clinical guidelines for local use. Penney GC (2007), Obstetrician and Gynaecologist vol 9, no 1, 2007, pp 48-52

Presents an overview of the principles of clinical guideline development and provides advice on how national guidelines can be adapted for local use. (16 references) (CR)

20070130-79

A tool for guiding clinical decisions. Smith JR, Donze A, Magliaro BL (2007), Neonatal Network: the Journal of Neonatal Nursing vol 26, no 1, January/February 2007, pp 63-69

Outlines the skills and knowledge required by nurses to enable the implementation of evidence-based practice in clinical decision making. (58 references) (SB)

20070130-30

Factors influencing the development of evidence-based practice: a research tool. Gerrish K, Ashworth P, Lacey A, et al (2007), Journal of Advanced Nursing vol 57, no 3, February 2007, pp 328-338

Aim. The paper reports a study to develop and test a tool for assessing a range of factors influencing the development of evidence-based practice among clinical nurses. Background. Achieving evidence-based practice is a goal in nursing frequently cited by the profession and in government health policy directives. Assessing factors influencing the achievement of this goal, however, is complex. Consideration needs to be given to a range of factors, including different types of evidence used to inform practice, barriers to achieving evidence-based practice, and the skills required by nurses to implement evidence-based care. Methods. Measurement scales currently available to investigate the use of evidence in nursing practice focus on nurses' sources of knowledge and on barriers to the use of research evidence. A new, wider ranging Developing Evidence-Based Practice questionnaire was developed and tested for its measurement properties in two studies. In study 1, a sample of 598 nurses working at two hospitals in one strategic health authority in northern England was surveyed. In study 2, a slightly expanded version of the questionnaire was employed in a survey of 689 community nurses in 12 primary care organizations in two strategic health authorities, one in northern England and the other in southern England. Findings. The measurement characteristics of the new questionnaire were shown to be acceptable. Ten significant, and readily interpretable, factors were seen to underlie nurses' relation to evidence-based practice. Conclusion. Strategies to promote evidence-based practice need to take account of the differing needs of nurses and focus on a range of sources of evidence. The Developing Evidence-Based Practice questionnaire can assist in assessing the specific 'evidencing' tendencies of any given group of nurses. (44 references) (Author)

20070122-1

The practice of evidence-based medicine. Kammerer-Doak D (2006), The Female Patient: Ob/Gyn edition vol 31, no 7, July 2006, pp 10, 13

Comments on the pros and cons of randomised controlled trials, with reference to the Term Breech Trial. (2 references) (MB)

20070112-67

Evidence-based practice. Cluett ER (2006), In: Cluett ER, Bluff R eds. Principles and practice of research in midwifery. 2nd ed. Edinburgh: Churchill Livingstone 2006, pp 33-56

Examines the origins and purpose of evidence-based practice (EBP) and considers the key stages of the EBP process. The chapter also discusses the advantages and disadvantages of EBP and highlights some of the issues surrounding its implementation. (44 references) (CR)

20070108-55

O', Evidence-based medicine - where is your effectiveness?. Thorp JM (2007), BJOG: An International Journal of Obstetrics and Gynaecology vol 114, no 1, January 2007, pp 1-2

Discusses the theory-practice gap in evidence-based medicine and its effectiveness in changing practice. (7 references) (MB)

20061219-32

The practical use of evidence. Alexander J (2006), RCM Midwives vol 9, no 12, December 2006, pp 490-491

This is the first paper in the new 'Professor of midwifery' series that gives an insight into this varied role. Professor of midwifery, maternal and perinatal research at Bournemouth University Jo Alexander gives compelling reasons for the direct application of evidence to everyday professional practice. (7 references) (Author)

20061212-100

A clinical evaluation of evidence-based maternity care using the optimality index. Low LK, Miller J (2006), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 35, no 6, November/December 2006, pp 786-793

The Optimality Index-US (OI-US) reflects the use of evidence-based practices in obstetrics. This paper's objective is to apply the OI-US to a 'typical' nurse-midwifery service data set to demonstrate its use outside of a research context. The OI-US score for the sample practice was 80%. The OI-US can be used by obstetric and gynecologic nurse clinicians to demonstrate the relationship of various care practices to optimal outcomes. (19 references) (Author)

20061129-8*

Is general inpatient obstetrics and gynaecology evidence-based? A survey of practice with critical review of

methodological issues. Khan AT, Mehr MN, Gaynor A-M, et al (2005), BMC Women's Health vol 6, no 5, 10 March 2006. 4 pages

Background: To examine the rates of evidence-supported care provided in an obstetrics-gynaecology unit. Methods: The main diagnosis-intervention set was established for a sample of 325 consecutive inpatient admissions in 1998-99 in a prospective study in a UK tertiary care centre. A comprehensive literature search was conducted to obtain the evidence supporting the intervention categorised according to the following hierarchy: Grade A, care supported by evidence from randomised controlled trials; Grade B, care supported by evidence from controlled observational studies and convincing non-randomised evidence; and Grade C, care without substantial research evidence. Results: Of the 325 admissions, in 135 (42%) the quality of care was based on Grade A evidence, in 157 (48%) it was based on Grade B evidence, and in 33 (10%) it was based on Grade C evidence. The patterns of care were not different amongst patients sampled in 1998 and 1999.
Conclusion: A significant majority (90%) of obstetric and gynaecological care was found to be supported by substantial research evidence. [The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1472-6874-6-5.pdf] (22 references) (Author)

20061113-38

Evidence-based strategies for implementing guidelines in obstetrics: a systematic review. Chaillet N, Dube E, Dugas M, et al (2006), Obstetrics & Gynecology vol 108, no 5, November 2006, pp 1234-1245

OBJECTIVE: To estimate effective strategies for implementing clinical practice guidelines in obstetric care and to identify specific barriers to behavior change and facilitators in obstetrics. DATA SOURCES: The Cochrane Library, EMBASE, and MEDLINE were consulted from January 1990 to June 2005. Additional studies were identified by screening reference lists from identified studies and experts' suggestions. METHODS OF STUDY SELECTION: Studies of clinical practice guidelines implementation strategies in obstetric care and reviews of such studies were selected. Randomized controlled trials, controlled before-after studies, and interrupted time series studies were evaluated according to Effective Practice and Organization of Care criteria standards. TABULATION, INTEGRATION, AND RESULTS: Studies were reviewed by two investigators to assess the quality and the efficacy of each strategy. Discordances between the two reviewers were resolved by consensus. In obstetrics, educational strategies with medical providers are generally ineffective; educational strategies with paramedical providers, opinion leaders, qualitative improvement, and academic detailing have mixed effects; audit and feedback, reminders, and multifaceted strategies are generally effective. These findings differ from data on the efficacy of clinical practice guidelines implementation strategies in other medical specialties. Specific barriers to behavior change in obstetrics and methods to overcome these barriers could explain these differences. The proportion of effective strategies is significantly higher among the interventions that include a prospective identification of barriers to change compared with standardized interventions. CONCLUSION: Prospective identification of efficient strategies and barriers to change is necessary to achieve a better adaptation of intervention and to improve clinical practice guidelines implementation. In the field of obstetric care, multifaceted strategy based on audit and feedback and facilitated by local opinion leaders is recommended to effectively change behaviors. (71 references) (Author)

20061103-37

Practice-based evidence: how one nurse turned her day-to-day experiences into research. Shieh C (2006), AWHONN Lifelines October/November 2006, pp 375-378

Discusses how nurses can generate research ideas, the kind of issues that nurses might want to consider when applying research findings to practice and the implications of research findings for nursing. (5 references) (MB)

20061027-1

Clinical guidelines: indicators of rising or falling standards in healthcare delivery?. Healy DG (2006), Irish Medical Journal vol 99, no 8, September 2006, pp 245-247

Comments on the pros and cons of guidelines, the legal consequences for those who deviate from them and contemporary standards. (24 references) (MB)

20061009-78

'Click here for women's health resources'. Marran S (2006), Practising Midwife vol 9, no 9, October 2006, pp 30-31

Evidence-based resources for midwives are just a click away, thanks to the Women's Health Specialist Library. Shona Marran gives a flavour of the library's contents. (Author)

20060929-22

Parachute approach to evidence based medicine. Potts M, Prata N, Walsh J, et al (2006), BMJ 30 September 2006, pp 701-703

Argues that policies set based on good science where randomised controlled trials do not exist is an approach that is more suitable in resource countries, and that an emphasis on randomised controlled trials in these settings can pose important ethical and logistic problems and may cause unnecessary deaths. Illustrates this using the examples of oral rehydration therapy, male circumcision to prevent HIV infection, and misoprostol for postpartum haemorrhage. (25 references) (SB)

20060915-10

The case of the misleading funnel plot. Lau J, Ioannidis JPA, Terrin N, et al (2006), BMJ vol 333, no 7568, 16 September 2006, pp 597-600

Evidence based medicine insists on rigorous standards to appraise clinical interventions. Failure to apply the same rules to its own tools could be equally damaging. (26 references) (Author)

20060912-75

Factors associated with the awareness and practice of evidence-based obstetric care in an African setting. Tita ATN, Selwyn BJ, Waller DK, et al (2006), BJOG: An International Journal of Obstetrics and Gynaecology vol 113, no 9, September 2006, pp 1060-1066

Objective. To identify the factors associated with important (>/=50%) variation in awareness and practice of evidence-based obstetric interventions in an African setting where we have previously reported poor awareness and use of evidence-based reproductive interventions. Design. Cross-sectional analysis of data from our Reproductive Health Interventions Study. Setting. North-west province, Cameroon, Africa. Population. Health workers including obstetricians, other physicians, midwives, nurses and other staff providing reproductive care. Main outcome measures. Prevalence ratios (PR) of uniform awareness and practice of four key evidence-based obstetric interventions from the World Health Organization Reproductive Health Library (WHO RHL): antiretrovirals to prevent mother-to-child transmission of HIV/AIDS, antenatal corticosteroids for prematurity, uterotonics to prevent postpartum haemorrhage and magnesium sulphate for seizure prophylaxis. Methods. Comparisons of descriptive covariates, applying logistic regression to estimate independent relationships with awareness and use of evidence-based interventions. Results. A total of 15.5% (50/322) of health workers were aware of all the four interventions while only 3.8% (12/312) reported optimal practice. Evidence-based awareness was strongly associated with practice (PR = 15.4; 96% CI: 4.3-55.0). Factors significantly associated with awareness were: attending continuing education, access to the WHO RHL, employment as an obstetrician/gynaecologist and working in autonomous military or National Insurance Fund facilities. Controlling for potential confounding, working as an obstetrician was associated with increased awareness (adjusted prevalence odds ratio [aPOR] = 8.3; 95% CI: 1.3-53.8) as was median work experience of 5-15 years (aPOR = 2.0; 95% CI: 1.0-3.8). Internet access was associated with increased practice (aPOR = 3.4; 95% CI: 1.0-11.8). Other potentially important variations were observed, although they did not attain statistical significance. Conclusions. Several factors including obstetric training and continuous education positively influence evidence-based awareness and practice of key obstetric interventions. Confirmation and application of this information may enhance. (24 references) (Author)

20060907-1

A critical approach to evidence through clinical trials. Shaw S (2006), Nursing Times vol 102, no 36, 5 September 2006, pp 36-38

Debates continue about what is the best and most worthwhile approach to health care research. This article aims to encourage a critical approach to the concept of evidence and in particular suggests some reasons to question the prominence of randomised controlled trials (RCTs). (26 references) (Author)

20060904-5

Development of regional guidelines: the way forward for neonatal networks?. Cornette L, Miall L (2006), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 91, no 5, September 2006, pp F318-319

Successful development of regional guidelines can help to achieve unified neonatal practice. (13 references) (Author)

20060831-60

Implementing evidence-based nursing practice in a pediatric hospital. Hockenberry M, Wilson D, Barrera P (2006),

Pediatric Nursing vol 32, no 4, July-August 2006, pp 371-377

Discusses the barriers to evidence-based practice and the resources need to implement it. (25 references) (MB)

20060831-27

Bridging the gaps in evidence based diagnosis. Straus SE (2006), BMJ vol 333, no 7565, 26 August 2006, pp 405-406

Looks at issues surrounding the evidence of the accuracy and precision of diagnostic tests. (12 references) (JSM)

20060807-12

Developments in maternity services should be driven by evidence. Gould D (2006), British Journal of Midwifery vol 14, no 8, August 2006, pp 496-497

Many developments within our maternity services are driven by emotion and instinct rather than by the facts argues Debby Gould, who believes that the government must stand firm and steer a new course. (6 references) (Author)

20060717-23*

Using evidence to save newborn lives. Bhutta ZA, Darmstadt GL, Ransom EI (2003), Washington: Save the Children May 2003. 6 pages

This 6-page policy brief, published in May 2003 as a result of a collaboration between the Population Reference Bureau and Save the Children, is number 3 in the 'Policy perspectives on newborn health' series. This document presents the findings of a review of the impact of newborn health interventions in developing countries, concluding that research is an effective tool for identifying ways of preventing neonatal mortality. The fully-referenced report identifies ways in which improved antenatal care programmes, and skilled care during labour, birth and the postnatal period can positively affect newborn health outcomes. (21 references) (MB)

20060713-31

How to bring evidence into your practice. Theroux R (2006), AWHONN Lifelines vol 10, no 3, June/July 2006, pp 244-249

Discusses evidence-based practice, providing an overview of its history, and guidance on how it can be used. Includes details of the steps in evidence-based practice, the types of studies used, the levels of evidence, and online sources of evidence. (14 references) (SB)

20060705-21

Can we trust the results of trials that are stopped early?. Khan KS, Hills R (2006), BJOG: An International Journal of Obstetrics and Gynaecology vol 113, no 7, July 2006, pp 766-768

Comments on target recruitment numbers for trials and the reliability of the evidence when these targets are not met. (13 references) (MB)

20060703-25

Neonatal nursing - Engaging with research. Harvey M, Leslie A (2006), Journal of Neonatal Nursing vol 12, no 3, June 2006, pp 80-81

Discusses the need for neonatal nurses to engage with research and explains how to put research findings into practice. (3 references) (SB)

20060607-58

Evidence-based practice: how much, how strong, how fast?. Askin DF (2006), Neonatal Network: the Journal of Neonatal Nursing vol 25, no 3, May/June 2006, pp 155-156

Outlines sources of evidence for neonatal nurses. (4 references) (SB)

20060530-31

Systematic reviews in midwifery. van Teijlingen E, Napper M, Bruce J, et al (2006), RCM Midwives vol 9, no 5, May 2006, pp 186-188

The process of systematic reviewing is important in developing evidence-based practice and should be carried out in a specific, structured manner as this paper outlines. (6 references) (Author)

20060516-8

Developing a best practice framework to benchmark research and development activity in nursing and midwifery. McCance TV, Fitzsimons D, Armstrong NC (2006), Journal of Research in Nursing vol 11, no 2, 2006, pp 160-171

Clinical and social care governance provides a strategic climate in which research and development (R&D) is a key component. Within this context, nurses and midwives have the opportunity and responsibility to make a difference to the quality of patient care by raising the profile of their R&D activity. The R&D Best Practice Framework advanced in this paper has been developed as a mechanism to identify good practice and to help build a more positive culture within which nursing and midwifery research and development can flourish. The aim of the Framework was to identify explicit criteria for developing the nursing and midwifery R&D agenda, against which organisations can benchmark activity. The R&D Best Practice Framework was developed using a systematic approach, and resulted in the formulation of best practice statements relating to key stakeholder groups including health and care providers, education providers and R&D funders. Statements were themed under six headings: strategy development; building capacity; infrastructure; partnership working; research in practice; and outcome assessment. The potential exists for the Framework to be translated across a range of settings, to be used by organisations as a benchmark for current activity, and as a tool which can facilitate future planning. (42 references) (Author)

20060516-5

Evidence for health policy. Littlejohns P, Chalkidou K (2006), Journal of Research in Nursing vol 11, no 2, 2006, pp 110-117

