WHO recommendations for augmentation of labour:

Evidence base



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WHO/RHR/14.15

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Standard criteria for grading of evidence

Box 1. Standard criteria for grading of evidence¹

Domain	Grade	Characteristic								
CTUDY DECICAL	0	All randomized controlled trials								
STUDY DESIGN	-2	All observational studies								
	0	Most of the pooled effect provided by studies, with low risk of bias ("A")								
	-1	Most of the pooled effect provided by studies with moderate ("B") or high ("C") risk of bias. Studies with high risk of bias weighs <40%								
OTUDY DECION	-2	Most of the pooled effect provided by studies with moderate ("B") or high ("C") risk of bias. Studies with high risk of bias weighs ≥40%								
STUDY DESIGN LIMITATIONS		Low risk of bias (no limitations or minor limitations) –"A"								
	Note:	Moderate risk of bias (serious limitations or potentially very serious limitations including unclear concealment of allocation or serious limitations, excluding limitations on randomization or concealment of allocation) –"B"								
		High risk of bias (Limitations for randomization, concealment of allocation, including small blocked randomization (<10) or other very serious, crucial methodological limitations) -"C"								
	0	No severe heterogeneity (I^2 <60% or χ^2 ≥0.1)								
INCONSISTENCY		Severe, non-explained, heterogeneity (I2 \geq 60% or χ^2 <0.1)								
into ontolo i Ento i	- 1	If heterogeneity could be caused by publication bias or imprecision due to small studies, downgrade only for publication bias or imprecision (i.e. the same weakness should not be downgraded twice)								
INDIDECTNESS	0	No indirectness								
INDIRECTNESS	- 1	Presence of indirect comparison, population, intervention, comparator, or outcome.								

¹ Adapted from: Schünemann H, Brozek J, Oxman A, editors. GRADE handbook for grading quality of evidence and strength of recommendations. The GRADE Working Group. Available at: http://ims.cochrane.org/revman/gradepro. (This document is contained within the "Help" section of the GRADE profiler software version v.3.2.2.)

Box 1. (cont.) Standard criteria for grading of evidence

Domain	Grade	Characteristic
IMPRECISION	0	The confidence interval is precise according to the figure below. The total cumulative study population is not very small (i.e. sample size is more than 300 participants) and the total number of events is more than 30. suggested appreciable benefit RR appreciable harm precise imprecise 1.0 1.25
	-1	One of the above-mentioned conditions is not fulfilled.
	-2	The two above-mentioned are not fulfilled.
		the total number of events is less than 30 and the total cumulative sample size is appropriately large (e.g. above 3000 patients, consider not downgrading the evidence). If there events in both intervention and control groups, the quality of evidence in the specific outcome should be regarded as very low.
PUBLICATION	0	No evident asymmetry in the funnel plot or less than five studies to be plotted.
BIAS	-1	Evident asymmetry in funnel plot with at least five studies.

Box 1. (cont.) Standard criteria for grading of evidence

Domain	Grade	Characteristic
IMPRECISION	0	The confidence interval is precise according to the figure below. The total cumulative study population is not very small (i.e. sample size is more than 300 participants) and the total number of events is more than 30. Suggested appreciable benefit RR appreciable harm precise imprecise 1.0 1.25
	-1	One of the above-mentioned conditions is not fulfilled.
	-2	The two above-mentioned are not fulfilled.
		the total number of events is less than 30 and the total cumulative sample size is appropriately large (e.g. above 3000 patients, consider not downgrading the evidence). If there events in both intervention and control groups, the quality of evidence in the specific outcome should be regarded as very low.
PUBLICATION	0	No evident asymmetry in the funnel plot or less than five studies to be plotted.
BIAS	-1	Evident asymmetry in funnel plot with at least five studies.

Note: All observational studies will start as "low" quality evidence but non-controlled studies (e.g. case series) will be further downgraded to "very low" quality.

GRADE¹ Tables

Table 1a. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality as	sessment			No. of p		Effect	Quality	Importance	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph (studies carried out in high- and low-resource settings)	No partograph (studies carried out in high- and low-resource settings)	Relative (95% CI)	Absolute	,	
Duration	of first stage	of labou	r (hours) – high-r	resource setting	g (better indica	ted by lower value	es)					
1	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	580	576	-	MD 0.8 higher (0.06 lower to 1.66 higher)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section (ov	/erall)							,			<u>'</u>
2			no serious inconsistency	no serious indirectness	serious ⁴	none	146/804 (18.2%)	173/786 (22%)	RR 0.64 (0.24 to 1.7)	79 fewer per 1000 (from 167 fewer to 154 more)	⊕○○○ VERY LOW	IMPORTANT
Caesarea	n section (ov	/erall) – lo	ow-resource sett	ing	<u>I</u>	<u> </u>				<u> </u>		
1	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	21/224 (9.4%)	52/210 (24.8%)	RR 0.38 (0.24 to 0.61)	154 fewer per 1000 (from 97 fewer to 188 fewer)	⊕⊕○○ LOW	IMPORTANT
Caesarea	n section (ov	/erall) – h	igh-resource set	ting								
1	randomized trials		no serious inconsistency	no serious indirectness	serious ⁴	none	125/580 (21.6%)	121/576 (21%)	RR 1.03 (0.82 to 1.28)	6 more per 1000 (from 38 fewer to 59 more)	⊕⊕○○ LOW	IMPORTANT

¹ GRADE: Grading of Recommendations Assessment, Development and Evaluation (http://www.gradeworkinggroup.org/)

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph (studies carried out in high- and low-resource settings)	No partograph (studies carried out in high- and low-resource settings)	Relative (95% CI)	Absolute		
Duration	of second st	age of lal	bour (hours) – hi	gh-resource set	ting (better inc	licated by lower v	alues)		1	<u> </u>		,
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	580	576	-	MD 0 higher (0.21 lower to 0.21 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Epidural	analgesia – h	nigh-reso	urce setting									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	532/580 (91.7%)	521/576 (90.5%)	RR 1.01 (0.98 to 1.05)	9 more per 1000 (from 18 fewer to 45 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Oxytocin	augmentatio	n – high-	resource setting									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	423/580 (72.9%)	412/576 (71.5%)	RR 1.02 (0.95 to 1.1)	14 more per 1000 (from 36 fewer to 72 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT
Instrume	ntal vaginal o	delivery										
2	randomized trials	serious ⁶	no serious inconsistency	no serious indirectness	no serious imprecision	none	218/804 (27.1%)	214/786 (27.2%)	RR 1 (0.85 to 1.17)	0 fewer per 1000 (from 41 fewer to 46 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT
Instrume	ntal vaginal o	delivery –	· low-resource se	tting								
1	randomized trials	very serious ⁵	no serious inconsistency	no serious indirectness	serious ⁴	none	45/224 (20.1%)	36/210 (17.1%)	RR 1.17 (0.79 to 1.74)	29 more per 1000 (from 36 fewer to 127 more)	⊕○○○ VERY LOW	IMPORTANT
Instrume	ntal vaginal o	delivery –	high-resource s	etting	1	<u></u>						
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	173/580 (29.8%)	178/576 (30.9%)	RR 0.97 (0.81 to 1.15)	9 fewer per 1000 (from 59 fewer to 46 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT

			Quality as	sessment			No. of p		Effect	Quality	Importance	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph (studies carried out in high- and low-resource settings)	No partograph (studies carried out in high- and low-resource settings)	Relative (95% CI)	Absolute		
Artificial	rupture of me	embranes	s performed	•								
	randomized trials		no serious inconsistency		no serious imprecision	none	283/580 (48.8%)	284/576 (49.3%)	RR 0.99 (0.88 to 1.11)	5 fewer per 1000 (from 59 fewer to 54 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT

¹ One study with design limitations.
² Wide confidence interval crossing the line of no effect and fails to exclude appreciable benefit for the control group.
³ Most studies contributing data had design limitations, with more than 40% of weight from studies with serious design limitations.
⁴ Wide confidence interval crossing the line of no effect.
⁵ One study with serious design limitations.

