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Infosheet
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Newsletter of **Cochrane Nigeria**, Calabar Institute of Tropical Diseases Research and Prevention, University of Calabar Teaching Hospital, Nigeria.

Effects of antibiotic prophylaxis during labour on maternal and neonatal outcomes in women planning vaginal birth

In 2023, over 260,000 women died during or after pregnancy and childbirth.[1] Approximately 92% of these deaths occurred in low- and middle-income countries where the maternal mortality rate in 2023 was 346 per 100,000 live birth compared to 10 per 100,000 in high income countries.[1] This is still a far cry from the SDG Target (3.1) which aims to reduce global mortality rates to less than 70 per 100 000 live births. Sub-Saharan Africa accounted for 70% of maternal mortality in 2023. Unfortunately, most of these deaths were from preventable causes.

One of the leading causes of maternal deaths is sepsis[2]. According to the World Health Organization, "Maternal sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs during pregnancy, childbirth, post-abortion or the postpartum period."[3] Maternal Sepsis not only has implications for the pregnant woman but could lead to preterm birth or infections in the neonate and ultimately death. Interventions for preventing maternal sepsis include ensuring adequate knowledge of infection prevention and control by health workers, screening and management by trained healthcare workers and the administration of preventative (prophylactic) antibiotics.

A systematic review by Suzuki *et al.*[4] sought to assess the effects of prophylactic antibiotics administered during labour, on maternal and neonatal outcomes for women planning vaginal birth. The researchers searched CENTRAL, MEDLINE, Embase, CINAHL (Cumulative Index to Nursing and Allied Health Literature) databases and two trial registries on 30 July 2024. The review included four large studies (randomized controlled trials) involving over 42,000 women

from ten low- and middle-income countries mostly in Africa and South Asia. All women were at least 28 weeks pregnant, planned to have vaginal births, and had no medical reason to already be on antibiotics. Three of the trials assessed the effectiveness of a single oral dose of azithromycin compared to placebo while the fourth trial assessed a combination of azithromycin and amoxicillin compared to placebo.

The key outcomes of interest to the researchers were incidence of maternal sepsis, maternal mortality, neonatal sepsis, neonatal mortality, wound infection (perineal), adverse effects of antibiotics, and neonatal intensive care unit (NICU) admission. The results of the systematic review found moderate certainty evidence that when compared to placebo, any antibiotics use probably reduces the incidence of maternal sepsis but likely results in little or no difference in maternal mortality. In addition, the results showed high-certainty evidence that any antibiotic use compared to placebo results in little or no difference in neonatal sepsis, neonatal mortality, perineal wound infection or NICU admission.

One of the biggest concerns around routine antibiotic use is antimicrobial resistance (AMR), which today is becoming a growing global public health threat. Only one study in the review examined antimicrobial resistance, and its findings were very uncertain (very-low certainty evidence). It showed short-term increases in antibiotic-resistant bacteria among some women who received antibiotics, but these differences disappeared by 13 months.

References

1. World Health Organization. Factsheet on maternal mortality. [Cited 2025 Dec 19]. Available from: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality#:~:text=Key%20facts,17%25%20(43%20000).
2. Cresswell JA, Alexander M, Chong MYC, Link HM, Pejchinovska M, Gazeley U, Ahmed SMA, Chou D, Moller AB, Simpson D, Alkema L, Villanueva G, Sguassero Y, Tunçalp Ö, Long Q, Xiao S, Say L. Global and regional causes of maternal deaths 2009-20: a WHO systematic analysis. Lancet Glob Health. 2025 Apr;13(4):e626-e634. doi: 10.1016/S2214-109X(24)00560-6. Epub 2025 Mar 8. PMID: 40064189; PMCID: PMC11946934.
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4. Suzuki D, Yamaji N, Nishimura E, Suzuki H, Ishikawa K, Rahman MO, Makama M, Vogel JP, Ota E. Effects of antibiotic prophylaxis during labour on maternal and neonatal outcomes in women planning vaginal birth. Cochrane Database of Systematic Reviews 2025, Issue 8. Art. No.: CD016211. DOI: 10.1002/14651858.CD016211. Accessed 19 December 2025.

