Conclusions from Systematic Reviews of the Pregnancy & Childbirth Group

INTERVENTION/PRACTICE TITLE OF REVIEW	BOTTOM LINE	COCHRANE CONCLUSION	DATE
Ultrasound for fetal assessment in early pregnancy	Likely to be beneficial	"Early ultrasound improves the detection of multiple pregnancies and improved gestational dating may result in fewer inductions for post maturity."	2015
Routine ultrasound in late pregnancy (>24 weeks)	Not beneficial	"Based on existing evidence, routine late pregnancy ultrasound in low-risk or unselected populations does not confer benefit on mother or baby."	2015
Antenatal perineal massage for reducing perineal trauma	Likely to be beneficial	"Antenatal digital perineal massage reduces the liklihood of perineal trauma....As such, women should be made aware of the likely benefit of perineal massage and provided with information on how to massage."	2013
Planned hospital birth versus planned home birth	Unknown	"There is no strong evidence from randomised trials to favour either planned hospital birth or planned home birth for low-risk pregnant women."	2012
Planned caesarean section for women with a twin pregnancy	Not likely to be beneficial	"Data mainly from one large, multicentre study found no clear evidence of benefit from planned caesarean section for term twin pregnancies with leading cephalic presentation."	2015
Elective birth at 37 weeks' gestation for women with an uncomplicated twin pregnancy	Unknown	"The optimal timing of birth with a twin pregnancy is uncertain, with clinical support for both elective delivery at 37 weeks' gestation and for waiting for labour to start spontaneously (expectant management)."	2014
Induction of labour at or near term for suspected fetal macrosomia	Trade-offs	"We conclude that there appear to be benefits, but there may also be some disadvantages of induction of labor shortly before term."	2016
Induction of labour for improving birth outcomes for women at or beyond term	Likely to be beneficial	"A policy of labour induction compared with expectant management is associated with fewer perinatal deaths and fewer caesarean sections....However, the absolute risk of perinatal death is small. Women should be appropriately counselled in order to make an informed choice between scheduled induction for a post-term pregnancy or monitoring without induction (or delayed induction)."	2012
Amniotomy alone for induction of labour	Unknown	"There is not enough evidence about the effects of amniotomy alone to induce labour."	2000
Sexual intercourse for cervical ripening and induction of labour	Unknown	"The role of sexual intercourse as a method of induction of labour is uncertain."	2001

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Continuous support for women during childbirth	Beneficial	"Continuous support during labour may improve outcomes for women and infants, including increased spontaneous vaginal birth, shorter duration of labour, and decreased caesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score, and negative feelings about childbirth experiences."	2017
Maternal positions and mobility during first stage labour	Walking and upright positions are beneficial	"There is clear and important evidence that walking and upright positions in the first stage of labour reduces the duration of labour, the risk of caesarean birth, the need for epidural, and does not seem to be associated with increased intervention or negative effects on mothers' and babies' well-being."	2013
Cardiotocography versus intermittent auscultation of fetal heart on admission to labour ward for assessment of fetal wellbeing [Admission FHR strip]	The "admission strip" is not beneficial	"Contrary to continued use in some clinical areas, we found no evidence of benefit for the use of the admission CTG for low-risk women on admission in labour."	2017
Continuous cardiotocography (CTG) [fetal heart rate monitoring] as a form of electronic fetal monitoring for fetal assessment during labour	Not likely to be beneficial to babies except for reducing neonatal seizures (*See Cochrane Conclusion*.) Likely to be harmful to mothers	"CTG during labour is associated with reduced rates of neonatal seizures, but no clear differences in cerebral palsy, infant mortality or other standard measures of neonatal well-being. However, continuous CTG was associated with an increase in caesarean sections and instrumental vaginal births."	2017
Restricting oral fluid and food intake during labour	No benefits or harms	"Since the evidence shows no benefits or harms, there is no justification for the restriction of fluids and food in labour for women at low risk of complications."	2013
Intravenous fluids for reducing the duration of labour in low risk nulliparous women	*May* be beneficial	"Although the administration of intravenous fluids compared with oral intake alone demonstrated a reduction in the duration of labour, this finding emerged from only two trials.... However, it may be possible for women to simply increase their oral intake rather than being attached to a drip and we have to consider whether it is justifiable to persist with a policy of 'nil by mouth.' "	2013

