

Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Juli bis September 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)

Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub6.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003766.pub6/full>

Publiziert 07_2017 Studien bis 2017

Continuous support during labour may improve outcomes for women and infants, including increased spontaneous vaginal birth, shorter duration of labour, and decreased caesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences. We found no evidence of harms of continuous labour support. Subgroup analyses should be interpreted with caution, and considered as exploratory and hypothesis-generating, but evidence suggests continuous support with certain provider characteristics, in settings where epidural analgesia was not routinely available, in settings where women were not permitted to have companions of their choosing in labour, and in middle-income country settings, may have a favourable impact on outcomes such as caesarean birth. Future research on continuous support during labour could focus on longer-term outcomes (breastfeeding, mother-infant interactions, postpartum depression, self-esteem, difficulty mothering) and include more woman-centred outcomes in low-income settings.

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

CR IN

CR OUT

Petris C, Liu D. Probing for congenital nasolacrimal duct obstruction. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD011109. DOI: 10.1002/14651858.CD011109.pub2.

onlinelibrary.wiley.com/doi/10.1002/14651858.CD011109.pub2/full

Publiziert 07_2017 Studien bis 2016

The effects and costs of immediate versus deferred probing for NLDO are uncertain. Children who have unilateral NLDO may have better success from immediate office probing, though few children have participated in these trials, and investigators examined outcomes at disparate time points. Determining whether to perform the procedure and its optimal timing will require additional studies with greater power and larger, well-run clinical trials to help our understanding of the comparison.

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

CR IN

CR OUT

Dodd JM, Crowther CA, Grivell RM, Deussen AR. Elective repeat caesarean section versus induction of labour for women with a previous caesarean birth. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD004906. DOI: 10.1002/14651858.CD004906.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004906.pub5/full>

Publiziert 07_2017 Studien bis 2017

Both planned elective repeat caesarean section and planned induction of labour for women with a prior caesarean birth are associated with benefits and harms. Evidence for these care practices has been drawn from non-randomised studies, which are associated with potential bias. Therefore, any results and conclusions presented must be interpreted with caution. Randomised controlled trials are required to provide the most reliable evidence regarding the benefits and harms of both planned elective repeat caesarean section and planned induction of labour for women with a previous caesarean birth.

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

CR IN

CR OUT

Hebammenrelevante Cochrane Reviews (CR)

Yonemoto N, Dowswell T, Nagai S, Mori R. Schedules for home visits in the early postpartum period. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD009326. DOI: 10.1002/14651858.CD009326.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009326.pub3/full>

Publiziert 08_2017 Studien bis 2013

Increasing the number of postnatal home visits may promote infant health and maternal satisfaction and more individualised care may improve outcomes for women, although overall findings in different studies were not consistent. The frequency, timing, duration and intensity of such postnatal care visits should be based upon local and individual needs. Further well designed RCTs evaluating this complex intervention will be required to formulate the optimal package.

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

CR IN

CR OUT

Karant L, Kanagasabai S, Abas ABL. Maternal and foetal outcomes following natural vaginal versus caesarean section (c-section) delivery in women with bleeding disorders and carriers. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD011059. DOI: 10.1002/14651858.CD011059.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011059.pub3/full>

Publiziert 08_2017 Studien bis 2017

The review did not identify any randomised controlled trials investigating the safest mode of delivery and associated maternal and foetal complications during delivery in women with, or carriers of, a bleeding disorder. In the absence of high quality evidence, clinicians need to use their clinical judgement and lower level evidence (e.g. from observational trials, case studies) to decide upon the optimal mode of delivery to ensure the safety of both mother and foetus.

Given the ethical considerations, the rarity of the disorders and the low incidence of both maternal and foetal complications, future randomised controlled trials to find the optimal mode of delivery in this population are unlikely to be carried out. Other high quality controlled studies (such as risk allocation designs, sequential design, and parallel cohort design) are needed to investigate the risks and benefits of natural vaginal and caesarean section in this population or extrapolation from other clinical conditions that incur a haemorrhagic risk to the baby, such as platelet alloimmunisation.

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

CR IN

CR OUT

Tieu J, Middleton P, Crowther CA, Shepherd E. Preconception care for diabetic women for improving maternal and infant health. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD007776. DOI: 10.1002/14651858.CD007776.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007776.pub3/full>

Publiziert 08_2017 Studien bis 2017

There are insufficient RCT data available to assess the effects of preconception care for diabetic women on health outcomes for mothers and their infants.

More high-quality evidence is needed to determine the effects of different protocols of preconception care for diabetic women. Future trials should be powered to evaluate effects on short- and long-term maternal and infant outcomes, and outcomes relating to the use and costs of health services. We have identified three ongoing studies that we will consider in the next review update.

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/III/057-023.html>

Hebammenrelevante Cochrane Reviews (CR)

Tieu J, Shepherd E, Middleton P, Crowther CA. Interconception care for women with a history of gestational diabetes for improving maternal and infant outcomes. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD010211. DOI: 10.1002/14651858.CD010211.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010211.pub3/full>

Publiziert 08_2017 Studien bis 2017

The role of interconception care for women with a history of GDM remains unclear. Randomised controlled trials are required evaluating different forms and protocols of interconception care for these women on perinatal and long-term maternal and infant health outcomes, acceptability of such interventions and cost-effectiveness.

