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 http://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
SOGC Members (11 items)

Aboriginal (2 items)

Breast Disease (1 item)

Contraception (3 items)

Education (3 items)

Ethics (6 items)

Gynaecology (8 items)

Infectious Disease (2 items)

International Women's Health (3 items)

Maternal Fetal Medicine (10 items)

Methodology (8 items)

Miscellaneous (1 item)

Obstetrics (15 items)

Oncology (6 items)

Paediatrics (8 items)

Reproductive Endocrinology & Infertility (2 items)

Technology (3 items)

Urogynaecology (1 item)


   **CONCLUSIONS:** “Although there is considerable qualitative research that has been carried out on women’s health screening, its incorporation into clinical practice guidelines is minimal. Further exploration of the disconnect between the two is important for enhancing knowledge translation of qualitative research within clinical practice.”


   **CONCLUSIONS AND RELEVANCE:** “Multiple courses, compared with a single course, of antenatal corticosteroid therapy did not increase or decrease the risk of death or disability at 5 years of age. Because of a lack of strong
conclusive evidence of short-term or long-term benefits, it remains our opinion that multiple courses not be recommended in women with ongoing risk of preterm birth.”


**CONCLUSION:** “These findings suggest the Willett FFQ is a good tool for assessing total iron intake of French-Canadian pregnant women.”


**CONCLUSIONS:** “In twin pregnancy between 32 weeks 0 days and 38 weeks 6 days of gestation, with the first twin in the cephalic presentation, planned cesarean delivery did not significantly decrease or increase the risk of fetal or neonatal death or serious neonatal morbidity, as compared with planned vaginal delivery.”

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


... “A forceful global response - akin to that generated by maternal mortality - is needed to better explore the causes of maternal morbidity and its epidemiological characteristics and to reduce its frequency. Relying solely on maternal mortality to assess a country's status in the area of maternal health overlooks the importance of maternal morbidity, which is not only a precursor to maternal mortality but also a potential cause of lifetime disability and poor quality of life... We, the members of the MMWG, invite researchers working in low- and middle-income countries to collaborate with us in evaluating and validating the maternal morbidity assessment tool we have developed, as we jointly work towards improving and investing in the health of women globally.”


**CONCLUSIONS:** “Vaginal evisceration is a potential complication of abdominal sacrocolpopexy. Early recognition and treatment of this complication is critical, and prolapse recurrence may occur even after surgical repair.”


**CONCLUSIONS:** “Immortal time before diagnosis of gestational diabetes may bias our understanding of the stillbirth risk associated with this condition.”


**CONCLUSIONS:** “Late-preterm and term infants exposed to maternal epidural analgesia in labour are more likely to develop respiratory distress in the immediate neonatal period.”


**CONCLUSION:** “Previous and passive smoking may increase the risk of preeclampsia. Avoidance of exposure to environmental tobacco smoke in pregnancy may decrease the risk of preeclampsia.”


**CONCLUSION:** “The use of antihypertensive drugs in pregnancy is relatively common and is increasing, with the liberal use of methyldopa and (especially) labetalol contributing appreciably to this increase.”


**CONCLUSION:** “Most fears related to HPV vaccine are more related to myth than reality. In the absence of major health policy initiatives, such as those implemented in Canada, the U.K., and Australia, a multi-level, multi-faceted approach will be required to achieve high rates of HPV vaccination. It will be essential to focus on the education of HCPs regarding indications for HPV vaccination and approaches to communicating most effectively with parents and patients about the safety and benefits of vaccination and the risks associated with non-vaccination.”


### Aboriginal


**CONCLUSION:** “Inequalities in extreme macrosomia between First Nations and non-Indigenous Quebecers are pronounced and widened between 1981 and 2008.”


**CONCLUSIONS:** “Using an innovative approach, this study will provide much needed data to inform effective, culturally-appropriate cancer prevention and control activities for FN&M in Canada. New cancer incidence data will help justify and re-prioritize FN&M cancer programs by identifying issues that require the most attention.”