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Routine vaginal examinations for assessing progress of labour to improve outcomes for women and babies at term	No benefits or harms	"We identified no convincing evidence to support, or reject, the use of routine vaginal examinations in labour, yet this is common practice throughout the world."	2013
Pain management for women in labour: an overview of systematic reviews (see reviews on epidural analgesia, combined spinal-epidural analgesia and nitrous oxide below)	**What *MAY* Work** • Immersion in water • Relaxation • Acupuncture/ acupressure • Massage	"There is insufficient evidence to make judgements on whether or not hypnosis, biofeedback, sterile water injection, aromatherapy, TENS, or parenteral opioids are more effective than placebo or other interventions for pain management in labour."	2012
Immersion in water for labour and birth	Beneficial	"Water immersion during the first stage of labour significantly reduced epidural/spinal analgesia requirements, without adversely affecting labour duration, operative delivery rates, or neonatal well being... Further research is needed to assess the effect of immersion in water on neonatal and maternal morbidity."	2009
Epidural versus non-epidural or no analgesia in labour	Epidural analgesia is beneficial for pain relief with increased risk for instrumental delivery and other possible side effects	"Epidurals relieved labour pain better than other types of pain medication but led to more use of instruments to assist with the birth. Caesarean delivery rates did not differ overall and nor were there effects on the baby soon after birth.... The risk of caesarean section for fetal distress was increased. Women who used epidurals were more likely to have a longer delivery (2nd stage), needed their labour contractions stimulated with oxytocin, experienced very low blood pressure, were unable to move for a period after birth, had problems passing urine and suffered fever."	2011
Early versus late initiation of epidural analgesia for labour	Most likely makes no difference	"There is predominantly high-quality evidence that early or late initiation of epidural analgesia for labour have similar effects on all measured outcomes. However, various forms of alternative pain relief were given to women who were allocated to delayed epidurals to cover that period of delay, so that it is hard to assess the outcomes clearly."	2014
Combined spinal-epidural versus epidural analgesia in labour	Not likely to be beneficial (as compared to low-dose epidurals)	"There appears to be little basis for offering CSE over epidurals in labour, with no difference in overall maternal satisfaction despite a slightly faster onset with CSE and conversely less pruritis with low-dose epidurals."	2012

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Inhaled analgesia for pain management in labour	Beneficial	"It is relatively easy to administer, can be started in less than one minute, and become effective within a minute... but women have to be informed about the side effects, such as nausea, vomiting, dizziness, and drowsiness. Inhaled analgesia may help relieve labour pain without adversely increasing operative delivery rates, or affecting neonatal well being."	2012
Position in the second stage of labour for women without epidural anaesthesia	Upright positions *may* be beneficial	"The findings of this review suggest several possible benefits for upright position in women without epidural anaesthesia, such as a very small reduction in the duration of second stage, reduction in episiotomy rates and assisted deliveries. However, there is an increased risk of blood loss > than 500 mL and there may be an increased risk of 2nd degree tears, though we cannot be sure of this."	2017
Pushing/bearing down methods for the second stage of labor	Unknown	"We are unable to say whether spontaneous pushing or directed pushing coaching methods are best. Until further high-quality studies are available, women should be encouraged to push and bear down according to their comfort and preference."	2017
Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes	Delayed cord clamping is likely to be beneficial	"A more liberal approach to delaying clamping of the umbilical cord in healthy term infants appears to be warranted, particularly in light of growing evidence that delayed cord clamping (DCC) increases early hemoglobin and iron stores in infants. DCC is likely to be beneficial as long as access to treatment for jaundice requiring phototherapy is available."	2013
Early skin-to-skin contact for mothers and their healthy newborn infants	Beneficial	"Evidence supports the use of SSC to promote breastfeeding. Studies with larger sample sizes are necessary to confirm physiological benefit for infants during transition to extra-uterine life and to establish possible dose-response effects and optimal initiation time."	2016

Note from Debby: The "Bottom Line" conclusions are my opinions after reading each review. In the "Cochrane Conclusions" column, only one or two sentences were chosen from either the "Authors' Conclusions" or "Plain Language Summary" part of the review. For more information, please visit the Cochrane website at www.cochrane.org to read the full review (usually only a couple of pages) or to see if a particular review has been updated. The reviews cited in this handout are only 27 of over 662 systematic reviews in the Cochrane Library Pregnancy & Childbirth group.