For Best Practices in Health
CDBPS-H
Pour des Bonnes Pratiques en Santé

International Women's day
– 2016 –
Journée Internationale de la Femme

Every 8th March is dedicated to celebrate the International Women's day. What are their majors' health issues nowadays? We are all concerned. It is within this framework that the Centre for the Development of health Best Practices in Health, is proposing this booklet of systematic review plain language (English and French) summaries on maternal health, and management of women's chronic diseases.

Happy women's day

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1. Impact of offering incentives in exchange for attending prenatal care visits on maternal and neonatal health outcomes

Getting care from a provider during a woman's pregnancy is important to try to ensure the best pregnancy outcomes. Early and regular prenatal care can increase the chances of having a healthy baby. However, many women begin prenatal care late in the pregnancy or do not attend all of their scheduled visits. This can make it difficult for providers to help avert problems in pregnancy. In an effort to encourage pregnant women to begin prenatal care early in the pregnancy and to attend all of their visits, some health systems and providers offer incentives to patients to attend prenatal care. These incentives may be monetary, items such as coupons or car seats, or may be for services.

This review's objective was to find out if offering incentives is an effective way to improve the beginning of prenatal care early in pregnancy and the attendance at all scheduled prenatal visits. We searched for trials on 31 January 2015 and found a total of five trials, involving 11,935 pregnancies, but only 1893 pregnancies contributed data towards this review. Overall, the trials were at a moderate risk of bias. Incentives in these studies included cash, gift card, baby carrier, baby blanket and taxicab voucher.

The studies found did not report on the main outcomes that we wanted to evaluate in this review: preterm delivery, small babies, or deaths of the babies.

One study found that women receiving incentives were more likely to attend frequent prenatal visits during their pregnancy. One study indicated that women who received incentives were more likely to obtain adequate quality prenatal care defined as undergoing a certain number of procedures such as testing blood sugar or blood pressure, vaccinations and counseling about breastfeeding and birth control. One study found that women who received incentives were no more likely to begin prenatal care early in pregnancy. One study found that women receiving incentives were somewhat more likely to be delivered by cesarean section. There were two studies that examined likelihood of returning for postpartum care after delivery and their combined results indicated that women who received incentives were no more likely to return for postpartum care - these two studies had different results. In one of the studies, women who received non-cash incentives were more likely to return for postpartum care than those who did not receive incentive. Whereas, in other study, women who received cash incentives were less likely to return for postpartum care than those who did not receive incentive.

Overall, the included studies were of moderate risk of bias. Three of the studies adequately described the process of selecting and randomizing women, while two of the studies did not describe this process in detail. All of the studies allowed pregnant women to know whether they were in the treatment group or placebo group. Four of the studies allowed those assessing outcomes to know whether women were in the treatment group or placebo group. All five studies reported results completely and disclosed incomplete data or number of participants who dropped out of the study. Two of the studies reported or analyzed results in a manner different from how they originally planned, while the other three reported results consistent with their plan. No other sources of bias were found. Two of the five studies which accounted for the majority of women in this review were conducted in rural, low-income, overwhelmingly Hispanic communities in Central America. Therefore, the findings of this review may not accurately predict what would happen if similar studies were performed in developed countries with more ethnic and economic diversity. There is a need for more, high-quality studies to evaluate the impact of offering incentives to pregnant women for attending prenatal care visits and the effects of this on the health and wellbeing of the mother and her baby.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009916.pub2/epdf

2. Iron supplements for children living in malaria-endemic countries

Why the review is important

Children living in malarial areas commonly develop anaemia. Long-term anaemia is thought to delay a child's development and make children more likely to get infections. In areas where anaemia is common, health providers may give iron to prevent anaemia, but there is a concern amongst researchers that this may increase the risk of malaria. It is thought that the iron tablets will increase iron levels in the blood, and this will promote the growth of the *Plasmodium* parasite that causes malaria. We aimed to assess the effects of oral iron supplementation in children living in countries where malaria is common.