Explores aspects of utilising the evidence to inform national health policy. Examines how the National Institute for Health and Clinical Excellence obtains the best evidence, what it does when good evidence is unavailable, and how a more comprehensive evidence base can be generated in the future. (26 references) (SB)

20060516-4

The politics of the evidence-based practice movements: legacies and current challenges. Rycroft-Malone J (2006), Journal of Research in Nursing vol 11, no 2, 2006, pp 95-108

In the United Kingdom the election of the Labour government in 1997 signalled the arrival of evidence-based policy making based on a philosophy of 'what counts is what works'. Mirroring the emphasis on evidence-based policy-making has been a concern about encouraging the use of evidence in practice. As an ideology it has penetrated the consciousness, discourse and working practices of professionals. However, despite the apparent engagement with evidence-based approaches to care, there remain a number of key areas that stimulate discussion and warrant debate. This discussion paper highlights some of these issues and considers their implications. Specifically, the political context of the evidence-based movements is considered and the resulting consequences outlined. These include issues about how nursing has signed up to evidence-based practice, the way in which evidence is conceptualised and the continuing gap between evidence and practice. Finally, a number of issues are presented that need to be tackled if there is a genuine desire to improve the evidence base and increase its influence on policy and practice. (56 references) (Author)

20060516-3

Evidence-based practice and the potential for transformation. McCormack B (2006), Journal of Research in Nursing vol 11, no 2, 2006, pp 89-94

Discusses the political nature of evidence-based practice and the need for a 'perspective transformation' in the field that goes beyond the arguments of hierarchies of knowledge and the privileging of certain forms of knowledge. (33 references) (SB)

20060510-62*

The social and cultural shaping of medical evidence: Case studies from pharmaceutical research and obstetric science. De Vries R, Lemmens T (2006), Social Science and Medicine vol 62, no 11, June 2006, pp 2694-2706

Most critiques of evidence-based medicine (EBM) focus on the scientific shortcomings of the technique. Social scientists are more likely to criticize EBM for it ideological biases, a criticism that makes sociological sense but is difficult to substantiate. Using data from our studies of (1) the influence of pharmaceutical companies on the conduct and reporting of clinical trials, and (2) obstetric science in the Netherlands (where nearly one-third of births occur at home) we show how the evidence of evidence-based medicine is shaped by forces both structural and cultural. The threats to objective evidence are many, and, if EBM is to be true to its own principles, it must take these threats into account. (Author)

20060510-61*

The contextual influence of professional culture: Certified nurse-midwives' knowledge of and reliance on evidence-based practice. Bogdan-Lovis EA, Sousa A (2006), Social Science and Medicine vol 62, no 11, June 2006, pp 2681-2693

This paper reports research undertaken to assess US certified nurse-midwives' (CNMs) knowledge of, access to, and use of evidence-based medicine (EBM). Findings are presented in the context of interprofessional, institutional, and popular culture. The descriptive study follows concepts of diffusion of innovation, evidence-based patient choice, and authoritative knowledge to analyse incentives and barriers to the implementation of evidence-based midwifery care. Structured interviews were conducted with practicing CNMs in an urban practice site and a regional teaching centre. The analysis of responses explored congruence between practitioner knowledge, professed practice, and published professional as well as hospital-based internal practice guidelines, for two specific interventions for which there is ample systematic review, epidural and episiotomy. The CNMs demonstrated enthusiasm for their own individual understanding of EBM, but responses to specific questions about EBM-supported practice indicate that many had an incomplete understanding of the concept. Furthermore, in those cases where CNMs demonstrated accurate knowledge of EBM, practice protocols followed subspecialty dictates, thereby preventing their knowledge from translating into adherence to EBM-guided clinical practice guidelines. Finally, patient expectations for technological intervention appeared to influence CNMs' care decisions, even when those expectations lacked sound supporting evidence. If, as conceived by its originators and champions, EBM is to be widely adopted, then practitioners such as CNMs need to accurately understand its concepts and also to be afforded the opportunity to exercise professional control over its implementation. Central to an epistemically balanced EBM is the need to ensure that midwifery knowledge contributes in a robust and ongoing fashion to EBM's scientific research base. Lastly, EBM advocates must identify balanced strategies to both rationally and fairly address consumerist pressures for aggressive health care consumption. (Author)

20060510-60*

Of spineless babies and folic acid: evidence and efficacy in biomedicine and ayurvedic medicine. Naraindas H (2006), Social Science and Medicine vol 62, no 11, June 2006, pp 2658-2669

The basic premise of the paper is that Western medicine's co-opting of specific technologies and materials from other (indigenous) medical traditions, stripped of the original theories underlying their use, has problematic consequences for the practitioners and patients of both source and recipient traditions. The paper begins by illustrating the historical continuity of this process by way of an example from India's colonial era. The fact that specific practices or materials are regarded as biomedically useful because they 'work' (are efficacious) does not mean that the 'traditional' theories underlying them are seen as correct. The knowledge contained in these traditions is not counted as legitimate, as the emphasis in biomedicine (the legitimate canon) on an identifiable concrete location in the body for the source of health problems creates difficulties-both for patients when their problems are not provided with a cause that matches their subjective awareness, and for the practitioners of other traditions whose patients have been exposed to biomedicine. The paper goes on to demonstrate, using case examples from extended ethnographic fieldwork in southern India, how this is played out in a setting in which an educated Indian patient population accepts this form of knowledge as legitimate but espouses ayurvedic therapy. Notions of 'evidence' are shown to be central to the interplay between biomedical and other medical traditions, since objective tests and measures in biomedicine are accepted as the only legitimate 'evidence' of cure, but these do not necessarily accord either with the premises of these other traditions or with patients' subjective perceptions of well-being. Returning to an acceptance and practice of other traditions, consequently, requires nothing less than a fundamental cognitive shift in the grounds for what constitutes 'evidence.' (Author)

20060510-58*

Challenges for the adoption of evidence-based maternity care in Turkey. Turan JM, Bulut A, Nalbant H, et al (2006), Social Science and Medicine vol 62, no 9, May 2006, pp 2196-2204

Evidence-based medicine is an important tool for improving the quality of maternity care. However, getting providers to change their practices may not be an easy or rapid process, and other factors, in addition to knowledge of the literature, may be important. This study documents the current state of obstetric practices at three maternity hospitals in Istanbul, Turkey, and identifies attitudes, social pressures, and perceptions that, according to the theory of planned behavior, may pose challenges for adoption of evidence-based practices. Data were collected through interviews with administrators, examination of hospital statistics, provider and client interviews, and structured observations of maternity care. Practices that did not follow current guidelines included routine episiotomy, not

allowing companionship during labor, use of procedures to speed up labor without indications, routine enema, restriction of mobility, restriction of oral fluids, supine position for delivery, and non-use of active management of the third stage of labor. The findings indicate that providers had negative attitudes about some recommended practices, while they had positive attitudes towards some ineffective and/or harmful practices. We identified social pressure to comply with practices recommended by supervisors and peers, as well as the belief that limited resources affect maternity care providers, opportunities to perform evidence-based procedures. An underlying problem was the failure to involve women in decision-making regarding their own maternity care. In addition to informing providers about the evidence, it seems necessary to develop standard protocols, improve physical conditions, and implement behavior interventions that take into account provider attitudes, social pressures, and beliefs. (Author)

20060410-30

The burden of illness in perinatal and neonatal care: the epidemiologist's role. Doyle LW (2006), Seminars in Fetal and Neonatal Medicine vol 11, no 2, April 2006, pp 69-72

Clinical research to improve outcomes of pregnancy and perinatal/neonatal care and to reduce the burden of illness is grounded in modern principles of evidence-based clinical practice. The central tool for creating convincing evidence is the randomised controlled trial (RCT). However, creating evidence is only one step to the overall goal of reducing the burden of illness. Once new evidence has been created by a RCT it must be synthesised with existing evidence, the evidence must be applied and disseminated into clinical practice, and the effect of the new evidence on the specific illness being targeted must be re-evaluated. Perinatal/neonatal epidemiologists require multiple skills to understand not only how to evaluate the burden of illness and to identify problems that might have solutions, but also how to create and synthesise evidence, apply it in practice and evaluate its clinical application, even though they need not be equally expert in all areas. (29 references) (Author)

20060409-4

Development of an evidence-based practice questionnaire for nurses. Upton D, Upton P (2006), Journal of Advanced Nursing vol 53, no 4, February 2006, pp 454-458

AIM: The aim of this paper is to report the development and validation of a self-report measure of knowledge, practice and attitudes towards evidence-based practice (EBP). BACKGROUND: Evidence-based practice has become increasingly important in health care since the mid-1990s as it provides a framework for clinical problem-solving. However, to date no means exist to quantify the extent to which barriers, such as lack of time in the working day, lack of appropriate skills and negative attitudes, may prevent greater uptake of EBP. METHODS: Questionnaire development was based on established psychometric methods. Principal component factor analysis was used to uncover the underlying dimensions of the scale. Internal consistency of the scale was assessed by Cronbach's alpha. Finally, construct validity was assessed via convergent and discriminant validity. RESULTS: The final questionnaire comprised three distinct scales (EBP, attitudes towards EBP and knowledge of EBP), which had robust validity and internal reliability. CONCLUSION: This tool can be used to measure the implementation of EBP. (13 references) (Author)

20060325-27

Promotion of evidence-based practice by professional nursing associations: literature review. Holleman G, Eliens A, van Vliet M, et al (2006), Journal of Advanced Nursing vol 53, no 6, March 2006, pp 702-709

Aim. This paper reports a literature review examining the activities of professional nursing associations in the promotion of evidence-based practice. Background. Professional nursing associations can play a role in the implementation and achievement of evidence-based practice as such associations aim to develop and further educate nurses professionally, build professional networks representing the interests of nurses and the nursing profession, influence the government and policymakers, and support and protect the basic values of nurses. The exact role of professional nursing associations in the promotion of evidence-based practice is as yet unclear, along with just how the role of such associations can be expanded and which strategies can be used to promote evidence-based practice among members. Method. A literature and Internet search was undertaken using the PUBMED, CINAHL, SCIRUS, INVERT, and the Cochrane databases using the terms evidence-based practice(s)* or EBP*, which were then combined with Nursing Society*, Nursing Organization*, Nursing Organisation*, Nursing Association* or Nursing Council*. Other sources included a Google search of the Internet, and the sites of various members of the International Council of Nurses. Publications in English, French or German from 1993 to 2004 were used, and the Internet search was conducted on 17 July 2003. Results. Sixty nursing associations described the dissemination of evidence-based practice using one or more types of activities (179 activities in total). All of these activities were of a voluntary nature, with a

predominant focus (132/179 activities) on intrinsic motivation of nurses. More specifically, most of the activities were aimed at nurses' competences and attitudes in relation to evidence-based practice. Conclusion. Professional nurses' associations are active in promoting evidence-based practice among their nurse members, but only those focusing on changing competences and attitude by addressing intrinsic motivation are well used. Other types of activities deserve to be explored, including behaviour-oriented approaches, approaches using structural, social or financial influence measures and perhaps methods based on 'involuntary involvement'. (25 references) (Author)

20060324-10

Bias in clinical intervention research. Gluud LL (2006), American Journal of Epidemiology vol 163, no 6, 15 March 2006, pp 493-501

Research on bias in clinical trials may help identify some of the reasons why investigators sometimes reach the wrong conclusions about intervention effects. Several quality components for the assessment of bias control have been suggested, but although they seem intrinsically valid, empirical evidence is needed to evaluate their effects on the extent and direction of bias. This narrative review summarizes the findings of methodological studies on the influence of bias in clinical trials. A number of methodological studies suggest that lack of adequate randomization in published trial reports may be associated with more positive estimates of intervention effects. The influence of double-blinding and follow-up is less clear. Several studies have found a significant association between funding sources and pro-industry conclusions. However, the methodological studies also show that bias is difficult to detect and appraise. The extent of bias in individual trials is unpredictable. A-priori exclusion of trials with certain characteristics is not recommended. Appraising bias control in individual trials is necessary to avoid making incorrect conclusions about intervention effects. (105 references) (Author)

20060311-42

Promoting evidence-based practice: the roles and activities of professional nurses' associations. van Achterberg T, Holleman G, van de Ven M, et al (2006), Journal of Advanced Nursing vol 53, no 5, March 2006, pp 605-612

Aim. This paper reports a study exploring the role perceptions and current activities in evidence-based practice promotion of professional nurses' associations in the Netherlands. Background. The promotion of evidence-based practice contributes to professional standards in nursing and good quality care for patients. As professional nurses' associations can be key players in this process, the nature of their roles and current activities deserves to be explored. Methods. Roles and activities were explored for 43 professional nurses' associations (83% of all national associations). Data were collected using interviews with the associations' board members. Findings from the interviews were validated with those from an analysis of the associations' policy reports and other publications in the previous 2 years. Results. Board members primarily thought that they had roles in the selection and distribution of evidence. The roles of participant (n = 13) and performer (n = 13) in selecting evidence, and those of facilitator (n = 12), initiator (n = 15) and performer (n = 41) in the distribution of evidence were often addressed. A few respondents reflected on roles in generating evidence and implementing evidence-based practice in patient care. A majority of the associations was contemplating activities in the promotion of evidence-based practice. Specific activities for each of six relevant aspects in the promotion of evidence-based practice were found in fewer than five associations. Conclusion. Professional nurses' association roles in the promotion of evidence-based practice need to be viewed in relation to the tasks to be accomplished, especially those of selecting and distributing evidence. Although many organizations expressed motivation, professional nurses' associations have a long way to go in the promotion of evidence-based practice among their members. (19 references) (Author)

20060109-59*

A cluster randomized controlled trial of a behavioral intervention to facilitate the development and implementation of clinical practice guidelines in Latin American maternity hospitals: the Guidelines Trial: Study protocol [ISRCTN82417627]. Althabe F, Buekens P, Bergel E, et al (2005), BMC Women's Health vol 5, no 4, 11 April 2005. 9 pages

Background: A significant proportion of the health care administered to women in Latin American maternity hospitals during labor and delivery has been demonstrated to be ineffective or harmful, whereas effective interventions remain underutilized. The routine use of episiotomies and the failure to use active management of the third stage of labor are good examples. Methods/Design: The aim of this trial is to evaluate the effect of a multifaceted behavioral intervention on the use of two evidence-based birth practices, the selective use of episiotomies and active management of the third stage of labor (injection of 10 International Units of oxytocin). The intervention is based on behavioral and organizational change theories and was based on formative research. Twenty-four hospitals in three urban districts of Argentina and Uruguay will be randomized. Opinion leaders in the 12 intervention hospitals will be

identified and trained to develop and implement evidence-based guidelines. They will then disseminate the guidelines using a multifaceted approach including academic detailing, reminders, and feedback on utilization rates. The 12 hospitals in the control group will continue with their standard in-service training activities. The main outcomes to be assessed are the rates of episiotomy and oxytocin use during the third stage of labor. Secondary outcomes will be perineal sutures, postpartum hemorrhages, and birth attendants' opinions. [The full text of this article can be accessed at: http://www.biomedcentral.com/1472-6874/5/4] (38 references) (Author)

20060105-15

Evidence for best practices in the neonatal period. Beal JA (2005), MCN - American Journal of Maternal/Child Nursing vol 30, no 6, November/December 2005, pp 397-403

The purpose of this article is to provide a review of current nursing research that supports best practices during the newborn period. The literature review of peer-reviewed research articles published between January 2000 and October 2004 was conducted via keyword searches using the databases of the Cochrane Library, CINAHL, and MEDLINE. Key words included neonatal nursing, newborn, neonate, premature infant, preterm infant, and low birthweight. Content analysis revealed the following primary categories of studies that provide solid evidence for nursing practice: developmentally focused nursing care, neonatal skin care, feeding, skin-to-skin care, and pain management. Neonatal nurse researchers have made many important contributions to the research literature. Future research should expand the findings to date on the effective use of pain scales, the outcomes of skin-to-skin care and infant massage as standard practice for all neonates, and the effectiveness of nursing interventions to support the developmental sequelae of prematurity. Neonatal nurses should become familiar with and implement those findings from nursing research that strongly support evidence-based nursing practice. (68 references) (Author)

