(3) Uterine contraction pain

(g) Other information relevant to this proposal

Not available

Review author team and area of expertise

	Name	Area of expertise *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	**Rintaro Mori**	**Background: Neonatology** **Skills: Methodology**
Author:	**Yukari Yaju**	**Background: Pharmacy, Pharmacoepidemiology** **Skills: Methodology**
Author:	**Yaeko Kataoka**	**Background: Midwifery** **Skills: Content, Methodology**
Author:	**Hiromi Eto**	**Background: Midwifery** **Skills: Content, Methodology**
Author:	**Shigeko Horiuchi**	**Background: Midwifery** **Skills: Content, Methodology**

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?

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Yes ☐ No ☒

If 'yes', what are they?

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.

Has the review already been carried out or published?

If yes, where has it been published?

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[Sonja Henderson, Review Group Co-ordinator, Cochrane Pregnancy and Childbirth Group, Division of Perinatal and Reproductive Medicine, The University of Liverpool, First floor, Liverpool Women's NHS Foundation Trust, Crown Street, Liverpool, L8 7SS. Tel: +44 151 7024066/Fax: +44 151 7024335]

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Proposed Title (Using Standard Format)

(Try to include the word 'for' in the title; for example, '[Intervention] FOR [health problem]'; '[Intervention A] versus [intervention B] FOR [health problem]']

Method for administering subcutaneous heparin during pregnancy

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)

Rintaro Mori

Motivation for the Review

Fatal pulmonary embolism (PE) is a common cause of maternal mortality. Treatment and/or prevention with anticoagulants in women who have an increased risk for DVT (deep vain thrombosis) and/or PE can reduce maternal mortality from PE. Although the risk of VTE (venous thromboembolism) during pregnancy is believed to be higher in pregnant women with a history of VTE, the quality of existing studies on administering heparin for pregnant women with a history of VTE is unknown. In the Cochran Reviews, there is no review conducted on assessing the efficacy and safety of administering heparin for preventing VTE in pregnant women. It is highly important to review and update well-designed studies for reducing adverse results of administering heparin in the high risk group.

Description of proposal

(a) Objective

To assess the efficacy and safety of different methods of administering subcutaneous heparin for pregnant women with a history of VTE.

(b) Rationale for review

Management of VTE (venous thromboembolism) in non-pregnant women has been established. Although the risk of VTE is increased in pregnant women, the quality of existing studies on administering heparin for pregnant women, especially with a history of VTE, is unknown. In the Cochran Reviews, there is no review conducted on assessing the efficacy and safety of administering heparin for preventing VTE in pregnant women. According to the clinical guideline in the US, LMWH (low-molecular-weight heparin) has potential advantages over UFH (unfractionated heparin) for the prevention and treatment of VTE, yet either LMWH or UFH is recommended for pregnant women with acute VTE throughout pregnancy. Therefore, administering is unclear. It is highly important to review and update well-designed studies for reducing adverse results of administering heparin in the high risk group.

(c) Types of study

All randomized controlled trials

(d) Participants
Pregnant women with a history of VTE

(e) Interventions and specific comparisons to be made
Variables including dose, duration, and frequency.

(f) Outcomes
Bleeding, osteoporosis, HIT (heparin induced thrombocytopenia), and event of VTE.

(g) Other information relevant to this proposal

Review author team and area of expertise

	Name	**Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	Rintaro Mori	Perinatal health, epidemiology (content, methodology)
Author(s) :	Hatoko Sasaki	Community health education, program planning and evaluation (content, methodology)
	Naohiro Yonemoto	Epidemiology, Biostatistics (content, methodology, statistics)

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?
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Yes ☐ No ☒

If 'yes', what are they?

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.
Partly funded by the Ministry of Health, Labour and Welfare, Japan

Has the review already been carried out or published?
No

If yes, where has it been published?

