# Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung in den Gesundheitsfachberufen

April bis Juni 2017

Cochrane Deutschland

Nutzerspezifische Cochrane Reviews

Cochrane Deutschland analysiert monatlich alle neu erschienenen Cochrane Reviews nach Relevanz für die Gesundheitsfachberufe (GFB). Die Relevanz für die Disziplinen wird jeweils durch zwei Experten der GFB unabhängig voneinander beurteilt. Ebenso prüft Cochrane Deutschland, in wie weit die jeweiligen Cochrane Reviews für AWMF-Leitlinien relevant sind und ob sie dort zitiert werden.

Die Berichte können eine aktuelle und berufsspezifische Basis für Übersetzungsaktivitäten und andere Nutzungen von Cochrane Reviews in Forschung und Praxis werden. Für die Erarbeitung von Leitlinien können diese Übersichten ebenfalls hilfreich sein.

**Autoren:**

Katharina Kunzweiler & Sebastian Voigt-Radloff

**Kontakt:**

Cochrane Deutschland
Universitätsklinikum Freiburg
Breisacher Str. 153
D-79110 Freiburg
www.cochrane.de

# Hebammen-relevante Cochrane Reviews (CR)

**Brown J, Martis R, Hughes B, Rowan J, Crowther CA. Oral anti-diabetic pharmacological therapies for the treatment of women with gestational diabetes. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD011967. DOI: 10.1002/14651858.CD011967.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011967.pub2/full

Publiziert 01_2017 Studien bis 2016

There were insufficient data comparing oral anti-diabetic pharmacological therapies with placebo/standard care (lifestyle advice) to inform clinical practice. There was insufficient high-quality evidence to be able to draw any meaningful conclusions as to the benefits of one oral anti-diabetic pharmacological therapy over another due to limited reporting of data for the primary and secondary outcomes in this review. Short- and long-term clinical outcomes for this review were inadequately reported or not reported. Current choice of oral anti-diabetic pharmacological therapy appears to be based on clinical preference, availability and national clinical practice guidelines.

The benefits and potential harms of one oral anti-diabetic pharmacological therapy compared with another, or compared with placebo/standard care remains unclear and requires further research. Future trials should attempt to report on the core outcomes suggested in this review, in particular long-term outcomes for the woman and the infant that have been poorly reported to date, women's experiences and cost benefit.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Devane D, Lalor JG, Daly S, McGuire W, Cuthbert A, Smith V. Cardiotocography versus intermittent auscultation of fetal heart on admission to labour ward for assessment of fetal wellbeing. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD005122. DOI: 10.1002/14651858.CD005122.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005122.pub5/full

Publiziert 01_2017 Studien bis 2016

Contrary to continued use in some clinical areas, we found no evidence of benefit for the use of the admission CTG for low-risk women on admission in labour.

Furthermore, the probability is that admission CTG increases the caesarean section rate by approximately 20%. The data lacked power to detect possible important differences in perinatal mortality. However, it is unlikely that any trial, or meta-analysis, will be adequately powered to detect such differences. The findings of this review support recommendations that the admission CTG not be used for women who are low risk on admission in labour. Women should be informed that admission CTG is likely associated with an increase in the incidence of caesarean section without evidence of benefit.

Evidence quality ranged from moderate to very low, with downgrading decisions based on imprecision, inconsistency and a lack of blinding for participants and personnel. All four included trials were conducted in developed Western European countries. One additional study is ongoing.

The usefulness of the findings of this review for developing countries will depend on FHR monitoring practices. However, an absence of benefit and likely harm associated with admission CTG will have relevance for countries where questions are being asked about the role of the admission CTG.

Future studies evaluating the effects of the admission CTG should consider including women admitted with signs of labour and before a formal diagnosis of labour. This would include a cohort of women currently having admission CTGs and not included in current trials.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Rikken JFW, Kowalik CR, Emanuel MH, Mol BWJ, Van der Veen F, van Wely M, Goddijn M. Septum resection for women of reproductive age with a septate uterus. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD008576. DOI: 10.1002/14651858.CD008576.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008576.pub4/full

Publiziert 01_2017 Studien bis 2016

Hysteroscopic septum resection in women of reproductive age with a septate uterus is performed worldwide to improve reproductive outcomes. At present, there is no evidence to support the surgical procedure in these women. Randomised controlled trials are urgently needed. Two trials are currently underway.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Cluver C, Novikova N, Koopmans CM, West HM. Planned early delivery versus expectant management for hypertensive disorders from 34 weeks gestation to term. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD009273. DOI: 10.1002/14651858.CD009273.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009273.pub2/full

Publiziert 01_2017 Studien bis 2016

For women suffering from hypertensive disorders of pregnancy after 34 weeks, planned early delivery is associated with less composite maternal morbidity and mortality. There is no clear difference in the composite outcome of infant mortality and severe morbidity; however, this is based on limited data (from two trials) assessing all hypertensive disorders as one group.

Further studies are needed to look at the different types of hypertensive diseases and the optimal timing of delivery for these conditions. These studies should also include infant and maternal morbidity and mortality outcomes, caesarean section, duration of hospital stay after delivery for mother and duration of hospital stay after delivery for baby.

An individual patient meta-analysis on the data currently available would provide further information on the outcomes of the different types of hypertensive disease encountered in pregnancy.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

# Hebammen-relevante Cochrane Reviews (CR)

**Middleton P, Shepherd E, Flenady V, McBain RD, Crowther CA. Planned early birth versus expectant management (waiting) for prelabour rupture of membranes at term (37 weeks or more). Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD005302. DOI: 10.1002/14651858.CD005302.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005302.pub3/full

Publiziert 01_2017 Studien bis 2016

There is low quality evidence to suggest that planned early birth (with induction methods such as oxytocin or prostaglandins) reduces the risk of maternal infectious morbidity compared with expectant management for PROM at 37 weeks' gestation or later, without an apparent increased risk of caesarean section. Evidence was mainly downgraded due to the majority of studies contributing data having some serious design limitations, and for most outcomes estimates were imprecise.

Although the 23 included trials in this review involved a large number of women and babies, the quality of the trials and evidence was not high overall, and there was limited reporting for a number of important outcomes. Thus further evidence assessing the benefits or harms of planned early birth compared with expectant management, considering maternal, fetal, neonatal and longer-term childhood outcomes, and the use of health services, would be valuable. Any future trials should be adequately designed and powered to evaluate the effects on short- and long-term outcomes. Standardisation of outcomes and their definitions, including for the assessment of maternal and neonatal infection, would be beneficial.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Tieu J, Shepherd E, Middleton P, Crowther CA. Dietary advice interventions in pregnancy for preventing gestational diabetes mellitus. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD006674. DOI: 10.1002/14651858.CD006674.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006674.pub3/full

Publiziert 01_2017 Studien bis 2016

Very low-quality evidence from five trials suggests a possible reduction in GDM risk for women receiving dietary advice versus standard care, and low-quality evidence from four trials suggests no clear difference for women receiving low- versus moderate- to high-GI dietary advice. A possible reduction in pregnancy-induced hypertension for women receiving dietary advice was observed and no clear differences were seen for other reported primary outcomes. There were few outcome data for secondary outcomes.

For outcomes assessed using GRADE, evidence was considered to be low to very low quality, with downgrading based on study limitations (risk of bias), imprecision, and inconsistency.

More high-quality evidence is needed to determine the effects of dietary advice interventions in pregnancy. Future trials should be designed to monitor adherence, women's views and preferences, and powered to evaluate effects on short- and long-term outcomes; there is a need for such trials to collect and report on core outcomes for GDM research. We have identified five ongoing studies and four are awaiting classification. We will consider these in the next review update.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Molakatalla S, Shepherd E, Grivell RM. Aspirin (single dose) for perineal pain in the early postpartum period. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD012129. DOI: 10.1002/14651858.CD012129.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012129.pub2/full

Publiziert 02_2017 Studien bis 2016

We found low-quality evidence to suggest that single dose aspirin compared with placebo can increase pain relief in women with perineal pain post-episiotomy. Very low-quality evidence also suggested that aspirin can reduce the need for additional analgesia, without increasing maternal adverse effects. Evidence was downgraded based on study limitations (risk of bias), imprecision, and publication bias or both. RCTs excluded breastfeeding women so there is no evidence to assess the effects of aspirin on neonatal adverse effects or breastfeeding.