Evidence at your fingertips
(From the Cochrane Library)

Plain Language Summaries

1

What are the benefits and risks of vaccines for preventing COVID-19?

Key messages

- *Most vaccines reduce, or probably reduce, the number of people who get COVID-19 disease and severe COVID-19 disease.*
- *Many vaccines likely increase number of people experiencing events such as fever or headache compared to placebo (sham vaccine that contains no medicine but looks identical to the vaccine being tested). This is expected because these events are mainly due to the body's response to the vaccine; they are usually mild and short-term.*
- *Many vaccines have little or no difference in the incidence of serious adverse events compared to placebo.*
- *There is insufficient evidence to determine whether there was a difference between the vaccine and placebo in terms of death because the numbers of deaths were low in the trials.*
- *Most trials assessed vaccine efficacy over a short time, and did not evaluate efficacy to the COVID variants of concern.*

What is SARS-CoV-2 and COVID-19?

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) is the virus that causes COVID19 disease. Not everyone infected with SARS-CoV-2 will develop symptoms of COVID-19. Symptoms can be mild (e.g. fever and headaches) to life-threatening (e.g. difficulty breathing), or death.

How do vaccines prevent COVID-19?

While vaccines work slightly differently, they all prepare the body's immune system to prevent people from getting infected with SARS-CoV-2 or, if they do get infected, to prevent severe disease.

What did we want to find out?

We wanted to find out how well each vaccine works in reducing SARS-CoV-2 infection, COVID-19 disease with symptoms, severe COVID-19 disease, and total number of deaths (including any death, not only those related to COVID-19).

We wanted to find out about serious adverse events that might require hospitalization, be life-threatening, or both; systemic reactogenicity events (immediate short-term reactions to vaccines mainly due to immunological responses; e.g. fever, headache, body aches, fatigue); and any adverse events (which include non-serious adverse events).

What did we do?

We searched for studies that examined any COVID-19 vaccine compared to placebo, no vaccine, or another COVID-19 vaccine.

We selected only randomized trials (a study design that provides the most robust evidence because they evaluate interventions under ideal conditions among participants assigned by chance to one of two or more groups). We compared and summarized the results of the

studies, and rated our confidence in the evidence based on factors such as how the study was conducted.

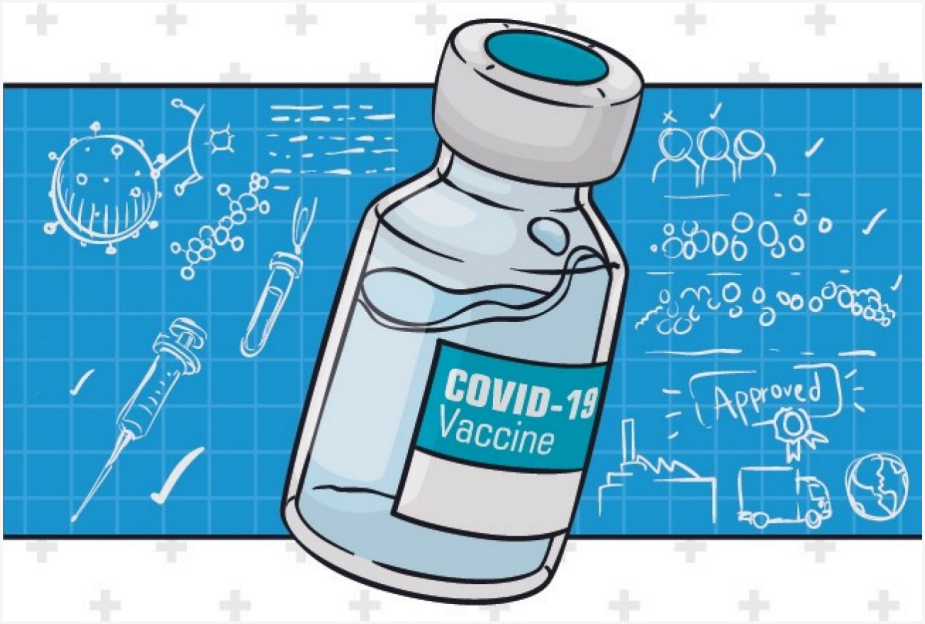
What did we find?