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Proposed Title (Using Standard Format)

(Try to include the word 'for' in the title; for example, '[Intervention] FOR [health problem]'; '[Intervention A] versus [intervention B] FOR [health problem]']

Hypnosis during pregnancy and childbirth for preventing postnatal depression

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)

Mitsuhiro Sado

Motivation for the Review

Postnatal depression is a common complication of childbirth and approximately 13% of women are reported to be affected. Epidemiological studies and meta-analyses of predictive studies have examined effect of several types of psychological interventions for reducing risk of developing postnatal depression. However, effectiveness of hypnosis for preventing it has never been evaluated.

Description of proposal

(a) Objective

Primary objective is to assess the effect of hypnosis for preventing postnatal depression compared with usual antepartum, intrapartum, or postpartum care. Secondary aim is to examine (1) the effects of intervention onset and duration, and (2) whether interventions are more effective in women selected with specific risk factors.

(b) Rationale for review

Postnatal depression is a common complication of childbirth and approximately 13% of women are reported to be affected. Epidemiological studies and meta-analyses of predictive studies have examined effect of several types of psychological interventions for reducing risk of developing postnatal depression. However, effectiveness of hypnosis for preventing it has never been evaluated.

(c) Types of study

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions. (http://www.cochrane.org/cochrane/handbook/hbook.htm)

All published and unpublished randomised controlled trials of acceptable quality comparing hypnosis with usual antenatal, intrapartum, or postpartum care, primary or secondary objective of which is to assess a reduced risk of developing postnatal depression. Studies will be excluded if they incorporated a quasi-randomised design.

(d) Participants

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Pregnant women and new mothers to whom hypnosis was delivered antenatally or within the first month postnatal, or both.

(e) Interventions and specific comparisons to be made

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Intervention considered here will be hypnosis provided pregnant women or new mother within first month postnatal, compared with usual antenatal, intrapartum, or postpartum care,

(f) Outcomes

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Primary outcome postnatal depression. Secondary outcome is postnatal psychosis and postnatal anxiety disorder.

(g) Other information relevant to this proposal

Review author team and area of expertise

	Name	**Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	Mitsuhiro Sado	Psychiatry, Health economics,
Author(s) :	Mitsuhiro Sado Rintaro Mori Erika Ota	Psychiatry, Health economics, Health Policy, Clinical epidemiology, Perinatal medicine Perinatal medicine

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?

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Yes ☐ No ■

If 'yes', what are they?

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Has the review already been carried out or published?

If yes, where has it been published?

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Proposed Title (Using Standard Format)

(Try to include the word 'for' in the title; for example, '[Intervention] FOR [health problem]'; '[Intervention A] versus [intervention B] FOR [health problem]']

Treatments for insomnia during pregnancy

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)

Naoko Tomita

Motivation for the Review

Sleeping disorder is common among pregnant women and some of them experience insomnia during pregnancy, especially during the third trimester. Insomnia reduces the quality of sleep and gives stress to pregnant women. It is known that this maternal prenatal stress has significant association with lower infant birth weight and gestational age at birth (Wadhwa et al 1993). In addition, another study suggests that the psychological stress can contribute to behavioural teratogenicity (Istvan 1986).

Nevertheless of the importance of treatments for insomnia during pregnancy, however, little has been investigated. Due to the limitation of medication intake, cognitive behavioural therapy is given priority over pharmacologic therapy among medical treatments. However, except for the US Food and Drug Administration assigned five categories of labelling for drug use in pregnancy, not much information is available for the effectiveness and safety of treatments for insomnia during pregnancy. It is therefore important to develop evidence for effectiveness and safety in this area. To date, to our knowledge, no systematic review on the effectiveness and safety of treatments for insomnia during pregnancy is available.

Istvan J.Stress, anxiety, and birth outcomes: a critical review of the evidence. Psychol Bull 1986; 100:331-48.
Wadhwa PD, Sandman CA, Portp M, Dunkel-Schetter C, Garite TJ. The association between prenatal stress and infant birth weight and gestational age at birth: a prospective investigation. Am J Obstet Gynecol 1993; 169: 858-65.