⁶ Most studies contributing data had design limitations, but with less than 40% of weight from studies with serious design limitations.

Table 1b. Partograph for monitoring the progress of labour (infant outcomes)

			Quality asso	essment			No. of	patients	Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph (studies carried out in high- and low-resource settings)	No partograph (studies carried out in high- and low-resource settings)	Relative (95% CI)	Absolute		
Apgar sco	ore < 7 at 5 m	inutes										
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	7/810 (0.9%)	9/786 (1.1%)	RR 0.77 (0.29 to 2.06)	3 fewer per 1000 (from 8 fewer to 12 more)	⊕○○○ VERY LOW	CRITICAL
Apgar sco	ore < 7 at 5 m	inutes –	low-resource sett	ing	<u> </u>	<u>'</u>						
		very serious ³			very serious²	none	1/230 (0.4%)	2/210 (1%)	RR 0.46 (0.04 to 5)	5 fewer per 1000 (from 9 fewer to 38 more)	⊕○○○ VERY LOW	CRITICAL
Apgar sco	ore < 7 at 5 m	inutes –	high-resource set	tting				,				
	randomized trials		no serious inconsistency		very serious ²	none	6/580 (1%)	7/576 (1.2%)	RR 0.85 (0.29 to 2.52)	2 fewer per 1000 (from 9 fewer to 18 more)	⊕OOO VERY LOW	CRITICAL
Admissio	n to special o	are nurs	ery – high-resour	ce setting						· 		
	randomized trials	serious ⁴		no serious indirectness	serious ⁵	none	19/580 (3.3%)	20/576 (3.5%)	RR 0.94 (0.51 to 1.75)	2 fewer per 1000 (from 17 fewer to 26 more)	⊕⊕○○ LOW	IMPORTANT

¹ Studies contributing data had design limitations.

² Wide confidence interval crossing the line of no effect and few events.

One study with design limitations.
 One study with serious design limitations.
 Wide confidence interval crossing the line of no effect.

Table 1c. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality as	sessment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 2-hour action line (studies carried out in a high-resource setting)	Partograph with 4-hour action line (studies carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quality	
Serious n	naternal mor	bidity or	death									
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/1805 (0%)	0/1796 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Blood los	ss > 500 ml						L	<u>L</u>				
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	240/1805 (13.3%)	224/1796 (12.5%)	RR 1.07 (0.9 to 1.26)	9 more per 1000 (from 12 fewer to 32 more)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section (fe	tal distre	ss)									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	51/1805 (2.8%)	39/1796 (2.2%)	RR 1.3 (0.86 to 1.96)	7 more per 1000 (from 3 fewer to 21 more)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section (de	elay in lal	oour)				L	L				
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	120/1805 (6.6%)	122/1796 (6.8%)	RR 0.98 (0.77 to 1.25)	1 fewer per 1000 (from 16 fewer to 17 more)		IMPORTANT
Epidural	use			 		.						
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	599/1805 (33.2%)	574/1796 (32%)	RR 1.04 (0.95 to 1.14)	13 more per 1000 (from 16 fewer to 45 more)		IMPORTANT

			Quality as	sessment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 2-hour action line (studies carried out in a high-resource setting)	Partograph with 4-hour action line (studies carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quanty	Importance
Oxytocin	augmentatio	on		L								
	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	840/1805 (46.5%)	736/1796 (41%)	RR 1.14 (1.05 to 1.22)	57 more per 1000 (from 20 more to 90 more)		IMPORTANT
Instrume	ntal vaginal o	delivery		'	!					l		
	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	360/1805 (19.9%)	393/1796 (21.9%)	RR 0.91 (0.8 to 1.03)	20 fewer per 1000 (from 44 fewer to 7 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Caesarea	an section (o	verall)	1	'						l		
	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	171/1805 (9.5%)	161/1796 (9%)	RR 1.06 (0.85 to 1.32)	5 more per 1000 (from 13 fewer to 29 more)	⊕⊕○○ LOW	IMPORTANT

¹ Studies contributing data had design limitations.
² No events.
³ Wide confidence interval crossing the line of no effect.

Table 1d. Partograph for monitoring the progress of labour (infant outcomes)

			Quality ass	essment			No. of p	patients		Effect		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 2-hour action line (studies carried out in a high-resource setting)	Partograph with 4-hour action line (studies carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quality	Importance
Serious n	eonatal mor	bidity or	l perinatal death									
2	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/1805 (0%)	0/1796 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Apgar sc	ore < 7 at 5 n	ninutes										
2	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	28/1805 (1.6%)	34/1796 (1.9%)		3 fewer per 1000 (from 9 fewer to 7 more)	⊕⊕○○ LOW	CRITICAL
Cord pH	< 7.1	Į										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	25/1805 (1.4%)	34/1796 (1.9%)	RR 0.73 (0.44 to 1.22)	5 fewer per 1000 (from 11 fewer to 4 more)	⊕⊕○○ LOW	CRITICAL
Admissio	n to special	care nurs	sery	1	<u> </u>				!			
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	25/1805 (1.4%)	32/1796 (1.8%)	RR 0.78 (0.46 to 1.31)	4 fewer per 1000 (from 10 fewer to 6 more)	⊕⊕○○ LOW	IMPORTANT
1		L	seign limitations									

¹ Studies contributing data had design limitations.

² No events.

³ Wide confidence interval crossing the line of no effect.

