

Effective care in pregnancy and childbirth: a synopsis

The underlying thesis of this book is that evidence from well-controlled comparisons provides the best basis for choosing among alternative forms of care in pregnancy and childbirth. This evidence should encourage the adoption of useful measures and the abandonment of those that are useless or harmful.

In this final chapter we have tried to summarize the main conclusions reached in earlier chapters. This summary takes the form of six tables which list, respectively:

- (1) beneficial forms of care;
- (2) forms of care that are likely to be beneficial;
- (3) forms of care with a trade-off between beneficial and adverse effects;
- (4) forms of care of unknown effectiveness;
- (5) forms of care that are unlikely to be beneficial;
- (6) forms of care that are likely to be ineffective or harmful.

Tables 1 and 6 are based on clear evidence from systematic reviews of randomized controlled trials. Tables 2 and 5 are based on information from reviews of controlled trials or good observational evidence, but for which the conclusions can not be as firmly based as those for Tables 1 and 6. Table 3 lists forms of care with both beneficial and adverse effects, which women and caregivers should weigh according to their individual circumstances and priorities; and Table 4 lists forms of care for which there are insufficient data, or data of inadequate quality on which to base a recommendation.

We have tried to be explicit about our criteria for choosing which table to use for each intervention, but there is inevitably some

subjectivity in our choice. We worked from two basic principles: first, that the only justification for practices that restrict a woman's autonomy, her freedom of choice, and her access to her baby, would be clear evidence that these restrictive practices do more good than harm; and second, that any interference with the natural process of pregnancy and childbirth should also be shown to do more good than harm. We believe that the onus of proof rests on those who advocate any intervention that interferes with either of these principles.

A tabulated summary such as this is necessarily selective. Nuances discussed in the chapters cannot find full expression in summary tables. Nevertheless, we hope that the explicit form in which these conclusions have been stated will be useful, and that the advantages of this summary approach will outweigh its drawbacks.

The inclusion of a particular form of care in Tables 1 or 2 does not imply that it should always be adopted in practice. Research based on the study of groups may not always apply to individuals, although it should be relevant to guide broad policies of care. Forms of care listed in Tables 5 and 6 may still be useful in particular circumstances, although, once again, they should be discouraged as a matter of policy. Practices listed in Table 3 will require careful consideration by the individuals concerned, while those in Table 4 should usually be avoided except in the context of trials to better evaluate their effects.

Some of the conclusions that we have reached will be controversial, but they must be judged in the light of the methods we used to assemble and review the evidence on which they are based. While we have made great efforts to ensure that the data presented are comprehensive and accurate, it is possible that errors and misinterpretations have crept in. We conclude by reiterating the invitation extended to readers in our first edition, to bring omissions and mistakes to our attention for inclusion and correction in *The Cochrane Library* and in later editions of this book. Correspondence should be addressed to the Cochrane Pregnancy and Childbirth Group, Liverpool Women's Hospital NHS Trust, Crown Street, Liverpool, UK L8 7SS.

Table 1 Beneficial forms of care

Effectiveness demonstrated by clear evidence from controlled trials.	Chapter
Basic care	
Women carrying their pregnancy record to enhance their feeling of being in control	3
Pre- and peri-conceptional folic acid supplementation to prevent recurrent neural tube defects	5, 6
Folic acid supplementation (or high folate diet) for all women envisaging pregnancy	5, 6
Assistance (especially behavioral strategies) to stop smoking during pregnancy	5
Balanced energy and protein supplementation when dietary supplementation is required	6
Vitamin D supplementation for women with inadequate exposure to sunlight	6
Iodine supplementation in populations with a high incidence of endemic cretinism	6
Screening and diagnosis	
Doppler ultrasound in pregnancies at high risk of fetal compromise	12
Pregnancy problems	
Antihistamines for nausea and vomiting of pregnancy that is resistant to simple measures	13
Local imidazoles for vaginal candida infection (thrush)	13
Local imidazoles instead of nystatin for vaginal candida infection (thrush)	13
Magnesium sulphate rather than other anticonvulsants for treatment of eclampsia	15
Administration of anti-D immunoglobulin to Rh-negative women whose newborn baby is not Rh-negative	18
Administration of anti-D immunoglobulin to Rh-negative women at 28 weeks of pregnancy	18
Antiretroviral treatment of HIV-infected pregnant women to prevent transmission to fetus	19
Antibiotic treatment of asymptomatic bacteriuria	19
Antibiotics during labor for women known to be colonized with group B streptococcus	19

