

Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Januar bis März 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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Hebammen-relevante Cochrane Reviews (CR)

Brown J, Martis R, Hughes B, Rowan J, Crowther CA. Oral anti-diabetic pharmacological therapies for the treatment of women with gestational diabetes. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD011967. DOI: 10.1002/14651858.CD011967.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011967.pub2/full>

Publiziert 01_2017 Studien bis 2016

There were insufficient data comparing oral anti-diabetic pharmacological therapies with placebo/standard care (lifestyle advice) to inform clinical practice. There was insufficient high-quality evidence to be able to draw any meaningful conclusions as to the benefits of one oral anti-diabetic pharmacological therapy over another due to limited reporting of data for the primary and secondary outcomes in this review. Short- and long-term clinical outcomes for this review were inadequately reported or not reported. Current choice of oral anti-diabetic pharmacological therapy appears to be based on clinical preference, availability and national clinical practice guidelines.

The benefits and potential harms of one oral anti-diabetic pharmacological therapy compared with another, or compared with placebo/standard care remains unclear and requires further research. Future trials should attempt to report on the core outcomes suggested in this review, in particular long-term outcomes for the woman and the infant that have been poorly reported to date, women's experiences and cost benefit.

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

CR IN
CR OUT

Rikken JFW, Kowalik CR, Emanuel MH, Mol BWJ, Van der Veen F, van Wely M, Goddijn M. Septum resection for women of reproductive age with a septate uterus. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD008576. DOI: 10.1002/14651858.CD008576.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008576.pub4/full>

Publiziert 01_2017 Studien bis 2016

Hysteroscopic septum resection in women of reproductive age with a septate uterus is performed worldwide to improve reproductive outcomes. At present, there is no evidence to support the surgical procedure in these women. Randomised controlled trials are urgently needed. Two trials are currently underway.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Cluver C, Novikova N, Koopmans CM, West HM. Planned early delivery versus expectant management for hypertensive disorders from 34 weeks gestation to term. *Cochrane Database of Systematic Reviews* 2017, Issue 1. Art. No.: CD009273. DOI: 10.1002/14651858.CD009273.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009273.pub2/full>

Publiziert 01_2017 Studien bis 2016

For women suffering from hypertensive disorders of pregnancy after 34 weeks, planned early delivery is associated with less composite maternal morbidity and mortality. There is no clear difference in the composite outcome of infant mortality and severe morbidity; however, this is based on limited data (from two trials) assessing all hypertensive disorders as one group.

Further studies are needed to look at the different types of hypertensive diseases and the optimal timing of delivery for these conditions. These studies should also include infant and maternal morbidity and mortality outcomes, caesarean section, duration of hospital stay after delivery for mother and duration of hospital stay after delivery for baby.

An individual patient meta-analysis on the data currently available would provide further information on the outcomes of the different types of hypertensive disease encountered in pregnancy.

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

CR IN
CR OUT

Middleton P, Shepherd E, Flenady V, McBain RD, Crowther CA. Planned early birth versus expectant management (waiting) for prelabour rupture of membranes at term (37 weeks or more). *Cochrane Database of Systematic Reviews* 2017, Issue 1. Art. No.: CD005302. DOI: 10.1002/14651858.CD005302.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005302.pub3/full>

Publiziert 01_2017 Studien bis 2016

There is low quality evidence to suggest that planned early birth (with induction methods such as oxytocin or prostaglandins) reduces the risk of maternal infectious morbidity compared with expectant management for PROM at 37 weeks' gestation or later, without an apparent increased risk of caesarean section. Evidence was mainly downgraded due to the majority of studies contributing data having some serious design limitations, and for most outcomes estimates were imprecise.