We found 41 worldwide studies involving 433,838 people assessing 12 different vaccines. Thirty-five studies included only healthy people who had never had COVID-19. Thirty-six studies included only adults, two only adolescents, two children and adolescents, and one included adolescents and adults. Three studied people with weakened immune systems, and none studied pregnant women.

Most cases assessed results less than six months after the primary vaccination. Most received co-funding from academic institutions and pharmaceutical companies. Most studies compared a COVID-19 vaccine with placebo. Five evaluated the addition of a 'mix and match' booster dose.

Main results

We report below results for three main outcomes and for 10 World Health Organization (WHO)-approved vaccines (for the remaining outcomes and vaccines, see main text). There is insufficient evidence regarding deaths between vaccines and placebo (mainly because the number of deaths



was low), except for the Janssen vaccine, which probably reduces the risk of all-cause deaths.

People with symptoms

The Pfizer, Moderna, AstraZeneca, Sinopharm-Beijing, and Bharat vaccines produce a large reduction in the number of people with symptomatic COVID-19.

The Janssen vaccine reduces the number of people with symptomatic COVID-19.

The Novavax vaccine probably has a large reduction in the number of people with symptomatic COVID-19.

There is insufficient evidence to determine whether CoronaVac vaccine affects the number of people with symptomatic COVID -19 because results differed between the two studies (one involved only healthcare workers with a higher risk of exposure).

Severe disease

The Pfizer, Moderna, Janssen, and Bharat vaccines produce a large reduction in the number of people with severe disease.

There is insufficient evidence about CoronaVac vaccine on severe disease because results differed between the two studies (one involved only healthcare workers with a higher risk of exposure).

Serious adverse events

For the Pfizer, CoronaVac, Sinopharm-Beijing, and Novavax vaccines, there is insufficient evidence to determine whether there was a difference between the vaccine and placebo mainly because the number of serious adverse events was low.

Moderna, AstraZeneca, Janssen, and Bharat vaccines probably result in no or little difference in the number of serious adverse events.

What are the limitations of the evidence?

Most studies assessed the vaccine for a short time after injection, and it is unclear if and how vaccine protection wanes over time. Due to the exclusion criteria of COVID-19 vaccine trials, results cannot be generalized to pregnant women, people with a history of SARS-CoV-2 infection, or people with weakened immune systems. More research is needed comparing vaccines and vaccine schedules, and effectiveness and safety in specific populations and outcomes (e.g. preventing long COVID-19). Further, most studies were conducted before the emergence of variants of concerns.

How up-to-date is this evidence?

The evidence is up to date to November 2021. This is a living systematic review. Our results are available and updated bi-weekly on the COVID-NMA platform at covid-nma.com.

Reference:

Graña C, Ghosn L, Evrenoglou T, Jarde A, Minozzi S, Bergman H, Buckley BS, Probyn K, Villanueva G, Henschke N, Bonnet H, Assi R, Menon S, Marti M, Devane D, Mallon P, Lelievre J-D, Askie LM, Kredo T, Ferrand G, Davidson M, Riveros C, Tovey D, Meerpohl JJ, Grasselli G, Rada G, Hróbjartsson A, Ravaud P, Chaimani A, Boutron I. Efficacy and safety of COVID-19 vaccines. Cochrane Database of Systematic Reviews 2022, Issue 12. Art. No.: CD015477. DOI: 10.1002/14651858.CD015477. Accessed 10 December 2025.

2

What factors influence a person's willingness to take part in a vaccine trial during an epidemic or pandemic?

What is the aim of this review?

Vaccines are important for reducing the spread of infectious diseases during a pandemic such as COVID-19. Clinical trials test these vaccines to make sure that they are safe and effective. But it can be challenging to find enough people who are willing to take part in a vaccine trial for a pandemic or epidemic disease.

