Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline supplement: Trauma in pregnancy

Queensland Government

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Trauma in pregnancy.* It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

1.1 Funding

The development of this guideline was funded by Healthcare Improvement Unit, Queensland Health. Consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

1.2 Conflict of interest

Declarations of conflict of interest were sought from working party members as per the Queensland Clinical Guidelines *Conflict of Interest* statement. No conflicts of interest were identified.

1.3 Summary of changes

Queensland clinical guidelines are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the guidelines since original publication.

Table 1. Summary of change

Publication date *Endorsed by:*	**Identifier**	**Summary of major change**
February 2014	MN14.31-V1-R19	First publication
September 2019 *QCG Steering Committee* *Statewide Maternity and Neonatal Clinical Network*	MN19.31-V2-R24	Frist full review • Added sections: o Uterine and placental considerations o Haemorrhage o Penetrating trauma o Burns o Domestic and family violence o Appendix for Injury Severity Score • Updated: o Management of haemorrhage o Maternal position for CPR o Terminology for perimortem caesarean section updated to resuscitative hysterotomy

2 Methodology

Queensland Clinical Guidelines (QCG) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines are best described as 'evidence informed consensus guidelines' and draw from the evidence base of existing national and international guidelines and the expert opinion of the working party.

2.1 Topic identification

The topic was identified as a priority in 2013 and is a collaborative initiative of the Statewide Trauma Clinical Network and Queensland Clinical Guidelines.

2.2 Scope

The scope of the guideline was determined using the following framework.

Table 2. Scope framework

Scope framework	
Population	Pregnant women who have experienced acute physical trauma
Purpose	Identify relevant evidence related to: • Initial assessment and stabilisation following physical trauma in pregnancy
Outcome	Support: • Accurate and thorough assessment of pregnant trauma patients • Identification of obstetric complications in pregnant trauma patients • Best practice initial management to stabilise pregnant trauma patients
Exclusions	• Standard management of non-pregnant trauma patients • Standard antenatal, intrapartum and postpartum care • Management of obstetric emergencies and illness • Management of psychological trauma • Care beyond initial assessment and stabilisation of pregnant trauma patient • Specific management practices pertaining to individual types of trauma including: o Suicide o Poisoning o Head injury o Prevention of trauma ▪ Screening for intimate partner violence

2.3 Clinical questions

The following clinical questions were generated to inform the guideline scope and purpose:

- How do normal physiological changes of pregnancy affect management of pregnant women who have experienced trauma?
- What assessments are required for the pregnant trauma patient?
- How does pregnancy impact the management of traumatic cardiac arrest and resuscitation?
- What care is indicated for pregnant women who have experienced trauma?
- What are potential obstetric complications for pregnant women who have experienced trauma and how should they be managed?

2.4 Search strategy

A search of the literature was conducted during July–October 2019. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. • This assists the guideline writer to identify: o The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development o Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence o Identify common search and key terms o Identify common and key references
2.	Undertake a foundation search using key search terms	• Construct a search using common search and key terms identified during Step 1 above • Search the following databases o PubMed o CINAHL o Medline o Cochrane Central Register of Controlled Trials o EBSCO o Embase • Studies published in English less than or equal to 5 years previous are reviewed in the first instance. Other years may be searched as are relevant to the topic • Save and document the search • Add other databases as relevant to the clinical area
3.	Develop search word list for each clinical question.	• This may require the development of clinical sub-questions beyond those identified in the initial scope. • Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question • Save and document the search strategy undertaken for each clinical question
4.	Other search strategies	• Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature o Known resource sites o Internet search engines o Relevant text books

2.4.1 Keywords

The following keywords were used in the basic search strategy: ‘trauma in pregnancy’, primary survey, secondary survey, perimortem caesarean section, blunt trauma, penetrating trauma, domestic violence, family violence, uterine rupture, traumatic cardiac arrest.
Other keywords may have been used for specific aspects of the guideline.

2.5 Consultation

Major consultative and development processes occurred between February 2019 and July 2019. These are outlined in Table 4.

