

The use of evidence resources in midwifery training and practice

Thank you for taking the time to complete this short questionnaire – your views are very important to us. In this questionnaire you will be asked to identify the range of evidence resources you currently use. We will also explore your experience of extracting evidence from current maternity care review summaries available on the Cochrane Library. The information you give us will be confidential and anonymous to protect the identity of participants.

Which of the following resources do you use to inform your clinical decision making? Please tick a box for each statement

	Never	Sometimes	Often	All the time
Textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet/Google	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cochrane Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systematic reviews (other than Cochrane Reviews)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubmed/Medline electronic database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CINAHL electronic database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cochrane Library electronic database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICE guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional guidelines Eg RCM, RCOG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local guidelines and policies Eg hospital, ?trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturers information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expert opinion (e.g. teachers, senior colleagues, clinical experts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings and conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting with peers (e.g. colleagues who have similar level of experience/fellow students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate by circling a number on the scale of 1 to 10 below, which you value more - women’s views and experiences or research evidence

Women’s views

Research evidence

1 2 3 4 5 6 7 8 9 10

What do you think are the biggest barriers to using evidence in practice?

Please circle a number, on a scale of 1 to 5, to indicate how big a barrier you consider each statement to be for using evidence in practice

	Not a barrier at all				Big barrier
	1	2	3	4	5
Lack of training in using evidence	1	2	3	4	5
Lack of awareness	1	2	3	4	5
Lack of time	1	2	3	4	5
Lack of access	1	2	3	4	5
Lack of relevant evidence	1	2	3	4	5
Lack of interest and motivation	1	2	3	4	5
Lack of finance	1	2	3	4	5
Conflicting evidence	1	2	3	4	5
Negative attitudes of experts (e.g. teachers, senior colleagues, clinical experts)	1	2	3	4	5
Negative attitudes of peers (e.g. colleagues who have similar level of experience/fellow students)	1	2	3	4	5
Other, <i>please specify</i>	1	2	3	4	5

Section 3: We would like to ask your opinion of two published Cochrane Reviews related to maternity care

Review 1: Hatem M, Sandall J, Devane D, Soltani H, Gates S. **Midwife-led versus other models of care for childbearing women.***Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667.

Have you seen or heard of this review before? Yes No Not sure

In general, what is your belief on midwife-led care in comparison to other models of care prior to reading the information on the following pages? *(please tick **one** box that most reflects your belief)*

In general, I believe that midwife-led care is beneficial in comparison to other models of care

In general, I believe that midwife-led care is harmful in comparison to other models of care

In general, I believe that midwife-led care is neither beneficial nor harmful in comparison to other models of care

I don't know

Review 2: Churchill D, Beevers GDG, Meher S, Rhodes C. **Diuretics for preventing pre-eclampsia.***Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004451

Have you seen or heard of this review before? Yes No Not sure

In general, what is your belief about using diuretics to prevent pre-eclampsia prior to reading the information on the following pages? *(please tick **one** box that most reflects your belief)*

In general, I believe that using diuretics to prevent pre-eclampsia is beneficial

In general, I believe that using diuretics to prevent pre-eclampsia is harmful

In general, I believe that using diuretics to prevent pre-eclampsia is neither beneficial nor harmful

I don't know

**Please ensure Sections 1-3 are
complete before turning over the
page to complete Section 4**

Section 4: Please read the summary of the Cochrane Reviews and respond to the questions that follow

Review 1: Hatem M, Sandall J, Devane D, Soltani H, Gates S. **Midwife-led versus other models of care for childbearing women.** *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.

Background: Midwives are primary providers of care for childbearing women around the world. However, there is a lack of synthesised information to establish whether there are differences in morbidity and mortality, effectiveness and psychosocial outcomes between midwife-led and other models of care.

Objectives: To compare midwife-led models of care with other models of care for childbearing women and their infants.

Search methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (January 2008), Cochrane Effective Practice and Organisation of Care Group's Trials Register (January 2008), Current Contents (1994 to January 2008), CINAHL (1982 to August 2006), Web of Science, BIOSIS Previews, ISI Proceedings, (1990 to 2008), and the WHO Reproductive Health Library, No. 9.

Selection criteria: All published and unpublished trials in which pregnant women are randomly allocated to midwife-led or other models of care during pregnancy, and where care is provided during the ante and intrapartum period in the midwife-led model.

Data collection and analysis: All authors evaluated methodological quality. Two authors checked data extraction.

Main results: We included 11 trials (12,276 women). Women who had midwife-led models of care were less likely to experience antenatal hospitalisation, risk ratio (RR) 0.90, 95% confidence interval (CI) 0.81 to 0.99), regional analgesia (RR 0.81, 95%CI 0.73 to 0.91), episiotomy (RR 0.82, 95% CI 0.77 to 0.88), and instrumental delivery (RR 0.86, 95% CI 0.78 to 0.96), and were more likely to experience no intrapartum analgesia/anaesthesia (RR 1.16, 95% CI 1.05 to 1.29), spontaneous vaginal birth (RR 1.04, 95% CI 1.02 to 1.06), feeling in control during childbirth (RR 1.74, 95% CI 1.32 to 2.30), attendance at birth by a known midwife (RR 7.84, 95% CI 4.15 to 14.81) and initiate breastfeeding (RR 1.35, 95% CI 1.03 to 1.76), although there were no statistically significant differences between groups for caesarean births (RR 0.96, 95% CI 0.87 to 1.06). Women who were randomised to receive midwife-led care were less likely to experience fetal loss before 24 weeks' gestation (RR 0.79, 95% CI 0.65 to 0.97), although there were no statistically significant differences in fetal loss/neonatal death of at least 24 weeks (RR 1.01, 95% CI 0.67 to 1.53) or in fetal/neonatal death overall (RR 0.83, 95% CI 0.70 to 1.00). In addition, their babies were more likely to have a shorter length of hospital stay (mean difference -2.00, 95% CI -2.15 to -1.85).