### Breast Disease


**CONCLUSION:** “Our analyses suggest that associations between ever use of OCs and ovarian and breast cancer among women who are BRCA1 or BRCA2 mutation carriers are similar to those reported for the general population.”


### Contraception

   ... "The Pharmacovigilance Risk Assessment Committee (PRAC) of the European Medicines Agency (EMA) has confirmed that the benefits of all combined hormonal contraceptives (CHCs) continue to outweigh their risks. This follows a review by the EMA into the risk of thromboembolism (blood clots in arteries or veins) with some combined hormonal contraceptives ".


   **CONCLUSION:** "Our analyses suggest that associations between ever use of OCs and ovarian and breast cancer among women who are BRCA1 or BRCA2 mutation carriers are similar to those reported for the general population."


   **CONCLUSION:** "HC-use was associated with a significantly reduced risk of BV. This negative association was robust and present regardless of HC-type and evident across all three BV outcome measures. When stratified by HC-type, combined-HC and POC were both individually associated with a reduction in the prevalence and incidence of BV. This meta-analysis provides compelling evidence that HC-use influences a woman's risk of BV, with important implications for clinicians and researchers in the field."


**Education**


   ... "In summary, we recommend on-the-job training of EBM with additional focus on overcoming barriers to its implementation. In addition, future studies evaluating the effectiveness of EBM training should use validated outcome tools, endeavour to achieve adequate power and consider the effects of EBM training on learning environment and patient outcomes."


   **CONCLUSIONS:** "Guideline panelists must recognize, with humility, the challenges they face in working often without access to informed patient preferences and acknowledge that their recommendations should rarely assume uniform patient values and contexts in favor of a particular course of action. Guideline panels, therefore, should rarely formulate strong recommendations. Panels should become much more comfortable with ambiguity, both in the tradeoffs involved and in the recommendations given, and explicitly report how patient preferences and context were considered in formulating the panels' recommendations. Clinicians need guidance and clear guidance helps and supports efficient practices. Yet, panels must be wise in recognizing when this expediency is appropriate for patient care and when it hinders patient-centered care. Clinicians should remember that taking care of patients is supposed to be difficult. Although guidelines may simplify this task, when patient preferences and context matter, guidelines must not replace clinicians' compassionate and mindful engagement of the patient in making decisions together. This is the optimal practice of evidence-based medicine."


DISCUSSION: "Mobile devices offer the potential to enhance pre-rounding efficiency for medical students and residents. A customizable Evernote™-based system is described in sufficient detail for reproduction by interested students."


Ethics


   "A spoof paper concocted by Science reveals little or no scrutiny at many open-access journals."

2. Hawkes N. Spoof research paper is accepted by 157 journals. *BMJ* 2013;347:f5975. Available: [http://www.bmj.com/content/347/bmj.f5975.full](http://www.bmj.com/content/347/bmj.f5975.full).

   "...Of the 304 papers submitted, 157 had been accepted and 98 rejected by the time Science went to press. Of the remaining 49 journals to which articles were sent, 29 appear to be defunct and 20 had yet to reply. The majority of decisions were taken without peer review, with only 36 of the 304 submissions generating comments that recognised the flaws. And 16 of those were accepted despite the referees' comments."


   CONCLUSIONS: “Among this group of large clinical trials, non-publication of results was common and the availability of results in the ClinicalTrials.gov database was limited. A substantial number of study participants were exposed to the risks of trial participation without the societal benefits that accompany the dissemination of trial results.”


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   CONCLUSION: "We found the exclusion of pregnant women from industry-sponsored clinical trials to be common practice. Moving beyond reflexive exclusion and developing thoughtful criteria for inclusion of pregnant women in clinical research would likely advance the evidence base to inform treatment decisions during pregnancy and lead to better health outcomes for women and children.”