20060105-12

Thirty years of maternal-child health policies in the community. Tiedje LB (2005), MCN - American Journal of Maternal/Child Nursing vol 30, no 6, November/December 2005, pp 373-379

This article reviews outcomes, indicators, and challenges for building evidence-based practice in community maternal-child health (MCH), and includes promising new design and analytical strategies. In addition, 10 topic areas are listed, which are the foundation of community MCH evidence: (1) evidence of health behavior on mortality/morbidity; (2) theoretical underpinnings of public policy interventions; (3) evidence of growing health disparities; (4) the potential of exploding information technologies; (5) data on aging, maternity, employment, and lactation; (6) data on the changing face of HIV/AIDS; (7) data on the changing way we give birth; (8) drug safety registries; (9) antibiotic-resistant organisms; and (10) environmental pollutants and health. In addition, evidence of indirect and global influences on community MCH is reviewed and the principles of lifestyle change and health promotion are emphasized. (34 references) (Author)

20060105-10

The context and clinical evidence for common nursing practices during labor. Rice Simpson K (2005), MCN - American Journal of Maternal/Child Nursing vol 30, no 6, November/December 2005, pp 356-363

The purpose of this article is to review the context and current evidence for common nursing care practices during labor and birth. Although many nursing interventions during labor and birth are based on physician orders, there are a number of care processes that are mainly within the realm of nursing practice. In many cases, particularly in community hospitals, routine physician orders for intrapartum care provide wide latitude for nurses in how they ultimately carry out those orders. An important consideration of common nursing practices during labor is the context or practice model in which those practices occur. Nursing practice is not the same in all clinical environments. Intrapartum nursing practice consists of an assortment of different roles depending on the circumstances, hospital setting, and context in which it takes place. A variety of intrapartum nursing practice models have evolved as a result and in response to the range of sizes, locations, and provider practice styles found in hospitals providing obstetric services. A summary of intrapartum nursing models is presented. The evidence is reviewed for the three most common clinical practices for which nurses have primary responsibility in most settings and that comprise the majority of their time in caring for women during labor: (1) maternal-fetal assessment, (2) management of oxytocin infusions, and (3) second-stage care. Evidence exists for these nursing interventions that can be used to promote maternal-fetal well-being, minimize risk, and enhance patient safety. (52 references) (Author)

20051214-8

NICE Guidelines and Appraisals - how we can make a difference. Chippington-Derrick D (2005), Association for

Improvements in Maternity Services (AIMS) vol 17, no 3, 2005, pp 18-19

Debbie Chippington-Derrick reports on how we can make a difference to the guidelines and appraisals from the National

nstitute for Health and Clinical Excellence (NICE) (Author)

20051122-17

The integrative review: updated methodology. Whittemore R, Knafl K (2005), Journal of Advanced Nursing vol 52, no 5, December 2005, pp 546-553

Aim. The aim of this paper is to distinguish the integrative review method from other review methods and to propose methodological strategies specific to the integrative review method to enhance the rigour of the process. Background. Recent evidence-based practice initiatives have increased the need for and the production of all types of reviews of the literature (integrative reviews, systematic reviews, meta-analyses, and qualitative reviews). The integrative review method is the only approach that allows for the combination of diverse methodologies (for example, experimental and non-experimental research), and has the potential to play a greater role in evidence-based practice for nursing. With respect to the integrative review method, strategies to enhance data collection and extraction have been developed; however, methods of analysis, synthesis, and conclusion drawing remain poorly formulated. Discussion. A modified framework for research reviews is presented to address issues specific to the integrative review method. Issues related to specifying the review purpose, searching the literature, evaluating data from primary sources, analysing data, and presenting the results are discussed. Data analysis methods of qualitative research are proposed as strategies that enhance the rigour of combining diverse methodologies as well as empirical and theoretical sources in an integrative review. Conclusion. An updated integrative review method has the potential to allow for diverse primary research methods to become a greater part of evidence-based practice initiatives. (40 references) (Author)

20051021-13

Making the NCT an evidence-based organisation? - 'I thought we were!'. Newburn M (2005), New Digest no 32, October 2005, pp 30-31

Mary Newburn, NCT Head of Policy Research, facilitated a workshop at the Joint Forum to explore attitudes and begin to work out with members what being evidence-based might mean. (Author)

20051013-22

Antenatal care: are we following evidence based practice?. Harris S (2005), Accoucheur vol 8, no 1, February 2005, p 2

Highlights the need for more research into antenatal care, in particular concerning the following areas: frequency of antenatal visits, blood pressure measurement, fetal heart auscultation, weight gain in pregnancy, symphysis fundus height, abdominal palpation for fetal position and position and presentation and fetal movements. (10 references) (MB)

20050919-8

The strengths and weaknesses of research designs involving quantitative measures. Walker W (2005), Journal of Research in Nursing vol 10, no 5, 2005, pp 571-582

This paper presents a critical review of the strengths and weaknesses of research designs involving quantitative measures and, in particular, experimental research. The review evolved during the planning stage of a PhD project that sought to determine the effects of witnessed resuscitation on bereaved relatives. The discussion is therefore supported throughout by reference to bereavement research. Three levels of quantitative research are presented: descriptive, correlational and experimental. The findings suggest that experimental research is subject to a number of methodological limitations that may jeopardise internal and external validity of the research results and, consequently, limit their applicability for practice. Nurses are therefore encouraged to carefully consider the virtues of experimental designs, in their quest for evidence-based practice and in the planning of future research. (55 references) (Author)

20050919-45

Evidence in practice. Akobeng AK (2005), Archives of Disease in Childhood vol 90, no 8, August 2005, pp 849-852

A clinical scenario is used to illustrate how the principles outlined in the previous articles in the series could be applied to help improve patient care. A practical demonstration of the art of formulating answerable clinical questions,

finding evidence, critically appraising evidence, and putting evidence into practice is provided. The importance of integrating evidence with patient's preferences, and taking account of issues such as availability of interventions, costs, and so on is discussed. Finally, some of the issues involved in the development of evidence based policies within clinical teams are outlined. (14 references) (Author)

20050919-42

Principles of evidence based medicine. Akobeng AK (2005), Archives of Disease in Childhood vol 90, no 8, August 2005, pp 837-840

Health care professionals are increasingly required to base clinical decisions on the best available evidence. Evidence based medicine (EBM) is a systematic approach to clinical problem solving which allows the integration of the best available research evidence with clinical expertise and patient values. This paper explains the concept of EBM and introduces the five step EBM model: formulation of answerable clinical questions; searching for evidence; critical appraisal; applicability of evidence; evaluation of performance. Subsequent articles will focus on the principles and critical appraisal of randomised controlled trials, systematic reviews, and meta-analyses, and provide a practical demonstration of the five step EBM model using a real life clinical scenario. (15 references) (Author)

20050803-34*

Exploring the relationship between nursing protocols and nursing practice in an Irish intensive care unit. Flynn AV, Sinclair M (2005), International Journal of Nursing Practice vol 11, no 4, August 2005, pp 142-149

Nursing practice no longer relies on tradition or ritual; instead, it is based on research and empirical evidence. The emphasis on evidence-based nursing, as well as standardization of nursing practice, has resulted in the production of policies, protocols and guidelines aimed at directing numerous aspects of nursing care. The aim of this study was to explore the relationship between these documents and actual nursing practice. To this end, this descriptive study employed a case study approach to examine the experiences of nurses in an Irish intensive care unit with a protocol on endotracheal tube suctioning. Focus group interviews of 17 nurses in six focus groups provided a significant insight into the experiences of these nurses in relation to policies, protocols and guidelines. Analysis of the data afforded some highly relevant findings, including the fact that nurses adapt clinical protocols as they see fit, thus demonstrating the importance that they place on their own professional judgement and autonomy. (Author

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20050801-33

Analysing clinical practice guidelines. A method of documentary analysis. Appleton JV, Cowley S (1997), Journal of Advanced Nursing vol 25, no 5, May 1997, pp 1008-1017

This paper will describe a method of documentary analysis used in a study examining the validity of clinical guidelines issued to health visitors to assist them in identifying families requiring increased health visitor support. This forms the preliminary work for a wider study examining how health visitors decide to increase support to vulnerable families. Although a number of published research texts discuss the value of records and documents as important data sources for health service researchers, there is relatively little information available about the processes of documentary analysis. This paper offers one method for analysing clinical practice guidelines, it describes the development of a critique and analysis tool and explores the strengths and weaknesses of this particular analysis instrument. (42 references) (Author)

20050712-18

The Good Clinical Practice guideline: a bronze standard for clinical research. Grimes DA, Hubacher D, Nanda K, et al (2005), The Lancet vol 366, no 9480, 9 July 2005, pp 172-174

Gives an overview of the Good Clinical Practice (GCP) guideline, developed by the International Conference on Harmonisation, and suggests that shortcomings exist. (22 references) (JSM)

20050602-86*

What is this thing called EBM?. Pwee KH (2004), Singapore Medical Journal vol 45, no 9, September 2004, pp 407-409

Gives an overview of the history, development and incorporation of evidence-based medicine into clinical practice. (14 references) (JSM)

20050602-85*

Finding the evidence: resources and skills for locating information on clinical effectiveness. Bidwell SR (2004), Singapore Medical Journal vol 45, no 12, December 2004, pp 548-550

Limited time and lack of knowledge about where and how to search for information often present barriers to practitioners who want to locate current best evidence for treating their patients. There is as yet no single place they can go to get an answer to all their questions. High quality clinical studies are difficult to filter out from the mass of information on large databases, and secondary resources of evaluated information are dispersed over hundreds of Internet sites worldwide. This overview presents a practical guide for the busy practitioner who searches only occasionally and needs to maximise the time spent. Major collections of secondary resources are identified and their individual features described briefly. Following this, several services using PubMed are outlined that automatically apply filters for studies with high quality research design. Further sources of information and assistance are listed for those who wish to learn more. (9 references) (Author)

20050602-80*

Systematic reviews and meta-analysis. Green S (2005), Singapore Medical Journal vol 46, no 6, June 2005, pp 270-274

Systematic reviews form a potential method for overcoming the barriers faced by clinicians when trying to access and interpret evidence to inform their practice. This fourth article in the Evidence-Based Medicine and Healthcare series of the Singapore Medical Journal introduces readers to systematic reviews, outlining why they are important, describing their methods and providing readers with the skills to recognise and understand a reliable review. (11 references) (Author)

20050602-7

The integration of research and practice: the importance of examining the evidence. Davies DW (2005), Neonatal Network: the Journal of Neonatal Nursing vol 24, no 3, May/June 2005, pp 77-79

Discusses the need for nurse researchers to become more efficient in producing empirical evidence to guide nursing practice. (13 references) (Author, edited)

20050601-39

Quality of evidence-based pediatric guidelines. Boluyt N, Lincke CR, Offringa M (2005), Pediatrics vol 115, no 5, May 2005, pp 1378-1391

OBJECTIVE: To identify evidence-based pediatric guidelines and to assess their quality. METHODS: We searched Medline, Embase, and relevant Web sites of guideline development programs and national pediatric societies to identify evidence-based pediatric guidelines. A list with titles of identified guidelines was sent to 51 leading pediatricians in the Netherlands, who were asked to select the 5 most urgent topics for guideline development. Three pediatrician reviewers appraised the available guidelines on the 10 most frequently mentioned topics with the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument. RESULTS: A total of 215 evidence-based pediatric guidelines were identified; of these, 17 guidelines on the 10 most frequently mentioned topics were appraised. The AGREE instrument rates guidelines among 6 domains. For the scope and purpose domain, the mean score was 84% of the maximal mark. For stakeholder involvement, the mean score was 42%, with 12 guidelines (71%) scoring <50%. For rigor of development, the mean score was 54%, with 5 guidelines (29%) scoring <50%. For clarity and presentation, the mean score was 78%, with 4 guidelines (24%) scoring <50%. For applicability and editorial independence, performance was poor, with mean scores of 19% and 40%, respectively. Low scores were partly attributable to poor reporting. After considering all domain scores, the reviewers recommended 14 of 17 guidelines (82%) to be used in local practice. CONCLUSIONS: The current volume of pediatric guidelines categorized as evidence based in popular databases is large. Overall, these guidelines scored well, compared with other studies on guideline quality in fields outside pediatrics, when assessed for quality with the AGREE instrument. This holds especially for guidelines published or endorsed by the American Academy of Pediatrics or registered in the National Guideline Clearinghouse. (37 references) (Author)

20050523-43

Evidence-based changes in term breech delivery practice in Sweden. Alexandersson O, Bixo M, Hogberg U (2005), Acta Obstetricia et Gynecologica Scandinavica vol 84, no 6, June 2005, pp 584-587

Objective. Medical documentation on term breech delivery (TBD) advocates planned abdominal delivery based on evidence. The aim of the present study was to describe a change in TBD practice in Sweden following evidence-based documentation arguing in favor of TBD by cesarean section (CS). Materials and methods. The study was a population-based observational study based on data from the Swedish Medical Birth Register. Eligible subjects were

all mothers with singleton children in term breech (TB) presentation born between 1999 and 2001 at > 36 weeks' gestational age. Data were processed, and subjects were subdivided into groups, according to mode of delivery. Results. The CS rate increased from 75.3% in 1999 to 86.0% in 2001, due to an increase in planned abdominal deliveries. The change towards abdominal deliveries was more obvious for hospitals with fewer deliveries. While today, an increasing number of hospitals clearly have a non-selective CS policy, with a > 95% CS rate, others still deliver 30% of TB babies vaginally. Conclusion. In conclusion, the evidence-based recommendation for TBD has so far had considerable impact on Swedish obstetric practice. (23 references) (Author)

20050516-45

Children's nursing in Ireland. Barriers to, and facilitators of, research utilisation. Brenner M (2005), Paediatric Nursing vol 17, no 4, May 2005, pp 40-45

A random sample of 200 RSCNs on the An Bord Altranais Live Register of Nurses were surveyed in this study that aimed to provide a better understanding of barriers to, and facilitators of, research utilisation among RSCNs in the Republic of Ireland. The data collection instrument was a questionnaire using the Barriers Scale (Funk et al 1991), adapted from the Conduct and Utilisation of Research in Nursing (CURN) Project Research Utilisation Questionnaire (Crane et al 1977). The scale consists of structured items that measure barriers to research utilisation under four headings; the adopter (RSCN) - eight variables; the organisation (setting) - eight variables; the innovation (research utilisation) - six variables; and communication (presentation) - six variables. The most frequently cited barrier was lack of time to implement new ideas. All eight characteristics of the organisation feature in the ten highest barriers, with characteristics of adopter ad innovation ranking among the five lowest barriers. No significant impact of demographic detail was noted for respondents in relation to each of the subscales. (39 references) (Author)

20050513-3

Using the evidence to inform decisions. Cluett ER (2005), In: Raynor MD Marshall JE Sullivan A eds. Decision making in midwifery practice. Edinburgh: Churchill Livingstone 2005. pp 37-52

Examines what is meant by 'evidence' and the relationship between research and evidence. Describes the different types of evidence that can be obtained. Looks at the application of evidence to practice and its use in informing clinical decision making. (38 references) (JSM)

20050512-16

Towards a nursing science of the unique. Rolfe G, Gardner L (2005), Journal of Research in Nursing vol 10, no 3, 2005, pp 297-310

In this paper we attempt to counter the tendency for reflection and reflective practice to be marginalised by the growing dominance of evidence-based practice in nursing. We resist the assimilation of reflection into a hierarchy of evidence dominated by the findings from `hard science', and argue instead for an alternative science of nursing based on the premise that nursing is a series of individual and unique encounters which cannot be described by a science of large numbers. The resulting `science of the unique' is concerned with persons rather than people, with wet data from the clinical setting rather than dry data from the laboratory and clinical trial, and with the individual practice encounter as the site of reflexive research. In particular, we argue that the traditional concept of evidence from formal research is merely the starting point for the on-the-spot generation of reflective/reflexive evidence by nurses themselves as part of everyday practice. (38 references) (Author)