Although the 23 included trials in this review involved a large number of women and babies, the quality of the trials and evidence was not high overall, and there was limited reporting for a number of important outcomes. Thus further evidence assessing the benefits or harms of planned early birth compared with expectant management, considering maternal, fetal, neonatal and longer-term childhood outcomes, and the use of health services, would be valuable. Any future trials should be adequately designed and powered to evaluate the effects on short- and long-term outcomes. Standardisation of outcomes and their definitions, including for the assessment of maternal and neonatal infection, would be beneficial.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Tieu J, Shepherd E, Middleton P, Crowther CA. Dietary advice interventions in pregnancy for preventing gestational diabetes mellitus. *Cochrane Database of Systematic Reviews* 2017, Issue 1. Art. No.: CD006674. DOI: 10.1002/14651858.CD006674.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006674.pub3/full>

Publiziert 01_2017 Studien bis 2016

Very low-quality evidence from five trials suggests a possible reduction in GDM risk for women receiving dietary advice versus standard care, and low-quality evidence from four trials suggests no clear difference for women receiving low- versus moderate- to high-GI dietary advice. A possible reduction in pregnancy-induced hypertension for women receiving dietary advice was observed and no clear differences were seen for other reported primary outcomes. There were few outcome data for secondary outcomes.

For outcomes assessed using GRADE, evidence was considered to be low to very low quality, with downgrading based on study limitations (risk of bias), imprecision, and inconsistency.

More high-quality evidence is needed to determine the effects of dietary advice interventions in pregnancy. Future trials should be designed to monitor adherence, women's views and preferences, and powered to evaluate effects on short- and long-term outcomes; there is a need for such trials to collect and report on core outcomes for GDM research. We have identified five ongoing studies and four are awaiting classification. We will consider these in the next review update.

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

CR IN
CR OUT

Devane D, Lalor JG, Daly S, McGuire W, Cuthbert A, Smith V. Cardiotocography versus intermittent auscultation of fetal heart on admission to labour ward for assessment of fetal wellbeing. *Cochrane Database of Systematic Reviews* 2017, Issue 1. Art. No.: CD005122. DOI: 10.1002/14651858.CD005122.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005122.pub5/full>

Publiziert 01_2017 Studien bis 2016

Contrary to continued use in some clinical areas, we found no evidence of benefit for the use of the admission CTG for low-risk women on admission in labour.

Furthermore, the probability is that admission CTG increases the caesarean section rate by approximately 20%. The data lacked power to detect possible important differences in perinatal mortality. However, it is unlikely that any trial, or meta-analysis, will be adequately powered to detect such differences. The findings of this review support recommendations that the admission CTG not be used for women who are low risk on admission in labour. Women should be informed that admission CTG is likely associated with an increase in the incidence of caesarean section without evidence of benefit.

Evidence quality ranged from moderate to very low, with downgrading decisions based on imprecision, inconsistency and a lack of blinding for participants and personnel. All four included trials were conducted in developed Western European countries. One additional study is ongoing.

The usefulness of the findings of this review for developing countries will depend on FHR monitoring practices. However, an absence of benefit and likely harm associated with admission CTG will have relevance for countries where questions are being asked about the role of the admission CTG.

Future studies evaluating the effects of the admission CTG should consider including women admitted with signs of labour and before a formal diagnosis of labour. This would include a cohort of women currently having admission CTGs and not included in current trials.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Alfirevic Z, Devane D, Gyte GML, Cuthbert A. Continuous cardiotocography (CTG) as a form of electronic fetal monitoring (EFM) for fetal assessment during labour. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD006066. DOI: 10.1002/14651858.CD006066.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006066.pub3/full>

Publiziert 02_2017 Studien bis 2016

CTG during labour is associated with reduced rates of neonatal seizures, but no clear differences in cerebral palsy, infant mortality or other standard measures of neonatal wellbeing. However, continuous CTG was associated with an increase in caesarean sections and instrumental vaginal births. The challenge is how best to convey these results to women to enable them to make an informed decision without compromising the normality of labour.

The question remains as to whether future randomised trials should measure efficacy (the intrinsic value of continuous CTG in trying to prevent adverse neonatal outcomes under optimal clinical conditions) or effectiveness (the effect of this technique in routine clinical practice).