Table 1e. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality ass	essment			No. of p	patients		Effect		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 2-hour action line (study carried out in a high-resource setting)	Partograph with 3-hour action line (study carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quality	Importance
Serious r	naternal morb	idity or de	eath									
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/315 (0%)	0/302 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Blood los	ss > 500 ml	.J.					L	L				ļ
	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	39/315 (12.4%)	39/302 (12.9%)	RR 0.96 (0.63 to 1.45)	5 fewer per 1000 (from 48 fewer to 58 more)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section (fet	al distress	s)									
	randomized trials		no serious inconsistency	no serious indirectness	very serious ⁴	none	12/315 (3.8%)	12/302 (4%)	RR 0.96 (0.44 to 2.1)	2 fewer per 1000 (from 22 fewer to 44 more)		CRITICAL
Caesarea	n section (del	ay in labo	our)									
	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	23/315 (7.3%)	31/302 (10.3%)	RR 0.71 (0.42 to 1.19)	30 fewer per 1000 (from 60 fewer to 20 more)	⊕⊕○○ LOW	IMPORTANT
Epidural	use	1	1	1		1			l			<u> </u>
	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	120/315 (38.1%)	99/302 (32.8%)	RR 1.16 (0.94 to 1.44)	52 more per 1000 (from 20 fewer to 144 more)	⊕⊕⊖⊖ LOW	IMPORTANT

			Quality ass	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 2-hour action line (study carried out in a high-resource setting)	Partograph with 3-hour action line (study carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quanty	importance
Oxytocin	augmentation											
	randomized trials	serious ¹	no serious inconsistency		no serious imprecision	none	144/315 (45.7%)	136/302 (45%)	RR 1.02 (0.85 to 1.21)	9 more per 1000 (from 68 fewer to 95 more)	0000	IMPORTANT
Instrume	ntal vaginal de	livery	<u>'</u>	<u>'</u>	•						·	
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	66/315 (21%)	68/302 (22.5%)	RR 0.93 (0.69 to 1.26)	16 fewer per 1000 (from 70 fewer to 59 more)	LOW	IMPORTANT
Caesarea	n section (ove	rall)	<u>'</u>	<u>'</u>		<u> </u>						
	no methodology chosen					none	35/315 (11.1%)	43/302 (14.2%)	RR 0.78 (0.51 to 1.18)	31 fewer per 1000 (from 70 fewer to 26 more)		

One study with design limitations.

No events.

Wide confidence interval crossing the line of no effect.

Wide confidence interval crossing the line of no effect and few events.

Table 1f. Partograph for monitoring the progress of labour (infant outcomes)

			Quality ass	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 2-hour action line (study carried out in a high-resource setting)	Partograph with 3-hour action line (study carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quanty	portano
Serious n	eonatal mor	bidity or	perinatal death									
II.	randomized trials		no serious inconsistency	no serious indirectness	very serious²	none	0/315 (0%)	0/302 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Apgar sco	ore < 7 at 5 n	ninutes										
	randomized trials		no serious inconsistency	no serious indirectness	very serious³	none	6/315 (1.9%)	4/302 (1.3%)	RR 1.44 (0.41 to 5.05)	6 more per 1000 (from 8 fewer to 54 more)	⊕OOO VERY LOW	CRITICAL
Cord pH <	: 7.1											
	randomized trials		no serious inconsistency	no serious indirectness	very serious³	none	2/315 (0.6%)	5/302 (1.7%)	RR 0.38 (0.07 to 1.96)	10 fewer per 1000 (from 15 fewer to 16 more)	⊕○○○ VERY LOW	CRITICAL
Admissio	n to special	care nurs	sery	<u> </u>	<u> </u>							
	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	4/315 (1.3%)	1/302 (0.3%)	RR 3.83 (0.43 to 34.12)	9 more per 1000 (from 2 fewer to 110 more)		IMPORTANT

¹ One study with design limitations.

² No events.

³ Wide confidence interval crossing the line of no effect and few events.

Table 1g. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality asse	·	gram ase c	on outcomes re	No. of p			Effect	5,(,,	0003401.
											Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 3-hour action line (study carried out in a high-resource setting)	Partograph with 4-hour action line (study carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quality	importance
Serious n	naternal morb	idity or de	eath		I.				L			
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/302 (0%)	0/311 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Blood los	ss > 500 ml	•										
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	39/302 (12.9%)	39/311 (12.5%)	RR 1.03 (0.68 to 1.56)	4 more per 1000 (from 40 fewer to 70 more)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section (feta	l distress	3)	1								
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	12/302 (4%)	7/311 (2.3%)	RR 1.77 (0.7 to 4.42)	17 more per 1000 (from 7 fewer to 77 more)	⊕○○○ VERY LOW	CRITICAL
Caesarea	n section (dela	ay in labo	ur)									
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	31/302 (10.3%)	19/311 (6.1%)	RR 1.68 (0.97 to 2.91)	42 more per 1000 (from 2 fewer to 117 more)	⊕⊕○○ LOW	IMPORTANT
Epidural	use											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	99/302 (32.8%)	101/311 (32.5%)	RR 1.01 (0.8 to 1.27)	3 more per 1000 (from 65 fewer to 88 more)	⊕⊕○○ LOW	IMPORTANT

			Quality asse	ssment			No. of p	patients		Effect	a !!:	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 3-hour action line (study carried out in a high-resource setting)	Partograph with 4-hour action line (study carried out in a high-resource setting)	Relative (95% CI)	Absolute	Quality	Importance
Oxytocin	augmentation											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	136/302 (45%)	129/311 (41.5%)	RR 1.09 (0.91 to 1.3)	37 more per 1000 (from 37 fewer to 124 more)	⊕⊕○○ LOW	IMPORTANT
Instrume	ntal vaginal del	ivery										
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	68/302 (22.5%)	73/311 (23.5%)	RR 0.96 (0.72 to 1.28)	9 fewer per 1000 (from 66 fewer to 66 more)	⊕⊕○○ LOW	IMPORTANT
Caesarea	n section (over	rall)										
	no methodology chosen					none	43/302 (14.2%)	26/311 (8.4%)	RR 1.7 (1.07 to 2.7)	59 more per 1000 (from 6 more to 142 more)		

¹ One study with design limitations.
² No events.
³ Wide confidence interval crossing the line of no effect.
⁴ Wide confidence interval crossing the line of no effect and few events.

Table 1h. Partograph for monitoring the progress of labour (infant outcomes)

			Quality ass	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with 3-hour action line (study carried out in a high-resource setting)	Partograph with 4-hour action line (study carried out in a high-resource setting)	Relative (95% CI)	Absolute		·
Serious n	eonatal mor	bidity or	perinatal death									
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/302 (0%)	0/311 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Apgar sco	ore < 7 at 5 n	ninutes			-					<u> </u>		
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious³	none	4/302 (1.3%)	5/311 (1.6%)	RR 0.82 (0.22 to 3.04)	3 fewer per 1000 (from 13 fewer to 33 more)	⊕OOO VERY LOW	CRITICAL
Cord pH <	< 7.1											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious³	none	5/302 (1.7%)	2/311 (0.64%)	RR 2.57 (0.5 to 13.17)	10 more per 1000 (from 3 fewer to 78 more)	⊕OOO VERY LOW	CRITICAL
Admissio	n to special	care nurs	sery		1		1	1	I	L		
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious³	none	1/302 (0.3%)	2/311 (0.6%)	RR 0.51 (0.05 to 5.65)	3 fewer per 1000 (from 6 fewer to 30 more)	⊕OOO VERY LOW	IMPORTANT

¹ One study with design limitations.

² No events

³ Wide confidence interval crossing the line of no effect and few events.