Main findings of the review

Cochrane researchers searched the available evidence up to 30 August 2015 and included 35 trials (31,955 children). Iron did not increase the risk of malaria, indicated by fever and the presence of parasites in the blood (*high quality evidence*). There was no increased risk of death among children treated with iron, although the quality of the evidence for this was low. Among children treated with iron, there was no increased risk of severe malaria (*high quality evidence*). Although it is hypothesized that iron supplementation might harm children who do not have anaemia living in malarial areas, there is probably no increased risk for malaria in these children (*moderate quality evidence*). In areas where health services are sufficient to help prevent and treat malaria, giving iron supplements (with or without folic acid) may reduce clinical malaria. In areas where these services are not available, iron supplementation (with or without folic acid) may increase the number of children with clinical malaria (*low quality evidence*). Overall, iron resulted in fewer anaemic children at follow up, and the end average change in haemoglobin from base line was higher with iron.

Conclusions

Our conclusions are that iron supplementation does not adversely affect children living in malaria-endemic areas. Based on our review, routine iron supplementation should not be withheld from children living in countries where malaria is prevalent and malaria management services are available.

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3. Effect of high feedback versus low feedback of prenatal ultrasound on maternal anxiety and health behaviour in pregnancy.

Ultrasound is a routine part of prenatal care offered to pregnant women in most countries with developed health services. It is used during prenatal care to help achieve a healthy mother and child. Pregnant women want reassurance and to check that all is normal by verifying fetal life and growth and to exclude fetal abnormalities. The parents are given immediate access to the images of the fetus, which may promote maternal attachment and positive attitudes toward health during the pregnancy. The obstetricians can identify high-risk conditions including multiple pregnancy, abnormalities of amniotic fluid volume and the placenta, fetal anomalies and growth restriction. During high-feedback ultrasound scans, women can see the screen and they receive detailed explanations of the images. In low-feedback ultrasound scans, only the operator can see the screen and the women are told the results at the end of the scan. High feedback might reduce pregnancy anxiety but it can impact both ways, not only adding excessive stress on the pregnant women and their partners but also on the physicians, especially when there is the possibility of an abnormal finding. We carried out this systematic review to compare high feedback versus low feedback during prenatal ultrasound for reducing maternal anxiety and improving maternal health behaviour and other pregnancy outcomes.

We included four studies involving 365 women. High or low feedback of prenatal ultrasound to reduce women's state of anxiety is not supported by evidence from the three randomised controlled trials,

involving 346 pregnant women, that looked at this outcome (*low-quality evidence*). Two trials with a total of 148 women reported on the women's views on the level of feedback. The women in the high feedback groups were not clearly more likely to choose very positive adjectives to describe their feelings after the scan. One trial with 129 participants reported that women who had high feedback during ultrasound were more likely to stop smoking and avoid alcohol during pregnancy. The trials were reported on between 1985 and 1996.

4. ***Comparaison de l'échographie prénatale avec informations complètes ou partielles pour réduire l'anxiété maternelle et améliorer les comportements de santé de la mère pendant la grossesse.***

L'échographie fait partie des examens prénataux de routine proposés aux femmes enceintes dans la plupart des pays dotés de services de santé développés. Elle est incluse dans les soins prénataux pour améliorer les résultats de santé de la mère et de l'enfant. Les femmes enceintes ont besoin d'être rassurées et d'avoir l'assurance que tout est normal en vérifiant que le fœtus est en vie, que sa croissance est normale et en excluant toute anomalie fœtale. Les parents visualisent immédiatement les images du fœtus, ce qui favorise l'attachement maternel et un comportement de santé positif pendant la grossesse. Les obstétriciens peuvent identifier les situations à haut risque, notamment les grossesses multiples, les anomalies du volume du liquide amniotique et du placenta, les anomalies du fœtus et les retards de croissance. Pendant une échographie avec informations complètes, la femme peut voir l'écran et avoir des explications détaillées des images. Pendant une échographie avec informations partielles, seul l'opérateur voit l'écran ; la femme obtient les résultats à la fin de l'échographie. L'échographie avec informations complètes peut réduire l'anxiété de la femme enceinte, mais peut également avoir l'effet inverse ; elle peut, en effet, renforcer le stress de la future mère et de son partenaire, mais également celui du médecin, en particulier en cas de détection d'une anomalie. Nous avons réalisé cette revue systématique pour comparer une échographie prénatale avec informations complètes ou partielles pour réduire l'anxiété maternelle et améliorer les comportements de santé de la mère et les autres résultats de santé de la grossesse.