Along with the need for further investigations into long-term effects of operative births for women and babies, much remains to be learned about the causation and possible links between antenatal or intrapartum events, neonatal seizures and long-term neurodevelopmental outcomes, whilst considering changes in clinical practice over the intervening years (one-to-one-support during labour, caesarean section rates). The large number of babies randomised to the trials in this review have now reached adulthood and could potentially provide a unique opportunity to clarify if a reduction in neonatal seizures is something inconsequential that should not greatly influence women's and clinicians' choices, or if seizure reduction leads to long-term benefits for babies. Defining meaningful neurological and behavioural outcomes that could be measured in large cohorts of young adults poses huge challenges. However, it is important to collect data from these women and babies while medical records still exist, where possible describe women's mobility and positions during labour and birth, and clarify if these might impact on outcomes. Research should also address the possible contribution of the supine position to adverse outcomes for babies, and assess whether the use of mobility and positions can further reduce the low incidence of neonatal seizures and improve psychological outcomes for women.

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

CR IN
CR OUT

Kibuka M, Thornton JG. Position in the second stage of labour for women with epidural anaesthesia. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD008070. DOI: 10.1002/14651858.CD008070.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008070.pub3/full>

Publiziert 02_2017 Studien bis 2016

There are insufficient data to say anything conclusive about the effect of position for the second stage of labour for women with epidural analgesia. The GRADE quality assessment of the evidence in this review ranged between moderate to low quality, with downgrading decisions based on design limitations in the studies, inconsistency, and imprecision of effect estimates.

Women with an epidural should be encouraged to use whatever position they find comfortable in the second stage of labour.

More studies with larger sample sizes will need to be conducted in order for solid conclusions to be made about the effect of position on labour in women with an epidural. Two studies are ongoing and we will incorporate the results into this review at a future update.

Future studies should have the protocol registered, so that sample size, primary outcome, analysis plan, etc. are all clearly prespecified. The time of randomisation should be recorded, since this is the only unbiased starting time point from which the effect of position on duration of labour can be estimated. Future studies might wish to include an arm in which women were allowed to choose the position in which they felt most comfortable. Future studies should ensure that both compared positions are acceptable to women, that women can remain in them for most of the late part of labour, and report the number of women who spend time in the allocated position and the amount of time they spend in this or other positions.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Johnston C, Campbell-Yeo M, Disher T, Benoit B, Fernandes A, Streiner D, Inglis D, Zee R. Skin-to-skin care for procedural pain in neonates. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD008435. DOI: 10.1002/14651858.CD008435.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008435.pub3/full>

Publiziert 02_2017 Studien bis 2016

SSC appears to be effective as measured by composite pain indicators with both physiological and behavioural indicators and, independently, using heart rate and crying time; and safe for a single painful procedure. Purely behavioural indicators tended to favour SSC but with facial actions there is greater possibility of observers not being blinded. Physiological indicators were mixed although the common measure of heart rate favoured SSC. Two studies compared mother-providers to others, with non-significant results. There was more heterogeneity in the studies with behavioural or composite outcomes. There is a need for replication studies that use similar, clearly defined outcomes. Studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed. Of interest would be to study synergistic effects of SSC with other interventions.

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

CR IN
CR OUT

Urquhart C, Currell R, Harlow F, Callow L. Home uterine monitoring for detecting preterm labour. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD006172. DOI: 10.1002/14651858.CD006172.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006172.pub4/full>

Publiziert 02_2017 Studien bis 2016

Home uterine monitoring may result in fewer admissions to a neonatal intensive care unit but in more unscheduled antenatal visits and tocolytic treatment; the level of evidence is generally low to moderate. Important group differences were not evident when we undertook sensitivity analysis using only trials at low risk of bias. There is no impact on maternal and perinatal outcomes such as perinatal mortality or incidence of preterm birth.

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

CR IN
CR OUT

Chamberlain C, O'Mara-Eves A, Porter J, Coleman T, Perlen SM, Thomas J, McKenzie JE. Psychosocial interventions for supporting women to stop smoking in pregnancy. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD001055. DOI: 10.1002/14651858.CD001055.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001055.pub5/full>

Publiziert 02_2017 Studien bis 2015

Psychosocial interventions to support women to stop smoking in pregnancy can increase the proportion of women who stop smoking in late pregnancy and the proportion of infants born low birthweight. Counselling, feedback and incentives appear to be effective, however the characteristics and context of the interventions should be carefully considered. The effect of health education and social support is less clear. New trials have been published during the preparation of this review and will be included in the next update.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Martis R, Emilia O, Nurdiati DS, Brown J. Intermittent auscultation (IA) of fetal heart rate in labour for fetal well-being. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD008680. DOI: 10.1002/14651858.CD008680.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008680.pub2/full>