Table 1 (continued)

Effectiveness demonstrated by clear evidence from controlled trials.	Chapter
Tight as opposed to too strict or loose control of blood sugar levels in pregnant diabetic women	20
External cephalic version at term to avoid breech birth	22
Corticosteroids to promote fetal maturity before preterm birth	25
Offering induction of labor after 41 completed weeks of gestation	26
Childbirth	
Physical, emotional and psychological support during labor and birth	28, 35, 41
Continuous support for women during labor and childbirth	28
Agents to reduce acidity of stomach contents before general anesthesia	29
Complementing fetal heart-rate monitoring in labor with fetal acid-base assessment	30
Oxytocics to treat postpartum hemorrhage	33
Prophylactic oxytocics in the third stage of labor	33
Active versus expectant management of third stage of labor	33
Problems during childbirth	
Absorbable instead of non-absorbable sutures for skin repair of perineal trauma	36
Polyglycolic acid sutures instead of chromic catgut for repair of perineal trauma	36
Techniques of induction and operative delivery	
Prostaglandins to increase cervical readiness for induction of labor	39
Amniotomy plus oxytocin for induction of labor instead of either amniotomy alone or oxytocin alone	40
Vacuum extraction instead of forceps when operative vaginal delivery is required	41
Antibiotic prophylaxis (short course or intraperitoneal lavage) with cesarean section	43
Care after childbirth	
Use of surfactant for very preterm infants to prevent respiratory distress syndrome	44
Support for socially disadvantaged mothers to improve parenting	45

Table 1 (continued)

Effectiveness demonstrated by clear evidence from controlled trials.	Chapter
Consistent support for breastfeeding mothers	46
Personal support from a knowledgeable individual for breastfeeding mothers	46
Unrestricted breastfeeding	46
Local anesthetic sprays for relief of perineal pain postpartum	47
Cabergoline instead of bromocriptine for relief of breast symptoms in non-breastfeeding mothers	48

Table 2 Forms of care likely to be beneficial

The evidence in favour of these forms of care is strong, although not established by randomized trials	Chapter
Basic care	
Adequate access to care for all childbearing women	3
Social support for childbearing women	3
Financial support for childbearing women in need	3
Legislation on paid leave and income maintenance during maternity or parental leave	3
Midwifery care for women with no serious risk factors	3
Continuity of care for childbearing women	3
Antenatal classes for women and their partners who want them	4
Advice to avoid excessive alcohol consumption during pregnancy	5
Avoidance of heavy physical work during pregnancy	5
Screening and diagnosis	
Ultrasound to resolve questions about fetal size, structure, or position	8
Selective use of ultrasound to assess amniotic fluid volume	8
Selective use of ultrasound to estimate gestational age in first and early second trimester	8, 9
Ultrasound to determine whether the embryo is alive in threatened miscarriage	8, 14
Ultrasound to confirm suspected multiple pregnancy	8, 17
Ultrasound for placental location in suspected placenta praevia	8, 21

Table 2 (continued)

