

evaluate the methodologic quality of the trials they reviewed. These evaluations were based on three criteria: control for bias in treatment allocation, control for bias in losses to follow-up or in exclusion of subjects from the analysis of the results, and blind assessment of outcome. Those trials with the highest ratings are given the most weight. For each treatment and effect analyzed, the outcome is assessed dichotomously (yes or no, present or absent), and the treatment effect is expressed as the odds ratio (experimental vs. control) for obtaining that outcome. Odds ratios (and their 95% confidence intervals) are displayed in both tabular and graphic form, along with a pooled ("typical") odds ratio based on a meta-analysis of the trial-specific odds ratios. (The quality ratings are ignored in the pooling.)

The results of these evaluations are presented in approximately 75 chapters on particular aspects of pregnancy and childbirth care, each chapter with its own author or team of authors who review and synthesize the available evidence based on the methods previously outlined. Despite the multiplicity of authors, with their inevitable variations in style, the majority of the chapters succeed admirably. Of the 21 of these chapters I read in preparing this review, I particularly liked those on ultrasound during pregnancy, management of post-term gestation, fetal monitoring during labor, variations in operative delivery (cesarean section, forceps or vacuum extraction), and the effects of intrapartum care on condition at birth and subsequent cerebral palsy.

The three final chapters form a conclusion to the book, with four appendixes summarizing (in tabular form) those aspects of care that are clearly established as beneficial and should therefore be adopted; those that appear promising but require further evaluation; those whose effects are unknown owing to insufficient evidence; and those for which the evidence—absence of benefit or preponderance of harm—indicates that they should be abandoned.

The editors' emphasis on randomized trials has led to a few notable omissions. Weight gain during pregnancy receives very little discussion, for example, except with respect to its relationship to pre-eclampsia. Women cannot, of course, be randomized to gain different amounts of weight during pregnancy. But as has been reported in a recent review (*Nutrition During Pregnancy*, part 1) by the Institute of Medicine/National Academy of Sciences, a large number of observational (that is, nonexperimental) studies demonstrate rather convincingly that low weight gains are associated with impaired fetal growth and high gains with fetal macrosomia and maternal weight retention

postpartum. Given the remarkable changes in gestational weight gain that have occurred during this century as obstetricians have varied their advice concerning restriction or liberalization, there seems little doubt that care-givers can indeed influence women's weight gain during pregnancy and thereby affect several important pregnancy outcomes.

In the preface, the editors make explicit their focus on evaluating the evidence concerning risks and benefits. But this focus leaves open the question of what practitioners should do when a given treatment is beneficial for one outcome and harmful for another—electronic fetal monitoring, for example, appears to reduce the risk of neonatal seizures but to increase the risk of cesarean section. A brief chapter on how techniques such as decision analysis can be used to help balance risks and benefits would be a welcome addition. The absence of such a chapter is curious, given the presence of one dealing with economic evaluation, where the benefits of treatment are discussed in relationship to their economic costs.

ECPC is clearly oriented toward industrialized, developed-country settings. Although health workers who care for pregnant women in developing countries would undoubtedly learn a great deal from the material contained in the book, they face many issues—pertaining for example to availability and regionalization of prenatal care, training of midwives and other birth attendants, and home vs. institutional delivery—about which there is very little scientific evidence on which to base clinical or public health decisions. A chapter outlining these issues, as well as suggesting priorities for future randomized trials (or other studies), should also be considered for a future edition.

The book is written in a clear, lucid style and is remarkably free of medical or epidemiologic jargon. Its emphasis on mothers' attitudes and preferences and on the social context in which care is provided gives the book a democratic and "caring" flavor that lends a refreshingly human backdrop to its scientific rigor. Despite its length (over 1500 pages in two volumes), *ECPC* should be considered "must" reading by all clinicians who provide care to women during and immediately after pregnancy and childbirth, including obstetricians, family physicians, general practitioners, midwives, and nurses; by perinatal epidemiologists and other researchers; and by public health policy makers. Besides the two main volumes, a 376-page companion volume, *A Guide to ECPC*, summarizes the book's methods and principal conclusions; it is this shorter summary that will probably be most used day to

day by clinicians. But those who wish to see the "raw data" upon which the conclusions are based will need to refer to the larger text. *ECPC* is a remarkable achievement. As is discussed in Archie Cochrane's foreword, the book not only has moved obstetrics from the rear to the forefront of scientifically based clinical disciplines but has charted a course for sister disciplines as well. It will be a hard act to follow.

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