

Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Juli bis Dezember 2016



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.

Autoren:

Katharina Kunzweiler & Sebastian Voigt-Radloff

Kontakt:

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

Hebammen-relevante Cochrane Reviews (CR)

Stevens B, Yamada J, Ohlsson A, Haliburton S, Shorkey A. Sucrose for analgesia in newborn infants undergoing painful procedures. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD001069. DOI: 10.1002/14651858.CD001069.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001069.pub5/full>

Publiziert 07_2016 Studien bis 2016

Sucrose is effective for reducing procedural pain from single events such as heel lance, venipuncture and intramuscular injection in both preterm and term infants. No serious side effects or harms have been documented with this intervention. We could not identify an optimal dose due to inconsistency in effective sucrose dosage among studies. Further investigation of repeated administration of sucrose in neonates is needed. There is some moderate-quality evidence that sucrose in combination with other non-pharmacological interventions such as non-nutritive sucking is more effective than sucrose alone, but more research of this and sucrose in combination with pharmacological interventions is needed. Sucrose use in extremely preterm, unstable, ventilated (or a combination of these) neonates needs to be addressed. Additional research is needed to determine the minimally effective dose of sucrose during a single painful procedure and the effect of repeated sucrose administration on immediate (pain intensity) and long-term (neurodevelopmental) outcomes.

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

CR IN
CR OUT

Wuytack F, Smith V, Cleary BJ. Oral non-steroidal anti-inflammatory drugs (single dose) for perineal pain in the early postpartum period. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD011352. DOI: 10.1002/14651858.CD011352.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011352.pub2/full>

Publiziert 07_2016 Studien bis 2016

In women who are not breastfeeding and who sustained perineal trauma, NSAIDs (compared to placebo) provide greater pain relief for acute postpartum perineal pain and fewer women need additional analgesia when treated with a NSAID. However, the risk of bias was unclear for many of the included studies, adverse effects were often not assessed and breastfeeding women were not included in the studies. The overall quality of the evidence (GRADE) was low with the evidence for all outcomes rated as low or very low. The main reasons for downgrading were inclusion of studies with high risk of bias and inconsistency of findings of individual studies.

NSAIDs also appear to be more effective in providing relief for perineal pain than paracetamol, but few studies were included in this analysis.

Future studies should examine NSAIDs' adverse effects profile including neonatal adverse effects and the compatibility of NSAIDs with breastfeeding, and assess other important secondary outcomes of this review. Moreover, studies mostly included women who had episiotomies. Future research should consider women with and without perineal trauma, including perineal tears. High-quality studies should be conducted to further assess the efficacy of NSAIDs versus paracetamol and the efficacy of multimodal treatments.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Stock SJ, Bricker L, Norman JE, West HM. Immediate versus deferred delivery of the preterm baby with suspected fetal compromise for improving outcomes. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD008968. DOI: 10.1002/14651858.CD008968.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008968.pub3/full>

Publiziert 07_2016 Studien bis 2016

Currently there is insufficient evidence on the benefits and harms of immediate delivery compared with deferred delivery in cases of suspected fetal compromise at preterm gestations to make firm recommendations. There is a lack of trials addressing this question, and limitations of the one included trial means that caution must be used in interpreting and generalising the findings. More research is needed to guide clinical practice.

Although the included trial is relatively large, it has insufficient power to detect differences in neonatal mortality. It did not report any maternal outcomes other than mode of delivery, or evaluate maternal satisfaction or economic outcomes. The applicability of the findings is limited by several factors: Women with a wide range of obstetric complications and gestational ages were included, and subgroup analysis is currently limited. Advances in Doppler assessment techniques may diagnose severe compromise more accurately and help make decisions about the timing of delivery. The potential benefits of deferring delivery for longer or shorter periods cannot be presumed.

Where there is uncertainty whether or not to deliver a preterm fetus with suspected fetal compromise, there seems to be no benefit to immediate delivery. Deferring delivery until test results worsen or increasing gestation favours delivery may improve the outcomes for mother and baby.