The evidence in favour of these forms of care is strong, although not established by randomized trials	Chapter
Second trimester amniocentesis to identify chromosomal abnormalities in pregnancies at risk	9
Transabdominal instead of transcervical chorion villus sampling	9
Genetic counseling before prenatal diagnosis	9
Clinical history to assess risk of pre-eclampsia	10
Regular monitoring of blood pressure during pregnancy	10
Testing for proteinuria during pregnancy	10
Uric acid levels for following the course of pre-eclampsia	10
Fundal height measurements during pregnancy	12
Pregnancy problems	
Ultrasound to facilitate intra-uterine interventions	8, 9
Antacids for heartburn of pregnancy if simple measures are ineffective	13
Bulking agents for constipation if simple measures are ineffective	13
Local metronidazole for symptomatic trichomonal vaginitis after the first trimester	13
Antibiotics for symptomatic bacterial vaginosis	13
Antiplatelet agents to prevent pre-eclampsia	15
Antihypertensive agents to control serious hypertension in pregnancy	15
Calcium to prevent pre-eclampsia, for women at high risk or with low calcium in diet	6, 15
Balanced protein/energy supplementation for impaired fetal growth	6, 16
Ultrasound surveillance of fetal growth in multiple pregnancies	17
Screening all pregnant women for blood group iso-immunization	18
Anti-D immunoglobulin to Rh-negative women after any uterine bleeding, intrauterine procedure, or abdominal trauma during pregnancy	18, 21
Intra-uterine transfusion for a severely affected iso-immunized fetus	18
Advice to not breastfeed for HIV infected women to prevent transmission to baby	19, 46
Routine screening for, and treatment of, syphilis in pregnancy	19
Rubella vaccination of seronegative women postpartum	19
Screening for and treatment of chlamydia in high prevalence populations	19

Table 2 (continued)

The evidence in favour of these forms of care is strong, although not established by randomized trials	Chapter
Cesarean section for active herpes (with visible lesion) in labor with intact membranes	19
Prepregnancy counseling for women with diabetes	20
Specialist care for pregnant women with diabetes	20
Home instead of hospital glucose-monitoring for pregnant women with diabetes	20
Ultrasound surveillance of fetal growth for pregnant women with diabetes	20
Allowing pregnancy to continue to term in otherwise uncomplicated diabetic pregnancies	20
Careful attention to insulin requirements postpartum	20
Encouraging diabetic women to breastfeed	20
Checking for clotting disorders with severe placental abruption	21
Vaginal instead of cesarean delivery for placental abruption in the absence of fetal distress	21
Vaginal instead of cesarean birth for a dead fetus after placental abruption	21
Repeat ultrasound scanning of a low-lying placenta in late pregnancy	21
Delaying planned cesarean section for placenta praevia until term	21
Cesarean section for placenta praevia covering any portion of the cervical os	21
Ultrasound examination for vaginal bleeding of undetermined origin	21
External cephalic version for transverse or oblique lie at term	22
Tocolysis for external cephalic version of breech, particularly if unsuccessful otherwise	22
External cephalic version for breech in early labor if the membranes are intact	22
Corticosteroid administration after prelabor rupture of the membranes preterm	23
Vaginal culture after prelabor rupture of the membranes preterm	23
Antibiotics for prelabor rupture of the membranes with suspected intrauterine infection	23
Not stopping spontaneous labor after prelabor rupture of the membranes preterm	23

Table 2 (continued)

The evidence in favour of these forms of care is strong, although not established by randomized trials	Chapter
Continuous subcuticular suture for perineal skin repair	36
Primary rather than delayed repair of episiotomy breakdown	36
Delivery of a very preterm baby in a center with adequate perinatal facilities	37,44
Presence of a pediatrician at a very preterm birth	37, 44
Trial of labor after previous lower segment cesarean section	38
Trial of labor after more than one previous lower segment cesarean section	38
Use of oxytocic agents when indicated for labor after a previous cesarean section	38
Use of epidural analgesia in labor when needed after previous cesarean section	38
Techniques of induction and operative delivery	
Assessing the state of the cervix before induction of labor	39
Transverse instead of vertical skin incision for cesarean section	42
Low-dose heparin with cesarean section to prevent thrombo-embolism	42
Transverse lower segment uterine incision for cesarean section	42
Care after birth	
Keeping newborn babies warm	44
Prophylactic vitamin K to the baby to prevent hemorrhagic disease of the newborn	44
Nasopharyngeal suctioning of infants who have passed meconium before birth	44
Presence of someone skilled in neonatal resuscitation at birth of all infants likely to be at risk	44
Oxygen for resuscitation of distressed newborn infants	44
Cardiac massage for infants born with absent heart beat	44
Naloxone for infants with respiratory depression due to narcotic administration before birth	44
Encouraging early mother–infant contact	45
Allowing mothers access to their own supply of symptom-relieving drugs in hospital	45
Consistent advice to new mothers	45

