CURRENT RESOURCES FOR EVIDENCE-BASED PRACTICE, JULY/AUGUST 2007

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IDENTIFYING EFFECTIVE MATERNITY CARE QUALITY IMPROVEMENT STRATEGIES

Chaillet et al.1 recently published what may be the first systematic review to identify effective strategies for improving the quality of maternity care. Although the title references “guidelines,” some of the 33 included studies measured a desired change rather than implementation of a formal guideline. The review included randomized controlled trials and observational designs. Most studies examined physicians, and some considered other health professionals.

Educational strategies were generally ineffective with physicians and had mixed results with other health professionals. Other strategies with mixed results across the included studies were the use of opinion leaders, academic detailing (topically focused outreach to individual clinicians), and modification of existing systems and structures. Both audit and performance feedback and multifaceted interventions combining two or more strategies to address a specific barrier were generally effective. Overall, studies that identified and addressed barriers were far more likely to lead to demonstrated improvement than those that did not.

The authors identified possible differences between obstetric and general medical contexts: whereas education achieved some success with non-physician maternity providers, it has generally been unsuccessful in other contexts; audit and feedback appear to be more successful in obstetrics than other contexts; and academic detailing has been more successful in other contexts than obstetrics.


FROM COCHRANE DATABASE OF SYSTEMATIC REVIEWS (CDSR), ISSUE 1, 2007

New Systematic Reviews
• Aromatase inhibitors for treatment of advanced breast cancer in postmenopausal women
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Liquid-based cytology for cervical screening

Lymphatic mapping and sentinel lymph node biopsy in early-stage breast carcinoma: A meta-analysis

Menopausal hormone therapy and risk of breast cancer: A meta-analysis of epidemiological studies and randomized controlled trials

Misoprostol in preventing postpartum hemorrhage: A meta-analysis

Neoadjuvant versus adjuvant systemic treatment in breast cancer: A meta-analysis

Nonhormonal therapies for menopausal hot flashes: Systematic review and meta-analysis

Osteoarthritis and the postmenopausal woman: Epidemiological, magnetic resonance imaging, and radiological findings

School-based teenage pregnancy prevention programs: A systematic review of randomized controlled trials

Selective serotonin reuptake inhibitor (SSRI) use during pregnancy and effects on the fetus and newborn: A meta-analysis

Skeletal consequences of hormone therapy discontinuation: A systematic review

Smoking cessation in pregnancy: A review of postpartum relapse prevention strategies

Systematic review of the risk of uterine rupture with the use of amnioinfusion after previous cesarean delivery

Systematic review of the treatment of ovulatory infertility with clomiphene citrate and intrauterine insemination

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EVIDENCE-BASED REVIEWS FROM OTHER SOURCES


The authors carried out a cumulative meta-analysis of randomized controlled trials of prostogestational agents to prevent preterm birth in women at elevated risk for this condition. The four trials available by 1975 demonstrated the effectiveness of this intervention, and the four subsequent trials further strengthened this association. The effect was found when looking just at highest quality studies and at different levels of baseline risk. Depending on baseline risk, one preterm birth is prevented from treating 7 to 12 mothers. The included studies and other referenced reports found no evidence of harm in use of prostogestagens after early pregnancy.

Comment: The U.S. prematurity rate has been steadily rising. Progesterone is among a small number of preventive measures that have been demonstrated to be effective through systematic review of the best available studies.


This team reviewed best available evidence to identify essential care for mothers and babies from birth through 6 to 8 weeks postpartum. The guideline identified core information, core care, and concerns with respect to maternal health, infant feeding, and infant health. The detailed narrative describes a wealth of primary studies and includes attention to timing, type of personnel, and economics. Companion documents provide further detail, summaries for professionals and the public, and implementation guidance.

Comment: This evidence review, full guideline, and companion documents provide a sweeping overview of postpartum care issues that should be of great value for those who plan, provide, or receive postpartum care.


A multidisciplinary team reviewed the best evidence and developed guidelines to assess and treat stress, urge, and mixed incontinence and overactive bladder in women. Physical, behavioral, lifestyle, drug, complementary, and surgical treatments were included. First-line treatment for women with urge or mixed urinary incontinence is bladder training for at least 6 weeks to increase the interval between desire to void and actual void. First-line treatment for women with stress and mixed urinary incontinence is supervised pelvic floor muscle training for at least 3 months. Such training is also an effective preventive measure during pregnancy. The guideline clarifies when and how other treatments should be carried out if initial measures are inadequate and identifies measures that are not of value. The report also covers coping strategies and research priorities.

Comment: Urinary incontinence is prevalent in women, with varying degrees of severity. Many effective treatments are available to help those with troublesome symptoms.
Recent Evidence-Based Reviews

- Crane JMG, Butler B, Young DC, Hannah ME. Misoprostol compared with prostaglandin E2 for labour induction in women at term with intact membranes and unfavourable cervix: A systematic review. BJOG 2006; 113:1366–76.

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