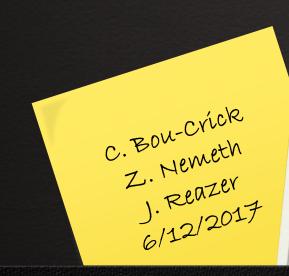
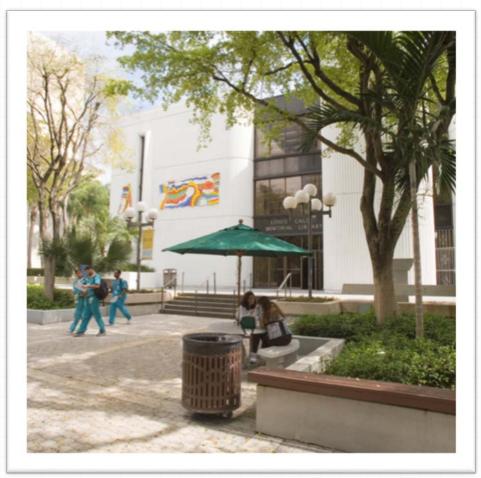
Library Orientation and EBM/PICO for OB-GYN Residents



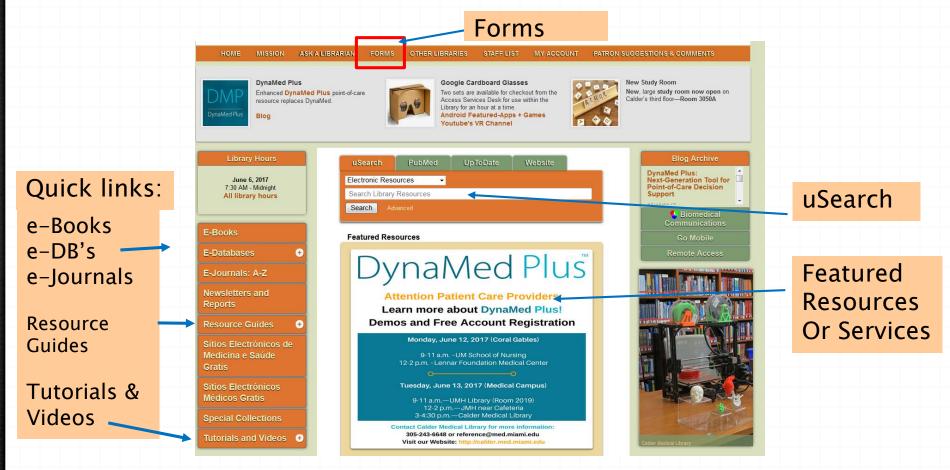
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Objectives: Participants will be able to:

- Use uSearch to find electronic and print resources from all UM libraries
- Navigate the Calder Library website to find relevant resources and services
- Ø Describe the types of databases
- Ø Use clinical decision support databases for clinical patient care
- Use bibliographic databases to find articles on topics of interest
- Ø Use PICO to create an answerable clinical question.
- ✓ List five authoritative biomedical databases for research and patient care information

Calder Library Website http://calder.med.miami.edu



Library Resources:

OCOMPUTERS and printers Ø Mac Lab with 10 computers Quiet space to study O Small-group study rooms & Collaboratory Ø Electronic classroom Ø Relaxation room & Lounge Open 7-days a week 07:30 to 8:00 FRI ⊘ 8:00-8:00 SAT. 0 12 p.m.−12 a.m. SUN.

Library Services:

Individual and small-group consults:

- Ø Design search strategies for your research projects
- Teach you how to search in biomedical databases
- Assist with Citation Manager set-up (EndNote, RefWorks, Mendeley)
- Ø Bibliographic searches conducted by Librarians
- Ø Systematic Review Service
- Interlibrary Loans (articles, books, and book chapter requests)(free of charge)(use online form)
- Poster design and printing in BioMed

Resource Guides http://calder.med.Miami.edu

Newsletters and

Reports

Created by Calder librarians

Contain Links to Relevant Resources for: *Clinicians *Drug Information *Med Mobile Apps *Residents Resource Guides Θ All Guides **Clinical Psychiatry and** Psychology Clinicians Collaboration / Mentoring Consumer Health Drug Information Evidence-Based Medicine Free Authoritative Health Websites Medical Mobile Apps Medical Students Nursing Personal Librarian Program Public Health Researchers Residents Scholarly Communications and Open Access Systematic Reviews

Clinicians

Home	Informed Clinical Decision-Support	Keeping Current	Finding Collaborator	rs and Mentors	Increasing Productiv	vity	
Help wit	h Graphics, Photographs, and Printing	Making Your Wor	k Widely Available				
Finding Out Who Has Cited You and Documenting Effectiveness Becoming a Medical Information Power User: Tutorials							
Patient I	Non-Discrimination Policy Medical Im	ages/Graphics	1obile Apps				

Subject Guide Editor



Carmen Bou-Crick Head, Reference and Education cbou@med.miami.edu (305) 243-1967

Guide for Clinicians

Welcome to Calder Medical Library Resource Guide for Clinicians. This guide will provide essential information for your clinical practice.

You can navigate this guide by using the links on the Table of Contents box or by using the Tabs on top of the Guide for Clinicians to go directly to the section that you want. If you need a refresher, there are many tutorials in the section on "Becoming a Medical Information Power User: Tutorials."

For additional resources you can search the print and electronic collections of the University of Miami Libraries with uSearch. Use the Search box below.

For the Calder Library Website, click on the link below.

Calder Medical Library

RESOURCE GUIDE FOR CLINICIANS

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Complementary & Alternative Medicine

Consumer/Patient Information

Spanish/En Espanol

Subject Guide Editor

Carmen Bou-Crick Head, Reference and Education cbou@med.miami.edu (305) 243-1967

Need help? Ask an expert.



John Reazer Medical Students



Carmen Bou-Crick Drug Information



Kelsa Bartley Consumer Health

Resource Guide for Drug Information

Welcome to the Calder Medical Library Resource Guide for Drug Information. This guide will provide essential information for your clinical practice.

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For additional resources, please use the **uSearch** box below to find **Electronic Resources**, find materials in the **Library Catalog**, and find **Everything**.

- Electronic Resources will find journal articles, book chapters, and other online resources in all UM digital collections.
- Library Catalog will find books and all other materials housed at the Medical Libraries (Calder Library, Ophthalmology Library, and University of Miami Hospital/UMH Library) or, search a specific medical library collection.
- Everything will find journal articles, books, e-books, audiovisual materials, and all resources in all UM libraries.

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Electronic Resources

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RESOURCE GUIDE FOR DRUG INFORMATION

Residents

Home RSAP Writing Case Reports
Open Access Journals Anesthesiology

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Library Catalog: Find print books and more at the Medical Libraries and all UM Libraries! (<u>uSearch-Library</u> <u>Catalog</u>) Try it now!

The <u>e-Books Database</u> is designed to provide quick and easy access to the online book collection.