Table 2 (continued)

The evidence in favour of these forms of care is strong, although not established by randomized trials	Chapter
Offering choice in the length of hospital stay after childbirth	45
Telephone service of advice and information after women go home from hospital after birth	45
Psychological support for women depressed after childbirth	45
Encouraging early breastfeeding when mother and baby are ready	46
Skilled help with first breastfeed	46
Flexibility in breastfeeding practices	46
Antibiotics for infectious mastitis in breastfeeding women	46
Breast binding and fluid restriction for suppression of lactation	48
Support and care programmes for bereaved parents	49
Encouraging parental contact with a dying or dead baby	49
Providing parents with prompt, accurate information about a severely ill baby	49
Encouraging autopsy for a dead baby and discussing the results with the parents	49
Help with funeral arrangements for a dead baby	49
Self-help groups for bereaved parents	49

Table 3 Forms of care with a trade-off between beneficial and adverse effects

Women and caregivers should weigh these effects according to circumstances, priorities, and preferences	Chapter
Basic care	
Continuity of caregiver for childbearing women	3
Legislation restricting type of employment for pregnant women	3
Screening and diagnosis	
Formal systems of risk scoring	7
Routine ultrasound in early pregnancy	8
Chorion villous sampling versus amniocentesis for diagnosis of chromosomal abnormalities	9

Table 3 (continued)

Women and caregivers should weigh these effects according to circumstances, priorities, and preferences	Chapter
Serum alpha-fetoprotein screening for neural-tube defects	9
Triple-test screening for down syndrome and neural-tube defects	09
Pregnancy problems	
Corticosteroids to promote fetal maturity before preterm birth in diabetic pregnancy	20, 25
Routine elective cesarean for breech presentation	22
Induction of labor for prelabor rupture of the membranes at term	23
Oral betamimetics to maintain uterine quiescence after arrest of preterm labor	24
Cervical cerclage for women at risk of preterm birth	24
Betamimetic drugs to stop preterm labor	24
Induction instead of surveillance for pregnancy after 41 weeks gestation	26
Expectant care versus induction of labor after fetal death	27
Childbirth	
Continuous electronic monitoring (with scalp sampling) versus intermittent auscultation during labor	30
Midline versus mediolateral episiotomy, when episiotomy is necessary	32
Prophylactic ergometrine/oxytocin (syntometrine) versus oxytocin alone in the third stage of labor	33
Problems during childbirth	
Routine preloading with intravenous fluids before epidural analgesia	34
Narcotics to relieve pain in labor	34
Inhalation analgesia to relieve pain in labor	34
Epidural analgesia to relieve pain in labor	34
Epidural administration of opiates to relieve pain in labor	34
Early amniotomy in spontaneous labor	35
Techniques of induction and operative delivery	
Mechanical methods for cervical ripening or induction of labor	39, 40
Endocervical versus vaginal prostaglandin for cervical ripening before induction of labor	39

Table 3 (continued)

Women and caregivers should weigh these effects according to circumstances, priorities, and preferences	Chapter
Oral prostaglandin E ₂ for induction of labor with a ripe cervix	40
Natural prostaglandins versus oxytocin for induction of labor	40
Soft versus rigid vacuum extractor cups	41
Regional versus general anesthesia for cesarean section	42
Epidural versus spinal anesthesia for cesarean section	42
Ampicillin versus broader spectrum antibiotics for cesarean section	43
Care after childbirth	
Prophylactic antibiotic eye ointments to prevent eye infection in the newborn	44
Prophylactic versus 'rescue' surfactant for very preterm infants	44