Description of proposal

(a) Objective

To evaluate the effectiveness and safety of treatments for insomnia during pregnancy according to pregnancy stages.

(b) Rationale for review

Insomnia has negative impact on the health and overall functioning of women during pregnancy. It is not only secondary to but also a risk factor for depression, which roughly 10% of pregnant women experiencing (Marcus et al 2001). In addition, the maternal prenatal stress has significant association with foetus/infant health.

Therefore, appropriate treatments should be provided for pregnant women suffering from insomnia.

Because of the risks of hypnotic drug therapy to the foetus, both women and physicians are hesitant to pharmacologic therapy, which resulted in cognitive behavioural therapy being the first option tried for insomnia during pregnancy. Meanwhile, some women and physicians underestimate the potential toxicity of herbal medicines for insomnia and assume they are innocuous or safe enough to be taken during pregnancy. With envisaged risks and benefits, it is critical for both women and physicians to have information available for decision making on treatments for insomnia during pregnancy on whether to use pharmacologic medication or to use other therapies.

As no systematic review is available in this area to date, this review contributes to make a comparison with other pharmacologic medication and/or cognitive behavioural therapy to evaluate effectiveness and safety.

Marcus SM, Barry KL, Flynn HA, Tandon R, Greden JF. Treatment guidelines for depression in pregnancy. International Journal of Gynecology & Obstetrics 2001; 72: 61-70.

(c) Types of study

We seek to review all randomised controlled trials (RCTs) and quasi-random studies assessing the effectiveness and/or risks of treatments for insomnia during pregnancy.

(d) Participants

Pregnant women with a diagnosis of insomnia, either as a first episode or in the form of recurrence.

(e) Interventions and specific comparisons to be made

This review seeks to include any pharmacologic treatments including both biological and herbal drugs, and cognitive behavioural therapy given for the treatment of insomnia during pregnancy. Although hypnotherapy is sometimes tried for insomnia, it is excluded from this review as it is supposed to be reviewed as a part of the study titled "hypnosis during pregnancy and childbirth for preventing postnatal depression" for Cochrane review. Nonmedical interventions including exercise, massage and improvement of sleeping environment are also ruled out.

We compare the experimental intervention with other pharmacologic treatment, cognitive behavioural therapy, placebo or non-intervention.

(f) Outcomes

Sleep measure - sleep onset latency, time awake after sleep onset, number of awakenings per night and total sleep time.

Birth outcomes - birth weight and gestational age at birth.

Reproductive toxicity - intrauterine fetal death, physical malformations, growth impairment, behavioural teratogenicity and neonatal toxicity.

(g) Other information relevant to this proposal

Review author team and area of expertise

	Name	**Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	Naoko Tomita	Statistical analyses using data from longitudinal studies; health economics; systematic reviews; health and pharmaceutical policy analyses
Author(s) :	Mitsuhiro Sado	Psychiatry and Health economics
	Rintaro Mori	

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?

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Yes ☐ No ☒

If 'yes', what are they?

N.A.

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.

No

Has the review already been carried out or published?

No

If yes, where has it been published?

N.A.

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Proposed Title (Using Standard Format)

(Try to include the word 'for' in the title; for example, '[Intervention] FOR [health problem]'; '[Intervention A] versus [intervention B] FOR [health problem]']

Routine blood cultures in the management of pyelonephritis in pregnancy for improving outcomes

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)

Rintaro Mori

Motivation for the Review

Urinary tract infections including pyelonephritis during perinatal period still cause significant morbidities and mortalities in pregnant women and their babies worldwide. It is yet unknown what approaches are the best and most feasible in this condition. Blood cultures may not be available in resource limited countries. This review will give us the best available answers if blood cultures should be taken routinely in complicated urinary tract infections in pregnancy.