New Resources

BMJ Case Reports Institutional Fellowship

Medical Writing

OB-GYN

As of January 2017, Calder Library has an Instituional Fellowship to BMJ Case Reports allowing you to submit manuscripts without having to pay an individual fee. Please contact the Reference Department for the code and submission guidelines.



NEJM Resident 360, a new website and discussion platform from New England Journal of Medicine Group, gives residents the information, resources, and support they need to approach each rotation with confidence.

Mentoring Resources

BOARD

VITALS "powerful board review tool to help prepare for board exams of over 30 medical specialties and the USMLE Step 3.

Please make sure to do the initial sign up from a networked computer and use your institutional e-mail to register. Both systems will send a validation e-mail which you need to verify to get full access.

Related UM Libraries' Guides

- · Guide for Clinicians
- Evidence-Based Medicine
- Clinical Psychiatry and Psychology
- Drug Information
- Medical Mobile Apps

RESOURCE GUIDE FOR RESIDENTS

Resident Orientation

Data Management

Please view the Library's Resident <u>Orientation PowerPoint</u> to discover the resources we offer.

Subject Guide Editor



Zsuzsanna Nemeth Reference Librarian and Research Liaison znemeth@med.miami edu (305) 243-9505

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	Date				Newspaper Articles (65,802)
	🕒 Subject				Reviews (1,405)
	Author/Creator				Text Resources (1,358)
					Conference Proceedings (1,188)
Resource	Resource Type				Dissertations and Theses (335)
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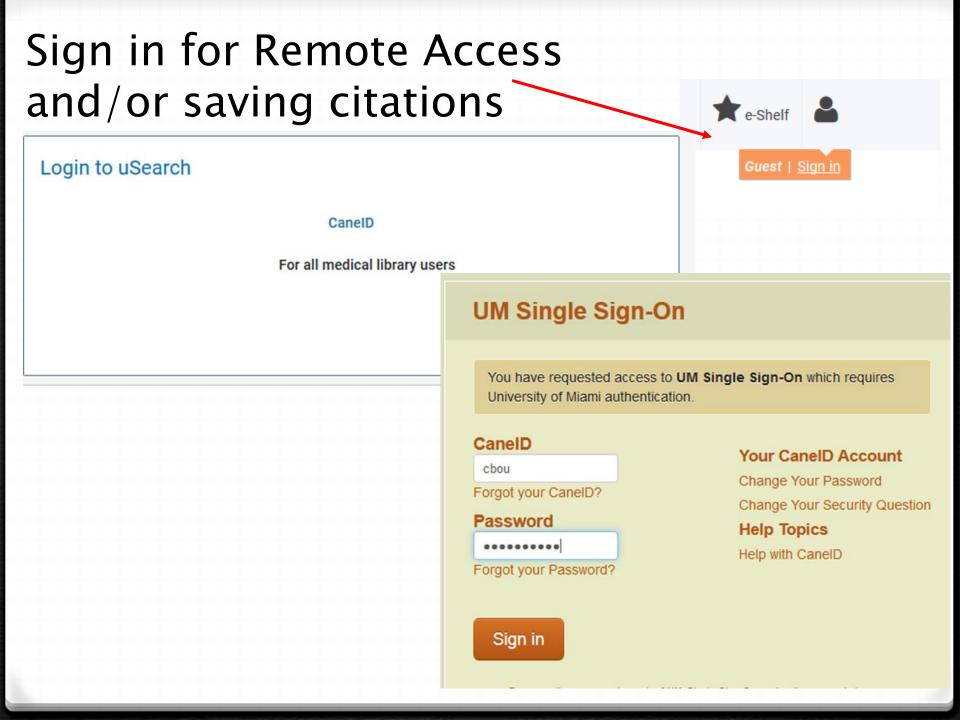
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New York : Elsevier 1953 Print began with v. 1 (Jan. 1953).

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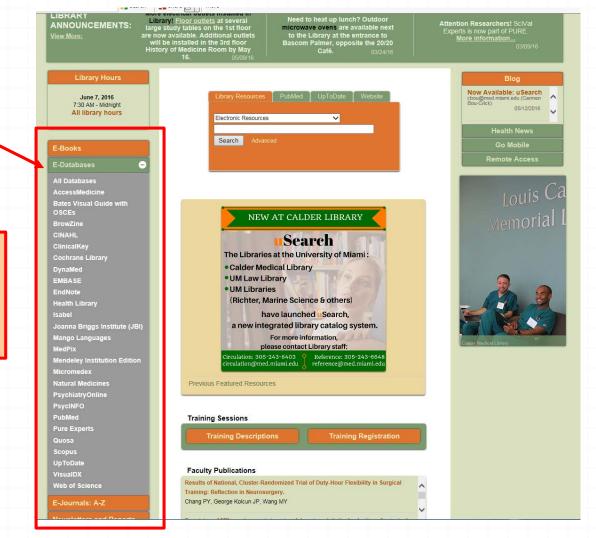
Philadelphia, PA : Lippincott Williams & Wilkins 1996 Vol. 39, no. 1 (Mar. 1996)-



Evidence-based obstetrics and gynecology (Online)

[London] : Elsevier Science Ltd. 1999-2006 Vol. 1, no. 1 (Mar. 1999)-v. 8, issues 3/4 (Sept./Dec. 2006).

e-Databases



Most Commonly Used DBs

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Electronic Databas	s es ickBerry 📺 iPhone / iPod Touch 📴 Palm OS 🗗 Windows Mobile	
A B C D E F	IG H I J L M N O P Q R S T U V W Z	
	А	All
AccessMedicine	AccessMedicine is an innovative online resource that provides students, residents, clinicians, researchers, and all health professionals with access to more than 50 medical titles from the best minds in medicine, updated content, thousands of images and illustrations, interactive self-assessment, case files, diagnostic tools, a comprehensive search platform, and the ability to download content to a mobile device. Note: real time access is only available on iPhone and Android.	Databases
Access Science	Articles and research reviews covering all major scientific disciplines and encompassing the McGraw-Hill Encyclopedia of Science and Technology and the McGraw-Hill Yearbook of Science and Technology, plus definitions from the McGraw-Hill Dictionary of Scientific and Technical Terms.	
ACMG ACT Sheets and	This resource describes the interrelationships between the conditions	
Confirmatory Algorithms	screened in newborn screening laboratories and the markers (analytes) used for screening. For each marker(s), there is 1) an ACTion (ACT) sheet that describes the short term actions a health professional should follow in communicating with the family and determining the appropriate steps in the follow-up of the infant that has screened positive, and 2) an algorithm that presents an overview of the basic steps involved in determining the final diagnosis in the infant.	
African Index Medicus	An international index to African health literature and information sources	

Types of Databases

- 1. <u>Clinical Decision Support</u> (contain full-text resources and background information about diseases and conditions)
- 2. <u>Bibliographic/citations</u> (contain citations to journal articles, book chapters, and other materials. Some provide access to full-text.)
- 3. Other databases have taped lectures, videos of procedures, exam questions, faculty profiles, etc.