Table 1i. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality as	sessment			No	o. of patients		Effect	0 114	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with alert line only (study carried out in a low-resource setting)	Partograph with alert line only versus partograph with alert and action line (study carried out in a low-resource setting)		Absolute	Quality	Importance
Caesarea	an section (o	verall)		l								
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	55/344 (16%)	82/350 (23.4%)	RR 0.68 (0.5 to 0.93)	75 fewer per 1000 (from 16 fewer to 117 fewer)	⊕⊕⊕○ MODERATE	IMPORTANT
Oxytocin	augmentation	on		<u> </u>	'	l						
	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	77/344 (22.4%)	97/350 (27.7%)	RR 0.81 (0.62 to 1.05)	53 fewer per 1000 (from 105 fewer to 14 more)	⊕⊕○○ LOW	IMPORTANT
Instrume	ntal vaginal	delivery										
	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	70/344 (20.3%)	82/350 (23.4%)	RR 0.87 (0.66 to 1.15)	30 fewer per 1000 (from 80 fewer to 35 more)	⊕⊕○○ LOW	IMPORTANT

One study with design limitations.

Wide confidence interval crossing the line of no effect.

³ No explanation was provided.

Table 1j. Partograph for monitoring the progress of labour (infant outcomes)

			Quality ass	essment			N	o. of patients	Effe	ct	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with alert line only (study carried out in a low-resource setting)	Partograph with alert line only versus partograph with alert and action line (study carried out in a low-resource setting)	Relative (95% CI)	Absolute		importance
Perinatal	death										•	
	randomized trials			no serious indirectness	very serious ²	none	3/344 (0.9%)	0/350 (0%)	RR 7.12 (0.37 to 137.36)	-	⊕○○○ VERY LOW	CRITICAL
Apgar sc	ore < 7 at 5 m	ninutes										
	randomized trials			no serious indirectness	very serious ²	none	3/344 (0.9%)	0/350 (0%)	RR 7.12 (0.37 to 137.36)	-	⊕OOO VERY LOW	CRITICAL

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect and few events.

Table 1k. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality as	sessment			No. of p	patients		Effect		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Earlier intervention (combined analysis for trials in high- and low- resource settings)	Later intervention (combined analysis for trials in high- and low- resource settings)	Relative (95% CI)	Absolute	Quality	Importance
Caesarea	an section (o	verall) – a	all settings									
3	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	226/2149 (10.5%)	243/2146 (11.3%)	RR 0.94 (0.67 to 1.31)	7 fewer per 1000 (from 37 fewer to 35 more)	⊕⊕○○ LOW	IMPORTANT
Caesarea	an section (o	verall) –	low-resource set	ting								
1	randomized trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	55/344 (16%)	82/350 (23.4%)	RR 0.68 (0.5 to 0.93)	75 fewer per 1000 (from 16 fewer to 117 fewer)	⊕⊕⊕○ MODERATE	IMPORTANT
Caesarea	an section (o	verall) –	high-resource se	etting	L							
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	171/1805 (9.5%)	161/1796 (9%)	RR 1.06 (0.85 to 1.32)	5 more per 1000 (from 13 fewer to 29 more)	⊕⊕⊖⊝ LOW	IMPORTANT
Instrume	ntal delivery	– all sett	ings	L	L							
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	430/2149 (20%)	475/2146 (22.1%)	RR 0.9 (0.8 to 1.02)	22 fewer per 1000 (from 44 fewer to 4 more)	⊕⊕○○ LOW	IMPORTANT
Instrume	ental delivery	– low-re	source setting	<u> </u>	1	<u> </u>						
1	randomized trials	serious ³	no serious inconsistency	no serious indirectness	serious ²	none	70/344 (20.3%)	82/350 (23.4%)	RR 0.87 (0.66 to 1.15)	30 fewer per 1000 (from 80 fewer to 35 more)	⊕⊕○○ LOW	IMPORTANT
		l .	1			1		l	1	l		

			Quality as	sessment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecision			Other considerations	Earlier intervention (combined analysis for trials in high- and low- resource settings)	Later intervention (combined analysis for trials in high- and low- resource settings)	Relative (95% CI)	Absolute	Quanty	importance		
Instrume	ntal delivery	– high-re	esource setting									
	randomized trials			no serious indirectness	serious ²	none	360/1805 (19.9%)	393/1796 (21.9%)	RR 0.91 (0.8 to 1.03)	20 fewer per 1000 (from 44 fewer to 7 more)	⊕⊕○○ LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² Wide confidence interval crossing the line of no effect.
³ One study with design limitations.

Table 11. Partograph for monitoring the progress of labour (infant outcomes)

			Quality ass	sessment			No. of p	patients		Effect	Quality	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Earlier intervention (combined analysis for trials in high- and low-resource settings)	Later intervention (combined analysis for trials in high- and low-resource settings)	Relative (95% CI)	Absolute	Quality	Importance
Apgar sc	ore low at 5 o	or 10 min	utes									
	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	31/2149 (1.4%)	34/2146 (1.6%)	RR 0.95 (0.48 to 1.86)	1 fewer per 1000 (from 8 fewer to 14 more)	⊕⊕○○ LOW	CRITICAL
Apgar sc	ore low at 5 o	or 10 min	utes – low-resou	rce setting								
	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ⁴	none	3/344 (0.9%)	0/350 (0%)	RR 7.12 (0.37 to 137.36)	-	⊕○○○ VERY LOW	CRITICAL
Apgar sc	ore low at 5 o	or 10 min	utes – high-reso	urce setting		<u></u>						
	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	28/1805 (1.6%)	34/1796 (1.9%)	RR 0.82 (0.5 to 1.35)	3 fewer per 1000 (from 9 fewer to 7 more)	⊕⊕○○ LOW	CRITICAL

Most studies contributing data had design limitations.

Wide confidence interval crossing the line of no effect.

One study with design limitations.

⁴ Wide confidence interval crossing the line of no effect and few events.

Table 1m. Partograph for monitoring the progress of labour (maternal outcomes)

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with latent phase	Partograph without latent phase	Relative (95% CI)	Absolute		
Caesarean	section (feta	al distress)		<u> </u>	l.						
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	65/350 (18.6%)	15/393 (3.8%)	RR 4.87 (2.83 to 8.37)	148 more per 1000 (from 70 more to 281 more)	⊕⊕⊕⊖ MODERATE	CRITICAL
Caesarean	section (dela	ay in labo	ur)		•							
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	12/350 (3.4%)	10/393 (2.5%)	RR 1.35 (0.59 to 3.08)	9 more per 1000 (from 10 fewer to 53 more)	⊕○○○ VERY LOW	IMPORTANT
Caesarean	section (ove	erall)										
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	83/350 (23.7%)	38/393 (9.7%)	RR 2.45 (1.72 to 3.5)	140 more per 1000 (from 70 more to 242 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Oxytocin a	ugmentation					L						
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	126/350 (36%)	65/393 (16.5%)	RR 2.18 (1.67 to 2.83)	195 more per 1000 (from 111 more to 303 more)		IMPORTANT
Instrumen	tal vaginal de	elivery	<u></u>			<u></u>			<u> </u>			
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	24/350 (6.9%)	26/393 (6.6%)	RR 1.04 (0.61 to 1.77)	3 more per 1000 (from 26 fewer to 51 more)	⊕⊕○○ LOW	IMPORTANT

¹ One study with design limitations.
² Wide confidence interval crossing the line of no effect and few events.

³ Wide confidence interval crossing the line of no effect.

