Evidence-Based Online Resources for Health Professionals From Childbirth Connection

To reflect its contemporary focus, Maternity Center Association recently changed its name to Childbirth Connection. Childbirth Connection continues the national not-for-profit organization’s 88-year role as a voice for the needs and interests of childbearing families and focus on improving the quality of maternity care, by promoting evidence-based maternity care. This commentary summarizes resources that are available for health professionals on Childbirth Connection’s redesigned and expanded Web site.

The Childbirth Connection Web site (http://www.childbirthconnection.org) has separate substantial areas for childbearing families and health professionals. The health professional area includes the following sections:

- Evidence-Based Maternity Care Resource Directory: continuously updated topically organized inventory of Web sites, articles, books, organizations, and so forth, to help identify, appraise, and apply better quality evidence for maternal-newborn care
- Evidence Columns: collected PDF files of this column from the 1st in early 2003 through new ones as they become available
- Systematic Reviews: key resources from systematic reviews that Childbirth Connection has commissioned, participated in, or carried out
- A Guide to Effective Care in Pregnancy and Childbirth: the full text of the 3rd edition of this acclaimed manual
- Listening to Mothers: resources from the 1st national U.S. survey of women’s childbearing experiences (2002) and the new 2006 second survey and follow-up postpartum mother’s survey
- Alerts and Responses: occasional bulletins from Childbirth Connection to help interpret new reports or recent events of great importance to mothers and newborns
- Resources for Women: overview of the extensive resources in the women’s area of the site to help childbearing women become active participants in their care and make informed decisions
- The Rights of Childbearing Women: Childbirth Connection’s highly regarded rights statement, which applies core human rights to childbearing and indicates the legal status of individual rights.

These evolving resources can lend a hand with the challenging responsibility 21st century health professionals have to understand, provide and foster care that is consistent with results of best available research.

New Systematic Reviews

- Antenatal perineal massage for reducing perineal trauma
- Antidepressants for anorexia nervosa
- Higher versus lower protein intake in formula-fed low birth weight infants

From Cochrane Database of Systematic Reviews (CDSR), Issue 1, 2006
• Intraperitoneal chemotherapy for the initial management of primary epithelial ovarian cancer
• One dose per day compared to multiple doses per day of gentamicin for treatment of suspected or proven sepsis in neonates
• Oral betamimetics for maintenance therapy after threatened preterm labour
• Pelvic floor muscle training versus no treatment or inactive control treatments for urinary incontinence in women
• Planned early birth versus expectant management (waiting) for prelabour rupture of membranes at term (37 weeks or more)
• Pneumococcal vaccination during pregnancy for preventing infant infection
• Pre-discharge “car seat challenge” for preventing morbidity and mortality in preterm infants
• Prenatal administration of progesterone for preventing preterm birth
• Sodium bicarbonate infusion during resuscitation of infants at birth
• Strategies to improve adherence and acceptability of hormonal methods for contraception
• Surgery versus primary endocrine therapy for operable primary breast cancer in elderly women (70 years plus)
• Uterine artery embolization for symptomatic uterine fibroids

**Updated Systematic Reviews**

• Combination contraceptives: effects on weight
• External cephalic version for breech presentation before term
• Ibuprofen for the prevention of patent ductus arteriosus in preterm and/or low birth weight infants
• Inhaled nitric oxide for respiratory failure in preterm infants
• Non-latex versus latex male condoms for contraception

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)**


The Agency for Healthcare Research and Quality commissioned this evidence report to examine 1) measures for assessing risks of prolonged pregnancy to fetuses and mothers and likelihood of successful labor induction, 2) benefits of labor induction versus expectant management at different gestational ages, 3) comparative benefits and risks of different methods of induction, and 4) implications of prolonged pregnancy for different populations. In uncomplicated pregnancies, the risk of stillbirth increases after 41 weeks of gestation, although absolute risk remains low. However, at least 500 inductions are needed to prevent one stillbirth at or beyond 41 weeks, and no other benefits of induction were identified. Investigators found no evidence that induction based on estimated fetal weight improved maternal or infant outcomes. With the exception of membrane sweeping, induction methods appeared to involve benefit-risk trade-offs or uncertainty about harms. Overall, DARE reviewers assess the quality of this review favorably.

**Comment:** In light of current practice trends, improvements in professional and consumer education and informed decision-making processes appear to be warranted with respect to elective induction offered for prolonged gestational age or for estimated fetal size.

**Recent Abstract Entries Assessing Quality of Systematic Reviews**

• Does batterers’ treatment work: a meta-analytic review of domestic violence treatment
• Effective methods to change sex-risk among drug users: a review of psychosocial interventions
• The effectiveness of primary care-based interventions to promote breastfeeding: evidence review and meta-analysis for the U.S. Preventive Services Task Force
• Effects of a single course of corticosteroids given more than 7 days before birth: a systematic review
• Intervening to reduce depression after birth: a systematic review of the randomized trials
• Is modified cow’s milk formula effective in reducing the symptoms of infant colic?
• Is ovarian surgery effective for androgenic symptoms of polycystic ovarian syndrome?
• Management of urinary incontinence in women: scientific review
• Neonatal signs after late in utero exposure to serotonin reuptake inhibitors: literature review and implications for clinical applications
• Perinatal outcome of singletons and twins after assisted conception: a systematic review of controlled studies
• PDPH is a common complication of neuraxial blockade in parturients: a meta-analysis of obstetrical studies
• Screening for gestational diabetes: a systematic review and economic evaluation
• A systematic review of randomised controlled trials evaluating the effect of mother/baby skin-to-skin care on successful breast feeding
• A systematic review of transvaginal ultrasonography, sonohysterography and hysteroscopy for the
investigation of abnormal uterine bleeding in premenopausal women.

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

Evidence-Based Reviews From Other Sources


A systematic review of vitamin B6 as a treatment for depression found no meaningful overall effects. However, two small randomized controlled trials and a case report were consistent in finding benefit in premenopausal women.

Comment: Given the prevalence of depression in women at different phases of the life cycle and benefit-harm tradeoffs of pharmacologic treatment (including concerns extending to prenatal development and breastfed children), further investigation of vitamin B6 as a treatment for depression in women is warranted.


This review evaluated the effectiveness of five drugs for preventing osteoporosis when compared with each other, as well as with calcium, calcium plus vitamin D, calcitriol, hormone therapy, exercise, placebo, or no treatment. All five appear to reduce risk of vertebral fracture in women with severe osteoporosis. Only raloxifene appeared to reduce risk of vertebral fracture in women unselected for low bone mineral density, and there is uncertainty about this result, as all relevant data have not been made public. None of the five drugs were shown by direct comparison to be more effective than another or than the other active interventions assessed in the review.

Comment: Exemplary professional and public education and exemplary informed decision-making processes are warranted with respect to prevention and treatment of postmenopausal osteoporosis.

Recent Evidence-Based Reviews


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