Nous avons inclus dans la revue quatre études portant sur 365 femmes. Les trois essais contrôlés randomisés totalisant 346 femmes enceintes qui ont examiné ce critère ne fournissent aucune preuve d'un effet de l'échographie prénatale avec informations complètes ou partielles sur l'état d'anxiété de la future mère (preuves de faible qualité). Deux essais portant sur 148 femmes donnent le point de vue de ces dernières sur le niveau du retour d'information. Les femmes ayant bénéficié d'informations complètes n'étaient pas clairement plus susceptibles de choisir des adjectifs très positifs pour décrire leurs sentiments après l'échographie. Un essai sur 129 femmes rapporte que les femmes ayant bénéficié d'informations complètes pendant l'échographie étaient plus susceptibles d'arrêter de fumer et de consommer de l'alcool pendant leur grossesse. Les études ont été rapportées entre 1985 et 1996.

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5. Vaccines for women to prevent tetanus in newborn babies

Review question: Our review evaluated the existing evidence on immunization with tetanus toxoid in women of reproductive age for the prevention of tetanus and death in newborn babies and to determine whether serious harms are associated with tetanus toxoid exposure.

Background: Tetanus in newborn babies is an infection causing rigidity, muscle spasm and often death. It is quite common in low-income countries, as a result of insufficient protection being passed from the mother to her baby during the pregnancy, together with infection entering into the baby when the umbilical cord is cut using contaminated instruments.

Study characteristics: The evidence is current to January 2015, the review includes three trials. Two assessed the effectiveness of vaccinating women of reproductive age (9823 infants): one (1182 newborns) assessed the effects of tetanus toxoid against polyvalent influenza in preventing tetanus and deaths within the 30th day of life; the other (8641 newborns) assessed the effects of tetanus-diphtheria toxoid against cholera toxoid administered in women of reproductive age in preventing newborn deaths. The third trial (48 women and their newborns) assessed the safety of tetanus toxoid diphtheria acellular pertussis vaccine (Tdap) administration during pregnancy in comparison with placebo.

Key results and quality of the evidence:

A protective effect against deaths caused by tetanus was observed among the newborns from mothers who received at least two doses of the tetanus toxoid vaccine when compared with newborns from mothers who were immunised with influenza vaccine. A similar protective effect was seen with at least two doses of the tetanus vaccine against newborn deaths. Cases of tetanus were less frequent among newborns from women who received at least one dose of tetanus toxoid. This evidence was of moderate quality. In the second trial immunisation of women of reproductive age with tetanus diphtheria toxoid had a greater protective effect against newborn deaths than did cholera vaccine. The quality of the evidence was low for this outcome. In the third study no serious adverse events (during pregnancy or in babies) were related to the receiving of Tdap vaccine. The women experienced more pain with the vaccine injection than with the placebo. The available evidence supports the implementation of immunisation programs for women of reproductive age or pregnant women in communities with similar, or higher, levels of risk of tetanus in newborn babies as at the two study sites.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002959.pub4/epdf

6. The effect of taking antimalarial drugs routinely to prevent malaria in pregnancy

Pregnancy increases the risk of malaria and this is associated with poor health outcomes for both the mother and the infant, especially during the first or second pregnancy. For this reason, women are encouraged to try and prevent malaria infection during pregnancy by sleeping under mosquito bed-nets, and by taking drugs effective against malaria throughout pregnancy as chemoprevention.

This Cochrane Review looked at all drug regimens compared to placebo. The review authors sought to summarise and quantify the overall effects of chemoprevention. Seventeen trials were included, all conducted between 1957 and 2008, and all but two in countries of Africa.

For women in their first or second pregnancy, malaria chemoprevention prevents moderate to severe anaemia (*high quality evidence*); and prevents malaria parasites being detected in the blood (*high quality evidence*). It may also prevent malaria illness. We don't know if it prevents maternal deaths, as this would require very large studies to detect an effect.

In their infants, malaria chemoprevention improves the average birthweight (*moderate quality evidence*), and reduces the number of low birthweight infants (*moderate quality evidence*). We are not sure if chemoprevention reduces mortality of babies in the first week, month and year, as again studies would need to be very large to show these effects.

