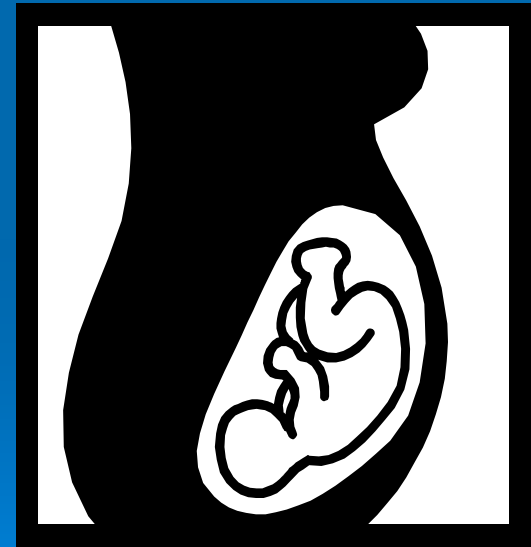


Systematic reviews and the NZ Caesarean Section Guideline

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Scope of guideline

- Concern at the increase in caesarean section deliveries (in Nat Womens Hosp from 17% in 1992 to 26.6% in 2000)
- 4 main indications for CS:
 - Breech presentation
 - Previous caesarean
 - Slow labour
 - Foetal distress
- Guideline looked at the first 2 indications: breech and previous CS

Aim of guideline

- To assess the risks and benefits of planned caesarean section and planned vaginal birth for pregnant women who have either breech presentation or previous caesarean section

Process to find the evidence

- Suitability screen (evidence of a gap between current and optimal practice) indicated that a GL was needed to accurately assess the harms and benefits of CS for these 2 indications
- Clinical questions developed
- Systematic searching with keywords from the clinical questions
- Identification and appraisal of evidence (Cochrane reviews if possible)
- Development of recommendations based on evidence

Evidence for questions on breech presentation (1)

Cochrane review?

<i>Questions to look at increasing the chance of cephalic presentation (head down) to improve outcomes:</i>	
1. Women at term: ECV (external cephalic version) compared to no ECV	✓
2. Women prior to term (<37 weeks): ECV compared to no ECV	✓
3. Women undergoing ECV: tocolysis (drug to relax uterus) compared to no tocolysis	✓
4. Women undergoing ECV: analgesia compared to no analgesia	✓
5. Women at term, antenatal positioning exercises compared to none	✓
6. Women at term: acupuncture compared to no acupuncture	protocol

Evidence for questions on breech presentation (2)

Cochrane review?

* In women with breech at term, does planned CS result in improved maternal and foetal outcomes compared to planned vaginal birth?	✓
Women at term: does ultrasound estimation of foetal weight result in better decisions about mode of birth than no ultrasound?	X
Women at term: Does pelvimetry result in better clinical decision about mode of birth than no pelvimetry?	X
Women with twin pregnancy (2 nd twin breech): does planned CS result in improved outcomes compared to planned vaginal birth?	✓
Women in premature labour: does planned CS result in improved outcomes compared to planned vag birth?	✓
Women who undertake vag birth: what constitutes best practice labour and birth care?	X

Evidence for questions on previous CS (VBAC) (1)

Cochrane review?

* In women with previous CS, does planned vag birth (VBAC) have increased morbidity and mortality compared to elective CS?	X
In women with previous CS: what are the risks of uterine rupture?	X
In women with previous CS: what are the risks and benefits of induction of labour?	X
In women with previous CS: what are the risks and benefits of augmentation with oxytocin?	X
In women with previous CS: does continuity of care result in increased chance of VBAC than no continuity?	Non Cochrane review
In women with previous CS: does specialist review result in increased chance of VBAC and safer outcomes compared to non-specialist care?	X

Evidence for questions on previous CS (VBAC) (2)

Cochrane review?

In women with previous CS: does epidural anaesthesia result in increased chance of VBAC compared to none?	X
In women with previous CS: does continuous foetal monitoring (EFM) result in improved outcomes compared to no monitoring?	✓ but included all pregnancies
In women with previous CS: does a focussed discussion with written material result in increased chance of VBAC compared to none?	X
In women with previous CS: does pelvimetry assist in clinical decision making about mode of birth?	X
In women with 2 previous CS: does VBAC result in increased morbidity/mortality compared to elective CS?	X

Cochrane reviews and the CS GL

- More Cochrane reviews for breech questions than VBAC
- Cochrane reviews not always appropriate:
 - Question on risk of rupture – this is a rare event so a large cohort study is more useful
 - In some situations, benefits may become apparent faster than potential harms – reviews that concentrate on short term outcomes may not pick this up
 - Some Cochrane reviews have heterogeneous populations to enhance generalisability – may not be relevant to a specific patient group
 - Local issues/resources not represented