Table 1n. Partograph for monitoring the progress of labour (infant outcomes)

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Partograph with latent phase	Partograph without latent phase	Relative (95% CI)	Absolute		
Apgar sco	pgar score < 7 at 5 minutes											
	randomized trials	serious ¹		no serious indirectness	very serious ²	none	4/350 (1.1%)	6/393 (1.5%)	RR 0.75 (0.21 to 2.63)	4 fewer per 1000 (from 12 fewer to 25 more)	⊕OOO VERY LOW	CRITICAL
Admission	Admission to special care nursery											
	randomized trials			no serious indirectness	no serious imprecision	none	69/350 (19.7%)	42/393 (10.7%)	RR 1.84 (1.29 to 2.63)	90 more per 1000 (from 31 more to 174 more)	⊕⊕⊕○ MODERATE	IMPORTANT

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect and few events.

Table 2a. Routine vaginal examination for assessing the progress of labour (maternal outcomes)

Source: Downe S, Gill GML, Dahlen, Dahlen HG, Singata M. Routine vaginal examinations for assessing progress of labour to improve outcomes for women and babies at term. Cochrane Database Syst Rev. 2013;(7):CD010088.

			Quality as	ssessment			No. of p	oatients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vaginal examination	Rectal examination	Relative (95% CI)	Absolute		
Caesarea	n section	1			<u> </u>				<u>I</u>			<u>I</u>
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/154 (0.6%)	3/153 (2%)	RR 0.33 (0.03 to 3.15)	13 fewer per 1000 (from 19 fewer to 42 more)	⊕○○○ VERY LOW	IMPORTANT
Spontane	ous vaginal bi	rth								l		
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	135/154 (87.7%)	137/153 (89.5%)	RR 0.98 (0.9 to 1.06)	18 fewer per 1000 (from 90 fewer to 54 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Operative	vaginal birth											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	18/154 (11.7%)	13/153 (8.5%)	RR 1.38 (0.7 to 2.71)	32 more per 1000 (from 25 fewer to 145 more)	⊕⊕○○ LOW	IMPORTANT
Augmenta	ation of labour	•										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	27/154 (17.5%)	26/153 (17%)	RR 1.03 (0.63 to 1.68)	5 more per 1000 (from 63 fewer to 116 more)	⊕⊕○○ LOW	IMPORTANT
Maternal i	nfection with	unknown t	reatment (not pre-	specified)								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	8/154 (5.2%)	16/153 (10.5%)	RR 0.5 (0.22 to 1.13)	52 fewer per 1000 (from 82 fewer to 14 more)	⊕OOO VERY LOW	IMPORTANT
Very unco	omfortable (no	t pre-spec	ified)									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/151 (11.3%)	41/152 (27%)	RR 0.42 (0.25 to 0.7)	156 fewer per 1000 (from 81 fewer to 202 fewer)	⊕⊕⊕○ MODERATE	IMPORTANT
1 On a ##!-!	with design lim	itatiana			prooidion		(11.570)	(21 /0)	10 0.17	or lower to 202 iswell)	INIODERATE	

¹ One trial with design limitations.

² Wide confidence interval crossing the line of no effect and few events.

³ Wide confidence interval crossing the line of no effect.

Table 2b. Routine vaginal examination for assessing the progress of labour (infant outcomes)

Source: Downe S, Gill GML, Dahlen, Dahlen HG, Singata M. Routine vaginal examinations for assessing progress of labour to improve outcomes for women and babies at term. Cochrane Database Syst Rev. 2013;(7):CD010088.

			Quality asse	ssment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vaginal examination	Rectal examination	Relative (95% CI)	Absolute		
Perinatal m	ortality		l	!		l		l			Į	
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	1/154 (0.6%)	1/153 (0.7%)	RR 0.99 (0.06 to 15.74)	0 fewer per 1000 (from 6 fewer to 96 more)	⊕OOO VERY LOW	CRITICAL
Neonatal in	fection requir	ing antibio	tics (primary outco	me)								
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/154 (0%)	1/153 (0.7%)	RR 0.33 (0.01 to 8.07)	4 fewer per 1000 (from 6 fewer to 46 more)	⊕OOO VERY LOW	CRITICAL
Admission	to neonatal in	tensive ca	re unit								L	L
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	8/154 (5.2%)	6/153 (3.9%)	RR 1.32 (0.47 to 3.73)	13 more per 1000 (from 21 fewer to 107 more)	⊕OOO VERY LOW	IMPORTANT
Infant infec	tion with unkr	nown treat	ment (not pre-speci	ified)								
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	2/154 (1.3%)	2/153 (1.3%)	RR 0.99 (0.14 to 6.96)	0 fewer per 1000 (from 11 fewer to 78 more)	⊕OOO VERY LOW	IMPORTANT

¹ One trial with design limitations.
² Wide confidence interval crossing the line of no effect and few events.

Table 2c. Routine vaginal examination for assessing the progress of labour (maternal outcomes)

Source: Downe S, Gill GML, Dahlen, Dahlen HG, Singata M. Routine vaginal examinations for assessing progress of labour to improve outcomes for women and babies at term. Cochrane Database Syst Rev. 2013;(7):CD010088.

			Quality as	sessment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vaginal examinations 2 hourly	Vaginal examinations 4 hourly	Relative (95% CI)	Absolute	Quality	
Duration o	of labour (min	utes) (pri	mary outcome) (b	etter indicated b	y lower values)							
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	55	54	-	MD 6 lower (88.7 lower to 76.7 higher)	⊕OOO VERY LOW	CRITICAL
Caesarear	n section									l		
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	10/75 (13.3%)	13/75 (17.3%)	RR 0.77 (0.36 to 1.64)	40 fewer per 1000 (from 111 fewer to 111 more)	0000	IMPORTAN [*]
Spontaneo	ous vaginal b	irth						L				
	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	52/75 (69.3%)	53/75 (70.7%)	RR 0.98 (0.8 to 1.21)	14 fewer per 1000 (from 141 fewer to 148 more)		IMPORTAN ⁻
Epidural fo	or pain relief											
	randomized trials	1 1	no serious inconsistency	no serious indirectness	very serious ²	none	11/55 (20%)	14/54 (25.9%)	RR 0.77 (0.39 to 1.55)	60 fewer per 1000 (from 158 fewer to 143 more)		IMPORTAN ⁻
Operative	vaginal birth		L									L
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	13/75 (17.3%)	9/75 (12%)	RR 1.44 (0.66 to 3.17)	53 more per 1000 (from 41 fewer to 260 more)	⊕○○○ VERY LOW	IMPORTAN ⁻
Augmenta	tion of labou	r										
		, ,	no serious inconsistency	no serious indirectness	very serious ²	none	21/55 (38.2%)	20/54 (37%)	RR 1.03 (0.64 to 1.67)	11 more per 1000 (from 133 fewer to 248 more)		IMPORTAN [*]

¹ One trial with serious design limitations.

² Wide confidence interval crossing the line of no effect and small sample size.

³ One trial with serious design limitations (ITT data used in this analysis).

Table 3a. Package of care for active management of labour for prevention of delay in the first stage of labour (maternal outcomes)

Source: Brown HC, Paranjothy S, Dowswell T, Thomas J. Package of care for active management in labour for reducing caesarean section rates in low-risk women. Cochrane Database Syst Rev. 2008;(4):CD004907.

