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Obstetrics and Gynaecology

Evidence Update

January 2018 (Quarterly)

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Training Calendar 2018

All sessions are one hour

January (13.00-14.00)

Date	Session
4th (Thu)	**Statistics**
8th (Mon)	**Literature Searching**
18th (Thu)	**Critical Appraisal**
24th (Wed)	**Statistics**

February (12.00-13.00)

Date	Session
1st (Thu)	**Literature Searching**
9th (Fri)	**Critical Appraisal**
12th (Mon)	**Statistics**
20th (Tue)	**Literature Searching**
28th (Wed)	**Critical Appraisal**

March (13.00-14.00)

Date	Session
8th (Thu)	**Statistics**
12th (Mon)	**Literature Searching**
20th (Tue)	**Critical Appraisal**
28th (wed)	**Statistics**

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Departmental News

News, Research, Conferences, Training etc
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Latest Evidence

Gynaecology

Nifedipine for primary dysmenorrhoea
Rachel A Earl, Rosalie M Grivell

Online Publication Date: December 2017

Sentinel node biopsy for diagnosis of pelvic lymph node involvement in early stage cervical cancer

Stuart Rundle, Kristoffer Halvorsrud, Nicolo Bizzarri, Nithya DG Ratnavelu, Ann D Fisher, Christine Ang, Andrew Bryant, Raj Naik, Ali Kucukmetin

Online Publication Date: December 2017

Interventions to improve psychosocial well-being in female BRCA-mutation carriers following risk-reducing surgery

Lisa Jeffers, Joanne Reid, Donna Fitzsimons, Patrick J Morrison, Martin Dempster

Online Publication Date: December 2017

Interventions for fertility preservation in women with cancer undergoing chemotherapy

Maria AJ Weterings, Elizabeth Glanville, Rik van Eekelen, Janneke Eva Den Hartog, Cindy Farquhar

Online Publication Date: December 2017

Insulin-sensitising drugs (metformin, rosiglitazone, pioglitazone, D-chiro-inositol) for women with polycystic ovary syndrome, oligo amenorrhoea and subfertility

Lara C Morley, Thomas Tang, Ephia Yasmin, Robert J Norman, Adam H Balen

Online Publication Date: November 2017

Anti-adhesion therapy following operative hysteroscopy for treatment of female subfertility

Jan Bosteels, Steven Weyers, Thomas M D'Hooghe, Helen Torrance, Frank J Broekmans, Su Jen Chua, Ben Willem J Mol

Online Publication Date: November 2017

Probiotics for vulvovaginal candidiasis in non-pregnant women

Huan Yu Xie, Dan Feng, Dong Mei Wei, Ling Mei, Hui Chen, Xun Wang, Fang Fang

Online Publication Date: November 2017

Hysterectomy with salpingectomy versus hysterectomy alone

Laura A M van Lieshout, Miranda P Steenbeek, Joanne A De Hullu, M Caroline Vos, Saskia Houterman, Jack Wilkinson, Jurgen MJ Piek

Online Publication Date: November 2017

Postoperative interventions for preventing bladder dysfunction after radical hysterectomy in women with early-stage cervical cancer

Apiwat Aue-aungkul, Chumnan Kietpeerakool, Khadra Galaal, Teerayut Temtanakitpaisan, Chetta Ngamjarus, Pisake Lumbiganon

Online Publication Date: November 2017

Preoperative medical therapy before surgery for uterine fibroids

Anne Lethaby, Lucian Puscasiu, Beverley Vollenhoven

Online Publication Date: November 2017

Ovarian surgery for symptom relief in women with polycystic ovary syndrome

Sam Lepine, Junyoung Jo, Mostafa Metwally, Ying C Cheong

Online Publication Date: November 2017

Medical and surgical abortion for women living with HIV

Haneefa T Saleem, Manjulaa Narasimhan, Bela Ganatra, Caitlin E Kennedy, Caitlin E Kennedy

Online Publication Date: November 2017

Screening hysteroscopy in subfertile women and women undergoing assisted reproduction