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Congress on Peer Review and Biomedical Publication, the seventh and most recent of which was held in Chicago in September 2013, organized by The JAMA Network and the BMJ and once again led by Drummond Rennie, MD…"

First page preview: [link]

PubMed record: [link]

Gynaecology


**CONCLUSIONS AND RELEVANCE**: “Among women with cN1 breast cancer receiving neoadjuvant chemotherapy who had 2 or more SLNs examined, the FNR was not found to be 10% or less. Given this FNR threshold, changes in approach and patient selection that result in greater sensitivity would be necessary to support the use of SLN surgery as an alternative to ALND.”


PubMed record: [link]


**CONCLUSION**: “Vaginal evisceration is a potential complication of abdominal sacrocolpopexy. Early recognition and treatment of this complication is critical, and prolapse recurrence may occur even after surgical repair.”

PubMed record: [link]


**CONCLUSIONS**: “We suggest using the Rotterdam criteria for diagnosing PCOS (presence of two of the following criteria: androgen excess, ovulatory dysfunction, or polycystic ovaries). Establishing a diagnosis of PCOS is problematic in adolescents and menopausal women. Hyperandrogenism is central to the presentation in adolescents, whereas there is no consistent phenotype in postmenopausal women. Evaluation of women with PCOS should exclude alternate androgen-excess disorders and risk factors for endometrial cancer, mood disorders, obstructive sleep apnea, diabetes, and cardiovascular disease. Hormonal contraceptives are the first-line management for menstrual abnormalities and hirsutism/acne in PCOS. Clomiphene is currently the first-line therapy for infertility; metformin is beneficial for metabolic/glycemic abnormalities and for improving menstrual irregularities, but it has limited or no benefit in treating hirsutism, acne, or infertility. Hormonal contraceptives and metformin are the treatment options in adolescents with PCOS. The role of weight loss in improving PCOS status per se is uncertain, but lifestyle intervention is beneficial in overweight/obese patients for other health benefits. Thiazolidinediones have an unfavorable risk-benefit ratio overall, and statins require further study.”

PubMed record: [link]


**CONCLUSIONS AND RELEVANCE**: “Menopausal hormone therapy has a complex pattern of risks and benefits. Findings from the intervention and extended postintervention follow-up of the 2 WHI hormone therapy trials do not support use of this therapy for chronic disease prevention, although it is appropriate for symptom management in some women.”

See [link] for McMaster Online Rating of Evidence (MORE) ratings and comments (available with free registration)

PubMed record: [link]

   **CONCLUSION:** “Our analyses suggest that associations between ever use of OCs and ovarian and breast cancer among women who are BRCA1 or BRCA2 mutation carriers are similar to those reported for the general population.”


   **CONCLUSION:** “We observed no survival benefit of external pelvic radiation in early-stage endometrial carcinoma. In women younger than age 60 years, pelvic radiation decreased survival and increased the risk of secondary cancer. Adjuvant EBRT should be used with caution, especially in women with a long life expectancy.”

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   **CONCLUSIONS:** “Use of a social media network to perform epidemiologic and quality of life research on patients with rare gynecologic tumors is feasible and permits such research to be conducted efficiently and rapidly.”


   **CONCLUSION:** “Most fears related to HPV vaccine are more related to myth than reality. In the absence of major health policy initiatives, such as those implemented in Canada, the U.K., and Australia, a multi-level, multi-faceted approach will be required to achieve high rates of HPV vaccination. It will be essential to focus on the education of HCPs regarding indications for HPV vaccination and approaches to communicating most effectively with parents and patients about the safety and benefits of vaccination and the risks associated with non-vaccination.”


### Infectious Disease


   **CONCLUSION:** “HC-use was associated with a significantly reduced risk of BV. This negative association was robust and present regardless of HC-type and evident across all three BV outcome measures. When stratified by HC-type, combined-HC and POC were both individually associated with a reduction in the prevalence and incidence of BV. This meta-analysis provides compelling evidence that HC-use influences a woman’s risk of BV, with important implications for clinicians and researchers in the field.”


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indications for HPV vaccination and approaches to communicating most effectively with parents and patients about the safety and benefits of vaccination and the risks associated with non-vaccination.”


