

# Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

April bis Juni 2019



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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Salati JA, Leathersich SJ, Williams MJ, Cuthbert A, Tolosa JE. Prophylactic oxytocin for the third stage of labour to prevent postpartum haemorrhage. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD001808. DOI: 10.1002/14651858.CD001808.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001808.pub3/full>

Publiziert 04/2019 Studien bis 2019

Prophylactic oxytocin compared with no uterotonics may reduce blood loss and the need for additional uterotonics. The effect of oxytocin compared to ergot alkaloids is uncertain with regards to blood loss, need for additional uterotonics, and blood transfusion. Oxytocin may increase the risk of a prolonged third stage compared to ergot alkaloids, although whether this translates into increased risk of manual placental removal is uncertain. This potential risk must be weighed against the possible increased risk of side effects associated with ergot alkaloids. Oxytocin-ergometrine may reduce blood loss compared to ergot alkaloids, however the certainty of this conclusion is low. More high-quality trials are needed to assess optimal dosing and route of oxytocin administration, with inclusion of important outcomes such as maternal mortality, shock, and transfer to a higher level of care. A network meta-analysis of uterotonics for PPH prevention plans to address issues around optimal dosing and routes of oxytocin and other uterotonics.

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

CR IN

CR OUT

East CE, Biro MA, Fredericks S, Lau R. Support during pregnancy for women at increased risk of low birthweight babies. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD000198. DOI: 10.1002/14651858.CD000198.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000198.pub3/full>

Publiziert 04/2019 Studien bis 2018

Pregnant women need the support of caring family members, friends, and health professionals. While programmes that offer additional social support during pregnancy are unlikely to have a large impact on the proportion of low birthweight babies or birth before 37 weeks' gestation and no impact on stillbirth or neonatal death, they may be helpful in reducing the likelihood of caesarean birth and antenatal hospital admission.

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

CR IN

CR OUT

Basuki F, Hadiati DR, Turner T, McDonald S, Hakimi M. Dilute versus full-strength formula in exclusively formula-fed preterm or low birth weight infants. Cochrane Database of Systematic Reviews 2019, Issue 6. Art. No.: CD007263. DOI: 10.1002/14651858.CD007263.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007263.pub3/full>

Publiziert 06/2019 Studien bis 2018

There is low-certainty evidence from three small, old trials that use of dilute formula in preterm or low birth weight formula-fed infants may lead to an important reduction in the time taken for preterm infants to attain an adequate energy intake.

However, our confidence in this result is limited due to uncertainty over risk of bias and sparsity of available data. Dilute formula may reduce incidence of feeding intolerance, but the clinical significance of the reduction is uncertain. The impact on serious gastrointestinal problems, including necrotising enterocolitis, was not reported in any of the trials. Further randomised trials are needed to confirm these results.

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

CR IN

CR OUT

Dempsey E, Miletin J. Banked preterm versus banked term human milk to promote growth and development in very low birth weight infants. Cochrane Database of Systematic Reviews 2019, Issue 6. Art. No.: CD007644. DOI: 10.1002/14651858.CD007644.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007644.pub3/full>

Publiziert 06/2019      Studien bis 2018

We found no evidence to support or refute the effect of banked donor preterm milk compared to banked term milk regarding growth and developmental outcomes in very low birth weight infants.

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

CR IN  
CR OUT