Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

April bis Juni 2018

Cochrane Deutschland

Nutzerspezifische Cochrane Reviews

Die Cochrane Deutschland Stiftung 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 die Cochrane Deutschland Stiftung, 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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Wojcieszek AM, Shepherd E, Middleton P, Gardener G, Ellwood DA, McClure EM, Gold KJ, Khong TY, Silver RM, Erwich JJHM, Flenady V. Interventions for investigating and identifying the causes of stillbirth. Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No.: CD012504. DOI: 10.1002/14651858.CD012504.pub2.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012504.pub2/full

Publiziert 04/2018 Studien bis 2017

There is currently a lack of RCT evidence regarding the effectiveness of interventions for investigating and identifying the causes of stillbirth. Seeking to determine the causes of stillbirth is an essential component of quality maternity care, but it remains unclear what impact these interventions have on the psychosocial outcomes of parents and families, the rates of diagnosis of the causes of stillbirth, and the care and management of subsequent pregnancies following stillbirth. Due to the absence of trials, this review is unable to inform clinical practice regarding the investigation of stillbirths, and the specific investigations that would determine the causes.

Future RCTs addressing this research question would be beneficial, but the settings in which the trials take place, and their design, need to be given careful consideration. Trials need to be conducted with the utmost care and consideration for the needs, concerns, and values of parents and families. Assessment of longer-term psychosocial variables, economic costs to health services, and effects on subsequent pregnancy care and outcomes should also be considered in any future trials.

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

CR IN
CR OUT

Lui K, Jones LJ, Foster JP, Davis PG, Ching SK, Oei JL, Osborn DA. Lower versus higher oxygen concentrations titrated to target oxygen saturations during resuscitation of preterm infants at birth. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD010239. DOI: 10.1002/14651858.CD010239.pub2.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010239.pub2/full

Publiziert 05/2018 Studien bis 2017

There is uncertainty as to whether initiating post birth resuscitation in preterm infants using lower (FiO2 < 0.4) or higher (FiO2 ≥ 0.4) oxygen concentrations, targeted to oxygen saturations in the first 10 minutes, has an important effect on mortality or major morbidity, intubation during post birth resuscitation, other resuscitation outcomes, and long-term outcomes including neurodevelopmental disability. We assessed the quality of the evidence for all outcomes as low to very low. Further large, well designed trials are needed to assess the effect of using different initial oxygen concentrations and the effect of targeting different oxygen saturations.

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

CR IN
CR OUT

Middleton P, Shepherd E, Crowther CA. Induction of labour for improving birth outcomes for women at or beyond term. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD004945. DOI: 10.1002/14651858.CD004945.pub4.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD004945.pub4/full

Publiziert 05/2018 Studien bis 2017

A policy of labour induction at or beyond term compared with expectant management is associated with fewer perinatal deaths and fewer caesarean sections; but more operative vaginal births. NICU admissions were lower and fewer babies had low Apgar scores with induction. No important differences were seen for most of the other maternal and infant outcomes.

Most of the important outcomes assessed using GRADE had a rating of moderate or low-quality evidence - with downgrading decisions generally due to study limitations such as lack of blinding (a condition inherent in comparisons between a policy of acting and of waiting), or imprecise effect estimates. One outcome (length of maternal stay) was downgraded further to very low-quality evidence due to inconsistency.

Although the absolute risk of perinatal death is small, it may be helpful to offer women appropriate counselling to help choose between scheduled induction for a post-term pregnancy or monitoring without (or later) induction).

The optimal timing of offering induction of labour to women at or beyond term warrants further investigation, as does further exploration of risk profiles of women and their values and preferences. Individual participant meta-analysis is likely to help elucidate the role of factors, such as parity, in influencing outcomes of induction compared with expectant management.

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

CR IN
CR OUT

Cluett ER, Burns E, Cuthbert A. Immersion in water during labour and birth. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD000111. DOI: 10.1002/14651858.CD000111.pub4.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD000111.pub4/full

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In healthy women at low risk of complications there is moderate to low-quality evidence that water immersion during the first stage of labour probably has little effect on mode of birth or perineal trauma, but may reduce the use of regional analgesia. The evidence for immersion during the second stage of labour is limited and does not show clear differences on maternal or neonatal outcomes intensive care. There is no evidence of increased adverse effects to the fetus/neonate or woman from labouring or giving birth in water. Available evidence is limited by clinical variability and heterogeneity across trials, and no trial has been conducted in a midwifery-led setting.