Effet de la prise courante de médicaments antipaludéens pour prévenir le paludisme pendant la grossesse

La grossesse augmente le risque de paludisme, et avec lui une mauvaise santé pour la mère et l'enfant, en particulier au cours de la première ou deuxième grossesse. Pour cette raison, les femmes sont encouragées à tenter de prévenir l'infection paludéenne pendant la grossesse en dormant sous une moustiquaire et en prenant des médicaments efficaces contre le paludisme pendant la grossesse à titre de chimioprévention.

Cette revue Cochrane a examiné tous les schémas thérapeutiques par rapport à un placebo. Les auteurs de l'analyse ont cherché à résumer et quantifier les effets globaux de la chimioprévention. Dix-sept essais ont été inclus, tous menés entre 1957 et 2008, et tous sauf deux dans des pays d'Afrique.

Pour les femmes en cours de première ou deuxième grossesse, la chimioprévention du paludisme empêche l'anémie modérée à sévère (preuves de haute qualité) ainsi que la détection du parasite causant le paludisme dans le sang (preuves de haute qualité). Elle peut également prévenir l'apparition du paludisme. Nous ne savons pas si elle empêche les décès maternels, car il faudrait de très grandes études pour détecter un effet sur ce paramètre.

Chez les nourrissons de ces femmes, la chimioprévention du paludisme améliore le poids de naissance moyen (preuves de qualité moyenne) et réduit le nombre de nourrissons hypotrophiques à la naissance (preuves de qualité moyenne). Nous ne sommes pas certains que la chimioprévention réduise la mortalité infantile au cours de la première semaine, du premier mois et de la première année, car il faudrait, ici aussi, des études très vastes pour démontrer un tel effet.

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7. Use of psychological interventions in women diagnosed and under treatment for non-metastatic breast cancer

Review question

We reviewed the evidence for the effect of psychological interventions on the psychological impact, quality of life and survival among women with non-metastatic breast cancer (that is cancer that has not spread beyond the breast).

Background

Breast cancer is the most common cancer affecting women worldwide. Being a distressing diagnosis, considerable research has examined the psychological consequences of being diagnosed and treated for breast cancer. Breast cancer diagnosis and treatment can cause depression and anxiety and reduce quality of life. As a result, various psychological interventions have been utilised to help address the psychological distress experienced after a diagnosis of breast cancer.

Study characteristics

The evidence was current to May 2013. An intervention could be delivered in a group setting (group intervention), as one to one contact between a therapist and a patient (individual intervention) or in the form of couple therapy where the patient and her spouse attends the therapy sessions (couple intervention). The control group could receive educational leaflets or have access to seminars or relaxation classes. A comprehensive search of the literature was conducted and 28 studies comprising 3940 participants were included. The majority (24 out of 28 studies) of interventions were based on cognitive behavioural therapy, which involves changing a person's thoughts and behaviour. Four studies used psychotherapy as the intervention. Generally, the methods for assessing outcomes (such as anxiety, depression, quality of life) after the intervention and the timing of these assessments were not uniform across studies.

Key results

Women who received cognitive behavioural therapy showed important reductions in anxiety, depression and mood disturbance, especially when it was delivered to groups of women. An improvement in quality of life was observed when women received individual cognitive behavioural therapy compared to the control group. The effects on survival were uncertain because the results were imprecise.

The four psychotherapy studies reported limited information for each outcome. Therefore no firm conclusion could be made about the efficacy of psychotherapy.

Adverse events were not reported in any of the included studies.

Further research should aim to provide evidence for people to make informed decisions about whether the effects of these treatments are sustainable after discontinuation of the therapy.

Quality of the evidence

The quality of evidence ranged from very low quality (for example for quality of life, individually delivered intervention) to moderate quality evidence (for mood disturbance). The interventions varied between studies as did the methods and timing of outcome measures and treatment received within the control groups.

Utilisation d'interventions psychologiques chez les femmes diagnostiquées et sous traitement pour un cancer du sein non métastasique

Problématique de la revue

Nous avons examiné les éléments de preuve concernant l'effet des interventions psychologiques sur l'impact psychologique, la qualité de vie et la survie chez les femmes atteintes d'un cancer du sein non métastasique (qui ne s'est pas propagé au-delà du sein).