Publiziert 02_2017 Studien bis 2016

Using a hand-held (battery and wind-up) Doppler and intermittent CTG with an abdominal transducer without paper tracing for IA in labour was associated with an increase in caesarean sections due to fetal distress. There was no clear difference in neonatal outcomes (low Apgar scores at five minutes after birth, neonatal seizures or perinatal mortality). Long-term outcomes for the baby (including neurodevelopmental disability and cerebral palsy) were not reported. The quality of the evidence was assessed as moderate to very low and several important outcomes were not reported which means that uncertainty remains regarding the use of IA of FHR in labour.

As intermittent CTG and Doppler were associated with higher rates of caesarean sections compared with routine Pinard monitoring, women, health practitioners and policy makers need to consider these results in the absence of evidence of short- and long-term benefits for the mother or baby.

Large high-quality randomised trials, particularly in low-income settings, are needed. Trials should assess both short- and long-term health outcomes, comparing different monitoring tools and timing for IA.

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

CR IN
CR OUT

Eke AC, Eleje GU, Eke UA, Xia Y, Liu J. Hepatitis B immunoglobulin during pregnancy for prevention of mother-to-child transmission of hepatitis B virus. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD008545. DOI: 10.1002/14651858.CD008545.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008545.pub2/full>

Publiziert 02_2017 Studien bis 2016

Due to very low to low quality evidence found in this review, we are uncertain of the effect of benefit of antenatal HBIG administration to the HBV-infected mothers on newborn outcomes, such as HBsAg, HBV-DNA, and HBeAg compared with no intervention. The results of the effects of HBIG on HBsAg and HBeAg are surrogate outcomes (raising risk of indirectness), and we need to be critical while interpreting the findings. We found no data on newborn mortality or maternal mortality or both, or other serious adverse events. Well-designed randomised clinical trials are needed to determine the benefits and harms of HBIG versus placebo in prevention of MTCT of HBV.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Jiang H, Qian X, Carroli G, Garner P. Selective versus routine use of episiotomy for vaginal birth. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD000081. DOI: 10.1002/14651858.CD000081.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full>

Publiziert 02_2017 Studien bis 2016

In women where no instrumental delivery is intended, selective episiotomy policies result in fewer women with severe perineal/vaginal trauma. Other findings, both in the short or long term, provide no clear evidence that selective episiotomy policies results in harm to mother or baby.

The review thus demonstrates that believing that routine episiotomy reduces perineal/vaginal trauma is not justified by current evidence. Further research in women where instrumental delivery is intended may help clarify if routine episiotomy is useful in this particular group. These trials should use better, standardised outcome assessment methods.

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

CR IN
CR OUT

McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, Veitch E, Rennie AM, Crowther SA, Neiman S, MacGillivray S. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub5/full>

Publiziert 02_2017 Studien bis 2016

When breastfeeding support is offered to women, the duration and exclusivity of breastfeeding is increased. Characteristics of effective support include: that it is offered as standard by trained personnel during antenatal or postnatal care, that it includes ongoing scheduled visits so that women can predict when support will be available, and that it is tailored to the setting and the needs of the population group. Support is likely to be more effective in settings with high initiation rates. Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed with women practising exclusive breastfeeding.

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

CR IN
CR OUT

O'Neill SM, Kenny LC, Khashan AS, West HM, Smyth RMD, Kearney PM. Different insulin types and regimens for pregnant women with pre-existing diabetes. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD011880. DOI: 10.1002/14651858.CD011880.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011880.pub2/full>

Publiziert 02_2017 Studien bis 2016

With limited evidence and no meta-analyses, as each trial looked at a different comparison, no firm conclusions could be made about different insulin types and regimens in pregnant women with pre-existing type 1 or 2 diabetes. Further research is warranted to determine who has an increased risk of adverse pregnancy outcome. This would include larger trials, incorporating adequate randomisation and blinding, and key outcomes that include macrosomia, pregnancy loss, pre-eclampsia, caesarean section, fetal anomalies, and birth trauma.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Whitford HM, Wallis SK, Dowswell T, West HM, Renfrew MJ. Breastfeeding education and support for women with twins or higher order multiples. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD012003. DOI: 10.1002/14651858.CD012003.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012003.pub2/full>