With international guidance recommending mothers initiate breastfeeding within one hour of birth, and exclusively breastfeed for the first six months, the evidence from this review is not applicable to current recommended best practice. Aspirin may be considered for use in non-breastfeeding women with post-episiotomy perineal pain. Although formal assessment was beyond the remit of this review, current guidance suggests that other analgesic drugs (including paracetamol) should be considered first for postpartum perineal pain. Such agents are the focus of other reviews in this series on drugs for perineal pain in the early postpartum period. It is considered most likely that if RCTs are conducted in the future they could compare aspirin with other pain relievers. Future RCTs should be designed to ensure high methodological quality, and address gaps in the evidence, such as the secondary outcomes established for this review. Current research has focused on women with post-episiotomy pain, future RCTs could be extended to women with perineal pain associated with spontaneous tears or operative birth.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Kibuka M, Thornton JG. Position in the second stage of labour for women with epidural anaesthesia. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD008070. DOI: 10.1002/14651858.CD008070.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008070.pub3/full

Publiziert 02_2017 Studien bis 2016

There are insufficient data to say anything conclusive about the effect of position for the second stage of labour for women with epidural analgesia. The GRADE quality assessment of the evidence in this review ranged between moderate to low quality, with downgrading decisions based on design limitations in the studies, inconsistency, and imprecision of effect estimates.

Women with an epidural should be encouraged to use whatever position they find comfortable in the second stage of labour.

More studies with larger sample sizes will need to be conducted in order for solid conclusions to be made about the effect of position on labour in women with an epidural. Two studies are ongoing and we will incorporate the results into this review at a future update.

Future studies should have the protocol registered, so that sample size, primary outcome, analysis plan, etc. are all clearly prespecified. The time or randomisation should be recorded, since this is the only unbiased starting time point from which the effect of position on duration of labour can be estimated. Future studies might wish to include an arm in which women were allowed to choose the position in which they felt most comfortable. Future studies should ensure that both compared positions are acceptable to women, that women can remain in them for most of the late part of labour, and report the number of women who spend time in the allocated position and the amount of time they spend in this or other positions.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Johnston C, Campbell-Yeo M, Disher T, Benoit B, Fernandes A, Streiner D, Inglis D, Zee R. Skin-to-skin care for procedural pain in neonates. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD008435. DOI: 10.1002/14651858.CD008435.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008435.pub3/full

Publiziert 02_2017 Studien bis 2016

SSC appears to be effective as measured by composite pain indicators with both physiological and behavioural indicators and, independently, using heart rate and crying time; and safe for a single painful procedure. Purely behavioural indicators tended to favour SSC but with facial actions there is greater possibility of observers not being blinded. Physiological indicators were mixed although the common measure of heart rate favoured SSC. Two studies compared mother-providers to others, with non-significant results. There was more heterogeneity in the studies with behavioural or composite outcomes. There is a need for replication studies that use similar, clearly defined outcomes. Studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed. Of interest would be to study synergistic effects of SSC with other interventions.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Urquhart C, Currell R, Harlow F, Callow L. Home uterine monitoring for detecting preterm labour. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD006172. DOI: 10.1002/14651858.CD006172.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006172.pub4/full

Publiziert 02_2017 Studien bis 2016

Home uterine monitoring may result in fewer admissions to a neonatal intensive care unit but in more unscheduled antenatal visits and tocolytic treatment; the level of evidence is generally low to moderate. Important group differences were not evident when we undertook sensitivity analysis using only trials at low risk of bias. There is no impact on maternal and perinatal outcomes such as perinatal mortality or incidence of preterm birth.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Chamberlain C, O'Mara-Eves A, Porter J, Coleman T, Perlen SM, Thomas J, McKenzie JE. Psychosocial interventions for supporting women to stop smoking in pregnancy. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD001055. DOI: 10.1002/14651858.CD001055.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001055.pub5/full

Publiziert 02_2017 Studien bis 2015

Psychosocial interventions to support women to stop smoking in pregnancy can increase the proportion of women who stop smoking in late pregnancy and the proportion of infants born low birthweight. Counselling, feedback and incentives appear to be effective, however the characteristics and context of the interventions should be carefully considered. The effect of health education and social support is less clear. New trials have been published during the preparation of this review and will be included in the next update.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Martis R, Emilia O, Nurdiati DS, Brown J. Intermittent auscultation (IA) of fetal heart rate in labour for fetal well-being. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD008680. DOI: 10.1002/14651858.CD008680.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008680.pub2/full

Publiziert 02_2017 Studien bis 2016

Using a hand-held (battery and wind-up) Doppler and intermittent CTG with an abdominal transducer without paper tracing for IA in labour was associated with an increase in caesarean sections due to fetal distress. There was no clear difference in neonatal outcomes (low Apgar scores at five minutes after birth, neonatal seizures or perinatal mortality). Long-term outcomes for the baby (including neurodevelopmental disability and cerebral palsy) were not reported. The quality of the evidence was assessed as moderate to very low and several important outcomes were not reported which means that uncertainty remains regarding the use of IA of FHR in labour.

As intermittent CTG and Doppler were associated with higher rates of caesarean sections compared with routine Pinard monitoring, women, health practitioners and policy makers need to consider these results in the absence of evidence of short- and long-term benefits for the mother or baby.

Large high-quality randomised trials, particularly in low-income settings, are needed. Trials should assess both short- and long-term health outcomes, comparing different monitoring tools and timing for IA.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, Veitch E, Rennie AM, Crowther SA, Neiman S, MacGillivray S. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub5/full

Publiziert 02_2017 Studien bis 2016

When breastfeeding support is offered to women, the duration and exclusivity of breastfeeding is increased. Characteristics of effective support include: that it is offered as standard by trained personnel during antenatal or postnatal care, that it includes ongoing scheduled visits so that women can predict when support will be available, and that it is tailored to the setting and the needs of the population group. Support is likely to be more effective in settings with high initiation rates. Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed with women practising exclusive breastfeeding.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Whitford HM, Wallis SK, Dowswell T, West HM, Renfrew MJ. Breastfeeding education and support for women with twins or higher order multiples. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD012003. DOI: 10.1002/14651858.CD012003.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012003.pub2/full

Publiziert 02_2017 Studien bis 2016

We found no evidence from randomised controlled trials about the effectiveness of breastfeeding education and support for women with twins or higher order multiples, or the most effective way to provide education and support . There was no evidence about the best way to deliver the intervention, the timing of care, or the best person to deliver the care. There is a need for well-designed, adequately powered studies of interventions designed for women with twins or higher order multiples to find out what types of education and support are effective in helping these mothers to breastfeed their babies.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Jiang H, Qian X, Carroli G, Garner P. Selective versus routine use of episiotomy for vaginal birth. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD000081. DOI: 10.1002/14651858.CD000081.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full

Publiziert 02_2017 Studien bis 2016

In women where no instrumental delivery is intended, selective episiotomy policies result in fewer women with severe perineal/vaginal trauma. Other findings, both in the short or long term, provide no clear evidence that selective episiotomy policies results in harm to mother or baby.

The review thus demonstrates that believing that routine episiotomy reduces perineal/vaginal trauma is not justified by current evidence. Further research in women where instrumental delivery is intended may help clarify if routine episiotomy is useful in this particular group. These trials should use better, standardised outcome assessment methods.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Alfirevic Z, Devane D, Gyte GML, Cuthbert A. Continuous cardiotocography (CTG) as a form of electronic fetal monitoring (EFM) for fetal assessment during labour. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD006066. DOI: 10.1002/14651858.CD006066.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006066.pub3/full

Publiziert 02_2017 Studien bis 2016

CTG during labour is associated with reduced rates of neonatal seizures, but no clear differences in cerebral palsy, infant mortality or other standard measures of neonatal wellbeing. However, continuous CTG was associated with an increase in caesarean sections and instrumental vaginal births. The challenge is how best to convey these results to women to enable them to make an informed decision without compromising the normality of labour.

The question remains as to whether future randomised trials should measure efficacy (the intrinsic value of continuous CTG in trying to prevent adverse neonatal outcomes under optimal clinical conditions) or effectiveness (the effect of this technique in routine clinical practice).

