Insights from outside BJOG
December 2017

Clinical guidelines updates

To be added at proof stage.

New reports and guidelines

National health inequality monitoring: a step-by-step manual

This manual published by the World Health Organisation (WHO) provides a step-by-step practical guide to help countries to implement health inequality monitoring within their national health information systems. The goals and targets that have been set out in the United Nations 2030 Agenda for Sustainable Development require the measuring and reporting of health inequalities. The manual is based around a flow chart of the 5 key steps required to implement health inequality monitoring. Step 1 focuses on determining the scope of monitoring and involves deciding on health topics and the identification of health indicators and dimensions of inequality. Step 2 covers obtaining the data which involves conducting a data source mapping exercise and determining whether data is already available. Step 3 provides guidance on analysing the data including preparing disaggregated data and calculating summary measures of inequality. Step 4 focuses on results reporting including defining the target audience and purpose, selecting the scope of the report, defining technical content and the methods for presenting the data and ensuring best practices in reporting are followed. The final step, Step 5, which focuses on implementing changes as a result of monitoring, is not dealt with within this manual. Key questions, templates, checklists, and examples are provided for each of the steps and further resources are suggested. The manual has been designed to be read in conjunction with the WHO publication 'Handbook on health inequality monitoring: with a special focus on low- and middle-income countries'. The WHO have also produced a short e-learning module on the topic of health inequality.
http://apps.who.int/iris/bitstream/10665/255652/1/9789241512183-eng.pdf?ua=1

Integrated social and behavior change communication (SBCC) programs implementation kit (I-Kit)

Produced by the Health Communication Capacity Collaborative (HC3) this toolkit is designed to help programme managers involved in social and behaviour change communication programmes that address more than one health or development issue. The toolkit aims to help programme managers to develop an integrated social and behaviour change communication strategy and provides access to guidance and recommendations, case studies, sample tools and templates and links to additional resources. Integrated social and behaviour change communication programmes can follow one of four different models: add-on; phased implementation; overarching umbrella brand; combination. The toolkit is arranged into five key topic sections: deciding whether or not to use integrated social and behaviour change communication (covering key questions, advantages and disadvantages); laying the foundation (covering mapping the landscape, engaging support and preparing for design and implementation); designing or adapting the integrated social and behaviour change communication programme (covering considerations, research, components, creation,

linkages and capacity); implementation considerations (covering co-ordinate, plan, models, media, materials, capacity and monitor); monitoring and evaluation (co-ordinate, monitoring and evaluation plan, monitoring and process evaluation, impact and re-plan).
https://sbccimplementationkits.org/integrated-sbcc-programs/

Pregnancy outcomes after maternal Zika virus infection during pregnancy — U.S. Territories, January 1, 2016–April 25, 2017
This report from the US Center for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) presents information from the US registries set up in 2016 to collect information on pregnant women who had laboratory evidence of recent possible Zika virus infection and the outcomes in their fetuses and infants. The report states that between 1 January 2016 and 25 April 2017 the US territories that had local transmission of Zika virus reported 2,549 completed pregnancies with laboratory evidence of recent possible Zika virus infection and, of those, 5% of fetuses or infants had birth defects that are potentially associated with Zika virus infection. Table 1 presents detailed data on the pregnancy outcomes for 2,549 completed pregnancies with laboratory evidence of recent possible maternal Zika virus infection, by maternal symptom status and timing of symptom onset or specimen collection date. Data is provided for the number with brain abnormalities and/or microcephaly and the number with neglected tropical diseases (NTDs) and early brain malformations, eye abnormalities, or consequence of central nervous system (CNS) dysfunction without brain abnormalities or microcephaly. Table 2 presents data on infant Zika virus testing and screening at birth for 2,464 live-born infants from completed pregnancies with laboratory evidence of recent possible Zika virus infection. Implications for public health practice are outlined including that "current data suggest that Zika virus infection during any trimester of pregnancy might result in Zika-associated birth defects".
https://www.cdc.gov/mmwr/volumes/66/wr/mm6623e1.htm?s_cid=mm6623e1_e

