Published simultaneously in *Journal of Midwifery and Women's Health* 2004; 49(4).

This column highlights new and recently updated systematic reviews and overviews of research evidence that clarify knowledge about effects of specific practices in maternal/newborn and women’s health.

**From Cochrane Database of Systematic Reviews (CDSR), Issue 1, 2004**

**New Systematic Reviews**
- Adrenaline for prevention of morbidity and mortality in preterm infants with cardiovascular compromise
- Antibiotics for ureaplasma in the vagina in pregnancy
- Antiplatelet agents for preventing pre-eclampsia and its complications
- Bed rest in singleton pregnancies for preventing preterm birth
- Concomitant hydroxyurea plus radiotherapy versus radiotherapy for carcinoma of the uterine cervix
- Corticosteroids for HELLP syndrome in pregnancy
- Information for pregnant women about caesarean birth
- Medical methods for first trimester abortion
- Naloxone for preventing morbidity and mortality in newborn infants of greater than 34 weeks gestation with suspected perinatal asphyxia
- Prolonged versus short course of indomethacin for the treatment of patent ductus arteriosus in preterm infants
- Prophylactic antibiotics to reduce morbidity and mortality in ventilated newborn infants
- Prophylactic oral antifungal agents to prevent systemic candida infection in preterm infants
- Systemic antifungal drugs for invasive fungal infection in preterm infants

**Updated Systematic Reviews**
- Acupuncture for induction of labour
- Calcium supplementation in bone loss on post-menopausal women
- Cranberries for preventing urinary tract infections
- Interventions to help external cephalic version for breech presentation at term
- Intravenous immunoglobulin for preventing infection in preterm and/or low-birth-weight infants
- Intravenous immunoglobulin for suspected or subsequently proven infection in neonates
- Long chain polyunsaturated fatty acid supplementation in preterm infants
- Multicomponent fortified human milk for promoting growth in preterm infants
- Oral immunoglobulin for preventing necrotizing enterocolitis in preterm and low birth-weight neonates
- Parent-training programmes for improving maternal psychosocial health
- Position for women during second stage of labour
- Prophylactic ergometrine-oxytocin versus oxytocin for the third stage of labour
• Prophylactic intravenous antifungal agents to prevent mortality and morbidity in very low-birth-weight infants
• Prostaglandins for prevention of postpartum haemorrhage
• Pulsatile gonadotrophin releasing hormone for ovulation induction in subfertility associated with polycystic ovary syndrome
• Topical ointment for preventing infection in preterm infants

Cochrane Reviews are available by subscription to The Cochrane Library or through various publishing partners. Abstracts of Cochrane Reviews are available without charge. See http://www.cochrane.org/reviews/ for abstracts and subscription details.

From Database of Abstracts of Reviews of Effects (DARE)


This review assessed the effectiveness of soy products, herbs, and other complementary and alternative therapies for hot flashes and other menopausal symptoms. Most of the 10 included randomized controlled trials (RCTs) that evaluated herbs found no significant change in the primary outcome measure. Only black cohosh showed beneficial effect. The authors note that long-term safety of most herbs is uncertain. Three of 8 RCTs that evaluated soy and soy extracts for 6 weeks or more found generally modest benefit, and others found no benefit. Three small trials found benefit from behavioral interventions (paced respiration and relaxation response technique), and 1 small trial found benefit from progesterone cream. No benefit was found for vitamin E (2 RCTs), acupuncture (1 RCT), or wild yam cream (1 RCT). Insofar as the review report describes the process followed, DARE reviewers find it and the conclusions to be sound.

Comment: With growing concerns about the safety of hormone replacement therapy, an increasing number of women with menopausal symptoms may be interested in complementary and alternative therapies. Although black cohosh and foods with phytoestrogens may reduce symptoms, long-term safety questions remain. Behavioral interventions appear to be safe and effective.