Table 4 Forms of care of unknown effectiveness

There are insufficient or inadequate quality data upon which to base a recommendation for practice	Chapter
Basic care	
Formal preconceptional care for all women	5
Fish oil supplementation to improve pregnancy outcome	6, 15
Prostaglandin precursors to improve pregnancy outcome	6, 15
Calcium supplementation to improve pregnancy outcome	6, 15, 24
Magnesium supplementation to improve pregnancy outcome	6, 15, 24
Zinc supplementation to improve pregnancy outcome	6
Antigen-avoidance diets to reduce risk of an atopic child	6
Screening and diagnosis	
Placental grading by ultrasound to improve perinatal outcome	8, 12
Measuring placental proteins for pre-eclampsia	10
Doppler ultrasound of uterine artery for pre-eclampsia	10
Measuring hematocrit and platelets for following the course of pre-eclampsia	10
Fetal biophysical profile for fetal surveillance	12

Table 4 (continued)

There are insufficient or inadequate quality data upon which to base a recommendation for practice	Chapter
Pregnancy problems	
Accupressure for nausea and vomiting of pregnancy if simple measures are ineffective	13
Vitamin B6 for nausea and vomiting of pregnancy if simple measures are ineffective	13
Ginger for nausea and vomiting of pregnancy	13
Acid suppressing drugs for heartburn	13
Rutosides for hemorrhoids	13
Rutosides for varicose veins	13
Exercise and education programs for backache	13
Increased salt intake for leg cramps	13
Oral magnesium for leg cramps	13
Progestogens for threatened miscarriage with a live fetus	14
Human chorionic gonadotrophin (HCG) for threatened miscarriage with a live fetus	14
Steroids for women with auto-antibodies and recurrent miscarriage	14
Evacuation versus 'wait and see' following spontaneous miscarriage	14
Medical versus surgical evacuation following spontaneous miscarriage	14
Hospitalization for women with pregnancy-induced hypertension	15
Bed rest for women with pre-eclampsia	15
Antihypertensive drugs for mild to moderate hypertension	15
Antioxidant vitamins C and E to prevent pre-eclampsia	15
Magnesium sulphate for pre-eclampsia	15
Interventionist versus expectant management for severe early onset pre-eclampsia	15
Plasma volume expansion for pre-eclampsia	15
Hospitalization and bed-rest for impaired fetal growth	16
Abdominal decompression for impaired fetal growth	16
Betamimetics for impaired fetal growth	16
Oxygen treatment for impaired fetal growth	16
Hormone treatment for impaired fetal growth	16
Calcium channel blockers for impaired fetal growth	16

Table 4 (continued)

There are insufficient or inadequate quality data upon which to base a recommendation for practice	Chapter
Plasma volume expanders for impaired fetal growth	16
Hospitalization and bed-rest for triplet and higher order pregnancy	17
Antiviral agents for women with a history of recurrent genital herpes	19
Prophylactic antibiotics for prelabor rupture of membranes at term or preterm	23
Postpartum prophylactic antibiotics after prelabor rupture of membranes	23
Bed-rest to prevent preterm birth	24
Progestogens to prevent preterm birth	24
Calcium antagonists to stop preterm labor	24
Antibiotic treatment in preterm labor	24
Oxytocin antagonists to stop preterm labor	24
Sweeping of the membranes to prevent post-term pregnancy	26,40
Nipple stimulation to prevent post-term pregnancy	26
Childbirth	
Pre-admission assessment to determine if labor is in the active phase	29
Routine amnioscopy to detect meconium-stained amniotic fluid in labor	30
Routine artificial rupture of the membranes to detect meconium-stained amniotic fluid in labor	30
Short periods of electronic fetal monitoring as a screening test on admission in labor	30
Fetal stimulation tests for fetal assessment in labor	30
Maternal oxygen administration for fetal distress in labor	30
Institutional routines for repeating blood pressure measurements in labor	31
Nipple stimulation to prevent postpartum hemorrhage	33
Misoprostol in the third stage of labor to prevent postpartum hemorrhage	33
Early versus late clamping of the umbilical cord at birth	33
Methods for delivery of the placenta in the third stage of labor	33
Injecting oxytocin in the umbilical vein in the third stage of labor	33
Injecting oxytocin in the umbilical vein for retained placenta	33