Ensuring adequate financing of family planning commodities and services: evidence brief
This evidence brief, prepared by the World Health Organisation (WHO), provides an overview of the current challenges in financing family planning commodities and services and highlights some policy and programme considerations that could help to ensure adequate financing of such essential health services in the future. The briefing states that it is estimated that the direct and indirect costs of modern contraceptive service provision in low and middle income countries is US$5.5 billion and this is set to increase as services are expanded and improved in line with the FP2020 goal. Donor, multilateral, foundation and private sector contributions are discussed and reasons for future uncertainty, including domestic funding, is highlighted. Three main policy and programme considerations are proposed: ensure sustained fundraising, pooling, and strategic purchasing; increase the number of additional family planning users; conduct further research on family planning quality performance metrics.
http://apps.who.int/iris/bitstream/10665/255863/1/WHO-RHR-17.12-eng.pdf?ua=1

Innovations and patents

Patent applications

US2017251970 (A1) Methods and apparatus for consistent and accurate cervical dilation readings during labor and delivery. Martin EL. & Martin B. 7 September 2017.
This patent application proposes methods and devices for obtaining accurate cervical dilation readings during labour. Specifically, this device standardises cervical dilation measurements thus reducing variation between health care professionals.
This application is a continuation-in-part of U.S. patent application Ser. No. 14/856,472, filed Sep. 16, 2015, which claims the benefit of U.S. Provisional Application No. 62/133,897, filed Mar. 16, 2015, all of which are incorporated herein by reference.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=US&NR=2017251970A1&KC=A1&FT=D&ND=3&date=20170907&DB=EPODOC&locale=en_EP#

US2017252404 (A1) Oocyte retrieval probabilities based on anti-mullerian hormone (AMH) levels in poor pregnancy prognosis patients with small oocyte yields – selection and AMH administration thereof. Gleicher N, Kushnir VA, Barad DH. 7 September 2017.
This patent application relates to the prediction of oocyte retrieval in women with low functional ovarian reserve and the administration of anti-Müllerian hormone (AMH) to such women in order to improve oocyte yields.
U.S. provisional patent application No. 62/128,127 filed Mar. 4, 2015. U.S. utility patent application Ser. No. 15/015,543 filed Feb. 4, 2016.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=US&NR=2017252404A1&KC=A1&FT=D&ND=3&date=20170907&DB=EPODOC&locale=en_EP#

US2017252391 (A1) Single herb extract for the treatment of PCOS (poly cystic ovarian syndrome). Sharma A & Tewari K. 7 September 2017.
This patent application discusses the oral administration, twice a day, of purified extract of five furostanolicsaponins present in fenugreek seeds in 500mg capsules for the treatment of polycystic ovary syndrome.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=US&NR=2017252391A1&KC=A1&FT=D&ND=3&date=20170907&DB=EPODOC&locale=en_EP#

US2017246189 (A1) Method for treating uterine fibroids. Nieman L, Ulmann A, Blithe D, Gainer E. 31 August 2017.
This patent application proposes a treatment consisting of administering a daily dose (for about 2 to 4 months) of a tablet (5 to 15mg) comprising ulipristal or a metabolite thereof to women with uterine fibroids.
This application is a continuation of U.S. application Ser. No. 14/872,320 filed Oct. 1, 2015; which is a continuation of U.S. application Ser. No. 14/200,100 filed Mar. 7, 2014 (now U.S. Pat. No. 9,180,133); which is a continuation of U.S. application Ser. No. 13/622,892 filed Sep. 19, 2012 (now U.S. Pat. No. 8,722,653); which is a continuation of U.S. application Ser. No. 12/021,610 filed Jan. 29, 2008 (now U.S. Pat. No. 8,299,050), the entire contents of each of which are incorporated herein by reference.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=US&NR=2017246189A1&KC=A1&FT=D&ND=3&date=20170831&DB=EPODOC&locale=en_EP#

Legal matters

Cambodia moves to permanently ban commercial surrogacy
The Cambodian Woman's Affairs Ministry has recently drafted a new law seeking to ban commercial surrogacy or surrogacy for foreign parents in Cambodia. In November 2016, a temporary ban was instituted by the Government. The Cambodian Woman's Affairs Ministry hopes that if passed the legislation will ensure that vulnerable women are not exploited.
http://www.bionews.org.uk/page_878304.asp