There is a need for high-quality randomised controlled trials comparing immediate and deferred delivery where there is suspected fetal compromise at preterm gestations to guide clinical practice. Future trials should report all important outcomes, and should be adequately powered to detect differences in maternal and neonatal morbidity and mortality.

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

CR IN

CR OUT

Oyo-Ita A, Wiysonge CS, Oringanje C, Nwachukwu CE, Oduwole O, Meremikwu MM. Interventions for improving coverage of childhood immunisation in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD008145. DOI: 10.1002/14651858.CD008145.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008145.pub3/full>

Publiziert 07_2016 Studien bis 2016

Providing parents and other community members with information on immunisation, health education at facilities in combination with redesigned immunisation reminder cards, regular immunisation outreach with and without household incentives, home visits, and integration of immunisation with other services may improve childhood immunisation coverage in LMIC. Most of the evidence was of low certainty, which implies a high likelihood that the true effect of the interventions will be substantially different. There is thus a need for further well-conducted RCTs to assess the effects of interventions for improving childhood immunisation coverage in LMICs.

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

CR IN

CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Crowley AE, Grivell RM, Dodd JM. Sealing procedures for preterm prelabour rupture of membranes. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010218. DOI: 10.1002/14651858.CD010218.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010218.pub2/full>

Publiziert 07_2016 Studien bis 2016

There is insufficient evidence to evaluate sealing procedures for PPROM. There were no data relating to this review's primary outcome (perinatal mortality) and the majority of our infant and maternal secondary outcomes were not reported in the two included studies.

There was limited evidence to suggest that an immunological membrane sealant was associated with a reduction in preterm birth at less than 37 weeks and neonatal death, but these results should be interpreted with caution as this is based on one small study, with a high risk of bias, and the intervention has not been tested in other studies.

Although midtrimester PPROM is not a rare occurrence, there are only a small amount of published data addressing the benefits and risks of sealing procedures. Most of these studies are retrospective and cohort based and could therefore not be included in our data-analysis.

This review highlights the paucity of prospective randomised trials in this area. Current evidence provides limited information both on effectiveness and safety for the interventions described. Given the paucity of high-quality data, we recommend that future research efforts focus on the conduct of randomised trials assessing the effect of promising interventions that have been only evaluated to date in cohort studies (e.g. amniopatch). Future trials should address outcomes including perinatal mortality, preterm birth, neonatal death, respiratory distress syndrome, neonatal sepsis and developmental delay. They should also evaluate maternal outcomes including sepsis, mode of delivery, length of hospital stay and emotional well-being.

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

CR IN

CR OUT

Udoh A, Effa EE, Oduwole O, Okusanya BO, Okafo O. Antibiotics for treating septic abortion. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD011528. DOI: 10.1002/14651858.CD011528.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011528.pub2/full>

Publiziert 07_2016 Studien bis 2016

We found no strong evidence that intravenous clindamycin alone was better than penicillin plus chloramphenicol for treating women with septic abortion. Similarly, available evidence did not suggest that penicillin plus chloramphenicol was better than cephalothin plus kanamycin for the treatment of women with septic abortion. Tetracycline enzyme antibiotic appeared to be more effective than intravenous penicillin G in reducing the time to fever defervescence, but this evidence was provided by only one study at low risk of bias.

There is a need for high-quality RCTs providing reliable evidence for treatments of septic abortion with antibiotics that are currently in use. The three included studies were carried out over 30 years ago. There is also a need to include institutions in low-resource settings, such as sub-Saharan Africa, Latin America and the Caribbean, and South Asia, with a high burden of abortion and health systems challenges.

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/015-050l_S1_Spontanabort_Diagnostik_Therapie_2014-01.pdf

Hebammen-relevante Cochrane Reviews (CR)

Morag I, Ohlsson A. Cycled light in the intensive care unit for preterm and low birth weight infants. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD006982. DOI: 10.1002/14651858.CD006982.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006982.pub4/full>

Publiziert 08_2016 Studien bis 2016

Trials assessing the effects of CL have enrolled 544 infants. No study reported on our primary outcome of weight at three or six months. Results from one additional study strengthen our findings that CL versus CBL shortens length of stay, as does CL versus ND. The quality of the evidence on both comparisons for this outcome according to GRADE was low. Future research should focus on comparing CL versus ND.

