The Cochrane Library. The single most reliable source of evidence in healthcare

The Cochrane Reviews highlighted below are available from the

Cochrane Database of Systematic Reviews (www.thecochranelibrary.com)

Cochrane Reviews are regularly updated as new evidence emerges and in response to feedback,
and the Cochrane Database of Systematic Reviews should always be consulted for the most recent version of the review.

MATERNAL MORTALITY RATES ARE ON THE RISE, BUT MORE ACCURATE ESTIMATES ARE NEEDED

January 4, 2018 - A new Birth analysis has uncovered dramatic increases in the rates of maternal mortality—the death of a mother during pregnancy, childbirth, or post-partum—in Texas in recent years. There was an 87% increase when comparing 2011-2015 data with 2006-2010 data. Some of the increase is likely due to increased overreporting of maternal deaths due to errors in the data collection system, however.

An accompanying commentary discusses the impact of poor reporting of maternal deaths on national and international efforts to prevent maternal deaths. "Simply put, if accurate maternal mortality data are not available, prevention efforts remain scattered and unfocused. . . and more women die," the authors wrote.

"Despite measurement issues, it is clear that the United States maternal mortality rate is considerably higher than in most industrialized countries, and that most of these deaths are preventable," said Dr. Marian MacDorman, lead author of both the study and the commentary. "The problem is in generating the political will to both improve reporting and to improve health care around the time of birth, to save women's lives."

Full citation: MacDorman MF, Declercq E, Thoma ME. Trends in Texas maternal mortality by maternal age, race/ethnicity, and cause of death, 2006-2015. Birth. 2018;00:1-9. https://doi.org/10.111/birt.12330

Copyright © 2018 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd., reproduced with permission.

PAST FALLS CAN HELP PREDICT AN INDIVIDUAL'S RISK OF BONE FRACTURE INDEPENDENT OF OTHER FACTORS

January 3, 2018 - Results from a new study in Journal of Bone and Mineral Research indicate that an individual's history of past falls can help predict their risk of bone fractures, independent of bone mineral density and other clinical factors.

The findings were made in the large Osteoporotic Fractures in Men (MrOS) cohort, comprising 4,365 men in United States, 1,823 in Sweden, and 1,669 in Hong Kong, with an average age ranging from 72.4 to 75.4 years, and average follow-up time from 8.7 to 10.8 years. Even after accounting for results from the Fracture Risk Assessment Tool (FRAX) and/or bone mineral density tests, past falls were associated with a 63%-71% increased risk of a new fracture occurring.

"Whilst the predictive value of falls for future fracture is well-established, these new findings—the result of a successful ongoing collaboration across UK, Sweden, Hong Kong, and the US—inform approaches to clinical fracture risk assessment, demonstrating that the fracture risk associated with prior falls is relevant over and above the risk identified by the current global standard approach of FRAX and bone mineral density," said lead author Prof. Nicholas Harvey, of the MRC Lifecourse Epidemiology Unit, University of Southampton, UK.

Full citation: Harvey, N. C., Odén, A., Orwoll, E., Lapidus, J., Kwok, T., Karlsson, M. K., Rosengren, B. E., Ljunggren, Ö., Cooper, C., McCloskey, E., Kanis, J. A., Ohlsson, C., Mellström, D. and Johansson, H. (2017), Falls Predict Fractures Independently of FRAX Probability: A Meta-Analysis of the Osteoporotic Fractures in Men (MrOS) Study. J Bone Miner Res. doi:10.1002/jbmr.3331

Copyright © 2018 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd., reproduced with permission.