

Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Oktober bis Dezember 2018



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.

Autoren:

Katharina Wollmann & Sebastian Voigt-Radloff

Kontakt:

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

Hofmeyr GJ, Lawrie TA, Atallah ÁN, Torloni MR. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD001059. DOI: 10.1002/14651858.CD001059.pub5.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001059.pub5/full>

Publiziert 10/2018 Studien bis 2017

High-dose calcium supplementation (≥ 1 g/day) may reduce the risk of pre-eclampsia and preterm birth, particularly for women with low calcium diets (low-quality evidence). The treatment effect may be overestimated due to small-study effects or publication bias. It reduces the occurrence of the composite outcome 'maternal death or serious morbidity', but not stillbirth or neonatal high care admission. There was an increased risk of HELLP syndrome with calcium supplementation, which was small in absolute numbers.

The limited evidence on low-dose calcium supplementation suggests a reduction in pre-eclampsia, hypertension and admission to neonatal high care, but needs to be confirmed by larger, high-quality trials.

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

CR IN
CR OUT

Dumoulin C, Cacciari LP, Hay-Smith EJC. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD005654. DOI: 10.1002/14651858.CD005654.pub4.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005654.pub4/full>

Publiziert 10/2018 Studien bis 2018

Based on the data available, we can be confident that PFMT can cure or improve symptoms of SUI and all other types of UI. It may reduce the number of leakage episodes, the quantity of leakage on the short pad tests in the clinic and symptoms on UI-specific symptom questionnaires. The authors of the one economic evaluation identified for the Brief Economic Commentary reported that the cost-effectiveness of PFMT looks promising. The findings of the review suggest that PFMT could be included in first-line conservative management programmes for women with UI. The long-term effectiveness and cost-effectiveness of PFMT needs to be further researched.

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

CR IN
CR OUT

Churchill D, Duley L, Thornton JG, Moussa M, Ali HSM, Walker KF. Interventionist versus expectant care for severe pre-eclampsia between 24 and 34 weeks' gestation. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD003106. DOI: 10.1002/14651858.CD003106.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003106.pub3/full>

Publiziert 10/2018 Studien bis 2017

This review suggested that an expectant approach to the management of women with severe early onset pre-eclampsia may be associated with decreased morbidity for the baby. However, this evidence was based on data from only six trials. Further large, high-quality trials are needed to confirm or refute these findings, and establish if this approach is safe for the mother.

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

CR IN
CR OUT

Osborn DA, Sinn JKH, Jones LJ. Infant formulas containing hydrolysed protein for prevention of allergic disease. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD003664. DOI: 10.1002/14651858.CD003664.pub6.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003664.pub6/full>

Publiziert 10/2018 Studien bis 2017

We found no evidence to support short-term or prolonged feeding with a hydrolysed formula compared with exclusive breast feeding for prevention of allergic disease. Very low-quality evidence indicates that short-term use of an EHF compared with a CMF may prevent infant CMA. Further trials are recommended before implementation of this practice.

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

CR IN
CR OUT

Hadiati DR, Hakimi M, Nurdianti DS, da Silva Lopes K, Ota E. Skin preparation for preventing infection following caesarean section. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD007462. DOI: 10.1002/14651858.CD007462.pub4.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007462.pub4/full>

Publiziert 10/2018 Studien bis 2017

There was insufficient evidence available from the included RCTs to fully evaluate different agents and methods of skin preparation for preventing infection following caesarean section. Therefore, it is not yet clear what sort of skin preparation may be most effective for preventing postcaesarean surgical site infection, or for reducing other undesirable outcomes for mother and baby.

Most of the evidence in this review was deemed to be very low or low quality. This means that for most findings, our confidence in any evidence of an intervention effect is limited, and indicates the need for more high-quality research.

This field needs high quality, well designed RCTs, with larger sample sizes. High priority questions include comparing types of antiseptic (especially iodine versus chlorhexidine), and application methods (scrubbing, swabbing, or draping). We found four studies that were ongoing; we will incorporate the results of these studies in future updates of this review.

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

CR IN
CR OUT

Middleton P, Gomersall JC, Gould JF, Shepherd E, Olsen SF, Makrides M. Omega-3 fatty acid addition during pregnancy. Cochrane Database of Systematic Reviews 2018, Issue 11. Art. No.: CD003402. DOI: 10.1002/14651858.CD003402.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003402.pub3/full>

Publiziert 11/2018 Studien bis 2018

In the overall analysis, preterm birth < 37 weeks and early preterm birth < 34 weeks were reduced in women receiving omega-3 LCPUFA compared with no omega-3. There was a possibly reduced risk of perinatal death and of neonatal care admission, a reduced risk of LBW babies; and possibly a small increased risk of LGA babies with omega-3 LCPUFA.

