We are pleased to present our monthly Scientific Review, a fast and easy portal to recent publications in obstetrics and gynaecology. This is one of the SOGC’s many products designed to help you access evidence-based research and incorporate it into your work.

I encourage you to also make use of our respected clinical practice guidelines, indexed journal, patient consultation tools and other publications which can help you stay abreast of the latest developments in the field; you can more information about these, and the Scientific Review, at www.publications.sogc.org.

As always, the Scientific Review is available in two versions: sorted by category or alphabetically by author. We love to hear what you think about our products. Please send any feedback or comments to SciRev@sogc.com.

Sincerely,

Dr. Ward Murdock
President
The Society of Obstetricians and Gynaecologists of Canada

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Nous sommes heureux de vous présenter notre Survol scientifique mensuel, un portail rapide et aisé des dernières publications en obstétrique-gynécologie. Il s’agit de l’un des nombreux produits de la SOGC conçu pour vous permettre d’avoir accès aux données de recherche factuelles et de les incorporer à votre travail.

Je vous encourage également à utiliser nos directives cliniques réputées, notre revue professionnelle indexée, nos outils de consultation avec les patientes et d’autres publications qui peuvent vous aider à demeurer au fait des derniers progrès dans le domaine. Vous pouvez trouver davantage d’information sur ce matériel et sur le Survol scientifique à www.publications.sogc.org.


Sincèrement,

Dr. Ward Murdock
Président
La société des obstétriciens et gynécologues du Canada (SOGC)
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SOGC Members


   … "A diagnosis of an absent uterus can be psychologically traumatic for patients and families, and can have significant implications for future fertility options."


   Available: [http://www.biomedcentral.com/1471-2393/13/S1/S11](http://www.biomedcentral.com/1471-2393/13/S1/S11).

   CONCLUSIONS: "Immigrant mothers of preterm infants are at increased risk for depressive symptoms. For immigrant and Canadian born mothers of preterm infants hospitalized in NICU and particularly for single mothers, interventions to
reduce stress and increase family functioning and social support may reduce depressive symptoms. Given the effects of depression on maternal health and functioning, such an intervention may improve child outcomes.”


CONCLUSION: “These significant differences in pain perception between TCTP and the BM suggest that the emphasis on pain modulation models and techniques during labor combined with the active participation of a partner in BM are important variables to be added to the traditional childbirth training programs for childbirth pain management.”


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CONCLUSIONS: “AFE remains an extremely serious obstetric complication with high risks of maternal and fetal mortality. The increased risks of AFE associated with labour induction and caesarean delivery have implications for elective use of these interventions.”


CONCLUSION: “Using a population-based approach, we found that infants born at 40, 39, 38, and 37 weeks gestation had increasingly lower odds of being breastfed compared with infants born at 41 weeks. Clinicians need to be made aware of the differences in outcomes of infants delivered at early and late term, so that appropriate breastfeeding support can be provided to women at risk for not breastfeeding.”


CONCLUSIONS: “Approximately one-quarter of LPTBs are NEB. Further research is needed to see if a review of the indications for LPTB, and subsequent reduction in NEB LPTBs, translates into improved neonatal outcomes and cost savings.”


CONCLUSIONS: “Maternal health, health behaviours and placenta to fetal weight ratio are associated with newborn cardiometabolic traits over and above gestational age. Future investigations are needed to determine if these factors remain important determinants of cardiometabolic health throughout childhood.”


**CONCLUSIONS:** “The general awareness of infertility in young adults is promising and supports the potential uptake for health promotion of fertility preservation. This study underscores the continued need for comprehensive sexual and reproductive health education and promotion for adolescents and young adults.”


**CONCLUSION:** “In a general cohort of pregnant women benefiting from a national policy of folic acid food fortification combined with a high adherence to folic acid supplementation, serum folate levels are high and do not differ between women who develop a hypertensive disorder of pregnancy and women who remain normotensive. Further supplementation with higher doses is unlikely to be beneficial in such populations. LEVEL OF EVIDENCE: II”


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**Contraception**


... “Compared with never use, ever use of OCs is significantly associated with decreases in colorectal and endometrial cancers and increases in breast cancers. Although elevated breast cancer risk was small, relatively high incidence of breast cancers means that OCs may contribute to a substantial number of cases.”