Table 4 (continued)

There are insufficient or inadequate quality data upon which to base a recommendation for practice	Chapter
Problems during childbirth	
Abdominal decompression to relieve pain in labor	34
Immersion in water to relieve pain in labor	34
Acupuncture to relieve pain in labor	34
Acupressure to relieve pain in labor	34
Transcutaneous electrical nerve stimulation to relieve pain in labor	34
Intradermal injection of sterile water to relieve pain in labor	34
Aromatherapy to relieve pain in labor	34
Hypnosis to relieve pain in labor	34
Continuous infusion versus intermittent top-ups for epidural analgesia	34
Free mobility during labor to augment slow labor	35
Early use of oxytocin to augment slow or prolonged labor	35
'Active management' of labor	35
Cervical vibration for slow or prolonged labor	35
Histoacryl tissue adhesive for perineal skin repair	36
Cesarean section for very preterm delivery	37
Cesarean section for preterm breech delivery	37
Immediate versus delayed clamping of the umbilical cord of preterm infants	37
Techniques of induction and operative delivery	
Oxytocin by automatic-infusion systems versus 'standard regimens' for induction of labor	40
Misoprostol orally or vaginally for induction of labor	40
Use of hemostatic stapler for the uterine incision at cesarean section	42
Single- versus two-layer closure of the uterine incision at cesarean section	42
Systemic versus intraperitoneal prophylactic antibiotics at cesarean section	43
Care after childbirth	
Tracheal suctioning for meconium in babies without respiratory depression	44
Routine use of antiseptics on the umbilical cord stump	45

Table 4 (continued)

There are insufficient or inadequate quality data upon which to base a recommendation for practice	Chapter
Oral proteolytic enzymes for breast engorgement in breastfeeding mothers	46
Cabbage leaves for breast engorgement in breastfeeding mothers	46
Dopamine agonists to improve milk supply in breastfeeding mothers	46
Oxytocin nasal spray to improve milk supply in breastfeeding mothers	46
Oral proteolytic enzymes for perineal pain postpartum	47
Ultrasound and pulsed electromagnetic energy for perineal pain	47
Rubber rings and similar devices to prevent pressure for perineal pain	47
Cabergoline versus physical methods of suppressing lactation	48

Table 5 Forms of care unlikely to be beneficial

The evidence against these forms of care is not as firmly established as for those in Table 6	Chapter
Basic care	
Reliance on expert opinion instead of on good evidence for decisions about care	2
Routinely involving doctors in the care of all women during pregnancy and childbirth	3
Routinely involving obstetricians in the care of all women during pregnancy and childbirth	3
Not involving obstetricians in the care of women with serious risk factors	3
Fragmentation of care during pregnancy and childbirth	3
Social support for high-risk women to prevent preterm birth	3, 24
Antenatal breast or nipple care for women who plan to breastfeed	46
Advice to restrict sexual activity during pregnancy	5
Prohibition of all alcohol intake during pregnancy	5
Imposing dietary restrictions during pregnancy	6
Routine vitamin supplementation in late pregnancy in well nourished populations	6

Table 5 (continued)

The evidence against these forms of care is not as firmly established as for those in Table 6	Chapter
Routine hematinic supplementation in pregnancy in well-nourished populations	6
High-protein dietary supplementation	6, 16
Restriction of salt intake to prevent pre-eclampsia	6, 15
Screening and diagnosis	
Routine use of ultrasound for fetal measurement in late pregnancy	8, 12
Reliance on edema to screen for pre-eclampsia	10
Angiotensin-sensitivity test to screen for pre-eclampsia	10
Cold-pressor test to screen for pre-eclampsia	10
Roll-over test to screen for pre-eclampsia	10
Isometric exercise test to screen for pre-eclampsia	10
Measuring uric acid as a diagnostic test for pre-eclampsia	10
Screening for 'gestational diabetes'	11
Routine glucose challenge test during pregnancy	11
Routine measurement of blood glucose during pregnancy	11
Insulin plus diet treatment for 'gestational diabetes'	11
Diet treatment for 'gestational diabetes'	11
Routine fetal movement counting to improve perinatal outcome	12
Routine use of Doppler ultrasound screening in all pregnancies	12
Measurement of placental proteins or hormones (including estriol and human placental lactogen)	12
Routine cervical assessment for prevention of preterm birth	24
Pregnancy problems	
Calcium supplementation for leg cramps	13
Screening for, and treatment of, vaginal candidal colonization without symptoms	13
Screening for, and treatment of, vaginal trichomonas colonization without symptoms	13
Screening for, and treatment of, bacterial vaginosis without symptoms	13
Bed-rest for threatened miscarriage	14
Immunotherapy for recurrent miscarriage	14
Antithrombotic agents to prevent pre-eclampsia	15