Contexte

Le cancer du sein est le premier cancer chez les femmes partout dans le monde. S'agissant d'un diagnostic éprouvant, des recherches considérables ont été consacrées aux conséquences psychologiques du diagnostic et du traitement d'un cancer du sein. Ces deux facteurs peuvent provoquer de la dépression et de l'anxiété, et réduire la qualité de vie. En conséquence, diverses interventions psychologiques sont utilisées pour aider les patientes à faire face à la détresse psychologique ressentie après un diagnostic de cancer du sein.

Caractéristiques des études

Les données sont à jour en mai 2013. Les interventions pouvaient être menées dans un cadre de groupe (intervention de groupe), en contact individuel entre le thérapeute et la patiente (intervention individuelle) ou sous forme d'une thérapie de couple, dans laquelle la patiente et son partenaire participaient aux séances de thérapie (intervention de couple). Le groupe témoin pouvait recevoir des brochures éducatives ou avoir accès à des séminaires ou des cours de relaxation. Une recherche exhaustive de la littérature a été effectuée et 28 études comprenant 3 940 participantes ont été incluses. La majorité (24 études sur 28) des interventions étaient basées sur la thérapie cognitivo-comportementale, qui consiste à modifier les pensées et le comportement de la personne. Quatre études utilisaient la psychothérapie à titre d'intervention. Dans l'ensemble, les méthodes d'évaluation des critères de jugement (tels que l'anxiété, la dépression, la qualité de vie) après l'intervention et le moment de ces évaluations différaient entre les études.

Principaux résultats

Chez les femmes ayant reçu une thérapie cognitivo-comportementale, d'importantes réductions ont été constatées dans l'anxiété, la dépression et les troubles de l'humeur, particulièrement lorsque la thérapie était administrée en groupe. Une amélioration de la qualité de vie a été observée chez les femmes recevant une thérapie cognitivo-comportementale individuelle en comparaison avec le groupe témoin. Les effets sur la survie étaient incertains car les résultats étaient imprécis.

Les quatre études sur la psychothérapie ont rapporté des informations limitées pour chaque critère de jugement. Par conséquent, aucune conclusion définitive n'a pu être émise concernant l'efficacité de la psychothérapie.

Aucune des études incluses ne rapportait d'événements indésirables.

Les recherches futures devraient avoir pour l'objectif de fournir des éléments de preuve permettant de prendre des décisions éclairées sur la persistance des effets de ces traitements après l'arrêt du traitement.

Qualité des preuves

La qualité des preuves allait de très faible (par exemple sur la qualité de vie, pour l'intervention individuelle) à modérée (sur les troubles de l'humeur). Les interventions variaient entre les études, de même que les méthodes et le moment des mesures de résultats, ainsi que le traitement reçu par les groupes témoins.

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8. Use of progesterone or progestogen-releasing intrauterine systems for heavy menstrual bleeding

Review question: This Cochrane review has evaluated whether the levonorgestrel–releasing intrauterine system (LNG IUS) reduces heavy menstrual bleeding and whether it is safe and acceptable.

Background: Heavy or excessive menstrual bleeding is a common problem in women before they reach the menopause. Women who feel that their menstrual bleeding is excessive will have reduced quality of life and are likely to seek medical help. A wide variety of treatments, of variable effectiveness, are available for women with heavy bleeding. These include oral tablets, such as non steroidal anti-inflammatory drugs, anti-fibrinolytic drugs, the contraceptive pill and drugs containing progestogen. Surgery, either hysterectomy (removal of the womb) or endometrial ablation (removal of the inner lining of the womb) are also commonly used, often when drug treatments are ineffective. A less invasive alternative to these options is the progestogen-releasing intrauterine system, a device placed inside the womb, which regularly delivers small amounts of progestogen and can also be used for contraception.

Study characteristics: This review contains 21 RCTs conducted up to July 2014 that included 2082 participants with heavy menstrual bleeding. Evidence obtained is current to January 2015.

