

Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Oktober bis Dezember 2017



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.

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Hebammenrelevante Cochrane Reviews (CR)

Bonet M, Ota E, Chibueze CE, Oladapo OT. Antibiotic prophylaxis for episiotomy repair following vaginal birth. *Cochrane Database of Systematic Reviews* 2017, Issue 11. Art. No.: CD012136. DOI: 10.1002/14651858.CD012136.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012136.pub2/full>

Publiziert 10/2017 Studien bis 2017

There was insufficient evidence to assess the clinical benefits or harms of routine antibiotic prophylaxis for episiotomy repair after normal birth. The only trial included in this review had several methodological limitations, with very serious limitations in design, and imprecision of effect estimates. In addition, the trial tested an antibiotic with limited application in current clinical practice. There is a need for a careful and rigorous assessment of the comparative benefits and harms of prophylactic antibiotics on infection morbidity after episiotomy, in well-designed randomised controlled trials, using common antibiotics and regimens in current obstetric practice.

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/015-079l_S1_Dammiss_III_IV_Grades_nach_vaginaler_Geburt_2014-10-verl%C3%A4ngert.pdf

Raman P, Shepherd E, Dowswell T, Middleton P, Crowther CA. Different methods and settings for glucose monitoring for gestational diabetes during pregnancy. *Cochrane Database of Systematic Reviews* 2017, Issue 10. Art. No.: CD011069. DOI: 10.1002/14651858.CD011069.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011069.pub2/full>

Publiziert 10/2017 Studien bis 2016

Evidence from 11 RCTs assessing different methods or settings for glucose monitoring for GDM suggests no clear differences for the primary outcomes or other secondary outcomes assessed in this review.

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/057-023l_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

Smith CA, Armour M, Dahlen HG. Acupuncture or acupressure for induction of labour. *Cochrane Database of Systematic Reviews* 2017, Issue 10. Art. No.: CD002962. DOI: 10.1002/14651858.CD002962.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002962.pub4/full>

Publiziert 10/2017 Studien bis 2016

Overall, there was no clear benefit from acupuncture or acupressure in reducing caesarean section rate. The quality of the evidence varied between low to high. Few trials reported on neonatal morbidity or maternal mortality outcomes. Acupuncture showed some benefit in improving cervical maturity, however, more well-designed trials are needed. Future trials could include clinically relevant safety outcomes.

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

CR IN

CR OUT

Hebammenrelevante Cochrane Reviews (CR)

Dodd JM, Grivell RM, OBrien CM, Dowswell T, Deussen AR. Prenatal administration of progestogens for preventing spontaneous preterm birth in women with a multiple pregnancy. *Cochrane Database of Systematic Reviews* 2017, Issue 10. Art. No.: CD012024. DOI: 10.1002/14651858.CD012024.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012024.pub2/full>

Publiziert 10/2017 Studien bis 2016

Overall, for women with a multiple pregnancy, the administration of progesterone (either IM or vaginal) does not appear to be associated with a reduction in risk of preterm birth or improved neonatal outcomes.

Future research could focus on a comprehensive individual participant data meta-analysis including all of the available data relating to both IM and vaginal progesterone administration in women with a multiple pregnancy, before considering the need to conduct trials in subgroups of high-risk women (for example, women with a multiple pregnancy and a short cervical length identified on ultrasound).

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

CR IN
CR OUT

Amorim MMR, Souza ASR, Katz L. Planned caesarean section versus planned vaginal birth for severe pre-eclampsia. *Cochrane Database of Systematic Reviews* 2017, Issue 10. Art. No.: CD009430. DOI: 10.1002/14651858.CD009430.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009430.pub2/full>

Publiziert 10/2017 Studien bis 2017

There is a lack of robust evidence from randomised controlled trials that can inform practice regarding planned caesarean section versus planned vaginal birth for women with severe pre-eclampsia. There is a need for high-quality randomised controlled trials to assess the short- and long-term effects of caesarean section and vaginal birth for these women and their babies.

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

CR IN
CR OUT

Munabi-Babigumira S, Glenton C, Lewin S, Fretheim A, Nabudere H. Factors that influence the provision of intrapartum and postnatal care by skilled birth attendants in low- and middle-income countries: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2017, Issue 11. Art. No.: CD011558. DOI: 10.1002/14651858.CD011558.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011558.pub2/full>

Publiziert 11/2017 Studien bis 2016

Many factors influence the care that SBAs are able to provide to mothers during childbirth. These include access to training and supervision; staff numbers and workloads; salaries and living conditions; and access to well-equipped, well-organised healthcare facilities with water, electricity, and transport. Other factors that may play a role include the existence of teamwork and of trust, collaboration, and communication between health workers and with mothers. Skilled birth attendants reported many problems tied to all of these factors.