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/II/057-023.html>

Hofmeyr GJ, Manyame S. Calcium supplementation commencing before or early in pregnancy, or food fortification with calcium, for preventing hypertensive disorders of pregnancy. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011192. DOI: 10.1002/14651858.CD011192.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011192.pub2/full>

Publiziert 09_2017 Studien bis 2017

The results of this review are based on one small study in which the calcium intervention group also received antioxidants and other supplements. Therefore, we are uncertain whether any of the effects observed in the study were due to calcium supplementation or not. The evidence in this review was graded low to moderate due to imprecision. There is insufficient evidence on the effectiveness or otherwise of pre- or early-pregnancy calcium supplementation, or food fortification for preventing hypertensive disorders of pregnancy.

Further research is needed to determine whether pre- or early-pregnancy supplementation, or food fortification with calcium is associated with a reduction in adverse pregnancy outcomes such as pre-eclampsia and pregnancy loss. Such studies should be adequately powered, limited to calcium supplementation, placebo-controlled, and include relevant outcomes such as those chosen for this review.

There is one ongoing study of calcium supplementation alone versus placebo and this may provide additional evidence in future updates.

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/II/015-018.html>

Cluver C, Novikova N, Eriksson DOA, Bengtsson K, Lingman GK. Interventions for treating genital Chlamydia trachomatis infection in pregnancy. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD010485. DOI: 10.1002/14651858.CD010485.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010485.pub2/full>

Publiziert 09_2017 Studien bis 2017

Treatment with antibacterial agents achieves microbiological cure from C.trachomatis infection during pregnancy. There was no apparent difference between assessed agents (amoxicillin, erythromycin, clindamycin, azithromycin) in terms of efficacy (microbiological cure and repeat infection) and pregnancy complications (preterm birth, preterm rupture of membranes, low birthweight). Azithromycin and clindamycin appear to result in fewer side effects than erythromycin.

All of the studies in this review were conducted in North America, which may limit the generalisability of the results. In addition, study populations may differ in low-resource settings and these results are therefore only applicable to well-resourced settings. Furthermore, the trials in this review mainly took place in the nineties and early 2000's and antibiotic resistance may have changed since then.

Further well-designed studies, with appropriate sample sizes and set in a variety of settings, are required to further evaluate interventions for treating C.trachomatis infection in pregnancy and determine which agents achieve the best microbiological cure with the least side effects. Such studies could report on 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/II/059-005.html>

Alfirevic Z, Navaratnam K, Mujezinovic F. Amniocentesis and chorionic villus sampling for prenatal diagnosis. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD003252. DOI: 10.1002/14651858.CD003252.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003252.pub2/full>

Publiziert 09_2017 Studien bis 2017

Second trimester amniocentesis increased the risk of pregnancy loss, but it was not possible to quantify this increase precisely from only one study, carried out more than 30 years ago.

Early amniocentesis was not as safe as second trimester amniocentesis, illustrated by increased pregnancy loss and congenital anomalies (talipes). Transcervical chorionic villus sampling compared with second trimester amniocentesis may be associated with a higher risk of pregnancy loss, but results were quite heterogeneous.

Diagnostic accuracy of different methods could not be assessed adequately because of incomplete karyotype data in most studies.

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

CR IN

CR OUT

Hebammenrelevante Cochrane Reviews (CR)

Wiysonge CS, Ndze VN, Kongnyuy EJ, Shey MS. Vitamin A supplements for reducing mother-to-child HIV transmission. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD003648. DOI: 10.1002/14651858.CD003648.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003648.pub4/full>

Publiziert 09_2017 Studien bis 2017

Antepartum or postpartum vitamin A supplementation, or both, probably has little or no effect on mother-to-child transmission of HIV in women living with HIV infection and not on antiretroviral drugs. The intervention has largely been superseded by ART which is widely available and effective in preventing vertical transmission.

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/II/055-002.html>

Abiramalatha T, Thomas N, Gupta V, Viswanathan A, McGuire W. High versus standard volume enteral feeds to promote growth in preterm or low birth weight infants. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD012413. DOI: 10.1002/14651858.CD012413.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012413.pub2/full>

Publiziert 09_2017 Studien bis 2017

We found only very limited data from one small unblinded trial on the effects of high-volume feeds on important outcomes for preterm or low birth weight infants. The quality of evidence is low to very low. Hence, available evidence is insufficient to support or refute high-volume enteral feeds in preterm or low birth weight infants. A large, pragmatic randomised controlled trial is needed to provide data of sufficient quality and precision to inform policy and practice.

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

CR IN

CR OUT

Vogel JP, Osoti AO, Kelly AJ, Livio S, Norman JE, Alfirevic Z. Pharmacological and mechanical interventions for labour induction in outpatient settings. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD007701. DOI: 10.1002/14651858.CD007701.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007701.pub3/full>

Publiziert 09_2017 Studien bis 2016

Induction of labour in outpatient settings appears feasible and important adverse events seem rare, however, in general there is insufficient evidence to detect differences. There was no strong evidence that agents used to induce labour in outpatient settings had an impact (positive or negative) on maternal or neonatal health. There was some evidence that compared to placebo or no treatment, induction agents administered on an outpatient basis reduced the need for further interventions to induce labour, and shortened the interval from intervention to birth.

We do not have sufficient evidence to know which induction methods are preferred by women, the interventions that are most effective and safe to use in outpatient settings, or their cost effectiveness. Further studies where various women-friendly outpatient protocols are compared head-to-head are required. As part of such work, women should be consulted on what sort of management they would prefer.

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

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