Cochrane

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
Bed rest in singleton pregnancies for preventing preterm birth	Unknown	"...this updated review finds no evidence to support or refute bed rest in preventing preterm birth...Due to the potential adverse effects that bed rest could have on women and their families, and the increased costs for the healthcare system, the pros and cons of bed rest for preventing preterm birth should be discussed fully."	2015
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 beyond 37 weeks' gestation	Likely to be beneficial	Researchers looked at RCTs comparing a policy to induce labour **usually after 41 completed weeks of gestation (>287 days)** with waiting for labour to start and/or waiting for a period before inducing labour. They found, "There is a clear reduction in perinatal death with a policy of induction at or beyond 37 weeks compared with expectant management, although absolute rates are small. There were also lower cesarean rates without increasing rates of operative vaginal births and there were fewer NICU admissions with a policy of induction .... The optimal timing of offering induction of labour to women at or beyond 37 weeks' gestation needs further investigation...".	2020
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
Amniotomy alone for induction of labour	Unknown	"There is not enough evidence about the effects of amniotomy alone to induce labour."	2000

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Mechanical methods of induction of labour	Balloon safer than and probably as effective as vaginal PGE2	"Mechanical induction with a balloon is probably as effective as induction of labour with vaginal PGE2.... However, a balloon seems to have a more favourable safety profile compared to vaginal PGE2, as it probably reduces the risk of uterine hyperstimulation."...A balloon catheter may be less effective ...when compared to low-dose misoprostol...but probably reduces the risk of hyperstimulation..."	2019
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 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
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
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

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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
Massage, reflexology, and other manual methods for pain management in labour	May be beneficial	"Massage may help women cope with pain in labour and may give them a better birth experience, and warm packs and thermal methods may help with pain. However, the quality of the evidence was generally low or very low..."	2018
Relaxation techniques for pain management in labour	May be beneficial	"Relaxation, yoga, and music may have a role with reducing pain, and increasing satisfaction with pain relief, although the quality of evidence varies between low to low."	2018
Immersion in water for labour and birth	May be Beneficial	"Labouring in water may reduce the number of women having an epidural. Giving birth in water did not appear to affect mode of birth, or the number of women having a serious perineal tear. This review found no evidence that labouring in water increases the risk of an adverse outcome for women or their newborns."	2018
Parenteral opioids for maternal pain management in labour	May be beneficial, but there are side effects	"For healthy women with an uncomplicated pregnancy who are giving birth at 37 to 42 weeks, parenteral opioids appear to provide some relief from pain in labour, but are associated with drowsiness, nausea, and vomiting in the woman. Effects on the newborn are unclear."	2018
Epidural versus non-epidural or no analgesia in labour	Beneficial	"Epidurals may reduce pain during labour more effectively than any other form of pain relief, and may increase maternal satisfaction with pain relief... Further research would be helpful, usimg more consistent measures of reducing the adverse outcomes with epidurals."	2018
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
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

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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

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Note from Debby: The "Bottom Line" conclusions are my opinions after reading each abstract (of the review). In the "Cochrane Conclusions" column, only a few sentences were chosen from either the "Authors' Conclusions" or "Plain Language Summary" part of the abstract. For more information, please visit the Cochrane website at www.cochrane.org to read the full abstract (usually only a couple of pages) or to see if a particular review has been updated. The reviews cited in this handout are only 30 of over 600 systematic reviews in the Cochrane Library Pregnancy & Childbirth group.

June 2021. Chart compiled by Debby Amis for The Family Way Publications, www.thefamilyway.com.
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