Databases @ Calder

1. Clinical Decision Support

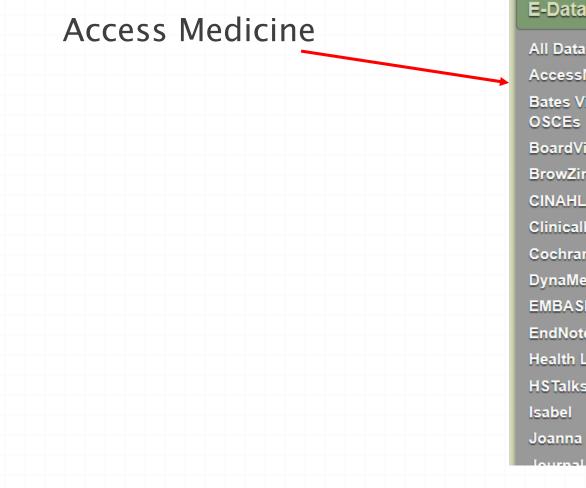
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- OlinicalKey
- Isabel
- Ø VisualDx
- Ø Dynamed Plus
- OUpToDate

2. Bibliographic/citations

- PubMed, Embase, Scopus, Cochrane
- 3. Other databases

Board Vitals, HS Talks, Pure Experts

Clinical Decision Support



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Infections Due to Mixed Anaerobic Organisms > EPIDEMIOLOGY

Harrison's Principles of Internal Medicine

... are encountered frequently in hospitals with active surgical, trauma, and **obstetric** and **gynecologic** services. Depending on the institution, anaerobic bacteria account for 0.5–12% of all cases of bacteremia. ...



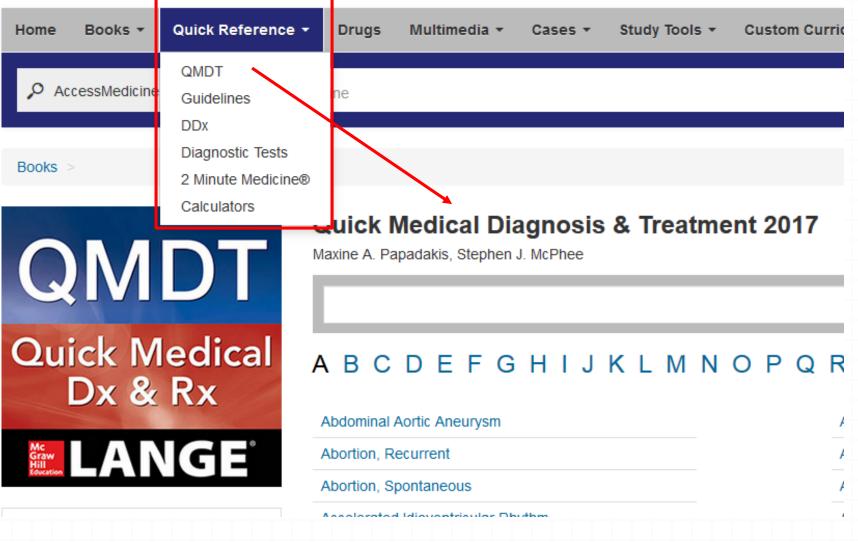
Health Recommendations for International Travel > PREGNANCY AND TRAVEL

Harrison's Principles of Internal Medicine

... (See also Chap. 8) A woman's medical history and itinerary, the quality of medical care at her destinations, and her degree of flexibility determine whether travel is wise during pregnancy. According to the American College of **Obstetrics** and **Gynecology**, the safest part of pregnancy in which...

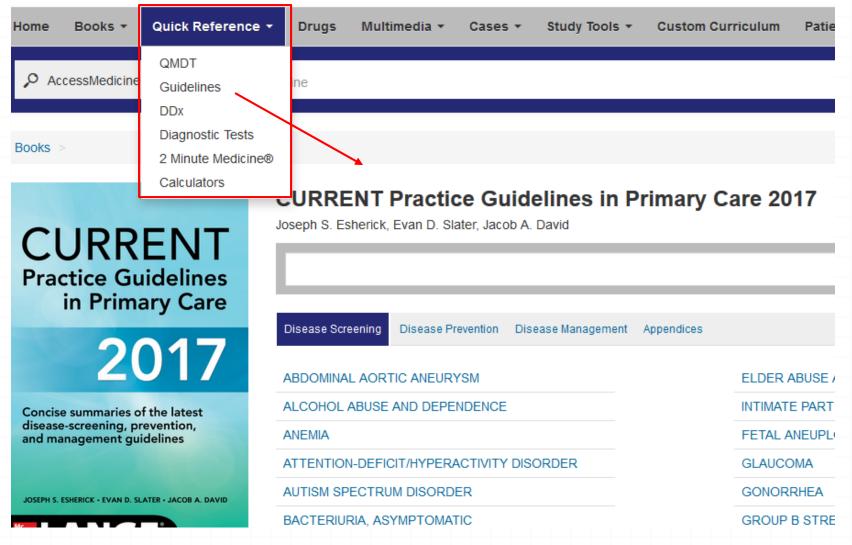
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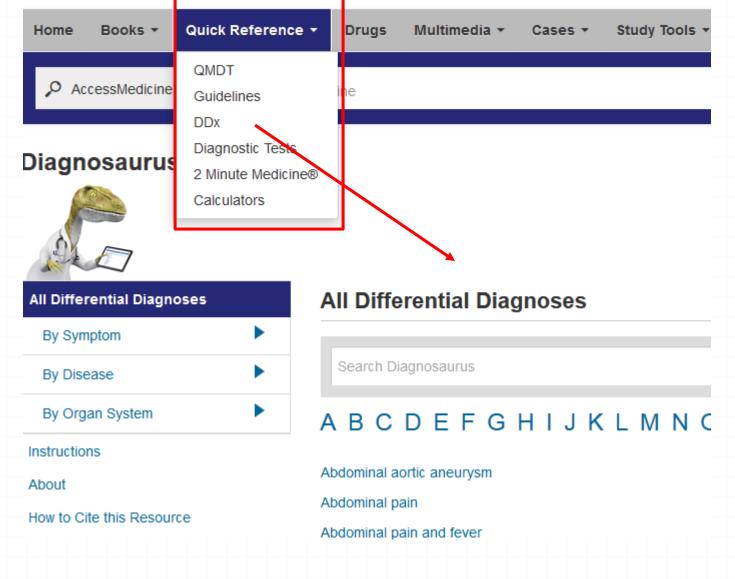
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	Deep Vein Thrombosis (DVT) Discharge Information			

Clinical Decision Support

ClinicalKey

E-Databases 😑
All Databases
AccessMedicine
Bates Visual Guide with OSCEs
BoardVitals
BrowZine
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endometriosis

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Books	0440	Endocrinology: Adult and Pediatric. Burney, Richard O.; Giudice, Linda C Published January 1, 2016. © 2016.
	2112	
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Guidelines	38	Global transcriptome analysis has also given insight into differences in eutopic endometrium of women with versus without endometriosis and molecular mechanisms underlying the
Drug Monographs	35	pathogenesis of this disorder, as well as providing an opportunity to i
First Consult	22	Endocrinology: Adult and Pediatric.
Procedures Consult	3	Burney, Richard O.; Giudice, Linda C Published January 1, 2016. © 2016.