Mohan S Kamath, Jan Bosteels, Thomas M D'Hooghe, Srividya Seshadri, Steven Weyers, Ben Willem J Mol, Frank J Broekmans, Sesh Kamal Sunkara

Online Publication Date: November 2017

Oral medications including clomiphene citrate or aromatase inhibitors with gonadotropins for controlled ovarian stimulation in women undergoing in vitro fertilisation

Mohan S Kamath, Abha Maheshwari, Siladitya Bhattacharya, Kar Yee Lor, Ahmed Gibreel

Online Publication Date: November 2017

Obstetric outcomes after conservative treatment for cervical intraepithelial lesions and early invasive disease

Maria Kyrgiou, Antonios Athanasiou, Ilkka E J Kalliala, Maria Paraskevaidi, Anita Mitra, Pierre PL Martin-Hirsch, Marc Arbyn, Phillip Bennett, Evangelos Paraskevaidis

Online Publication Date: November 2017

Obstetrics

Planned birth at or near term for improving health outcomes for pregnant women with gestational diabetes and their infants

Linda M Biesty, Aoife M Egan, Fidelma Dunne, Eugene Dempsey, Pauline Meskell, Valerie Smith, G Meabh Ni Bhuinneain, Declan Devane

Online Publication Date: January 2018

Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women

Stephanie J Woodley, Rhianon Boyle, June D Cody, Siv Mørkved, E Jean C Hay-Smith

Online Publication Date: December 2017

Exercise for pregnant women with pre-existing diabetes for improving maternal and fetal outcomes

Julie Brown, Gilles Ceysens, Michel Boulvain

Online Publication Date: December 2017

Allopurinol for women in pregnancy for neuroprotection of the fetus

Kathryn A Martinello, Emily Shepherd, Philippa Middleton, Caroline A Crowther

Antenatal maternal education for improving postnatal perineal healing for women who have birthed in a hospital setting

Sonia M O'Kelly, Zena EH Moore

Online Publication Date: December 2017

Epidural therapy for the treatment of severe pre-eclampsia in non labouring women

Amita Ray, Sujoy Ray

Online Publication Date: November 2017

Factors that influence the provision of intrapartum and postnatal care by skilled birth attendants in low- and middle-income countries: a qualitative evidence synthesis

Susan Munabi-Babigumira, Claire Glenton, Simon Lewin, Atle Fretheim, Harriet Nabudere

Online Publication Date: November 2017

Cervical cerclage in combination with other treatments for preventing preterm birth in singleton pregnancies

George U Eleje, Joseph I Ikechebelu, Ahizechukwu C Eke, Princeston C Okam, Ifeanyichukwu U Ezebialu, Chito P Ilika

Online Publication Date: November 2017

Psychosocial, psychological, and pharmacological interventions for treating antenatal anxiety

Cindy-Lee Dennis, Hilary K. Brown

Online Publication Date: November 2017

Routine antibiotic prophylaxis after normal vaginal birth for reducing maternal infectious morbidity

Mercedes Bonet, Erika Ota, Chioma E Chibueze, Olufemi T Oladapo

Online Publication Date: November 2017

Combined diet and exercise interventions for preventing gestational diabetes mellitus

Emily Shepherd, Judith C Gomersall, Joanna Tieu, Shanshan Han, Caroline A Crowther, Philippa Middleton

Online Publication Date: November 2017

Review

Genomics-based non-invasive prenatal testing for detection of fetal chromosomal aneuploidy in pregnant women

Mylène Badeau, Carmen Lindsay, Jonatan Blais, Leon Nshimyumukiza, Yemisi Takwoingi, Sylvie Langlois, France Légaré, Yves Giguère, Alexis F Turgeon, William Witteman, François Rousseau

Online Publication Date: November 2017

Regimens of ultrasound surveillance for twin pregnancies for improving outcomes

Jane G Woolcock, Rosalie M Grivell, Jodie M Dodd

Online Publication Date: November 2017

Insulin for the treatment of women with gestational diabetes

Julie Brown, Luke Grzeskowiak, Kathryn Williamson, Michelle R Downie, Caroline A Crowther