Description of proposal

(a) Objective To investigate if routine blood cultures improve the outcomes of pyelonephritis in pregnancy.

(b) Rationale for review

Urinary tract infections including pyelonephritis during perinatal period still cause significant morbidities and mortalities in pregnant women and their babies worldwide. It is yet unknown what approaches are the best and most feasible in this condition. Blood cultures may not be available in resource limited countries. This review will give us the best available answers if blood cultures should be taken routinely in complicated urinary tract infections in pregnancy.

(c) Types of study

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions. (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Best available randomized controlled studies comparing outcomes among pregnant women who developed urinary tract infections with or without blood cultures. If there are not enough randomized studies identified, prospective or retrospective observational studies showing outcomes among pregnant women with urinary tract infections will be analyzed.

(d) Participants

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Pregnant women with complicated urinary tract infections in any trimester

(e) Interventions and specific comparisons to be made

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Routine blood cultures as part of the management for pregnant women with complicated urinary tract infections.

(f) Outcomes

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Mortality rates among pregnant women with complicated urinary tract infections
Avoidance of premature deliveries, deliveries without complications
Maternal morbidities including urinary tract infection
Neonatal outcomes including Apgar score, admission to neonatal unit etc

(g) Other information relevant to this proposal

Review author team and area of expertise

	Name	**Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	Rintaro Mori	Epidemiology, prenatal health, methodology, statistics
Author(s) :	Harumi Gomi	General infectious diseases, public health, content
	Rie Usui	Obstetrician, content
	Kenji Shibuya	Epidemiology, methodology, statistics

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?

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Yes ☐ No ☒

If 'yes', what are they?

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.

Partially funded by the Ministry of Health, Labour and Welfare of Japan

Has the review already been carried out or published?

No

If yes, where has it been published?

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Proposed Title (Using Standard Format)

(Try to include the word 'for' in the title; for example, '[Intervention] FOR [health problem]'; '[Intervention A] versus [intervention B] FOR [health problem]')

Strategies of testing for syphilis during pregnancy

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)

Rintaro Mori

Motivation for the Review

Despite the availability of screening tools and efficacious and cheap treatment for pregnant women, and the inclusion of prevention programs in antenatal care in many countries, congenital syphilis remains a public health in many part of the world. This review will show the evidence of efficacy of screening for syphilis infection in pregnant women and their babies.

Description of proposal

(a) Objective:

To assess effectiveness of the different maternal syphilis screening strategies

(b) Rationale for review

Despite the availability of screening tools and efficacious and cheap treatment for pregnant women, and the inclusion of prevention programs in antenatal care in many countries, congenital syphilis remains a public health in many part of the world. This review will show the evidence of efficacy of different screening strategies for syphilis infection in pregnant women and their babies

(c) Types of study

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions. (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Randomized controlled trails comparing different antenatal syphilis screening strategies are sought. If there are not enough randomized studies identified, prospective or retrospective observational studies showing effectiveness of difference antenatal syphilis screening strategies among pregnant women will be analyzed.

(d) Participants

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm

Pregnant women and neonates

(e) Interventions and specific comparisons to be made

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Different antenatal syphilis screening strategies

(f) Outcomes

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Incidence of congenital syphilis
Prevalence of syphilis infection in pregnant women and neonates.
Coverage of screening test for syphilis infection
Risk factors for failure of syphilis screening test in pregnancy
Any other reported adverse events

(g) Other information relevant to this proposal

Review author team and area of expertise

	Name	**Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	Rintaro Mori	Health Policy, Clinical Epidemiology, Perinatal medicine
Author(s) :	Ochirbat Tumendemberel	Medical doctor for infectious diseases, content, writing
	Harumi Gomi	General infectious diseases, public health, content
	Kenji Shibuya	Epidemiology, methodology, statistics

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?

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Yes ☐ No ☒

If 'yes', what are they?

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.