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Find 'endometriosis' in this Page

Key points

Background

Description

Epidemiology

Causes and risk factors

Associated disorders

Screening

Primary prevention

Diagnosis

Summary approach

FIRST CONSULT Endometriosis

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Key points

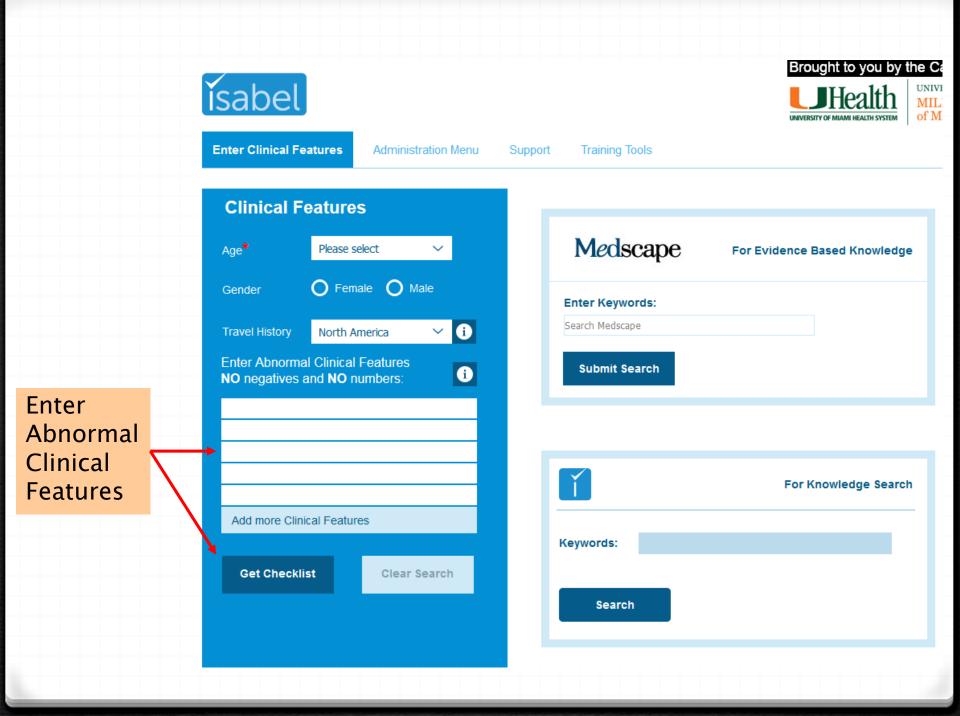
- · Endometriosis, which is defined as the presence of extrauterine endometrial tissue, is a common condition
- Symptoms include chronic pelvic pain, pain during intercourse and/or menstruation, and infertility, although most women with endometriosis are asymptomatic
- The diagnosis is established by pathologic examination of tissue retrieved during laparoscopy or laparotomy, although symptoms are often treated empirically once other causes of pain and infertility have been eliminated

Scroll down to read more about endometriosis

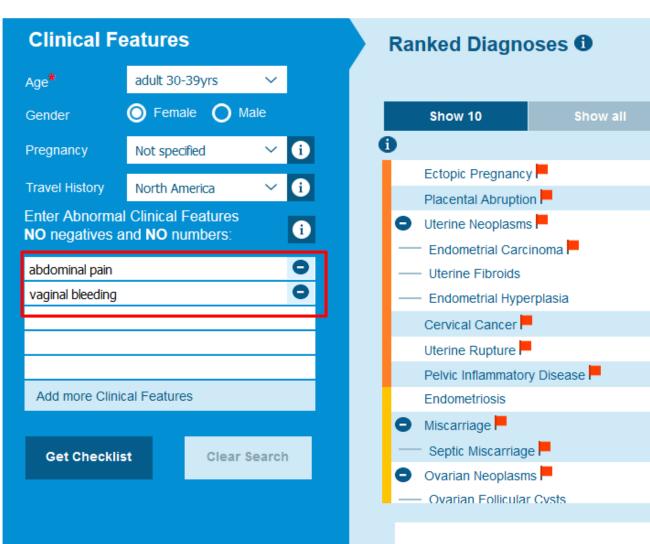
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Feedback

Drugs

Red Flags

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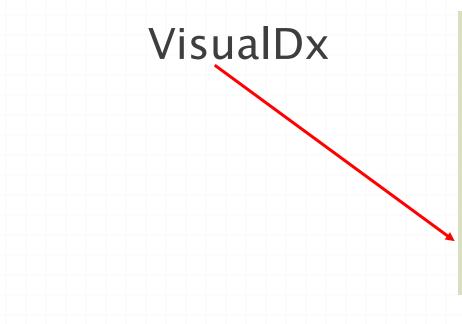
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Drugs	Ranked Diagnoses f	
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Misoprostol	📥 👎	
Dinoprostone	📥 🎔	
Acitretin	📥 👎	
 Antidepressants 	📥 🎔	
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Thrombolytics	47	
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Feedback

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Quick Start Differential Builder

Pregnancy

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Images (1)

Synopsis

State of embryonic or fetal development within the female uterus. Also called gestation. Characterized by absence of menstruation, breast tenderness, nausea, vomiting, urinary frequency, weight gain, and fetal movement. Human chorionic gonadotropin (hCG) in the blood and urine is an early diagnostic sign. Other common signs and symptoms are fatigue, breast enlargement, abdominal bloating / enlargement, mood swings, spider angiomas, Chadwick sign, Montgomery's tubercles, Hegar's sign, elevated basal body temperature, and stretch marks. Duration of human pregnancy is approximately 40 weeks.

Management of normal pregnancy involves prenatal health care, good nutrition, and eliminating risk factors to the fetus (smoking, substance abuse, and mental, physical and environmental hazards). Routine medical exams are necessary to monitor health of mother and fetus, determine multiple pregnancies, and watch for signs of complications such as **miscarriage**, **ectopic pregnancy**, **placental abruption**, infection, thrombosis, and intrauterine fetal death.

For pregnancy-related conditions affecting the skin, see **linea nigra, striae**, **pruritic urticarial papules and plaques of pregnancy** (PUPPP), **melasma**, and **pemphigoid gestationis** (rare). **Impetigo herpetiformis** is a rare but potentially serious pustular dermatosis typically seen in the third trimester of pregnancy.