The aim of this Cochrane Review of qualitative research (or 'qualitative evidence synthesis') was to find out what influences a person's decision to take part in a vaccine trial in the context of a pandemic or epidemic. Understanding the factors that influence a person's decision to participate in a vaccine trial can inform trial design and development of recruitment strategies that optimize communication, informed consent, and participant inclusion and diversity in vaccine clinical trials. To answer the review question, we analysed 34 studies of people's views and experiences of taking part in a vaccine trial.

Key Messages

Many factors influence a person's decision to take part in a vaccine trial during a pandemic or

epidemic. People are influenced by the way in which the trial is set up and how information about the trial is communicated. People are also influenced by what they think the possible risks and side effects are. Friends and family may also have influenced their decision. A fear of stigma and distrust in governments may prevent people from taking part in a vaccine trial. People may often see the chance to help others and prevent the spread of disease as a reason to take part in a vaccine trial.

What did we find?

We included 34 studies that looked at people's views and experiences of being invited to take part in a vaccine trial in the context of a pandemic or epidemic. Most of the studies related to HIV vaccine trials. The other studies related to Ebola virus, tuberculosis, Zika virus and COVID-19. Studies were set in many countries across Africa, Asia, Europe and North America. The studies looked at the views and experiences of adults aged 18 years and over who had been invited to take part in vaccine clinical trials. Some of them had accepted and some had decided not to take part.

Main results

We identified several factors that people consider when deciding whether to take part in a vaccine trial during a pandemic or epidemic. We judged our confidence in these findings to be low, moderate or high depending on how well supported that finding was from the included studies. We had moderate to high confidence in most of the findings.

Some of the factors that influenced people's decisions were under the control of the team setting up the trial. For instance, people were influenced by how trial information was communicated, and whether community members were involved in information delivery. They were also influenced by how easy or convenient it was to take part in the trial, whether they would be paid to take part and whether they would get access to additional support or health services.

Other factors included personal concerns, and the influence of family and friends and wider society. From a personal point of view, people had concerns about vaccine side effects, how well the vaccine works, and how taking part in the trial might impact on their daily lives and responsibilities. People were also influenced by their families and whether taking part might affect their relationships with others. Some people feared stigma from their communities if they took part. People's level of trust in the government's involvement in research and trials could also influence their decisions.

People also considered the possible rewards of taking part in a trial and whether these outweighed the risks. Some of these rewards were personal. People wanted to get faster access to a vaccine, improve their health, improve their understanding of the disease and return to normal life during a pandemic or epidemic. But people were also motivated by wanting to help society and contribute to science. This was often tied to memories of family and friends who had died from the disease.

What are the limitations of the evidence?

We identified 34 studies for this review, but 26 were related to HIV. This raised concerns about the relevance of the data to other diseases. In addition, we had concerns about the quality of the data for some findings. Because of the diversity of the participants in individual studies, we cannot make any inferences by participant types (for example, participants' backgrounds, gender, or social standing or class).

How up-to-date is this evidence?

This review includes studies published before the end of June 2021.

Reference

Meskell P, Biesty LM, Dowling M, Roche K, Meehan E, Glenton C, Devane D, Shepperd S, Booth A, Cox R, Chan XHS, Houghton C. Factors that impact on recruitment to vaccine trials in the context of a pandemic or epidemic: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2023, Issue 9. Art. No.: MR000065. DOI: 10.1002/14651858.MR000065.pub2. Accessed 06 December 2025.

3

Is taking calcium supplements during pregnancy an effective way to prevent blood pressure disorders and related problems?

Key messages

- *We found little to no difference in the number of women developing pre-eclampsia when they were given calcium during pregnancy, and we are uncertain about poor outcomes for mothers and babies.*
- *Most participants started calcium in the middle 3 months of pregnancy, so we don't have information in this review about the effectiveness of calcium supplementation in very early pregnancy. We don't have information about women with enough calcium in their diet versus those who do not, nor those who are at high risk versus low risk of getting pre-eclampsia.*
- *We found good evidence when we analysed only large studies, with more than 500 women. It is unlikely that further research would change the current evidence. Therefore, in future, research could focus on other ways to prevent blood pressure disorders during pregnancy.*

Why is high blood pressure a problem during pregnancy?