Conclusions: Most women should be offered midwife-led models of care and women should be encouraged to ask for this option although caution should be exercised in applying this advice to women with substantial medical or obstetric complications.

Tick the response below which, in your opinion, best represents the findings of the review

Tick one box

- A. In general, midwife-led care is clearly beneficial in comparison to other models of care
- B. In general, midwife-led care is clearly not beneficial in comparison to other models of care
- C. In general, midwife-led care appears to be beneficial in comparison to other models of care from limited evidence, but more studies are needed to confirm the findings
- D. In general, midwife-led care appears not to be beneficial in comparison to other models of care from limited evidence, but more studies are needed to confirm the findings
- E. There is insufficient evidence to comment on whether midwife-led care is, or is not, beneficial in comparison to other models of care
- F. I do not understand the results presented

In your opinion, which of the following statements best represents the effect of midwifery led care on instrumental delivery

Tick one box

- A. Midwife-led care reduced the risk of instrumental delivery by 14%
- B. Midwife-led care reduced the risk of instrumental delivery by 86%
- C. Midwife-led care increased the risk of instrumental delivery by 14%
- D. Midwife-led care increased the risk of instrumental delivery by 86%
- E. I don't know how much midwife-led care reduced or increased the risk of instrumental delivery.

Does the information given in this summary make you want to read the full review?

Yes No

Review 2: Churchill D, Beevers GDG, Meher S, Rhodes C. **Diuretics for preventing pre-eclampsia.** *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004451. DOI: 10.1002/14651858.CD004451.pub2.

Background: Diuretics are used to reduce blood pressure and oedema in non-pregnant individuals. Formerly, they were used in pregnancy with the aim of preventing or delaying the development of pre-eclampsia. This practice became controversial when concerns were raised that diuretics may further reduce plasma volume in women with pre-eclampsia, thereby increasing the risk of adverse effects on the mother and baby, particularly fetal growth.

Objectives: To assess the effects of diuretics on prevention of pre-eclampsia and its complications.

Search methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (May 2010).

Selection criteria: Randomised trials evaluating the effects of diuretics for preventing pre-eclampsia and its complications.

Data collection and analysis: Three review authors independently selected trials for inclusion and extracted data. We analysed and double checked data for accuracy.

Main results: Five studies (1836 women) were included. All were of uncertain quality. The studies compared thiazide diuretics with either placebo or no intervention. There were no clear differences between the diuretic and control groups for any reported pregnancy outcomes including pre-eclampsia (four trials, 1391 women; risk ratio (RR) 0.68, 95% confidence interval (CI) 0.45 to 1.03), perinatal death (five trials, 1836 women; RR 0.72, 95% CI 0.40 to 1.27), and preterm birth (two trials, 465 women; RR 0.67, 95% CI 0.32 to 1.41). There were no small-for-gestational-age babies in the one trial that reported this outcome, and there was insufficient evidence to demonstrate any clear differences between the two groups for birthweight (one trial, 20 women; mean difference 139 grams, 95% CI -484.40 to 762.40). Thiazide diuretics were associated with an increased risk of nausea and vomiting (two trials, 1217 women; RR 5.81, 95% CI 1.04 to 32.46), and women allocated diuretics were more likely to stop treatment due to side effects compared to those allocated placebo (two trials, 1217 women; RR 1.85, 95% CI 0.81 to 4.22).

Conclusions: There is insufficient evidence to draw reliable conclusions about the effects of diuretics on prevention of pre-eclampsia and its complications. However, from this review, no clear benefits have been found from the use of diuretics to prevent pre-eclampsia. Taken together with the level of adverse effects found, the use of diuretics for the prevention of pre-eclampsia and its complications cannot be recommended.

Tick the response below which, in your opinion, best represents the findings of the review

Tick one box

- A. In general, diuretics are clearly beneficial for the prevention of pre-eclampsia
- B. In general, diuretics are clearly not beneficial for the prevention of pre-eclampsia
- C. In general, diuretics appear to be beneficial for the prevention of pre-eclampsia from limited evidence, but more studies are needed to confirm the findings
- D. In general, diuretics appear not to be beneficial for preventing pre-eclampsia from limited evidence, but more studies are needed to confirm the findings
- E. There is insufficient evidence to comment on whether diuretics are, or are not, beneficial for preventing pre-eclampsia
- F. I do not understand the results presented

Does the information given in this summary make you want to read the full review?

Yes No

**Thank you for taking the time to complete this
questionnaire**