Along with the need for further investigations into long-term effects of operative births for women and babies, much remains to be learned about the causation and possible links between antenatal or intrapartum events, neonatal seizures and long-term neurodevelopmental outcomes, whilst considering changes in clinical practice over the intervening years (one-to-one-support during labour, caesarean section rates). The large number of babies randomised to the trials in this review have now reached adulthood and could potentially provide a unique opportunity to clarify if a reduction in neonatal seizures is something inconsequential that should not greatly influence women's and clinicians' choices, or if seizure reduction leads to long-term benefits for babies. Defining meaningful neurological and behavioural outcomes that could be measured in large cohorts of young adults poses huge challenges. However, it is important to collect data from these women and babies while medical records still exist, where possible describe women's mobility and positions during labour and birth, and clarify if these might impact on outcomes. Research should also address the possible contribution of the supine position to adverse outcomes for babies, and assess whether the use of mobility and positions can further reduce the low incidence of neonatal seizures and improve psychological outcomes for women.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**O'Neill SM, Kenny LC, Khashan AS, West HM, Smyth RMD, Kearney PM. Different insulin types and regimens for pregnant women with pre-existing diabetes. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD011880. DOI: 10.1002/14651858.CD011880.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011880.pub2/full

Publiziert 02_2017 Studien bis 2016

With limited evidence and no meta-analyses, as each trial looked at a different comparison, no firm conclusions could be made about different insulin types and regimens in pregnant women with pre-existing type 1 or 2 diabetes. Further research is warranted to determine who has an increased risk of adverse pregnancy outcome. This would include larger trials, incorporating adequate randomisation and blinding, and key outcomes that include macrosomia, pregnancy loss, pre-eclampsia, caesarean section, fetal anomalies, and birth trauma.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Eke AC, Eleje GU, Eke UA, Xia Y, Liu J. Hepatitis B immunoglobulin during pregnancy for prevention of mother-to-child transmission of hepatitis B virus. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD008545. DOI: 10.1002/14651858.CD008545.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008545.pub2/full

Publiziert 02_2017 Studien bis 2016

Due to very low to low quality evidence found in this review, we are uncertain of the effect of benefit of antenatal HBIG administration to the HBV-infected mothers on newborn outcomes, such as HBsAg, HBV-DNA, and HBeAg compared with no intervention. The results of the effects of HBIG on HBsAg and HBeAg are surrogate outcomes (raising risk of indirectness), and we need to be critical while interpreting the findings. We found no data on newborn mortality or maternal mortality or both, or other serious adverse events. Well-designed randomised clinical trials are needed to determine the benefits and harms of HBIG versus placebo in prevention of MTCT of HBV.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Bond DM, Middleton P, Levett KM, van der Ham DP, Crowther CA, Buchanan SL, Morris J. Planned early birth versus expectant management for women with preterm prelabour rupture of membranes prior to 37 weeks' gestation for improving pregnancy outcome. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD004735. DOI: 10.1002/14651858.CD004735.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004735.pub4/full

Publiziert 03_2017 Studien bis 2016

With the addition of five randomised controlled trials (2927 women) to this updated review, we found no clinically important difference in the incidence of neonatal sepsis between women who birth immediately and those managed expectantly in PPROM prior to 37 weeks' gestation. Early planned birth was associated with an increase in the incidence of neonatal RDS, need for ventilation, neonatal mortality, endometritis, admission to neonatal intensive care, and the likelihood of birth by caesarean section, but a decreased incidence of chorioamnionitis. Women randomised to early birth also had an increased risk of labour induction, but a decreased length of hospital stay. Babies of women randomised to early birth were more likely to be born at a lower gestational age.

In women with PPROM before 37 weeks' gestation with no contraindications to continuing the pregnancy, a policy of expectant management with careful monitoring was associated with better outcomes for the mother and baby.

The direction of future research should be aimed at determining which groups of women with PPROM would not benefit from expectant management. This could be determined by analysing subgroups according to gestational age at presentation, corticosteroid usage, and abnormal vaginal microbiological colonisation. Research should also evaluate long-term neurodevelopmental outcomes of infants.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Pattinson RC, Cuthbert A, Vannevel V. Pelvimetry for fetal cephalic presentations at or near term for deciding on mode of delivery. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD000161. DOI: 10.1002/14651858.CD000161.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000161.pub2/full

Publiziert 03_2017 Studien bis 2017

X-ray pelvimetry versus no pelvimetry or clinical pelvimetry is the only comparison included in this review due to the lack of trials identified that used other types or pelvimetry (other radiological examination or clinical pelvimetry versus no pelvimetry). There is not enough evidence to support the use of X-ray pelvimetry for deciding on mode of delivery in women whose fetuses have a cephalic presentation. Women who undergo an X-ray pelvimetry may be more likely to have a caesarean section.

Further research should be directed towards defining whether there are specific clinical situations in which pelvimetry can be shown to be of value. Newer methods of pelvimetry (CT, MRI) should be subjected to randomised trials to assess their value. Further trials of X-ray pelvimetry in cephalic presentations would be of value if large enough to assess the effect on perinatal mortality.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Lemos A, Amorim MMR, Dornelas de Andrade A, de Souza AI, Cabral Filho JE, Correia JB. Pushing/bearing down methods for the second stage of labour. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD009124. DOI: 10.1002/14651858.CD009124.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009124.pub3/full

Publiziert 03_2017 Studien bis 2016

This updated review is based on 21 included studies of moderate to very low quality of evidence (with evidence mainly downgraded due to study design limitations and imprecision of effect estimates).

Timing of pushing with epidural is consistent in that delayed pushing leads to a shortening of the actual time pushing and increase of spontaneous vaginal delivery at the expense of an overall longer duration of the second stage of labour and an increased risk of a low umbilical cord pH (based only on one study). Nevertheless, there was no clear difference in serious perineal laceration and episiotomy, and in other neonatal outcomes (admission to neonatal intensive care, five-minute Apgar score less than seven and delivery room resuscitation) between delayed and immediate pushing.

Therefore, for the type of pushing, with or without epidural, there is no conclusive evidence to support or refute any specific style as part of routine clinical practice, and in the absence of strong evidence supporting a specific method or timing of pushing, the woman's preference and comfort and clinical context should guide decisions.

Further properly well-designed RCTs, addressing clinically important maternal and neonatal outcomes are required to add evidence-based information to the current knowledge. Such trials will provide more complete data to be incorporated into a future update of this review.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Roberts D, Brown J, Medley N, Dalziel SR. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD004454. DOI: 10.1002/14651858.CD004454.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004454.pub3/full

Publiziert 03_2017 Studien bis 2016

Evidence from this update supports the continued use of a single course of antenatal corticosteroids to accelerate fetal lung maturation in women at risk of preterm birth. A single course of antenatal corticosteroids could be considered routine for preterm delivery. It is important to note that most of the evidence comes from high income countries and hospital settings; therefore, the results may not be applicable to low-resource settings with high rates of infections.

There is little need for further trials of a single course of antenatal corticosteroids versus placebo in singleton pregnancies in higher income countries and hospital settings. However, data are sparse in lower income settings. There are also few data regarding risks and benefits of antenatal corticosteroids in multiple pregnancies and other high-risk obstetric groups. Further information is also required concerning the optimal dose-to-delivery interval, and the optimal corticosteroid to use.

We encourage authors of previous studies to provide further information, which may answer any remaining questions about the use of antenatal corticosteroids in such pregnancies without the need for further randomised controlled trials. Individual patient data meta-analysis from published trials is likely to answer some of the evidence gaps. Follow-up studies into childhood and adulthood, particularly in the late preterm gestation and repeat courses groups, are needed. We have not examined the possible harmful effects of antenatal corticosteroids in low-resource settings in this review. It would be particularly relevant to explore this finding in adequately powered prospective trials.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**O'Shea JE, Foster JP, O'Donnell CPF, Breathnach D, Jacobs SE, Todd DA, Davis PG. Frenotomy for tongue-tie in newborn infants. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD011065. DOI: 10.1002/14651858.CD011065.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011065.pub2/full

Publiziert 03_2017 Studien bis 2017

Frenotomy reduced breastfeeding mothers' nipple pain in the short term. Investigators did not find a consistent positive effect on infant breastfeeding. Researchers reported no serious complications, but the total number of infants studied was small. The small number of trials along with methodological shortcomings limits the certainty of these findings. Further randomised controlled trials of high methodological quality are necessary to determine the effects of frenotomy.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Jasani B, Simmer K, Patole SK, Rao SC. Long chain polyunsaturated fatty acid supplementation in infants born at term. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD000376. DOI: 10.1002/14651858.CD000376.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000376.pub4/full

Publiziert 03_2017 Studien bis 2016

Most of the included RCTs reported no beneficial effects or harms of LCPUFA supplementation on neurodevelopmental outcomes of formula-fed full-term infants and no consistent beneficial effects on visual acuity. Routine supplementation of full-term infant milk formula with LCPUFA cannot be recommended at this time.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**da Silva Lopes K, Takemoto Y, Ota E, Tanigaki S, Mori R. Bed rest with and without hospitalisation in multiple pregnancy for improving perinatal outcomes. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD012031. DOI: 10.1002/14651858.CD012031.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012031.pub2/full

Publiziert 03_2017 Studien bis 2016

The evidence to date is insufficient to inform a policy of routine bed rest in hospital or at home for women with a multiple pregnancy. There is a need for large-scale, multicenter randomised controlled trials to evaluate the benefits, adverse effects and costs of bed rest before definitive conclusions can be drawn.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Harding KB, Peña-Rosas JP, Webster AC, Yap CMY, Payne BA, Ota E, De-Regil LM. Iodine supplementation for women during the preconception, pregnancy and postpartum period. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD011761. DOI: 10.1002/14651858.CD011761.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011761.pub2/full

Publiziert 03_2017 Studien bis 2016

There were insufficient data to reach any meaningful conclusions on the benefits and harms of routine iodine supplementation in women before, during or after pregnancy. The available evidence suggested that iodine supplementation decreases the likelihood of postpartum hyperthyroidism and increases the likelihood of the adverse effect of digestive intolerance in pregnancy - both considered potential adverse effects. We considered evidence for these outcomes low or very low quality, however, because of study design limitations and wide confidence intervals. In addition, due to the small number of trials and included women in our meta-analyses, these findings must be interpreted with caution. There were no clear effects on other important maternal or child outcomes though these findings must also be interpreted cautiously due to limited data and low-quality trials. Additionally, almost all of the evidence came from settings with mild or moderate iodine deficiency and therefore may not be applicable to settings with severe deficiency.