Table 4. Major guideline development processes

Process	Activity
Clinical leads	• The nominated Clinical Leads were approved by QCG Steering Committee
Consumer participation	• Consumer participation was invited from a range of consumer focused organisations who had previously accepted an invitation for on-going involvement with QCG
Working party	• An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders in February 2019 • The working party was recruited from responses received • Working party members who participated in the working party consultation processes are acknowledged in the guideline • Working party consultation occurred in a virtual group via email
Statewide consultation	• Consultation was invited from Queensland clinicians and stakeholders during April 2019–July 2019 • Feedback was received primarily via email • All feedback was compiled and provided to the clinical lead and working party members for review and comment

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in August 2019
- Statewide Maternity and Neonatal Clinical Network [Queensland] in August 2019

2.7 Publication

The guideline and guideline supplement were published on the QCG website in September 2019. The guideline can be cited as:

> Queensland Clinical Guidelines. Trauma in pregnancy: Guideline No. MN19.31-V2-R24. Queensland Health. 2019. Available from: http://www.health.qld.gov.au/qcg

The guideline supplement can be cited as:

> Queensland Clinical Guidelines. Guideline Supplement: Trauma in pregnancy. Guideline No. MN.19.31-V2-R24. Queensland Health. 2019. Available from: http://www.health.qld.gov.au/qcg

3 Levels of evidence

The levels of evidence identified in the *Guidelines for the Management of a Pregnant Trauma Patient* by the Society of Obstetricians and Gynaecologists in Canada (SOGC) were used to inform the summary recommendations.[1]

Summary recommendations are outlined in Table 6. Summary recommendations

Table 5. SOGC Levels of evidence

Quality of evidence assessment		Classification of recommendations	
I	Evidence obtained from at least one properly randomized controlled trial	**A**	There is good evidence to recommend the clinical preventive action
II-1	Evidence from well-designed controlled trials without randomization	**B**	There is fair evidence to recommend the clinical preventive action
II-2	Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group	**C**	The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making
II-3	Evidence obtained from comparisons between times or places with or without intervention. Dramatic results in uncontrolled experiments could also be included in this category	**D**	There is fair evidence to recommend against the clinical preventive action
III	Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees	**E**	There is good evidence to recommend against the clinical preventive action
		L	There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

4 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 6.

Table 6. Summary recommendations

Recommendation		Grading of evidence
1	Consider every female of reproductive age with significant injuries as pregnant until proven otherwise.	**III-C**
2	Insert a nasogastric tube in semiconscious or unconscious injured pregnant women to prevent aspiration of acidic gastric content.	**III-C**
3	Oxygen supplementation should be given to maintain maternal oxygen saturation greater than 95% to ensure adequate fetal oxygenation.	**II-1B**
4	If needed, insert a thoracostomy tube in an injured pregnant woman one or two intercostal spaces higher than usual.	**III-C**
5	Insert two large bore intravenous lines in seriously injured pregnant women.	**III-C**
6	Vasopressors have an adverse effect on uteroplacental perfusion. Restrict use of vasopressors to pregnant women with intractable hypotension that is unresponsive to fluid resuscitation.	**II-3B**
7	Use manual displacement of the uterus or left lateral tilt to move the gravid uterus off the inferior vena cava and increase venous return beyond mid-pregnancy. Take care to secure the spinal cord when using left lateral tilt.	**II-1B**
8	Avoid rhesus D (Rh) alloimmunisation in Rh-negative women by transfusing O-negative blood when needed until cross-matched blood becomes available.	**I-A**
9	The assessment, stabilisation, and care of the pregnant woman is the first priority; then, if the fetus is viable (greater than or equal to 23 weeks), fetal heart rate auscultation and monitoring can be initiated and obstetrical consultation obtained as soon as feasible.	**II-3B**
10	Do not defer radiographic studies indicated for maternal evaluation including abdominal computed tomography due to concerns regarding fetal exposure to radiation.	**II-2B**
11	Use of gadolinium-based contrast agents can be considered when maternal benefit outweighs potential fetal risks.	**III-C**
12	Consider focused abdominal sonography for detection of intraperitoneal bleeding in pregnant trauma patients.	**II-3B**
13	Monitor pregnant trauma patients with a viable pregnancy (greater than or equal to 23 weeks) for at least four hours with cardiotocograph.	**II-3B**
14	Undertake an urgent obstetric ultrasound scan when gestational age is undetermined and need for delivery is anticipated.	**III-C**
15	Do not delay management of suspected placental abruption pending confirmation by ultrasonography, as ultrasound is not a sensitive tool for its diagnosis.	**II-3D**
16	Question every woman who sustains trauma specifically about domestic and family violence.	**II-3B**
17	Perform a resuscitative hysterotomy for pregnancies 20 weeks gestation or more as soon as possible following maternal cardiac arrest to aid with maternal resuscitation and fetal salvage.	**Consensus**