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/024-019l_S2k_Fr%C3%BChgeburt_Grenze_Lebensf%C3%A4higkeit_2014-09.pdf

Conde-Agudelo A, Díaz-Rossello JL. Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD002771. DOI: 10.1002/14651858.CD002771.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002771.pub4/full>

Publiziert 08_2016 Studien bis 2016

Evidence from this updated review supports the use of KMC in LBW infants as an alternative to conventional neonatal care, mainly in resource-limited settings. Further information is required concerning the effectiveness and safety of early-onset continuous KMC in unstabilized or relatively stabilized LBW infants, as well as long-term neurodevelopmental outcomes and costs of care.

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

CR IN

CR OUT

Lopez LM, Ramesh S, Chen M, Edelman A, Otterness C, Trussell J, Helmerhorst FM. Progestin-only contraceptives: effects on weight. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD008815. DOI: 10.1002/14651858.CD008815.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008815.pub4/full>

Publiziert 08_2016 Studien bis 2016

We considered the overall quality of evidence to be low; more than half of the studies had low quality evidence. The main reasons for downgrading were lack of randomizations (NRS) and high loss to follow-up or early discontinuation.

These 22 studies showed limited evidence of change in weight or body composition with use of POCs. Mean weight gain at 6 or 12 months was less than 2 kg (4.4 lb) for most studies. Those with multiyear data showed mean weight change was approximately twice as much at two to four years than at one year, but generally the study groups did not differ significantly. Appropriate counseling about typical weight gain may help reduce discontinuation of contraceptives due to perceptions of weight gain.

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

CR IN

CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Jaafar SH, Ho JJ, Jahanfar S, Angolkar M. Effect of restricted pacifier use in breastfeeding term infants for increasing duration of breastfeeding. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD007202. DOI: 10.1002/14651858.CD007202.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007202.pub4/full>

Publiziert 08_2016 Studien bis 2016

Pacifier use in healthy term breastfeeding infants, started from birth or after lactation is established, did not significantly affect the prevalence or duration of exclusive and partial breastfeeding up to four months of age. Evidence to assess the short-term breastfeeding difficulties faced by mothers and long-term effect of pacifiers on infants' health is lacking.

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

CR IN
CR OUT

Smith HA, Becker GE. Early additional food and fluids for healthy breastfed full-term infants. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD006462. DOI: 10.1002/14651858.CD006462.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006462.pub4/full>

Publiziert 08_2016 Studien bis 2016

We found no evidence of benefit to newborn infants on the duration of breastfeeding from the brief use of additional water or glucose water. The quality of the evidence on formula supplementation was insufficient to suggest a change in practice away from exclusive breastfeeding. For infants at four to six months, we found no evidence of benefit from additional foods nor any risks related to morbidity or weight change. The majority of studies showed high risk of other bias and most outcomes were based on low-quality evidence which meant that we were unable to fully assess the benefits or harms of supplementation or to determine the impact from timing and type of supplementation.

We found no evidence to disagree with the current international recommendation that healthy infants exclusively breastfeed for the first six months.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Flint A, New K, Davies MW. Cup feeding versus other forms of supplemental enteral feeding for newborn infants unable to fully breastfeed. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD005092. DOI: 10.1002/14651858.CD005092.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005092.pub3/full>

Publiziert 08_2016 Studien bis 2016

As the majority of infants in the included studies are preterm infants, no recommendations can be made for cup feeding term infants due to the lack of evidence in this population.

From the studies of preterm infants, cup feeding may have some benefits for late preterm infants and on breastfeeding rates up to six months of age. Self-reported breastfeeding status and compliance to supplemental interventions may over-report exclusivity and compliance, as societal expectations of breastfeeding and not wishing to disappoint healthcare professionals may influence responses at interview and on questionnaires.