Online Publication Date: November 2017

Aspirin or heparin or both for improving pregnancy outcomes in women with persistent

antiphospholipid antibodies and recurrent pregnancy loss

Luuk JJ Scheres, Mauritia C Marijnen, Saskia Middeldorp

Online Publication Date: November 2017

Antibiotic prophylaxis for episiotomy repair following vaginal birth

Mercedes Bonet, Erika Ota, Chioma E Chibueze, Olufemi T Oladapo

Online Publication Date: November 2017

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Literature review current through: Dec 2017. | **This topic last updated:** Jan 09, 2018.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

PRENATAL OBSTETRICS

Pessary placement in pregnant women with a short cervix (January 2018)

The utility of placing a pessary in women with singleton pregnancies, short transvaginal ultrasound cervical length, and no prior spontaneous preterm birth (sPTB) is unclear. Two recent randomized trials reported discrepant outcomes, with one reporting that pessary placement reduced the incidence of sPTB <34 weeks (7 versus 15 percent) [1], whereas a

similar trial found no benefit [2]. The discordance may be related to differences in the underlying populations in the two trials, including the mean cervical length at randomization. Further study is warranted to clarify whether specific subgroups of patients with a short cervix may benefit from pessary placement. We do not prescribe pessaries for women with a short cervix. (See "Cervical insufficiency", section on 'Pessary'.)

Coffee consumption and health (December 2017)

For most nonpregnant adults, moderate coffee consumption appears to be safe. In a review of meta-analyses of largely observational studies of multiple health outcomes, coffee consumption was more often associated with benefit than with harm [3]. Drinking three to four cups of coffee per day was associated with the greatest benefit. Harmful associations were largely absent after adjustment for smoking except in pregnancy, where high consumption was associated with an increase in risk of low birth weight, preterm delivery, and pregnancy loss. Given the limitations of observational studies, UpToDate neither promotes nor discourages coffee consumption in nonpregnant adults but discourages more than 200 to 300 mg of caffeine intake per day in women who are pregnant or attempting to conceive. (See "Benefits and risks of caffeine and caffeinated beverages" and "The effects of caffeine on reproductive outcomes in women".)

Acetaminophen use in pregnancy and risk of attention-deficit/hyperactivity disorder (November 2017)

Epidemiologic studies have reported an association between in utero acetaminophen exposure and subsequent development of attention-deficit/hyperactivity disorder (ADHD)-like behaviors, but data are inconclusive. Now, a study from Norway that adjusted for maternal use of acetaminophen before pregnancy, familial risk of ADHD, and indications for using acetaminophen reported no association between ADHD and use <8 days, but an increased risk with use >29 days [4]. Moreover, paternal and maternal use of acetaminophen were similarly associated with ADHD risk. The authors hypothesized that paternal acetaminophen use before pregnancy may have male germ-line epigenetic effects. These data may reassure pregnant women with fever or pain who are considering short-term use of acetaminophen. (See "Prenatal care: Patient education, health promotion, and safety of commonly used drugs", section on 'Acetaminophen'.)

Elvitegravir-cobicistat use during pregnancy (November 2017)

Preferred antiretroviral regimens for pregnant women differ somewhat from those for the general HIV-infected adult population, in part because of altered pharmacokinetics during pregnancy. Recently updated Department of Health and Human Services perinatal guidelines now state that elvitegravir-cobicistat should not be selected as part of an initial

antiretroviral regimen for treatment-naïve pregnant women because of emerging data suggesting decreased drug levels during pregnancy and an associated risk of loss of virologic suppression [5,6]. Furthermore, if an HIV-infected woman is already receiving a suppressive elvitegravir-cobicistat-containing regimen when she becomes pregnant, we suggest switching to a different regimen; if elvitegravir-cobicistat is continued, the potential risks and need for close viral monitoring should be discussed. (See "Antiretroviral and intrapartum management of pregnant HIV-infected women and their infants in resource-rich settings", section on 'On ART with viral suppression'.)