More high-quality randomised controlled trials are needed on iodine supplementation before, during and after pregnancy on maternal and infant/child outcomes. However, it may be unethical to compare iodine to placebo or no treatment in severe deficiency settings. Trials may also be unfeasible in settings where pregnant and lactating women commonly take prenatal supplements with iodine. Information is needed on optimal timing of initiation as well as supplementation regimen and dose. Future trials should consider the outcomes in this review and follow children beyond the neonatal period. Future trials should employ adequate sample sizes, assess potential adverse effects (including the nature and extent of digestive intolerance), and be reported in a way that allows assessment of risk of bias, full data extraction and analysis by the subgroups specified in this review.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Hofmeyr GJ, Vogel JP, Cuthbert A, Singata M. Fundal pressure during the second stage of labour. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD006067. DOI: 10.1002/14651858.CD006067.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006067.pub3/full

Publiziert 03_2017 Studien bis 2016

There is insufficient evidence to draw conclusions on the beneficial or harmful effects of fundal pressure, either manually or by inflatable belt. Fundal pressure by an inflatable belt during the second stage of labour may shorten duration of second stage for nulliparous women, and lower rates of operative birth. However, existing studies are small and their generalizability is uncertain. There is insufficient evidence regarding safety for the baby. There is no evidence on the use of fundal pressure in specific clinical settings such as inability of the mother to bear down due to exhaustion or unconsciousness. There is currently insufficient evidence for the routine use of fundal pressure by any method on women in the second stage of labour. Because of current widespread use of the procedure and the potential for use in settings where other methods of assisted birth are not available, further good quality trials are needed. Further evaluation in other groups of women (such as multiparous women) will also be required. Future research should describe in detail how fundal pressure was applied and consider safety of the unborn baby, perineal outcomes, longer-term maternal and infant outcomes and maternal satisfaction.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Kobayashi S, Hanada N, Matsuzaki M, Takehara K, Ota E, Sasaki H, Nagata C, Mori R. Assessment and support during early labour for improving birth outcomes. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011516. DOI: 10.1002/14651858.CD011516.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011516.pub2/full

Publiziert 04_2017 Studien bis 2016

Assessment and support in early labour does not have a clear impact on rate of caesarean section or instrumental vaginal birth, or whether the baby was born before arrival at hospital or in an unplanned home birth. However, evidence suggested that interventions may have an impact on reducing the use of epidural anaesthesia, labour augmentation and on increasing maternal satisfaction with giving birth. Evidence about the effectiveness of early labour assessment versus immediate admission was very limited and more research is needed in this area.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-083.html

**Foster JP, Dawson JA, Davis PG, Dahlen HG. Routine oro/nasopharyngeal suction versus no suction at birth. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD010332. DOI: 10.1002/14651858.CD010332.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010332.pub2/full

Publiziert 04_2017 Studien bis 2016

The currently available evidence does not support or refute the benefits or harms of routine oro/nasopharyngeal suction over no suction. Further high-quality studies are required in preterm infants or term newborn infants with thick meconium amniotic fluid. Studies should investigate long-term effects such as neurodevelopmental outcomes.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-083.html

**Weibel S, Jelting Y, Afshari A, Pace NL, Eberhart LHJ, Jokinen J, Artmann T, Kranke P. Patient-controlled analgesia with remifentanil versus alternative parenteral methods for pain management in labour. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011989. DOI: 10.1002/14651858.CD011989.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011989.pub2/full

Publiziert 04_2017 Studien bis 2015

Based on the current systematic review, there is mostly low-quality evidence to inform practice and future research may significantly alter the current situation. The quality of evidence is mainly limited by poor quality of the studies, inconsistency, and imprecision. More research is needed on maternal and neonatal safety outcomes (maternal apnoea and respiratory depression, Apgar score) and on the optimal mode and regimen of remifentanil administration to provide highest efficacy with reasonable adverse effects for mothers and their newborns.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-083.html

# Hebammen-relevante Cochrane Reviews (CR)

**Haider BA, Bhutta ZA. Multiple-micronutrient supplementation for women during pregnancy. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD004905. DOI: 10.1002/14651858.CD004905.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004905.pub5/full

Publiziert 04_2017 Studien bis 2015

Our findings support the effect of MMN supplements with iron and folic acid in improving some birth outcomes. Overall, pregnant women who received MMN supplementation had fewer low birthweight babies and small-for-gestational-age babies. The findings, consistently observed in several systematic evaluations of evidence, provide a basis to guide the replacement of iron and folic acid with MMN supplements containing iron and folic acid for pregnant women in low and middle-income countries where MMN deficiencies are common among women of reproductive age. Efforts could focus on the integration of this intervention in maternal nutrition and antenatal care programs in low and middle-income countries.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Psaila K, Foster JP, Pulbrook N, Jeffery HE. Infant pacifiers for reduction in risk of sudden infant death syndrome. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011147. DOI: 10.1002/14651858.CD011147.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011147.pub2/full

Publiziert 04_2017 Studien bis 2016

We found no randomised control trial evidence on which to support or refute the use of pacifiers for the prevention of SIDS.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Gupta JK, Sood A, Hofmeyr GJ, Vogel JP. Position in the second stage of labour for women without epidural anaesthesia. Cochrane Database of Systematic Reviews 2017, Issue 5. Art. No.: CD002006. DOI: 10.1002/14651858.CD002006.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002006.pub4/full

Publiziert 05_2017 Studien bis 2016

The findings of this review suggest several possible benefits for upright posture in women without epidural anaesthesia, such as a very small reduction in the duration of second stage of labour (mainly from the primigravid group), reduction in episiotomy rates and assisted deliveries. However, there is an increased risk blood loss greater than 500 mL and there may be an increased risk of second degree tears, though we cannot be certain of this. In view of the variable risk of bias of the trials reviewed, further trials using well-designed protocols are needed to ascertain the true benefits and risks of various birth positions.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-083.html

## Hebammen-relevante Cochrane Reviews (CR)

**Brown J, Alwan NA, West J, Brown S, McKinlay CJD, Farrar D, Crowther CA. Lifestyle interventions for the treatment of women with gestational diabetes. Cochrane Database of Systematic Reviews 2017, Issue 5. Art. No.: CD011970. DOI: 10.1002/14651858.CD011970.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011970.pub2/full

Publiziert 05_2017 Studien bis 2016

Lifestyle interventions are the primary therapeutic strategy for women with GDM. Women receiving lifestyle interventions were less likely to have postnatal depression and were more likely to achieve postpartum weight goals. Exposure to lifestyle interventions was associated with a decreased risk of the baby being born LGA and decreased neonatal adiposity. Long-term maternal and childhood/adulthood outcomes were poorly reported.

The value of lifestyle interventions in low-and middle-income countries or for different ethnicities remains unclear. The longer-term benefits or harms of lifestyle interventions remains unclear due to limited reporting.

The contribution of individual components of lifestyle interventions could not be assessed. Ten per cent of participants also received some form of pharmacological therapy. Lifestyle interventions are useful as the primary therapeutic strategy and most commonly include healthy eating, physical activity and self-monitoring of blood glucose concentrations.