Fatigue Weight Gain
ast Tenderness
Back Pain nary Frequency

△ Elevated Urine HCG Level

Ür

Linea Nigra - Skin

🛱 Print 🔹 🖹 Patient Handout

Images (8)

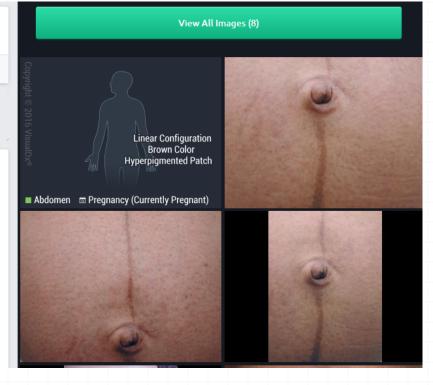
Contributors: Alexis Perkins MD, Nikki Levin MD, Jeffrey D. Bernhard MD, Noah Craft MD, PhD, Lindy P. Fox MD, Lowell A. Goldsmith MD, MPH, Michael D. Tharp MD

Synopsis

Linea nigra (Latin for "black line"), or linea gravidarum, is a linear midline band of macular hyperpigmentation that runs vertically from the pubis to the xiphoid process. This entity is much more common in darkly pigmented patients. It is most commonly seen in pregnant women, particularly in those of darker skin types.

Linea nigra appears to be a consequence of increased production of melanin secondary to increased estrogen. In 90% of pregnant women, hyperpigmentation of some type is seen, including darkening of the areolae, ephelides, scars, or melasma. Fair-skinned women develop hyperpigmentation less often than women with darker pigmentation. Linea nigra tends to appear around the second or third trimester. After birth, the line fades over time, but it may never disappear entirely.

In a population-based study of Nigerians, linea nigra was found to be present in both males and females. For males incidence neaked at 40% in the 11- to 15-year-old are group, whereas in females, incidence was



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DynaMed Plus

hot flashes

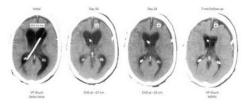
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natural menopause is a physiologic event characterized by loss of ovarian activity and permanent cessation of menses, diagnosed a

Overview and Recommendations	History and Physical	Guidelines and Resources
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Treatment	Prevention and Screening	ICD-9/ICD-10 Codes

Image Results



Calculator Results

Protein Catabolic Rate (normalized PCR) nPCRAnuric = 0.22 + (0.864 * IDBUNRise / IDHours)

Treatment of hot flashes in patients with breast cancer

Overview Medications Dietary Supplements

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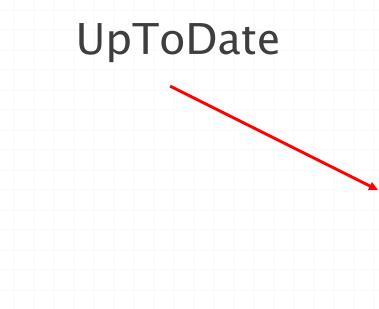
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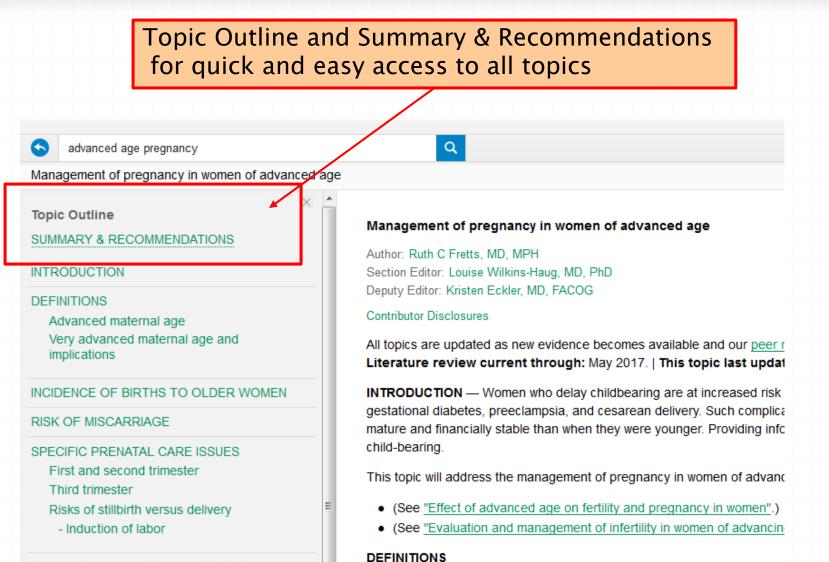
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Summary and recommendations



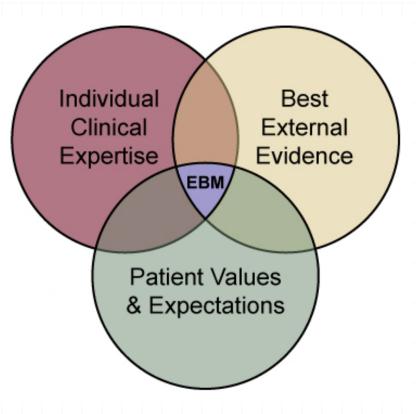
SUMMARY AND RECOMMENDATIONS

REFERENCES

Advanced maternal age — The age cut-off for advanced maternal age syndrome and the risk of amniocentesis to assess for Down syndrome. Of

Expanded topics on the right side

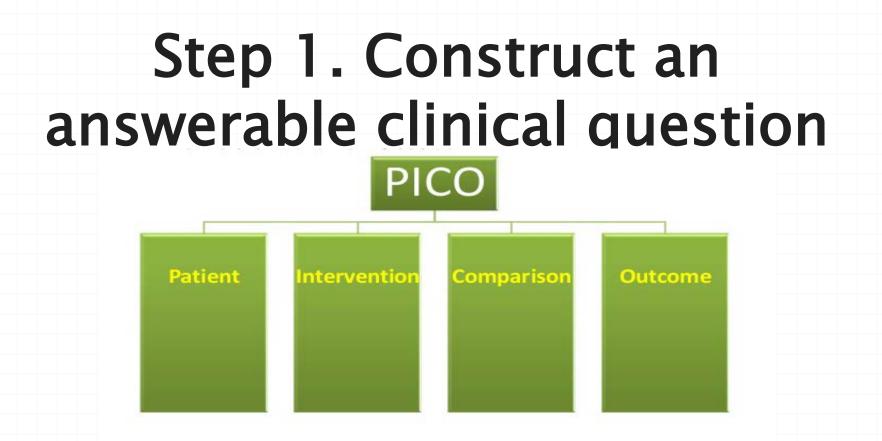
What is Evidence Based Medicine?



The 5 Steps to EBM

- 1. <u>Converting the need for information (about prevention, diagnosis, prognosis, therapy, causation, etc.) into an ANSWERABLE QUESTION</u>
- 2. TRACKING DOWN the best evidence with which to answer that question
- 3. Critically APPRAISING the evidence for its validity, impact, and applicability
- 4. INTEGRATING the critical appraisal with our clinical expertise and with our patient's unique biology, values, and circumstances.
- 5. EVALUATING our effectiveness and efficiency in executing steps 1-4 and seeking ways to improve them both for next time.