**International Women’s Health**


   "These results can make up the background documentation for health promotion and health care decisions that inform work to reduce the prevalence of FGM/C and improve the quality of services related to the consequences of FGM/C.”


   "The language barrier was the main negative factor interfering with communication between women and health professionals, followed by health care professionals' lack of cultural sensitivity, leading to women's reluctance in using health services.”


   "A forceful global response - akin to that generated by maternal mortality - is needed to better explore the causes of maternal morbidity and its epidemiological characteristics and to reduce its frequency. Relying solely on maternal mortality to assess a country's status in the area of maternal health overlooks the importance of maternal morbidity, which is not only a precursor to maternal mortality but also a potential cause of lifetime disability and poor quality of life... We, the members of the MMWG, invite researchers working in low- and middle-income countries to collaborate with us in evaluating and validating the maternal morbidity assessment tool we have developed, as we jointly work towards improving and investing in the health of women globally.”


**Maternal Fetal Medicine**


   **CONCLUSIONS:** “Changes in the pharmacodynamic profile of insulin may contribute to the transient insulin independence sometimes observed postpartum in type 1 diabetes. A dose of 50-60% of the pre-pregnancy insulin requirement resulted in the lowest rate of hypoglycaemia and glucose excursions. These results require validation in a larger, prospective study.”


   **CONCLUSIONS AND RELEVANCE:** “Multiple courses, compared with a single course, of antenatal corticosteroid therapy did not increase or decrease the risk of death or disability at 5 years of age. Because of a lack of strong conclusive evidence of short-term or long-term benefits, it remains our opinion that multiple courses not be recommended in women with ongoing risk of preterm birth.”


**CONCLUSIONS:** “Large studies are necessary to reveal increased risk of rare outcomes as specific birth defects. Our study did not indicate that paternal drug exposure is an important risk factor for adverse pregnancy outcomes.”

*Under embargo and will be available in PMC on April 1, 2014*


**CONCLUSION:** “Immortal time before diagnosis of gestational diabetes may bias our understanding of the stillbirth risk associated with this condition.”


**CONCLUSION:** “Previous and passive smoking may increase the risk of preeclampsia. Avoidance of exposure to environmental tobacco smoke in pregnancy may decrease the risk of preeclampsia.”


**CONCLUSION:** “Alcohol consumption in early pregnancy was prevalent in this nulliparous cohort. There was no association between alcohol consumption before 15 weeks of gestation and small for gestational age, reduced birth weight, preeclampsia, or spontaneous preterm birth. LEVEL OF EVIDENCE: II”


**CONCLUSION:** “Fetal growth restriction and birth defects recognized by age 6 years were more substantial contributors to cerebral palsy and neonatal death than potentially asphyxial birth events and inflammation. LEVEL OF EVIDENCE: II”


**CONCLUSIONS AND RELEVANCE:** “Metoclopramide use in pregnancy was not associated with increased risk of major congenital malformations overall, any of the 20 individual malformation categories assessed, spontaneous abortion, or stillbirth. These safety data may help inform decision making when treatment with metoclopramide is considered in pregnancy.”

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: “Our findings suggest that fetal exposure to 25(OH)D is unlikely to influence cardiovascular risk factors of individuals later in life.”

PubMed record: http://heart.bmj.com/content/early/2013/10/14/heartjnl-2013-303678.abstract


CONCLUSION: “The use of antihypertensive drugs in pregnancy is relatively common and is increasing, with the liberal use of methyldopa and (especially) labetalol contributing appreciably to this increase.”


**Methodology**


CONCLUSIONS: “Although there is considerable qualitative research that has been carried out on women’s health screening, its incorporation into clinical practice guidelines is minimal. Further exploration of the disconnect between the two is important for enhancing knowledge translation of qualitative research within clinical practice.”


CONCLUSION: “These findings are similar to those in other studies of the life span of guidelines. Efficient mechanisms must be in place to detect the minority of guidelines that become outdated quickly.”