Updated guidance for fetal ultrasound surveillance for congenital Zika virus syndrome (November 2017)

Prenatal ultrasound is used to screen for congenital Zika virus infection, although the sensitivity, specificity, and positive and negative predictive values are not well established, and optimal timing between exposure and initial and follow-up sonographic screening are unknown. A common protocol is to perform an initial ultrasound examination four weeks from the suspected exposure, followed by serial ultrasound examinations every four weeks, ensuring that at least one ultrasound is performed between 28 and 33 weeks of gestation. The Centers for Disease Control and Prevention has updated its guidance for women with laboratory evidence of infection and now states that clinicians may consider extending the time interval between follow-up ultrasound examinations in accordance with patient preferences and clinical judgment [7]. In women with possible exposure during pregnancy but no laboratory evidence of infection, ultrasound screening beyond that obtained for routine prenatal care is no longer recommended. We agree with these recommendations. (See "Zika virus infection: Evaluation and management of pregnant women", section on 'Candidates'.)

INTRAPARTUM AND POSTPARTUM OBSTETRICS

Gestational diabetes and future risk of cardiovascular disease (December 2017)

Women with a history of gestational diabetes (GDM) are at increased risk of developing cardiovascular disease (CVD), primarily related to development of type 2 diabetes later in life. A large epidemiologic study (Nurses' Health Study) recently found that women with a history of GDM who did not progress to type 2 diabetes also had a small absolute increase in risk of CVD, which was attenuated by but persisted after adjusting for lifestyle risk factors for CVD [26]. These data further support our recommendation to discuss healthy lifestyle behaviors (heart-healthy diet, maintenance of a healthy weight, tobacco avoidance, and physical activity) with all women who have had GDM. (See "Gestational diabetes mellitus: Glycemic control and maternal prognosis", section on 'Long-term risk'.)

Consensus guideline for managing spinal hypotension at cesarean delivery (December 2017)

An international expert panel of anesthesiologists has developed a consensus statement for the management of spinal hypotension during cesarean delivery [27]. Important recommendations include prophylactic intravenous phenylephrine infusion titrated to maintain systolic arterial pressure ≥90 percent of baseline, left uterine displacement, and intravenous fluid coloading. (See "Anesthesia for cesarean delivery", section on 'Vasopressors'.)

Severe maternal morbidity in overweight and obese women (December 2017)

In a population-based study including over 740,000 pregnant women, women who were overweight or obese were at increased risk of severe maternal morbidity and mortality compared with women with a normal body mass index (BMI), and the risk increased with increasing BMI [28]. Morbidity included hemorrhage requiring transfusion; serious cardiac, respiratory, cerebrovascular, or hematologic complications; venous thrombosis/embolism; sepsis; shock; hepatic or renal failure; anesthesia-related complications; and uterine rupture. These findings underscore the importance of counseling overweight and obese women about their increased risk for serious complications during pregnancy, as well as for adverse birth outcomes, and encouraging prepregnancy weight loss. (See "Obesity in pregnancy: Complications and maternal management", section on 'Overall risk of severe morbidity or mortality'.)

Delayed respiratory depression after neuraxial morphine at cesarean delivery (November 2017)

The incidence of delayed respiratory depression after neuraxial morphine at cesarean delivery is unknown. In a prospective observational study of patients who received intrathecal morphine 150 mcg at cesarean delivery, a mild oxygen desaturation event (median peripheral arterial oxygen saturation [SpO_2] <90 percent in a 30-second monitoring window) was detected in 23 percent, and a severe desaturation event (median SpO_2 <85 percent) in 4 percent of patients [29]. Desaturations most frequently occurred four to eight hours after administration of intrathecal morphine. Patients with risk factors for respiratory depression may require pulse oximetry monitoring for 24 hours after neuraxial morphine. (See "Anesthesia for cesarean delivery", section on 'Choice of spinal medication'.)