**CONCLUSIONS:** “The results from the process evaluation suggest that the program was able to provide informational support to vulnerable groups, such as teens and racial minorities, in moments of particular worry. Differences between the IM and text message users reveal that each mode appeals to a different population and that both are necessary to reach a diverse audience.”


… “Hormonal contraception may reduce levels of depressive symptoms among young women. Systematic investigation of exogenous hormones as a potential preventive factor in psychiatric epidemiology is warranted.”


CONCLUSIONS: “A small body of evidence suggests that dispensing a greater number of oral contraceptive pill packs may increase continuation of use.”

CRITICAL APPRAISAL: http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12013027000


CONCLUSION: “All combined oral contraceptives investigated in this analysis were associated with an increased risk of venous thrombosis. The effect size depended both on the progestogen used and the dose of ethinylestradiol.”

CRITICAL APPRAISAL: http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12013053352


Education


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   The online age
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2. What have I got to lose?
   Financial costs
   Weighing up the health risks
   Emotional costs
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3. Looking for the evidence
   Why do unproven therapies seem to work?
   Clinical trials
   Monitoring new medicines
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2. Calvert KL, McGurgan PM, Debenham EM, Gratwick FJ, Maouris P. Emergency obstetric simulation training: How do we know where we are going, if we don't know where we have been? Aust N Z J Obstet Gynaecol 2013.

CONCLUSIONS: “Evidence exists for a positive impact of training in obstetric emergencies, although the majority of the available evidence applies to evaluation at the level of participants' confidence, knowledge or skills rather than at the level of impact on clinical outcomes. The model of simulation-based training is an appropriate one for the Australian setting and should be further utilised in rural and remote settings.”


CONCLUSION: “Positive hypothesis testing on the Web is an understudied topic. More studies are needed to validate the effectiveness of the debiasing techniques discussed in this study and develop new techniques. Search engine developers should consider developing new options for users so that both confirming and disconfirming evidence can be presented in search results as users test hypotheses using search engines.”


… “Health sciences libraries and librarians have an increasingly important role in providing that information to clinicians as well as to patients and their families.”


Ethics


EXTRACT: … “The Institute of Medicine and others have recommended that guideline authors should reduce or eliminate financial and professional conflicts. Unfortunately, these admonitions have had little effect. Until changes are made in the way panels are constituted, the best defense is an informed readership. Therefore, we address guidelines users and the journals that publish them. The biasing impact of financial conflicts—such as "panel stacking," which we discuss below—can be invisible to guideline readers. For this reason we have created the Guideline Panel Review (GPR), a short list of questions for guideline authors, which we believe, if published with guidelines, will allow physicians, administrators, policy makers, and patients to better determine which guidelines are likely to offer reliable advice—and which are not…”


Gynaecology


"Surveillance data from Australia suggests a reduced incidence of genital warts following the introduction of vaccination against human papillomavirus for girls and young women."

Includes overview, current advice, new evidence, and commentary


CONCLUSIONS: “Clinicians can improve the sexual health and QOL of postmenopausal women by educating women about, diagnosing, and appropriately managing symptomatic VVA. Choice of therapy depends on the severity of symptoms, the effectiveness and safety of therapy for the individual patient, and patient preference. Estrogen therapy is the most effective treatment for moderate to severe symptoms, although a direct comparison of estrogen and ospemifene is not available. Nonhormonal therapies available without a prescription provide sufficient relief for most women with mild symptoms. When low-dose estrogen is administered locally, a progestogen is not indicated for women without a uterus and generally is not indicated for women with an intact uterus. However, endometrial safety has not been studied in clinical trials beyond 1 year. There are insufficient data to confirm the safety of local estrogen in women with breast cancer; management of VVA should take the woman's needs and the recommendation of her oncologist into consideration. Research on the vaginal microbiome may lead to other therapies in the future.”


   ... “A diagnosis of an absent uterus can be psychologically traumatic for patients and families, and can have significant implications for future fertility options.”


   **CONCLUSIONS**: “The successful implementation of an enhanced pharmacovigilance plan provided immediate reassuring evidence that there was no association between vaccination with Cervarix and an increased risk of chronic fatigue syndromes. This has now also been further demonstrated in more comprehensive epidemiological studies.”

