

AMSTAR-vurderinger af systematiske reviews

National klinisk retningslinje om førstegangsfødende med dystoci (manglende fremgang)

Ni systematiske reviews blev efter finsortering udvalgt til AMSTAR-vurdering.

Tre blev inkluderet i den endelige udarbejdelse af retningslinjen, men flere af de øvrige refereres i baggrundslitteraturen eller som indirekte evidens. Hvert review blev vurderet af mindst ét arbejdsgruppemedlem og af fagkonsulenten, således at hvert review blev vurderet af mindst to personer.

Bugg GJ, Siddiqui F, Thornton JG. Oxytocin versus no treatment or delayed treatment for slow progress in the first stage of spontaneous labour. Cochrane Database of Systematic Reviews 2013.²⁰

Observer	1	2
Citation	Bugg 2013	Bugg 2013
PICO number	1	1
PICO name	Hvornår skal man tilbyde vestimulering med oxytocin ved dystoci i udvidelsesfasen (1. stage)	oxytocin vs. no/placebo, early vs. late oxytocin
List relevant outcomes	Kritiske: Apgar <7 ved 5 minutter, alvorlig neonatal morbiditet (defineret af forfatterne)+ perinatal død (dvs samlet effektmål), indlæggelse på NICU. Vigtige: Akut sectio, instrumental forløsning, Postpartum blødning (defineret af forfatterne), kvindens tilfredshed	Ceasareans, fetal / maternal morbidity, satisfaction
Was meta-analysis performed for the relevant outcomes?	Ja, men mange af vores outcomes belyses ikke (navlesnors-ph, Sarnat score, Thompson score, maternel infektion, sphincterruptur, inkontinens, amning, bonding, secio på maternal request ved næste fødsel).	Ja
1. Was an 'a priori' design provided?	Ja	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Kan ikke besvares.	Ja
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja

7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Ja	Ja
11. Was the conflict of interest included?	Nej	Ja
Notes	<p>Størstedelen af de inkluderede er førstegangsfødende. Igangsatte fødsler og tidligere sectio er ekskluderet. Forskellige definitioner af dystoci (<math>< \frac{1}{2}</math> cm/time til 1 cm/time eller ingen ændring i 2 timer). Forskelligt om vandet er gået inden opstart af oxytocin, eller om der skal foretages amniotomi inden opstart af oxytocin. Forskellige doser af oxytocin (i et, meget lille studie, anvendes dextrose - er det mon sukkervand). Forskellig ventetid i studier der sammenligner med oxytocin nu og senere (op til 8 timer).</p>	<p>Tidlig oxytocin giver flere pat FHR OG 2 timer kortere fødsel end sen oxytocin. Sectio/VE ens.</p>
Anvendes i NKR dystoci?	Ja	Ja

Lavender T, Hart A, Smyth RM.

Effect of partogram use on outcomes for women in spontaneous labour at term.

Cochrane Database Systematic Reviews. 2013 Jul 10;7:CD005461.

Observer	1	2
Citation	Lavender 2013	Lavender 2013
PICO number	1	1
PICO name	Hvornår skal man tilbyde vestimulering med oxytocin ved dystoci i udvidelsesfasen (1. stage)	partogram vs. no, 3 vs. 4 h. action line
List relevant outcomes	Kritiske: Apgar <7 ved 5 minutter, navlesnors-pH <7,1 (vi har angivet >7 som outcome), alvorlig neonatal morbiditet (defineret af forfatterne)+ perinatal død (dvs samlet effektmål), indlæggelse på NICU. Vigtige: Akut sectio, instrumental forløsning, Postpartum blødning (>500 ml), alvorlig maternel morbiditet eller død og negativ fødselsoplevelse	caesareans, VE, Apgar, death, haemorrhage, tears, experience
Was meta-analysis performed for the relevant outcomes?	Ja, men mange af vores outcomes belyses ikke (Sarnat score, Thompson score, maternel infektion(dog er brug af inkontinens med), sphincterruptur, inkontinens, amning, bonding, secio på maternal request ved næste fødsel).	Ja
1. Was an 'a priori' design provided?	Ja	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Ja	Ja
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used	Ja	Ja

