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Strictly Embargoed until 00:01 hours (BST), 16th July 2008

This alert highlights four reviews in the field of Obstetrics and Gynaecology publishing next week in [The Cochrane Library](#), 2008, Issue 3.

To receive a full copy of the reviews highlighted in this newsletter, or to arrange an interview with an author, please contact Jennifer Beal on +44 (0)1243 770633 / +44 (0) 7802 468863 or by email, jbeal@wiley.com.

Reviews highlighted in this newsletter:

- **[Caesarean section - no consensus on best technique](#)**
Despite the routine delivery of babies by caesarean section, there is no consensus among medical practitioners on which is the best operating method to use. In a systematic review published in The Cochrane Library, researchers call for further studies to establish the safest method for both mother and infant.
- **[Removing ovaries during hysterectomy: effects remain unknown](#)**
During hysterectomy operations, surgeons often remove a woman's ovaries as well as her uterus. Cochrane Researchers now say there is no evidence that removing the ovaries provides any additional benefit and warn surgeons to consider the procedure carefully.
- **[Placenta removal - a safer method after Caesareans](#)**
In Caesarean deliveries the placenta is usually removed by hand or by a technique known as 'cord traction'. A recent systematic review by Cochrane Researchers shows that cord traction poses less risk to the mother than manual removal.
- **[Amniotic fluid measurements: Single deepest pocket is best test of foetus at risk](#)**
Women often undergo early caesareans or induced labour following detection of decreased amniotic fluid volume, because this is seen as a sign of foetal distress. While no gold standard exists for measuring amniotic volumes, a new Cochrane Systematic Review suggests that the single deepest vertical pocket (SDVP) technique is better than the commonly used amniotic fluid index (AFI) method.

Caesarean section - no consensus on best technique

Despite the routine delivery of babies by caesarean section, there is no consensus among medical practitioners on which is the best operating method to use. In a systematic review published in The Cochrane Library, researchers call for further studies to establish the safest method for both mother and infant.

“Caesarean section is a very common operation, yet there is a lack of high quality information available to inform best practice,” says researcher Simon Gates of the Clinical Trials Unit at the University of Warwick.

Techniques used during caesarean section operations depend largely on the preferences of individual surgeons. Their personal preference can affect the length of the operation, amount of blood lost, risk of infection and the level of pain experienced by a woman following surgery.

The review includes 15 trials that together involved 3,972 women. Although results from several of these trials suggest that single layer closure of the uterus after delivery reduces blood loss and operation times compared to double layer closure, there was no information on other important outcomes such as infection and subsequent complications. The researchers found only very limited data on incision techniques and instruments, as well as methods used to close the uterus. They were therefore unable to make recommendations as to the most appropriate surgical procedure.

“Future research on Caesarean techniques needs to focus on the most suitable methods for uterine incision and closing. We need more high quality studies that address the most important outcomes such as pain, infections and complications” says Gates.

Dodd JM, Anderson ER, Gates S. Surgical techniques for uterine incision and uterine closure at the time of caesarean section. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD004732. DOI: 10.1002/14651858.CD004732.pub2. Cochrane Pregnancy and Childbirth Group.

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Removing ovaries during hysterectomy: effects remain unknown

During hysterectomy operations, surgeons often remove a woman’s ovaries as well as her uterus. Cochrane Researchers now say there is no evidence that removing the ovaries provides any additional benefit and warn surgeons to consider the procedure carefully.

“Until more reliable research is available, removal of the ovaries at the time of hysterectomy should be approached with caution,” says lead researcher, Dr. Leonardo Orozco of the OBGYN Women’s Hospital San José in Costa Rica.

Of those women who undergo hysterectomies aged 40 or above, around half also have their ovaries removed. This amounts to more than 300,000 women a year in the US alone. The reason most commonly given for carrying out an oophorectomy at the same time is that it prevents ovarian cancer. However the ovaries produce not only estrogen, but also important hormones such as androgens that may have important clinical effects which have yet to be identified.

The researchers say there is little evidence to support the idea that removing the ovaries during a hysterectomy provides an overall health benefit. They identified only one controlled trial, involving 362 women. This compared hysterectomies with oophorectomies to hysterectomies without oophorectomies. Although this trial showed a very slight positive effect on psychological well-being when oophorectomies were performed, the team say much more data is required before any conclusions can be drawn.

“There could be a real benefit or harm associated with oophorectomy, but it has not been identified, more research of higher methodological quality is needed.” says Dr. Orozco.