CONCLUSION: “Immortal time before diagnosis of gestational diabetes may bias our understanding of the stillbirth risk associated with this condition.”


CONCLUSIONS: “Among this group of large clinical trials, non-publication of results was common and the availability of results in the ClinicalTrials.gov database was limited. A substantial number of study participants were exposed to the risks of trial participation without the societal benefits that accompany the dissemination of trial results.”


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First page preview: http://jama.jamanetwork.com/article.aspx?articleID=1754624


Miscellaneous


... "In this briefing note, we first address the importance of knowledge sharing in the context of HIAs, and our preference for the term sharing rather than transfer of knowledge. Then, we propose and outline a framework borrowed from John Lavis and colleagues (2003), in order to guide the reader in developing a knowledge-sharing plan. The framework is structured around five simple questions to ask oneself: With whom is the knowledge to be shared? What is being shared? Who is sharing it? How? and For what purpose?..."

Obstetrics


Includes overview, current advice, new evidence and commentary


KEY MESSAGE: “Three systematic reviews, one randomized controlled trial, and three evidence-based guidelines were identified regarding the routine use of intramuscular oxytocin for the prevention of post-partum hemorrhage (PPH) following childbirth.”

KEY MESSAGE: “Eight relevant systematic reviews, two randomized controlled trials, and four evidence-based guidelines were identified regarding the prevention and treatment of post-partum hemorrhage following vaginal birth.”


CONCLUSIONS: “Although there is considerable qualitative research that has been carried out on women's health screening, its incorporation into clinical practice guidelines is minimal. Further exploration of the disconnect between the two is important for enhancing knowledge translation of qualitative research within clinical practice.”


“Facebook advertisements were used to recruit nulliparous women in the first 20 weeks of pregnancy for an online survey about their childbirth preferences...The ad campaign yielded 6,094 clicks by 5,963 unique users at a mean cost of $0.63 per click and a unique click-through rate of 0.08%...The campaign cost was $3,821.81 or $11.11 per eligible participant.”


CONCLUSION: “These findings suggest the Willett FFQ is a good tool for assessing total iron intake of French-Canadian pregnant women.”


CONCLUSIONS: “In twin pregnancy between 32 weeks 0 days and 38 weeks 6 days of gestation, with the first twin in the cephalic presentation, planned cesarean delivery did not significantly decrease or increase the risk of fetal or neonatal death or serious neonatal morbidity, as compared with planned vaginal delivery.”

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“...These results can make up the background documentation for health promotion and health care decisions that inform work to reduce the prevalence of FGM/C and improve the quality of services related to the consequences of FGM/C.”


“...The language barrier was the main negative factor interfering with communication between women and health professionals, followed by health care professionals' lack of cultural sensitivity, leading to women's reluctance in using health services.”


**CONCLUSION**: “EveREst plots display clearly the diagnostic value of cord gases. They allow for the easy identification of background rates and increases above background, thresholds of interest, and comparison of the blood gas measures. Overall pH(UA) is the best umbilical blood measure of perinatal outcome. BD(UA) is comparable or inferior. Extremes of pH(VAD) (large or small) identify higher proportions of specific poor outcomes in acidemic neonates.”


**CONCLUSIONS**: “Late-preterm and term infants exposed to maternal epidural analgesia in labour are more likely to develop respiratory distress in the immediate neonatal period.”


**CONCLUSIONS**: “Intravenous fluid warming, by any method, improves maternal temperature and reduces shivering for women undergoing CS. Preoperative body warming devices also improve maternal temperature, in addition to reducing shivering.”


**AUTHORS’ CONCLUSIONS**: “There is insufficient evidence to support any particular analgesic agent or method as most effective in providing pain relief for forceps delivery. Neonatal outcomes have largely not been evaluated.”