The results for length of stay are mixed, with the study involving lower gestational age preterm infants finding that those fed by cup spent approximately 10 days longer in hospital, whereas the study involving preterm infants at a higher gestational age, who did not commence cup feeding until 35 weeks' gestation, did not have a longer length of stay, with both groups staying on average 26 days. This finding may have been influenced by gestational age at birth and gestational age at commencement of cup feeding, and their mothers' visits; (a large number of mothers of these late preterm infants lived regionally from the hospital and could visit at least twice per week).

Compliance to the intervention of cup feeding remains a challenge. The two largest studies have both reported non-compliance, with one study analysing data by intention to treat and the other excluding those infants from the analysis. This may have influenced the findings of the trial. Non-compliance issues need consideration before further large randomised controlled trials are undertaken as this influences power of the study and therefore the statistical results. In addition larger studies with better-quality (especially blinded) outcome assessment with 100% follow-up are needed.

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

CR IN
CR OUT

Lopez LM, Grey TW, Chen M, Denison J, Stuart G. Behavioral interventions for improving contraceptive use among women living with HIV. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD010243. DOI: 10.1002/14651858.CD010243.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010243.pub3/full>

Publiziert 08_2016 Studien bis 2016

The studies since 2009 focused on using modern or more effective methods of contraception. In those later reports, training on FP methods and counseling was more common, which may strengthen the intervention and improve the ability to meet clients' needs. The quality of evidence was moderate from the more recent studies and low for those from the 1990s.

Comparative research involving contraceptive counseling for HIV-positive women is limited. The FP field needs better ways to help women choose an appropriate contraceptive and continue using that method. Improved counseling methods are especially needed for limited resource settings, such as clinics focusing on people living with HIV.

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/055-004l_S2k_Postexpositionelle_Prophylaxe_PEP_nach_HIV_Infektion_2013-05_1.pdf

Hebammen-relevante Cochrane Reviews (CR)

Crowe L, Chang A, Wallace K. Instruments for assessing readiness to commence suck feeds in preterm infants: effects on time to establish full oral feeding and duration of hospitalisation. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD005586. DOI: 10.1002/14651858.CD005586.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005586.pub3/full>

Publiziert 08_2016 Studien bis 2016

There is currently no evidence to inform clinical practice, with no studies meeting the inclusion criteria for this review. Research is needed in this area to establish an evidence base for the clinical utility of implementing the use of an instrument to assess feeding readiness in the preterm infant population.

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

CR IN
CR OUT

Watson J, McGuire W. Responsive versus scheduled feeding for preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD005255. DOI: 10.1002/14651858.CD005255.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005255.pub5/full>

Publiziert 08_2016 Studien bis 2016

Overall, the data do not provide strong or consistent evidence that responsive feeding affects important outcomes for preterm infants or their families. Some (low quality) evidence exists that preterm infants fed in response to feeding and satiation cues achieve full oral feeding earlier than infants fed prescribed volumes at scheduled intervals. This finding should be interpreted cautiously because of methodological weaknesses in the included trials. A large RCT would be needed to confirm this finding and to determine if responsive feeding of preterm infants affects other important outcomes.

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

CR IN
CR OUT

Fallon A, Van der Putten D, Dring C, Moylett EH, Fealy G, Devane D. Baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009067. DOI: 10.1002/14651858.CD009067.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009067.pub3/full>

Publiziert 09_2016 Studien bis 2016

This review demonstrates that there is no evidence from randomised controlled trials evaluating the effect of baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding, for healthy newborns. It is recommended that no changes are made to current practice guidelines without undertaking robust research, to include many patterns of breastfeeding and not limited to baby-led and scheduled breastfeeding. Future exploratory research is needed on baby-led breastfeeding that takes the mother's perspective into consideration.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006170.pub5/full>

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006170.pub5/full>

Publiziert 09_2016 Studien bis 2016

The most suitable method for milk expression may depend on the time since birth, purpose of expression and the individual mother and infant. Low-cost interventions including initiation of milk expression sooner after birth when not feeding at the breast, relaxation, massage, warming the breasts, hand expression and lower cost pumps may be as effective, or more effective, than large electric pumps for some outcomes. Variation in nutrient content across methods may be relevant to some infants. Small sample sizes, large standard deviations, and the diversity of the interventions argue caution in applying these results beyond the specific method tested in the specific settings. Independently funded research is needed for more trials on hand expression, relaxation and other techniques that do not have a commercial potential.