Orozco LJ, Salazar A, Clarke J, Tristan M. Hysterectomy versus hysterectomy plus oophorectomy for premenopausal women. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD005638. DOI: 10.1002/14651858.CD005638.pub2. Cochrane Menstrual Disorders and Subfertility Group.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 16th JULY 2008

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Placenta removal - a safer method after Caesareans

In Caesarean deliveries the placenta is usually removed by hand or by a technique known as ‘cord traction’. A recent systematic review by Cochrane Researchers shows that cord traction poses less risk to the mother than manual removal.

Removal of the placenta in Caesarean births may affect a woman’s chance of complications such as endometritis (infection of lining of the womb) and post-operative bleeding. One possible cause of endometritis is that bacteria on the surgeon’s gloves are carried into the womb during manual removal of the placenta. In cord traction, the surgeon’s hand doesn’t enter the womb. Instead the woman is given oxytocin and external massage, which detach the placenta and it is then pulled from the womb by gentle traction on the umbilical cord.

The new study compares the advantages of the two techniques. Researchers reviewed 15 trials involving a total of 4,694 women and found that there was an increased risk of endometritis and high blood loss in caesareans where the placenta was removed by hand. Women who had manual removal also stayed in hospital longer after their operations.

“Although cord traction may take a little bit longer, there are clear health benefits of this method over manual removal of the placenta,” says lead researcher Rose Anorlu, a gynaecologist at the College of Medicine of the University of Lagos in Nigeria.

Anorlu RI, Maholwana B, Hofmeyr GJ. Methods of delivering the placenta at caesarean section. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD004737. DOI: 10.1002/14651858.CD004737.pub2. Cochrane Pregnancy and Childbirth Group.

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Amniotic fluid measurements: Single deepest pocket is best test of foetus at risk

Women often undergo early caesareans or induced labour following detection of decreased amniotic fluid volume, because this is seen as a sign of foetal distress. While no gold standard exists for measuring amniotic volumes, a new Cochrane Systematic Review suggests that the single deepest vertical pocket (SDVP) technique is better than the commonly used amniotic fluid index (AFI) method.

Amniotic fluid protects unborn babies from trauma and infection. A decreased volume may indicate that a pregnancy is at risk. If doctors detect low volumes they often recommend an early delivery. Both AFI and SDVP are assessed using ultrasonography. The AFI is calculated by adding the depths at four different pockets in the amniotic cavity, whereas the SDVP method measures the single deepest pocket.

A team of Cochrane Researchers reviewed data from four trials that together involved 3,125 women. They found that when AFI is used more pregnant women are diagnosed with low fluid volumes than occurs when SDVP is used. There is, however, no indication that AFI is doing a better job of detecting distressed foetuses. As a result, when AFI is used more women will be encouraged to have early deliveries and more women will have a caesarean delivery for the so called 'foetal distress' than are needed than if SDVP was used.

"The problem is having a method that detects foetuses that are in trouble, without including many others that would happily go to term and have a spontaneous onset of delivery, and at the moment it seems that SDVP is the best available option when it comes to measuring amniotic fluid volume," says Asfrac Nabhan, who led the research at the Ain Shams University in Cairo, Egypt.

Nabhan AF, Abdelmoula YA. Amniotic fluid index versus single deepest vertical pocket as a screening test for preventing adverse pregnancy outcome. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD006593. DOI: 10.1002/14651858.CD006593.pub2. Cochrane Pregnancy and Childbirth Group.

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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^a.
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:

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Ireland	http://www.thecochranelibrary.com	
Latin and Central America and Caribbean		http://cochrane.bireme.br
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The Canadian Province of Saskatchewan		http://www.thecochranelibrary.com
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The US State of Wyoming		http://wyld.state.wy.us/dbloginform.html

3. The Cochrane Library is available with free one-click access to all residents of countries in the World Bank's list of low-income economies (countries with a gross national income (GNI) per capita of less than \$1000). Access to The Cochrane Library for low-income countries is via Wiley-Blackwell IP recognition, a system which recognises the country a user is in.

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. A **new feature** from The Cochrane Library for 2008: a collection of **podcasts** on a selection of Cochrane Reviews by the authors will be available from <http://www.cochrane.org/podcasts> from Wednesday 16th July 2008.

For Issue 3, 2008, the podcasts are:

- **Salmeterol for asthma: more evidence of long-term problem**
- **Foot pain: custom-made insoles offer relief**
- **After ankle surgery: mobilise with care**
- **Removing ovaries during hysterectomy: effects remain unknown**
- **Competitions and incentives for smoking cessation**
- **Physical activity programs for persons with dementia**

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 Cochrane Library, please contact:

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^a 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.