Management of oxytocin in the active phase (November 2017)

In a meta-analysis of randomized trials comparing discontinuation versus continuation of oxytocin in the active phase of induced labor, discontinuation resulted in lower rates of

cesarean delivery (approximately 9 versus 15 percent) and tachysystole (approximately 6 versus 13 percent) [30]. Although discontinuation increased the duration of the active phase, the duration of the second stage was similar in both groups. Given the limitations in the meta-analysis (including heterogeneity of regimens and criteria for active phase), we believe the optimum approach has not been established, and it is reasonable for clinicians to either continue or discontinue oxytocin during the active phase. (See "Induction of labor with oxytocin", section on 'Dose titration and maintenance'.)

Protective effect of breastfeeding against SIDS (November 2017)

Breastfeeding appears to have an independent protective effect against sudden infant death syndrome (SIDS). In a new meta-analysis of individual-level data from case-control studies, any breastfeeding for at least two months nearly halved the risk for SIDS, after controlling for potential confounders [31]. Protection against SIDS increased with longer duration of breastfeeding, but not with exclusive breastfeeding compared with partial breastfeeding. (See "Sudden infant death syndrome: Risk factors and risk reduction strategies", section on 'Protective factors'.)

GYNECOLOGY

IUD use associated with lower cervical cancer incidence (November 2017)

Prior studies have suggested that intrauterine devices (IUDs), one of the most reliable forms of long-acting reversible contraception, are associated with a reduction in cervical cancer. Now, a meta-analysis including 16 studies reported that the incidence of cervical cancer was reduced by about one-third in IUD users compared with nonusers [39]. This protective effect is particularly important for women at higher risk of cervical cancer, such as those who have not received the human papillomavirus vaccine or who do not have access to cervical cancer screening. It is not known if the type of device influences the reduction in cervical cancer risk. (See "Intrauterine contraception: Devices, candidates, and selection", section on 'Benefits'.)

Contraception counseling and bariatric surgery (November 2017)

Women who undergo bariatric surgery are advised to use contraception during the first 12 to 18 postoperative months to avoid pregnancy during the rapid weight-loss phase. However, a prospective study of over 700 women who underwent bariatric surgery reported that 4 percent actively tried to conceive, and 41 percent had unprotected intercourse during the first postsurgical year [40]. Risk factors for not using contraception included advancing age, being married or cohabitating, and preoperatively rating future pregnancy as important. This study highlights the need for preoperative and postoperative contraceptive counseling,

particularly for women with risk factors for unprotected sexual activity. (See "Fertility and pregnancy after bariatric surgery", section on 'Contraception'.)

GYNECOLOGIC SURGERY

Risk of uterine morcellation in recent studies (December 2017)

The use of laparoscopic power morcellation for treatment of uterine fibroids has been curtailed since 2014 due to the risk of tumor dissemination in women with unsuspected uterine sarcoma. In a recent meta-analysis by the US Food and Drug Administration of studies of women undergoing surgery for presumed benign fibroids from 2015 to 2017, the prevalence of unsuspected uterine sarcoma (any histologic type) and leiomyosarcoma was approximately 1/360 and 1/750 women, respectively [44]. The rate of uterine sarcoma increased with age, approaching 3 percent at ≥60 years. These rates are consistent with previous estimates based on older studies, thus confirming the potential risk of unsuspected uterine sarcoma in patients undergoing power morcellation. (See "Differentiating uterine leiomyomas (fibroids) from uterine sarcomas", section on 'Presumed benign leiomyomas'.)