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

CR IN
CR OUT

Hebammenrelevante Cochrane Reviews (CR)

Bonet M, Ota E, Chibueze CE, Oladapo OT. Routine antibiotic prophylaxis after normal vaginal birth for reducing maternal infectious morbidity. *Cochrane Database of Systematic Reviews* 2017, Issue 11. Art. No.: CD012137. DOI: 10.1002/14651858.CD012137.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012137.pub2/full>

Publiziert 11/2017 Studien bis 2017

Routine administration of antibiotics may reduce the risk of endometritis after uncomplicated vaginal birth. The small number and nature of the trials limit the interpretation of the evidence for application in practice, particularly in settings where women may be at higher risk of developing endometritis. The use of antibiotics did not reduce the incidence of urinary tract infections, wound infection or the length of maternal hospital stay. Antibiotics are not a substitute for infection prevention and control measures around the time of childbirth and the postpartum period. The decision to routinely administer prophylactic antibiotics after normal vaginal births needs to be balanced by patient features, childbirth setting and provider experience, including considerations of the contribution of indiscriminate use of antibiotics to raising antimicrobial resistance. Well-designed and high-powered randomised controlled trials would help to evaluate the added value of routine antibiotic administration as a measure to prevent maternal infections after normal vaginal delivery.

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

CR IN
CR OUT

Brown J, Grzeskowiak L, Williamson K, Downie MR, Crowther CA. Insulin for the treatment of women with gestational diabetes. *Cochrane Database of Systematic Reviews* 2017, Issue 11. Art. No.: CD012037. DOI: 10.1002/14651858.CD012037.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012037.pub2/full>

Publiziert 11/2017 Studien bis 2017

The main comparison in this review is insulin versus oral anti-diabetic pharmacological therapies. Insulin and oral anti-diabetic pharmacological therapies have similar effects on key health outcomes. The quality of the evidence ranged from very low to moderate, with downgrading decisions due to imprecision, risk of bias and inconsistency.

For the other comparisons of this review (insulin compared with non-pharmacological interventions, different insulin analogies or different insulin regimens), there is insufficient volume of high-quality evidence to determine differences for key health outcomes.

Long-term maternal and neonatal outcomes were poorly reported for all comparisons.

The evidence suggests that there are minimal harms associated with the effects of treatment with either insulin or oral anti-diabetic pharmacological therapies. The choice to use one or the other may be down to physician or maternal preference, availability or severity of GDM. Further research is needed to explore optimal insulin regimens. Further research could aim to report data for standardised GDM outcomes.

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/057-023l_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

Hebammenrelevante Cochrane Reviews (CR)

Ray A, Ray S. Epidural therapy for the treatment of severe pre-eclampsia in non labouring women. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD009540. DOI: 10.1002/14651858.CD009540.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009540.pub2/full>

Publiziert 11/2017 Studien bis 2017

Currently, there is insufficient evidence from randomised controlled trials to evaluate the effectiveness, safety or cost of using epidural therapy for treating severe pre-eclampsia in non-labouring women.

High-quality randomised controlled trials are needed to evaluate the use of epidural agents as therapy for treatment of severe pre-eclampsia. The rationale for the use of epidural is well-founded. However there is insufficient evidence from randomised controlled trials to show that the effect of epidural translates into improved maternal and fetal outcomes. Thus, there is a need for larger, well-designed studies to come to an evidence-based conclusion as to whether the lowering of vasomotor tone by epidural therapy results in better maternal and fetal outcomes and for how long that could be maintained. Another important question that needs to be answered is how long should extended epidural be used to ensure any potential clinical benefits and what could be the associated side effects and costs. Interactions with other modalities of treatment and women's satisfaction could represent other avenues of research.

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

CR IN
CR OUT

Woolcock JG, Grivell RM, Dodd JM. Regimens of ultrasound surveillance for twin pregnancies for improving outcomes. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD011371. DOI: 10.1002/14651858.CD011371.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011371.pub2/full>

Publiziert 11/2017 Studien bis 2017

This review is based on one small study which was underpowered for detection of rare outcomes such as perinatal mortality, stillbirth and neonatal death.

There is insufficient evidence from randomised controlled trials to inform best practice for fetal ultrasound surveillance regimens when caring for women with a twin pregnancy. More studies are needed to evaluate the effects of currently used ultrasound surveillance regimens in twin pregnancies. Future research could report on the important maternal and infant outcomes as listed in this review.