Publiziert 02_2017 Studien bis 2016

We found no evidence from randomised controlled trials about the effectiveness of breastfeeding education and support for women with twins or higher order multiples, or the most effective way to provide education and support. There was no evidence about the best way to deliver the intervention, the timing of care, or the best person to deliver the care. There is a need for well-designed, adequately powered studies of interventions designed for women with twins or higher order multiples to find out what types of education and support are effective in helping these mothers to breastfeed their babies.

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

CR IN

CR OUT

Molakatalla S, Shepherd E, Grivell RM. Aspirin (single dose) for perineal pain in the early postpartum period. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD012129. DOI: 10.1002/14651858.CD012129.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012129.pub2/full>

Publiziert 02_2017 Studien bis 2016

We found low-quality evidence to suggest that single dose aspirin compared with placebo can increase pain relief in women with perineal pain post-episiotomy. Very low-quality evidence also suggested that aspirin can reduce the need for additional analgesia, without increasing maternal adverse effects. Evidence was downgraded based on study limitations (risk of bias), imprecision, and publication bias or both. RCTs excluded breastfeeding women so there is no evidence to assess the effects of aspirin on neonatal adverse effects or breastfeeding.

With international guidance recommending mothers initiate breastfeeding within one hour of birth, and exclusively breastfeed for the first six months, the evidence from this review is not applicable to current recommended best practice. Aspirin may be considered for use in non-breastfeeding women with post-episiotomy perineal pain. Although formal assessment was beyond the remit of this review, current guidance suggests that other analgesic drugs (including paracetamol) should be considered first for postpartum perineal pain. Such agents are the focus of other reviews in this series on drugs for perineal pain in the early postpartum period. It is considered most likely that if RCTs are conducted in the future they could compare aspirin with other pain relievers. Future RCTs should be designed to ensure high methodological quality, and address gaps in the evidence, such as the secondary outcomes established for this review. Current research has focused on women with post-episiotomy pain, future RCTs could be extended to women with perineal pain associated with spontaneous tears or operative birth.

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

CR IN

CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Pattinson RC, Cuthbert A, Vannevel V. Pelvimetry for fetal cephalic presentations at or near term for deciding on mode of delivery. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD000161. DOI: 10.1002/14651858.CD000161.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000161.pub2/full>

Publiziert 03_2017 Studien bis 2017

X-ray pelvimetry versus no pelvimetry or clinical pelvimetry is the only comparison included in this review due to the lack of trials identified that used other types of pelvimetry (other radiological examination or clinical pelvimetry versus no pelvimetry). There is not enough evidence to support the use of X-ray pelvimetry for deciding on mode of delivery in women whose fetuses have a cephalic presentation. Women who undergo an X-ray pelvimetry may be more likely to have a caesarean section.

Further research should be directed towards defining whether there are specific clinical situations in which pelvimetry can be shown to be of value. Newer methods of pelvimetry (CT, MRI) should be subjected to randomised trials to assess their value. Further trials of X-ray pelvimetry in cephalic presentations would be of value if large enough to assess the effect on perinatal mortality.

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

CR IN
CR OUT

Lemos A, Amorim MMR, Dornelas de Andrade A, de Souza AI, Cabral Filho JE, Correia JB. Pushing/bearing down methods for the second stage of labour. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD009124. DOI: 10.1002/14651858.CD009124.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009124.pub3/full>

Publiziert 03_2017 Studien bis 2016

This updated review is based on 21 included studies of moderate to very low quality of evidence (with evidence mainly downgraded due to study design limitations and imprecision of effect estimates).

Timing of pushing with epidural is consistent in that delayed pushing leads to a shortening of the actual time pushing and increase of spontaneous vaginal delivery at the expense of an overall longer duration of the second stage of labour and an increased risk of a low umbilical cord pH (based only on one study). Nevertheless, there was no clear difference in serious perineal laceration and episiotomy, and in other neonatal outcomes (admission to neonatal intensive care, five-minute Apgar score less than seven and delivery room resuscitation) between delayed and immediate pushing.