Table 5 (continued)

The evidence against these forms of care is not as firmly established as for those in Table 6	Chapter
Reducing salt intake to prevent pre-eclampsia	15
Diazoxide for pre-eclampsia or hypertension in pregnancy	15
Ketanserin for severe hypertension in pregnancy	15
Diuretics for pregnancy-induced hypertension	15
High protein dietary supplementation for impaired fetal growth	16
Hospitalization and bed-rest for uncomplicated twin pregnancy	17
Cervical cerclage for multiple pregnancy	17
Prophylactic betamimetics for multiple pregnancy	17
Routine cesarean section for multiple pregnancy	17
Routine screening for mycoplasmas during pregnancy	19
Screening for toxoplasmosis during pregnancy	19
Treatment of group B streptococcus colonization during pregnancy	19
Cesarean section for non-active herpes simplex before or at the onset of labor	19
Amniotomy in HIV-infected women	19, 35
Elective delivery before term in women with otherwise uncomplicated diabetes	20
Elective cesarean section for pregnant women with diabetes	20
Discouraging breastfeeding in women with diabetes	20
Vaginal or rectal examination when placenta praevia is suspected	21
Postural techniques for turning breech into cephalic presentation	22
External cephalic version before term to avoid breech presentation at birth	22
X-ray pelvimetry to diagnose cephalopelvic disproportion	22
Computer tomographic pelvimetry to predict cephalopelvic disproportion	22
Cesarean section for macrosomia without a trial of labor to prevent shoulder dystocia	22
Induction of labor to prevent cephalopelvic disproportion	22
Amniocentesis for prelabor rupture of the membranes preterm	23
Prophylactic tocolytics with prelabor rupture of the membranes preterm	23
Regular leucocyte counts for surveillance in prelabor rupture of the membranes	23

Table 5 (continued)

The evidence against these forms of care is not as firmly established as for those in Table 6	Chapter
Home uterine activity monitoring for prevention of preterm birth	24
Magnesium sulphate to stop preterm labor	24
Betamimetics for preterm labor in women with heart disease or diabetes	24
Hydration to arrest preterm labor	24
Diazoxide to stop preterm labor	24
Adding thyrotrophin releasing hormone (TRH) to corticosteroids to promote fetal maturation	25
Childbirth	
Withholding food and drink from women in labor	29
Routine intravenous infusion in labor	29
Routine measurement of intra-uterine pressure during oxytocin administration	31, 35
Wearing face masks during labor or for vaginal examinations	31
Frequent scheduled vaginal examinations in labor	31
Routine directed pushing during the second stage of labor	32
Pushing by sustained bearing down during the second stage of labor	32
Breath holding during the second stage of labor	32
Early bearing down during the second stage of labor	32
Arbitrary limitation of the duration of the second stage of labor	32
'Ironing out' or massaging the perineum during the second stage of labor	32
Routine manual exploration of the uterus after vaginal birth	32
Injectable prostaglandins in the third stage of labor	33
Encouraging early suckling to prevent postpartum hemorrhage	33
Problems during childbirth	
Injecting saline into the umbilical vein for retained placenta	33
Biofeedback to relieve pain in labor	34
Sedatives and tranquilizers to relieve pain in labor	34
Caudal block to relieve pain in labor	34
Paracervical block to relieve pain in labor	34
Intrapartum X-ray to diagnose cephalopelvic disproportion	35