Future research could focus on which specific interventions are most useful (as the sole intervention without pharmacological treatment), which health professionals should give them and the optimal format for providing the information. Evaluation of long-term outcomes for the mother and her child should be a priority when planning future trials. There has been no in-depth exploration of the costs 'saved' from reduction in risk of LGA/macrosomia and potential longer-term risks for the infants.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/ll/057-023.html

**Alfirevic Z, Stampalija T, Dowswell T. Fetal and umbilical Doppler ultrasound in high-risk pregnancies. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD007529. DOI: 10.1002/14651858.CD007529.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007529.pub4/full

Publiziert 06_2017 Studien bis 2017

Current evidence suggests that the use of Doppler ultrasound on the umbilical artery in high-risk pregnancies reduces the risk of perinatal deaths and may result in fewer obstetric interventions. The results should be interpreted with caution, as the evidence is not of high quality. Serial monitoring of Doppler changes in ductus venosus may be beneficial, but more studies of high quality with follow-up including neurological development are needed for evidence to be conclusive.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/ll/015-019.html

## Hebammen-relevante Cochrane Reviews (CR)

**West HM, Jozwiak M, Dodd JM. Methods of term labour induction for women with a previous caesarean section. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD009792. DOI: 10.1002/14651858.CD009792.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009792.pub3/full

Publiziert 06_2017 Studien bis 2016

RCT evidence on methods of induction of labour for women with a prior caesarean section is inadequate, and studies are underpowered to detect clinically relevant differences for many outcomes. Several studies reported few of our prespecified outcomes and reporting of infant outcomes was especially scarce. The GRADE level for quality of evidence was moderate to very low, due to imprecision and study design limitations.

High-quality, adequately-powered RCTs would be the best approach to determine the optimal method for induction of labour in women with a prior caesarean birth. However, such trials are unlikely to be undertaken due to the very large numbers needed to investigate the risk of infrequent but serious adverse outcomes (e.g. uterine rupture). Observational studies (cohort studies), including different methods of cervical ripening, may be the best alternative. Studies could compare methods believed to provide effective induction of labour with low risk of serious harm, and report the outcomes listed in this review.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-083.html

**Moy FM, Ray A, Buckley BS, West HM. Techniques of monitoring blood glucose during pregnancy for women with pre-existing diabetes. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD009613. DOI: 10.1002/14651858.CD009613.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009613.pub3/full

Publiziert 06_2017 Studien bis 2016

This review found no evidence that any glucose monitoring technique is superior to any other technique among pregnant women with pre-existing type 1 or type 2 diabetes. The evidence base for the effectiveness of monitoring techniques is weak and additional evidence from large well-designed randomised trials is required to inform choices of glucose monitoring techniques.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/ll/057-023.html

**Alfirevic Z, Stampalija T, Medley N. Cervical stitch (cerclage) for preventing preterm birth in singleton pregnancy. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD008991. DOI: 10.1002/14651858.CD008991.pub3.**

Alfirevic Z, Stampalija T, Medley N. Cervical stitch (cerclage) for preventing preterm birth in singleton pregnancy. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD008991. DOI: 10.1002/14651858.CD008991.pub3.

Publiziert 06_2017 Studien bis 2016

Cervical cerclage reduces the risk of preterm birth in women at high-risk of preterm birth and probably reduces risk of perinatal deaths. There was no evidence of any differential effect of cerclage based on previous obstetric history or short cervix indications, but data were limited for all clinical groups. The question of whether cerclage is more or less effective than other preventative treatments, particularly vaginal progesterone, remains unanswered.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-025.html

**Iheozor-Ejiofor Z, Middleton P, Esposito M, Glenny AM. Treating periodontal disease for preventing adverse birth outcomes in pregnant women. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD005297. DOI: 10.1002/14651858.CD005297.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005297.pub3/full

Publiziert 06_2017 Studien bis 2016

It is not clear if periodontal treatment during pregnancy has an impact on preterm birth (low-quality evidence). There is low-quality evidence that periodontal treatment may reduce low birth weight (< 2500 g), however, our confidence in the effect estimate is limited. There is insufficient evidence to determine which periodontal treatment is better in preventing adverse obstetric outcomes. Future research should aim to report periodontal outcomes alongside obstetric outcomes.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Aasheim V, Nilsen ABV, Reinar LM, Lukasse M. Perineal techniques during the second stage of labour for reducing perineal trauma. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD006672. DOI: 10.1002/14651858.CD006672.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006672.pub3/full

Publiziert 06_2017 Studien bis 2016

Moderate-quality evidence suggests that warm compresses, and massage, may reduce third- and fourth-degree tears but the impact of these techniques on other outcomes was unclear or inconsistent. Poor-quality evidence suggests hands-off techniques may reduce episiotomy, but this technique had no clear impact on other outcomes. There were insufficient data to show whether other perineal techniques result in improved outcomes.

Further research could be performed evaluating perineal techniques, warm compresses and massage, and how different types of oil used during massage affect women and their babies. It is important for any future research to collect information on women's views.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/015-083.html

**Crowley AE, Grivell RM, Dodd JM. Sealing procedures for preterm prelabour rupture of membranes. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD010218. DOI: 10.1002/14651858.CD010218.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010218.pub2/full

Publiziert 07_2016 Studien bis 2016

There is insufficient evidence to evaluate sealing procedures for PPROM. There were no data relating to this review's primary outcome (perinatal mortality) and the majority of our infant and maternal secondary outcomes were not reported in the two included studies.

There was limited evidence to suggest that an immunological membrane sealant was associated with a reduction in preterm birth at less than 37 weeks and neonatal death, but these results should be interpreted with caution as this is based on one small study, with a high risk of bias, and the intervention has not been tested in other studies.

Although midtrimester PPROM is not a rare occurrence, there are only a small amount of published data addressing the benefits and risks of sealing procedures. Most of these studies are retrospective and cohort based and could therefore not be included in our data-analysis.

This review highlights the paucity of prospective randomised trials in this area. Current evidence provides limited information both on effectiveness and safety for the interventions described. Given the paucity of high-quality data, we recommend that future research efforts focus on the conduct of randomised trials assessing the effect of promising interventions that have been only evaluated to date in cohort studies (e.g. amniopatch). Future trials should address outcomes including perinatal mortality, preterm birth, neonatal death, respiratory distress syndrome, neonatal sepsis and developmental delay. They should also evaluate maternal outcomes including sepsis, mode of delivery, length of hospital stay and emotional well-being.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Udoh A, Effa EE, Oduwole O, Okusanya BO, Okafo O. Antibiotics for treating septic abortion. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD011528. DOI: 10.1002/14651858.CD011528.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011528.pub2/full

Publiziert 07_2016 Studien bis 2016

We found no strong evidence that intravenous clindamycin alone was better than penicillin plus chloramphenicol for treating women with septic abortion. Similarly, available evidence did not suggest that penicillin plus chloramphenicol was better than cephalothin plus kanamycin for the treatment of women with septic abortion. Tetracyline enzyme antibiotic appeared to be more effective than intravenous penicillin G in reducing the time to fever defervescence, but this evidence was provided by only one study at low risk of bias.

There is a need for high-quality RCTs providing reliable evidence for treatments of septic abortion with antibiotics that are currently in use. The three included studies were carried out over 30 years ago. There is also a need to include institutions in low-resource settings, such as sub-Saharan Africa, Latin America and the Caribbean, and South Asia, with a high burden of abortion and health systems challenges.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/015-050l_S1_Spontanabort_Diagnostik_Therapie_2014-01.pdf

## Hebammen-relevante Cochrane Reviews (CR)

**Oyo-Ita A, Wiysonge CS, Oringanje C, Nwachukwu CE, Oduwole O, Meremikwu MM. Interventions for improving coverage of childhood immunisation in low- and middle-income countries. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD008145. DOI: 10.1002/14651858.CD008145.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008145.pub3/full

Publiziert 07_2016 Studien bis 2016

Providing parents and other community members with information on immunisation, health education at facilities in combination with redesigned immunisation reminder cards, regular immunisation outreach with and without household incentives, home visits, and integration of immunisation with other services may improve childhood immunisation coverage in LMIC. Most of the evidence was of low certainty, which implies a high likelihood that the true effect of the interventions will be substantially different. There is thus a need for further well-conducted RCTs to assess the effects of interventions for improving childhood immunisation coverage in LMICs.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Wuytack F, Smith V, Cleary BJ. Oral non-steroidal anti-inflammatory drugs (single dose) for perineal pain in the early postpartum period. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD011352. DOI: 10.1002/14651858.CD011352.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011352.pub2/full

Publiziert 07_2016 Studien bis 2016

In women who are not breastfeeding and who sustained perineal trauma, NSAIDs (compared to placebo) provide greater pain relief for acute postpartum perineal pain and fewer women need additional analgesia when treated with a NSAID. However, the risk of bias was unclear for many of the included studies, adverse effects were often not assessed and breastfeeding women were not included in the studies. The overall quality of the evidence (GRADE) was low with the evidence for all outcomes rated as low or very low. The main reasons for downgrading were inclusion of studies with high risk of bias and inconsistency of findings of individual studies.

NSAIDs also appear to be more effective in providing relief for perineal pain than paracetamol, but few studies were included in this analysis.