REPRODUCTIVE ENDOCRINOLOGY

Levothyroxine not beneficial for euthyroid women with TPO antibodies who are undergoing IVF (January 2018)

An increased risk of adverse pregnancy outcomes, including early pregnancy loss, has been reported in euthyroid women with elevated thyroid peroxidase (TPO) antibody concentrations. Thyroid hormone replacement in such women who are undergoing assisted reproductive technologies (ART) does not appear to reduce the risk of early pregnancy loss. In a trial evaluating levothyroxine or no treatment in 600 euthyroid Chinese women with TPO antibodies who were undergoing in vitro fertilization with embryo transfer, there was no difference in the miscarriage or live birth rates [53]. For euthyroid pregnant women with TPO antibodies who are not undergoing ART, thyroid hormone treatment to prevent the development of hypothyroidism during pregnancy and reduce the risk of early pregnancy loss is controversial. (See "Overview of thyroid disease in pregnancy", section on 'Effect of T4 treatment'.)

GYNECOLOGIC ONCOLOGY

Human papillomavirus in cervical neuroendocrine cancers (December 2017)

In a meta-analysis of 143 studies, human papillomavirus (HPV) was identified in 85 percent of small cell cervical neuroendocrine cancers, and 78 percent were HPV16 and/or HPV18 positive [47]. For large cell neuroendocrine cancers, 88 percent were HPV positive, and 86

percent were HPV16 or HPV18 positive. This study provides the best evidence to date that squamous and neuroendocrine cervical cancers are associated with the same high-risk HPV strains. (See "Small cell neuroendocrine carcinoma of the cervix", section on 'Epidemiology and risk factors'.)

Candidates for progestin therapy of early stage endometrial cancer (December 2017)

Endometrial carcinoma may be treated with progestins rather than hysterectomy in women with the lowest stage of disease who plan future pregnancy. In the largest study comparing outcomes after progestin therapy versus surgery, women with stage IA disease had similar five-year survival with either treatment (approximately 98 percent), whereas progestin therapy was associated with lower five-year survival in women with stage IB disease (approximately 75 versus 98 percent) [48]. Fertility-preserving treatment of endometrial carcinoma is reasonable in appropriately selected women with stage IA disease, but use in higher-stage disease appears to compromise survival. (See "Fertility preservation in women with endometrial carcinoma", section on 'Progestin therapy'.)

Potential role for pembrolizumab in resistant gestational trophoblastic neoplasia (December 2017)

While most women with gestational trophoblastic neoplasia (GTN) respond to chemotherapy, 0.5 to 5 percent have drug refractory disease. Pembrolizumab is an antibody against programmed cell death ligand 1 (PD-L1) that has been used in the treatment of several malignancies (including melanoma and lung cancer). The outcomes of four patients with drug-refractory GTN were reported in a research letter [49]. All tumors expressed PD-L1 on more than 90 percent of cells. Pembrolizumab resulted in remission (with follow-up between 5 and 24 months) in three patients, and one patient had disease progression and died. There is histologic evidence that GTNs strongly express PD-L1, and further study is warranted to evaluate the efficacy of PD-L1 inhibitors in resistant GTN. (See "Management of resistant or recurrent gestational trophoblastic neoplasia", section on 'Investigational therapies'.)

Post-conization HPV testing for predicting recurrence risk (December 2017)

In women with high-grade cervical intraepithelial neoplasia (CIN 2,3), positive margins on the cone biopsy specimen are predictive of recurrent high-grade or invasive disease (CIN 2+). However, a recent meta-analysis found that a positive test for high-risk human papillomaviruses (HPV) after excision was a more accurate indicator of treatment failure (sensitivity 91 percent for HPV versus 56 percent with positive margins) [50]. HPV and margin status had similar specificity. These findings can help in counseling women treated for high-grade CIN about their recurrence risk. (See "Cervical intraepithelial neoplasia:

Treatment and follow-up", section on 'Positive margins'.)