Parliamentary panel suggests liberal reforms to India surrogacy bill
India's parliamentary Standing Committee on Health and Family Welfare has recently proposed a number of reforms to the Surrogacy Regulation Bill 2016 as it is regarded as being too restrictive. The bill, as it stands, aims to ban commercial surrogacy in India but would allow for infertile couples who have been married for at least 5 years to approach a close relative to act as a surrogate as long as no compensation was provided.
http://www.bionews.org.uk/page.asp?obj_id=872360&PPID=872891&sid=662

Clinical trials

Clinicians keen to keep up-to-date regarding clinical studies that are currently recruiting may find the following informative.

Title Peer administered CBT for PPD (PL-CBT)

Registration	https://clinicaltrials.gov/ct2/show/NCT03285139		
Description	This study aims to determine whether women with a previous history of postpartum depression can be trained to deliver group cognitive behavioural therapy to women currently suffering from postpartum depression.		
Outcome measures	**Primary:** Edinburgh Postnatal Depression Scale.	**Secondary:** Postpartum Bonding Questionnaire; Social Provisions Scale; CCHS Maternal Healthcare Utilization; Adult Adolescent Parenting Inventory; Cognitive Therapy Awareness Scale; Therapist Evaluation Checklist; EQ-5D; Generalized Anxiety Disorder-7; Mini International Neuropsychiatric Interview - Current Major Depressive Disorder.	
Study site	Ontario, Canada.	**Anticipated study end date**	December 2019.

Title RCT superior hypogastric block during TLH

Registration	https://clinicaltrials.gov/ct2/show/NCT03283436
Description	This randomised controlled trial aims to investigate the efficacy of a superior hypogastric plexus block

	(combining bupivacaine and triamcinolone) for pain relief in women following laparoscopic hysterectomy.		
Outcome measures	**Primary:** postoperative pain scores; postoperative opioid use.	**Secondary:** Total operative time; perioperative complications; occurrence of complications during surgery; postoperative complications.	
Study site	Boston, US.	**Anticipated study end date**	October 2018.

Title Pharmacologic strategies for the etonogestrel implant in HIV-infected women

Registration	https://clinicaltrials.gov/ct2/show/NCT03282799		
Description	This randomised, open-label, longitudinal pharmacodynamic study aims to assess the frequency of ovulation and cervical mucus quality in HIV-infected women receiving efavirenz (EFV)-based antiretroviral therapy (ART) and who are using either a single etonogestrel (ENG) implant (standard dose) or two ENG implants (increased dose).		
Outcome measures	**Primary:** ovulation.	**Secondary:** cervical mucus quality; etonogestrel pharmacokinetics; adverse events.	
Study site	Kampala, Uganda.	**Anticipated study end date**	January 2022.

Title Visnadine, Prenylflavonoids and Bovine Colostrum to treat vulvovaginal atrophy in postmenopausal women

Registration	https://clinicaltrials.gov/ct2/show/NCT03281655		
Description	This phase 2 study aims to investigate the efficacy and safety of a vaginal cream comprising visnadine (0.30%), prenylflavonoids (0.10%) and bovine colostrum (1%) in post-menopausal sexually active women affected by vulvovaginal atrophy.		
Outcome measures	**Primary:** vaginal health index score (VHIS) evaluation; female sexual function index (FSFI) questionnaire.	**Secondary:** side effects.	
Study site	Athens, Greece.	**Anticipated study end date**	May 2018.

Title The protection of vasopressin to ovarian function during laparoscopic ovarian endometriosis cystectomy: a single center, prospective, randomized, controlled clinical study

Registration	http://www.chictr.org.cn/showprojen.aspx?proj=21064		
Description	This randomised controlled study aims to determine whether vasopressin is protective of ovarian function in women during laparoscopic ovarian endometriosis cystectomy.		
Outcome	**Primary:** anti-mullerian hormone.	**Secondary:** not specified.	

measures			
Study site	Guangzhou, China.	**Anticipated study end date**	July 2019.

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