appropriately in formulating conclusions?		
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Ja	Ja
11. Was the conflict of interest included?	Nej	Ja
Notes	<p>Kun spontane fødsler er inkluderet i reviewet. Reviewet sammenligner brug af partogram vs intet brug af partogram, samt forskellige placeringer af actionline, men angiver ikke, hvilke faser af fødslen det drejer sig om. Formentlig er det hele fødslen. Normalt er actionline vel mest i anvendelse i first stage, hvor man i second stage har foruddefineret tidsgrænser (ex max en times aktiv presseperiode). Det er derfor uklart om reviewet kan anvendes i forhold til P1-P3 eller kun i P1. Desuden er interventionen "partogram" og ikke oxytocindrop på forskellige tidspunkter ved dystoci (eller ingen behandling). Behandlingen i intervention og kontrolgruppe i reviewet er ikke nødvendigvis oxytocin men kan ligesåvel være amniotomi (eller andet som er en del af en afdelings retningslinjer når actionline er overskredet). Det er derfor uklart, om dette review overhovedet kan anvendes til at besvare P1-P3. OBS at Pattinson 2003 sammenligner aggressive or expectant management hvor behandling er oxytocin, men dette studie blev ikke inkluderet i reviewet af Bugg, GJ 2013, og bør måske derfor ikke anvendes?</p>	Færre sectioer v. 4 vs. 3 timer action line, øvrige outcomes ens
Anvendes i NKR dystoci?	Nej	Nej

Wei S, Wo BL, Qi HP, Xu H, Luo ZC, Roy C, Fraser WD.

Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care.

Cochrane Database Syst Rev. 2013 Aug 7;8:CD006794.

Observer	1	2
Citation	Wei 2013	Wei 2013
PICO number	P1? (se dog note)	1
PICO name	Hvornår skal man tilbyde vestimulering med oxytocin ved dystoci i udvidelsesfasen (1. stage)?	early amniotomy + oxytocin vs. routine care
List relevant outcomes	Kritiske: Apgar <7 ved 5 minutter, Acidose (navlesnors pH < 7,10 eller 7,20), indlæggelse på NICU, kramper/neurologiske abnormaliteter (encefalopati?). Vigtige: akut sectio, instrumental forløsning, varighed af first stage, fødselns samlede varighed (fra admission til fødsel), postpartum blødning (>500 ml), infektion (eller feber), kvindens tilfredshed.	caesareans, VE, Apgar, pH, admission, haemorrhage, feber
Was meta-analysis performed for the relevant outcomes?	Ja, men en del af vores outcomes belyses ikke, fx perinatal død, Sarnat score, Thompson score, (encefalopati?), sphincterruptur, inkontinens, blødning > 1000 ml (dog er blodtransfusion med i reviewet som outcome), amning, bonding og sectio på maternal request ved næste fødsel.	Ja
1. Was an 'a priori' design provided?	Ja	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Kan ikke besvares.	Ja
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies	Ja	Ja

provided?		
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Nej	Ja
11. Was the conflict of interest included?	Nej	Nej
Notes	<p>Kun spontane fødsler er inkluderet i reviewet. Dette review undersøger effekten af tidlig amniotomi+oxytocin til forebyggelse eller behandling af dystoci i first stage. Hovedparten af de inkluderede studier er forebyggende, og jeg mener derfor ikke, de kan anvendes til at besvare P1. Kun tre studier er behandling, nemlig Blanch 1998, Cluett 2004 og Nachum 2010. Studiet af Blanch 1998 er også inkluderet i reviewet af Bugg 2013, som specifikt omhandler vores P1. Studiet af Cluett 2004 er blevet ekskluderet i reviewet af Bugg2013, fordi kontrolgruppen også udsættes for en intervention (immersion in bathpool), som ikke kan sidestilles med ingen behandling/placebo eller oxytocin senere. Af denne grund mener jeg heller ikke, at vi skal inkludere Cluett2004. Studiet af Nachum2010 er ikke blevet vurderet i reviewet af Bugg 2013. Det kan skyldes at et af inklusionskriterierne er, at kvinden skal have haft en forlænget latent fase. Jeg ved ikke, om vi kan bruge Nachum 2010 til vores P1, jeg tror det ikke. Men vi kunne måske godt rekvirere</p>	<p>Lidt færre sectioner, 1½ time kortere fødsel, ens mor og barn outcome.</p>

	det og se lidt nærmere på det. Overordnet mener jeg ikke at dette review (Wei2013), kan anvendes til at besvare vores P1.	
Anvendes i NKR dystoci?	Nej	Nej

Wei SQ, Luo ZC, Xu H, Fraser WD.

The effect of early oxytocin augmentation in labor: a meta-analysis.

Obstet Gynecol. 2009;114: 641-9.