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

CR IN
CR OUT

Hebammenrelevante Cochrane Reviews (CR)

Shepherd E, Gomersall JC, Tieu J, Han S, Crowther CA, Middleton P. Combined diet and exercise interventions for preventing gestational diabetes mellitus. *Cochrane Database of Systematic Reviews* 2017, Issue 11. Art. No.: CD010443. DOI: 10.1002/14651858.CD010443.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010443.pub3/full>

Publiziert 11/2017 Studien bis 2017

Moderate-quality evidence suggests reduced risks of GDM and caesarean section with combined diet and exercise interventions during pregnancy as well as reductions in gestational weight gain, compared with standard care. There were no clear differences in hypertensive disorders of pregnancy, perinatal mortality, large-for-gestational age, perineal trauma, neonatal hypoglycaemia, and childhood adiposity (moderate- to very low-quality evidence).

Using GRADE methodology, the evidence was assessed as moderate to very low quality. Downgrading decisions were predominantly due to design limitations (risk of bias), and imprecision (uncertain effect estimates, and at times, small sample sizes and low event rates), however two outcomes (pregnancy-induced hypertension/hypertension and neonatal hypoglycaemia), were also downgraded for unexplained inconsistency (statistical heterogeneity).

Due to the variability of the diet and exercise components tested in the included studies, the evidence in this review has limited ability to inform practice. Future studies could describe the interventions used in more detail, if and how these influenced behaviour change and ideally be standardised between studies. Studies could also consider using existing core outcome sets to facilitate more standardised reporting.

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/057-023l_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

O'Kelly SM, Moore ZEH. Antenatal maternal education for improving postnatal perineal healing for women who have birthed in a hospital setting. *Cochrane Database of Systematic Reviews* 2017, Issue 12. Art. No.: CD012258. DOI: 10.1002/14651858.CD012258.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012258.pub2/full>

Publiziert 12/2017 Studien bis 2017

We set out to evaluate the RCT evidence pertaining to the impact of antenatal education on perineal wound healing in postnatal women who have birthed in a hospital setting, and who experienced a break in the skin of the perineum as a result of a tear or episiotomy, or both. However, no studies met the inclusion criteria. There is a lack of evidence concerning whether or not antenatal education relating to perineal wound healing in this cohort of women will change the outcome for these women in relation to wound healing, infection rate, re-attendance or re-admission to hospital, pain, health-related quality of life, maternal bonding, and negative emotional experiences. Further study is warranted in this area given the significant physical, psychological and economic impact of perineal wounds, and the large proportion of childbearing women who have experienced a postnatal wound. The benefits of any future research in this field would be maximised by incorporating women in a range of socio-economic groups, and with a range of healthcare options. This research could take both a qualitative and a quantitative approach and examine the outcomes identified in this review in order to assess fully the potential benefits of a tailored antenatal package, and to make recommendations for future practice. There is currently no evidence to inform practice in this regard.

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

CR IN

CR OUT

Hebammenrelevante Cochrane Reviews (CR)

Brown J, Ceysens G, Bouvain M. Exercise for pregnant women with pre-existing diabetes for improving maternal and fetal outcomes. *Cochrane Database of Systematic Reviews* 2017, Issue 12. Art. No.: CD012696. DOI: 10.1002/14651858.CD012696.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012696.pub2/full>

Publiziert 12/2017 Studien bis 2017

There was no evidence from RCTs that evaluated the effects of exercise interventions for improving maternal and fetal outcomes in women with pre-existing diabetes.

Good quality, large randomised controlled trials are urgently needed to identify exercise interventions that are safe, and improve health outcomes for women with pre-existing diabetes and their babies. Future studies in this area could utilise the standardised outcomes in this review, in order to improve consistency between trials in this area, and aid future meta-analysis.

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/057-023l_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

Woodley SJ, Boyle R, Cody JD, Mørkved S, Hay-Smith EJC. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database of Systematic Reviews* 2017, Issue 12. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007471.pub3/full>

Publiziert 12/2017 Studien bis 2017

Targeting continent antenatal women early in pregnancy and offering a structured PFMT programme may prevent the onset of urinary incontinence in late pregnancy and postpartum. However, the cost-effectiveness of this is unknown. Population approaches (recruiting antenatal women regardless of continence status) may have a smaller effect on urinary incontinence, although the reasons for this are unclear. It is uncertain whether a population-based approach for delivering postnatal PFMT is effective in reducing urinary incontinence. Uncertainty surrounds the effects of PFMT as a treatment for urinary incontinence in antenatal and postnatal women, which contrasts with the more established effectiveness in mid-life women.

It is possible that the effects of PFMT might be greater with targeted rather than mixed prevention and treatment approaches and in certain groups of women. Hypothetically, for instance, women with a high body mass index are at risk factor for urinary incontinence. Such uncertainties require further testing and data on duration of effect are also needed. The physiological and behavioural aspects of exercise programmes must be described for both PFMT and control groups and how much PFMT women in both groups do, to increase understanding of what works and for whom.

Few data exist on faecal incontinence or costs and it is important that both are included in any future trials. It is essential that future trials use valid measures of incontinence-specific quality of life for both urinary and faecal incontinence.

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

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