Key results: Almost all the studies assessed the effects of the LNG IUS and conclusions refer only to this device. The LNG IUS was more effective in reducing heavy menstrual bleeding and improving quality of life than oral medication. Satisfaction with treatment was not assessed in enough trials to know whether this was better with LNG IUS. The evidence suggested that the LNG IUS and techniques used to remove the inner lining of the womb were similarly effective at reducing heavy menstrual bleeding and improving quality of life and satisfaction and the two treatments had similar failure rates. The LNG IUS caused higher rates of some side effects, such as breast tenderness, bloating, weight gain and ovarian cysts, but this did not seem to cause women to stop taking their treatment. The LNG IUS was not as effective as hysterectomy in reducing menstrual blood loss but improvements in quality of life were similar. Although many women trying the LNG IUS eventually went on to have a hysterectomy for their heavy menstrual bleeding, the LNG IUS appeared to have lower overall costs than either endometrial ablation or hysterectomy.

Quality of the evidence: Many of the trials in this review were small (<100 participants) and some were at high risk of bias. Ratings for the overall quality of the evidence for each comparison ranged from very low to high. Limitations in the evidence included inadequate reporting of study methods and inconsistency. One large trial compared the LNG IUS with hysterectomy over a 10-year period and a number of other trials made assessments two years after starting treatment, so we have some information on the long-term effects of treatments. Future research needs to measure satisfaction.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002126.pub3/epdf

9. Interventions aimed at communities for informing and/or educating about early childhood vaccination

Researchers in The Cochrane Collaboration conducted a review of the effect of informing or educating members of the community about early childhood vaccination. After searching for all relevant studies, they found two studies, published in 2007 and 2009. Their findings are summarised below.

What are interventions aimed at communities for childhood immunisation?

Childhood vaccinations can prevent illness and death, but many children do not get vaccinated. There are a number of reasons for this. One reason may be that families lack knowledge about the diseases that vaccines can prevent, how vaccinations work, or how, where or when to get their children vaccinated. People may also have concerns (or may be misinformed) about the benefits and harms of different vaccines.

Giving people information or education so that they can make informed decisions about their health is an important part of all health systems. Vaccine information and education aims to increase people's knowledge of and change their attitudes to vaccines and the diseases that these vaccines can prevent. Vaccine information or education is often given face-to-face to individual parents, for instance during home visits or at the clinic. Another Cochrane Review assessed the impact of this sort of information. But this information can also be given to larger groups in the community, for instance at public meetings and women's clubs, through television or radio programmes, or through posters and leaflets. In this review, we have looked at information or education that targeted whole communities rather than individual parents or caregivers.

The review found two studies. The first study took place in India. Here, families, teachers, children and village leaders were encouraged to attend information meetings where they were given information about childhood vaccination and could ask questions. Posters and leaflets were also distributed in the community. The second study was from Pakistan. Here, people who were considered to be trusted in the community were invited to meetings where they discussed the current rates of vaccine coverage in their community and the costs and benefits of childhood vaccination. They were also asked to develop local action plans, to share the information they had been given and continue the discussions with households in their communities.

What happens when members of the community are informed or educated about vaccines?
The studies showed that community-based information or education:
- may improve knowledge of vaccines or vaccine-preventable diseases;
- Probably increases the number of children who get vaccinated (both the study in India and the study in Pakistan showed that there is probably an increase in the number of vaccinated children);
- may make little or no difference to the involvement of mothers in decision-making about vaccination;
- may change attitudes in favour of vaccination among parents with young children;

We assessed all of this evidence to be of low or moderate certainty.
The studies did not assess whether this type of information or education led to better knowledge among participants about vaccine service delivery or increased their confidence in the decision made. Nor did the studies assess how much this information and education cost or whether it led to any unintended harms.

Interventions à destination des communautés visant à informer et/ou éduquer sur la vaccination dans la petite enfance

Des chercheurs de la Collaboration Cochrane ont effectué une revue sur les effets de l'information ou de l'éducation communautaire sur la vaccination dans la petite enfance. Après avoir cherché toutes les études pertinentes, ils ont trouvé deux études, publiées en 2007 et 2009. Leurs résultats sont résumés ci-après.

Qu'est-ce que les interventions à destination des communautés sur la vaccination des enfants ?

Bien que les vaccinations dans l'enfance puissent prévenir maladies et décès, de nombreux enfants ne sont pas vaccinés. Il existe un certain nombre de raisons à cela. L'une des raisons peut être que les familles manquent de connaissances sur les maladies que les vaccins peuvent prévenir ou ne savent pas comment se passent les vaccinations ou comment, où et quand faire vacciner leurs enfants. Les gens peuvent aussi s'interroger (ou être mal informés) sur les bénéfices et les risques de différents vaccins.