Observer	1	2
Citation	Wei 2009	Wei 2009
PICO number	P1 (P2, P3? Se note)	1
PICO name	Hvornår skal man tilbyde vestimulering med oxytocin ved dystoci i udvidelsesfasen (1. stage)(nedtrængningsfasen og pressefasen?)	early oxytocin vs. conservative care
List relevant outcomes	Kritiske: Apgar <7 ved 5 minutter, alvorlig neonatal morbiditet (defineret af forfatterne)+ perinatal død (dvs samlet effektmål), indlæggelse på NICU. Vigtige: Akut sectio, instrumental forløsning, Postpartum blødning (defineret af forfatterne), kvindens tilfredshed.	caesareans, VE, Apgar, hyperstimulation, haemorrhage, antibiotic
Was meta-analysis performed for the relevant outcomes?	Ja, for akut sectio og instrumental forløsning. Tillige for de øvrige nævnte outcomes (bortset fra fødselsoplevelse), men de er kun rapporteret samlet, dvs uden resultater fra de enkelte studier der indgår).	Ja
1. Was an 'a priori' design provided?	Nej	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Ja	Ja
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Nej	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Nej	Ja
9. Were the methods used to	Ja	Ja

combine the findings of studies appropriate?		
10. Was the likelihood of publication bias assessed?	Nej	Ja
11. Was the conflict of interest included?	Nej	Nej
Notes	Inkluderer såvel spontane som igangsatte fødsler (formentlig). Igen fokus på orificiums dilatation over tid, samt manglende fremgang x antal timer. Ikke særligt fokus på 2. stage og derfor tvivlsomt om reviewet kan svare på P2 og P3	En vaginal fødsel mere pr. 20 behandlede, flere med hyperstimulation og smerter, færre antibiotika, øvrige ens
Anvendes i NKR dystoci?	Nej	?

Kenyon S, Tokumasu H, Dowswell T, Pledge D, Mori R.
 High-dose versus low-dose oxytocin for augmentation of delayed labour.
 Cochrane Database of Systematic Reviews 2013.⁴¹

Observer	3	4
Citation	Kenyon 2013	Kenyon 2013
PICO number	P4-5	4
PICO name	Er der et syntocinon regime, der er bedst ved dystoci i udvidelsesfasen?	Er der et Syntocinon doserings-regime, der er bedst ved dystoci i udvidelsesfasen?
List relevant outcomes	Neonatal mortalitet, Sectio, fødsels varighed, instrumentel forløsning, hyperstimulation, PP Blødning, chorioamnionitis, brugertilfredshed, Apgar score, NS pH, indlæggelse på neonatal afd.	Perinatal død, sectio, Apgar 5 min < 7, NS-pH > 7,0, NICU, VEC/tang, blødning > 1000 ml, infektion, tilfredshed.
Was meta-analysis performed for the relevant outcomes?	Ja.	Ja
1. Was an 'a priori' design provided?	Ja.	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Ja	Ja
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Ja	Ja
11. Was the conflict of interest included?	Nej	Ja
Notes	4 RCT: Kenyon, Xenakis, Bidgood og Jamal. Forsigtig konklusion pga. manglende blinding i Xenakis, der vægter tungt i	1: Udvidning og uddrivning ikke adresseret, med det drejer sig formentligt primært om udvidning. 2: Nullipara adresseret i

	analysen. OBS: Xenakis og Jamal har blandet paritet! Kan de bruges alligevel?	subanalyse. 3: sectio antea ikke adresseret
Anvendes i NKR dystoci?	Ja	Ja

Wei SQ, Luo ZC, Qi HP, Xu H, Fraser WD.

High-dose vs low-dose oxytocin for labor augmentation: a systematic review.

Am J Obstet Gynecol. 2010; 203: 296-304.

Observer	3	4
Citation	Wei 2010	Wei 2010
PICO number	P4-5	P4-5
PICO name	Er der et syntocinon regime, der er bedst ved dystoci i udvidelsesfasen?	Er der et Syntocinon doserings-regime, der er bedst ved dystoci i udvidelses- og uddrivelsesfasen?
List relevant outcomes	Sectio, neonatal morbiditet, maternel morbiditet, fødsels varighed, hyperstimulation, PP Blødning, Apgarscore	Sectio, varighed, blødning, Apgar, morbiditet.
Was meta-analysis performed for the relevant outcomes?	Ja	Nej
1. Was an 'a priori' design provided?	Nej	Nej
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Nej	Nej
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Nej	Nej
11. Was the conflict of interest included?	Nej	Nej
Notes	FORBEHOLD: 3 RCT med i Kenyon et al. ½ af RCT er active management of labour, 3 studier omhandler dystoci = ref 25 Bidgood,27 Jamal,34 Xenakis. Ingen RCT til pico 5.	

Anvendes i NKR dystoci?	Nej	Nej
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Anim-Somuah M1, Smyth RM, Jones L.
 Epidural versus non-epidural or no analgesia in labour.
 Cochrane Database Syst Rev. 2011.