Therefore, for the type of pushing, with or without epidural, there is no conclusive evidence to support or refute any specific style as part of routine clinical practice, and in the absence of strong evidence supporting a specific method or timing of pushing, the woman's preference and comfort and clinical context should guide decisions.

Further properly well-designed RCTs, addressing clinically important maternal and neonatal outcomes are required to add evidence-based information to the current knowledge. Such trials will provide more complete data to be incorporated into a future update of this review.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Roberts D, Brown J, Medley N, Dalziel SR. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD004454. DOI: 10.1002/14651858.CD004454.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004454.pub3/full>

Publiziert 03_2017 Studien bis 2016

Evidence from this update supports the continued use of a single course of antenatal corticosteroids to accelerate fetal lung maturation in women at risk of preterm birth. A single course of antenatal corticosteroids could be considered routine for preterm delivery. It is important to note that most of the evidence comes from high income countries and hospital settings; therefore, the results may not be applicable to low-resource settings with high rates of infections.

There is little need for further trials of a single course of antenatal corticosteroids versus placebo in singleton pregnancies in higher income countries and hospital settings. However, data are sparse in lower income settings. There are also few data regarding risks and benefits of antenatal corticosteroids in multiple pregnancies and other high-risk obstetric groups. Further information is also required concerning the optimal dose-to-delivery interval, and the optimal corticosteroid to use.

We encourage authors of previous studies to provide further information, which may answer any remaining questions about the use of antenatal corticosteroids in such pregnancies without the need for further randomised controlled trials. Individual patient data meta-analysis from published trials is likely to answer some of the evidence gaps. Follow-up studies into childhood and adulthood, particularly in the late preterm gestation and repeat courses groups, are needed. We have not examined the possible harmful effects of antenatal corticosteroids in low-resource settings in this review. It would be particularly relevant to explore this finding in adequately powered prospective trials.

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

CR IN
CR OUT

O'Shea JE, Foster JP, O'Donnell CPF, Breathnach D, Jacobs SE, Todd DA, Davis PG. Frenotomy for tongue-tie in newborn infants. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD011065. DOI: 10.1002/14651858.CD011065.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011065.pub2/full>

Publiziert 03_2017 Studien bis 2017

Frenotomy reduced breastfeeding mothers' nipple pain in the short term. Investigators did not find a consistent positive effect on infant breastfeeding. Researchers reported no serious complications, but the total number of infants studied was small. The small number of trials along with methodological shortcomings limits the certainty of these findings. Further randomised controlled trials of high methodological quality are necessary to determine the effects of frenotomy.

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

CR IN
CR OUT

Jasani B, Simmer K, Patole SK, Rao SC. Long chain polyunsaturated fatty acid supplementation in infants born at term. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD000376. DOI: 10.1002/14651858.CD000376.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000376.pub4/full>

Publiziert 03_2017 Studien bis 2016

Most of the included RCTs reported no beneficial effects or harms of LCPUFA supplementation on neurodevelopmental outcomes of formula-fed full-term infants and no consistent beneficial effects on visual acuity. Routine supplementation of full-term infant milk formula with LCPUFA cannot be recommended at this time.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Hofmeyr GJ, Vogel JP, Cuthbert A, Singata M. Fundal pressure during the second stage of labour. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD006067. DOI: 10.1002/14651858.CD006067.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006067.pub3/full>

Publiziert 03_2017 Studien bis 2016

There is insufficient evidence to draw conclusions on the beneficial or harmful effects of fundal pressure, either manually or by inflatable belt. Fundal pressure by an inflatable belt during the second stage of labour may shorten duration of second stage for nulliparous women, and lower rates of operative birth. However, existing studies are small and their generalizability is uncertain. There is insufficient evidence regarding safety for the baby. There is no evidence on the use of fundal pressure in specific clinical settings such as inability of the mother to bear down due to exhaustion or unconsciousness. There is currently insufficient evidence for the routine use of fundal pressure by any method on women in the second stage of labour. Because of current widespread use of the procedure and the potential for use in settings where other methods of assisted birth are not available, further good quality trials are needed. Further evaluation in other groups of women (such as multiparous women) will also be required. Future research should describe in detail how fundal pressure was applied and consider safety of the unborn baby, perineal outcomes, longer-term maternal and infant outcomes and maternal satisfaction.