High blood pressure in pregnancy is a leading cause of death and severe illness in mothers and babies. Pre-eclampsia is the most serious complication. It affects the placenta and can affect other organs, such as the kidneys, liver and brain. There is currently no treatment for pre-eclampsia apart from delivering the baby.

How might calcium help?

Some evidence suggests that calcium can lower blood pressure in people whose blood pressure is normal and in women who have had pre-eclampsia before, but other evidence does not support this. However, calcium is readily available, cheap and likely to be safe for mothers and babies. Calcium tablets are taken orally (swallowed). If calcium can prevent pre-eclampsia, it may reduce death and severe illness in mothers and babies.

What did we want to find out?

We wanted to know whether calcium is effective in preventing preeclampsia and other high blood pressure disorders when taken during pregnancy, and if it causes unwanted effects. We were also interested in whether calcium reduces the number of babies who die during or soon after birth, the number of mothers and babies who died or became ill, and babies who were born early.

What did we do?

We searched for studies that investigated calcium

supplements during pregnancy. We used a checklist to make sure we only included studies that we could trust. We made judgements about the quality of the studies before comparing and summarising their results. Lastly, we rated our confidence in the findings.

What did we find?

We found 10 studies with 37,504 women that looked at the effects of calcium supplementation alongside standard care. Eight studies compared calcium supplementation to placebo (a dummy treatment), and two compared low-dose (500 mg daily) to high-dose (1500 mg daily) calcium supplementation. Studies took place worldwide, in high- and low-income countries. Some women in the studies had enough calcium in their diets and others did not. Some women were at high risk of pre-eclampsia and others weren't.

Calcium compared to placebo (8 studies, 15,504 women)

Evidence from 6 studies (15,364 women) showed that calcium may make little to no difference to pre-eclampsia compared to placebo. However, when we analysed only large studies with more than 500 women (4 studies, 14,730 women), we found strong evidence confirming that calcium makes little to no difference to pre-eclampsia compared to placebo.

Calcium probably results in little to no difference in the overall risk of a mother dying or developing severe complications of pre-eclampsia. It may result in little to no difference in death of the baby during pregnancy and early life.

We are very uncertain about the effect of calcium on the risk of mothers dying, on birth before 37 weeks, and also on unwanted effects.

Low- compared to high-dose calcium (2 studies, 22,000 women)

A lower dose of calcium may make little to no difference to pre-eclampsia compared to a higher dose. We are very uncertain about the effect of low-dose calcium on mothers dying compared to a higher dose. Taking a lower dose makes no difference to loss of the baby during pregnancy and early life, and probably makes little to no difference to birth before 37 weeks.

What are the limitations of the evidence?

Because most participants started calcium in the middle 3 months of pregnancy, we do not have information in this review about the effectiveness of calcium supplementation in very early pregnancy. This is the same for women who live in areas where people have enough calcium in their diet versus those who do not, and those who are at high risk versus low risk of getting pre-eclampsia.

How up to date is this evidence?

The evidence is current to January 2025.

Reference

Cluver CA, Rohwer C, Rohwer AC. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems. Cochrane Database of Systematic Reviews 2025, Issue 12. Art. No.: CD001059. DOI: 10.1002/14651858.CD001059.pub6. Accessed 19 December 2025.

RECENT EVENTS

"Frequent Cholera Epidemics: Can Vaccines Help?" – Media Roundtable with Nigerian Union of Journalists, Cross River State

Cholera is a notable health problem in Nigeria where there have been over 140,000 suspected cases and 4,364 deaths between 2021 and 2024. Cochrane Nigeria recently held a media roundtable with the Nigerian Union of Journalists, Cross River State Chapter on the topic "Frequent Cholera Epidemics" Can vaccines help?" The event which held at the Institute of Tropical Diseases, Research and Prevention, Calabar was attended by thirteen Media Practitioners from various local and National Newspaper, Television and Radio stations. Notably present at the event was the Chairman of the NUJ, CRS Chapter, Comrade Archibong Bassey.

