

PMD	First Author	Title	Year	Study Type	CVD	RF by CQ	Study Origin	Setting	Search Range	Data Sources	Study Eligibility Criteria	Number of Studies	Main Study Objective	Target Population	Patient Characteristics	Interv. Studies (n)	Interv. Study Characteristics	Interv. Type	Specific Intervention Examined	Intervention Results/Conclusions	OB Studies (n)	OB Study Characteristics	Observational Relationship Assessed	Observational Results/Conclusions	Main Reported Findings by Critical Question	Limitations of Studies Reviewed	Quality of SR
11055320	Arborelius E	How to prevent exposure to tobacco smoke among small children: a literature review	2000	SR	None	Q10 (RF13) Q13 (RF13)	Sweden	Clinical	1988-1999	MEDLINE PsychLIT Cochrane Library Sprline Sprline Project Patrx SweMed Article bibliographies	Studies in English and Swedish	NR	Review methods in child healthcare for protecting infants and small children from exposure to tobacco smoke	Other	NR	NR	NR	Behavioral	Smoking cessation intervention in antenatal care Smoking cessation intervention in child healthcare	Interventions based on behavioral strategies, such as self-help manuals with counseling and follow-up, have the greatest effect, leading to a doubling in the number of women who stop smoking during pregnancy  Not yet clear whether nicotine replacement therapy should be used during pregnancy to increase the number of smoke-free women  The child healthcare system should give support to women who have stopped smoking during pregnancy in order to prevent relapses, although there is no clear scientific proof of the efficacy of this strategy  The following interventions had no effects: interventions focusing on information about risk factors; intervention at the time of delivery; intervention focusing on factual information; and interventions involving pediatricians  Interventions to prevent relapse into smoking had minimal effects  The following interventions had demonstrable effects: interventions based on behavioral strategies; interventions geared to the patient's beliefs; interventions to reduce stress; and interventions to strengthen parents' self-efficacy	N/A	N/A	N/A	N/A	Q10: Interventions based on behavioral strategies, such as self-help manuals with counseling and follow-up, have the greatest effect, leading to a doubling in the number of women who stop smoking during pregnancy.  Q13: Decisive factors for children not being exposed to passive smoking are a concentration on strengthening the parents' faith in their ability to create a smoke-free environment and on behavioral strategies to achieve this goal, but not primarily on getting the parents to stop smoking	Comparison across studies is difficult as interventions and target populations may vary	
12821960	Rogers I	The influence of birth weight and intrauterine environment on adiposity and fat distribution in later life	2003	SR	None	Q6 (RF8, RF13)	UK	Don't Know/NR	Since 1966	MEDLINE Article bibliographies	NR	NR	Review the literature on the association between birth weight and BMI and obesity in later life	Pediatric/ Young Adults	NR	N/A	N/A	N/A	N/A	N/A	NR	NR	Birth weight and BMI and obesity in later life	Good evidence that birthweight is positively associated with subsequent BMI and overweight in children and young adults; evidence is less strong for middle-aged subjects  Studies indicate that birthweight is positively associated with lean body mass and negatively associated with relative adiposity, which suggests that the association between birthweight and BMI/lowweight does not necessarily reflect increased adiposity at higher birthweights  On controlling for current body mass, there is reasonably consistent evidence of a negative association between birthweight and a central pattern of fat distribution as measured by central/peripheral skinfold ratios  Association between birthweight and BMI is substantially reduced when controlled for parental BMI	Q6: There is good evidence that there is a positive association between birth weight and subsequent BMI and overweight in young adults and children, although this relation is less clear in middle-age subjects. It is uncertain how far these associations are accounted for by changes in lean body mass rather than fat mass  Association between birthweight and BMI is substantially reduced when controlled for parental BMI	More studies are needed that relate good measures of lean body mass to birthweight, assess the relation of birthweight and ponderosity in middle-age subjects, and use objective measures of fat distribution (e.g., DEXA scans)	