			Quality as	sessment			No. of patients Effect			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Active management of labour	Routine care	Relative (95% CI)	Absolute	Quanty	·
Duration o	of labour (hou	rs from ad	mission to delivery) (better indicated	d by lower values	s)	<u> </u>		<u> </u>			1
4	randomized trials	serious ¹	serious ²	no serious indirectness	no serious imprecision	none	1055	1376	-	MD 1.27 lower (2.19 to 0.36 lower)	⊕⊕○○ LOW	CRITICAL
Postpartu	m haemorrhag	ge (blood l	oss > 500 ml)									
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	57/741 (7.7%)	63/763 (8.3%)	RR 0.93 (0.67 to 1.31)	6 fewer per 1000 (from 27 fewer to 26 more)	⊕⊕○○ LOW	CRITICAL
Duration o	of first stage o	f labour (h	ours) (better indica	ated by lower valu	ues)							
4	randomized trials	serious ¹	serious ⁴	no serious indirectness	no serious imprecision	none	1055	1376	-	MD 1.56 lower (2.17 to 0.96 lower)	⊕⊕○○ LOW	CRITICAL
Caesareaı	n section rate	– all wome	en									
7	randomized trials	very serious ⁵	no serious inconsistency	no serious indirectness	no serious imprecision	none	343/2573 (13.3%)	416/2817 (14.8%)	RR 0.88 (0.77 to 1.01)	18 fewer per 1000 (from 34 fewer to 1 more)	⊕⊕○○ LOW	IMPORTAN [*]
Caesareaı	n section rate	– all wome	en (Frigoletto [1995] study women el	igible in labour)							
7	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	220/2242 (9.8%)	307/2496 (12.3%)	RR 0.82 (0.69 to 0.97)	22 fewer per 1000 (from 4 fewer to 38 fewer)	⊕⊕⊕○ MODERATE	IMPORTAN
Caesareaı	n section rate	 (sensitivity	 y analysis: Frigolet	to [1995] study e	xcluded)							
6	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	146/1564 (9.3%)	240/1911 (12.6%)	RR 0.77 (0.63 to 0.94)	29 fewer per 1000 (from 8 fewer to 46 fewer)	⊕⊕⊕⊜ MODERATE	IMPORTAN

			Quality as	sessment			No. of patier	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Active management of labour	Routine care	Relative (95% CI)	Absolute		
Duration o	of second stag	je (hours)	(better indicated b	y lower values)	<u> </u>	<u> </u>	<u> </u>					
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1207	1530	-	MD 0.02 lower (0.06 lower to 0.02 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Maternal i	nfection (vari	ous definit	ions)									
5	randomized trials	serious ¹	serious ⁶	no serious indirectness	serious ³	none	131/1412 (9.3%)	152/1757 (8.7%)	RR 1.14 (0.65 to 1.98)	12 more per 1000 (from 30 fewer to 85 more)	⊕OOO VERY LOW	IMPORTANT
Number o	f women havi	ng epidura	l analgesia									
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	575/1023 (56.2%)	553/1044 (53%)	RR 1.06 (0.98 to 1.14)	32 more per 1000 (from 11 fewer to 74 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Assisted v	vaginal delive	ry rates										
6	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	309/1564 (19.8%)	360/1911 (18.8%)	RR 0.99 (0.87 to 1.14)	2 fewer per 1000 (from 24 fewer to 26 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Prolonged	d labour (> 12	hours)										
6	randomized trials	serious ¹	serious ⁷	no serious indirectness	no serious imprecision	none	163/1481 (11%)	412/1761 (23.4%)	RR 0.47 (0.32 to 0.69)	124 fewer per 1000 (from 73 fewer to 159 fewer)	⊕⊕○○ LOW	IMPORTANT
Overall sa	 ntisfaction with	n care										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	190/243 (78.2%)	169/225 (75.1%)	RR 1.04 (0.94 to 1.15)	30 more per 1000 (from 45 fewer to 113 more)	⊕⊕○○ LOW	IMPORTANT
 Statistica Wide con Statistica Most stud Statistica 	Il heterogeneity ofidence interva Il heterogeneity dies contributin Il heterogeneity	$f'(l^2 = 92\%)$. If crossing to $f'(l^2 = 84\%)$. If g data had $f'(l^2 = 80\%)$.	design limitations. Considerable varia he line of no effect. Considerable varia design limitations, v Considerable varia Considerable varia	tion in size of effect with more than 40% tion in size of effect	ct. 6 of weight from a ct.	study with serious d	I	1	1		I	200

Table 3b. Package of care for active management of labour for prevention of delay in the first stage of labour (infant outcomes)

Source: Brown HC, Paranjothy S, Dowswell T, Thomas J. Package of care for active management in labour for reducing caesarean section rates in low-risk women. Cochrane Database Syst Rev. 2008;(4):CD004907.

			Quality asse	ssment			No. of patients			Effect		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Active management of labour	Routine care	Relative (95% CI)	Absolute		
Low APGA	R score at 5 m	inutes										
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	47/1244 (3.8%)	43/1271 (3.4%)	RR 1.12 (0.76 to 1.64)	4 more per 1000 (from 8 fewer to 22 more)	⊕⊕○○ LOW	CRITICAL
Admission	to special care	e (various	definitions)									
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	35/1023 (3.4%)	39/1044 (3.7%)	RR 0.92 (0.59 to 1.43)	3 fewer per 1000 (from 15 fewer to 16 more)	⊕⊕○○ LOW	IMPORTANT
Meconium	staining				•							
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	79/1023 (7.7%)	100/1353 (7.4%)	RR 0.93 (0.7 to 1.24)	5 fewer per 1000 (from 22 fewer to 18 more)	⊕⊕○○ LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² Wide confidence interval crossing the line of no effect.

Table 4a. Early amniotomy and early oxytocin for prevention of delay in the first stage of labour (maternal outcomes)

Source: Wei S, Wo BL, Qi HP, Xu H, Luo ZC, Roy C, Fraser WD. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care. Cochrane Database Syst Rev. 2013;(8):CD006794.

Compare	d With Tout	ine care.	Cocnrane Data	Jase Syst Nev.	2013,(8).000	10734.						
			Quality as	sessment			No. of patien	ts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute		
Duration o	of labour (hou	rs from ad	lmission in labour)	- prevention (be	tter indicated by	lower values)			l			1
7	randomized trials	serious ¹	serious ²	no serious indirectness	no serious imprecision	none	2185	2490	-	MD 1.11 lower (1.82 to 0.41 lower)	⊕⊕○○ LOW	CRITICAL
Postpartui	m haemorrhaç	ge (blood	loss > 500 ml) – pro	evention								
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	100/1390 (7.2%)	111/1284 (8.6%)	RR 0.83 (0.65 to 1.08)	15 fewer per 1000 (from 30 fewer to 7 more)	⊕⊕○○ LOW	CRITICAL
Duration o	of first stage o	f labour (h	nours) – preventior	(better indicated	l by lower values	5)						
4	randomized trials	serious ¹	serious ⁴	no serious indirectness	no serious imprecision	none	1055	1376	-	MD 1.57 lower (2.15 to 1 lower)	⊕⊕○○ LOW	CRITICAL
Caesarear	section rate	– preventi	on									
11	randomized trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	411/3762 (10.9%)	497/3991 (12.5%)	RR 0.87 (0.77 to 0.99)	16 fewer per 1000 (from 1 fewer to 29 fewer)	⊕⊕○○ LOW	IMPORTANT
Hyperstim	ulation of lab	our – prev	rention	L	L	L						
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	24/421 (5.7%)	18/432 (4.2%)	RR 1.37 (0.76 to 2.46)	15 more per 1000 (from 10 fewer to 61 more)	⊕⊕○○ LOW	IMPORTANT
Spontaneo	ous vaginal bi	rth – prev	ention	1	1	<u></u>	L		L	L		
9	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1677/2703 (62%)	1708/3035 (56.3%)	RR 1.01 (0.97 to 1.05)	6 more per 1000 (from 17 fewer to 28 more)	⊕⊕⊕○ MODERATE	IMPORTANT
	1	1	1	1	1	1	I .	l	1	1		1