For our GRADE quality assessments, we assessed most of the important perinatal outcomes as high-quality (e.g. preterm birth) or moderate-quality evidence (e.g. perinatal death). For the other outcome domains (maternal, child/adult and health service outcomes) GRADE ratings ranged from moderate to very low, with over half rated as low. Reasons for downgrading across the domain were mostly due to design limitations and imprecision.

Omega-3 LCPUFA supplementation during pregnancy is an effective strategy for reducing the incidence of preterm birth, although it probably increases the incidence of post-term pregnancies. More studies comparing omega-3 LCPUFA and placebo (to establish causality in relation to preterm birth) are not needed at this stage. A further 23 ongoing trials are still to report on over 5000 women, so no more RCTs are needed that compare omega-3 LCPUFA against placebo or no intervention. However, further follow-up of completed trials is needed to assess longer-term outcomes for mother and child, to improve understanding of metabolic, growth and neurodevelopment pathways in particular, and to establish if, and how, outcomes vary by different types of omega-3 LCPUFA, timing and doses; or by characteristics of women.

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

CR IN
CR OUT

Walker KF, Kibuka M, Thornton JG, Jones NW. Maternal position in the second stage of labour for women with epidural anaesthesia. Cochrane Database of Systematic Reviews 2018, Issue 11. Art. No.: CD008070. DOI: 10.1002/14651858.CD008070.pub4.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008070.pub4/full>

Publiziert 11/2018 Studien bis 2018

There may be little or no difference in operative birth between women who adopt recumbent or supine positions during the second stage of labour with an epidural analgesia. However, the studies are heterogeneous, probably related to differing study designs and interventions, differing adherence to the allocated intervention and possible selection and attrition bias. Sensitivity analysis of studies at low risk of bias indicated that recumbent positions may reduce the need for operative birth and caesarean section, without increasing instrumental delivery. Mothers may be more satisfied with their experience of childbirth by adopting a recumbent position. The studies in this review looked at left or right lateral and semi-recumbent positions. Recumbent positions such as flat on the back or lithotomy are not generally used due to the possibility of aorto-caval compression, although we acknowledge that these recumbent positions were not the focus of trials included in this review.

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

CR IN
CR OUT

Medley N, Vogel JP, Care A, Alfirevic Z. Interventions during pregnancy to prevent preterm birth: an overview of Cochrane systematic reviews. Cochrane Database of Systematic Reviews 2018, Issue 11. Art. No.: CD012505. DOI: 10.1002/14651858.CD012505.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012505.pub2/full>

Publiziert 11/2018 Studien bis 2017

Implications for practice

The overview serves as a map and guide to all current evidence relevant to PTB prevention published in the Cochrane Library. Of 70 SRs with outcome data, we identified 36 reviews of interventions with the aim of preventing PTB. Just four of these SRs had evidence of clear benefit to women, with an additional four SRs reporting possible benefit. No SR reported clear harm, which is an important finding for women and health providers alike.

The overview summarises no evidence for the clinically important interventions of cervical pessary, cervical length assessment and vaginal progesterone because these Cochrane Reviews were not current. These are active areas for PTB research.

The graphic icons we assigned to SR effect estimates do not constitute clinical guidance or an endorsement of specific interventions for pregnant women. It remains critical for pregnant women and their healthcare providers to carefully consider whether specific strategies to prevent PTB will be of benefit for individual women, or for specific populations of women.

Implications for research

Formal consensus work is needed to establish standard language for overviews of reviews and to define the limits of their interpretation.

Clinicians, researchers and funders must address the lack of evidence for interventions relevant to women at high risk of PTB due to multiple pregnancy.

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

CR IN

CR OUT

Grev J, Berg M, Soll R. Maternal probiotic supplementation for prevention of morbidity and mortality in preterm infants. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD012519. DOI: 10.1002/14651858.CD012519.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012519.pub2/full>

Publiziert 12/2018 Studien bis 2017

There is insufficient evidence to conclude whether there is appreciable benefit or harm to neonates of either oral supplementation of probiotics administered to pregnant women at low risk for preterm birth or oral supplementation of probiotics to mothers of preterm infants after birth. Oral supplementation of probiotics to mothers of preterm infants after birth may decrease time to 50% enteral feeds, however, this estimate is extremely imprecise. More research is needed for post-natal administration of probiotics to mothers of preterm infants, as well as to pregnant mothers at high risk for preterm birth.

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

CR IN

CR OUT