Partially funded by the Ministry of Health, Labour and Welfare of Japan

Has the review already been carried out or published?

No

If yes, where has it been published?

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Proposed Title (Using Standard Format)

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Vitamin K supplementation during pregnancy for improving outcomes

Contact Person Name

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published.)

Rintaro Mori, MD, PhD, MSc, FRCPCH

Motivation for the Review

Systematic review investigating vitamin K supplementation during pregnancy needs to be comprehensive. In this review, we will focus on the following two issues.

1. Vitamin K supplementation during pregnancy for preventing haemorrhage in newborns of women with epilepsy (WWE) taking antiepileptic drugs (AEDs): Newborns of WWE taking AEDs may have increased risk of haemorrhage. Recent studies suggest that prenatal vitamin K supplementation may reduce the risk of haemorrhage in those newborns.[1-3]
2. Vitamin K supplementation during pregnancy for maintaining maternal bone status: In other population groups including post-menopausal women, there is increasing evidence on the effect of vitamin K supplementation on improving bone mineral density and subsequent fracture prevention.[4] As pregnancy is the period in which women are exposed to decrease in bone mineral status[5], vitamin K supplementation may play a role in controlling the problem.

We will exclude vitamin K prior to preterm birth for preventing neonatal periventricular haemorrhage[6], and vitamin K for treating hyperemesis gravidarum, both of which have been already either systematically reviewed or title registered in Cochrane Library.

References

1. Harden CL, Pennell PB, Koppel BS, Hovinga CA, Gidal B, Meador KJ, Hopp J, Ting TY, Hauser WA, Thurman D, Kaplan PW, Robinson JN, French JA, Wiebe S, Wilner AN, Vazquez B, Holmes L, Krumholz A, Finnell R, Shafer PO, Le Guen CL. Management issues for women with epilepsy-Focus on pregnancy

(an evidence-based review): III. Vitamin K, folic acid, blood levels, and breast-feeding. Report of the Quality Standards Subcommittee and Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the American Epilepsy Society. *Epilepsia* 2009;**50**(5):1247-55.
2. Kaaja E, Kaaja R, Matila R, Hiilesmaa V. Enzyme-inducing antiepileptic drugs in pregnancy and the risk of bleeding in the neonate. *Neurology* 2002;**58**:549-53.
3. Choulika S, Grabowski E, Holmes LB. Is antenatal vitamin K prophylaxis needed for pregnant women taking anticonvulsants? *Am J Obstet Gynecol* 2004;*190*:882-3.
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5. Olausson H, Laskey MA, Goldberg GR, Prentice A. Change in bone mineral status and bone size during pregnancy and the influence of body weight and calcium intake. Am J Clin Nutr 2008;88:1032-9.
6. Crowther CA, Crosby DD, Henderson-Smart DJ. Vitamin K prior to preterm birth for preventing neonatal periventricular haemorrhage. *CochraneDatabase of Systematic Reviews* 2010, Issue 1. Art.No.:CD000229.DOI: 10.1002/14651858.CD000229.pub2.

Description of proposal

(a) Objective

The objective of this review is to assess the effect of vitamin K supplementation during pregnancy for improving outcomes.

(b) Rationale for review

Recent studies have suggested that the vitamin K supplementation during pregnancy may reduce the risk of haemorrhage in newborns of WWE taking AEDs. [1-3]

Vitamin K is a cofactor for carboxylation of glutamate residues on certain bone vitamin K-dependent proteins, notably osteocalcin. Low plasma concentrations of vitamin K are associated with lower bone mineral density (BMD) and increased risk of fractures.[4] Cochrane systematic review of vitamin K for the prevention and treatment of osteoporosis in post-menopausal women is currently undertaken.[5] In the light of this, systematic review of vitamin K supplementation during pregnancy should be conducted comprehensively.