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

CR IN
CR OUT

Sng BL, Zeng Y, de Souza NNA, Leong WL, Oh TT, Siddiqui FJ, Assam PN, Han NLR, Chan ESY, Sia AT. Automated mandatory bolus versus basal infusion for maintenance of epidural analgesia in labour. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD011344. DOI: 10.1002/14651858.CD011344.pub2.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD011344.pub2/full

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There is predominantly moderate-certainty evidence that AMB is similar to BI for maintaining epidural analgesia for labour for all measured outcomes and may have the benefit of decreasing the risk of breakthrough pain and improving maternal satisfaction while decreasing the amount of local anaesthetic needed.

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

CR IN
CR OUT

Arikpo D, Edet ES, Chibuzor MT, Odey F, Caldwell DM. Educational interventions for improving primary caregiver complementary feeding practices for children aged 24 months and under. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD011768. DOI: 10.1002/14651858.CD011768.pub2.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD011768.pub2/full

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Overall, we found evidence that education improves complementary feeding practices.

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

CR IN
CR OUT

Anim-Somuah M, Smyth RMD, Cyna AM, Cuthbert A. Epidural versus non-epidural or no analgesia for pain management in labour. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD000331. DOI: 10.1002/14651858.CD000331.pub4.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD000331.pub4/full

Publiziert 05/2018 Studien bis 2017

Low-quality evidence shows that epidural analgesia may be more effective in reducing pain during labour and increasing maternal satisfaction with pain relief than non-epidural methods. Although overall there appears to be an increase in assisted vaginal birth when women have epidural analgesia, a post hoc subgroup analysis showed this effect is not seen in recent studies (after 2005), suggesting that modern approaches to epidural analgesia in labour do not affect this outcome. Epidural analgesia had no impact on the risk of caesarean section or long-term backache, and did not appear to have an immediate effect on neonatal status as determined by Apgar scores or in admissions to neonatal intensive care. Further research may be helpful to evaluate rare but potentially severe adverse effects of epidural analgesia and non-epidural analgesia on women in labour and long-term neonatal outcomes.

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

CR IN
CR OUT

Smith LA, Burns E, Cuthbert A. Parenteral opioids for maternal pain management in labour. Cochrane Database of Systematic Reviews 2018, Issue 6. Art. No.: CD007396. DOI: 10.1002/14651858.CD007396.pub3.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD007396.pub3/full

Publiziert 06/2018 Studien bis 2017

Though most evidence is of low- or very-low quality, for healthy women with an uncomplicated pregnancy who are giving birth at 37 to 42 weeks, parenteral opioids appear to provide some relief from pain in labour but are associated with drowsiness, nausea, and vomiting in the woman. Effects on the newborn are unclear. Maternal satisfaction with opioid analgesia was largely unreported. The review needs to be examined alongside related Cochrane reviews. More research is needed to determine which analgesic intervention is most effective, and provides greatest satisfaction to women with acceptable adverse effects for mothers and their newborn.

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

CR IN
CR OUT

Liabsuetrakul T, Choobun T, Peeyananjarassri K, Islam QM. Prophylactic use of ergot alkaloids in the third stage of labour. Cochrane Database of Systematic Reviews 2018, Issue 6. Art. No.: CD005456. DOI: 10.1002/14651858.CD005456.pub3.

http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD005456.pub3/full

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Prophylactic IM or IV injections of ergot alkaloids may be effective in reducing blood loss, reducing PPH (estimated blood loss of at least 500 mL), and increasing maternal haemoglobin. Ergot alkaloids may also decrease the use of therapeutic uterotonics, but adverse effects may include elevated blood pressure and pain after birth requiring analgesia. There were no differences between groups in terms of other adverse effects (vomiting, nausea, headache or eclamptic fit). There is a lack of evidence on the effects of ergot alkaloids on severe PPH, and retained or manual removal of placenta. There is also a lack of evidence on the oral route of administration of ergot alkaloids.

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

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