Observer	3	5
Citation	Anim-Somuah 2011	Anim-Somuah 2011
PICO number	P6	6
PICO name	Bør man acceptere en længere nedtrængningsfase, inden der tilbydes vestimulation med oxytocin, hvis kvinden har epidural?	Bør man acceptere en længere nedtrængningsfase, inden der tilbydes vestimulation med oxytocin, hvis kvinden har epidural?
List relevant outcomes	Sectio, neonatal morbiditet, maternel morbiditet, fødsels varighed, navlesnors-pH, instrumentel forløsning, amning, brug af oxytocin.	Varighed af første og andet stadium, vestimulering med oxytocin, sectio, NS-pH < 7.15/7.20, neonatal morbiditet, amning, instrumentel forløsning, uterusruptur.
Was meta-analysis performed for the relevant outcomes?	Ja	Ja
1. Was an 'a priori' design provided?	Ja	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Nej	Nej
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Ja	Ja
11. Was the conflict of interest included?	Ja	Ja
Notes	Kun indirekte litteratur.	
Anvendes i NKR dystoci?	Kun indirekte.	Til baggrundslitteratur?

Dawood F, Dowswell T, Quenby S.
 Intravenous fluids for reducing the duration of labour in low risk nulliparous women.
 Cochrane Database Syst Rev. 2013.

Observer	6	5
Citation	Dawood 2013	Dawood 2013
PICO number	P8	8
PICO name	Forebygger intravenøs væsketerapi behovet for vestimulering med oxytocin ved dystoci?	Forebygger intravenøs væsketerapi behovet for vestimulering med oxytocin ved dystoci?
List relevant outcomes	Sectio, fødselens varighed, behov for stimulering, indlæggelse på NICU, Apgar, NS pH<7,0, hyperbilirubinæmi, hyponatriæmi.	Apgar score, navlesnors-pH < 7,00, hyperbilirubinæmi, hyponatriæmi, sectio, indlæggelse på NICU, vestimulering med oxytocin.
Was meta-analysis performed for the relevant outcomes?	Ja	Ja
1. Was an 'a priori' design provided?	Ja	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Nej	Nej
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to combine the findings of studies appropriate?	Ja	Ja
10. Was the likelihood of publication bias assessed?	Nej	Ja
11. Was the conflict of interest included?	Nej	Ja
Notes		Relevant
Anvendes i NKR dystoci?	Ja	Ja

Smyth RM, Markham C, Dowswell T.
 Amniotomy for shortening spontaneous labour.
 Cochrane Database Syst Rev. 2013.

Observer	5	7
Citation	Smyth 2013	Smyth 2013
PICO number	P10	P10
PICO name	Skal man foretage amniotomi, før der tilbydes vestimulation med oxytocin, eller skal man tilbyde vestimulation med oxytocin, før man foretager amniotomi, ved dystoci?	Skal man foretage amniotomi, før der tilbydes vestimulation med oxytocin, eller skal man tilbyde vestimulation med oxytocin, før man foretager amniotomi, ved dystoci?
List relevant outcomes	Sectio, fødselens varighed (første og andet stadium), tilfredshed, indlæggelse på NICU, Apgar 5 minutter < 7, NS pH<7, dystoci, instrumentel forløsning, infektion, navlesnorsfremfald, postpartum blødning, bristning, alvorlig maternel morbiditet eller død, uterin hyperstimulation, neonatal morbiditet.	Varighed af 1. og 2. stadium, sectio, tilfredshed, Apgar 5 < 7, dystoci, instrumentel forløsning, PPH, amning, infektion, navlesnorsfremfald, sutureringskrævende perinealt traume (sphincter?), alvorlig maternel morbiditet / død, uterin hyperstimulation, NICU, NS-pH < 7,00, neonatal morbiditet (komposit effektmål).
Was meta-analysis performed for the relevant outcomes?	Ja	Ja
1. Was an 'a priori' design provided?	Ja	Ja
2. Was there duplicate study selection and data extraction?	Ja	Ja
3. Was a comprehensive literature search performed?	Ja	Ja
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Nej	Nej
5. Was a list of studies (included and excluded) provided?	Ja	Ja
6. Were the characteristics of the included studies provided?	Ja	Ja
7. Was the scientific quality of the included studies assessed and documented?	Ja	Ja
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?	Ja	Ja
9. Were the methods used to	Ja	Ja

combine the findings of studies appropriate?		
10. Was the likelihood of publication bias assessed?	Nej	Ja
11. Was the conflict of interest included?	Nej	Ja
Notes		Svarer ikke direkte på PICO-spørgsmålet.
Anvendes i NKR dystoci?	Indirekte?	Ja, måske.