(c) Types of study

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions. (http://www.cochrane.org/cochrane/handbook/hbook.htm)

This review will include randomized controlled trials and quasi-randomized trials. Observational studies and cross-over trials will be excluded.

(d) Participants

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

Participants of this review will be pregnant women in any stage of their pregnancy and their infants. Subgroup analysis will be conducted by women with epilepsy who take AEDs.

(e) Interventions and specific comparisons to be made

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

The intervention group will be pregnant women who have received prenatal vitamin K supplementation, regardless of the dosage, frequency, duration and timing of delivery. The comparison groups will be pregnant women who have received a placebo or no treatment.

(f) Outcomes

See section 4.5 of the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane.org/cochrane/handbook/hbook.htm)

1) Vitamin K supplementation for preventing haemorrhage in newborns of WWE taking AEDs: Primary outcome will be neonatal haemorrhage (dichotomous).

2) Vitamin K supplementation for maintaining bone status in mothers: Primary outcomes will be BMD defined by authors in primary studies, including dual energy X-ray absorptiometry (DXA), QUS and CT. Secondary outcomes will be bone biochemical markers, including serum undercarboxylated osteocalcin and total osteocalcin, Collagen Type-I C-Telopeptide (CTX), N-telopeptide of type I collagen (NTX) and bone specific alkaline phosphatase.
3) Any adverse outcomes reported in these studies will be summarized.

(g) Other information relevant to this proposal

We will exclude vitamin K prior to preterm birth for preventing neonatal periventricular haemorrhage, and vitamin K for treating hyperemesis gravidarum.

Reference

1. Harden CL, Pennell PB, Koppel BS, Hovinga CA, Gidal B, Meador KJ, Hopp J, Ting TY, Hauser WA, Thurman D, Kaplan PW, Robinson JN, French JA, Wiebe S, Wilner AN, Vazquez B, Holmes L, Krumholz A, Finnell R, Shafer PO, Le Guen CL. Management issues for women with epilepsy-Focus on pregnancy (an evidence-based review): III. Vitamin K, folic acid, blood levels, and breast-feeding. Report of the Quality Standards Subcommittee and Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the American Epilepsy Society. *Epilepsia* 2009;**50**(5):1247-55.
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Review author team and area of expertise

	Name	**Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)*
Contact person:	Rintaro Mori	Background: Neonatology, Epidemiology Skills: Content, Methodology
Author(s) :	Kenji Shibuya	Background: Epidemiology, Biostatistics Skills: Methodology
	Yukari, Yaju	Background: Pharmacy, Pharmacoepidemiology Skills: Content, Methodology
	Sueko Matsumura	Background: Pharmacy Skills: Methodology

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?

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See http://www.cochrane.org/docs/commercialsponsorship.htm

Yes ☐ No ☒

If 'yes', what are they?

N/A

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.

No

Has the review already been carried out or published?

No

If yes, where has it been published?