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

CR IN
CR OUT

da Silva Lopes K, Takemoto Y, Ota E, Tanigaki S, Mori R. Bed rest with and without hospitalisation in multiple pregnancy for improving perinatal outcomes. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD012031. DOI: 10.1002/14651858.CD012031.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012031.pub2/full>

Publiziert 03_2017 Studien bis 2016

The evidence to date is insufficient to inform a policy of routine bed rest in hospital or at home for women with a multiple pregnancy. There is a need for large-scale, multicenter randomised controlled trials to evaluate the benefits, adverse effects and costs of bed rest before definitive conclusions can be drawn.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Bond DM, Middleton P, Levett KM, van der Ham DP, Crowther CA, Buchanan SL, Morris J. Planned early birth versus expectant management for women with preterm prelabour rupture of membranes prior to 37 weeks' gestation for improving pregnancy outcome. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD004735. DOI: 10.1002/14651858.CD004735.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004735.pub4/full>

Publiziert 03_2017 Studien bis 2016

With the addition of five randomised controlled trials (2927 women) to this updated review, we found no clinically important difference in the incidence of neonatal sepsis between women who birth immediately and those managed expectantly in PPRM prior to 37 weeks' gestation. Early planned birth was associated with an increase in the incidence of neonatal RDS, need for ventilation, neonatal mortality, endometritis, admission to neonatal intensive care, and the likelihood of birth by caesarean section, but a decreased incidence of chorioamnionitis. Women randomised to early birth also had an increased risk of labour induction, but a decreased length of hospital stay. Babies of women randomised to early birth were more likely to be born at a lower gestational age.

In women with PPRM before 37 weeks' gestation with no contraindications to continuing the pregnancy, a policy of expectant management with careful monitoring was associated with better outcomes for the mother and baby.

The direction of future research should be aimed at determining which groups of women with PPRM would not benefit from expectant management. This could be determined by analysing subgroups according to gestational age at presentation, corticosteroid usage, and abnormal vaginal microbiological colonisation. Research should also evaluate long-term neurodevelopmental outcomes of infants.

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

CR IN
CR OUT

Harding KB, Peña-Rosas JP, Webster AC, Yap CMY, Payne BA, Ota E, De-Regil LM. Iodine supplementation for women during the preconception, pregnancy and postpartum period. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD011761. DOI: 10.1002/14651858.CD011761.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011761.pub2/full>

Publiziert 03_2017 Studien bis 2016

There were insufficient data to reach any meaningful conclusions on the benefits and harms of routine iodine supplementation in women before, during or after pregnancy. The available evidence suggested that iodine supplementation decreases the likelihood of postpartum hyperthyroidism and increases the likelihood of the adverse effect of digestive intolerance in pregnancy - both considered potential adverse effects. We considered evidence for these outcomes low or very low quality, however, because of study design limitations and wide confidence intervals. In addition, due to the small number of trials and included women in our meta-analyses, these findings must be interpreted with caution. There were no clear effects on other important maternal or child outcomes though these findings must also be interpreted cautiously due to limited data and low-quality trials. Additionally, almost all of the evidence came from settings with mild or moderate iodine deficiency and therefore may not be applicable to settings with severe deficiency.

More high-quality randomised controlled trials are needed on iodine supplementation before, during and after pregnancy on maternal and infant/child outcomes. However, it may be unethical to compare iodine to placebo or no treatment in severe deficiency settings. Trials may also be unfeasible in settings where pregnant and lactating women commonly take prenatal supplements with iodine. Information is needed on optimal timing of initiation as well as supplementation regimen and dose. Future trials should consider the outcomes in this review and follow children beyond the neonatal period. Future trials should employ adequate sample sizes, assess potential adverse effects (including the nature and extent of digestive intolerance), and be reported in a way that allows assessment of risk of bias, full data extraction and analysis by the subgroups specified in this review.

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

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