

# Cochrane Reviews für den Fachbereich Hebammen

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Juli bis September 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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Haas DM, Morgan S, Contreras K, Enders S. Vaginal preparation with antiseptic solution before cesarean section for preventing postoperative infections. Cochrane Database of Systematic Reviews 2018, Issue 7. Art. No.: CD007892. DOI: 10.1002/14651858.CD007892.pub6.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007892.pub6/full#CD007892-sec1-0004>

Publiziert 07/2018      Studien bis 2017

Vaginal preparation with povidone-iodine or chlorhexidine solution compared to saline or not cleansing immediately before cesarean delivery probably reduces the risk of post-cesarean endometritis. Subgroup analysis could not rule out larger reductions in endometritis with antiseptics in women who were in labor or in women whose membranes had ruptured when antiseptics were used.

The quality of the evidence using GRADE was moderate for all reported outcomes. We downgraded the outcome of post-cesarean endometritis and composite of wound complications or endometritis for risk of bias and postoperative fever and postoperative wound infections for wide CIs.

As a simple, generally inexpensive intervention, providers may consider implementing preoperative vaginal cleansing with povidone-iodine or chlorhexidine before performing cesarean deliveries.

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

CR IN

CR OUT

Légaré F, Adekpedjou R, Stacey D, Turcotte S, Kryworuchko J, Graham ID, Lyddiatt A, Politi MC, Thomson R, Elwyn G, Donner-Banzhoff N. Interventions for increasing the use of shared decision making by healthcare professionals. Cochrane Database of Systematic Reviews 2018, Issue 7. Art. No.: CD006732. DOI: 10.1002/14651858.CD006732.pub4.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006732.pub4/full>

Publiziert 07/2018      Studien bis 2017

It is uncertain whether any interventions for increasing the use of SDM by healthcare professionals are effective because the certainty of the evidence is low or very low.

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

CR IN

CR OUT

Lavender T, Cuthbert A, Smyth RMD. Effect of partograph use on outcomes for women in spontaneous labour at term and their babies. Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD005461. DOI: 10.1002/14651858.CD005461.pub5.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005461.pub5/full>

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On the basis of the findings of this review, we cannot be certain of the effects of routine use of the partograph as part of standard labour management and care, or which design, if any, are most effective. Further trial evidence is required to establish the efficacy of partograph use per se and its optimum design.

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

CR IN

CR OUT

Boie S, Glavind J, Velu AV, Mol BWJ, Uldbjerg N, de Graaf I, Thornton JG, Bor P, Bakker JJH. Discontinuation of intravenous oxytocin in the active phase of induced labour. Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD012274. DOI: 10.1002/14651858.CD012274.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012274.pub2/full>

Publiziert 08/2018      Studien bis 2018

Discontinuing IV oxytocin stimulation after the active phase of labour has been established may reduce caesarean delivery but the evidence for this was low certainty. When restricting our analysis to those trials that separately reported participants who reached the active phase of labour, our results showed there is probably little or no difference between groups. Discontinuing IV oxytocin may reduce uterine tachysystole combined with abnormal FHR.

Most of the trials had 'Risk of bias' concerns which means that these results should be interpreted with caution. Our GRADE assessments ranged from very low certainty to moderate certainty. Downgrading decisions were based on study limitations, imprecision and indirectness.

Future research could account for all women randomised and, in particular, note those who delivered before the point at which they would be eligible for the intervention (i.e. those who had caesareans in the latent phase), or because labour was so rapid that the infusion could not be stopped in time.

Future trials could adopt the outcomes listed in this review including maternal and neonatal mortality, maternal satisfaction, and breastfeeding.

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

CR IN  
CR OUT

Amissah EA, Brown J, Harding JE. Carbohydrate supplementation of human milk to promote growth in preterm infants. Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD000280. DOI: 10.1002/14651858.CD000280.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000280.pub2/full>

Publiziert 08/2018      Studien bis 2018

We found insufficient evidence on the short- and long-term effects of carbohydrate supplementation of human milk in preterm infants. The only trial included in this review presented very low-quality evidence, and study authors provided uncertain information about study methods and analysis. The evidence may be limited in its applicability because researchers included a small sample of preterm infants from a single centre. However, the outcomes assessed are common to all preterm infants, and this trial demonstrates the feasibility of prebiotic carbohydrate supplementation in upper-middle-income countries. Future trials should assess the safety and efficacy of different types and concentrations of carbohydrate supplementation for preterm infants fed human milk. Although prebiotic carbohydrate supplementation in preterm infants is currently a topic of active research, we do not envisage that further trials of digestible carbohydrates will be conducted, as this is currently done as a component of multi-nutrient human milk fortification. Hence we do not plan to publish any further updates of this review.