The event was flagged off by opening remarks from Prof. Angela Oyo-Ita (Director, Cochrane Nigeria and Professor of Community Medicine, University of Calabar). Professor Oyo-Ita, noted that Cholera remains a notable public health challenge in Nigeria. She explained that that provision of safe water is a key strategy for prevention of cholera but additionally, provision of vaccines to at- risk populations can help to prevent the disease. Public awareness about Cholera and how to prevent it is still low. She therefore encouraged the journalists to contribute to efforts at tackling the problem by educating the public through timely and accurate reporting about the disease.

Dr. Ekong Udoh (Paediatric Gastroenterologist, University of Uyo Teaching Hospital and Senior Research Associate, Cochrane Nigeria) gave an overview of cholera in a well curated presentation. He explained that the disease is transmitted through contaminated water and

poor sanitation. In recent times, the spread of the of disease has been exacerbated by the effects of climate change, such as contamination of drinking water through flooding. Some symptoms of the disease include acute watery diarrhea, severe dehydration, and muscle cramps. If not treated promptly, these could lead to severe problems such as kidney failure, shock coma or death. Dr. Udoh reiterated the fact that the main solution to cholera is provision of access to clean water and proper sanitation. He noted that "the World Health Organization (WHO) recommends the use of oral cholera vaccines (OCVs) as part of a compre-hensive cholera prevention and control strategy, particularly during outbreaks and in endemic regions".

Dr. Ekpereonne Esu (Associate Professor of Public health, University of Calabar and Associate Director, Cochrane Nigeria) made a presentation on the topic "Frequent Cholera Epidemics: Can Vaccines Help?" He described some of the WHO prequalified vaccines such as Dukoral, Shanchol, Euvichol, Euvichol-S and Euvichol-Plus. He highlighted the evidence from a recent Cochrane Systematic Review by Saif-Ur-Rahman and colleagues (https://doi.org/10.1002/14651858.CD014573), on the effectiveness of Cholera vaccines. The research showed that "Two doses of Dukoral with or without a booster dose, reduces cases of cholera for two years; two doses of Shanchol reduces cases of cholera for five years; and a dose of Shanchol reduces cases of Cholera or severe dehydrating Cholera for two years. In summary, he said "Today, oral cholera vaccines (OCVs) are safe and effective. They are recommended by the World Health Organisation (WHO) as a complementary tool alongside water, sanitation, and hygiene interventions in endemic regions."

The members of the NUJ asked the presenters ques-tions and engaged them in a lively discussion. The vote of thanks was given by the Chairman of the NUJ, Cross river state Chapter, Comrade Archibong Bassey.

METHODOLOGY CORNER

Living Systematic Reviews – Keeping Evidence Up to Date

Systematic reviews are very important to evidence-based decision-making. They identify, evaluate, and synthesize research on a specific question, often forming the basis for clinical practice guideline recommendations and public health policies. However, the value of a systematic reviews often depends on how current the evidence is. In rapidly evolving fields, conclusions from even a well-conducted systematic review can become outdated quickly. This is why we have living systematic reviews (LSRs) – a dynamic approach to ensure that evidence remains current and actionable.

What is a Living Systematic Review?

An LSR is not a new method of conducting reviews but a way of updating them continuously. In an LSR, literature searches are performed frequently (for example, monthly), and new studies are incorporated into the review as soon as they become available. Summary measures, such as meta-analyses, are updated, and conclusions are revised accordingly.

LSRs are useful when:

1. A field is rapidly evolving and new evidence emerges regularly;
2. New studies are likely to change review conclusions;
3. The question is of high importance for decision-makers, justifying the resources required for ongoing updates.

Not all reviews need to be living, and LSRs should only continue as long as the effort to maintain them is justified by the value of the evidence.