Future studies should examine NSAIDs' adverse effects profile including neonatal adverse effects and the compatibility of NSAIDs with breastfeeding, and assess other important secondary outcomes of this review. Moreover, studies mostly included women who had episiotomies. Future research should consider women with and without perineal trauma, including perineal tears. High-quality studies should be conducted to further assess the efficacy of NSAIDs versus paracetamol and the efficacy of multimodal treatments.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Stevens B, Yamada J, Ohlsson A, Haliburton S, Shorkey A. Sucrose for analgesia in newborn infants undergoing painful procedures. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD001069. DOI: 10.1002/14651858.CD001069.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001069.pub5/full

Publiziert 07_2016 Studien bis 2016

Sucrose is effective for reducing procedural pain from single events such as heel lance, venipuncture and intramuscular injection in both preterm and term infants. No serious side effects or harms have been documented with this intervention. We could not identify an optimal dose due to inconsistency in effective sucrose dosage among studies. Further investigation of repeated administration of sucrose in neonates is needed. There is some moderate-quality evidence that sucrose in combination with other non-pharmacological interventions such as non-nutritive sucking is more effective than sucrose alone, but more research of this and sucrose in combination with pharmacological interventions is needed. Sucrose use in extremely preterm, unstable, ventilated (or a combination of these) neonates needs to be addressed. Additional research is needed to determine the minimally effective dose of sucrose during a single painful procedure and the effect of repeated sucrose administration on immediate (pain intensity) and long-term (neurodevelopmental) outcomes.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Stock SJ, Bricker L, Norman JE, West HM. Immediate versus deferred delivery of the preterm baby with suspected fetal compromise for improving outcomes. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD008968. DOI: 10.1002/14651858.CD008968.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008968.pub3/full

Publiziert 07_2016 Studien bis 2016

Currently there is insufficient evidence on the benefits and harms of immediate delivery compared with deferred delivery in cases of suspected fetal compromise at preterm gestations to make firm recommendations. There is a lack of trials addressing this question, and limitations of the one included trial means that caution must be used in interpreting and generalising the findings. More research is needed to guide clinical practice.

Although the included trial is relatively large, it has insufficient power to detect differences in neonatal mortality. It did not report any maternal outcomes other than mode of delivery, or evaluate maternal satisfaction or economic outcomes. The applicability of the findings is limited by several factors: Women with a wide range of obstetric complications and gestational ages were included, and subgroup analysis is currently limited. Advances in Doppler assessment techniques may diagnose severe compromise more accurately and help make decisions about the timing of delivery. The potential benefits of deferring delivery for longer or shorter periods cannot be presumed.

Where there is uncertainty whether or not to deliver a preterm fetus with suspected fetal compromise, there seems to be no benefit to immediate delivery. Deferring delivery until test results worsen or increasing gestation favours delivery may improve the outcomes for mother and baby.

There is a need for high-quality randomised controlled trials comparing immediate and deferred delivery where there is suspected fetal compromise at preterm gestations to guide clinical practice. Future trials should report all important outcomes, and should be adequately powered to detect differences in maternal and neonatal morbidity and mortality.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Jaafar SH, Ho JJ, Jahanfar S, Angolkar M. Effect of restricted pacifier use in breastfeeding term infants for increasing duration of breastfeeding. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD007202. DOI: 10.1002/14651858.CD007202.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007202.pub4/full

Publiziert 08_2016 Studien bis 2016

Pacifier use in healthy term breastfeeding infants, started from birth or after lactation is established, did not significantly affect the prevalence or duration of exclusive and partial breastfeeding up to four months of age. Evidence to assess the short-term breastfeeding difficulties faced by mothers and long-term effect of pacifiers on infants' health is lacking.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Conde-Agudelo A, Díaz-Rossello JL. Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD002771. DOI: 10.1002/14651858.CD002771.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002771.pub4/full

Publiziert 08_2016 Studien bis 2016

Evidence from this updated review supports the use of KMC in LBW infants as an alternative to conventional neonatal care, mainly in resource-limited settings. Further information is required concerning the effectiveness and safety of early-onset continuous KMC in unstabilized or relatively stabilized LBW infants, as well as long-term neurodevelopmental outcomes and costs of care.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Lopez LM, Ramesh S, Chen M, Edelman A, Otterness C, Trussell J, Helmerhorst FM. Progestin-only contraceptives: effects on weight. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD008815. DOI: 10.1002/14651858.CD008815.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008815.pub4/full

Publiziert 08_2016 Studien bis 2016

We considered the overall quality of evidence to be low; more than half of the studies had low quality evidence. The main reasons for downgrading were lack of randomizations (NRS) and high loss to follow-up or early discontinuation.

These 22 studies showed limited evidence of change in weight or body composition with use of POCs. Mean weight gain at 6 or 12 months was less than 2 kg (4.4 lb) for most studies. Those with multiyear data showed mean weight change was approximately twice as much at two to four years than at one year, but generally the study groups did not differ significantly. Appropriate counseling about typical weight gain may help reduce discontinuation of contraceptives due to perceptions of weight gain.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Morag I, Ohlsson A. Cycled light in the intensive care unit for preterm and low birth weight infants. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD006982. DOI: 10.1002/14651858.CD006982.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006982.pub4/full

Publiziert 08_2016 Studien bis 2016

Trials assessing the effects of CL have enrolled 544 infants. No study reported on our primary outcome of weight at three or six months. Results from one additional study strengthen our findings that CL versus CBL shortens length of stay, as does CL versus ND. The quality of the evidence on both comparisons for this outcome according to GRADE was low. Future research should focus on comparing CL versus ND.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/024-019l_S2k_Fr%C3%BChgeburt_Grenze_Lebensf%C3%A4higkeit_2014-09.pdf

**Flint A, New K, Davies MW. Cup feeding versus other forms of supplemental enteral feeding for newborn infants unable to fully breastfeed. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD005092. DOI: 10.1002/14651858.CD005092.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005092.pub3/full

Publiziert 08_2016 Studien bis 2016

As the majority of infants in the included studies are preterm infants, no recommendations can be made for cup feeding term infants due to the lack of evidence in this population.

From the studies of preterm infants, cup feeding may have some benefits for late preterm infants and on breastfeeding rates up to six months of age. Self-reported breastfeeding status and compliance to supplemental interventions may over-report exclusivity and compliance, as societal expectations of breastfeeding and not wishing to disappoint healthcare professionals may influence responses at interview and on questionnaires.

The results for length of stay are mixed, with the study involving lower gestational age preterm infants finding that those fed by cup spent approximately 10 days longer in hospital, whereas the study involving preterm infants at a higher gestational age, who did not commence cup feeding until 35 weeks' gestation, did not have a longer length of stay, with both groups staying on average 26 days. This finding may have been influenced by gestational age at birth and gestational age at commencement of cup feeding, and their mothers' visits; (a large number of mothers of these late preterm infants lived regionally from the hospital and could visit at least twice per week).

Compliance to the intervention of cup feeding remains a challenge. The two largest studies have both reported non-compliance, with one study analysing data by intention to treat and the other excluding those infants from the analysis. This may have influenced the findings of the trial. Non-compliance issues need consideration before further large randomised controlled trials are undertaken as this influences power of the study and therefore the statistical results. In addition larger studies with better-quality (especially blinded) outcome assessment with 100% follow-up are needed.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Lopez LM, Grey TW, Chen M, Denison J, Stuart G. Behavioral interventions for improving contraceptive use among women living with HIV. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD010243. DOI: 10.1002/14651858.CD010243.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010243.pub3/full

Publiziert 08_2016 Studien bis 2016

The studies since 2009 focused on using modern or more effective methods of contraception. In those later reports, training on FP methods and counseling was more common, which may strengthen the intervention and improve the ability to meet clients' needs. The quality of evidence was moderate from the more recent studies and low for those from the 1990s.

Comparative research involving contraceptive counseling for HIV-positive women is limited. The FP field needs better ways to help women choose an appropriate contraceptive and continue using that method. Improved counseling methods are especially needed for limited resource settings, such as clinics focusing on people living with HIV.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/055-004l_S2k_Postexpositionelle_Prophylaxe_PEP_nach_HIV_Infektion_2013-05_1.pdf

**Smith HA, Becker GE. Early additional food and fluids for healthy breastfed full-term infants. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD006462. DOI: 10.1002/14651858.CD006462.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006462.pub4/full

Publiziert 08_2016 Studien bis 2016

We found no evidence of benefit to newborn infants on the duration of breastfeeding from the brief use of additional water or glucose water. The quality of the evidence on formula supplementation was insufficient to suggest a change in practice away from exclusive breastfeeding. For infants at four to six months, we found no evidence of benefit from additional foods nor any risks related to morbidity or weight change. The majority of studies showed high risk of other bias and most outcomes were based on low-quality evidence which meant that we were unable to fully assess the benefits or harms of supplementation or to determine the impact from timing and type of supplementation.

