Contraception Guidance From Model Best Evidence Process

The World Health Organization (WHO) and U.S. agency and academic partners have established a state-of-the-science system for staying abreast of best contraception evidence. The system is used to update WHO guidance about who can use specific contraceptive methods safely (World Health Organization, 2004a) and how to safely and effectively use contraceptive methods deemed appropriate (World Health Organization, 2004b). The WHO and many countries rely on this guidance for policies and programming.

In 2002, WHO and its partners established a system to identify and assess potentially relevant evidence for contraceptive eligibility/use as it becomes available and to use relevant better quality evidence to develop new systematic reviews or update existing reviews. This Continuous Identification of Research Evidence program maintains a database that is searchable by method, condition, and practice (available from: http://www.infoforhealth.org/cire/). Over 40 systematic reviews have resulted, and 10 have recently been published in a special issue of Contraception (reviews in the issue involve intrauterine devices, regret after female sterilization, and a series of hormonal contraception topics, and are not listed separately in this column) (Peterson & Curtis, 2006).

To complement the most recent editions of its contraception manuals, WHO makes updated guidance available on a web page (available from: http://www.who.int/reproductive-health/family_planning/updates.html). Mohllajee et al. (2005) have described the system.

REFERENCES


From Cochrane Database of Systematic Reviews (CDSR), Issue 2, 2006

New Systematic Reviews

• Chinese herbal medicine for the treatment of pre-eclampsia
• Expectant care versus surgical treatment for miscarriage
• Hepatitis B immunisation for newborn infants of hepatitis B surface antigen-positive mothers
• Insecticide-treated nets for preventing malaria in pregnancy
• Intravenous in-line filters for preventing morbidity and mortality in neonates
• Mechanical devices for urinary incontinence in women
• Prophylactic antibiotics for manual removal of retained placenta in vaginal birth
• Prophylactic antibiotics to prevent surgical site infection after breast cancer surgery
• Recombinant human activated protein C for severe sepsis in neonates
• Rest during pregnancy for preventing pre-eclampsia and its complications in women with normal blood pressure
• Total versus subtotal hysterectomy

Updated Systematic Reviews
• Developmental care for promoting development and preventing morbidity in preterm infants
• Fluid and pharmacological agents for adhesion prevention after gynaecological surgery
• Immunotherapy for recurrent miscarriage
• Medical management for miscarriage
• Oral misoprostol for induction of labour
• Surgery versus medical therapy for heavy menstrual bleeding

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
• Acupuncture for labor pain management: A systematic review
• Delayed versus early pushing in women with epidural analgesia: A systematic review and meta-analysis
• The effects of postmenopausal hormone therapies on female sexual functioning: A review of double-blind, randomized controlled trials
• Management of uterine fibroids
• Prognostic value of the labour admission test and its effectiveness compared with auscultation only: A systematic review
• Rates of caesarean section and instrumental vaginal delivery in nulliparous women after low concentration epidural infusions or opioid analgesia: Systematic review
• Second-trimester uterine artery Doppler screening in unselected populations: A review
• Systematic review: Noninvasive testing for Chlamydia trachomatis and Neisseria gonorrhoeae
• Treatment of vaginal infections to prevent preterm birth: A meta-analysis

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

Evidence-Based Reviews From Other Sources


This systematic review of the association between in utero and childhood exposure to chemical environmental pollutants and biomarkers of genetic damage intermediate to the carcinogenesis process found elevated biomarker levels in exposed populations of mothers, newborns, and older children when compared with unexposed populations of mothers, newborns, and older children. The review presents data on urban air pollution; soil, air, and water pollution from industrial, agricultural, mining, and waste sources; in utero tobacco smoke exposure from maternal smoking; and in utero tobacco smoke exposure from environmental smoke.

Comment: It is increasingly recognized that children may be more vulnerable to effects of toxic exposures than adults and that early exposures can have long-term consequences. Results of this review and uncertainties about many other exposures have far-reaching implications for policy, practice, research, and education.


Surveying 25 North American academic maternity units, Kotaska, Klein, and Liston found that low-dose oxytocin augmentation practices predominate, as recommended by leading North American obstetric societies. By contrast, they found that high-dose oxytocin protocols and other active management of labor features were used in seven of eight randomized controlled trials that compared epidural analgesia with parenteral opioids and
reported oxytocin augmentation dosages and cesarean rates. In the low-dosage trial, which may be similar to current conditions in North America, the cesarean rate was much higher in the epidural than in the opioid group. In the remaining high-dosage trials, cesarean rates were lower, and group differences were not found. The authors hypothesize that high-dose oxytocin can counter the slowing effect of epidural analgesia on labor and avoid excess cesareans. Similarly, Klein carried out a subgroup analysis of the current Cochrane review of effects of epidural analgesia for labor pain. Although the overall review found no association between epidural and cesarean, analysis of the four trials in which women received it before active labor found that epidural was associated with increased likelihood of cesarean.

Comment: Most women giving birth in the United States experience epidural analgesia, and its impact on cesarean delivery has been controversial. These reviews offer plausible explanations for discrepant research results and identify conditions that may influence this relationship.

Recent Evidence-Based Reviews


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