See also: [http://www.mhra.gov.uk/NewsCentre/Pressreleases/CON316330](http://www.mhra.gov.uk/NewsCentre/Pressreleases/CON316330)


   ... “Compared with never use, ever use of OCs is significantly associated with decreases in colorectal and endometrial cancers and increases in breast cancers. Although elevated breast cancer risk was small, relatively high incidence of breast cancers means that OCs may contribute to a substantial number of cases.”


   **AUTHORS’ CONCLUSIONS**: “Endometrial ablation techniques offer a less invasive surgical alternative to hysterectomy. The rapid development of a number of new methods of endometrial destruction has made systematic comparisons between individual methods and with the ‘gold standard’ first-generation techniques difficult. Most of the newer techniques are technically easier to perform than traditional hysteroscopy-based methods but technical difficulties with the new equipment need to be addressed. Overall, the existing evidence suggests that success, satisfaction rates and complication profiles of newer techniques of ablation compare favourably with hysteroscopic techniques.”

See [http://plus.mcmaster.ca/evidenceupdates/](http://plus.mcmaster.ca/evidenceupdates/) for McMaster Online Rating of Evidence (MORE) ratings and comments (available with free registration)


   **AUTHORS’ CONCLUSIONS**: “We found no convincing evidence of an increase in the risk of invasive ovarian tumours with fertility drug treatment. There may be an increased risk of borderline ovarian tumours in subfertile women treated with IVF. Studies showing an increase in the risk of ovarian cancer had a high overall risk of bias, due to retrospective study design, lack of accounting for potential confounding and estimates based on a small number of cases. More studies at low risk of bias are needed.”


   **CONCLUSIONS AND RELEVANCE**: “In an observational study of oral hormone therapy users, CEEs use was associated with a higher risk of incident venous thrombosis and possibly myocardial infarction than estradiol use. This risk differential was supported by biologic data. These findings need replication and suggest that various oral estrogen drugs may be associated with different levels of cardiovascular risk.”
Infectious Disease


"Surveillance data from Australia suggests a reduced incidence of genital warts following the introduction of vaccination against human papillomavirus for girls and young women."

*Includes overview, current advice, new evidence, and commentary*


**DISCUSSION:** "The successful implementation of an enhanced pharmacovigilance plan provided immediate reassuring evidence that there was no association between vaccination with Cervarix and an increased risk of chronic fatigue syndromes. This has now also been further demonstrated in more comprehensive epidemiological studies."

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International Women's Health


"The guidelines are based on systematic reviews of the evidence, and cover:

- identification and clinical care for intimate partner violence
- clinical care for sexual assault
- training relating to intimate partner violence and sexual assault against women
- policy and programmatic approaches to delivering services
- mandatory reporting of intimate partner violence.

The guidelines aim to raise awareness of violence against women among health-care providers and policy-makers, so that they better understand the need for an appropriate health-sector response. They provide standards that can form the basis for national guidelines, and for integrating these issues into health-care provider education."


**CONCLUSIONS:** "Placement in a plastic bag at birth reduced the incidence of hypothermia at 1 hour after birth in term neonates born in a resource-poor setting, but most neonates remained hypothermic."

See http://plus.mcmaster.ca/evidenceupdates/ for McMaster Online Rating of Evidence (MORE) ratings and comments (available with free registration)


… "If this improved access is linked to nutrition-sensitive approaches--ie, women's empowerment, agriculture, food systems, education, employment, social protection, and safety nets--they can greatly accelerate progress in countries with the highest burden of maternal and child undernutrition and mortality."


**CONCLUSION:** "Among Kenyan women presenting for fistula repair, fistula most was most highly correlated with a low level of education and prolonged labor. The findings are consistent with results reported from other countries in Sub-Saharan Africa."


### Maternal Fetal Medicine


"An expert commentary is provided of a study based on the Swedish population between 1990 and 2008, investigating the risk of pulmonary embolism and venous thromboembolism in 23,498 pregnant women after IVF compared with 116,960 matched women with natural pregnancies."

*Includes overview, current advice, new evidence, and commentary*


**AUTHORS’ CONCLUSIONS:** “There is limited randomised controlled trial evidence available on the effect of relaxin during pregnancy for preventing preterm birth for women in preterm labour. Evidence from one quasi-randomised trial suggested a reduction in birth within seven days of treatment for women receiving relaxin, compared with women in a control group, however this trial was at a high risk of bias and included only 30 women. There is thus insufficient evidence to support or refute the use of relaxin in women in preterm labour for preventing preterm birth.”