We found no evidence to disagree with the current international recommendation that healthy infants exclusively breastfeed for the first six months.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Crowe L, Chang A, Wallace K. Instruments for assessing readiness to commence suck feeds in preterm infants: effects on time to establish full oral feeding and duration of hospitalisation. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD005586. DOI: 10.1002/14651858.CD005586.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005586.pub3/full

Publiziert 08_2016 Studien bis 2016

There is currently no evidence to inform clinical practice, with no studies meeting the inclusion criteria for this review. Research is needed in this area to establish an evidence base for the clinical utility of implementing the use of an instrument to assess feeding readiness in the preterm infant population.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Watson J, McGuire W. Responsive versus scheduled feeding for preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD005255. DOI: 10.1002/14651858.CD005255.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005255.pub5/full

Publiziert 08_2016 Studien bis 2016

Overall, the data do not provide strong or consistent evidence that responsive feeding affects important outcomes for preterm infants or their families. Some (low quality) evidence exists that preterm infants fed in response to feeding and satiation cues achieve full oral feeding earlier than infants fed prescribed volumes at scheduled intervals. This finding should be interpreted cautiously because of methodological weaknesses in the included trials. A large RCT would be needed to confirm this finding and to determine if responsive feeding of preterm infants affects other important outcomes.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Collins CT, Gillis J, McPhee AJ, Suganuma H, Makrides M. Avoidance of bottles during the establishment of breast feeds in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD005252. DOI: 10.1002/14651858.CD005252.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005252.pub3/full

Publiziert 09_2016 Studien bis 2016

Evidence of low to moderate quality suggests that supplementing breast feeds by cup increases the extent and duration of breast feeding. Current insufficient evidence provides no basis for recommendations for a tube alone approach to supplementing breast feeds.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006170.pub5/full**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006170.pub5/full

Publiziert 09_2016 Studien bis 2016

The most suitable method for milk expression may depend on the time since birth, purpose of expression and the individual mother and infant. Low-cost interventions including initiation of milk expression sooner after birth when not feeding at the breast, relaxation, massage, warming the breasts, hand expression and lower cost pumps may be as effective, or more effective, than large electric pumps for some outcomes. Variation in nutrient content across methods may be relevant to some infants. Small sample sizes, large standard deviations, and the diversity of the interventions argue caution in applying these results beyond the specific method tested in the specific settings. Independently funded research is needed for more trials on hand expression, relaxation and other techniques that do not have a commercial potential.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Fallon A, Van der Putten D, Dring C, Moylett EH, Fealy G, Devane D. Baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009067. DOI: 10.1002/14651858.CD009067.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009067.pub3/full

Publiziert 09_2016 Studien bis 2016

This review demonstrates that there is no evidence from randomised controlled trials evaluating the effect of baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding, for healthy newborns. It is recommended that no changes are made to current practice guidelines without undertaking robust research, to include many patterns of breastfeeding and not limited to baby-led and scheduled breastfeeding. Future exploratory research is needed on baby-led breastfeeding that takes the mother's perspective into consideration.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Imdad A, Ahmed Z, Bhutta ZA. Vitamin A supplementation for the prevention of morbidity and mortality in infants one to six months of age. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD007480. DOI: 10.1002/14651858.CD007480.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007480.pub3/full

Publiziert 09_2016 Studien bis 2016

There is no convincing evidence that vitamin A supplementation for infants one to six months of age results in a reduction in infant mortality or morbidity in low- and middle-income countries. There is an increased risk of bulging fontanelle with vitamin A supplementation in this age group; however, there were no reported subsequent complications because of this adverse effect.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Greene Z, O'Donnell CPF, Walshe M. Oral stimulation for promoting oral feeding in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009720. DOI: 10.1002/14651858.CD009720.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009720.pub2/full

Publiziert 09_2016 Studien bis 2016

Although the included studies suggest that oral stimulation shortens hospital stay, days to exclusive oral feeding and duration of parenteral nutrition, one must interpret results of these studies with caution, as risk of bias and poor methodological quality are high overall. Well-designed trials of oral stimulation interventions for preterm infants are warranted. Such trials should use reliable methods of randomisation while concealing treatment allocation, blinding caregivers to treatment when possible and paying particular attention to blinding of outcome assessors.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Brown J, Crawford TJ, Alsweiler J, Crowther CA. Dietary supplementation with myo-inositol in women during pregnancy for treating gestational diabetes. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD012048. DOI: 10.1002/14651858.CD012048.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012048.pub2/full

Publiziert 09_2016 Studien bis 2016

There are insufficient data to evaluate the effect of myo-inositol for the treatment of gestational diabetes, with no data to examine the majority of outcomes in this review. There do not appear to be any benefits for the infant associated with exposure to myo-inositol such as reduced risk of being born large-for-gestational age. Although the risk of neonatal hypoglycaemia is reduced for the myo-inositol group, there is evidence of imprecision. Evidence from two studies suggested that myo-inositol was associated with a reduced change in maternal BMI and fasting blood sugar concentration compared with placebo. There is a lack of reporting of the clinically meaningful outcomes pre-specified for this review.

Uncertainty of the effectiveness of myo-inositol as a treatment for GDM for key maternal and infant outcomes remains and further high-quality trials with appropriate sample sizes are required to further investigate the role of myo-inositol as a treatment or co-treatment for women with gestational diabetes. Future trials should report on the core outcomes for GDM identified in the methods section of this review. Participants of varying ethnicities and with varying risk factors for GDM should be included in future trials. In addition, further trials of myo-inositol for the treatment of GDM should explore the optimal dose, frequency and timing of supplementation, report on adverse effects and assess the long- term effects of this intervention. Economic analysis or health service use and costs should also be included.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/057-023m_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

**Biagioli E, Tarasco V, Lingua C, Moja L, Savino F. Pain-relieving agents for infantile colic. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009999. DOI: 10.1002/14651858.CD009999.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009999.pub2/full

Publiziert 09_2016 Studien bis 2016

At the present time, evidence of the effectiveness of pain-relieving agents for the treatment of infantile colic is sparse and prone to bias. The few available studies included small sample sizes, and most had serious limitations. Benefits, when reported, were inconsistent.

We found no evidence to support the use of simethicone as a pain-relieving agent for infantile colic.

Available evidence shows that herbal agents, sugar, dicyclomine and cimetropium bromide cannot be recommended for infants with colic.

Investigators must conduct RCTs using standardised measures that allow comparisons among pain-relieving agents and pooling of results across studies. Parents, who most often provide the intervention and assess the outcome, should always be blinded.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Ohlsson A, Shah PS. Paracetamol (acetaminophen) for prevention or treatment of pain in newborns. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011219. DOI: 10.1002/14651858.CD011219.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011219.pub3/full

Publiziert 10_2016 Studien bis 2016

The paucity and low quality of existing data do not provide sufficient evidence to establish the role of paracetamol in reducing the effects of painful procedures in neonates. Paracetamol given after assisted vaginal birth may increase the response to later painful exposures. Paracetamol may reduce the total need for morphine following major surgery, and for this aspect of paracetamol use, further research is needed.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Harrison D, Reszel J, Bueno M, Sampson M, Shah VS, Taddio A, Larocque C, Turner L. Breastfeeding for procedural pain in infants beyond the neonatal period. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011248. DOI: 10.1002/14651858.CD011248.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011248.pub2/full

Publiziert 10_2016 Studien bis 2016

We conclude, based on the 10 studies included in this review, that breastfeeding may help reduce pain during vaccination for infants beyond the neonatal period. Breastfeeding consistently reduced behavioural responses of cry duration and composite pain scores during and following vaccinations. However, there was no evidence that breastfeeding had an effect on physiological responses. No studies included in this review involved populations of hospitalised infants undergoing other skin-breaking procedures. Although it may be possible to extrapolate the review results to this population, further studies of efficacy, feasibility, and acceptability in this population are warranted.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Schindler T, Sinn JKH, Osborn DA. Polyunsaturated fatty acid supplementation in infancy for the prevention of allergy. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD010112. DOI: 10.1002/14651858.CD010112.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010112.pub2/full

Publiziert 10_2016 Studien bis 2015

There is no evidence that PUFA supplementation in infancy has an effect on infant or childhood allergy, asthma, dermatitis/eczema or food allergy. However, the quality of evidence was very low. There was insufficient evidence to determine an effect on allergic rhinitis.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Pereira Gomes Morais E, Riera R, Porfírio GJM, Macedo CR, Sarmento Vasconcelos V, de Souza Pedrosa A, Torloni MR. Chewing gum for enhancing early recovery of bowel function after caesarean section. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011562. DOI: 10.1002/14651858.CD011562.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011562.pub2/full

Publiziert 10_2016 Studien bis 2016

This review found 17 randomised controlled trials (involving 3149 women). We downgraded the quality of the evidence for time to first passage of flatus and of faeces and for adverse effects/intolerance to gum chewing because of the high risk of bias of the studies (due to lack of blinding and self-report). For time to first flatus and faeces, we downgraded the quality of the evidence further because of the high heterogeneity in these meta-analyses and the potential for publication bias based on the visual inspection of the funnel plots. The quality of the evidence for adverse effects/tolerance to gum chewing and for ileus was downgraded because of the small number of events. The quality of the evidence for ileus was further downgraded due to the unclear risk of bias for the assessors evaluating this outcome.