5 Implementation

This guideline is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from www.health.qld.gov.au/qcg

5.1 Guideline resources

The following guideline components are provided on the website as separate resources:

- Flowchart: Initial assessment and management of the pregnant trauma patient
- Flowchart: Secondary assessment and management of the pregnant trauma patient
- Education resource: Trauma in pregnancy
- Knowledge assessment: Trauma in pregnancy

5.2 Suggested resources

During the development process stakeholders identified additional resources with potential to complement and enhance guideline implementation and application. The following resources have not been sourced or developed by QCG but are suggested as complimentary to the guideline:

- Equipment list for emergency pack for resuscitative hysterotomy

5.3 Implementation measures

Suggested activities to assist implementation of the guideline are outlined below.

5.3.1 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure guideline reflects contemporaneous practice
- Capture user feedback
- Record and manage change requests

5.3.2 Hospital and Health Service measures

Initiate, promote and support local systems and processes to integrate the guideline into clinical practice, including:

- Hospital and Health Service (HHS) Executive endorse the guidelines and their use in the HHS and communicate this to staff
- Promote the introduction of the guideline to relevant health care professionals
- Support education and training opportunities relevant to the guideline and service capabilities
- Align clinical care with guideline recommendations
- Undertake relevant implementation activities as outlined in the *Guideline implementation checklist* available at www.health.qld.gov.au/qcg

5.4 Quality measures

Auditing of guideline recommendations and content assists with identifying quality of care issues and provides evidence of compliance with the National Safety and Quality Health Service (NSQHS)Standards[2] [Refer to Table 7. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 8. Clinical quality measures.

Table 7. NSQHS Standard 1

NSQHS Standard 1: Clinical governance	
Clinical performance and effectiveness	
Criterion 1.27:	**Actions required:**
Evidence based care	a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice
	b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care

The following clinical quality measures are suggested:

Table 8. Clinical quality measures

No	Audit criteria	Guideline Section
1.	What proportion of staff complete annual training in life support that includes information about CPR for the pregnant patient? • *Consider if all staff in contact with pregnant patients have received appropriate training (e.g. maternity and, emergency clinicians)*	Section 1.1 Clinical standards
2.	What proportion of female trauma patients of child bearing age received a pregnancy test? • *Consider if upper and lower age limits of "child bearing age" receive a pregnancy test*	Section 1.1 Clinical standards
3.	What proportion of pregnant trauma patients received a consultation from a member of the obstetric team in the Emergency Department? • *Consider time interval from call to consult*	Section 1.1 Clinical standards
4.	In what proportion of pregnant trauma patients was left lateral tilt or manual displacement of the uterus initiated? • *Consider if contraindications to left lateral tilt or uterine displacement were identified*	Section 1.2 General principles
5.	What proportion of haemodynamically stable women of 23 weeks gestation or more received 4 hours or more of CTG monitoring before discharge? • *If not, identify reasons for decision making (e.g. nature of injury)*	Section 3.2 Fetal assessment
6.	Where CPR was required on pregnant women 20 weeks or more, what proportion received manual displacement of their uterus? • *Identify reasons for failure to position correctly*	Section 5. Cardiac arrest
7.	If a resuscitative hysterotomy was performed, what is the time interval from effective CPR without response, to initiation of a resuscitative hysterotomy? • *Identify causes of delay*	Section 5.1 Resuscitative hysterotomy (perimortem caesarean section)
8.	What proportion of Rh D negative pregnant trauma patients were assessed for feto-maternal haemorrhage and treated appropriately with Rh D immunoglobulin? • *Consider dose of Rh D immunoglobulin relative to FMH quantification*	Section 7.4.1 Prevention of Rhesus alloimmunisation

