

A Wiley perspective on publishing trends in healthcare

WILEY

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TRENDS IN GATHERING, SHARING AND ACCESSING INFORMATION



Google Search

I'm Feeling Lucky



WHAT DOES THIS MEAN?

MORE THAN HALF OF THE WAKING DAY IS SPENT ON TECH AND MEDIA.



7:06Hr SLEEP



11:05Hr TECH

31Hr 28'
>24h on account
of multi-tasking



6:04Hr
WORK & EDUCATION



7:13Hr OTHER



122
MINUTES



Minutes per day spent
on the Internet.



188
MINUTES

NET EFFECT



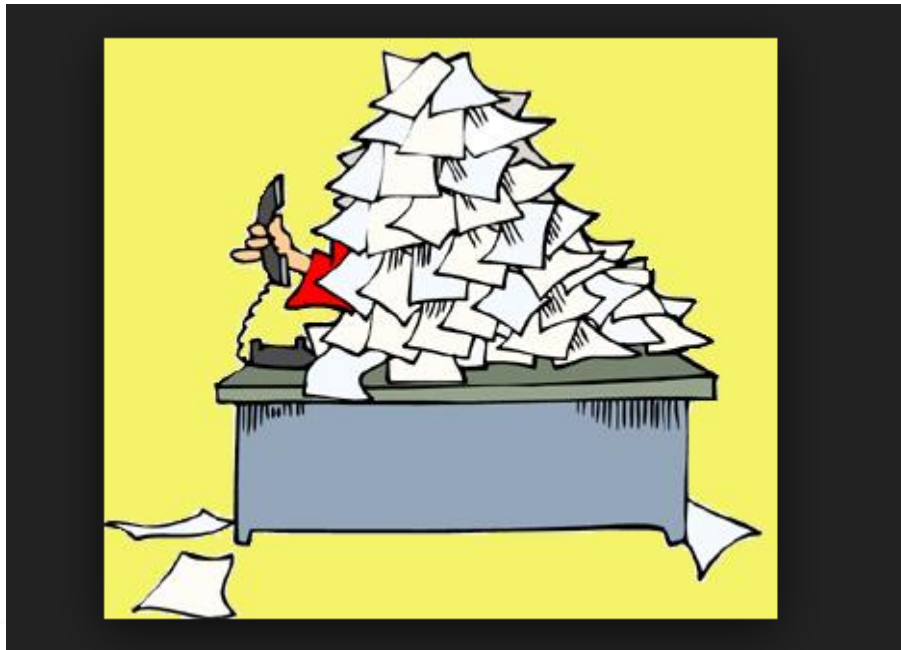
WILEY'S RESPONSE

In a recent [Call Centre Helper blog post](#), U.K. customer experience/service guru Adrian Swinscoe cites Wiley for its transformation project and for our avoidance of the common pitfall of underinvestment in communication, behavior, and training.

"Look at Wiley," he writes, with a nod to EVP & CMO [Clay Stobaugh](#), "who despite a 209-year history as a traditional publisher is in the process of transforming itself into a digital customer-centric learning business. They have realised that in order to better help students, researchers, and corporate professionals develop the skills they need to succeed, they, too, have to develop their own skills. That's great and shows what can be achieved, even by older and more traditional firms, especially when they invest just as much in their people as they do in their processes and technology."

UNMET NEED FOR CLINICIANS

- Way to make sense of all the data presented to them and get a total picture of a range of disparate data
- Ability to access data quickly to apply it to the clinical decision making process