20050510-21

Community matrons face evidence delay. Chatterjee M (2005), Nursing Times vol 101, no 19, 10 May 2005, p 5

Reports on a government funded project which will produce a system to assist PCTs in the identification of patients with chronic disease or long term conditions, who are at high-risk of re-admission to hospitals. Community matrons, who will be responsible for choosing suitable caseloads that they will manage, will have to wait until the end of the year before the results of the project which will tell them how to carry out their role are available. (JSM)

20050510-14

Join the evidence based midwifery network. Soltani H, Munro J, Watts K (2005), Practising Midwife vol 8, no 5, May 2005, p 51

Provides an overview of the work of the Evidence Based Midwifery Network which started in 1998 with the aim of offering a forum for midwives in the United Kingdom to share best practice. (JSM)

20050412-22

Evidence-based intrapartum care. Hofmeyr GJ (2005), Best Practice & Research: Clinical Anaesthesiology vol 19, no 1, February 2005, pp 103-115

Routine care in normal labour may range from supportive care at home to intensive monitoring and multiple interventions in hospital. Good evidence of effectiveness is necessary to justify interventions in the normal process of labour. Inadequate evidence is available to support perineal shaving, routine enemas, starvation in labour and excluding the choice for home births. Evidence supports continuity of care led by midwives, companionship in labour, restricting the use of episiotomy, and active management of the third stage of labour, including routine use of 10 units of oxytocin. Both benefits and risks are associated with routine amniotomy, continuous electronic fetal heart rate monitoring, epidural analgesia, and oxytocin-ergometrine to prevent postpartum haemorrhage. More evidence is needed regarding the emotional consequences of labour interventions, home births, vaginal cleansing, opioid use, the partograph, second-stage labour techniques, misoprostol for primary prevention of postpartum haemorrhage, and strategies to promote evidence-based care in labour. (50 references) (Author)

20050412-16

Large trials or meta-analysis? That is not the question. Villar J, Piaggio G (2005), Best Practice & Research: Clinical Obstetrics and Gynaecology vol 19, no 1, February 2005, pp 27-35

Selection and evaluation of evidence to identify the most effective treatment modalities is a difficult process. Randomized controlled trials are well accepted as the least biased means of evaluating medical, surgical, screening or preventive manoeuvres. The most commonly used statistical strategy to pool results from trials identified during a systematic review is the meta-analysis. Heterogeneity of trial results should be evaluated, interactions and specific populations identified for the planning of the new large trial. (26 references) (Author)

20050412-15

The tools and techniques of evidence-based medicine. Abalos E, Carroli G, Mackey ME (2005), Best Practice & Research: Clinical Obstetrics and Gynaecology vol 19, no 1, February 2005, pp 15-26

Evidence-based medicine is the conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patients. Along with individual clinical expertise, it is a required core skill for clinical problem solving and it is considered to be a comprehensive component of the medical curricula. This chapter is a general overview of the steps to be followed by clinicians to search, identify and appraise the best-available evidence that could help them to resolve a particular clinical problem. It includes the principles for the identification of a clinical problem and its translation into a question, and the main sources for searching and locating the best-available evidence. References for guidelines designed for appraisal of the methods used in the original papers and for the interpretation of its results are also provided. (43 references) (Author)

20050412-14

A short history of evidence-based obstetric care. King JF (2005), Best Practice & Research: Clinical Obstetrics and Gynaecology vol 19, no 1, February 2005, pp 3-14

Evidence-based obstetric care is a relatively new concept, which had its origins in the early 1970s when Iain Chalmers and his colleagues in Oxford responded to the statement of Archie Cochrane that much of the evidence underpinning obstetric (and other) practices was flawed. They recognized the importance of the quality of evidence in informing clinical decision making, particularly evidence from randomized trials. This was a shift away from opinion-based obstetrics, which up until then had been the dominant paradigm. Since then, there has been an exponential increase in the number and quality of clinical trials in obstetrics, and with their dissemination through the Cochrane database of systematic reviews, there have been many improvements in obstetric practice, more closely aligning it with sound evidence. (22 references) (Author)

20050411-13

Can you ignore guidelines?. Colbrook P (2005), BMJ Careers 9 April 2005, pp 143-144

Sometimes it is not in a patient's best interests for a doctor to follow clinical guidelines. Paul Colbrook, medicolegal adviser at the Medical Defence Union, considers the risk of legal action. (Author)

20050217-29

The paths from research to improved health outcomes. Glasziou P, Haynes B (2005), Evidence-Based Medicine vol 10, no 1, February 2005, pp 4-7

Examines the stages of evidence-based medicine and argues that evidence-based medicine should also be concerned with the processes of changing care and systems of care as well as clinical content. (31 references) (SB)

20050106-27

ABC of preterm birth. Evidence based care. Brocklehurst P, McGuire W (2005), BMJ vol 330, no 7481, 1 January 2005, pp 36-38

Provides an overview of the definition of evidence based care and the difficulties in undertaking randomised controlled trials to evaluate interventions for premature infants. (Last in a series of 12 articles). (MB)

20041209-30

Evidence-based approaches to neonatal screening. Shepherd A, Glenesk A, Niven C (2004), British Journal of Midwifery vol 12, no 12, December 2004, pp 762-766

Since the introduction of the Guthrie test in the 1970s, millions of babies have been screened for inborn errors of metabolism. Technological advances in the automated devices used to puncture the heel ensures that they are `safe' in so far as the depth of incision is controlled, eliminating damage to the calcaneus bone. However, the choice of automated or manual device used by midwives is arbitrary and not supported by research findings. The procedure used by midwives today is similar to that issued when the Guthrie test was first introduced despite research findings which contradict parts of the procedure. There is also evidence that the number of insufficient samples have been on the increase since 1998. This coupled with the need for more blood since the introduction of cystic fibrosis screening in Scotland, points to the need for evidence-based practice being applied to the newborn bloodspot screening test. (33 references) (Author)

20041206-45

Update of RCM and NICE programme of work. Paeglis C (2004), RCM Midwives vol 7, no 12, December 2004, pp 530-531

As the RCM continues its association with the National Institute for Clinical Excellence (NICE) in developing guidelines and approving technology, Carol Paeglis asks midwives to offer their views and suggestions on what has been done so far and what will happen in the future. A table outlines the progress made so far and gives details of how midwives can contribute to the process in a variety of clinical areas. (Author, edited)

20041118-3

Generalising the results of trials to clinical practice. Seale JP, Gebski VJ, Keech AC (2004), Medical Journal of Australia vol 181, no 10, 15 November 2004, pp 558-560

Discusses issues relating to using the results of clinical trials in practice, outlining factors to consider when assessing the generalisability of trial findings. (15 references) (SB)

20041112-55

Smartening up our act. Reynolds F (2004), International Journal of Obstetric Anesthesia vol 13, no 4, October 2004, pp 203-206

Looks at how research in obstetric anaethesia has informed practice since the 1960s. (38 references) (JSM)

20041105-8

From research to practice: the example of antenatal care in Thailand. Lumbiganon P, Winiyakul N, Chongsomchai C, et al (2004), Bulletin of the World Health Organization vol 82, no 10, October 2004, pp 746-749

The rationale for providing antenatal care is to screen predominantly healthy pregnant women to detect early signs of, or risk factors for, abnormal conditions or diseases and to follow this detection with effective and timely intervention. The recommended antenatal care programme in most developing countries is often the same as the programmes used in developed countries. However, in developing countries there is wide variation in the proportion of women who receive antenatal care. The WHO randomized trial of antenatal care and the WHO systematic review indicated that a model of care that provided fewer antenatal visits could be introduced into clinical practice without causing adverse consequences to the woman or the fetus. This new model of antenatal care is being implemented in Thailand. Action has been required at all levels of the health-carte system, from consumers through to health professionals, the Ministry of Public Health and international organizations. The Thai experience is a good example of

moving research findings into practice, and it should be replicated elsewhere to effectively manage other health problems. (25 references) (Author)

20041101-28*

Systems to rate the strength of scientific evidence. Agency for Healthcare research and Quality (2002), Rockville: Agency for Healthcare Research and Quality March 2002. 11 pages

Presents the findings of a review of published research related to the evaluation of methodolological quality of studies and strength of scientific evidence, with the aim of providing guidance on best practice. (MB)

20041101-25

Putting evidence into practice: how middle and low income countries 'get it together'. Garner P, Meremikwu M, Volmink J, et al (2004), BMJ vol 329, no 7473, 30 October 2004, pp 1036-1039

The scarcity of resources in poorer countries means that ensuring health care is evidence based is particularly important. A group of workers active in the field describe their experiences of trying to do just that. (17 references) (Author)

20041101-24

Evaluating the teaching of evidence based medicine: conceptual framework. Straus SE, Green ML, Bell DS, et al (2004), BMJ vol 329, no 7473, 30 October 2004, pp 1029-1032

Although evidence for the effectiveness of evidence based medicine has accumulated, there is still little evidence on what are the most effective methods of teaching it. (15 references) (Author)

20041101-23

How does evidence based guidance influence determinations of medical negligence?. Hurwitz B (2004), BMJ vol 329, no 7473, 30 October 2004, pp 1024-1028

Examines the legal status of evidence-based guidance. Concludes that whilst guidelines do not actually set legal standards for care, they provide courts with a benchmark by which to judge clinical conduct. (28 references) (SB)

20041101-22

What is the evidence that postgraduate teaching in evidence based medicine changes anything? A systematic review. Coomarasamy A, Khan KS (2004), BMJ vol 329, no 7473, 30 October 2004, pp 1017-1019

OBJECTIVE: To evaluate the effects of standalone versus clinically integrated teaching in evidence based medicine on various outcomes in postgraduates. DESIGN: Systematic review of randomised and non-randomised controlled trials and before and after comparison studies. DATA SOURCES: Medline, Embase, ERIC, Cochrane Library, DARE, HTA database, Best Evidence, BEME, and SCI. STUDY SELECTION: 23 studies: four randomised trials, seven non-randomised controlled studies, and 12 before and after comparison studies. 18 studies (including two randomised trials) evaluated a standalone teaching method, and five studies (including two randomised trials) evaluated a clinically integrated teaching method. MAIN OUTCOME MEASURES: Knowledge, critical appraisal skills, attitudes, and behaviour. RESULTS: Standalone teaching improved knowledge but not skills, attitudes, or behaviour. Clinically integrated teaching improved knowledge, skills, attitudes, and behaviour. CONCLUSION: Teaching of evidence based medicine should be moved from classrooms to clinical practice to achieve improvements in substantial outcomes. (6 references) (Author)

20041101-19

The essence of EBM. Reilly BM (2004), BMJ vol 329, no 7473, 30 October 2004, pp 991-992

Practising what we teach remains a big challenge. (12 references) (Author)

20041101-18

Evidence based medicine has come a long way. Guyatt G, Cook D, Haynes B (2004), BMJ vol 329, no 7473, 30 October 2004, pp 990-991

The second decade will be as exciting as the first. (10 references) (Author)

20041101-17

Teaching evidence based medicine. del Mar C, Glasziou P, Mayer D (2004), BMJ vol 329, no 7473, 30 October 2004, pp 989-990

Should be integrated into current clinical scenarios. (14 references) (Author)

20041101-16

Evidence based policy making. Gray JAM (2004), BMJ vol 329, no 7473, 30 October 2004, pp 988-989

Is about taking decisions based on evidence and the needs and values of the population. (2 references) (Author)

20041101-15

What has evidence based medicine done for us?. Straus SE, Jones G (2004), BMJ vol 329, no 7473, 30 October 2004, pp 987-988

It has given us a good start, but much remains to be done. (12 references) (Author)

20041012-27

Evidence-based care goes online. (2004), Nursing Times vol 100, no 41, 12 October 2004, p 59

Reports on the creation of web-based tutorial by the National Prescribing Centre designed to teach health professionals the principles of evidence based health care. (RM)

20041011-40

Promoting and implementing evidence-based, best practices in childbirth education. Philipsen NC (2004), Journal of Perinatal Education vol 13, no 3, Summer 2004, pp 51-54

Childbirth educators have a duty to promote and implement best practices. Best practices are individualized and evidence-based, using quality research to optimize outcomes. This requires addressing change. The childbirth educator must model evidence-based practices by systematically engaging in activities to improve his or her own changing curriculum. The childbirth educator is also a professional in a core position to play an active role as a change agent in the system through evaluation and dissemination of information to parents, fellow childbirth educators, and other professionals on the health-care team. This information provides the basis for important health-care decisions for self and others. (1 reference) (Author)

20041011-4

Integrating levels of evidence into clinical decision making. Melnyk BM (2004), Pediatric Nursing vol 30, no 4, July-August 2004, pp 323-325

Discusses how health professionals can interpret evidence at various levels of reliability, and incorporate it into their practice. (5 references) (RM)

20041004-28

Evidence nuggets: promoting evidence-based practice. Brocklehurst N, Liabo K (2004), Community Practitioner vol 77, no 10, October 2004, pp 371-375

One of the hallmarks of health care provision in the 21st century is that it needs to be informed by best available evidence. However, research continues to show that this remains a significant challenge for frontline practitioners. This sixth and penultimate paper in a series on the changing face of health visiting focuses on an innovative approach to facilitating the incorporation of high quality research into practice through the use of 'evidence nuggets'. These user-friendly research briefings for health and social care practitioners working with children and families have been developed by researchers as part of an on-going project aimed at promoting the use of best evidence to reduce inequalities in child health. This paper reports on the experience of using the nuggets as part of a public health skills training programme for health visitors and other community practitioners. Experience from the project and the training programme provides strong support for a managed approach to research utilisation, which involves researchers working closely with practitioners and service planners supported by an implementation officer who acts as a critical link between the two. Where findings are presented in succinct and jargon-free briefings, supplemented with guidance on implementation, costs and audit, practitioners appear to feel empowered to use research. Nuggets, in the context of a managed programme of research implementation, offer a useful tool in the modern health visitor's best practice toolkit. (23 references) (Author)

20040928-23

Is intuition as valid as evidence-based practice?. Hicks N, Wood S (2004), Nursing Times vol 100, no 37, 14 September 2004, p 21

Presents conflicting views from two nurses (MB)

20040923-12

The development of evidence-based nursing interventions: methodological considerations.. van Meijel B, Gamel C, Swieten-Duijfjes B, et al (2004), Journal of Advanced Nursing vol 48, no 1, October 2004, pp 84-92

Background. The call for evidence-based practice presents numerous challenges to nurses who are responsible for developing interventions and expanding the associated knowledge base. The challenge is compounded because there is limited literature concerning development of interventions and their evidence base. Aim. The purpose of this article is to present a model that has been successfully used to guide the process of developing and testing complex nursing interventions, especially those in which the experience of the client plays an important role. Discussion. The model consists of four stages: problem definition, accumulation of building blocks for intervention design, intervention design and intervention validation. Each stage is described and examples from research studies are presented. Specific attention is given to the manner in which the model allows for the accumulation of empirical evidence and theory development during the development process. Conclusions. Use of the model could facilitate effective communication among nurses, researchers and educators when discussing the development and testing of nursing interventions. (24 references) (Author)

20040816-48

Midwifery in Manitoba: an agenda for research. Carnochan T, Haworth-Brockman MJ (2004), Canadian Journal of Midwifery Research and Practice vol 3, no 1, Summer 2004, pp 29-31, 33

Presents research questions which could be used to define an agenda for midwifery research in Manitoba province, Canada, covering: midwifery policy issues; women's satisfaction with their maternity care; the evaluation of processes; how maternity care in the province meets the needs of its ethnic population; the state of midwifery education in the province; and comparisons with the rest of Canada on the level of research integration. (4 references) (RM)

