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**Clinical Guidelines and Evidence-Based Practice**

Are clinical guidelines valid tools for evidence-based practice? The quality of guidelines varies widely, and they should be assessed on a case-by-case basis. This commentary points to some leading initiatives and resources for excellence in and access to guidelines.

Major assessments of guidelines respectively published in peer-reviewed journals and issued by specialty societies raised serious concerns about their quality (Grilli, Magrini, Pena, Mura, & Liberati, 2000; Shaneyfelt, Mayo-Smith, & Rothwangl, 1999). Evaluations of obstetrician-gynecologist specialty society guidelines confirmed concerns about the rigor of development, quality of content, and applicability of clinical practice guidelines published for this specialty (Coomarasamy, Ola, Gee, & Khan, 2003; McDonagh, White, Singh, & Mohide, 2004). Various initiatives to improve the situation have been established, and a more recent assessment found that evidence-based principles dominate leading guidelines programs (Burgers, Grol, Klazinga, Mäkelä, & Zaat, 2003). An international collaborative of guideline developers and researchers created the AGREE (Appraisal of Guidelines Research and Evaluation) checklist to help policy makers, providers, and educators assess the process and recommendations of individual guidelines (see www.agreecollaboration.org).


**REFERENCES**


**From Cochrane Database of Systematic Reviews (CDSR), Issue 1, 2005**

**New Systematic Reviews**
- Audio recordings of consultations with doctors for parents of critically sick babies
- Interventions to prevent hypothermia at birth in preterm and/or low birthweight babies
- Opioids for neonates receiving mechanical ventilation
- Oral anti-oestrogens and medical adjuncts for sub-fertility associated with anovulation
- Prevention and treatment of postpartum hypertension
- Surgical approach to hysterectomy for benign gynaecological disease
- Wound drainage for caesarean section

**Updated Systematic Reviews**
- Antibiotics for treating bacterial vaginosis in pregnancy
- Follow-up strategies for women treated for early breast cancer
- Frameless versus classical intrauterine device for contraception
- Glutamine supplementation to prevent morbidity and mortality in preterm infants
- Home-like versus conventional institutional settings for birth
- Medical versus surgical methods for first trimester termination of pregnancy
- Membrane sweeping for induction of labour

Cochrane Reviews are available by subscription to *The Cochrane Library* (see http://www.thecochranelibrary.com or contact emrw@wiley.com for details). Abstracts of Cochrane Reviews are available without charge at http://www.thecochranelibrary.com

**From Database of Abstracts of Reviews of Effects (DARE)**

**Recent Abstract Entries Assessing Quality of Systematic Reviews**
- Aspirin consumption during the first trimester of pregnancy and congenital anomalies: a meta-analysis
- Effectiveness of interventions to increase Papanicolaou smear use
- Effect of pneumonia case management on mortality in neonates, infants, and preschool children: a meta-analysis of community-based trials
- Epidural ropivacaine versus bupivacaine for labor: a meta-analysis
- Genetic test for fragile X syndrome
- Misoprostol use during the third stage of labor
- Noninvasive techniques to detect fetal anemia due to red blood cell alloimmunization: a systematic review
- Systematic review of adjuvant therapy for early stage (epithelial) ovarian cancer
- Ultrasound screening in pregnancy: a systematic review of the clinical effectiveness, cost-effectiveness and women’s views

DARE abstracts are available without charge at http://www.york.ac.uk/inst/crd/darehp.htm

**Evidence-Based Reviews From Other Sources**


These two reviews assessed the best available research about effects of hypnosis and acupuncture, respectively, for labor pain. Both found a small body of consistent evidence supporting the effectiveness of these modalities: 4 randomized controlled trials (RCTs) and 2 non-randomized comparisons with 1102 women to assess hypnosis; and 3 RCTs with 496 women to assess acupuncture were reviewed. Hypnosis groups experienced decreased use of pain medications and co-interventions, and more favorable ratings by women and blinded observers, in comparison with usual care. Acupuncture groups experienced decreased or similar use of various pain medications, decreased use of other non-pharmacologic pain relief methods, and more favorable or similar pain ratings, in comparison with usual care. In included studies, various types of personnel provided hypnosis, and midwives performed acupuncture treatments. No study included in these reviews reported any adverse effect.

*Comment:* Both hypnosis and acupuncture show promise as techniques that can help laboring women experience pain relief and avoid notable adverse effects associated with pain medications.

of the membranes: A systematic review. Obstetrics & Gynecology, 104(5 pt 1), 1051-1057.

To assess effects of screening asymptomatic pregnant women and treating lower genital tract infections, one team reviewed 16 randomized controlled trials (RCTs) enrolling 11,412 women. Studies evaluated screening and treatment of bacterial vaginosis (11 studies) and 5 other infectious diseases. Although infection has been consistently associated with adverse outcomes, the authors conclude that routine screening and antibiotic treatment do not appear to reduce prematurity and low birthweight. The other team reviewed 14 RCTs (6,559 women) of antibiotic versus placebo after preterm rupture of membranes (PROM). Relative to placebo, antibiotic therapy was associated with reduced: chorioamnionitis, birth within 48 hours, and birth within 7 days. Treated newborns were less likely to have infection, to have positive blood culture and abnormal cerebral ultrasound scans, and to use oxygen therapy. They spent fewer days in neonatal intensive care and weighed more at birth. Authors conclude that erythromycin is the treatment of choice, and amoxicillin/clavulanate is contraindicated.

Comment: Both reviews assessed antibiotic use to prevent prematurity and other adverse outcomes. Pregnancy outcomes are improved with routine antibiotics for PROM, but not routine screening of pregnant women and antibiotic treatment of genital tract infections.


The authors sought evidence of effects of long oral contraception (“long OC,” more than 21 active pill days between pill-free intervals) to suppress menstruation. Two randomized trials (384 women) and 7 single-group observational studies (1013 women) were included. Fewer than 200 women, in one observational study, were assessed on a schedule of 84 active days, consistent with the long OC product that is currently marketed in the U.S. Long OC was associated with fewer scheduled days of bleeding, but more unscheduled days of bleeding or spotting. Most studies assessed side effects informally or retrospectively. The authors found no studies considering breast or reproductive function, or effects beyond a year of use. They found no placebo-controlled trials or comparisons with unmedicated menstrual cycles. Pharmaceutical firms were associated with all but 2 of the studies.

Comment: Although the U.S. Food and Drug Administration approved a long OC product in 2003, critical safety questions have not been examined.

Recent Evidence-Based Reviews


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