



Royal College  
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## Bespoke search

Maternity and Infant Care (MIC) comprises more than 290,000 citations relating to the midwifery profession, pregnancy, labour, birth, postnatal care and the 'transition to parenthood', infant feeding and neonatal/infant care up to 24 months. Material selected for inclusion comes from over 400 journals as well as book chapters, reports, guidelines, audio visual materials, news items, conference proceedings and other 'grey literature'. MIC includes citations for records from the Cochrane Database of Systematic Reviews, as well as from government bodies and professional organisations which include the Department of Health, the National Institute for Health and Clinical Excellence, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the World Health Organization [this is not an exhaustive list].

A search of MIC was performed using the following keywords: caffeine, coffee, tea, breastfeeding, breast-feeding, "breast feeding", breastfed, breast-fed, "breast fed", "infant feeding", "breast milk", breastmilk, milk. The search was not restricted to any time of publication.

Bespoke search tips:

1. The results of your Bespoke Pack start below. If the full text of an article is freely available online, we will provide the URL - simply click the live hyperlink to view. MIDIRS cannot take responsibility for external content, and hyperlinks provided by external organisations are subject to change.
2. You can search within the Bespoke Pack PDF for relevant keywords by pressing 'CTRL + F' and entering the terms you wish to find.
3. If a record in the Bespoke Search has been published in MIDIRS Midwifery Digest or Essentially MIDIRS then this can be ordered via the following link



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4. If a record in the Bespoke Search does not have a full-text URL link and is not from a MIDIRS publication, then unfortunately we are unable to supply. Try your university library, Trust library, or British library for a copy.

#### **20160428-17\***

**Working with the menopause.** Royal College of Midwives (2016), London: Royal College of Midwives April 2016. 17 pages

One of a series of Royal College of Midwives (RCM) Equality and Diversity publications, which has been produced for RCM Workplace Reps and members. Provides information about the menopause including symptoms, the effect it can have in the workplace and how employers are able to help. (KM)

**Available from:**

[https://www.rcm.org.uk/media/1892/equality\\_diversity\\_publication\\_working\\_with\\_menopause.pdf](https://www.rcm.org.uk/media/1892/equality_diversity_publication_working_with_menopause.pdf)

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#### **20140508-36**

**Night work and the reproductive health of women: an integrated literature review.** Moon Chau Y, West S, Mapadzahama V (2014), Journal of Midwifery and Women's Health vol 59, no 2, March/April 2014, pp 113-126

Introduction:

The aim of this review was to synthesize current evidence on the effects of night work on the major stages of women's reproductive health, specifically the menstrual cycle, fertility, pregnancy, and menopause. Current understanding suggests that night work (work that causes disruption of a worker's circadian [day/night] rhythms) adversely affects workers' health and well-being. A complex relationship exists between circadian rhythms and reproductive hormones, and this may potentially increase the vulnerability of women to the detrimental effect of night work, including during menopause.



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#### Methods:

A systematic search was conducted (March-May 2011) via CINAHL, MEDLINE, Sociological Abstracts, and Business Source Premier for primary research studies written in English using the key words 'shift-work' and 'female/women.' Findings of identified articles were themed to pregnancy, fertility, aspects of menstrual cycles, and menopause.

#### Results:

Twenty articles were identified, (13 articles concerning pregnancy, 3 addressing fertility, and 4 addressing aspects of the menstrual cycle) but no studies addressing menopause were located. All identified articles demonstrated problematic approaches to the determination of night-work exposure.

#### Discussion:

Evidence of the impact of night work on female reproductive health as presented in the current literature is inconclusive. Moreover, available evidence needs to be interpreted with caution, given the various limitations and inconsistencies among the studies in the measurement of night-work exposure and shift-work patterns. Studies that focus specifically on night work are needed to facilitate an understanding of the impact of circadian disruption on the reproductive health of women undertaking night work. (43 references) (Author)

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#### 20130222-34\*

**A cross-sectional analysis of patterns of obesity in a cohort of working nurses and midwives in Australia, New Zealand, and the United Kingdom.** Bogossian FE, Hepworth J, Leong GM, et al (2012), International Journal of Nursing Studies vol 49, no 6, 2012, pp 727-738

#### Objective:

The aim of this study was to examine the prevalence of overweight and obesity and the association with demographic, reproductive work variables in a representative cohort of working nurses and midwives.

#### Design:

A cross sectional study of self reported survey data.



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#### Settings:

Australia, New Zealand and the United Kingdom.

#### Methods:

Measurement outcomes included BMI categories, demographic (age, gender, marital status, ethnicity), reproductive (parity, number of births, mother's age at first birth, birth type and menopausal status) and workforce (registration council, employment type and principal specialty) variables.

#### Participants:

4996 respondents to the Nurses and Midwives e-Cohort study who were currently registered and working in nursing or midwifery in Australia (n=3144), New Zealand (n=778) or the United Kingdom (n=1074).

#### Results:

Amongst the sample 61.87% were outside the healthy weight range and across all three jurisdictions the prevalence of obesity in nurses and midwives exceeded rates in the source populations by 1.73% up to 3.74%. Being overweight or obese was significantly associated with increasing age (35-44 yrs aOR 1.71, 95% CI 1.41-2.08; 45-55 yrs aOR 1.90, 95% CI 1.56-2.31; 55-64 aOR 2.22, 95% CI 1.71-2.88), and male gender (aOR 1.46, 95% CI 1.15-1.87). Primiparous nurses and midwives were more likely to be overweight or obese (aOR 1.37, 95% CI 1.06-1.76) as were those who had reached menopause (aOR 1.37, 95% CI 1.11-1.69). Nurses and midwives in part-time or casual employment had significantly reduced risk of being overweight or obese, (aOR 0.81, 95% CI 0.70-0.94 and aOR 0.75, 95% CI 0.59-0.96 respectively), whilst working in aged carried increased risk (aOR 1.37, 95% CI 1.04-1.80).

#### Conclusion:

Nurses and midwives in this study have higher prevalence of obesity and overweight than the general population and those who are older, male, or female primiparous and menopausal have significantly higher risk of overweight or obesity as do those working fulltime, or in aged care. The consequences of overweight and obesity in this occupational group may impact on their workforce participation, their management of overweight and obese patients in their care as well as influencing their individual health behaviours and risks of occupational injury and chronic disease. (Author)



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**20070404-32**

**Midwifery basics: women's health needs (6). Health around the menopause and beyond: a holistic approach. Wickham S (2007), Practising Midwife vol 10, no 3, March 2007, pp 32-36**

Sarah Wickham explores the issues surrounding this key stage in women's lives, and how they relate back to midwifery. (15 references) (Author)

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