Informer ou éduquer les gens afin qu'ils puissent prendre des décisions éclairées au sujet de leur santé est une composante importante de tous les systèmes de santé. L'information et l'éducation sur la vaccination visent à accroître les connaissances des gens et à les faire changer d'attitude à propos des vaccins et des maladies que ces vaccins peuvent prévenir. Ces informations sont souvent données lors d'entretiens personnels avec les parents, par exemple lors de visites à domicile ou au centre médical. Une autre revue Cochrane a évalué l'impact de ce genre d'informations. L'information peut également être donnée à de grands groupes de la population locale, par exemple lors de réunions publiques et dans les clubs de femmes, par le biais d'émissions de télévision ou de radio, d'affiches et de dépliants. Dans cette revue, nous avons examiné l'information ou l'éducation à destination des communautés entières plutôt que des parents ou des soignants.

Nous avons trouvé deux études. La première a été menée en Inde. Des familles, des enseignants, des enfants et des chefs de village ont été invités à assister à des réunions au cours desquelles ils ont reçu des informations à propos de la vaccination des enfants et ont pu poser des questions. Des affiches et des dépliants ont également été distribués dans la communauté. La deuxième étude a été menée au Pakistan. Pour celle-ci, des personnes ayant la confiance de leur communauté ont été invitées à des réunions pour discuter du taux actuel de couverture vaccinale dans celle-ci et des coûts et avantages de la vaccination des enfants. Elles ont également été invitées à élaborer des plans d'action locaux, à partager les informations qu'ils avaient reçues et à poursuivre les discussions avec les familles dans leurs communautés.

Qu'arrive-t-il lorsque les membres de la communauté sont informés ou éduqués sur les vaccins ?

Les études ont montré que l'information ou l'éducation communautaire :

- peut améliorer les connaissances sur les vaccins ou les maladies évitables par la vaccination ;

- augmente probablement le nombre d'enfants vaccinés (l'étude menée en Inde aussi bien que celle menée au Pakistan ont montré une probable augmentation du nombre d'enfants vaccinés) ;

- ne fait peut-être pas beaucoup ou aucune différence quant à l'implication des mères dans la décision de vaccination ;

- peut faire évoluer les attitudes en faveur de la vaccination chez les parents de jeunes enfants.

Nous avons jugé que tous ces éléments de preuve apportaient une certitude faible ou modérée.

Les études n'ont pas évalué si ce type d'information ou d'éducation apportait aux participants de meilleures connaissances des services de vaccination ou augmentait leur confiance dans la décision

prise. Elles n'ont pas non plus évalué le coût de l'information ou de l'éducation ni ses effets inopinés éventuels.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010232.pub2/epdf

10. Education about family planning for women who have just given birth

Counseling about family planning is standard for most women who just gave birth. Few providers and researchers have looked at how well the counseling works. We do not know if postpartum women want to use family planning or whether they will return to a health provider for birth control advice. Women may wish to discuss family planning before they have the baby and after they leave the hospital. Women may also prefer to talk about birth control along with other health issues. In this review, we looked at the effects of educational programs about family planning for women who just had a baby.

Through June 2015, we searched for trials of education about family planning after having a baby. We also wrote to researchers to find other trials. The trials had to study how much the program affected family planning use. The program must have occurred within a month after the birth. We entered the data into RevMan and used the odds ratio to examine effect. We also looked at the quality of the research methods.

We found 12 trials with 4145 women. Eight studies were from the USA and the others were from Australia, Nepal, Pakistan, and Syria. Four trials provided one counseling session before hospital discharge. Of eight studies with more than one contact, five focused on teens. Three of the five had home visiting, one used clinic services, and one had personal and phone contacts. Of three studies with women and teens, two had home visits and one used phone contact.

Six trials had results of moderate quality. In a study with adolescents, the group with home-based mentoring had fewer second births within two years compared to the control group. Of trials with lower quality evidence, two showed some effect. In Nepal, more of the women with some counseling right after delivery may use birth control at six months than those with a session later or none. In Australia, more teens in a special home-visiting program used birth control correctly at six months than those with standard home visits.

We found moderate to low quality results overall. Most of those with some effect were low quality. Better program design and carrying out could make them stronger. Even still, some programs might cost too much for some settings.

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