Recent Abstract Entries Assessing Quality of Systematic Reviews
• The effectiveness of premedication for endotracheal intubation in mechanically ventilated neonates: A systematic review
• The effectiveness of public health strategies to reduce or prevent the incidence of low-birth-weight infants born to adolescents: A systematic review
• The effects of epidural analgesia on labor, maternal and neonatal outcomes: A systematic review
• Efficacy of natural cycle IVF: A review of the literature
• Efficacy of progesterone and progestogens in management of premenstrual syndrome: Systematic review
• First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sex offenders
• Improvement in spine bone density and reduction in risk of vertebral fractures during treatment with antiresorptive drugs
• Laparoscopic entry: A literature review and analysis of techniques and complications of primary port entry
• Maternal smoking during pregnancy and evidence-based intervention to promote cessation
• A meta-analysis of the effect of HIV-prevention interventions on the sexual behaviors of drug users in the United States
• Meta-analysis of the effects of behavioral HIV-prevention interventions on the sexual risk behavior of sexually experienced adolescents in controlled studies in the United States
• Review and meta-analysis of HIV prevention intervention research for heterosexual adult populations in the United States
• Training programs for healthcare professionals in domestic violence
• Unintended effects of epidural analgesia on labor, maternal and neonatal outcomes: A systematic review

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

Evidence-Based Reviews From Other Sources


The UK’s National Institute for Clinical Excellence (NICE) commissioned a systematic review and clinical guidelines on prenatal care for healthy pregnant women. The work is available as a full guideline with evidence
tables summarizing the best available studies used to develop the recommendations, a shorter guideline, concise clinical practice algorithms, and a summary for pregnant women and the general public. Quite a few recommendations are at odds with the care that many pregnant women receive in the U.S. For example, NICE recommends 10 prenatal care visits for first-time mothers with uncomplicated pregnancies and 7 visits for parous mothers with uncomplicated pregnancies, including 1 or 2 in-depth visits before the 12th week of pregnancy. The guidelines recommend increasing the time per visit to allow for needed care, information, and support. The NICE guidelines also recommend that women with uncomplicated pregnancies be routinely offered care led by midwives and GPs (or family physicians in the U.S.) and that women with babies in breech position at term be routinely offered external cephalic version. In addition, this evidence review concludes that the following tests and interventions should not be included as routine or universal components of prenatal care: screening test for gestational diabetes, weighing women, performing pelvic exams, fetal heart auscultation (apart from maternal request), and fetal movement counts.

Comment: The new NICE prenatal care evidence review and guidelines challenge caregivers, administrators, and third-party payers to reassess policies and practices to ensure that they reflect the best available research and make wise use of finite resources. This project also identifies priority areas for research.

Recent Evidence-Based Reviews


Commentary: WHO Reproductive Health Library

The WHO Reproductive Health Library (RHL) is an annual electronic publication developed by the World Health Organization in partnership with the Cochrane Collaboration and participating groups and scientists in middle- and low-income countries. RHL is composed of a suite of tools to foster evidence-based reproductive health practice throughout the world.
The 7th edition (2004) of *RHL* includes 88 Cochrane Reviews that are of high priority for global reproductive health (including maternal health, fertility regulation, and gynecologic topics). Accompanying the reviews are expert commentaries on their validity and applicability in resource-poor settings, as well as practical recommendations for managing specific reproductive health problems.

Many other resources support reproductive health professionals in the provision of evidence-based practice. These include

- **Editorials** on such topics as evidence-based health care, reproductive health problems of developing countries, current controversies in the field, and systematic review procedures
- **Research and research synthesis methodology resources**, including methodology articles, *The Cochrane Handbook*, and *The Cochrane Glossary*
- **Classifications of practices by effectiveness**: Six lists of practices that are beneficial, likely to be beneficial, have tradeoffs between benefits and harms, are of unknown effectiveness, are likely to be ineffective, or are likely to be harmful
- **Implementation aids**, tools to foster safe and effective practice, with videos on cesarean section technique and external cephalic version, benefits of companionship during labor, and administration of magnesium sulphate to women with pre-eclampsia
- **Training course** for evidence-based reproductive health care
- **Links and groups**, pointing users to key Internet websites for reproductive health, leading agencies and nongovernmental groups, and funders in the field

Subscriptions to *RHL* are available without charge to individuals and groups in low- and middle-income countries and for a fee to those in other countries. *RHL* is available in English and Spanish on CD-ROM. An Internet version will be available in 2004. For more information about all aspects of *RHL*, including subscriptions, see the Web pages for the WHO Programme to Map Best Reproductive Health Practices at http://www.who.int/reproductive-health/rhl/.

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