Updated Guidelines for Care of Low-Risk Women in Labor

The Royal College of Midwives (2005) has issued the 3rd edition of guidelines for midwifery-led care of women from early labor through early breastfeeding. Although prepared for midwives working in the U.K., the topics and issues are to a great extent relevant for midwives and labor and delivery nurses who care for low-risk birthing women in North America. Many practices originally developed for special circumstances are now widely applied to healthy mothers and babies in North America. These guidelines offer valuable perspectives about and insights into scientifically supported care.

The new guidelines were developed through updated literature searches of studies of effects of care, as well as research on women’s views. They reflect feedback from both midwives and organizations representing service users.

The document is organized by 19 topics, including birth environment, latent phase, assessing labor progress, rupturing membranes, positions for labor and birth, nutrition, second stage, and immediate care of the newborn. A list of key practice points, a narrative review of research evidence, and a bibliography are provided for each topic. The guidelines are available online.


From Cochrane Database of Systematic Reviews (CDSR), Issue 4, 2005

New Systematic Reviews

- Altered dietary salt for preventing pre-eclampsia, and its complications
- Antibiotic prophylaxis for fourth-degree perineal tear during vaginal birth
- Antioxidants for preventing pre-eclampsia
- Bed rest with or without hospitalisation for hypertension during pregnancy
- Continuous infusion versus intermittent flushing to prevent loss of function of peripheral intravenous catheters used for drug administration in newborn infants
- Critical incident audit and feedback to improve perinatal and maternal mortality and morbidity
- Efficacy and safety of cesarean delivery for prevention of mother-to-child transmission of HIV-1
- Home visits during pregnancy and after birth for women with an alcohol or drug problem
- Intrauterine insemination versus timed intercourse for cervical hostility in subfertile couples
- Nonsteroidal anti-inflammatory drugs for pain in women with endometriosis
- Placental cord drainage after spontaneous vaginal delivery as part of the management of the third stage of labour
- Prophylactic antibiotics to reduce morbidity and mortality in neonates with umbilical venous catheters
• Spermicide used alone for contraception
• Testosterone for peri- and postmenopausal women
• Topical Vitamin A, or its derivatives, for treating and preventing napkin dermatitis in infants
• Vaccines for women to prevent neonatal tetanus

**Updated Systematic Reviews**

- Chemotherapy for advanced, recurrent or metastatic endometrial carcinoma
- Endometrial destruction techniques for heavy menstrual bleeding
- Epidural versus nonepidural or no analgesia in labour
- Heparin for prolonging peripheral intravenous catheter use in neonates
- Ibuprofen for the treatment of patent ductus arteriosus in preterm and/or low birth weight infants
- Non-nutritive sucking for promoting physiologic stability and nutrition in preterm infants
- Progesterone or progestogen-releasing intrauterine systems for heavy menstrual bleeding
- Surgical interruption of pelvic nerve pathways for primary or secondary dysmenorrhoea
- Vaginal disinfection for preventing mother-to-child transmission of HIV infection
- Vitamin A supplementation for reducing the risk of mother-to-child transmission of HIV infection

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**

- Association between hormone replacement therapy and subsequent stroke: A meta-analysis
- Benefits and costs of interventions to improve breast cancer outcomes in African American women
- Biofeedback in the treatment of urinary incontinence in adults
- Commonly used types of postmenopausal estrogen for treatment of hot flashes: Scientific review
- Comparing therapies for postmenopausal osteoporosis prevention and treatment
- Cost-effectiveness of elective Cesarean delivery to prevent hepatitis C transmission in HIV-coinfected women
- Cost-effectiveness of interventions to reduce vertical HIV transmission from pregnant women who have not received prenatal care
- Does human milk reduce infection rates in preterm infants: A systematic review
- Does this woman have osteoporosis?
- Economic evaluation of a new acellular vaccine for pertussis in Canada
- Effectiveness of cervical cerclage for a sonographically shortened cervix: A systematic review and meta-analysis
- Efficacy of postoperative epidural analgesia
- HIV prevention interventions in adolescent girls: What is the state of the science?
- Hydralazine for treatment of severe hypertension in pregnancy: Meta-analysis
- Improving pregnancy outcome and reducing avoidable clinical resource utilization through telephonic perinatal care coordination
- Interventions for violence against women
- Risk of stroke in women exposed to low-dose oral contraceptives
- Soy for the treatment of perimenopausal symptoms: A systematic review
- A systematic review of the skeletal effects of estrogen therapy in postmenopausal women, II: An assessment of treatment effects
- Use of bisphosphonates in women with breast cancer

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

**Evidence-Based Reviews From Other Sources**


This review identified and summarized the incidence of uterine rupture in 86 data sets from within a larger World Health Organization systematic review assessing the extent of maternal mortality and various morbidities. The single study of uterine rupture in women without a previous cesarean reported a very low prevalence rate of .006% among 168,491 U.S. women. Median rates of uterine rupture in women with previous cesarean sections were .9% in developed countries and 1.4% in less developed countries. Reports from several sub-Saharan African countries and Bangladesh found that about 75% of women experiencing uterine rupture did not have a scarred uterus.

**Comment**: In developed countries, uterine rupture appears to be associated almost exclusively with previous cesarean section. In less developed countries, previous cesarean and other risk factors contribute to this outcome.
The U.S. Preventive Services Task Force commissioned this review to update guidelines for screening pregnant women for HIV infection. Key review issues included use of risk factors to identify infected pregnant women; HIV antibody test characteristics in pregnant women; harms and acceptability of screening; effectiveness, harms, and uptake of interventions to prevent mother-to-child HIV transmission; impact of infection knowledge on future reproductive choice; and number needed to screen to prevent one case of infection transmission. Whereas rates of mother-to-child HIV transmission range from 14% to 25% among untreated mothers in developed countries, the investigators estimate that rates of 1%-2% could be achieved by identifying infected women and treating them with combination antiretroviral regimens, using elective cesarean selectively, and avoiding breastfeeding.

Comment: As a result of this review, the Task Force recommends universal HIV screening of pregnant women. Estimates of number needed to screen range from 3,500 to 12,170 women in settings with a maternal prevalence of 0.15% to 105-365 women in a cohort of patients at high risk.


This review summarized randomized controlled trials comparing the effectiveness of psychosocial or psychological interventions for prevention of postpartum depression to usual care. Fifteen trials with 7,697 women were included. Overall, there was no difference in depression between intervention and control groups. The sole intervention with a clear preventive effect was individual postpartum support provided by a health professional. There was no clear evidence to recommend prenatal and postpartum classes, early postpartum follow-up, continuity of care models, psychological debriefing in hospital, and interpersonal psychotherapy. In a subgroup analysis, identifying mothers at risk for postpartum depression contributed to prevention.

Comment: An accompanying editorial argues that mental health professionals should have a more substantial role in designing interventions to prevent postpartum depression.

Recent Evidence-Based Reviews


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