AIMS For a better birth...

Cochrane Collaboration Pregnancy and Childbirth Group

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10th Anniversary Meeting, November 2002

By Elizabeth Key

The Pregnancy and Childbirth Group of the Cochrane Collaboration met in Liverpool in early November 2002 to celebrate its tenth birthday amid the splendour of the Albert Dock, shrouded by dense Merseyside rain. It was a global event, with participants from Australia, the US and South Africa as well as the UK and Europe, including academics, obstetricians, researchers, midwives and members of the Cochrane Consumer Network.

For anyone who remembers the sudden impact of A Guide to Effective Care in Pregnancy and Childbirth in 1989 - or 'easy-peasy' as it came to be known - this was a real gurufest. The troika which produced the first version of ECPC, Iain Chalmers, Murray Enkin and Marc Keirse, described their vision of making the results of reputable research into pregnancy and childbirth available to everyone, and laying the academic foundations for the now-clichéd 'evidence based care'. It was good to see Marc Keirse's slide quoting from the AIMS Journal on the publication of ECPC: "the authors deserve a gold medal!" In contrast, a medical journal thought that students would only be confused by all the information.

Iain Chalmers first realised how much of his medical training was irrelevant or misleading, or both, when working in the Palestinian refugee camps of Gaza. Murray Enkin stressed the overwhelming need to regard birth as normal and felt that, in general, research evidence confirmed his preconceptions. Marc Keirse reminded everyone that, no matter what the research evidence, one particular treatment would never be appropriate for every woman, just as another treatment might not suit the majority, yet be right for one individual.

Eileen Hodnett, from the University of Toronto, described the research on caregiver support during labour as the single most-quoted study. It showed that, as well as leading to less pain relief, higher Apgar score, and lower rates of forceps and ventouse deliveries, one-to-one support was the only intervention known to reduce the risk of caesarean section. But she cautioned against assuming that this would apply across the whole spectrum of maternity provision, especially the obstetric-based North American patterns of care. Tina Diamond, a UK research midwife, pointed out that every caesarean cost the NHS nearly £2000 - more than three times that of a 'normal' birth. So, armed with this knowledge, why are hospital trusts not using evidence-based care to address their increasing, and costly, caesarean rates by providing women with continuous midwife support during labour? Answers on a postcard to the Editor,

please.

The research studies evaluated by the Pregnancy and Childbirth Group are now available online to UK residents (www.nelh.nhs.uk/cochrane.asp) and the third edition of Effective Care in Pregnancy and Childbirth (2000) can be accessed via www.maternitywise.org/guide. It is also available in paperback. While it may be disappointing to find that there are no reviews on a particular topic, there is so much information that browsing is always rewarding.

The Pregnancy and Childbirth Consumer Panel now has almost 70 consumer volunteers in 10 different countries. These volunteers provide comments on every research review or proposal for a review. This involves thinking about the health professionals' work from a layman's point of view and considering how useful the research might be to a mother trying to make up her mind about a particular treatment suggested to her. Although midwives and doctors make far more of an effort to encourage 'informed choice' nowadays, this is only possible if women have access to information on which to base their decisions.

Even without a detailed knowledge of medical terminology, anyone interested in pregnancy and childbirth can make a useful contribution as a panel member. Indeed, there might be a conflict of interest that the researchers have failed to notice. And if the research concerns giving a drug to pregnant women, can we have faith in the objectivity of a study carried out by employees of a drug company?