20040812-5

Evidence into practice for midwifery-led care: part 4. Spiby H, Munro J (2004), British Journal of Midwifery vol 12, no 8, August 2004, pp 490-494

This is the final article describing the introduction of evidence-based midwifery practice supporting a scheme of midwifery-led care in one consultant unit. It will include experiences of the process by those responsible for the initiative. Factors that appeared to contribute to the success of the initiative and challenges for this and other similar projects are discussed, together with aspects of the work not included in the earlier articles. These include issues of context, the value of a team approach, resourcing and the involvement of key groups such as service users and midwifery educationalists. (16 references) (Author)

20040812-4

Birth, common sense and evidence. Magill-Cuerden J (2004), British Journal of Midwifery vol 12, no 8, August 2004, p 485

Comments that common sense as an important midwifery skill is at risk of being forgotten in the era of evidence-based practice. (5 references) (MB)

20040712-60

The early pushing urge: practice and discourse. Downe S, Trent Midwifery Research Group, Young C, et al (2004), In: Downe S ed. Normal childbirth: evidence and debate. Oxford: Churchill Livingstone 2004, pp 121-140

Examines how midwives manage the dissonance between received knowledge and observed processes, with reference to the 'premature pushing' urge in labour. Presents the results of research into: 1) the incidence of the early pushing urge in one UK regional health authority; and 2) midwives' practices in relation to the early pushing urge. (37 references) (RM)

20040705-22

Critical practice in neonatal nursing. Timmins F (2004), Journal of Neonatal Nursing vol 10, no 4, July 2004, p 105

Editorial presenting the arguments for and against the use of care pathways in neonatal nursing, and calls for the theoretical basis of nursing practice to be preserved alongside the adoption of pathways. (3 references) (RM)

20040622-7

Maternity-Wise: the Maternity Center Association's national program to promote evidence-based maternity care. Sakala C (2004), International Journal of Childbirth Education vol 19, no 2, June 2004, pp 10-14

The Maternity Center Association (MCA) gives priority to helping women make informed decisions about maternity care, and thus has much in common with the International Childbirth Education Association. This article discusses MCA's long-term Maternity Wise program to promote evidence-based maternity care in the United States, including program areas and resources that may be of interest to childbirth educators and their clients. (28 references) (Author)

20040622-5

Evidence-based maternity care: what is it and are women receiving it?. Hodnett E (2004), International Journal of Childbirth Education vol 19, no 2, June 2004, pp 4-6

'Evidence-based' care involves a combination of healthy skepticism, a basic understanding of the elements of good research, and the ability to use evidence as a guide rather than an enforcer. Despite the ready availability of high-quality research about helpful and harmful forms of care, there is disturbing evidence that North American childbearing women are not receiving optimum care. ICEA, with its long tradition of advocacy, can play an important role in reversing these disturbing trends. (6 references) (Author)

20040622-12

Straight to the source: how to obtain published medical research. Worzer L, White M (2004), International Journal of Childbirth Education vol 19, no 2, June 2004, pp 26-27

Provides guidelines and suggestions for obtaining evidence-based research. Offers tips on how to conduct thorough reviews of the literature by using resources such as Medline and CINAHL. Also explains how to obtain articles through libraries and inter-library loans. (1 reference) (MB)

20040618-20

What counts as evidence in evidence-based practice?. Rycroft-Malone J, Seers K, Titchen A, et al (2004), Journal of Advanced Nursing vol 47, no 1, July 2004, pp 81-90

Background. Considerable financial and philosophical effort has been expended on the evidence-based practice agenda. Whilst few would disagree with the notion of delivering care based on information about what works, there remain significant challenges about what evidence is, and thus how practitioners use it in decision-making in the reality of clinical practice. Aim. This paper continues the debate about the nature of evidence and argues for the use of a broader evidence base in the implementation of patient-centred care. Discussion. Against a background of financial constraints, risk reduction, increased managerialism research evidence, and more specifically research about effectiveness, have assumed pre-eminence. However, the practice of effective nursing, which is mediated through the contact and relationship between individual practitioner and patient, can only be achieved by using several sources of evidence. This paper outlines the potential contribution of four types of evidence in the delivery of care, namely research, clinical experience, patient experience and information from the local context. Fundamentally, drawing on these four sources of evidence will require the bringing together of two approaches to care: the external, scientific and the internal, intuitive. Conclusion. Having described the characteristics of a broader evidence base for practice, the challenge remains to ensure that each is as robust as possible, and that they are melded coherently and sensibly in the real time of practice. Some of the ideas presented in this paper challenge more traditional approaches to evidence-based practice. The delivery of effective, evidence-based patient-centred care will only be realized when a broader definition of what counts as evidence is embraced. (90 references) (Author)

20040618-17

Grading quality of evidence and strength of recommendations. Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) Working Group. (2004), BMJ vol 328, no 7454, 19 June 2004, pp 1490-1492, 1493-1494

Presents an overview of a system developed by the GRADE Working Group to aid those using clinical practice guidelines assess the quality and reliability of the evidence and recommendations. (JSM).

20040617-12

A glossary for evidence based public health. Rychetnik L, Hawe P, Waters E, et al (2004), Journal of Epidemiology and Community Health vol 58, no 7, July 2004, pp 538-345

This glossary seeks to define and explain some of the main concepts underpinning evidence based public health. It draws on the published literature, experience gained over several years analysis of the topic, and discussions with public health colleagues, including researchers, practitioners, policy makers, and students. (88 references) (Author)

20040517-5

Soft networks for bridging the gap between research and practice: illuminative evaluation of CHAIN. Russell J, Greenhalgh T, Boynton P, et al (2004), BMJ vol 328, no 7449, 15 May 2004, pp 1174-1177

OBJECTIVES: To explore the process of knowledge exchange in an informal email network for evidence based health care, to illuminate the value of the service and its critical success factors, and to identify areas for improvement. DESIGN: Illuminative evaluation. SETTING: Targeted email and networking service for UK healthcare practitioners and researchers. PARTICIPANTS: 2800 members of a networking service. MAIN OUTCOME MEASURES: Tracking of email messages, interviews with core staff, and a qualitative analysis of messages, postings from focus groups, and invited and unsolicited feedback to the service. RESULTS: The informal email network helped to bridge the gap between research and practice by serving as a rich source of information, providing access to members' experiences, suggestions, and ideas, facilitating cross boundary collaboration, and enabling participation in networking at a variety of levels. Ad hoc groupings and communities of practice emerged spontaneously as members discovered common areas of interest. CONCLUSION: This study illuminated how knowledge for evidence based health care can be targeted, personalised, and made meaningful through informal social processes. Critical success factors include a broad based membership from both the research and service communities; a loose and fluid network structure; tight targeting of messages based on members' interests; the presence of a strong network identity and culture of reciprocity; and the opportunity for new members to learn through passive participation. (19 references) (Author)

20040511-42

Care protocols: rigid rules or useful tools?. Hewitt-Taylor J, Melling S (2004), Paediatric Nursing vol 16, no 4, May 2004, pp 38-42

Jaquelina Hewitt-Taylor and Sue Melling discuss the need to balance the benefits of using evidence-based care protocols with the need to maintain holistic child and family-focused care delivered by appropriately qualified professionals. (29 references) (Author)

20040507-31

Neonatal nursing research - more infrastructure is needed. Leslie A (2004), Journal of Neonatal Nursing vol 10, no 3, May 2004, p 73

Editorial which discusses the importance of research in helping neonatal nurses deliver evidenced-based care and the factors which contribute to the gap between research and practice. (JSM)

20040402-29

The RCM involvement with NICE guidelines. Paeglis C (2004), RCM Midwives Journal vol 7, no 4, April 2004, pp 150-151

This article explores the role of the National Institute for Clinical Excellence (NICE) and the College's contribution to the work it does in publishing maternity-related clinical guidelines. (Author)

20040401-38

Feedback of evidence into practice. Del Mar CB, Mitchell GK (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S63-S65

Concern about risks associated with medical care has led to increasing interest in quality improvement processes. Most quality initiatives derive from manufacturing, where they have worked well in improving quality by small, steady increments. Adaptations of quality processes to the healthcare environment have included variations emphasising teamwork; large, ambitious increments in targets; and unorthodox approaches. Feedback of clinical information to clinicians is a central process in many quality improvement activities. It is important to choose feedback data that support the objectives for quality improvement - and not just what is expedient. Clinicians need to be better educated about the quality improvement process to maintain the quality of their care. (20 references) (Author)

20040401-37

Changing healthcare organisations to change clinical performance. Robinson JS, Turnbull DA (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S61-S62

We propose the formation of evidence-based clinical practice support units in hospitals and clinical research implementation networks. The purpose of these initiatives will be to increase the uptake of beneficial forms of care and remove harmful or ineffective practices. They will bring together clinicians and other professionals to improve clinical care across the healthcare system. (13 references) (Author)

20040401-35

Diffusion of innovation theory for clinical change. Sanson-Fisher RW (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S55-S56

Maximising the adoption of evidence-based practice has been argued to be a major factor in determining healthcare outcomes. However, there are gaps between evidence-based recommendations and current care. Bridging the evidence gap will not be achieved simply by informing clinicians about the evidence. One theoretical approach to understanding how change may be achieved is Rogers' diffusion model. He argues that certain characteristics of the innovation itself may facilitate its adoption. Other factors influencing acceptance include promotion by influential role models, the degree of complexity of the change, compatibility with existing values and needs, and the ability to test and modify the new procedure before adopting it. The diffusion model may provide valuable insights into why some practices change and others do not, as well as guiding those who try to effect adoption of best-evidence practice. (9 references) (Author)

20040401-34

Selecting, presenting and delivering clinical guidelines: are there any 'magic bullets'?. Eccles MP, Grimshaw JM (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S52-S54

There are internationally agreed optimal methods for developing clinical practice guidelines. The quality of published guidelines varies. A validated assessment instrument should be used to identify well developed guidelines that can be used with confidence. There are multiple ways of presenting guidelines, including computerised systems. Computerisation of guidelines can cover a range of formats, from brief prompts through to complex decision-support systems. Integrating guidelines into computerised reminder systems has been shown to be effective in improving patient care, but there is less evidence to support the effectiveness of guidelines integrated into computerised decision-support systems. (28 references) (Author)

20040401-33

Is evidence-based implementation of evidence-based care possible?. Grimshaw JM, Eccles MP (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S50-S51

Traditional approaches to disseminating research findings have failed to achieve optimal healthcare. In a systematic review of 235 studies of guideline dissemination and implementation strategies, we observed the following: there was a median 10% improvement across studies, suggesting that it is possible to change healthcare provider behaviour and improve quality of care; most dissemination and implementation strategies resulted in small to moderate improvements in care; multifaceted interventions did not appear more effective than single interventions. The interpretation of our systematic review is hindered by the lack of a robust theoretical base for understanding healthcare provider and organisational behaviour. Future research is required to develop a better theoretical base and to evaluate further guideline dissemination and implementation strategies. (9 references) (Author)

20040401-32

Gaps between best evidence and practice: causes for concern. Buchan H (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S48-S49

Overseas studies that aim to quantify the evidence base of conventional medical care give varying estimates, but many of these studies have potential for bias. We do not know how much of the total healthcare Australians receive is based on the best available evidence; studies of a number of specific conditions show that there are gaps between what is known and what happens in practice. The National Institute of Clinical Studies aims to identify and test systemic approaches to embed ongoing review and uptake of evidence into routine clinical care. (27 references) (Author)

20040401-31

Development of strategies to encourage adoption of best evidence into practice in Australia: workshop overview. Sweet M (2004), Medical Journal of Australia vol 180, no 6, suppl, 15 March 2004, pp S45-S47

Reports on the outcomes of a workshop, held in Hobart in November 2003, which focused on developing innovative strategies to encourage evidence-based practice, with the aim of improving patient care. (MB)

20040330-19

Searching for evidence to inform clinical practice. Khan KS, Coomarasamy A (2004), Current Obstetrics and Gynaecology vol 14, no 2, April 2004, pp 142-146

Literature search and retrieval are essential steps in evidence-based practice. However, locating the relevant research to answer a specific clinical question can be daunting due to the volume and scattering of published literature. For clinicians, this necessitates the acquisition of basic skills to make literature searching effective and efficient. The first step is to take a hierarchic approach to searching: begin by looking for well-developed guidelines and evidence summaries; these may be found on the websites of various professional bodies. If guidelines and evidence summaries do not exist, searches for well-conducted systematic reviews are likely to give more precise and accurate answers than single studies. Such reviews may be found within databases such as the Cochrane Library or the Reproductive Health Library. If systematic reviews do not exist, a carefully planned search, with appropriate input from a clinical librarian, will need to be carried out in primary bibliographic databases such as MEDLINE and EMBASE. If all else fails, the final port of call will be contacting experts, Internet discussion forums or manufacturers. Once evidence has been obtained, following assessment of its quality, importance and relevance, it may be adopted in practice. (Author)

20040329-91*

Individual determinants of research utilization: a systematic review. Estabrooks CA, Floyd JA, Scott-Findlay S, et al (2003), Journal of Advanced Nursing vol 43, no 5, September 2003, pp 506-520

CONTEXT: In order to design interventions that increase research use in nursing, it is necessary to have an understanding of what influences research use. OBJECTIVE: To report findings on a systematic review of studies that examine individual characteristics of nurses and how they influence the utilization of research. SEARCH STRATEGY: A survey of published articles in English that examine the influence of individual factors on the research utilization behaviour of nurses, without restriction of the study design, from selected computerized databases and hand searches. INCLUSION CRITERIA: Articles had to measure one or more individual determinants of research utilization, measure the dependent variable (research utilization), and evaluate the relationship between the dependent and independent variables. The studies also had to indicate the direction of the relationship between the independent and dependent variables, report a P-value and the statistic used, and indicate the magnitude of the relationship. RESULTS: Six categories of potential individual determinants were identified: beliefs and attitudes, involvement in research activities, information seeking, professional characteristics, education and other socio-economic factors. Research design, sampling, measurement, and statistical analysis were examined to evaluate methodological quality. Methodological problems surfaced in all of the studies and, apart from attitude to research, there was little to suggest that any potential individual determinant influences research use. CONCLUSION: Important conceptual and measurement issues with regard to research utilization could be better addressed if research in the area were undertaken longitudinally by multi-disciplinary teams of researchers. (60 references) (Author)

20040329-88*

Clinical experience as evidence in evidence-based practice. Thompson C (2003), Journal of Advanced Nursing vol 43, no 3, August 2003, pp 230-237

BACKGROUND: This paper's starting point is the recognition (descriptive not normative) that, for the vast majority of day-to-day clinical decision-making situations, the 'evidence' for decision-making is experiential knowledge. Moreover, reliance on this knowledge base means that nurses must use cognitive shortcuts or heuristics for handling information when making decisions. These heuristics encourage systematic biases in decision-makers and deviations from the normative rules of 'good' decision-making. AIMS: The aim of the paper is to explore three common heuristics and the biases that arise when handling complex information in clinical decision-making (overconfidence, hindsight and base rate neglect) and, in response to these biases, to illustrate some simple techniques for reducing the negative influence of heuristics. DISCUSSION: Nurses face a limited range of types of uncertainty in their clinical decisions and draw primarily on experiential knowledge to handle these uncertainties. This paper argues that

experiential knowledge is a necessary but not sufficient basis for clinical decision-making. It illustrates how overconfidence in one's knowledge base, being correct 'after the event' or with the benefit of hindsight, and ignoring the base rates associated with events, conditions or health states, can impact on professional judgements and decisions. The paper illustrates some simple strategies for minimizing the impact of heuristics on the real-life clinical decisions of nurses. CONCLUSION: The paper concludes that more research knowledge of the impact of heuristics and techniques to combat them in nursing decisions is needed. (23 references) (Author)

20040325-11

Making evidence-based decisions in medicine: (or more importantly) using evidence when the case doesn't quite fit. Flood AB (2004), Women's Health Issues vol 14, no 1, January/February 2004, pp 3-6