**AUTHORS’ CONCLUSIONS**: “Important uncertainties still exist on the safety and acceptability of titrated oral misoprostol compared with intravenous oxytocin regimens in women with dystocia following spontaneous onset of labour. Although in facilities where electronic oxytocin infusion is not available, low-dose titrated misoprostol may offer a better alternative to an uncontrolled oxytocin infusion to avoid hyperstimulation. Further research is needed in both high- and low-resource settings. More trials should be conducted to evaluate the effect of a standard titration oral misoprostol regimen, both following spontaneous labour and labour induction. Comparisons with other augmentation methods are also warranted, as are any effects on women’s birth experiences.”

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)


15. Weaver J, Browne J, Aras-Payne A, Magill-Cuerden J. A comprehensive systematic review of the impact of planned interventions offered to pregnant women who have requested a Caesarean section as a result of tokophobia (fear of childbirth). *JBI Library of Systematic Reviews* 2013;11(1):70-122.

**CONCLUSION**: “More research is needed to identify how tokophobic women might be helped. Current guidelines should be upheld for the time being, in the absence of further evidence.”


**CONCLUSIONS:** “Although there is considerable qualitative research that has been carried out on women's health screening, its incorporation into clinical practice guidelines is minimal. Further exploration of the disconnect between the two is important for enhancing knowledge translation of qualitative research within clinical practice.”


**CONCLUSIONS AND RELEVANCE:** “Among women with cN1 breast cancer receiving neoadjuvant chemotherapy who had 2 or more SLNs examined, the FNR was not found to be 10% or less. Given this FNR threshold, changes in approach and patient selection that result in greater sensitivity would be necessary to support the use of SLN surgery as an alternative to ALND.”


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**CONCLUSIONS:** “Using an innovative approach, this study will provide much needed data to inform effective, culturally-appropriate cancer prevention and control activities for FN&M in Canada. New cancer incidence data will help justify and re-prioritize FN&M cancer programs by identifying issues that require the most attention.”


**CONCLUSIONS:** “Use of a social media network to perform epidemiologic and quality of life research on patients with rare gynecologic tumors is feasible and permits such research to be conducted efficiently and rapidly.”


CONCLUSIONS AND RELEVANCE: “Multiple courses, compared with a single course, of antenatal corticosteroid therapy did not increase or decrease the risk of death or disability at 5 years of age. Because of a lack of strong conclusive evidence of short-term or long-term benefits, it remains our opinion that multiple courses not be recommended in women with ongoing risk of preterm birth.”


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INTERPRETATION: “Treatment with dextrose gel is inexpensive and simple to administer. Dextrose gel should be considered for first-line treatment to manage hypoglycaemia in late preterm and term babies in the first 48 h after birth.”

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


CONCLUSIONS: “Late-preterm and term infants exposed to maternal epidural analgesia in labour are more likely to develop respiratory distress in the immediate neonatal period.”


CONCLUSION: “Fetal growth restriction and birth defects recognized by age 6 years were more substantial contributors to cerebral palsy and neonatal death than potentially asphyxial birth events and inflammation. LEVEL OF EVIDENCE: II”


CONCLUSIONS: “One additional infant could survive to 36 weeks without bronchopulmonary dysplasia for every 25 babies treated with nasal CPAP in the delivery room rather than being intubated.”

CRITICAL APPRAISAL: http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12013060058


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Reproductive Endocrinology & Infertility


CONCLUSIONS AND RELEVANCE: “In the United States from 2000 to 2010, there was an increase in number of donor oocyte cycles, accompanied by an increase in good outcomes. Further studies are needed to understand the mechanisms underlying the factors associated with less successful outcomes.”


CONCLUSION(S): “Our overall results were reassuring and consistent with other studies. A reason for an association between CC use and ovarian cancer among persistently nulligravid women remains to be determined. Given the large and increasing number of women treated with ovulation-inducing drugs, the increased risk of ovarian cancer among the subset of women who remained nulligravid should be further monitored.”


Technology


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**Urogynaecology**


**CONCLUSIONS:** “For women with stress urinary incontinence, initial midurethral-sling surgery, as compared with initial physiotherapy, results in higher rates of subjective improvement and subjective and objective cure at 1 year.”

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)