Why Living Systematic Reviews Matter

LSRs offer a reliable way to keep guidance for public health and clinical practice up to date. Traditional review updates may occur every few years, which can delay the integration of critical new findings. LSRs reduce this lag, ensuring that decision-makers have timely access to evidence, especially in fast-moving fields like infectious diseases, nutrition, or trauma care.

Recent technological advances enhance the feasibility of LSRs, such as, machine learning, which can help screen and prioritize studies efficiently; citizen science platforms which help to expand review capacity while maintaining quality, and automated data extraction tools which incorporate new findings quickly into meta-analyses.

Implementing an LSR requires careful planning. One must decide when a review warrants a “living” status. It is also important to balance the resources needed with the value of up-to-date evidence and engage stakeholders who will use the evidence to ensure relevance. When applied appropriately, LSRs can strengthen the link between evidence generation and evidence use, helping public health decision-makers make informed choices based on the most recent data.

ANNOUNCEMENTS

Too Good to Be True? Spotting Problematic Trials in Systematic Reviews: 26 February 2026 |

Webinar

This webinar provides a practical introduction to the INSPECT-SR tool, designed to help reviewers identify untrustworthy clinical trials before they influence systematic review findings. Participants will apply the tool directly to a real study and learn how to integrate trustworthiness checks into their review workflow. An essential opportunity for anyone focused on research integrity. https://evidencesynthesisireland.ie/conference/webinar-jack-wilkinson-too-good-to-be-true-spotting-problematic-trials-in-systematic-reviews/

Cochrane Launches New Interactive Module on Rapid Reviews

Cochrane has released a new interactive learning module designed to help researchers and decision-makers produce high-quality rapid reviews—an increasingly vital approach for informing health policy when time is limited.

Rapid reviews have become essential during public health emergencies and other situations where timely evidence is needed. The new module offers 90–120 minutes of self-paced learning and introduces users to the core principles of conducting rapid reviews responsibly and efficiently.

The module is suitable for both newcomers and experienced reviewers looking to strengthen their skills in producing timely, reliable evidence.

Explore the module: *https://www.cochrane.org/learn/courses-and-resources/interactive-learning/module-13-rapid-reviews*

Cochrane and Partners Set Standards for Responsible AI Use in Evidence Synthesis

Cochrane, the Campbell Collaboration, JBI, and the Collaboration for Environmental Evidence, all leading organizations in evidence synthesis, have joined forces to issue a joint position statement on the responsible use of artificial intelligence (AI) in the production of systematic reviews and other evidence syntheses.

The statement introduces the RAISE framework (Responsible use of AI in evidence SynthEsis), offering guidance for ethical, transparent, and accountable AI use. It outlines clear expectations for evidence synthesists, including maintaining methodological rigor, providing transparent reporting, and taking responsibility for decisions involving AI tools.

Published simultaneously in Cochrane Database of Systematic Reviews, Campbell Systematic Reviews, JBI Evidence Synthesis, and Environmental Evidence, the statement demonstrates a unified commitment to responsible innovation in evidence synthesis.

Read the full statement here: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.ED000178/full

LAST WORDS

Tips to Stay Healthy this Holiday Season

1. **Wash your hands frequently**. Hand hygiene significantly reduces the spread of infectious diseases, especially during large gatherings.

2. **Eat mindfully**. Enjoy holiday treats, but balance indulgences with fruits, vegetables, and nutrient-rich foods.

3. **Stay active**. Even short bouts of physical activity, like a 10-minute walk or dancing to holiday music, improve mood, heart health, and energy levels.

4. **Hydrate often**. Drinking enough water supports digestion, concentration, and overall well-being amidst holiday meals and travel.

5. **Practice safe food handling**. Proper food storage and hygiene prevent foodborne illness during the holiday.

6. **Give and receive kindness**. Acts of generosity and gratitude improve happiness and reduce stress – a great way to boost your holiday spirit.

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Join Cochrane Nigeria as we work to put trusted evidence at the centre of health decision-making across Nigeria and beyond. We are committed to producing high-quality systematic reviews and ensuring that our evidence is accessible to support informed health choices. Follow us on social media to stay updated on our work, connect with our community, and access the latest health evidence.

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