These three columns include most of the options that currently reside in the left column in PubMed.

The **Resources/Literature pull-down menu** displays options that currently appear in the black tool bar on **Limits**, **History** and **Details** now available in **Advanced Search**.

Click this **New PubMed** box to experiment and provide feedback (above search box) on the new version. **This page will disappear by the start of November!**
Simple Search

The auto-suggest feature appears in both old and new versions of PubMed.

You no longer need to type AND to combine different concepts (PubMed assumes AND).

However, that means you now must type OR between synonyms/alternative terms for the same/similar concept.

Navigating Results Lists

Use your browser's Print icon to print.

New version advances page by page or with a jump to the 1st or last pages. It doesn't allow you to jump to middle pages (for example, page 30 of 152 pages).

New features in right sidebar of Results List.
Old&NewPubMed10-21-09_UFHSCLibraries

Although these two options have the same title, at this time,
When you click the hyperlinked article title in the current design, you get a button to access the article via the catalog or the publisher. The Links option appears in the far right corner of the display.

The new design keeps the buttons in the upper right corner but moves the Link-Out option below the abstract. It also provides a link to other libraries with access to the material.

Walker RL, Hemmelgarn B, Quan H.

Background: Hypertension is one of the most common medical conditions complicating pregnancy, and is a major contributor to maternal, fetal and neonatal morbidity and mortality in Canada. Objectives: To determine the incidence and trends of gestational hypertension among pregnant women in the Calgary Health Region of Alberta. Methods: Gestational hypertension was classified according to current published Canadian guidelines, without proteinuria and with proteinuria. Hospital discharge abstracts were used to identify women diagnosed with gestational hypertension in the Calgary Health Region between January 1995 and December 2004. The Birth Registry of Vital Statistics was used to determine the number of live births and stillbirths in the Calgary Health Region during the study period. Incidence was calculated with 95% CIs. Age-standardized gestational hypertension rates were calculated using 2004 live births and stillbirths as the reference. Results: Over the 10-year period, the incidence of nonproteinuric gestational hypertension was relatively stable even after age adjustment, with an average incidence of 6.3% (95% CI 6.1% to 6.4%). When gestational hypertension was stratified by age, women aged 35 years or older had an almost twofold higher incidence of both nonproteinuric and proteinuric gestational hypertension than those younger than 35 years of age. Conclusions: Interventions to prevent and improve the management of gestational hypertension, particularly among women aged 35 years and older, are required.