The available evidence suggests that gum chewing in the immediate postoperative period after a CS is a well tolerated intervention that enhances early recovery of bowel function. However the overall quality of the evidence is very low to low.

Further research is necessary to establish the optimal regimen of gum-chewing (initiation, number and duration of sessions per day) to enhance bowel function recovery and to assess potential adverse effects of and women's satisfaction with this intervention. New studies also need to assess the compliance of the participants to the recommended gum-chewing instructions. Future large, well designed and conducted studies, with better methodological and reporting quality, will help to inform future updates of this review and enhance the body of evidence for this intervention.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Foster JP, Psaila K, Patterson T. Non-nutritive sucking for increasing physiologic stability and nutrition in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD001071. DOI: 10.1002/14651858.CD001071.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001071.pub3/full

Publiziert 10_2016 Studien bis 2016

Meta-analysis demonstrated a significant effect of NNS on the transition from gavage to full oral feeding, transition from start of oral feeding to full oral feeding, and length of hospital stay. None of the trials reported any adverse effects. Well-designed, adequately powered studies using reliable methods of randomisation, concealment of treatment allocation and blinding of the intervention and outcome assessors are needed. In order to facilitate meta-analysis of these data, future research should involve outcome measures consistent with those used in previous studies.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Collins CT, Gillis J, McPhee AJ, Suganuma H, Makrides M. Avoidance of bottles during the establishment of breast feeds in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD005252. DOI: 10.1002/14651858.CD005252.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005252.pub4/full

Publiziert 10_2016 Studien bis 2016

Evidence of low to moderate quality suggests that supplementing breast feeds by cup increases the extent and duration of breast feeding. Current insufficient evidence provides no basis for recommendations for a tube alone approach to supplementing breast feeds.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Rivas-Fernandez M, Roqué i Figuls M, Diez-Izquierdo A, Escribano J, Balaguer A. Infant position in neonates receiving mechanical ventilation. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD003668. DOI: 10.1002/14651858.CD003668.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003668.pub4/full

Publiziert 11_2016 Studien bis 2016

This update of our last review in 2013 supports previous conclusions. Evidence of low to moderate quality favours the prone position for slightly improved oxygenation in neonates undergoing mechanical ventilation. However, we found no evidence to suggest that particular body positions during mechanical ventilation of the neonate are effective in producing sustained and clinically relevant improvement.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Moore ER, Bergman N, Anderson GC, Medley N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD003519. DOI: 10.1002/14651858.CD003519.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003519.pub4/full

Publiziert 11_2016 Studien bis 2015

Evidence supports the use of SSC to promote breastfeeding. Studies with larger sample sizes are necessary to confirm physiological benefit for infants during transition to extra-uterine life and to establish possible dose-response effects and optimal initiation time. Methodological quality of trials remains problematic, and small trials reporting different outcomes with different scales and limited data limit our confidence in the benefits of SSC for infants. Our review included only healthy infants, which limits the range of physiological parameters observed and makes their interpretation difficult.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/024-005l_S2k_Betreuung_von_gesunden_reifen_Neugeborenen_2012-10.pdf

**Balogun OO, O'Sullivan EJ, McFadden A, Ota E, Gavine A, Garner CD, Renfrew MJ, MacGillivray S. Interventions for promoting the initiation of breastfeeding. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD001688. DOI: 10.1002/14651858.CD001688.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001688.pub3/full

Publiziert 11_2016 Studien bis 2016

This review found low-quality evidence that healthcare professional-led breastfeeding education and non-healthcare professional-led counselling and peer support interventions can result in some improvements in the number of women beginning to breastfeed. The majority of the trials were conducted in the USA, among women on low incomes and who varied in ethnicity and feeding intention, thus limiting the generalisability of these results to other settings.

Future studies would ideally be conducted in a range of low- and high-income settings, with data on breastfeeding rates over various timeframes, and explore the effectiveness of interventions that are initiated prior to conception or during pregnancy. These might include well-described interventions, including health education, early and continuing mother-infant contact, and initiatives to help mothers overcome societal barriers to breastfeeding, all with clearly defined outcome measures.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Yakoob MY, Salam RA, Khan FR, Bhutta ZA. Vitamin D supplementation for preventing infections in children under five years of age. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD008824. DOI: 10.1002/14651858.CD008824.pub2.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008824.pub2/full

Publiziert 11_2016 Studien bis 2016

Evidence from one large trial did not demonstrate benefit of vitamin D supplementation on the incidence of pneumonia or diarrhoea in children under five years. To our knowledge, trials that evaluated supplementation for preventing other infections, including TB and malaria, have not been performed.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Mason-Jones AJ, Sinclair D, Mathews C, Kagee A, Hillman A, Lombard C. School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006417. DOI: 10.1002/14651858.CD006417.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006417.pub3/full

Publiziert 11_2016 Studien bis 2016

There is a continued need to provide health services to adolescents that include contraceptive choices and condoms and that involve them in the design of services. Schools may be a good place in which to provide these services. There is little evidence that educational curriculum-based programmes alone are effective in improving sexual and reproductive health outcomes for adolescents. Incentive-based interventions that focus on keeping young people in secondary school may reduce adolescent pregnancy but further trials are needed to confirm this.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Ghosh A, Lattey KR, Kelly AJ. Nitric oxide donors for cervical ripening and induction of labour. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD006901. DOI: 10.1002/14651858.CD006901.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006901.pub3/full

Publiziert 12_2016 Studien bis 2016

Available data suggests that NO donors can be a useful tool in the process of induction of labour causing the cervix to be more favourable in comparison to placebo. However, additional data are needed to assess the true impact of NO donors on all important labour process and delivery outcomes.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Lumbiganon P, Martis R, Laopaiboon M, Festin MR, Ho JJ, Hakimi M. Antenatal breastfeeding education for increasing breastfeeding duration. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD006425. DOI: 10.1002/14651858.CD006425.pub4.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006425.pub4/full

Publiziert 12_2016 Studien bis 2016

There was no conclusive evidence supporting any antenatal BF education for improving initiation of BF, proportion of women giving any BF or exclusively BF at three or six months or the duration of BF. There is an urgent need to conduct a high-quality, randomised controlled study to evaluate the effectiveness and adverse effects of antenatal BF education, especially in low- and middle-income countries. Evidence in this review is primarily relevant to high-income settings.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Moon K, Rao SC, Schulzke SM, Patole SK, Simmer K. Longchain polyunsaturated fatty acid supplementation in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD000375. DOI: 10.1002/14651858.CD000375.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000375.pub5/full

Publiziert 12_2016 Studien bis 2016

Infants enrolled in the trials were relatively mature and healthy preterm infants. Assessment schedule and methodology, dose and source of supplementation and fatty acid composition of the control formula varied between trials. On pooling of results, no clear long-term benefits or harms were demonstrated for preterm infants receiving LCPUFA-supplemented formula.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

**Young L, Embleton ND, McGuire W. Nutrient-enriched formula versus standard formula for preterm infants following hospital discharge. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD004696. DOI: 10.1002/14651858.CD004696.pub5.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004696.pub5/full

Publiziert 12_2016 Studien bis 2016

Recommendations to prescribe 'postdischarge formula' for preterm infants after hospital discharge are not supported by available evidence. Limited evidence suggests that feeding 'preterm formula' (which is generally available only for in-hospital use) to preterm infants after hospital discharge may increase growth rates up to 18 months post term.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

**Okusanya BO, Oladapo OT. Prophylactic versus selective blood transfusion for sickle cell disease in pregnancy. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD010378. DOI: 10.1002/14651858.CD010378.pub3.**

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010378.pub3/full

Publiziert 12_2016 Studien bis 2016

Evidence from one small trial of very low quality suggests that prophylactic blood transfusion to pregnant women with sickle cell anaemia (HbSS) confers no clear clinical benefits when compared with selective transfusion. Currently, there is no evidence from randomised or quasi-randomised trials to provide reliable advice on the optimal blood transfusion policy for women with other variants of sickle cell disease (i.e. HbSC and HbSβThal). The available data and quality of evidence on this subject are insufficient to advocate for a change in existing clinical practice and policy.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT):

CR IN
CR OUT