The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

I Evidence obtained from a systematic review of all relevant randomised control trials.

II Evidence obtained from at least one well designed randomised control trial.

III Evidence obtained from well-designed controlled trials without randomisation.

IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series

V Evidence obtained from systematic reviews of descriptive and qualitative studies

VI Evidence obtained from single descriptive and qualitative studies

VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

Melynyk, B. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice (2nd ed.).* Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.

National Health and Medical Research Council (2009). *NHMRC levels of evidence and grades for recommendations for developers of guidelines* (2009). Australian Government: NHMRC. http://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/evidence_statement_form.pdf

OCEBM Levels of Evidence Working Group Oxford (2011).*The Oxford 2011 Levels of Evidence*. Oxford Centre for Evidence-Based Medicine. http://www.cebm.net/index.aspx?o=1025

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Reference: include title, author, journal title, year, volume and issue, pages	Method	Evidence Level	Summary of Recommendation from this reference
Mitchell, E., Freemantle, J., Young, J., & Byard, R. (2012). Scientific consensus forum to review the evidence underpinning the recommendations of the Australian SIDS and Kids Safe Sleeping Health Promotion Programme-October2010. *Journal of Paediatrics and Child Health, 48*, 626-633. Doi: 10.1111/j.1440-1754.2011.02215.x	Review of current observational and interventional trials, for the risk factors for SIDS	II	-Put your baby on the back to sleep -Make sure your baby's head remains uncovered during sleep -Keep your baby smoke free before birth and after -provide a safe sleeping environment night and day, safe cot, safe mattress, safe bedding -place baby in a cot to sleep
American Academy of Pediatrics. (2005). Policy Statement. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment and new variables to Consider in Reducing Risk. *Pediatrics, 116* (5), 1245-1253.	Review of interventional and observational studies.	II	-Back to sleep -Use a firm sleep surface -Keep soft objects out of the infants sleep environment -Do not smoke during pregnancy -avoid infants exposure to second hand smoke -Separate but proximate sleeping environment -consider offering a pacifier at nap time & bed time -avoid overheating
Elder, D., Campbell, A., & Doherty, D. (2005). Prone or supine for infants with chronic lung disease at neonatal discharge? *Journal of Paediatric Child Health,* 41, 180-185	Randomized control trial To determine whether infants with chronic lung disease, ready for neonatal discharge maintain cardio-respiratory stability while sleeping supine.	II	- All preterm infants be placed supine to sleep prior to discharge from the neonatal unit.
Craig, W., Hanlon-Dearman, A., Sinclair, C., Taback, S., & Moffatt, M. (2004).	Systematic Review	I	Elevating the head of the crib in the

Metoclopramide, thickened feedings, and positioning for gastro-oesophageal reflux in children under two years. *Cochrane Database of Systematic Reviews, 2004*. (3). Article CD003502. Retrieved October 7, 2009 from the Cochrane Library Database	To investigate Metoclopramide, positioning & thickened feeds for GOR in infants< 2years.		supine position does not have any effect on GOR.
McArthur, A. (2009). Evidence summary: Pacifier use. The Joanna Briggs Institute. (2009). Retrieved July 28, 2009 from http://www,jbiconnect.org/midwifery/docs/cic/es_html_viewer.php	Evidence summary JBI best practice sheet, WHO evidence guideline & Systematic reviews Of impact of pacifiers on sudden infant death syndrome, breastfeeding, infection & dental malocclusions.	I	- Infants at the age of four weeks to one year old can be given a pacifier while falling asleep for the prevention of Sudden Infant death syndrome. (Grade B)
McArthur, A. (2009). Evidence summary: Positioning of Preterm Infants. The Joanna Briggs Institute. (2009). Retrieved July 28, 2009 from http://www,jbiconnect.org/midwifery/docs/cic/es_html_viewer.php	Evidence Summary: from JBI systematic review 32 cases. Positioning of preterm infants for optimal physiological development.	I	-Preterm infants will benefit from periods in the prone position, but due to the close association with SIDS, it is recommended that these infants have continuous cardio-respiratory and oxygen saturation monitoring. (Grade B).