PRODUCTS THAT WILEY HAS
DEVELOPED TO HELP DEAL WITH
THIS

painpoints
resolved



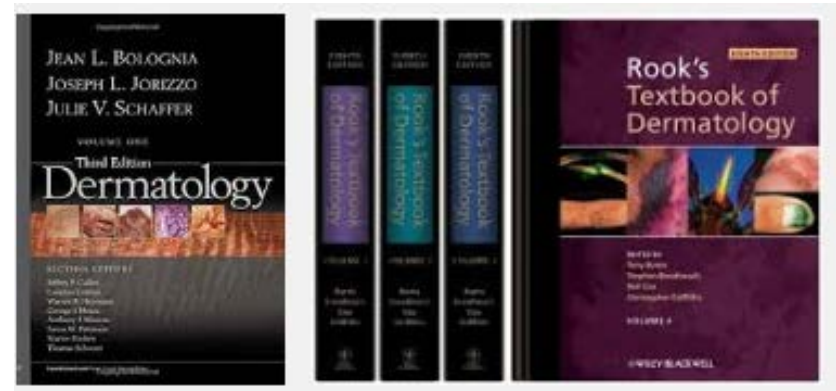
Cochrane Library

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The ROYAL MARSDEN
NHS Foundation Trust



The Royal Marsden Manual Online





WILEY

Cochrane exists so that healthcare decisions get better.

**During the past 20 years, Cochrane has helped to
transform the way health decisions are made.**

What does Cochrane do?

**Cochrane produces reviews that summarize the
best available evidence generated through research
to inform decisions about health.**



Who is Cochrane for?

Cochrane is for anyone who is interested in using high-quality information to make health decisions. Whether you are a doctor or nurse, patient or carer, researcher or funder, Cochrane health evidence provides a powerful tool to enhance your healthcare knowledge and decision making.



What is a Cochrane Review?

Cochrane Reviews are systematic reviews of research in healthcare and health policy that are published in the *Cochrane Database of Systematic Reviews*. There are three main types of Cochrane Review:

1. **Intervention reviews** assess the benefits and harms of interventions used in healthcare and health policy.
2. **Diagnostic test accuracy reviews** assess how well a diagnostic test performs in diagnosing and detecting a particular disease.
3. **Methodology reviews** address issues relevant to how systematic reviews and clinical trials are conducted and reported.



Best of Cochrane Library 2015

Most downloaded new Cochrane Reviews

These were the most frequently downloaded new reviews published in the *Cochrane Database of Systematic Reviews* in 2015.

 **Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco**

OPEN

 **Water fluoridation for the prevention of dental caries**

FREE

 **Chondroitin for osteoarthritis**

FREE

 **Exercise for treating patellofemoral pain syndrome**

FREE

 **Personalised care planning for adults with chronic or long-term health conditions**

FREE

Most downloaded updated reviews

The five most frequently downloaded updated Cochrane Reviews published in 2015.

