



## **The Cochrane Library ... the best single source of reliable evidence about the effects of health care**

**Strictly Embargoed until 00:01 hours (BST), 17<sup>th</sup> October 2007**

This release focuses on two Cochrane Systematic Reviews on birthing publishing next week in The Cochrane Library, 2007, Issue 4, and their implications for practice.

To receive a full copy of the Reviews highlighted in this newsletter, or to arrange an interview with an author, contact Jennifer Beal +44 (0)1243 770633 or by email, [jbeal@wiley.co.uk](mailto:jbeal@wiley.co.uk).

### **Reviews highlighted in this newsletter:**

- **Don't 'break the waters' during labour without good clinical reason, concludes review**

A Cochrane Review concluded that amniotomy, also known as breaking the waters, should not be used routinely as part of standard labour management and care. It found that it doesn't affect the woman's satisfaction with her childbirth experience, and doesn't result in the child being in better condition immediately after birth.

- **Don't routinely use enemas during labour**

Giving women enemas during labour does not shorten labour or decrease the risk of infection to mother or baby. Consequently there is no evidence for any routine use of enemas in labour, a Cochrane Review has found.

### **Don't 'break the waters' during labour without good clinical reason, concludes review**

"We do not recommend that amniotomy, also known as breaking the waters, should be used routinely as part of standard labour management and care" says Cochrane Researcher Rebecca Smyth, after completing a systematic review of relevant research studies. "Women should be informed that it doesn't shorten the first or second stage of labour, it doesn't affect the woman's satisfaction with her childbirth experience, and doesn't result in the child being in better condition immediately after birth."

This Cochrane Systematic Review found that breaking the waters may be associated with a slightly (non-significantly) higher rate of Caesarean section. Breaking the waters may cause changes in the baby's heart rate.

The aim of breaking the waters is to speed up and strengthen contractions, with the intention of shortening labour. The membranes are punctured using a long handled hook, and it is thought that hormones in the amniotic fluid that flows out will stimulate contractions. In some centres, it is performed as a routine part of care for all women in labour – in others it is used only for women with a clinical need to have their waters broken.

Ms Smyth came to these conclusions after she and colleagues had identified 14 relevant studies that involved almost 5,000 women. The overall quality of the studies was variable, making it difficult for the group to give firm recommendations about the use of amniotomy. There is a need for further research in this area.

“Our evidence suggesting this lack of effect should be discussed with women in the antenatal period,” says Smyth.

Smyth RMD, Alldred SK, Markham C. Amniotomy for shortening spontaneous labour. *Cochrane Database of Systematic Reviews* 2007, Issue 4. DOI: 10.1002/14651858.CD006167.pub2.

### **Don't routinely use enemas during labour**

Giving women enemas during labour does not shorten labour or decrease the risk of infection to mother or baby. Consequently there is no evidence for any routine use of enemas in labour, a Cochrane Review has found.

Enemas are frequently given to women early in labour so that they empty their back passage. The idea is that this will give more room for the baby as it passes through the pelvis. It is also hoped that it will reduce the chance of the woman leaking faecal material while she is giving birth, a situation that is both embarrassing to the woman and a potential source of infection to mother and child.

A team of Cochrane Researchers coordinated from Bogota, Colombia, searched for studies involving the use of enemas and found three relevant randomised controlled trials that included 1765 women. Analysing all the data showed no differences in the rates of any form of infection in the women or their babies for at least one month after the birth. There was a slight trend towards labours being shorter in women given enemas.

“This evidence does not support the routine use of enemas during labour, and consequently the practice of routinely giving them should be discouraged,” says lead researcher Dr Ludovic Reveiz, who works at the Research Institute of the Fundación Universitaria Sanitas in Bogota.

Reveiz L, Gaitán HG, Cuervo LG. Enemas during labour. *Cochrane Database of Systematic Reviews* 2007, Issue 4. DOI: 10.1002/14651858.CD000330.pub2.

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## Extracts from a selection of other Cochrane Systematic Reviews

This section contains extracts from 2 selected updated reviews also publishing in The Cochrane Library 2007, Issue 4 from the Cochrane Pregnancy and Childbirth Group

To receive a full copy of the results from this selection, or to arrange an interview with an author, contact Jennifer Beal on +44 (0)1243 770633 or by email, [jbeal@wiley.co.uk](mailto:jbeal@wiley.co.uk).

### **“Continuous versus interrupted sutures for repair of episiotomy or second degree tears”**

(CD000947) by C Kettle, RK Hills, KMK Ismail

#### **Background**

Millions of women worldwide undergo perineal suturing after childbirth and the type of repair may have an impact on pain and healing. For more than 70 years, researchers have been suggesting that continuous non-locking suture techniques for repair of the vagina, perineal muscles and skin are associated with less perineal pain than traditional interrupted methods.

#### **Extract from the Implications for Practice findings**

The continuous suturing techniques for perineal closure, compared to interrupted methods, are associated with less short-term pain. Moreover, if the continuous technique is used for all layers (vagina, perineal muscles and skin) compared to perineal skin only, the reduction in pain is even greater. The evidence produced by this review shows that continuous suturing techniques for perineal closure is associated with less short-term pain. However, if the continuous technique is used for all layers (vagina, perineal muscles and skin), the benefit in terms of reducing pain is even greater. For every five women who were sutured using the continuous suturing technique (for all layers), there will be one less complaining of pain up to day 10 postpartum compared to the interrupted method groups. The continuous technique is easily performed by the novice or inexperienced operator. In addition, it has economical advantages in that the continuous technique requires one packet of suture material per perineal repair compared to two or more packets for the interrupted method (Kettle 2002). Therefore, the non-locking continuous suturing technique is recommended for repair of vagina and perineal muscles with a continuous subcutaneous stitch to close the perineal skin.