Uses the example of breast cancer treatment and screening to discuss how the difficulties in transforming evidence based on randomised controlled trials into practice governing decisions made by patients and clinicians. (MB)

20040317-19

What you don't know can hurt you. (2004), Advances in Neonatal Care vol 4, no 1, February 2004, pp 1-5

Discusses the implications of the theory-practice gap and presents three case studies demonstrating the effects of the failure to disseminate research findings in neonatology: use of incubators in the neonatal intensive care unit (NICU); the effectiveness of antenatal steroids to promote fetal maturation in women with threatened premature labour; and the Back to Sleep campaign's efforts to promote the supine sleeping position to reduce the risk of sudden infant death syndrome (SIDS). Considers how nurses find and evaluate research information and advises on how Advances in Neonatal Care assesses the quality of a research paper. (20 references) (RM)

20040312-6

Sustainability in changing clinical practice promotes evidence-based nursing care. Wallin L, Bostrom AM, Wikblad K, et al (2003), Journal of Advanced Nursing vol 41, no 5, March 2003, pp 509-18

AIM: To examine the relationship between sustained work with quality improvement (QI) and factors related to research utilization in a group of nurses. DESIGN: The study was designed as a comparative survey that included 220 nurses from various health care organizations in Sweden. These nurses had participated in uniformly designed 4-day basic training courses to manage a method for QI. METHODS: A validated questionnaire covering different aspects of research utilization was employed. The response rate was 70% (154 of 220). Nurses in managerial positions at the departmental level were excluded. Therefore, the final sample consisted of 119 respondents. Four years after the training courses, 39% were still involved in audit-related activities, while 61% reported that they had discontinued the QI work (missing = 1). RESULTS: Most nurses (80-90%) had a positive attitude to research. Those who had continued the QI work over a 4-year period reported more activity in searching research literature compared with those who had discontinued the QI work (P = 0.005). The QI-sustainable nurses also reported more frequent participation in research-related activities, particularly in implementing specific research findings in practice (P = 0.001). Some contextual differences were reported: the QI-sustainable nurses were more likely to obtain support from their chief executive (P = 0.001), consultation from a skilled researcher (P = 0.005) and statistical support (P = 0.001). Within the broader health care organization, the existence of a research committee and a research and development strategy, as well as access to research assistant staff, had a tendency to be more common for nurses who had continued the QI work. CONCLUSION: Sustainability in QI work was significantly related to supportive leadership, facilitative human resources, increased activity in seeking new research and enhanced implementation of research findings in clinical practice. It appears that these factors constitute a necessary prerequisite for professional development and the establishment of evidence-based practice. (57 references) (Author)

20040227-61

Evidence-based obstetric care in South Africa - influencing practice through the 'Better Births Initiative'. Smith H, Brown H, Hofmeyr GJ, et al (2004), South African Medical Journal (SAMJ) vol 94, no 2, February 2004, pp 117-120

Ensuring that health professionals practise according to evidence-based standards is important since it affects the quality and cost of care patients receive. The purpose of this research was to use a focused change programme (the Better Births Initiative) to influence obstetric practice at 10 hospitals in Gauteng, South Africa. The findings show some important improvements in practice following the implementation of the BBI; providers at some sites reduced the use of enemas, shaving and episiotomy, and increased use of oral fluids and companionship during labour. Qualitative data suggest that an interactive approach to implementing evidence-based practice can influence health professionals' decisions to change practice, and that good working relationships and enthusiastic staff are central to effective change.

(19 references) (Author)

20040220-29

Barriers to evidence-based practice in primary care. McKenna HP, Ashton S, Keeney S (2004), Journal of Advanced Nursing vol 45, no 2, January 2004, pp 178-189

BACKGROUND: Evidence-based practice is one of the most important underlying principles in modern health care. In the United Kingdom, successive governments have highlighted the fact that a quality health service is built upon the use of best evidence. Health professionals are becoming more accountable within clinical governance structures for the care they provide. The need to use robust research findings effectively is a critical component of their role. However, studies show that a number of barriers prevent the effective use of best available evidence. AIM: This study aimed to identify barriers to evidence-based practice in primary care. METHOD: A specially designed questionnaire was used to gather respondents' perceptions of the barriers to evidence-based practice. Data were collected in 2000/2001. FINDINGS: Findings show that general practitioners (GPs) ranked barriers differently to community nurses. GPs believed that the most significant barriers to using evidence in practice were: the limited relevance of research to practice, keeping up with all the current changes in primary care, and the ability to search for evidence-based information. In contrast, the most significant barriers to the identified by community nurses were poor computer facilities, poor patient compliance and difficulties in influencing changes within primary care. This suggests that these two groups may require different strategies for barrier removal. CONCLUSIONS: Identifying barriers is just the first step to addressing issues surrounding the use of evidence-based practice. Extra resources will be needed if these barriers are to be tackled. However, if the resultant change improves the health and wellbeing of people and communities, then the extra costs would be offset by more efficient use of services. (33 references) (Author)

20040126-34*

Evidence based research: dilemmas and debates in health care inquiry. Brown B, Crawford P, Hicks C (2003), Maidenhead: Open University Press 2003. 297 pages

Soon after Christmas I had the choice of reading this book or stripping the turkey. Having delegated the turkey to my willing and much more dextrous sister-in-law, for the first 77 pages I felt sure I had made the wrong decision. The book covers the major perspectives in the philosophy of science, appraising different methodologies and describing how they have influenced healthcare research. I stuck with it, and gradually recognised that I was, after all, learning some new things and was even having a debate with the authors - especially regarding the use of research in the clinical setting. The back cover suggests that the text will be suitable for advanced undergraduate and Masters students. I think that any student at this level who understands most of it would be very exceptional, and suggest that it be used in the main for doctoral students or perhaps a Masters student with a specific interest in philosophy of science. It assumes a level of knowledge beyond the basic, as implied in the introduction, which includes this sentence: 'The abandonment of Ptolemaic cosmology and its replacement with Copernican heliocentrism, and the displacement of Newtonian mechanics by quantum physics and general relativity, are both examples of major paradigm shifts'. On the whole I found there was a lack of clear signposting and summaries. The title of the book does not tell us much, although the back cover encapsulates the content well. The index gives little help. At the beginning of each chapter I would have liked to know exactly what was going to be covered, and where. By chapter four I had managed to scramble somewhere near to the wavelength of the authors and could see that the book has some obvious strengths. For example, there is an extremely thorough appraisal of the randomised controlled trial (RCT), including a very good section on falsification. I was pleased to see mention of health service culture and its power over evidence-based practice and, in particular, reference to Mary Stewart's article in which she states 'Until and unless the influence of the cultural beliefs is acknowledged, evidence based practice may simply be used as a means of legitimising and reinforcing current ideologies of authoritative knowledge' (Stewart 2001, p287). As a practitioner, this has enormous resonance for me and I would have liked this topic to be expounded. That it was not is maybe in part due to the fact that none of the authors is a practising clinician. I enjoyed the exploration of ethical issues in research, although I spotted a couple of important omissions. One is discussion of 'patient altruism' - the possibility that patients are willing to take part in a trial if it improves care for future generations - and the other is the dilemma for the practitioner who is carrying out an aspect of research in the clinical setting. This is very briefly mentioned, but the focus is almost entirely on the patient and his/her right to autonomy. There is a good section on language that is of great relevance to midwifery, since such an important part of the midwives' role is listening and validating. I was, of course, on the look out for examples from midwifery practice and was pleased to see some. One example used the evidence about episiotomy, but being a British midwife I was disappointed to see the discussion about use of unequivocal best practice was related only to doctors! Using examples from practice are extremely useful (and necessary in an academic text), but an appropriate reader should test their credibility if the author is not of the

relevant profession. Overall, this book contributes to the body of literature on philosophy of science for healthcare professionals; it will engage the advanced and tenacious student and researcher, but will only be usefu as a reference for specific methodological exploration. Reference: Stewart M (2001). Whose evidence counts? An exploration of health professionals' perceptions of evidence-based practice, focusing on the maternity services. Midwifery 17(4):279-88. Reviewed by Jane Rogers, consultant midwife, Winchester.

20040113-62

Evidence-based decision making - the six step approach. Porzsolt F, Ohletz A, Thim A, et al (2003), Evidence-Based Medicine vol 8, no 6, November/December 2003, pp 165-166

Considers a six step approach to introducing evidence based information into clinical practice. The steps are: 1) transformation of the clinical problem into a 3 or 4 part question; 2) answering the question using 'internal evidence' only; 3) finding 'external evidence' to answer the question; 4) critical appraisal of the external evidence; 5) integrating external and internal evidence; and 6) evaluation of the decision making process. (3 references) (RM)

20040106-11

Valuing both critical and creative thinking in clinical practice: narrowing the research-practice gap?. Seymour B, Kinn S, Sutherland N (2003), Journal of Advanced Nursing vol 42, no 3, May 2003, pp 288-296

BACKGROUND: Nurturing critical thinking skills in the classroom is considered an important educational activity. It is believed that critical thinking skills are transferable and that they can be applied in practice when appraising, evaluating and implementing research. That more nurses than ever before have been judged academically knowledgeable in research has not guaranteed the transfer of such knowledge to practice. AIM OF THE PAPER: This paper discusses some of the reasons for the failure to narrow the gap between research and practice. In particular we argue that, if nurses are encouraged to develop creative and generative thinking alongside their critical thinking skills, then the art of nursing will have fuller representation in education, research and practice. DISCUSSION: The successful development of critical thinking skills for academic purposes does not necessarily mean that these skills are used in practice in relation either to research or clinical decision-making. This suggests that the transferability of critical thinking skills is less than straightforward. Indeed, there has been little narrowing of the research-practice gap since students started to learn critical thinking for academic purposes. However, we propose that thinking skills can be encouraged in the context of practice and that regular educational events, such as journal clubs, can contribute to developing critical thinking in the practice environment. CONCLUSIONS: The research-practice gap will reduce only if research becomes part of practitioners' ideology, which includes the art and science of nursing. Critical and creative thinking are prerequisites to narrowing the disjuncture between research and practice, and we suggest that educators and practitioners explore structured ways of meeting together to appraise literature as a possible means of making use of their thinking and knowledge in clinical practice. (69 references) (Author)

20031114-26*

Evidence-based approach to change in clinical practice: introduction of expanded nasal continuous positive airway pressure use in an intensive care nursery. Jackson JK, Vellucci J, Johnson P, et al (2003), Pediatrics vol 111, no 4, April 2003. 6 pages

OBJECTIVE: Recent studies provide evidence that nasal intermittent positive pressure ventilation (NIPPV) may stabilize the airway of extremely low birth weight infants after endotracheal extubation. The objective of this project was to introduce the use of NIPPV into a busy level 3 intensive care nursery. METHODS: This report describes the process of NIPPV introduction using a series of rapid-cycle improvement projects, as proposed by the Vermont Oxford Network. RESULTS: In the first cycle, 7 (88%) of 8 infants were successfully extubated with NIPPV after meeting criteria for reintubation on nasal continuous positive airway pressure alone. Proper positioning of the prongs in the nasopharynx was found to be an important determinant of success. In a second cycle, shorter 2.5-cm nasopharyngeal prongs were more effective than standard 4-cm prongs in 12 recently extubated infants as assessed by objective measurements and subjective nursing reports. A third cycle confirmed the acceptance of this technique in our unit and demonstrated an associated decrease in markers of chronic lung disease in extremely low birth weight infants during the 22 months after its introduction. CONCLUSION: This experience supports the role for the rapid-cycle change model in achieving effective evidence-based medical practices in a neonatal intensive care setting.
(Only the abstract is published in the print journal. Full article available online at http://www.pediatrics.org/cgi/content/full/111/4/e542) (40 references) (Author)

20031031-12

The consumer's right to evidence-based health care. Kelson M (2001), Yearbook of Obstetrics and Gynaecology vol 9, 2001, pp 53-60

Reviews the impact of policy developments encouraging patient involvement in their health care and ensuring that clinical decisions are based upon the best available evidence. Discusses issues relating to the provision of evidence based health information to pregnant women. (20 references) (RM)

20031020-32

Research information in nurses' clinical decision-making: what is useful?. Thompson C, McCaughan D, Cullum N, et al (2001), Journal of Advanced Nursing vol 36, no 3, November 2001, pp 376-388

AIM: To examine those sources of information which nurses find useful for reducing the uncertainty associated with their clinical decisions. BACKGROUND: Nursing research has concentrated almost exclusively on the concept of research implementation. Few, if any, papers examine the use of research knowledge in the context of clinical decision-making. There is a need to establish how useful nurses perceive information sources are, for reducing the uncertainties they face when making clinical decisions. DESIGN: Cross-case analysis involving qualitative interviews, observation, documentary audit and Q methodological modelling of shared subjectivities amongst nurses. The case sites were three large acute hospitals in the north of England, United Kingdom. One hundred and eight nurses were interviewed, 61 of whom were also observed for a total of 180 hours and 122 nurses were involved in the Q modelling exercise. RESULTS: Text-based and electronic sources of research-based information yielded only small amounts of utility for practising clinicians. Despite isolating four significantly different perspectives on what sources were useful for clinical decision-making, it was human sources of information for practice that were overwhelmingly perceived as the most useful in reducing the clinical uncertainties of nurse decision-makers. CONCLUSIONS: It is not research knowledge per se that carries little weight in the clinical decisions of nurses, but rather the medium through which it is delivered. Specifically, text-based and electronic resources are not viewed as useful by nurses engaged in making decisions in real time, in real practice, but those individuals who represent a trusted and clinically credible source are. More research needs to be carried out on the qualities of people regarded as clinically important information agents (specifically, those in clinical nurse specialist and associated roles) whose messages for practice appear so useful for clinicians. (31 references) (Author)

20030925-20

Taking action: towards evidence-based practice. Baxter J (2003), British Journal of Midwifery vol 11, no 9, September 2003, p 547

Discussion of the report Taking Action: Moving Towards Evidence Based Practice (Foundation of Nursing Studies, 2001) which evaluated training in critical appraisal and research utilization skills provided to nurses and midwives in nine NHS Trusts across the UK. (RM)

20030814-65

A systematic approach for midwifery students: how to consider evidence-based research findings. Lydon-Rochelle MT, Hodnett E, Renfrew MJ, et al (2003), Journal of Midwifery & Women's Health vol 48, no 4, July/August 2003, pp 273-277

The midwifery profession is increasingly applying the results of evidence-based research findings. Several researchers were asked if they would answer questions regarding the essential research skills necessary for midwives, the relevance of applying valid evidence to practice, and concerns regarding evidence-based practice overall. The objectives were to share expert researchers' responses that could be used by educators to help introductory midwifery students understand the importance of developing skills in assessing 'the best evidence' and to stimulate interactive discussion in the classroom. Consideration of the expert opinions stimulated student thinking on the relation of evidence-based findings to practice in an exciting approach characterized by inquiry and debate, which got favorable responses and evaluations from the students.(30 references) (Author)

20030801-44

Survey of reported compliance with guidelines on two common perinatal problems. Flenady V, Lewis L, Jenkins-Manning S, et al (2003), Australian Midwifery News vol 3, no 1, February 2003, p 15

Abstract of a research report into a trial conducted in 1999 to test the effects of a multifacted educational program in increase the uptake of evidence based perinatal health care in 20 Queensland maternity hospitals. (RM)

20030801-2

How midwives' attitudes can affect the research process. Poat A, McElligott M, Fleming V (2003), British Journal of Midwifery vol 11, no 6, June 2003, pp 396-400