			Quality as	sessment			No. of patien	ts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute		
Satisfied v	vith labour ex	perience –	prevention	L	<u>l</u>							
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1120/1232 (90.9%)	1079/1204 (89.6%)	RR 1.02 (0.99 to 1.04)	18 more per 1000 (from 9 fewer to 36 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Postpartu	m fever or infe	ection – pr	evention	L	l		l					
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	94/1244 (7.6%)	139/1580 (8.8%)	RR 0.88 (0.66 to 1.16)	11 fewer per 1000 (from 30 fewer to 14 more)	⊕⊕○○ LOW	IMPORTANT
Maternal k	lood transfus	ion – prev	ention									
3	randomized trials	serious ¹	serious ⁶	no serious indirectness	very serious ⁵	none	12/1490 (0.8%)	5/1487 (0.3%)	RR 1.84 (0.32 to 10.48)	3 more per 1000 (from 2 fewer to 32 more)	⊕OOO VERY LOW	IMPORTANT
 Statistica Wide con Statistica Wide con 	I heterogeneity fidence interva I heterogeneity fidence interva	$(I^2 = 94\%)$. I crossing t $(I^2 > 60\%)$. I crossing t	ded by studies with Although the direct he line of no effect. Direction of effect to he line of no effect a Considerable varia	ion of effect was the consistent but size and failed to exclud	ne same, the effect of effect variable. de appreciable ha		I erably between studies.					

Table 4b. Early amniotomy and early oxytocin for prevention of delay in the first stage of labour (infant outcomes)

Source: Wei S, Wo BL, Qi HP, Xu H, Luo ZC, Roy C, Fraser WD. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care. Cochrane Database Syst Rev. 2013:(8):CD006794.

Design dity (seizur	Risk of bias	Quality asse	essment			No. of patient	e		Effect		
		In a smalleton				·	•		Ellect	Quality	Importance
dity (seizur		Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute		
	e/neurolo	gical abnormalities	s) – prevention				'			,	
domized s	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	5/1336 (0.4%)	6/1330 (0.5%)	RR 0.83 (0.25 to 2.71)	1 fewer per 1000 (from 3 fewer to 8 more)	⊕OOO VERY LOW	CRITICAL
7 at 5 minu	ites – pre	vention									
domized s	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	57/2231 (2.6%)	53/2248 (2.4%)	RR 1.1 (0.77 to 1.55)	2 more per 1000 (from 5 fewer to 13 more)	⊕⊕○○ LOW	CRITICAL
efined abno	rmal artei	rial cord pH (pH < 7	7.10 or 7.20) – pre	vention			L				
domized s	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	22/703 (3.1%)	20/713 (2.8%)	RR 1.11 (0.61 to 2.02)	3 more per 1000 (from 11 fewer to 29 more)	⊕⊕○○ LOW	CRITICAL
special care	e nursery	- prevention									
domized s	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	154/2231 (6.9%)	139/2248 (6.2%)	RR 1.13 (0.91 to 1.41)	8 more per 1000 (from 6 fewer to 25 more)	⊕⊕○○ LOW	IMPORTANT
yperbilirubi	nemia – p	revention									
domized s	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	34/1108 (3.1%)	31/1111 (2.8%)	RR 1.1 (0.68 to 1.77)	3 more per 1000 (from 9 fewer to 21 more)	⊕⊕○○ LOW	IMPORTANT
- preventio	n		l .								
domized s	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	13/541 (2.4%)	11/558 (2%)	RR 1.22 (0.55 to 2.69)	4 more per 1000 (from 9 fewer to 33 more)	⊕OOO VERY LOW	IMPORTANT
dd ls	r at 5 minuomized ined abno omized pecial card omized perbilirubi omized preventio	rat 5 minutes – prevomized serious omized serious o	rat 5 minutes – prevention omized serious¹ no serious inconsistency ined abnormal arterial cord pH (pH < 7) omized serious¹ no serious inconsistency pecial care nursery – prevention omized serious¹ no serious inconsistency perbilirubinemia – prevention omized serious¹ no serious inconsistency prevention omized serious¹ no serious inconsistency prevention	rat 5 minutes – prevention omized serious¹ no serious inconsistency indirectness ined abnormal arterial cord pH (pH < 7.10 or 7.20) – pre omized serious¹ no serious inconsistency indirectness pecial care nursery – prevention omized serious¹ no serious inconsistency indirectness perbilirubinemia – prevention omized serious¹ no serious inconsistency indirectness perbilirubinemia – prevention omized serious¹ no serious inconsistency indirectness prevention omized serious¹ no serious inconsistency indirectness prevention	rat 5 minutes – prevention omized serious¹ no serious indirectness serious³ ined abnormal arterial cord pH (pH < 7.10 or 7.20) – prevention omized serious¹ no serious indirectness serious³ pecial care nursery – prevention omized serious¹ no serious indirectness serious³ pecial care nursery – prevention omized serious¹ no serious indirectness serious³ perbilirubinemia – prevention omized serious¹ no serious indirectness serious³ prevention omized serious¹ no serious indirectness serious³ prevention omized serious¹ no serious indirectness serious³ prevention	Tat 5 minutes – prevention omized serious¹ no serious indirectness serious³ none ined abnormal arterial cord pH (pH < 7.10 or 7.20) – prevention omized serious¹ no serious indirectness serious³ none omized serious¹ no serious indirectness serious³ none	rat 5 minutes – prevention omized serious¹ no serious indirectness serious³ none 57/2231 (2.6%) ined abnormal arterial cord pH (pH < 7.10 or 7.20) – prevention omized serious¹ no serious inconsistency indirectness serious³ none 22/703 (3.1%) pecial care nursery – prevention omized serious¹ no serious indirectness serious³ none 154/2231 (6.9%) omized serious¹ no serious indirectness indirectness serious³ none 34/1108 (3.1%) ornized serious¹ no serious indirectness indirectness serious³ none 34/1108 (3.1%) ornized serious¹ no serious indirectness serious³ none 34/1108 (3.1%) prevention	rat 5 minutes – prevention omized serious no serious indirectness serious none omized serious no serious no serious serious serious none omized serious no serious no serious very none omized serious no serious no serious very none	Tat 5 minutes – prevention omized serious¹ no serious indirectness serious³ none 57/2231 (2.6%) (2.4%) RR 1.1 (0.77 to 1.55) ined abnormal arterial cord pH (pH < 7.10 or 7.20) – prevention omized serious¹ no serious indirectness serious³ none 22/703 (3.1%) (2.8%) RR 1.11 (0.61 to 2.02) pecial care nursery – prevention omized serious¹ no serious indirectness serious³ none 154/2231 (3.8%) RR 1.13 (0.91 to 1.41) ornized serious¹ no serious indirectness serious³ none 154/2231 (6.9%) (6.2%) RR 1.13 (0.91 to 1.41) ornized serious¹ no serious indirectness serious³ none 34/1108 (3.1%) (2.8%) RR 1.177) ornized serious¹ no serious indirectness serious³ none 34/1108 (3.1%) (2.8%) RR 1.177) ornized serious¹ no serious indirectness serious³ none 34/1108 (3.1%) (2.8%) RR 1.177)	rat 5 minutes – prevention omized serious no serious inconsistency indirectness serious serious no serious indirectness serious no serious indirectness serious no serious indirectness serious no serious serious no serious inconsistency indirectness no serious no serious inconsistency indirectness no serious no serious inconsistency indirectness no serious serious no serious indirectness no serious	at 5 minutes – prevention Serious Inconsistency Inconsistency Inconsistency Indirectness Indirect

