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## EDITORIAL

### Evidence-Based Practice in Pediatric Nursing: The Cochrane Collaboration's 20th Anniversary<sup>1</sup>

The Cochrane Collaboration commemorated its 20th anniversary in 2013. Since its inception the collaboration has been dedicated to providing health care providers, policy makers, and consumers with evidence to make informed decisions about health care. The synthesis work of the group has been particularly helpful in assisting providers to keep track of the increasing amount of published literature. Using rigorous standardized appraisal and analytic methods, it has produced more than 5000 systematic reviews reporting on the effectiveness of diverse health care treatments.

Although the quantitative medical focus has been largely criticized by some nursing scholars, it has opened up initiatives to the nursing community, such as the Cochrane Nursing Care Field, registered in 2009. This initiative aims to increase the use of evidence by nurses, engage nurses in nursing research within the collaboration, and support the latter in providing evidence relevant to nursing. This is extremely important, given that nurses are expected to deliver care based on the best evidence (Long & Brewer, 2011a, 2011b) when they are not always equipped to do so (Maaskant, Knops, Ubbink, & Vermeulen, 2013).

<sup>1</sup> Editor's Note: We are pleased that this issue's editorial is written by an international colleague, Dr. Anne-Sylvie Ramelet of the Institute of Higher Education and Nursing Research at Lausanne University in Switzerland. The topic is timely for pediatric and child health nurses who provide evidence-based care; those who educate the next generation of nurses that provide care to infants, children, youth, and their families; and nurse scientists.

The Cochrane Library contains many systematic reviews that are relevant to pediatric nursing and has a dedicated field to child health. Doing a search limited to full systematic reviews using “nursing and child” as keywords produces 312 reviews. Out of those, 93 were published in the past 5 years. The following presents two examples in the domain of pain and community care.

Pillai Riddell and colleagues (Riddell et al., 2011) examined the efficacy of 13 nonpharmacological interventions (except for sucrose, breast milk, and music) in relieving acute pain in infants and preschool children. A total of 51 randomized controlled trials (RCTs) were included and analyzed. The results of this review demonstrated the effect of the interventions differed according to developmental age. For preterm infants, the largest effect for pain reduction was nonnutritive sucking, kangaroo care, and facilitated tucking. For neonates, nonnutritive sucking and rocking/holding appeared to reduce pain. For older infants, there was insufficient evidence to demonstrate any benefits with any of the included interventions.

A review by Miller et al. (Miller, Maguire, & Macdonald, 2011) examined the effect of home-based parenting programs on child development in socially disadvantaged families. Seven RCTs were included in the review, with results of four studies able to be pooled. The results showed that home-based parenting interventions did not have a positive effect on children's cognitive development.

Systematic reviews are largely considered as a gold standard for evidence to inform practice. Because Cochrane reviews are conducted using rigorous high standard methods, they provide nurses with a powerful tool to make decisions and influence policy makers (Davison, Sochan, & Pretorius, 2010). The Cochrane Collaboration, in that respect, can be congratulated for their contribution to the improvement of pediatric nursing and health care in general.

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