 **Exercise for osteoarthritis of the knee**

FREE

 **Honey as a topical treatment for wounds**

FREE

 **Pulmonary rehabilitation for chronic obstructive pulmonary disease**

FREE

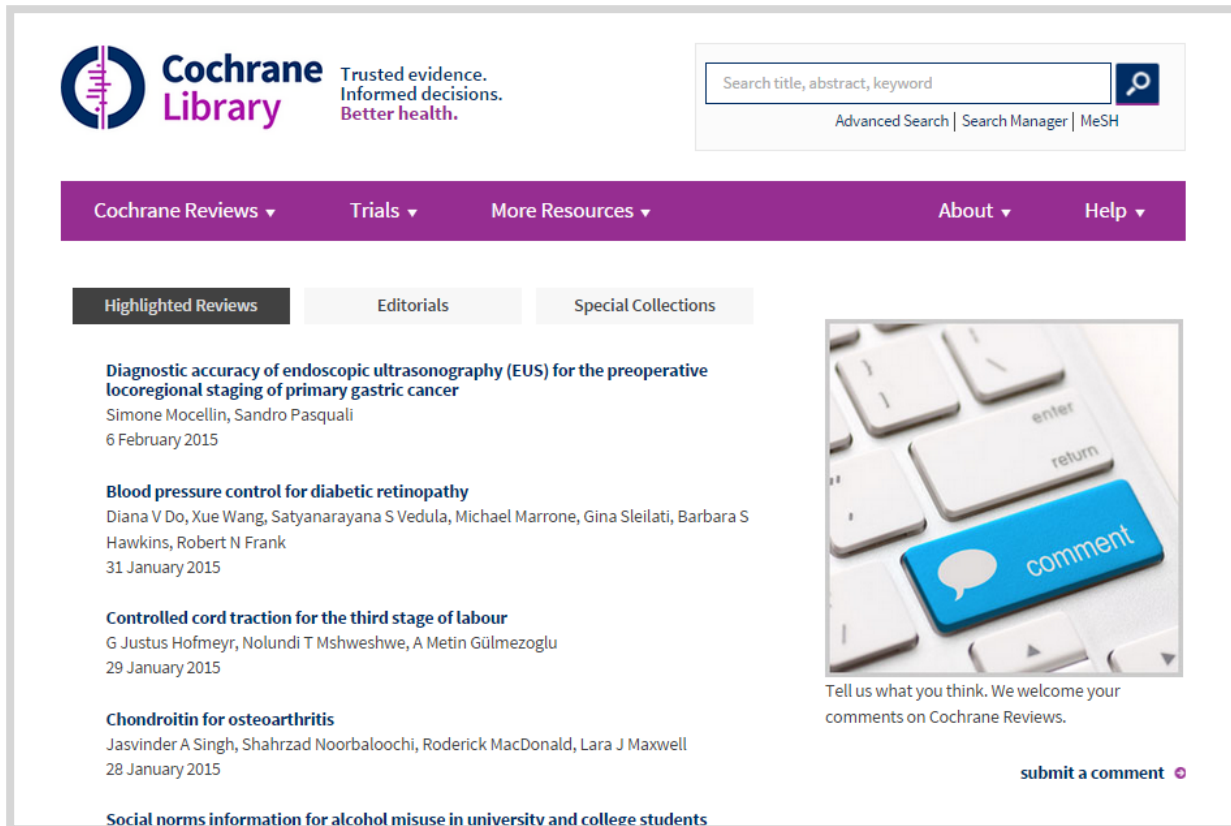
 **Exercises for mechanical neck disorders**

FREE

 **Community wide interventions for increasing physical activity**

FREE

Improved navigation



The screenshot displays the Cochrane Library website interface. At the top left is the Cochrane Library logo with the tagline "Trusted evidence. Informed decisions. Better health." To the right is a search bar with the placeholder text "Search title, abstract, keyword" and a magnifying glass icon. Below the search bar are links for "Advanced Search", "Search Manager", and "MeSH". A purple navigation bar contains links for "Cochrane Reviews", "Trials", "More Resources", "About", and "Help". Below this bar are three tabs: "Highlighted Reviews" (selected), "Editorials", and "Special Collections". The main content area lists four reviews with their titles, authors, and dates. To the right of the reviews is an image of a keyboard with a blue "comment" button. Below the image is the text "Tell us what you think. We welcome your comments on Cochrane Reviews." and a "submit a comment" button.

Cochrane Library Trusted evidence. Informed decisions. Better health.

Search title, abstract, keyword

Advanced Search | Search Manager | MeSH

Cochrane Reviews ▾ Trials ▾ More Resources ▾ About ▾ Help ▾

Highlighted Reviews Editorials Special Collections

Diagnostic accuracy of endoscopic ultrasonography (EUS) for the preoperative locoregional staging of primary gastric cancer
Simone Mocellin, Sandro Pasquali
6 February 2015

Blood pressure control for diabetic retinopathy
Diana V Do, Xue Wang, Satyanarayana S Vedula, Michael Marrone, Gina Sleilati, Barbara S Hawkins, Robert N Frank
31 January 2015

Controlled cord traction for the third stage of labour
G Justus Hofmeyr, Nolundi T Mshweshwe, A Metin Gülmezoglu
29 January 2015

Chondroitin for osteoarthritis
Jasvinder A Singh, Shahrzad Noorbaloochi, Roderick MacDonald, Lara J Maxwell
28 January 2015

Social norms information for alcohol misuse in university and college students


comment

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Mobile optimization

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Cochrane Database of Systematic Reviews

Methods of milk expression for lactating women

[New search](#) [Review](#) [Intervention](#)

Genevieve E Becker , Hazel A Smith, Fionnuala Cooney

First published: 27 February 2015
Assessed as up-to-date: 21 March 2014
Editorial Group: [Cochrane Pregnancy and Childbirth Group](#)
DOI: 10.1002/14651858.CD006170.pub4 [View/save citation](#)
Cited by: 1 article [Refresh](#) [Citing literature](#)

 score 20

Abstract

[Background](#)

This is an update of a 2008 Cochrane review. Breastfeeding is important. However, not all infants can feed at the breast and methods of expressing milk need evaluation.