The decision-making power base in maternity care has altered in the last century with recent government documents suggesting that it be more women-centred. Those midwives who do not use evidenced-based practice and who teach, support and demonstrate ritualistic practices without reference to the substantial research available, are limiting women's choice(s) in maternity care. In a trial (Fleming et al, 2001), investigating whether routine suturing of perineal lacerations is required, the researchers concluded that midwives appeared to have attempted to influence the outcome because of their own deep-held beliefs about suturing. The rationale for this behaviour is not always easy to understand and it is examined here to determine what concepts are influencing these practices. First, is this behaviour a way of raising the midwife's profile as an expert or are midwives in fact feeling less the expert of normal childbirth as their role is eroded by other disciplines? Second, are midwives trying to regain autonomy by controlling women as a response to the control of this speciality by the medical and nursing professions? Finally, could it be that midwives' lack of support for women in making informed choice(s) is an ethical misunderstanding that they have between beneficence and autonomy? Unfortunately, whatever the rationale, the practice observed suggests that some midwives appear to be demonstrating the paternalistic attitudes previously associated with the medical profession. (29 references) (Author)

20030723-53

Evidence into practice for midwifery-led care: part 3. Munro J, Spiby H (2003), British Journal of Midwifery vol 11, no 7, July 2003, pp 425-428

This is the third article in this series describing the development, implementation and evaluation of evidence-based guidelines for midwifery-led care in the labour ward of an inner-city university teaching hospital. This article presents two final strands of the evaluation: 1) measurement of changes of practice through the use of routinely available data and 2) views of users of the maternity services. Perceptions of changes in practice previously identified by midwives, in the areas of electronic fetal monitoring and amniotomy, were also demonstrated in the routinely available data. Local user groups found the guidelines both 'acceptable' and 'useful'. The Maternity Forum spoke positively about a cultural change they felt the guidelines represented. This initiative took place in one setting and the outcome is of greatest relevance to this locality. However, acknowledging that and the relatively small numbers involved in certain elements of the evaluation, both the process and the findings may be applicable to similar initiatives in other settings. (9 references) (Author)

20030721-35*

Understanding the use of research evidence in practice: midwives and health visitors supporting breastfeeding mothers. Matsuoka M, Shiono E, Okubo N, et al (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 2 pages

Conference report on a study which used participant observation and in-depth interviews with both breastfeeding mothers and professionals, to understand how practitioners decide what they should or should not do in normal everyday practice, and the part that research evidence plays in this. Different notions of knowledge used by professionals in the interaction with breastfeeding women and how these women make sense of this, with their own possibly different notions of knowledge were explored. (2 references) (Author, edited)

20030718-40*

Clinical guidelines: a brief introduction. Winning A (2002), London: National Electronic Library for Health June 2002. 2 pages

Provides a definition of clinical guidelines and outlines why they are important, what the benefits are and includes examples of good practice. (8 references) (JSM)

20030718-15*

Making childbirth safer through promoting evidence-based care. (2002), Global Health Council May 2002. 21 pages

Technical report containing individual chapters on: 1) Towards an evidence-based approach to decision making; 2) Reducing maternal mortality through evidence-based treatment of eclampsia; 3) Reducing postpartum hemorrhage: routine use of active management of the third stage of labor; 4) The WHO reproductive health library (RHL); 5) Better births initiative: a programme for action in middle- and low-income countries; 6) Using evidence to save the lives of mothers. (RM)

20030703-9

'Spin Doctoring' the research. Goer H (2003), Birth vol 30, no 2, June 2003, pp 124-129

Examples of bad or faulty research passed off and generally accepted to be evidence based information for obstetric care, including the Cochrane reviews Interventions for Preventing or Improving the Outcome of Delivery at or Beyond Term, and Vaginal Misoprostol for Cervical Ripening and Induction of Labour which the article claims have been found to contain errors and omissions. Gives some results of the use of this research in clinical practice. (39 references) (RM)

20030701-36

Lying in the bed we've made: reflection on some unintended consequences of clinical practice guidelines in the courts. McDonagh RJ, Hurwitz B (2003), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 25, no 2, February 2003, pp 139-143

Evidence on the use of clinical practice guidelines to aid in the legal determination of negligence is increasing, specifically where they affect determinations of the standard of care and causation. So too is evidence that some clinical practice guidelines are of poor quality. An action alleging the negligent failure to diagnose and treat gestational diabetes in 1988, in which the neonate suffered permanent brachial plexus injury, entered into evidence a 1984 clinical practice guideline authored by the Society of Obstetricians and Gynaecologists of Canada. No 'experts' were called to adjudicate the quality of this guideline, which cited no evidence or rationale in support of its recommendations. The standard as laid out in the guideline was judged by the court to reflect a prevailing standard of care, and a finding of negligence was rendered. As the courts pay increased attention to clinical practice guidelines, critical appraisal by the professional organizations developing these documents must occur to assure methodological rigour. Further, the quality of clinical practice guidelines should receive critical scrutiny by the courts if they are to be relied upon, even partially, to assist with legal determinations of the standard of care or issues under causation. (42 references) (Author)

20030512-25

Clinical governance and caesarean section. Torrance E, Dockery K (2003), British Journal of Midwifery vol 11, no 2, February 2003, pp 94-96

This article demonstrates how clinical governance supported a change in the practice of routine elective caesarean section (CS) being performed at 38 weeks of pregnancy. Clinical incident reporting highlighted the issue that some babies delivered by elective CS were being admitted to the neonatal unit with respiratory problems. On searching the literature it was found that there was evidence to support the decision that elective CS should be performed at 39 weeks to reduce neonatal respiratory morbidity. An evidence-based guideline was developed and through a process of clinical audit the gestation for performing the elective CS is now in line with evidence-based care. (1 reference) (Author)

20030424-57*

The Leeds University maternity audit project. Wilson B, Thornton JG, Hewison J, et al (2002), International Journal for Quality in Health Care vol 14, no 3, 2002, pp 175-181

Objectives. To measure levels of and changes in compliance with evidence-based recommendations in obstetrics in the UK. To identify barriers to and factors associated with compliance. Design. A quantitative case-note audit for 1988 and 1996, and a qualitative interview study of key staff. Setting. Twenty maternity units, selected at random from all UK units. Subjects. Fifty consecutive cases of pre-term delivery (PTD), Caesarean section (CS), instrumental delivery (ID), and perineal repair (PR) operations in each period in each unit. The lead clinician, midwifery manager, a senior midwife, neonatologist, and middle-grade obstetrician in each unit. Main outcome measures. Maternal steroid use in PTD, antibiotic use in CS, use of the ventouse (vacuum extractor) rather than forceps as instrument of first choice for ill, and use of polyglycolic acid (pGA) sutures for PR in each time period. Facilities for implementing, staff attitudes to, and the degree of planning to follow each recommendation. Main results. The median proportion of ventouse as instrument of first choice in each unit was 8% (range 0-32%) in 1988, rising to 64% (range 0-98%) in 1996. PGA use for PR was 0% (range 0-30%) in 1988, and 72% (range 0-100%) in 1996. Steroid use for eligible PTD was median 0% (range 0-23%) in 1988, rising to 82% (range 63-95%) in 1996. Antibiotic use for CS was 7% (range 0-25%) rising to 84% (range 10-100%) in 1996. There was no relationship between unit size, type of unit, facilities, staff attitudes or degree of planning, and compliance with the recommendations, nor was the level of adherence to one standard typically correlated with adherence to the others. However, there was a positive correlation ($R = 0.6$. $P < 0.005$) between local availability of the Cochrane database of perinatal trials and unit compliance with the audit standards in the latter time period. Conclusions. We have documented a massive shift in practice in line with the evidence, although many units

still have substantial room for improvement. About 2000 wound infections, 200 deaths due to prematurity, nearly 8000 women in pain from catgut sutures, and 1500 cases of severe perineal trauma from forceps remain preventable. The reasons why units vary remain obscure, although the qualitative interviews often revealed local factors such as key enthusiastic staff. There was no sign of evidence being positively driven into practice by any systematic managerial process. The relationship between Cochrane availability and high-standard care may be simply a marker of commitment to the evidence, but it remains plausible that if senior staff make Cochrane available for their juniors, audit compliance improves. (20 references) (Author)

20030414-98

Best practice in implementing guidance: electronic fetal monitoring and induction of labour - a change of practice. Axon C (2002), Journal of Clinical Excellence vol 4, no 3, 2002, pp 327-329

Conference paper given at the 2002 Clinical Excellence conference, which discusses the introduction of NICE guidelines on fetal monitoring and labour induction at the author's unit. (3 references) (SB)

20030414-95

Why certain systematic reviews reach uncertain conclusions. Petticrew M (2003), BMJ vol 326, no 7392, 5 April 2003, pp 756-758

The 'stainless steel' law of evaluation states that the better designed the outcome evaluation, the less effective the intervention seems. This article explores how this law may be operating in relation to systematic reviews. (22 references) (Author)

20030401-18

Implementing evidence-based practice in primary care: perceptions of a multifaceted programme to encourage guideline use. Marshall J, Mead P, Jones K, et al (2002), Journal of Clinical Excellence vol 4, no 2, 2002, pp 223-229

Objective: To explore the acceptability of the various elements of a multifaceted intervention designed to facilitate the process of guideline implementation by primary care teams and to understand constraints to the use of guidelines in this setting. Design: A descriptive qualitative study using semi-structured group interviews. Setting: Primary care. Participants: 34 general practitioners (GPs), six practice nurses and one practice manager were involved in group interviews from ten general practices. Results: The themes identified reflected the elements of the intervention: benefits and problems of critical appraisal workshops; perceptions of the usefulness of guidelines; responses to audit feedback and the impact of facilitation. Even where practitioners were committed to guideline implementation their use was not always straightforward. Aspects such as the maintenance of a good relationship with the patient and the influence of colleagues in secondary care were seen as important. Issues of time and resources were also highlighted. Conclusions: Implementation of clinical guidelines is a complex activity. Interventions used to encourage their use should be flexible and directly relevant to practical issues. Local ownership of the process is important but agreed deadlines for activity may be important to facilitate action. (22 references) (Author)

20030401-17

A clarification of the interdependence of clinical effectiveness and evidence-based practice. Lipp A (2002), Journal of Clinical Excellence vol 4, no 2, 2002, pp 217-222

This paper aims to situate evidence-based practice within clinical effectiveness and commences with a definition and outline of each concept. It is argued that, although some literature treats clinical effectiveness and evidence-based practice as the same, because of their differing origins and philosophies a distinction should be made between them. This is centred upon the point that confusing the two concepts could result in each being misunderstood. Finally, the case for interdependence is made to situate evidence-based practice within clinical effectiveness. It is argued that this will maintain the purity of each concept and ensure a creative tension, which will result in optimal pragmatic solutions for patient care. (30 references) (Author)

20030311-42

Quality management system for birth centers. Hoepner-Fruhauf J (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 5 pages

Conference paper discussing the processes involved in setting-up a Quality Management System for Birth Centres in Germany, and the development of guidelines for all birth centres to enable them to produce their own Quality

Management System. (JSM)

20030303-21

Guidelines for intrapartum midwifery led care. Rogers J (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 6 pages

This article describes the collaborative process which led to the production of guidelines for midwifery led intrapartum care in Southampton. The guidelines were formulated specifically for women deemed to be at low risk of developing problems in childbirth. Although the principles of flexible, women centred care and midwifery accountability receive explicit support in national strategies and initiatives, locally the project was set against the background of medical dominance. With the aim of promoting ownership, a collaborative and facilitative approach was taken, and users of the service were included. Over a period of almost one year, use of a structured method led to the formulation of twelve guidelines and standards. Debates involving users and professionals were held to help negotiate agreement on contentious issues. Audit of individual guidelines (including views of users) is currently being undertaken to assess the success of the innovation. (6 references) (Author)

20030226-15

Bringing about change/changing a policy within a hospital. Wolff L (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 5 pages

Conference paper that describes the author's experience of preparing an evidence-based paper to present to doctors in her hospital in Israel with the aim of changing policy on the practice of not allowing women to eat and drink during labour. The change in policy was implemented and has also led to a greater awareness of evidence-based practice. (14 references) (SB)

20030224-52

Fact or fiction. Brucker MC, Schwarz BE (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 4 pages

Illustration of the application of evidence based care to common midwifery practices in the USA by offering statements and discussing whether they are fact or fiction (i.e. disproved by clinical evidence). The statements are: 'asymptomatic vaginitis should be treated in pregnancy'; 'umbilical cords should be treated with alcohol to decrease infection and increase separation'; 'breastfed babies are at greater risk for hemorrhagic disease of the newborn than bottle fed babies'; and 'bedrest is an effective treatment modality for prevention of preterm birth'. Argues that 'fact or fiction?' is a question that every practising midwife should frequently ask him or herself about every practice. (RM)

20030224-43*

Working towards the integration of theory and practice in midwifery. Bharj K, Spiby H (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 4 pages

Outline of strategies and initiatives such as the Evidence Based Midwifery Network aimed at bridging the gap between theoretical knowledge and practical skills in newly qualified midwives. (18 references) (RM)

20030220-14*

Evidence-based care in the maternity services: what is it and how is it used?. Stewart M (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 12 pages

Report of a study which asked thirteen health professionals (ten midwives, two obstetricians, one nurse) working in the maternity services how they define evidence and how they relate these definitions and understanding of evidence to their own clinical work. (26 references) (MS)

20030204-75

Incorporating economic analysis into clinical practice guidelines: a guide for hopeful users. Ramsey SD (2002), Evidence-Based Medicine vol 7, no 6, November/December 2002, pp 164-166

Editorial aiming to help clinicians understand cost-effectiveness studies and use them in developing guidelines. (13 references) (JSM)

20030130-23

The effect of the publication of a major clinical trial in a high impact journal on clinical practise: the ORACLE Trial experience. Kenyon S, Taylor DJ (2002), BJOG: An International Journal of Obstetrics and Gynaecology vol 109, no 12, December 2002, pp 1341-1343

Objective: To estimate the short term effect of the publication of a major clinical trial on clinical practise. Design: Questionnaire survey of clinical practise. Setting UK. Population: All maternity units in the UK. Method: A self-administered questionnaire completed by lead consultants on delivery suite of maternity units. Main outcome measures: Changes in antibiotic prescription. Results: Within six months of publication, approximately 50% of maternity units had changed their guidelines for the care of women with preterm prelabour rupture of the fetal membranes. Conclusion: Publication of a major clinical trial does impact on clinical practise but the impact is heterogeneous in terms of time and consistency. (17 references) (Author)

20030121-1*

What makes a good clinical guideline?. Broughton R, Rathbone B (2001), Newmarket: Hayward Medical Communications 2001. 8 pages

Provides an overview of clinical guidelines and guidance on their evaluation. (12 references) (SB)

20030116-1*

What is evidence-based medicine?. Belsey J, Snell T (2001), Newmarket: Hayward Medical Communications 2001. 6 pages

Provides an overview of evidence-based medicine. (10 references) (SB)

20030113-47

Clinicians' attitudes to clinical practice guidelines: a systematic review. Farquhar CM, Kofa EW, Slutsky JR (2002), Medical Journal of Australia vol 177, no 9, 4 November 2002, pp 502-506

Objective: To systematically review surveys of clinicians' attitudes to clinical practice guidelines. Data sources: MEDLINE, HealthStar, Embase and CINAHL were searched electronically for English-only surveys published from 1990 to 2000. Study selection: We included surveys with responses to one or more of seven propositions (see below). Studies were excluded if they had fewer than 100 respondents or if the response rate was less than 60%. Results: Thirty studies included responses to one or more of the seven items, giving a total of 11 611 responses. The response rate for the included studies was 72% (95% confidence interval [CI], 69%-75%). Clinicians agreed that guidelines were helpful sources of advice (weighted mean, 75%; 66%-83%), good educational tools (71 %; 63%-79%) and intended to improve quality (70%; 60%-80%). However, clinicians also considered guidelines impractical and too rigid to apply to individual patients (30%; 23%-36%), that they reduced physician autonomy and oversimplified medicine (34%; 22%-47%), would increase litigation (41%; 32%-49%) and were intended to cut healthcare costs (52.8%; 39%-66%). Conclusions: Surveys of healthcare providers consistently report high satisfaction with clinical practice guidelines and a belief that they will improve quality, but there are concerns about the practicality of guidelines, their role in cost-cutting and their potential for increasing litigation. (62 references) (Author)

20030108-14*

Taking action - moving towards evidence-based practice: executive summary. Foundation of Nursing Studies (2001), London: Foundation of Nursing Studies 2001. 8 pages