5.5 Areas for future research

During development the following areas where identified as having limited or poor quality evidence to inform clinical decision making. Further research in these areas may be useful.

- Use of tranexamic acid in pregnant trauma patients
- Massive transfusion protocols for maternity patients
- Treatment of burns in pregnancy

5.6 Safety and quality

Implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards and Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) National accreditation programs.[2,3]

Table 9. NSQHS/EQuIP National Criteria

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Diversity and high risk groups** 1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline ☑ The guideline is based on the best available evidence
Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.	**Evidence based care** 1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	☑ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland ☑ The guideline provides evidence-based and best practice recommendations for care ☑ The guideline is endorsed for use in Queensland Health facilities. ☑ A desktop icon is available on every Queensland Health computer desktop to provide quick and easy access to the guideline
	Performance management 1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Policies and procedures** 1.7 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	☑ QCG has established processes to review and maintain all guidelines and associated resources ☑ Change requests are managed to ensure currency of published guidelines ☑ Implementation tools and checklist are provided to assist with adherence to guidelines ☑ Suggested audit criteria are provided in guideline supplement ☑ The guidelines comply with legislation, regulation and jurisdictional requirements

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 2: Partnering with Consumers		
Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.	**Communication that supports effective partnerships** 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details
Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.	**Partnerships in healthcare governance planning, design, measurement and evaluation** 2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	☑ Consumers are members of guideline working parties ☑ The guideline is based on the best available evidence ☑ The guidelines was endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership
NSQHS Standard 4: Medication safety		
Clinical governance and quality improvement to support medication management Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines	**Integrating clinical governance** 4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	☑ The guideline provides current evidence based recommendations about medication

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 5: Comprehensive care		
Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care	**Integrating clinical governance** 5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care **Partnering with consumers** 5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg ☑ The guideline provides evidence-based and best practice recommendations for care
NSQHS Standard 6: Communicating for safety (continued)		
Communicating at clinical handover Processes for structured clinical handover are used to effectively communicate about the health care of patients.	**Clinical handover** 6.7 The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover 6.8 Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	☑ The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 7: Blood management		
Clinical governance and quality improvement to support blood management Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.	**Integrating clinical governance** 7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	☑ The guideline provides evidence-based and best practice recommendations for use of blood products
Prescribing and clinical use of blood and blood products The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.	**Optimising and conserving patients' own blood** 7.4 Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks **Prescribing and administering blood and blood products** 7.6 The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	☑ The guideline provides evidence-based and best practice recommendations for use of blood products ☑ The guideline is consistent with recommendations of national guidelines

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 8: Recognising and responding to acute deterioration		
Clinical governance and quality improvement to support recognition and response systems Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.	**Integrating clinical governance** 8.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration **Partnering with consumers** 8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making **Recognising acute deterioration** 8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	☑ The guideline is consistent with National Consensus statements recommendations ☑ The guideline recommends use of tools consistent with the principles of recognising and responding to clinical deterioration
EQuIP Standard 12 Provision of care		
Criterion 1: Assessment and care planning 12.1 Ensuring assessment is comprehensive and based upon current professional standards and evidence based practice	12.1.1 Guidelines are available and accessible by staff to assess physical, spiritual, cultural, physiological and social health promotion needs	☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ The guideline is based on the best available evidence

6 References

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