### **“Hands and knees posture in late pregnancy or labour for fetal malposition (lateral or posterior)”**

(CD001063) by S Hunter, GJ Hofmeyr, R Kulier

#### **Background**

Lateral and posterior position of the baby's head (the back of the baby's head facing to the mother's side or back) may be associated with more painful, prolonged or obstructed labour and difficult delivery. It is possible that certain positions adopted by the mother may influence the baby's position.

#### **Extract from the Implications for Practice findings**

Use of hands and knees position for 10 minutes twice daily to correct occipito-posterior position of the fetus in late pregnancy cannot be recommended as an intervention. This is not to suggest that women should not adopt this position if they find it comfortable. The use of position in labour was associated with reduced backache. Further trials are needed to assess the effects on other labour outcomes. Use of hands and knees posture for 10 minutes twice daily to correct occipito-posterior position of the fetus in late pregnancy cannot be recommended as an intervention. This is not to suggest that women should not adopt this position if they find it comfortable. The use of this position during labour was associated with a significant reduction in persistent back pain. Women may therefore be encouraged to use this position for comfort in labour.

- Ends -

## Notes for editors

1. The Cochrane Library contains high quality health care information, including Systematic Reviews from The Cochrane Collaboration. These Reviews bring together research on the effects of health care and are considered the gold standard for determining the relative effectiveness of different interventions. The Cochrane Collaboration (<http://www.cochrane.org>) is a UK registered international charity and the world's leading producer of systematic Reviews. It has been demonstrated that Cochrane Systematic Reviews are of comparable or better quality and are updated more often than the Reviews published in print journals<sup>a</sup>.
2. The Cochrane Library can be accessed at <http://www.thecochranelibrary.com>. Guest users may access abstracts for all Reviews in the database, and members of the media may request full access to the contents of the Library. For further information, see contact details below.

A number of countries have national provisions by which some or all of their residents are able to access The Cochrane Library for free. These include:

Australia	<a href="http://www.nicsl.com.au/Cochrane">http://www.nicsl.com.au/Cochrane</a>
England	<a href="http://www.library.nhs.uk">http://www.library.nhs.uk</a>
Finland	<a href="http://www.terveysportti.fi">http://www.terveysportti.fi</a>
India	<a href="http://www.icmr.nic.in/">http://www.icmr.nic.in/</a>
Ireland	<a href="http://www.thecochranelibrary.com">http://www.thecochranelibrary.com</a>
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Norway	<a href="http://www.cochrane.no">http://www.cochrane.no</a>
Poland	<a href="http://www.aotm.gov.pl">http://www.aotm.gov.pl</a>
Scotland	<a href="http://www.nes.scot.nhs.uk">http://www.nes.scot.nhs.uk</a>
Spain	<a href="http://www.update-software.com/Clibplus/ClibPlus.asp">http://www.update-software.com/Clibplus/ClibPlus.asp</a>
South Africa	<a href="http://www.sahealthinfo.org/evidence/databases.htm">http://www.sahealthinfo.org/evidence/databases.htm</a>
Sweden	<a href="http://www.sbu.se">http://www.sbu.se</a>
Wales	<a href="http://www.thecochranelibrary.com">http://www.thecochranelibrary.com</a>
The Canadian Province of New Brunswick	<a href="http://www.gnb.ca/0003">http://www.gnb.ca/0003</a>
The Canadian Northwest Territories, Nunavut, Yukon	<a href="http://www.thecochranelibrary.com">http://www.thecochranelibrary.com</a>
The Canadian Province of Saskatchewan	<a href="http://www.thecochranelibrary.com">http://www.thecochranelibrary.com</a>
The Canadian Province of Nova Scotia	<a href="http://www.library.dal.ca/kellogg/ahkp/cochrane.htm">http://www.library.dal.ca/kellogg/ahkp/cochrane.htm</a>
The US State of Wyoming	<a href="http://wyld.state.wy.us/dbloginform.html">http://wyld.state.wy.us/dbloginform.html</a>

3. There are also several programmes, such as the Health InterNetwork Access to Research Initiative (HINARI) and the International Network for the Availability of Scientific Publications (INASP) that provide access in developing countries. To find out whether your country is included in any of these programmes/provisions, or to learn how to get access if you don't already have it, please visit: <http://www.thecochranelibrary.com>.
4. The XV Cochrane Colloquium 2007 will be held in Sao Paulo, Brazil, 23<sup>rd</sup> - 27<sup>th</sup> October 2007. All plenary sessions will be recorded and available for free online at [www.cochrane.org](http://www.cochrane.org).

If you would like to see a full list of Reviews published in the new issue of The Cochrane Library, or would like to request full access to the contents of The Library, please contact:

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<sup>a</sup> Jadad AR, Cook DJ, Jones A, Klassen TP, Tugwell P, Moher M, et al. Methodology and reports of systematic Reviews and meta-analyses: a comparison of Cochrane Reviews with articles published in paper-based journal.