Pembrolizumab as a second-line option in metastatic or recurrent cervical cancer (November 2017)

Metastatic or recurrent squamous cell cervical cancer has a poor prognosis. First-line treatment includes chemotherapy with bevacizumab, an antiangiogenic agent. There are few data to guide second-line therapy. Pembrolizumab, a programmed cell death 1 (PD-1) immune checkpoint inhibitor, was evaluated in a prospective phase Ib study in women with PD-L1-positive tumor cells and disease progression after first-line therapy for metastatic or recurrent cervical cancer. The overall response rate was 17 percent (4 of 24 patients) and median duration of response was 5.4 months [51]. While potentially promising, we await data from further studies before using pembrolizumab for this indication. Pembrolizumab has been approved for use in a variety of other advanced solid tumors (including endometrial, gastrointestinal, breast, prostate, bladder, and thyroid) that show deficiency in DNA mismatch repair, have progressed following prior treatment, and for which alternative treatment options are not available. (See "Management of recurrent or metastatic cervical cancer", section on 'Second-line therapy'.)

Journal Tables of Contents

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British Journal of Obstetrics and Gynaecology	January 2018	125	2

American Journal of Obstetrics and Gynecology	**December 2017**	**217**	**6**

Key Papers

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Obstetrics

Maternal Pulse Pressure and the Risk of Postepidural Complications: A Randomized Controlled Trial.
Obstet Gynecol

Leflunomide use during pregnancy and the risk of adverse pregnancy outcomes.
Ann Rheum Dis

Aspirin for Evidence-Based Preeclampsia Prevention trial: effect of aspirin in prevention of preterm preeclampsia in subgroups of women according to their characteristics and medical and obstetrical history.
Am J Obstet Gynecol

Routine antibiotic prophylaxis after normal vaginal birth for reducing maternal infectious morbidity.
Cochrane Database Syst Rev

Topiramate use early in pregnancy and the risk of oral clefts: A pregnancy cohort study.
Neurology

Effect of oxycodone patient-controlled intravenous analgesia after cesarean section: a randomized controlled study.
J Pain Res

Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women.
Cochrane Database Syst Rev

Epidural therapy for the treatment of severe pre-eclampsia in non labouring women.
Cochrane Database Syst Rev

Effectiveness of seminal plasma in in vitro fertilization treatment: a systematic review and meta-analysis.
BJOG

Gynaecology

Intrauterine insemination with ovarian stimulation versus expectant management for unexplained infertility (TUI): a pragmatic, open-label, randomised, controlled, two-centre trial.
Lancet

Gonadotrophins versus clomifene citrate with or without intrauterine insemination in women with normogonadotropic anovulation and clomifene failure (M-OVIN): a randomised, two-by-two factorial trial.
Lancet

Major postoperative complications following surgical procedures for pelvic organ prolapse: a secondary database analysis of the American College of Surgeons National Surgical Quality Improvement Program.

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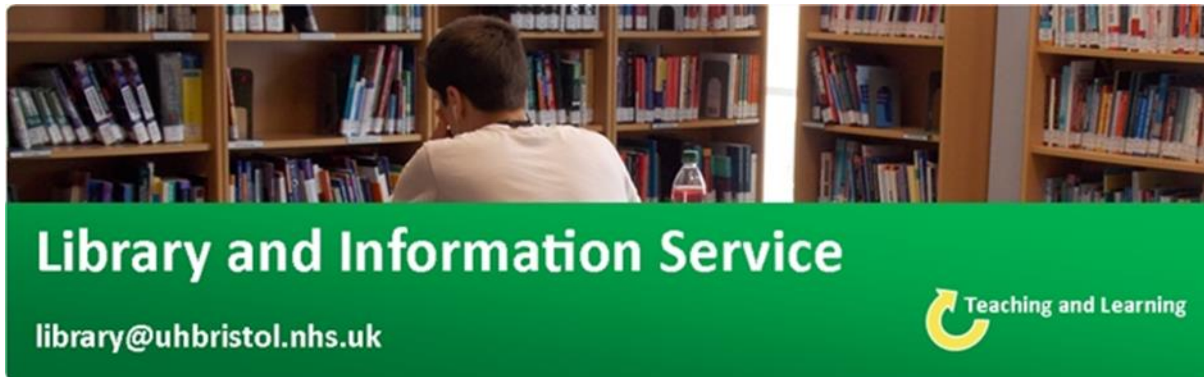

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