

# Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Januar bis März 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.

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## Hebammen-relevante Cochrane Reviews (CR)

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Biesty LM, Egan AM, Dunne F, Dempsey E, Meskell P, Smith V, Ni Bhuinneain GM, Devane D. Planned birth at or near term for improving health outcomes for pregnant women with gestational diabetes and their infants. *Cochrane Database of Systematic Reviews* 2018, Issue 1. Art. No.: CD012910. DOI: 10.1002/14651858.CD012910.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012910/full>

Publiziert 01/2018 Studien bis 2017

There is limited evidence to inform implications for practice. The available data are not of high quality and lack power to detect possible important differences in either benefit or harm. There is an urgent need for high-quality trials evaluating the effectiveness of planned birth at or near term gestation for women with gestational diabetes compared with an expectant approach.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/057-008l\\_S3\\_Gestationsdiabetes-mellitus-GDM-Diagnostik-Therapie-Nachsorge\\_2018-03.pdf](http://www.awmf.org/uploads/tx_szleitlinien/057-008l_S3_Gestationsdiabetes-mellitus-GDM-Diagnostik-Therapie-Nachsorge_2018-03.pdf)

McCall EM, Alderdice F, Halliday HL, Vohra S, Johnston L. Interventions to prevent hypothermia at birth in preterm and/or low birth weight infants. *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD004210. DOI: 10.1002/14651858.CD004210.pub5.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD004210.pub5/full#CD004210-sec1-0004>

Publiziert 02/2018 Studien bis 2016

Evidence of moderate quality shows that use of plastic wraps or bags compared with routine care led to higher temperatures on admission to NICUs with less hypothermia, particularly for extremely preterm infants. Thermal mattresses and SSC also reduced hypothermia risk when compared with routine care, but findings are based on two or fewer small studies. Caution must be taken to avoid iatrogenic hyperthermia, particularly when multiple interventions are used simultaneously. Limited evidence suggests benefit and no evidence of harm for most short-term morbidity outcomes known to be associated with hypothermia, including major brain injury, bronchopulmonary dysplasia, retinopathy of prematurity, necrotising enterocolitis, and nosocomial infection. Many observational studies have shown increased mortality among preterm hypothermic infants compared with those who maintain normothermia, yet evidence is insufficient to suggest that these interventions reduce risk of in-hospital mortality across all comparison groups. Hypothermia may be a marker for illness and poorer outcomes by association rather than by causality. Limitations of this review include small numbers of identified studies; small sample sizes; and variations in methods and definitions used for hypothermia, hyperthermia, normothermia, routine care, and morbidity, along with lack of power to detect effects on morbidity and mortality across most comparison groups. Future studies should: be adequately powered to detect rarer outcomes; apply standardised morbidity definitions; focus on longer-term outcomes, particularly neurodevelopmental outcomes.

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

CR IN

CR OUT [http://www.awmf.org/uploads/tx\\_szleitlinien/024-023l\\_S2k\\_Behandlung\\_der\\_neonatalen\\_Apnoe\\_unter\\_besonderer\\_Ber%C3%BCcksichtigung\\_der\\_therapeutischen\\_Hypothermie\\_2013-06.pdf](http://www.awmf.org/uploads/tx_szleitlinien/024-023l_S2k_Behandlung_der_neonatalen_Apnoe_unter_besonderer_Ber%C3%BCcksichtigung_der_therapeutischen_Hypothermie_2013-06.pdf)

## Hebammen-relevante Cochrane Reviews (CR)

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**Biesty LM, Egan AM, Dunne F, Smith V, Meskell P, Dempsey E, Ni Bhuiinneain GM, Devane D. Planned birth at or near term for improving health outcomes for pregnant women with pre-existing diabetes and their infants. Cochrane Database of Systematic Reviews 2018, Issue 2. Art. No.: CD012948. DOI: 10.1002/14651858.CD012948.**

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012948/full>

Publiziert 02/2018      Studien bis 2017

In the absence of evidence, we are unable to reach any conclusions about the health outcomes associated with planned birth, at or near term, compared with an expectant approach for pregnant women with pre-existing diabetes.

This review demonstrates the urgent need for high-quality trials evaluating the effectiveness of planned birth at or near term gestation for pregnant women with pre-existing (Type 1 or Type 2) diabetes compared with an expectant approach.

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

CR IN

CR OUT

**Ardell S, Offringa M, Ovelman C, Soll R. Prophylactic vitamin K for the prevention of vitamin K deficiency bleeding in preterm neonates. Cochrane Database of Systematic Reviews 2018, Issue 2. Art. No.: CD008342. DOI: 10.1002/14651858.CD008342.pub2.**

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD008342.pub2/full>

Publiziert 02/2018      Studien bis 2016

Preterm infants have low levels of vitamin K and develop detectable PIVKA proteins during the first week of life. Despite being at risk for VKDB, there are no studies comparing vitamin K versus non-treatment and few studies that address potential dosing strategies for effective treatment. Dosage studies suggest that we are currently giving doses of vitamin K to preterm infants that lead to supraphysiologic levels. Because of current uncertainty, clinicians will have to extrapolate data from term infants to preterm infants. Since there is no available evidence that vitamin K is harmful or ineffective and since vitamin K is an inexpensive drug, it seems prudent to follow the recommendations of expert bodies and give vitamin K to preterm infants. However, further research on appropriate dose and route of administration is warranted.

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

CR IN

CR OUT [http://www.awmf.org/uploads/tx\\_szleitlinien/024-022l\\_S2k\\_Prophylaxe\\_Vitamin\\_K\\_Mangel\\_Neugeborene\\_2016-04.pdf](http://www.awmf.org/uploads/tx_szleitlinien/024-022l_S2k_Prophylaxe_Vitamin_K_Mangel_Neugeborene_2016-04.pdf)

**Smith CA, Levett KM, Collins CT, Dahlen HG, Ee CC, Suganuma M. Massage, reflexology and other manual methods for pain management in labour. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD009290. DOI: 10.1002/14651858.CD009290.pub3.**

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD009290.pub3/full>

Publiziert 03/2018      Studien bis 2017

Massage, warm pack and thermal manual methods may have a role in reducing pain, reducing length of labour and improving women's sense of control and emotional experience of labour, although the quality of evidence varies from low to very low and few trials reported on the key GRADE outcomes. Few trials reported on safety as an outcome. There is a need for further research to address these outcomes and to examine the effectiveness and efficacy of these manual methods for pain management.

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

CR IN

CR OUT

## Hebammen-relevante Cochrane Reviews (CR)

Meyer MP, Nevill E, Wong MM. Provision of respiratory support compared to no respiratory support before cord clamping for preterm infants. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD012491. DOI: 10.1002/14651858.CD012491.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012491.pub2/full>

Publiziert 03/2018      Studien bis 2017

The results from one study with wide CIs for magnitude of effect do not provide evidence either for or against the use of respiratory support before clamping the umbilical cord. A greater body of evidence is required as many of the outcomes of interest to the review occurred infrequently. Similarly, the one included study cannot answer the question of whether the intervention is or is not harmful.

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

CR IN

CR OUT [http://www.awmf.org/uploads/tx\\_szleitlinien/024-021l\\_S2k\\_Surfactanttherapie\\_2017-04\\_01.pdf](http://www.awmf.org/uploads/tx_szleitlinien/024-021l_S2k_Surfactanttherapie_2017-04_01.pdf)