Sacket DL et al. *Evidence-Based Medicine: How to Practice and Teach EBM*, 2nd ed. NY: Churchill Livingstone, 2000. (WB 102.5 E93 2000 RESERVE)



Structured, focused, measurable

PICO COMPONENTS

Patient/Population/Problem/Program: Patient characteristics (primary problem, disease, or co-existing conditions--consider sex, age or race of a patient, if relevant)

Intervention, prognostic factor, or exposure: Main intervention, prognostic factor, or exposure being considered.

Comparison Intervention (If applicable):

Main alternative being considered to compare with the intervention (placebo, standard therapy, no treatment, gold standard). Your clinical question does not always need a comparison.

Outcome:

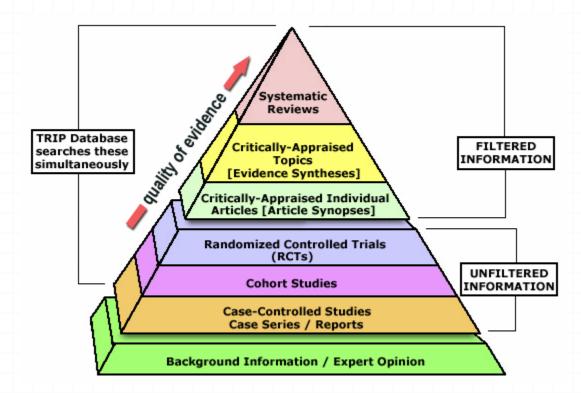
What you hope to accomplish, measure, improve, or affect.

Type of Question: Diagnosis, Therapy, Prognosis, Etiology, Guideline

Type of Study: Randomized Controlled Trial, Cohort Study, Longitudinal Study, etc.

Evidence Pyramid

As you move up the pyramid the study designs are more rigorous and allow for less bias or systematic error that may distract you from the truth.



Type of question can be answered by the appropriate type of study

Most common type of questions	Type of study
Diagnosis Selecting and interpreting diagnostic tests	Prospective, blind comparison to a gold standard
Therapy Selecting treatments	Randomized controlled trial, cohort, case control, case series
Prognosis Estimating patients' likely clinical course over time	Cohort study, Case Control, Case Series
Harm/Etiology Identifying causes for disease	RCT, cohort, case control, case series
Prevention	RCT, cohort study, case control, case series
Clinical Exam	Prospective, blind comparison to gold standard
Cost Benefit	Economic analysis

Evaluating the Evidence

- There are three basic questions that need to be answered for every type of study:
 - O Are the results of the study valid?
 - Ø What are the results?
 - Ø Will the results help in caring for my patient?

Are the results valid?

- 1. Were the patients randomized?
- 2. Was group allocation concealed?
- 3. Were patients in the study groups similar with respect to known prognostic variables?
- 4. To what extent was the study blinded?
- 5. Was follow-up complete?
- 6. Were patients analyzed in the groups to which they were first allocated?
- 7. Was the trial stopped early?

What are the results?

- 1. How large was the treatment effect?
- 2. What was the relative risk reduction?
- 3. What was the absolute risk reduction?
- 4. How precise was the estimate of the treatment effect?
- 5. What were the confidence intervals?

How can I apply the results to patient care?

- 1. Were the study patients similar to my population of interest?
- 2. Were all clinically important outcomes considered?
- 3. Are the likely treatment benefits worth the potential harm and costs?

Additional questions to ask for evaluating validity of Diagnostic Study

- 1. Did investigators compare the test to an appropriate, independent reference standard?
- 2. Were those interpreting the test and reference standard blind to the other results?
- 3. Will the reproducibility of the test result and its interpretation be satisfactory in your clinical setting?
- 4. Are the study results applicable to the patients in your practice?

Additional questions to ask for evaluating validity of **Prognosis Study**

- 1. Was the sample of patients representative?
- 2. Were the patients sufficiently homogeneous with respect to prognostic factors?
- 3. Was the follow-up sufficiently complete?
- 4. Were objective and unbiased outcome criteria used?
- 5. How likely are the outcomes over time?
- 6. How precise are the estimates of likelihood?

Case #1

- A 27-year-old presented for her initial prenatal visit at 10 weeks' gestation. Her family and medical histories were unremarkable and she reported healthy behaviours. Her BMI was 22. She has been vegan for the previous 5 years.
- Her initial prenatal labs revealed mild anemia (hematocrit, 32%; hemoglobin, 10.8 g/dL). She was asked to bring a 3-day diet history so that her food choices could be evaluated. Evaluation of her diet revealed a deficiency of iron-rich foods and insufficient intake of foods high in folate.
- You discussed iron supplementation with the patient and she expressed concern over the impact on the health of the baby.

PICO-TT

PICO	Clinical Question	Search Strategy
Patient/Problem	27 year old female with prenatal anemia	
Intervention	Iron supplementation	
Comparison	Diet modification to include iron enriched vegetarian foods	
Outcome	Improvement in hemoglobin concentration	
Type of Question	Therapy	
Type of Study	RCT	

Constructing the Clinical Question

For a patient with prenatal anemia, does iron supplementation or diet modification increase the risk of adverse pregnancy outcomes?

PICO-TT

PICO	Clinical Concepts	Search Terms
Patient/Problem	27 year old female with prenatal anemia	Prenatal anemia, iron deficiency, pregnancy
Intervention	Iron supplementation	Iron, Dietary Supplements
Comparison	Diet modification to include iron enriched vegetarian foods	Diet, Dietary Proteins, Nutritional Requirements, Vegetarian Diet
Outcome	increase the risk of adverse pregnancy outcomes	Pregnancy Outcome
Type of Question	Therapy	
Type of Study	RCT	Clinical Query – Therapy/Narrow or Limit to Randomized Controlled Trial as Publication Type

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	Vegan-vegetarian diets in pregnancy: danger or panacea? A systematic nar	rative review.
1.	Piccoli GB, Clari R, Vigotti FN, Leone F, Attini R, Cabiddu G, Mauro G, Castelluc Capizzi I, Pani A, Todros T, Avagnina P.	cia N, Colombi N,
	BJOG. 2015 Apr;122(5):623-33. doi: 10.1111/1471-0528.13280. Epub 2015 Jan 20. Review.	
	PMID: 25600902 Free Article Similar articles	
	Daily iron during pregnancy improves birth weight.	
2.	Wise J. BMJ, 2013 Jun 21;346:f3997. doi: 10.1136/bmj.f3997. No abstract available.	
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	Anaemia, prenatal iron use, and risk of adverse pregnancy outcomes: syste	matic review and
3.	meta-analysis.	
	Haider BA, Olofin I, Wang M, Spiegelman D, Ezzati M, Fawzi WW; Nutrition Impac	t Model Study Group
	(anaemia). BMJ, 2013 Jun 21;346:f3443. doi: 10.1136/bmj.f3443. Review.	