**CONCLUSIONS AND RELEVANCE** “This study reassuringly showed no associations of maternal topical corticosteroid exposure with orofacial cleft, preterm delivery, fetal death, low Apgar score, and mode of delivery. With this study and all available evidence taken together, the risk of low birth weight seems to correlate with the quantity of topical corticosteroid exposure.”


**CONCLUSIONS:** “Fetal fibronectin testing has moderate accuracy for predicting PTB. The main potential role is likely to be reducing health-care resource usage by identifying women not requiring intervention. Evidence from RCTs suggests that IFN does not increase adverse outcomes and may reduce resource use. The base-case analysis showed a modest cost difference in favour of fFN testing, which is largely dependent on whether or not fFN testing reduces hospital admission. Currently, there are no high-quality studies and the existing trials were generally underpowered. Hence, there is a need for high-quality adequately powered trials using appropriate study designs to confirm the findings presented.”

PROSPERO Study registration: [http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42011001468](http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42011001468).


**CONCLUSIONS:** “AFE remains an extremely serious obstetric complication with high risks of maternal and fetal mortality. The increased risks of AFE associated with labour induction and caesarean delivery have implications for elective use of these interventions.”

**CONCLUSIONS:** “Prior indicated PTD was strongly associated with subsequent indicated PTD and with increased risk for subsequent spontaneous PTD. Spontaneous PTD had the highest rate of recurrence. Some common pathways for different etiologies of preterm delivery are likely, and indicated PTD merits additional attention for recurrence risk.”


**CONCLUSIONS:** “Oral fluconazole was not associated with a significantly increased risk of birth defects overall or of 14 of the 15 specific birth defects of previous concern. Fluconazole exposure may confer an increased risk of tetralogy of Fallot.”

See [http://plus.mcmaster.ca/evidenceupdates/](http://plus.mcmaster.ca/evidenceupdates/) for McMaster Online Rating of Evidence (MORE) ratings and comments (available with free registration)


**CONCLUSIONS:** “Approximately one-quarter of LPTBs are NEB. Further research is needed to see if a review of the indications for LPTB, and subsequent reduction in NEB LPTBs, translates into improved neonatal outcomes and cost savings.”


**INTERPRETATION:** “Survival seemed to be higher in the fetuses receiving vesicoamniotic shunting, but the size and direction of the effect remained uncertain, such that benefit could not be conclusively proven. Our results suggest that the chance of newborn babies surviving with normal renal function is very low irrespective of whether or not vesicoamniotic shunting is done.”

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**CONCLUSIONS:** “Maternal health, health behaviours and placenta to fetal weight ratio are associated with newborn cardiometabolic traits over and above gestational age. Future investigations are needed to determine if these factors remain important determinants of cardiometabolic health throughout childhood.”


**CONCLUSION:** “Risk varies by maternal age, and delivery at 39 weeks minimizes fetal/infant mortality for both groups, although the magnitude of the risk reduction is greater in older women.”

**CONCLUSION:** "In a general cohort of pregnant women benefiting from a national policy of folic acid food fortification combined with a high adherence to folic acid supplementation, serum folate levels are high and do not differ between women who develop a hypertensive disorder of pregnancy and women who remain normotensive. Further supplementation with higher doses is unlikely to be beneficial in such populations. LEVEL OF EVIDENCE: II"


**CONCLUSIONS:** "Higher endostatin levels are associated with an increased risk of early onset PE. Endostatin alone, however, has a poor predictive value for clinical usefulness."


**CONCLUSIONS AND RELEVANCE:** "Prenatal exposure to antiepileptic drugs was associated with impaired fine motor skills already at age 6 months, especially when the child was exposed to multiple drugs. There were no harmful effects of breastfeeding. Women with epilepsy should be encouraged to breastfeed their children irrespective of antiepileptic drug treatment."

### Methodology


   … "We envisage an ongoing role for information professionals as experts in identifying new resources, researching efficient ways to link or mine them for relevant data and managing their content for the efficient production of systematic reviews."