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

CR IN

CR OUT

Collins CT, Gillis J, McPhee AJ, Sukanuma H, Makrides M. Avoidance of bottles during the establishment of breast feeds in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD005252. DOI: 10.1002/14651858.CD005252.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005252.pub3/full>

Publiziert 09_2016 Studien bis 2016

Evidence of low to moderate quality suggests that supplementing breast feeds by cup increases the extent and duration of breast feeding. Current insufficient evidence provides no basis for recommendations for a tube alone approach to supplementing breast feeds.

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

CR IN

CR OUT

Greene Z, O'Donnell CPF, Walshe M. Oral stimulation for promoting oral feeding in preterm infants. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009720. DOI: 10.1002/14651858.CD009720.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009720.pub2/full>

Publiziert 09_2016 Studien bis 2016

Although the included studies suggest that oral stimulation shortens hospital stay, days to exclusive oral feeding and duration of parenteral nutrition, one must interpret results of these studies with caution, as risk of bias and poor methodological quality are high overall. Well-designed trials of oral stimulation interventions for preterm infants are warranted. Such trials should use reliable methods of randomisation while concealing treatment allocation, blinding caregivers to treatment when possible and paying particular attention to blinding of outcome assessors.

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

CR IN

CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Biagioli E, Tarasco V, Lingua C, Moja L, Savino F. Pain-relieving agents for infantile colic. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD009999. DOI: 10.1002/14651858.CD009999.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009999.pub2/full>

Publiziert 09_2016 Studien bis 2016

At the present time, evidence of the effectiveness of pain-relieving agents for the treatment of infantile colic is sparse and prone to bias. The few available studies included small sample sizes, and most had serious limitations. Benefits, when reported, were inconsistent.

We found no evidence to support the use of simethicone as a pain-relieving agent for infantile colic.

Available evidence shows that herbal agents, sugar, dicyclomine and cimetropium bromide cannot be recommended for infants with colic.

Investigators must conduct RCTs using standardised measures that allow comparisons among pain-relieving agents and pooling of results across studies. Parents, who most often provide the intervention and assess the outcome, should always be blinded.

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

CR IN

CR OUT

Brown J, Crawford TJ, Alsweiler J, Crowther CA. Dietary supplementation with myo-inositol in women during pregnancy for treating gestational diabetes. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD012048. DOI: 10.1002/14651858.CD012048.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012048.pub2/full>

Publiziert 09_2016 Studien bis 2016

There are insufficient data to evaluate the effect of myo-inositol for the treatment of gestational diabetes, with no data to examine the majority of outcomes in this review. There do not appear to be any benefits for the infant associated with exposure to myo-inositol such as reduced risk of being born large-for-gestational age. Although the risk of neonatal hypoglycaemia is reduced for the myo-inositol group, there is evidence of imprecision. Evidence from two studies suggested that myo-inositol was associated with a reduced change in maternal BMI and fasting blood sugar concentration compared with placebo. There is a lack of reporting of the clinically meaningful outcomes pre-specified for this review.

Uncertainty of the effectiveness of myo-inositol as a treatment for GDM for key maternal and infant outcomes remains and further high-quality trials with appropriate sample sizes are required to further investigate the role of myo-inositol as a treatment or co-treatment for women with gestational diabetes. Future trials should report on the core outcomes for GDM identified in the methods section of this review. Participants of varying ethnicities and with varying risk factors for GDM should be included in future trials. In addition, further trials of myo-inositol for the treatment of GDM should explore the optimal dose, frequency and timing of supplementation, report on adverse effects and assess the long-term effects of this intervention. Economic analysis or health service use and costs should also be included.