(Prenatal anemia OR iron deficiency OR pregnancy) AND (Iron OR Dietary Supplements) AND (Diet OR Dietary Proteins OR Nutritional Requirements OR Vegetarian Diet) AND pregnancy outcome

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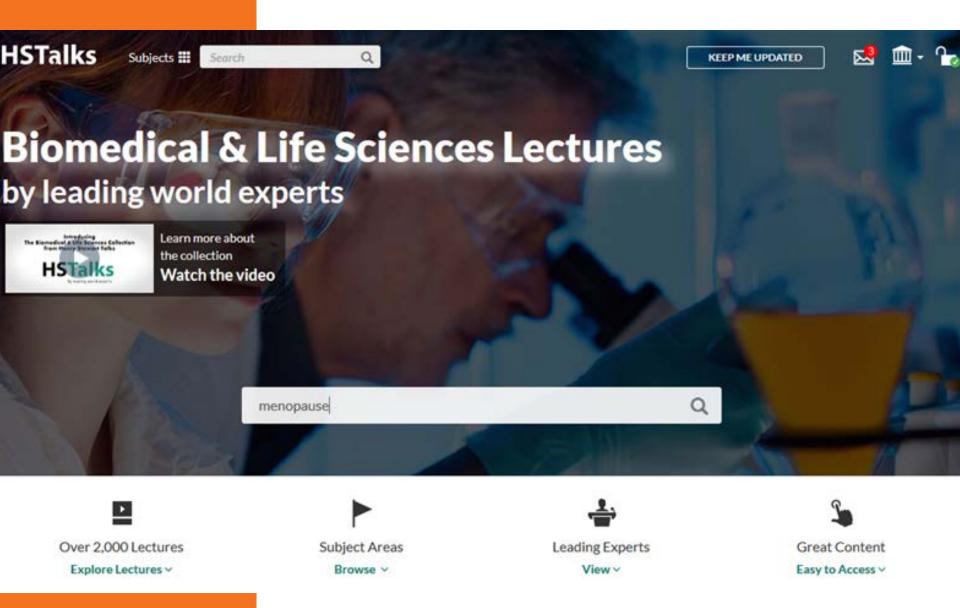
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Lee SMK, Kim HS, Park J, Woo JS, Leem J, Park JH, Lee S, Chung H, Lee JM, Kim JB, et al. PLoS One. 2017; 12(6):e0178838. Epub 2017 Jun 7.	Medicine (Baltimore). 2017 Jun; 96(23):e7066. Herbal acupuncture for type 2 diabetes: A meta-analysis. Lee SW, Nam MH, Lee BC.	 Chang YM, Chang HH, Tsai CC, Lin HJ, Ho TJ, Ye CX, Chiu PL, Chen YS, Chen RJ, Huang CY, et al. BMC Complement Altern Med. 2017 Mar 31; 17(1):184. Epub 2017 Mar 31. Effects of Acupuncture on mRNA Levels of Apoptotic Factors in Perihematomal Brain Tissue During the Acute Phase of Cerebral Hemorrhage. Li Z, Zheng X, Li P, Itoua ES, Moukassa D, Ndinga Andely F. Med Sci Monit. 2017 Mar 30; 23:1522-1532. Epub 2017 Mar 30. Electroacupuncture Promotes Central Nervous System- Dependent Release of Mesenchymal Stem Cells. 		
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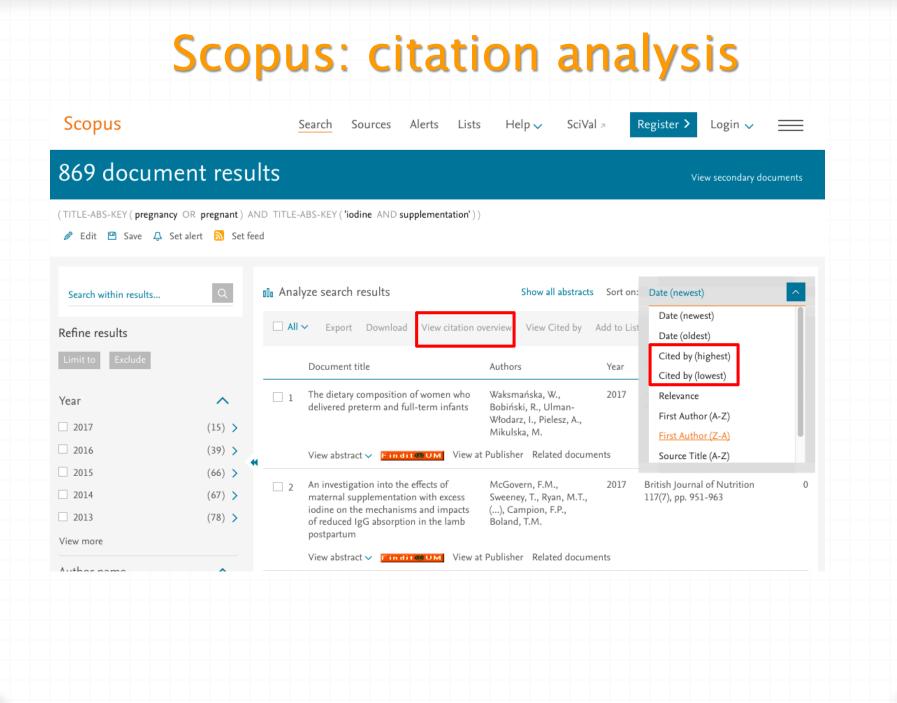
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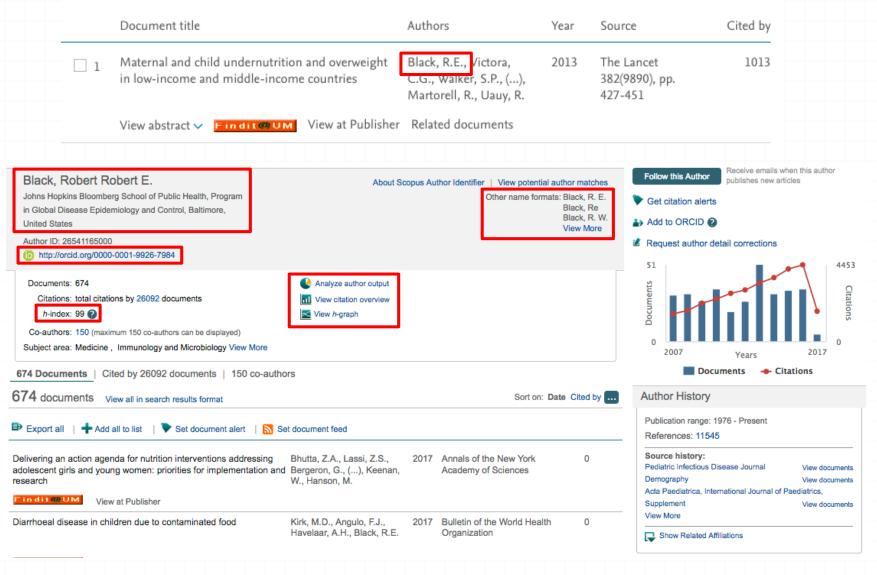
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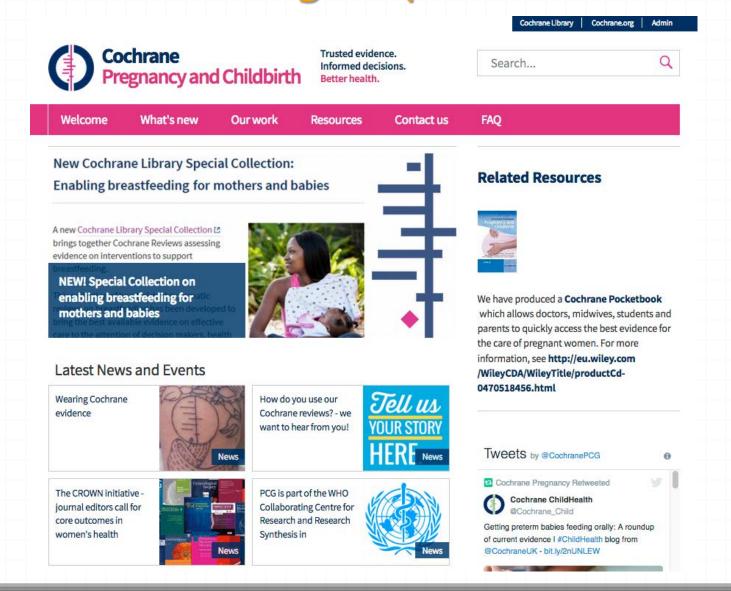
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Gynaecology	+	Julie Brown, Tineke J Crawf	ford, Claire Allen, Sally Hope	well, Andrew Prentice		
 Cancer (112) 						
 Contraception (81) 		566 items matching Gynaeco	ology			
 Excessive menstrual bleeding (27) 		Page: 1 2 3 4 5 6 7	8 9 10 Next 🕨	25	▪ per page	
 Hirsutism/acne (3) 				Sort by: Data: Nou		
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 Basic care during pregnancy (13) 		Page: 1 2 3 4 5 6 7	8 9 10 Next 🕨	25	✓ per page	
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 Blood group incompatibilities (8) 		Techniques of monito	ring blood glucose during pregn	ancy for women v	with pre-existing	
 Breast symptoms in non-lactating women (1) 		diabetes Foong Ming Moy, Amit	a Ray, Brian S Buckley, Helen M V	Vest		
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Supplementation with multiple micronutrients for breastfeeding women for improving outcomes for the mother and baby Sarah K Abe , Olukunmi O Balogun , Erika Ota , Kenzo Takahashi and Rintaro Mori Online Publication Date: February 2016

