SPECIAL REPORT

Current Resources for Evidence-Based Practice, January/February 2007

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Clinical Evidence: High-Quality Evidence Overviews

Clinical Evidence, from the BMJ Publishing Group, is shaping up to be an essential tool for health care and community health: policy, practice, education, and research. The core of this database is a series of structured articles about specific conditions, which are organized into 30 sections, including women’s health, pregnancy and childbirth, and sexual health. Each article summarizes best evidence for specific prevention or treatment interventions, or both, with a concise description of sources followed by the references. A summary page uses the following categories to classify interventions by effectiveness: beneficial, likely to be beneficial, trade-offs between benefits and harms, unknown effectiveness, unlikely to be beneficial, and likely to be ineffective or harmful. The articles are based on in-depth centralized literature searches and critical appraisal, with a focus on systematic reviews, randomized controlled trials, and observational research as appropriate. On a monthly basis, new conditions are added and numerous existing conditions are updated and expanded in coverage. A monthly alert service provides a summary of updates on request.

The content is available by subscription in online, concise print, personal digital assistant (PDA), and multiuser site license versions, along with pay per view, 30-day, and free trial options. More information is available from http://www.clinicalevidence.com

In the United States, the United Health Foundation distributes free copies of the concise print version of this database and a 6-month online subscription twice annually to physicians and nurses. For information and to register for this program, see http://www.unitedhealthfoundation.org/ce_faq.html

Clinical Evidence is used to develop a condition-focused consumer database, BestTreatments, which is available through subscription to the ConsumerReportsMedicalGuide.org, to members of participating health plans, and without charge in countries with a national subscription.

From Cochrane Database of Systematic Reviews (CDSR), Issue 3, 2006

New Systematic Reviews

- Ad libitum or demand/semi-demand feeding versus scheduled interval feeding for preterm infants
- Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth
- Breastfeeding or breast milk for procedural pain in neonates
- Caesarean section for non-medical reasons at term
- Continuous cardiotocography (CTG) as a form of electronic fetal monitoring (EFM) for fetal assessment during labour
- Copper containing, framed intra-uterine devices for contraception
- Depot medroxyprogesterone versus Norethisterone oenanthate for long-acting progestogenic contraception
- Disposable nappies for preventing napkin dermatitis in infants
- Effects of routine oral iron supplementation with or without folic acid for women during pregnancy
• Exercise for diabetic pregnant women
• Marine oil, and other prostaglandin precursor, supplementation for pregnancy uncomplicated by pre-eclampsia or intrauterine growth restriction
• Medical treatment for early fetal death (less than 24 weeks)
• Methods of repair for obstetric anal sphincter injury
• Oral versus intravenous rehydration for treating dehydration due to gastroenteritis in children
• Quinolones for uncomplicated acute cystitis in women
• Routine prophylactic drugs in normal labour for reducing gastric aspiration and its effects
• Self-help and guided self-help for eating disorders
• Surgical treatment of fibroids for subfertility
• Triphasic versus monophasic oral contraceptives for contraception

Updated Systematic Reviews
• Aerobic exercise for women during pregnancy
• Biphasic versus monophasic oral contraceptives for contraception
• Biphasic versus triphasic oral contraceptives for contraception
• Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems
• Drugs for treatment of very high blood pressure during pregnancy
• Fetal electrocardiogram (ECG) for fetal monitoring during labour
• Maternal dietary antigen avoidance during pregnancy or lactation, or both, for preventing or treating atopic disease in the child
• Mechanical devices for urinary incontinence in women
• Preoperative hair removal to reduce surgical site infection
• Spinal manipulation for primary and secondary dysmenorrhoea

Cochrane Reviews are available without charge. See: http://www.thecochranelibrary.com

Evidence-Based Reviews From Other Sources


This systematic review compared effects of spontaneous and directed pushing in studies of women without epidural analgesia. The 10 studies varied in design and quality (including one retrospective and two pilot studies), and could not be pooled for summary statistics. There was no clear support for traditional assumptions that directed pushing shortens the pushing phase of labor and confers benefits on the fetus, but it did appear to increase the frequency and severity of perineal trauma and may have increased the likelihood of late fetal heart decelerations. Available research does not support staff-directed pushing and raises concerns about unintended consequences.

Comment: A large proportion of U.S. birthing women experiences staff-directed pushing. Large well-conducted studies that can provide clear direction for education and practice are warranted.
Recent Evidence-Based Reviews


This review evaluated the effectiveness of interventions for keeping vulnerable newborns warm and reducing hypothermia-associated morbidity and mortality. Although just six random or quasi-random studies with results from 295 newborns were included, plastic wrap or bag, skin-to-skin care, and transwarmer mattress were all associated with heat retention. One newborn had improved temperature retention out of every two who experienced skin-to-skin care and transwarmer mattress.

Comment: Larger studies with longer follow-up are needed to clarify whether these simple, noninvasive, low-cost interventions should be routinely used in the care of vulnerable infants.


The objective of this systematic review was to identify risk factors for the prevalent condition of chronic pelvic pain in women. The review summarized results of 122 studies involving nearly 95,000 women and investigating dozens of risk factors. Noncyclic pain was associated with risk factors such as cesarean scar, pelvic adhesions, history of physical or sexual abuse, history of miscarriage, and depression or anxiety. Risk factors for dysmenorrhoea included younger age, low body mass index, smoking, early menarche, sterilization, and history of sexual assault. Dyspareunia was more likely in women who had experienced genital mutilation or sexual assault, who had suspected pelvic inflammatory disease, who were peri- or postmenopausal, and who had anxiety or depression.

Comment: Various demographic, gynecologic, obstetric, social, and psychological factors, modifiable and not, appear to contribute to chronic pelvic pain.

Recent Evidence-Based Reviews


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