   **EXTRACT:** “The Institute of Medicine and others have recommended that guideline authors should reduce or eliminate financial and professional conflicts. Unfortunately, these admonitions have had little effect. Until changes are made in the way panels are constituted, the best defense is an informed readership. Therefore, we address guidelines users and the journals that publish them. The biasing impact of financial conflicts-such as "panel stacking," which we discuss below-can be invisible to guideline readers. For this reason we have created the Guideline Panel Review (GPR), a short list of questions for guideline authors, which we believe, if published with guidelines, will allow physicians, administrators, policy makers, and patients to better determine which guidelines are likely to offer reliable advice-and which are not.”

   See also related editorial: Davies E. Getting clinical practice guidelines right. BMJ 2013;347:f5733. Extract: [http://www.bmj.com/content/347/bmj.f5733](http://www.bmj.com/content/347/bmj.f5733)
Miscellaneous


“By drawing on content from Healthy Debate (see page 2) and key governance documents, this document provides a concise summary of Ontario’s healthcare landscape. While the core content is provided in the main text, readers can gain a more indepth understanding of each topic by referring to the side bars or clicking on the hyperlinks (underlined and emboldened text) throughout the document. This will connect readers to Healthy Debate stories, opinion pieces and other important resources.”

Obstetrics


CONCLUSION: “These significant differences in pain perception between TCTP and the BM suggest that the emphasis on pain modulation models and techniques during labor combined with the active participation of a partner in BM are important variables to be added to the traditional childbirth training programs for childbirth pain management.”


CONCLUSION: “In contrast to APPs gestational age calculators, the EDC of the majority of paper wheels deviated from the standard pregnancy duration of 280 days. Precision in gestational age assessment is critical in a variety of clinical settings and heightened by the focus by payers and reporting agencies on elective deliveries prior to 39 weeks. The use of paper gestational age wheels should be abandoned.”


CONCLUSIONS: “Otherwise healthy multiparous obese women may have lower intrapartum risks than previously appreciated. BMI should be considered in conjunction with parity when assessing the potential risks associated with birth in non-obstetric unit settings.”


CONCLUSIONS AND RELEVANCE: “Multiple factors were associated with breastfeeding, including bedsharing. Given the risk of sudden infant death syndrome related to bedsharing, multipronged strategies to promote breastfeeding should be developed and tested.”


CONCLUSIONS: “AFE remains an extremely serious obstetric complication with high risks of maternal and fetal mortality. The increased risks of AFE associated with labour induction and caesarean delivery have implications for elective use of these interventions.”


CONCLUSION: “Less than one-third of the good candidates for TOLAC chose TOLAC. Managing provider influences this decision.”


CONCLUSION: “The risk of shoulder dystocia was associated with increased birthweight, diabetes, induction of labour, use of epidural analgesia at delivery, prolonged labour, forceps-assisted and vacuum-assisted delivery, parity and period of delivery but not with post-term delivery.”


AUTHORS’ CONCLUSIONS: “Most women should be offered midwife-led continuity models of care and women should be encouraged to ask for this option although caution should be exercised in applying this advice to women with substantial medical or obstetric complications.”

Podcast available: http://www.cochrane.org/podcasts/issue-7-8-july-august-2013/midwife-led-versus-other-models-care-childbearing-women!


CONCLUSIONS AND RELEVANCE: “Early-term births are associated with high neonatal morbidity and with NICU or neonatology service admission. Evaluation of local prevalence data will assist in implementation of specific preventive measures and plans, as well as prioritize limited health care resources.”

See also editorial: Oh W, Raju TNK. Not all “term” infants are created equal. JAMA Pediatr 2013. Extract: http://archpedi.jamanetwork.com/article.aspx?articleID=1746116


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"Surveilliance data from Australia suggests a reduced incidence of genital warts following the introduction of vaccination against human papillomavirus for girls and young women."

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… “Compared with never use, ever use of OCs is significantly associated with decreases in colorectal and endometrial cancers and increases in breast cancers. Although elevated breast cancer risk was small, relatively high incidence of breast cancers means that OCs may contribute to a substantial number of cases.”


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CONCLUSIONS: “Immigrant mothers of preterm infants are at increased risk for depressive symptoms. For immigrant and Canadian born mothers of preterm infants hospitalized in NICU and particularly for single mothers, interventions to reduce stress and increase family functioning and social support may reduce depressive symptoms. Given the effects of depression on maternal health and functioning, such an intervention may improve child outcomes.”