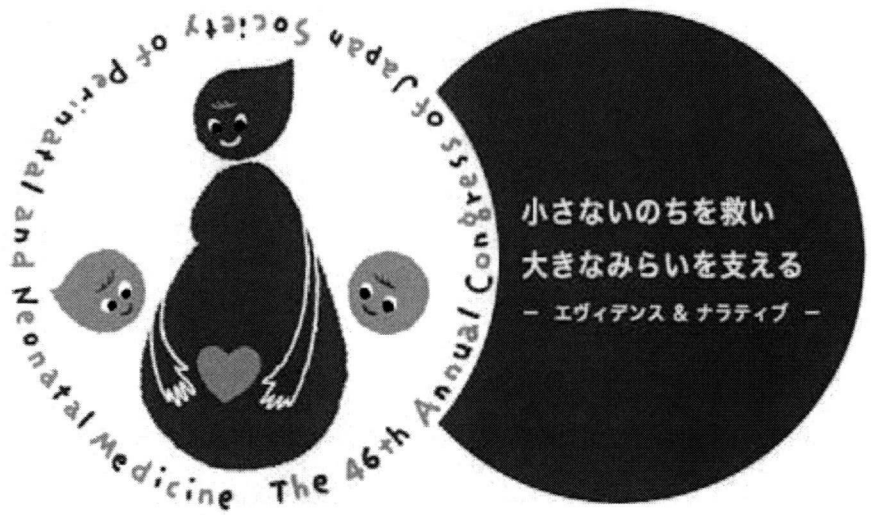
N/A

添付資料 8

第 46 回日本周産期新生児学会シンポジウム

地球規模周産期保健の現状と課題

シンポジスト一覧 / 抄録



会 期：2010年7月11日(日)～13日(火)
会 場：神戸国際会議場
会 長：窪田昭男 (大阪府立母子保健総合医療センター小児外科部長)

第 46 回日本周産期新生児学会シンポジウム

地球規模周産期保健の現状と課題

シンポジスト一覧

シンポジウム８　　13 日　9:00～11:00

国際会議室（English）

Global Health: Challenges and Opportunities

Chairperson：Prof. Kenji Shibuya (Department of Global Health Policy, University of Tokyo)

1. Japan's new global health strategy 2010-2015: Our commitment to achieve MDG4 and 5 (10min)
   Dr. Sayako Kanamori (Global Issues Cooperation Division, International Cooperation Bureau, Ministry of Foreign Affairs of Japan)
2. International cooperation activities conducted by the Ministry of Health, Labour and Welfare (10min)　Dr. Yoriko Nishizawa (International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare of Japan)
3. Perinatal health in Bangladesh (15 min)
   Prof. Azad Chowdhury (Department of Neonatology, Dhaka Children Hospital, Bangladesh)
4. Global strategy to tackle MDG4 and 5: are we achieving the results? (15 min)
   Dr. Rintaro Mori (Department of Global Health Policy, University of Tokyo)
5. Global perinatal health: now and future (15 min)
   Prof. Pisake Lumbiganon (Department of Obstetrics and Gynecology, Khon Kaen University, Thailand)
6. *To be confirmed* (15 min)
   Prof Zulfi Bhutta (Division of Women & Child Health, The Aga Khan University, Pakistan)
7. Discussion

Japan's new global health strategy 2010-2015:
Our commitment to achieve MDG4/5

Abstract

With only five years left until the 2015 deadline to achieve the MDGs, the growing attention has been paid to maternal, newborn and child health. In fact, G8 Presidency Canada seized the opportunity of this year's G8 summit to champion a major initiative to improve the health of women and children. The United Nations High-level Plenary Meeting on the MDGs in September is also an important venue for these issues to be highlighted as all global leaders will meet to review progress on the MDGs, including the goals on maternal and child health being some of the most off-track.

In line with such a global momentum, Japan contemplates the launch of a new global health initiative for 2010-2015 in light of these important events. This new global health initiative will focus on achieving the MDGs, particularly MDG 4 and 5, and pursue the strengthening of health systems through the concept of human security with the three principles of partnership, ownership, and accountability. Meanwhile, the essence of this new global health initiative is to address the bottlenecks impeding progress on maternal, newborn and child health, as well as to promote a package of effective interventions at various levels. It also includes the formulation of an innovative strategy to bridge community- and facility-based care. In particular, Japan will work to improve global health by: 1) promoting evidence-based global health policy and assistance; 2) establishing effective metrics and relevant monitoring and evaluation mechanisms for accountability; and 3) strengthening Japan's global health architecture and communication strategies. This will trigger a substantial shift away from the exclusive focus on fragmented individual projects to the integrated scheme-mixed programs.

Japan has achieved one of the lowest maternal and perinatal mortalities in the world. It is time to deliberate how to tap into our knowledge and resources for the international goal of reaching MDG 4 and 5. Japan, together with other partners, will take its next step in moving into action to transform such a robust initiative with Japan's core competencies into results on the ground.