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/057-023m_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

Hebammen-relevante Cochrane Reviews (CR)

Imdad A, Ahmed Z, Bhutta ZA. Vitamin A supplementation for the prevention of morbidity and mortality in infants one to six months of age. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD007480. DOI: 10.1002/14651858.CD007480.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007480.pub3/full>

Publiziert 09_2016 Studien bis 2016

There is no convincing evidence that vitamin A supplementation for infants one to six months of age results in a reduction in infant mortality or morbidity in low- and middle-income countries. There is an increased risk of bulging fontanelle with vitamin A supplementation in this age group; however, there were no reported subsequent complications because of this adverse effect.

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

CR IN
CR OUT

Pereira Gomes Morais E, Riera R, Porfirio GJM, Macedo CR, Sarmiento Vasconcelos V, de Souza Pedrosa A, Torloni MR. Chewing gum for enhancing early recovery of bowel function after caesarean section. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011562. DOI: 10.1002/14651858.CD011562.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011562.pub2/full>

Publiziert 10_2016 Studien bis 2016

This review found 17 randomised controlled trials (involving 3149 women). We downgraded the quality of the evidence for time to first passage of flatus and of faeces and for adverse effects/intolerance to gum chewing because of the high risk of bias of the studies (due to lack of blinding and self-report). For time to first flatus and faeces, we downgraded the quality of the evidence further because of the high heterogeneity in these meta-analyses and the potential for publication bias based on the visual inspection of the funnel plots. The quality of the evidence for adverse effects/tolerance to gum chewing and for ileus was downgraded because of the small number of events. The quality of the evidence for ileus was further downgraded due to the unclear risk of bias for the assessors evaluating this outcome.

The available evidence suggests that gum chewing in the immediate postoperative period after a CS is a well tolerated intervention that enhances early recovery of bowel function. However the overall quality of the evidence is very low to low.

Further research is necessary to establish the optimal regimen of gum-chewing (initiation, number and duration of sessions per day) to enhance bowel function recovery and to assess potential adverse effects of and women's satisfaction with this intervention. New studies also need to assess the compliance of the participants to the recommended gum-chewing instructions. Future large, well designed and conducted studies, with better methodological and reporting quality, will help to inform future updates of this review and enhance the body of evidence for this intervention.

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

CR IN
CR OUT

Ohlsson A, Shah PS. Paracetamol (acetaminophen) for prevention or treatment of pain in newborns. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011219. DOI: 10.1002/14651858.CD011219.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011219.pub3/full>

Publiziert 10_2016 Studien bis 2016

The paucity and low quality of existing data do not provide sufficient evidence to establish the role of paracetamol in reducing the effects of painful procedures in neonates. Paracetamol given after assisted vaginal birth may increase the response to later painful exposures. Paracetamol may reduce the total need for morphine following major surgery, and for this aspect of paracetamol use, further research is needed.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Collins CT, Gillis J, McPhee AJ, Sukanuma H, Makrides M. Avoidance of bottles during the establishment of breast feeds in preterm infants. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD005252. DOI: 10.1002/14651858.CD005252.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005252.pub4/full>

Publiziert 10_2016 Studien bis 2016

Evidence of low to moderate quality suggests that supplementing breast feeds by cup increases the extent and duration of breast feeding. Current insufficient evidence provides no basis for recommendations for a tube alone approach to supplementing breast feeds.

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

CR IN
CR OUT

Schindler T, Sinn JKH, Osborn DA. Polyunsaturated fatty acid supplementation in infancy for the prevention of allergy. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD010112. DOI: 10.1002/14651858.CD010112.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010112.pub2/full>

Publiziert 10_2016 Studien bis 2015

There is no evidence that PUFA supplementation in infancy has an effect on infant or childhood allergy, asthma, dermatitis/eczema or food allergy. However, the quality of evidence was very low. There was insufficient evidence to determine an effect on allergic rhinitis.