[Objectives](#)

 [English](#) | [German](#)

 Text size  Share  Comment

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- [Characteristics of studies](#)

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Cochrane Clinical Answers (CCAs)

- Based on the high-quality evidence of Cochrane systematic reviews
- Provide evidence-based answers when and where you need them the most
- Highlight the most clinically-relevant outcomes of Cochrane reviews
- Allow clinicians to apply Cochrane evidence to clinical decision-making



Question:

What are the benefits and harms of early versus late cord clamping in pregnant women giving birth at term to a singleton infant?

Clinical Answer:

In pregnant women with singleton gestation at term, there is evidence from randomized controlled trials including around 2,000 women showing that late cord clamping may be more beneficial for infants over early cord clamping while showing no clear evidence of harm to the mother.

Early clamping was associated with lower birth weights (mean difference of 101.18 g, 95% CI 157.59 g to -44.76 g) than late clamping. Early clamping also led to higher rates of infant iron deficiency at 3-6 months (5 per 100 infants (95% CI 2 to 13) with early clamping compared with 2 per 100 infants with late clamping).

Babies born to women who had early cord clamping had lower hemoglobin concentrations at 24-48 hours after delivery (mean difference of 1.49 g/dl, 95% CI 1.78 g/dl to -1.21 g/dl) compared with those who had late clamping. Effects of early versus late cord clamping on infant ferritin levels at 3-6 months were uncertain.

Other infant outcomes had similar rates in both groups: neonatal death, Apgar score, admission to SCN or NICU, neonatal respiratory distress or polycythemia.

Late cord clamping was no more likely as early clamping to result in blood loss and need for manual removal of placenta.

PICO data for each comparison

Population, Intervention, Comparator

Population:

Women at term (equal to or greater than 37 completed weeks' gestation with a singleton pregnancy, most having a vaginal birth

Intervention:

Early cord clamping; carried out in the first 60 seconds after birth

Comparator:

Late cord clamping; carried out more than 1 minute after the birth or when cord pulsation has ceased

Click-to-expand function allows you to view further information

The Population, Intervention, Comparator section at the bottom of the page describes people and interventions included in the trials to aid you in determining clinical relevance

Outcome data

OUTCOME 1.2: Severe PPH/blood loss 1000 ml or more

Risk of bias of studies:

The reviewers did not perform a GRADE assessment of the quality of the evidence. Overall around 60% of the studies in the systematic review were at low risk of selection bias, having performed appropriate allocation concealment. However, none of the studies reported blinding to minimize performance and detection bias and only about 40% of studies reported outcome data for all randomized participants.

Narrative result:

Five RCTs with 2066 participants found no statistically significant difference between groups. Subgroup analyses assessing effects of giving a uterotonic at different time points (before, at, or after clamping) found similar results to the main analysis.

Relative effect or mean difference: **Forest plot from Cochrane Review**

There was no statistically significant difference between groups (RR 1.04, 95% CI 0.65 to 1.65).

Absolute effect:

There was no statistically significant difference between groups.

Reference:

McDonald SJ, Middleton P, Dowswell T, Morris PS. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. *Cochrane Database of Systematic Reviews* 2013, Issue 7. Art. No.: CD004074. DOI: 10.1002/14651858.CD004074.pub3. [Review search date: February 2013]

Each expanded outcome includes further information from the original review:

- *Quality of evidence (GRADE statements) or risk of bias analysis*
- *A clear narrative statement*
- *Statistical data on relative effects*
- *A measure of absolute effects in terms of number of patients impacted out of 100 or 1000,*
- *Link to forest plot*
- *Link to the Cochrane Review on which the CCA is based*



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– Dame Christine Beasley, Chief Nursing Officer, Department of Health

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JAMA

THANKS FOR LISTENING

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AT THE WILEY STAND FOR MORE
INFORMATION**