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**Patient Safety**


**CONCLUSIONS:** “Reporting on specific components of the collaborative was imprecise across articles, rendering it impossible to identify active QIC ingredients linked to improved care. Although QICs appear to have some promise in improving the process of care, there is great need for further controlled research examining the core components of these collaboratives related to patient- and provider-level outcomes.”

Reproductive Endocrinology & Infertility


"An expert commentary is provided of a study based on the Swedish population between 1990 and 2008, investigating the risk of pulmonary embolism and venous thromboembolism in 23,498 pregnant women after IVF compared with 116,960 matched women with natural pregnancies."

Includes overview, current advice, new evidence, and commentary


**AUTHORS’ CONCLUSIONS:** “The results of this Cochrane review of three randomised controlled trials with a total of 386 women suggested that peri-implantation LMWH in assisted reproduction treatment (ART) cycles may improve the live birth rate in women undergoing assisted reproduction. However, these results were dependent on small low quality studies with substantial heterogeneity, and were sensitive to the choice of statistical model. There were side effects reported with use of heparin, including bruising and bleeding, and no reliable data on long-term effects. The results do not justify this use of heparin outside well-conducted research trials. These findings need to be further investigated with well-designed, adequately powered, double-blind, randomised, placebo-controlled, multicentre trials. Further investigations could also focus on the effects of the local (uterine) and not systemic application of heparin during ART.”


**AUTHORS’ CONCLUSIONS:** “We found no convincing evidence of an increase in the risk of invasive ovarian tumours with fertility drug treatment. There may be an increased risk of borderline ovarian tumours in subfertile women treated with IVF. Studies showing an increase in the risk of ovarian cancer had a high overall risk of bias, due to retrospective study design, lack of accounting for potential confounding and estimates based on a small number of cases. More studies at low risk of bias are needed.”


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basis for national guidelines, and for integrating these issues into health-care provider education.

2. Ballantyne M, Benzies KM, Trute B. Depressive symptoms among immigrant and Canadian born mothers of preterm
Available: [http://www.biomedcentral.com/1471-2393/13/S1/S11](http://www.biomedcentral.com/1471-2393/13/S1/S11).

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3. Giorgio MM, Kantor LM, Levine DS, Arons W. Using chat and text technologies to answer sexual and reproductive health

**CONCLUSIONS:** “The results from the process evaluation suggest that the program was able to provide informational
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the IM and text message users reveal that each mode appeals to a different population and that both are necessary to
reach a diverse audience.”


**Technology**

and Drug Administration, Center for Devices and Radiological Health, Center for Biologics Evaluation and Research;
2013 Sep 25. Available:

… “The FDA is issuing this guidance document to inform manufacturers, distributors, and other entities about how the
FDA intends to apply its regulatory authorities to select software applications intended for use on mobile platforms
(mobile applications or “mobile apps”). Given the rapid expansion and broad applicability of mobile apps, the FDA is
issuing this guidance document to clarify the subset of mobile apps to which the FDA intends to apply its authority…”


**CONCLUSION:** “In contrast to APPs gestational age calculators, the EDC of the majority of paper wheels deviated from
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**CONCLUSIONS:** “This study is unique in its characterization of new media ownership and use among ED patients experiencing homelessness. New media is a powerful tool to connect patients experiencing homelessness to health care.”


**CONCLUSION:** “Optimal transparency and reproducibility of studies of YouTube health-related videos can be achieved by following guidance designed for systematic review reporting, with attention to several elements specific to the video medium. Particularly when seeking to replicate consumer viewing behavior, investigators should consider the method used to select search terms, and use a snowballing rather than a sequential screening approach. Discontinuation protocols for online screening of relevance ranked search results is an area identified for further development.”


… “Health sciences libraries and librarians have an increasingly important role in providing that information to clinicians as well as to patients and their families.”


**Urogynaecology**


Contents:
- Introduction
- Patient-centred care
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- 1.3 Physical therapies
- 1.4 Behavioural therapies
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- 1.6 Alternative conservative management options
- 1.7 Pharmacological treatment
- 1.8 The multidisciplinary team (MDT)
- 1.9 Invasive procedures for OAB
- 1.10 Surgical approaches for SUI
- 1.11 Maintaining and measuring expertise and standards for practice
- Information to facilitate discussion of risks and benefits of treatments for women with stress urinary incontinence.
2 Research recommendations
3 Other information
4 The Guideline Development Group, National Collaborating Centre and NICE project team