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

CR IN
CR OUT

Harrison D, Reszel J, Bueno M, Sampson M, Shah VS, Taddio A, Larocque C, Turner L. Breastfeeding for procedural pain in infants beyond the neonatal period. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD011248. DOI: 10.1002/14651858.CD011248.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011248.pub2/full>

Publiziert 10_2016 Studien bis 2016

We conclude, based on the 10 studies included in this review, that breastfeeding may help reduce pain during vaccination for infants beyond the neonatal period. Breastfeeding consistently reduced behavioural responses of cry duration and composite pain scores during and following vaccinations. However, there was no evidence that breastfeeding had an effect on physiological responses. No studies included in this review involved populations of hospitalised infants undergoing other skin-breaking procedures. Although it may be possible to extrapolate the review results to this population, further studies of efficacy, feasibility, and acceptability in this population are warranted.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Foster JP, Psaila K, Patterson T. Non-nutritive sucking for increasing physiologic stability and nutrition in preterm infants. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD001071. DOI: 10.1002/14651858.CD001071.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001071.pub3/full>

Publiziert 10_2016 Studien bis 2016

Meta-analysis demonstrated a significant effect of NNS on the transition from gavage to full oral feeding, transition from start of oral feeding to full oral feeding, and length of hospital stay. None of the trials reported any adverse effects. Well-designed, adequately powered studies using reliable methods of randomisation, concealment of treatment allocation and blinding of the intervention and outcome assessors are needed. In order to facilitate meta-analysis of these data, future research should involve outcome measures consistent with those used in previous studies.

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

CR IN
CR OUT

Moore ER, Bergman N, Anderson GC, Medley N. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD003519. DOI: 10.1002/14651858.CD003519.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003519.pub4/full>

Publiziert 11_2016 Studien bis 2015

Evidence supports the use of SSC to promote breastfeeding. Studies with larger sample sizes are necessary to confirm physiological benefit for infants during transition to extra-uterine life and to establish possible dose-response effects and optimal initiation time. Methodological quality of trials remains problematic, and small trials reporting different outcomes with different scales and limited data limit our confidence in the benefits of SSC for infants. Our review included only healthy infants, which limits the range of physiological parameters observed and makes their interpretation difficult.

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/024-005l_S2k_Betreuung_von_gesunden_reifen_Neugeborenen_2012-10.pdf

Balogun OO, O'Sullivan EJ, McFadden A, Ota E, Gavine A, Garner CD, Renfrew MJ, MacGillivray S. Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD001688. DOI: 10.1002/14651858.CD001688.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001688.pub3/full>

Publiziert 11_2016 Studien bis 2016

This review found low-quality evidence that healthcare professional-led breastfeeding education and non-healthcare professional-led counselling and peer support interventions can result in some improvements in the number of women beginning to breastfeed. The majority of the trials were conducted in the USA, among women on low incomes and who varied in ethnicity and feeding intention, thus limiting the generalisability of these results to other settings.

Future studies would ideally be conducted in a range of low- and high-income settings, with data on breastfeeding rates over various timeframes, and explore the effectiveness of interventions that are initiated prior to conception or during pregnancy. These might include well-described interventions, including health education, early and continuing mother-infant contact, and initiatives to help mothers overcome societal barriers to breastfeeding, all with clearly defined outcome measures.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Yakoob MY, Salam RA, Khan FR, Bhutta ZA. Vitamin D supplementation for preventing infections in children under five years of age. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD008824. DOI: 10.1002/14651858.CD008824.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008824.pub2/full>

Publiziert 11_2016 Studien bis 2016

Evidence from one large trial did not demonstrate benefit of vitamin D supplementation on the incidence of pneumonia or diarrhoea in children under five years. To our knowledge, trials that evaluated supplementation for preventing other infections, including TB and malaria, have not been performed.

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

CR IN

CR OUT

Mason-Jones AJ, Sinclair D, Mathews C, Kagee A, Hillman A, Lombard C. School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006417. DOI: 10.1002/14651858.CD006417.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006417.pub3/full>

Publiziert 11_2016 Studien bis 2016

There is a continued need to provide health services to adolescents that include contraceptive choices and condoms and that involve them in the design of services. Schools may be a good place in which to provide these services. There is little evidence that educational curriculum-based programmes alone are effective in improving sexual and reproductive health outcomes for adolescents. Incentive-based interventions that focus on keeping young people in secondary school may reduce adolescent pregnancy but further trials are needed to confirm this.