The Foundation of Nursing Studies (FoNS) has been involved over the last seven years in the development, organisation and evaluation of a number of activities to help nurses to critically appraise and apply research evidence in their everyday practice. The main report (available as part of the 'Taking Action' pack) evaluates this programme and comments on the implications which this has for the evolution of evidence based practice, in the light of the Foundation's experience in this area. Implications are drawn out not only in terms of the current research and development agenda, but also for education/professional development, Trust management, individual practitioners, and indeed FoNS itself. (5 references) (Publisher, edited)

20030107-17

Leading opinion and managing change in complex organisations: findings from the South Thames Evidence-based Practice project. McLaren S, Ross F, Redfern S, et al (2002), NT Research vol 7, no 6, 2002, pp 444-458

Opinion-leaders have been described in the research literature as credible experts, capable of supporting, facilitating or advocating change and influencing health professionals to adopt innovatory, evidence-based approaches to their practice (Lomas et al., 1991; Thomson et al., 1999). However, information is lacking on the complexity of selection and training, and of the role support that is necessary to enable opinion-leaders to function effectively. This paper focuses on the experience of using opinion-leaders to implement practice change as part of a multi-faceted approach within the South Thames Evidence-based Practice project (STEP), drawing on information integrated from a cross-case analysis and the independent evaluation. Key findings are that the opinion-leader role is complex and challenging, and, requires a broad balance of research, management and leadership competencies to inform selection and training. (30 references) (Author)

20030103-44*

Evidence-based medicine in practice: limiting or facilitating patient choice?. Rogers WA (2002), Health Expectations: An International Journal of Public Participation in Health Care and Health Policy vol 5, no 2, 2002, pp 95-103

Facilitating patient choice is an important element in respecting the autonomy of patients. Evidence-based medicine has the potential to contribute to this process by the provision of high quality research-based information, for use by patients and clinicians. In this paper, I analyse the processes of evidence-based medicine in order to identify the ways in which patient choice is affected by decisions made in the development and use of evidence-based guidelines. I argue that despite the potential contribution, the current methods and techniques of guideline production limit rather than facilitate patient choice. (28 references) (Author)

20021220-22

Using evidence to educate birth center nursing staff about infant states, cues, and behaviors. White C, Simon M, Bryan A (2002), MCN - American Journal of Maternal/Child Nursing vol 27, no 5, September/October 2002, pp 294-298

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. (24 references) (Author)

20021213-64

Do you know where your information came from?. Keefe C (2002), Citizens for Midwifery (CfM) News vol 7, no 3, September 2002, pp 1, 4

It is important to be able to back up statements about birth and midwifery with accurate references to the sources of information. The author describes some of the sources of information she used when looking for evidence to support her arguments. (KL)

20021122-24

Knowledge translation and evidence-based perinatal/neonatal health care. Ohlsson A (2002), Neonatal Network: the Journal of Neonatal Nursing vol 21, no 5, August 2002, pp 69-74

Knowledge translation is the process of bridging the gap between the overwhelming amount of research data/information/evidence and its critical appraisal, synthesis, dissemination, and application as knowledge by influential role models. Knowledge translation includes ongoing surveillance of the results of the implementation of new knowledge. By conducting research that is driven by relevant, well-defined questions and by using the most powerful study designs available, researchers generate valid new information that can later be translated into knowledge and applied in the clinical setting. Systematic reviews of the literature serve as good examples of knowledge management, when defined as 'making proper use of the sum of what is known.' Such reviews may identify that an intervention is effective without any harmful side effects that it is noneffective, or that further research is warranted. Consumers of perinatal/neonatal health care or their ombudsmen should be encourage dot take part in setting the agenda and defining important outcomes for such research. (49 references) (Author)

20021122-17

Best evidence-based practices: a historic perspective. Merenstein GB, Glicken AD (2002), Neonatal Network: the Journal of Neonatal Nursing vol 21, no 5, August 2002, pp 31-35

Neonatologists, neonatal nurses, and others who care for critically ill newborns hope that the care they provide will improve the health and the neurodevelopmental outcome of these neonates. In this progressive era of neonatal medicine, we must pause to look backward even as we look forward, taking full advantage of the opportunity to reflect on our short history and to review several important events in neonatal medicine that have contributed in a meaningful way to the evolution of evidence-based neonatal care. Six interventions highlight why randomized controlled trials are necessary to understand the risks and benefits of our interventions with premature and critically ill infants. We hope this history of the evolving practice of evidence-based neonatal care will enable the reader to have a greater appreciation for the consideration of each and every intervention that we take on behalf of the infants in our care. (33 references) (Author)

20021111-62

A council for the implementation of evidence based practice nursing and midwifery research and development. Jankowicz D (2002), Foundation of Nursing Studies Newsletter Autumn 2002, p 5

Brief details of the development of a research and development council within Bradford Hospitals NHS Trust and the plans that the council has for the development of services. These include the production of a core theme report in which issues are graded according to their evidence based content. (MS)

20021108-42

Three infant care interventions: reconsidering the evidence. Medves JM (2002), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 31, no 5, September/October 2002, pp 563-569

Newborn care in the first 24 hours of life has been based on tradition for many years. Nurses recognize that many practices are not based on good scientific evidence and are not individualized. Instead, all newborns are treated as though they acquire potential pathogens during birth and are oblivious to noxious interventions such as intramuscular injections and heel sticks. In this article, obtaining blood samples from heel sticks and administering vitamin K and prophylaxis for ophthalmia neonatorum are presented as practices that require scrutiny by nurses to promote evidence-based care of newborns in the 1st day of life. (43 references) (Author)

20021031-42

The National electronic Library for Health: a free resource for improving healthcare practice. Bladen P (2002), Journal of Clinical Excellence vol 4, no 1, 2002, pp 102-103

Brief introduction to the developing role of the National electronic Library for Health in the provision of easy access to good quality health information for the use of health care practitioners in the United Kingdom. (KL)

20020910-36

Evidence-based guidelines?. (2002), Bandolier vol 9, issue 8, August 2002, pp 1-3

Discussion of the wide variability of guidelines which are supposed to be evidence-based. (3 references) (MS)

20020904-46

Are guidelines ethical? Some considerations for general practice. Rogers WA (2002), The British Journal of General Practice (BJGP) vol 52, no 481, August 2002, pp 663-669

Guidelines have been promoted in various roles in general practice, e.g. to improve quality if care, to assist patient decision making; and to improve resource allocation. This paper examines these claims using ethical analysis. Guidelines may help general practitioners to act for the good if their patients and avoid harm; but, on their own, guidelines cannot ensure quality of care or the protection of patients' interests. Patient choice may be limited rather than enhanced by following guideline recommendations. Guidelines contribute to rationing if resources but do not use explicit criteria for this. The ethical implications for guideline use are complex and far-reaching. (47 references) (Author)

20020903-86

Resource review: User's Guides to the Medical Literature Interactive website. Baum KD, Nixon J (2002), Evidence-Based Medicine vol 7, no 4, July/August 2002, p 103

Review of the Users' Guide to the Medical Literature Interactive website (http://www.usersguides.org), an online resource which aims to put the 'clinician in charge of the single most powerful resource in medicine', the medical literature. The website is managed by the Center for Health Evidence (http://www.che.net) in collaboration with the Evidence-Based Medicine Working Group and the editors and publishers of JAMA. (1 reference) (KL)

20020822-41

Evidence-based medicine: its relevance in maternal, fetal and neonatal medicine. Maulik D (2002), Journal of Maternal-Fetal and Neonatal Medicine vol 12, no 2, August 2002, pp 73-74

Editorial which summarises some of the recent and available articles which consider various aspects of evidence based medicine (9 references) (MS)

20020820-52

Midwives' attitudes to research-based practice: Part 2. Plumb R (2002), MIDIRS Midwifery Digest vol 12, no 3, September 2002, pp 308-312

This study was designed to explore midwives' attitudes to research-based practice and to describe the extent to which midwives' attitudes translate into their feelings, their participation in research and the subsequent effect on their clinical practice. In this, the second of a two part article, the author presents the emergent themes and recommendations of the study. The background and methodology were published in the June 2002 issue of MIDIRS Midwifery Digest. (21 references) (Author)

20020813-2

Africa midwives research network. Lugina H, Mlay R, Smith H, et al (2002), British Journal of Midwifery vol 10, no 7, July 2002, pp 451-454

Evidence-based practice is pivotal to improving maternity care. In the developing world there exist multiple barriers that inhibit midwives from developing their research skills and implementing findings into practice. This article describes an initiative carried out by African midwives to overcome some of these barriers. An ongoing programme is discussed which highlights the achievements made by committed midwives who are striving to improve the health of women. (Author)

20020712-3

`Find the evidence' - reflections on an information skills course for community-based clinical health-care staff at the Cairns Library, Oxford. Snowball R (2002), Health Information and Libraries Journal vol 19, no 2, June 2002, pp 109-112

Report of an evaluation of a series of three hour courses to help community health workers find the evidence to support their practice. These courses included searching databases and the world wide web for information. (3 references) (KL)

20020711-40

Abstracts of randomized controlled trials presented at the Society for Pediatric Research Meeting. Klassen TP, Wiebe N, Russell K, et al (2002), Archives of Pediatrics and Adolescent Medicine vol 156, no 5, May 2002, pp 474-479

Background: Publication bias toward studies that favor new therapies has been known to occur for the past 40 years, yet its implications are not well studied in child health. The increased interest in meta-analyses has highlighted the need to identify the totality of evidence when addressing treatment questions. Objectives: To measure the percentage of randomized controlled trials (RCTs) presented at a major pediatric scientific meeting that were subsequently published as full-length articles, to investigate factors associated with publication, and to describe the variables that change from abstract to manuscript form. Design: The scientific proceedings from the Society for Pediatric Research were hand searched for RCTs (1992-1995). Subsequent publication was ascertained through a search of various electronic databases. Quality of abstracts and manuscripts was measured, and data were extracted using a structured form. Results: A total of 264 (59.1%) of 447 abstracts were subsequently published. Almost 64% of RCTs that were subsequently published favored new therapy compared with 43.5% of studies that were never published (P<.O01). Mean effect size for published vs unpublished RCTs was 0.74 vs 0.05 (P<.001). Median sample size was larger in published (n=45) vs unpublished (n= 34) RCTs (P= .02). Quality was significantly lower for abstracts vs published RCTs (P<.001) . For 5% of abstracts that were subsequently published, the conclusion regarding treatment efficacy changed.

Conclusions: Publication bias is a serious threat to assessing the effectiveness of interventions in child health, as little more than half of RCTs presented at a major scientific meeting are subsequently published. There is a need to institute an international registry of RCTs in children so that the totality of evidence can be accessed when assessing treatment effectiveness. (25 references)

20020710-23

Impact of group structure and process on multidisciplinary evidence-based guideline development: an observational study. Pagliari C, Grimshaw J (2002), Journal of Evaluation in Clinical Practice vol 8, no 2, May 2002, pp 145-153

Rationale, aims and objectives: This paper presents selected results from a study investigating the impact of small group processes on the development of clinical practice guidelines by multidisciplinary panels. Observations of one panel developing a guideline for primary care over several months are reported here. Methods: Non-participant observation with content analysis of transcripts aided by field notes. Results: Bales's interaction process analysis was used to categorize interactions in terms of their task-oriented or socioemotional qualities. This revealed a well-functioning, task-oriented group characterized by predominantly positive social behaviours. However, a breakdown of dialogue by speaker indicated a marked effect of professional role and status on the level of contribution to group discussions. This, and marked changes in panel composition across meetings, has implications for the multidisciplinarity of decision-making in such groups and hence for the acceptance and implementation of their outputs. Conclusions: These findings are likely to generalize to other health care settings in view of the growing emphasis on multidisciplinary decision-making and the clear status hierarchies inherent within the medical and allied fields. (24 references) (Author)

20020710-21

If not evidence, then what? Or does medicine really need a base?. Upshur REG (2002), Journal of Evaluation in Clinical Practice vol 8, no 2, May 2002, pp 113-119

This essay analyses the concept of 'base' in relation to its use in evidence-based medicine (EBM). It evaluates the extent to which evidence provides a sufficient base for health care to rest and discusses whether medicine needs a base, and, if so, what are the other possible candidates. This paper will argue that EBM is linked epistemologically to the theory of foundationalism and shows how important criticisms of EBM emerge from anti-foundationalist epistemologies and interpretive frameworks. Drawing from recent writings in the philosophy of science, it is argued that there is a need to see multiple perspectives relevant to the practice and understanding of medicine. (43 references) (Author)

20020710-20

Critical advances in the evaluation and development of clinical care. Miles A, Grey J, Polychronis A, et al (2002), Journal of Evaluation in Clinical Practice vol 8, no 2, May 2002, pp 87-102

Commentary on advances in evidence-based practice in the United Kingdom. The development of clinical practice guidelines, audit, accountability, performance measurement, quality of care, clinical governance, and quality in research are examined. (71 references) (KL)

20020617-39

Clinical practice guidelines: time to move the debate from the how to the who. van der Weyden MB (2002), Medical Journal of Australia vol 176, no 7, April 2002, pp 304-305

Brief discussion of the production of clinical practice guidelines with particular reference to management of conflicts of interest. (12 references) (KL)

20020527-5

Midwives' attitudes to research-based practice: Part 1. Plumb R (2002), MIDIRS Midwifery Digest vol 12, no 2, June 2002, pp 171-173

This study was designed to explore midwives' attitudes to research-based practice and to describe the extent to which midwives' attitudes translate into their feelings, their participation in research and the subsequent effect on their clinical practice. The study was undertaken in partial fulfilment of the MSc in Reproduction and Health at the University of Wales College of Medicine, Cardiff and was chosen for presentation at the Annual Research in Midwifery Conference in April 2001. In this, the first of a two part article, the author presents the background and methodology of the study. Emergent themes and recommendations will be examined in part two which will be published in

September 2002. (28 references) (Author)

20020516-39

Antenatal screening: turning research into practice. Soltani H, Hampshaw S, Thornton-Jones H (2002), British Journal of Midwifery vol 10, no 4, April 2002, pp 243-246

One of the major challenges in evidence-based health care is the wide gap between research and practice. The aim of this study was to review local screening programmes systematically to assess the extent to which the services were informed by available best evidence. The information on local screening practices was collected, using a structured questionnaire and follow-up telephone interviews with local key informants. Best evidence for practice was identified by collating findings of systematic reviews and guidance from authoritative sources. Twenty-three antenatal screening programmes were identified. `Decision sheets' for all the programmes were developed to facilitate the decision-making process and summarise areas of variation locally and with respect to best practice. Currently, authoritative guidance exists for 22 programmes and is followed locally for the most part. On occasions the authoritative sources gave different guidance which resulted in variations in practice locally. In two programmes we considered that variations in local practice needed to be addressed (Down's Syndrome and neural tube defect). This approach was much valued by both health professionals and lay representatives. Using the decision sheets, the Maternity Strategy Group formed a view on how to align services for Down's Syndrome screening. This article suggests a generic approach to narrow the research-practice gap. Further evaluation of the decision sheets is required. (6 references) (Author)

20011126-35*

Evidence-based management: a practical guide for health professionals. Stewart R (2002), Abingdon: Radcliffe Medical Press 2002. 165 pages

In times of rapid change, experience is no longer a sufficient guide to practice. Taking the principles of evidence-based medicine, this is the first guide to evidence-based management. It will help managers and clinicians to make a difference to their organisation. Illustrated with case studies designed for 'the reader in a hurry', the clear layout of this practical guide is based on a questioning approach of Why? When? Where? How? and Who? which demonstrates how to apply the best evidence in decision making and in assessing performance. Obstacles to practising evidence-based management in healthcare are described, with explanations of how to overcome them. Health managers and clinicians with managerial responsibilities will find this book an essential guide. Leaders in health service organisations, public health doctors and public sector managers will find it of great benefit in their work. (Publisher)