Table 5 (continued)

The evidence against these forms of care is not as firmly established as for those in Table 6	Chapter
Diagnosing cephalopelvic disproportion without ensuring adequate uterine contractions	35
Relaxin for slow or prolonged labor	35
Hyaluronidase for slow or prolonged labor	35
Vitamin K to the mother to prevent intraventricular hemorrhage in the very preterm infant	37
Phenobarbitone to the mother to prevent intraventricular hemorrhage in the very preterm infant	37
Delivery of a very preterm infant without adequate facilities to care for a very preterm baby	37
Elective forceps delivery for preterm birth	37, 41
Routine use of episiotomy for preterm birth	37
Trial of labor after previous classical cesarean section	38
Routine manual exploration of the uterus to assess a previous cesarean section scar	38
Techniques of induction and operative delivery	
Relaxin for cervical ripening before induction of labor	39
Nipple stimulation for cervical ripening before induction of labor	39
Extra-amniotic instead of other prostaglandin regimens for cervical ripening	39
Instrumental vaginal delivery to shorten the second stage of labor	41
Routine exteriorization of the uterus for repair of the uterine incision at cesarean section	42
Care after childbirth	
Silver nitrate to prevent eye infection in newborn babies	44
Elective tracheal intubation for very low-birthweight infants who are not depressed	44
Routine suctioning of newborn babies	44
Medicated bathing of babies to reduce infection	45
Wearing hospital gowns in newborn nurseries	45
Restricting sibling visits to babies in hospital	45
Routine measurements of temperature, pulse, blood pressure, and fundal height postpartum	45

Table 5 (continued)

The evidence against these forms of care is not as firmly established as for those in Table 6	Chapter
Limiting use of women's own non-prescription drugs postpartum in hospital	45
Administering non-prescription symptom-relieving drugs at regularly set intervals	45
Prohibition of oral contraceptives for diabetic women	20
Nipple shields for breastfeeding mothers	46
Switching breasts before babies spontaneously terminate the feed	46
Oxytocin for breast engorgement in breastfeeding mothers	46
Antibiotics for localized breast engorgement (milk stasis)	46
Discontinuing breastfeeding for localized breast engorgement (milk stasis)	46
Combinations of local anesthetics and topical steroids for relief of perineal pain	47
Relying on these tables without referring to the rest of the book	50

Table 6 Forms of care likely to be ineffective or harmful

Ineffectiveness or harm demonstrated by clear evidence	Chapter
Basic care	
Dietary restriction to prevent pre-eclampsia	6, 15
Screening and diagnosis	
Contraction stress cardiography to improve perinatal outcome	12
Nipple-stimulation test cardiography to improve perinatal outcome	12
Non-selective use of non-stress cardiography to improve perinatal outcome	12
Pregnancy problems	
Adrenocorticotrophic hormone (ACTH) for severe vomiting of pregnancy	13
Saline cathartics for constipation	13
Lubricant oils for constipation	13
Diethylstilbestrol during pregnancy	14
Elective delivery for prelabor rupture of the membranes preterm	23
Ethanol to stop preterm labor	24
Progestogens to stop preterm labor	24
Childbirth	
Routine enema in labor	29
Routine pubic shaving in preparation for childbirth	29
Electronic fetal monitoring without access to fetal scalp sampling during labor	30
Prophylactic intrapartum amnio-infusion for oligohydramnios	30
Rectal examinations to assess labor progress	31
Requiring a supine (flat on back) position in the second stage of labor	32
Routine use of the lithotomy position for the second stage of labor	32
Routine or liberal episiotomy for birth	32
Ergometrine instead of oxytocin prophylaxis in the third stage of labor	33
Problems in childbirth	
Glycerol-impregnated catgut for repair of perineal trauma	36

Table 6 (continued)

Ineffectiveness or harm demonstrated by clear evidence	Chapter
Techniques of induction and operative delivery	
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