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

CR IN

CR OUT

Rivas-Fernandez M, Roqué i Figuls M, Diez-Izquierdo A, Escribano J, Balaguer A. Infant position in neonates receiving mechanical ventilation. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD003668. DOI: 10.1002/14651858.CD003668.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003668.pub4/full>

Publiziert 11_2016 Studien bis 2016

This update of our last review in 2013 supports previous conclusions. Evidence of low to moderate quality favours the prone position for slightly improved oxygenation in neonates undergoing mechanical ventilation. However, we found no evidence to suggest that particular body positions during mechanical ventilation of the neonate are effective in producing sustained and clinically relevant improvement.

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

CR IN

CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Lumbiganon P, Martis R, Laopaiboon M, Festin MR, Ho JJ, Hakimi M. Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD006425. DOI: 10.1002/14651858.CD006425.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006425.pub4/full>

Publiziert 12_2016 Studien bis 2016

There was no conclusive evidence supporting any antenatal BF education for improving initiation of BF, proportion of women giving any BF or exclusively BF at three or six months or the duration of BF. There is an urgent need to conduct a high-quality, randomised controlled study to evaluate the effectiveness and adverse effects of antenatal BF education, especially in low- and middle-income countries. Evidence in this review is primarily relevant to high-income settings.

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

CR IN
CR OUT

Ghosh A, Lattey KR, Kelly AJ. Nitric oxide donors for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD006901. DOI: 10.1002/14651858.CD006901.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006901.pub3/full>

Publiziert 12_2016 Studien bis 2016

Available data suggests that NO donors can be a useful tool in the process of induction of labour causing the cervix to be more favourable in comparison to placebo. However, additional data are needed to assess the true impact of NO donors on all important labour process and delivery outcomes.

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

CR IN
CR OUT

Okusanya BO, Oladapo OT. Prophylactic versus selective blood transfusion for sickle cell disease in pregnancy. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD010378. DOI: 10.1002/14651858.CD010378.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010378.pub3/full>

Publiziert 12_2016 Studien bis 2016

Evidence from one small trial of very low quality suggests that prophylactic blood transfusion to pregnant women with sickle cell anaemia (HbSS) confers no clear clinical benefits when compared with selective transfusion. Currently, there is no evidence from randomised or quasi-randomised trials to provide reliable advice on the optimal blood transfusion policy for women with other variants of sickle cell disease (i.e. HbSC and HbS β Thal). The available data and quality of evidence on this subject are insufficient to advocate for a change in existing clinical practice and policy.

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

CR IN
CR OUT

Hebammen-relevante Cochrane Reviews (CR)

Moon K, Rao SC, Schulzke SM, Patole SK, Simmer K. Longchain polyunsaturated fatty acid supplementation in preterm infants. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD000375. DOI: 10.1002/14651858.CD000375.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000375.pub5/full>

Publiziert 12_2016 Studien bis 2016

Infants enrolled in the trials were relatively mature and healthy preterm infants. Assessment schedule and methodology, dose and source of supplementation and fatty acid composition of the control formula varied between trials. On pooling of results, no clear long-term benefits or harms were demonstrated for preterm infants receiving LCPUFA-supplemented formula.

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

CR IN
CR OUT

Young L, Embleton ND, McGuire W. Nutrient-enriched formula versus standard formula for preterm infants following hospital discharge. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD004696. DOI: 10.1002/14651858.CD004696.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004696.pub5/full>

Publiziert 12_2016 Studien bis 2016

Recommendations to prescribe 'postdischarge formula' for preterm infants after hospital discharge are not supported by available evidence. Limited evidence suggests that feeding 'preterm formula' (which is generally available only for in-hospital use) to preterm infants after hospital discharge may increase growth rates up to 18 months post term.

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

CR IN
CR OUT