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Review

Review

Indine supplementation for women during the preconception, pregnancy and postpartum period
 Kimberly B Harding , Juan Pablo Peña-Rosas , Angela C Webster , Constance MY Yap , Brian A Payne , Erika Ota and Luz Maria De-Regil

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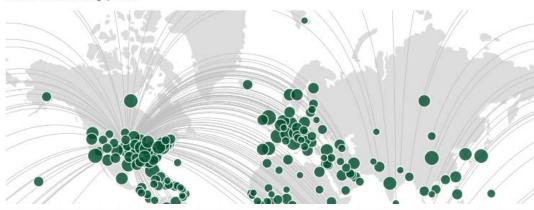


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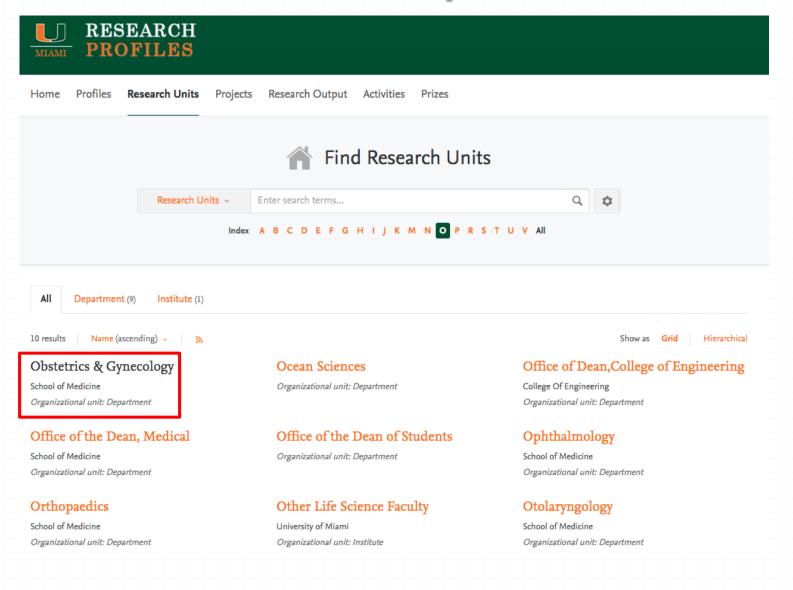
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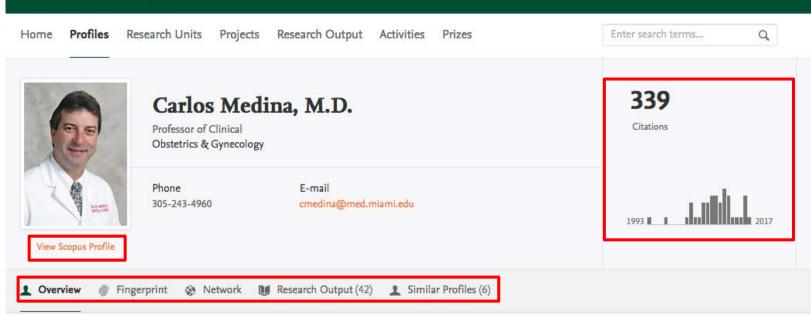
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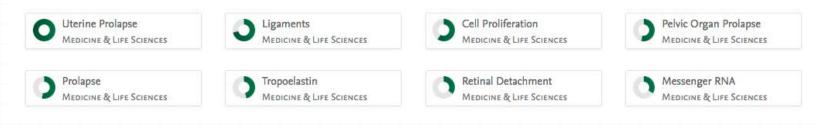




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Hua, H. U. T., Tran, K. D., Medina, C. A., Fallas, B., Negron, C. & Berrocal, A. M. Mar 1 2017 In : Ophthalmic Surgery Lasers and Imaging Retina. 48, 3, p. 272-274 3 p. Research output: Contribution to journal > Article

O Achondroplasia O Retinal Vessels O Retinal Detachment O Blood Vessels O Pediatrics

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Websites		 Asia and Oceania Federation of Obstetrics and Gynecology (AOFOG)
American College of Obstetricians and <u>Graecologists Guidelines</u> (National Guidelines Clearinghouse) <u>Contemporary OB/GYN</u> the latest news and expert advice in women's health.	Obstetrics & Gynecology Journals By Impact Factor (via Journal Citation Reports). Obstetrics & Gynecology (Green Journal) (TOC via PubMed) American Journal of Obstetrics and Gynecology (AJOG, Gray Journal) (TOC via PubMed)	Association of Physician Assistants in Obstetrics and Gynecology Association of Professors of Gynecology and Obstetrics American Board of Obstetrics and Gynecology American Osteopathic Board of Obstetrics and Gynecology
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