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

CR IN  
CR OUT

Martis R, Crowther CA, Shepherd E, Alsweiler J, Downie MR, Brown J. Treatments for women with gestational diabetes mellitus: an overview of Cochrane systematic reviews. Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD012327. DOI: 10.1002/14651858.CD012327.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012327.pub2/full>

Publiziert 08/2018 Studien bis 2018

Currently there is insufficient high-quality evidence about the effects on health outcomes of relevance for women with GDM and their babies for many of the comparisons in this overview comparing treatment interventions for women with GDM. Lifestyle changes (including as a minimum healthy eating, physical activity and self-monitoring of blood sugar levels) was the only intervention that showed possible health improvements for women and their babies. Lifestyle interventions may result in fewer babies being large. Conversely, in terms of harms, lifestyle interventions may also increase the number of inductions. Taking insulin was also associated with an increase in hypertensive disorders, when compared to oral therapy. There was very limited information on long-term health and health services costs. Further high-quality research is needed.

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

CR IN  
CR OUT

Diaz V, Abalos E, Carroli G. Methods for blood loss estimation after vaginal birth. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD010980. DOI: 10.1002/14651858.CD010980.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010980.pub2/full>

Publiziert 09/2018 Studien bis 2018

Overall, the evidence in this review is insufficient to support the use of one method over another for blood loss estimation after vaginal birth. In general, the quality of evidence for our predefined outcomes ranged from low to high quality, with downgrading decisions due to imprecision. The included trials did not report on many of our primary and secondary outcomes.

In trials that evaluate methods for estimating blood loss during vaginal birth, we believe it is important to measure their impact on clinical maternal and neonatal outcomes, along with their diagnostic accuracy. This body of knowledge needs further, well designed, appropriately powered, randomised controlled trials that correlate blood loss with relevant clinical outcomes, such as those listed in this review.

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

CR IN  
CR OUT

Oladapo OT, Okusanya BO, Abalos E. Intramuscular versus intravenous prophylactic oxytocin for the third stage of labour. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD009332. DOI: 10.1002/14651858.CD009332.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009332.pub3/full>

Publiziert 09/2018 Studien bis 2017

Very low-quality evidence indicates no clear difference between the comparative benefits and risks of intramuscular and intravenous oxytocin when given to prevent excessive blood loss after vaginal birth. Appropriately designed randomised trials with adequate sample sizes are needed to assess whether the route of prophylactic oxytocin after vaginal birth affects maternal or infant outcomes. Such studies could be large enough to detect clinically important differences in major side effects that have been reported in observational studies and should also consider the acceptability of the intervention to mothers and providers as important outcomes.

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

CR IN  
CR OUT

Chen I, Opiyo N, Tavender E, Mortazhejri S, Rader T, Petkovic J, Yogasingam S, Taljaard M, Agarwal S, Laopaiboon M, Wasiak J, Khunpradit S, Lumbiganon P, Gruen RL, Betran AP. Non-clinical interventions for reducing unnecessary caesarean section. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD005528. DOI: 10.1002/14651858.CD005528.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005528.pub3/full>

Publiziert 09/2018      Studien bis 2018

We evaluated a wide range of non-clinical interventions to reduce unnecessary caesarean section, mostly in high-income settings. Few interventions with moderate- or high-certainty evidence, mainly targeting healthcare professionals (implementation of guidelines combined with mandatory second opinion, implementation of guidelines combined with audit and feedback, physician education by local opinion leader) have been shown to safely reduce caesarean section rates. There are uncertainties in existing evidence related to very-low or low-certainty evidence, applicability of interventions and lack of studies, particularly around interventions targeted at women or families and healthcare organisations or facilities.

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

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