New additions to publications by NALHN Staff

CONGRATULATIONS TO......

Dr Rajvinder Singh, Department of Gastroenterology, who is one of the authors of the attached article which was published in the *Journal of Gastroenterology and Hepatology*. (Paper 1)

Dr Ben Willem Mol, Department of Obstetrics and Gynaecology, who is a joint author of the attached paper which was published in the journal, *Seminars in Fetal and Neonatal Medicine*. (Paper 2)

Dr Gus Dekker, Department of Obstetrics and Gynaecology, who is one of the authors of the attached article which was published in the *Pregnancy Hypertension*. (Paper 3)

The papers are now on display in the Library (Level 2). Please let us know if you or a colleague have had a paper published, and we will add it to our collection and email it out.

**Paper 1**

*Australian infection control in endoscopy consensus statements on carbapenemase-producing Enterobacteriaceae*


**Abstract:**

Outbreaks of carbapenemase-producing Enterobacteriaceae clinical infections related to endoscopic transmission are well documented. The high morbidity and mortality associated with these infections emphasizes the need to reassess endoscopic reprocessing protocols. The Gastroenterological Society of Australia established a multi-society committee to formulate evidence-based consensus statements on the prevention and management of endoscopic transmission of carbapenemase-producing Enterobacteriaceae. A literature search was undertaken utilizing the MEDLINE database. Further references were sourced from published paper bibliographies. Nine statements were formulated. Using the Delphi methodology, the statements were initially reviewed electronically by the committee members and subsequently at a face-to-face meeting in Melbourne, Australia. After further discussion, four additional sub-statements were added resulting in a total of 13 statements. Each statement was assessed for level of evidence, recommendation grade and the voting on recommendation was recorded. For a statement to be accepted, five out of six committee members had to "accept completely" or "accept with some reservation." All 13 statements achieved consensus agreement. Eleven statements achieved 100% "accepted completely." Two statements were 83% "accepted completely" and 17% "accepted with some reservation." Of particular significance, automated flexible endoscope reprocessors were mandated for high-level disinfection, and the use of forced-air drying cabinets was mandated for endoscope storage. These evidence-based statements encourage preventative strategies with the aim of ensuring the highest possible standards in flexible endoscope reprocessing thereby optimizing patient safety. They must be considered in addition to the broader published guidelines on infection control in endoscopy.

**Paper 2**

*The place of antenatal corticosteroids in late preterm and early term births.*

Abstract:

Infants born in the late preterm period and via non-labour caesarean section in the early term period are at increased risk of respiratory morbidity when compared to their term-born counterparts. The morbidity in these infants is less frequent and severe than in early preterm infants. Antenatal corticosteroids reduce respiratory morbidity in these populations; however, the magnitude of the reduction appears to be small and predominantly in the self-limiting condition of transient tachypnoea of the neonate. The smaller benefit, along with possible harmful effects of corticosteroids, raises a question about the role of antenatal corticosteroids in this population. Special obstetric populations such as twin pregnancies and pregnancies complicated by diabetes and growth restriction are at increased risk of prematurity and more vulnerable to its complications. Nevertheless, there is limited evidence regarding the benefits of corticosteroids in these populations and potential concern regarding adverse effects. We recommend an individualised approach when administering corticosteroids at later gestations. In these specific obstetric populations, we do not currently recommend administering corticosteroids in the late preterm/early term periods until more evidence is available.

Paper 3

Preeclampsia and the 20th century: “Le siècle des Lumières”


Abstract:

The authors delineate seven quantum leap forward and, or revolutions having occurred during the 20th century in the understanding of the physiopathology of preeclampsia. First the discovery of the inflatable arm band permitting to measure blood pressure in 1896. Second, the discovery that eclamptic (convulsions), and later “pre”eclamptic (proteinuria) women presented hypertension in 1897 and confirmed in 1903, discovery of the hypertensive disorders of pregnancy. Third, the eight major textbooks published all along the 20th century by delineating risk factors of preeclampsia with the concept of “preeclampsia, disease of primigravidae”. Fourth, the discovery in the 1970’s that human trophoblast implantation was far deeper than in other mammalian species. Fifth, and a major step forward, description at the end of the 1980’s that the maternal syndrome in preeclampsia (glomeruloendotheliosis, HELLP syndrome, eclampsia) could be unified in a global endothelial cell inflammation. Sixth, the epidemiological descriptions in the 1970–1990’s that indeed preeclampsia was a disease of first pregnancies at the level of a couple (“primipaternity concept”), leading to an explosion in immunological research in the last decade, beginning in 1998. Seventh and finally, in the search for the “factor X” explaining the vascular inflammation in preeclamptic women (inositol phospho glycans P-type were described in 2000, while soluble Flt-1 and S-endoglin have been clearly predicted since 1997). The majority of the seeds or findings have been grounded or realized in the 20th century. Indeed, for preeclampsia, the 20th century has been le “Siècle des Lumières” (the Enlightments).