			Quality asse	ssment			No. of patients	s		Effect	Quality	Importance	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute			
Suboptima	Suboptimal or abnormal fetal heart tracing – prevention												
	randomized trials				very serious ²	none	3/351 (0.9%)	6/354 (1.7%)	RR 0.5 (0.13 to 2)	8 fewer per 1000 (from 15 fewer to 17 more)	⊕○○○ VERY LOW	NOT IMPORTANT	

¹ Most studies contributing data had design limitations.
² Wide confidence interval crossing the line of no effect, few events and failed to exclude appreciable harm or benefit.
³ Wide confidence interval crossing the line of no effect.

Table 4c. Early amniotomy and early oxytocin for prevention of delay in the first stage of labour (maternal and infant outcomes)

Source: Wei S, Wo BL, Qi HP, Xu H, Luo ZC, Roy C, Fraser WD. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour

compared with routine care. Cochrane Database Syst Rev. 2013;(8):CD006794.

Compare	-a with roa	tiric car	e. Cocnrane Da	itabase syst it	CV. 2013,(0).	CD000734.						
			Quality as	sessment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin (without active management of labour trials)	Routine care	Relative (95% CI)	Absolute		
Caesarea	n section rate			l	<u>I</u>			1	L			1
7	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	173/2282 (7.6%)	252/2603 (9.7%)	RR 0.84 (0.7 to 1.01)	15 fewer per 1000 (from 29 fewer to 1 more)	⊕⊕⊖⊝ LOW	IMPORTANT
								14.1%		23 fewer per 1000 (from 42 fewer to 1 more)		
Duration	of labour (hou	urs from a	admission in labo	ur) (better indic	ated by lower va	alues)		L	L			
5	randomized trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	1764	2058	-	MD 0.81 lower (1.36 to 0.25 lower)	⊕⊕○○ LOW	CRITICAL
Spontane	ous vaginal b	oirth										
7	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1589/2282 (69.6%)	1788/2603 (68.7%)	-	14 more per 1000 (from 14 fewer to 41 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT
Instrumer	ntal vaginal de	elivery (fo	prceps or vacuum	, or both)	<u> </u>			<u> </u>	L			
7	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	521/2282 (22.8%)	563/2603 (21.6%)	RR 1 (0.9 to 1.11)	0 fewer per 1000 (from 22 fewer to 24 more)		IMPORTANT
Duration (of first stage	of labour	(hours) (better in	dicated by lowe	r values)			1	<u> </u>			
2	randomized trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	634	944	-	MD 1.27 lower (2.08 to 0.47 lower)	⊕⊕○○ LOW	CRITICAL

			Quality as	sessment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin (without active management of labour trials)	Routine care	Relative (95% CI)	Absolute		
Use of ep	idural analge	sia				l			l			
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1179/1887 (62.5%)	1117/1888 (59.2%)	RR 1.04 (0.98 to 1.1)	24 more per 1000 (from 12 fewer to 59 more)	0000	IMPORTANT
Postpartu	m haemorrha	age (bloo	d loss > 500 ml)									
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	91/969 (9.4%)	95/852 (11.2%)	RR 0.88 (0.6 to 1.28)	13 fewer per 1000 (from 45 fewer to 31 more)	⊕⊕○○ LOW	CRITICAL
Maternal	blood transfu	sion				ļ			ļ			ļ
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	12/1490 (0.8%)	5/1487 (0.3%)	RR 1.84 (0.32 to 10.48)	3 more per 1000 (from 2 fewer to 32 more)	0000	IMPORTANT
Postpartu	m fever or in	fection										
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	42/823 (5.1%)	79/1148 (6.9%)	RR 0.87 (0.48 to 1.58)	9 fewer per 1000 (from 36 fewer to 40 more)	⊕⊕○○ LOW	IMPORTANT
Satisfied	with labour e	xperience										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1120/1232 (90.9%)	1079/1204 (89.6%)	RR 1.02 (0.99 to 1.04)	18 more per 1000 (from 9 fewer to 35 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Apgar sco	ore < 7 at 5 m	inutes							1			
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	17/1810 (0.9%)	15/1816 (0.8%)	RR 1.13 (0.57 to 2.22)	1 more per 1000 (from 4 fewer to 10 more)	⊕○○○ VERY LOW	CRITICAL

			Quality as	sessment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin (without active management of labour trials)	Routine care	Relative (95% CI)	Absolute	addin'y	por turioc
Acidosis	as defined at	onormal a	rterial cord pH (p	H < 7.10 or 7.20)								
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	20/503 (4%)	18/508 (3.5%)	RR 1.12 (0.6 to 2.1)	4 more per 1000 (from 14 fewer to 39 more)	⊕○○○ VERY LOW	IMPORTAN'
Suboptin	nal or abnorm	al fetal h	eart									<u> </u>
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	3/351 (0.9%)	6/354 (1.7%)	RR 0.5 (0.13 to 2)	8 fewer per 1000 (from 15 fewer to 17 more)	⊕○○○ VERY LOW	IMPORTAN'
Fetal dist	ress							1				J
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	4/320 (1.3%)	4/331 (1.2%)	RR 1.03 (0.26 to 4.1)	0 more per 1000 (from 9 fewer to 37 more)	⊕OOO VERY LOW	IMPORTAN'
Admissio	n to special o	care nurs	ery									
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	113/1810 (6.2%)	99/1816 (5.5%)	RR 1.15 (0.89 to 1.5)	8 more per 1000 (from 6 fewer to 27 more)	⊕⊕○○ LOW	IMPORTAN'
Seizure/n	l eurological a	 bnormali	ties									
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	5/1336 (0.4%)	6/1330 (0.5%)	RR 0.83 (0.25 to 2.71)	1 fewer per 1000 (from 3 fewer to 8 more)	⊕OOO VERY LOW	CRITICAL
Jaundice	or hyperbilir	ubinemia										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	34/1108 (3.1%)	31/1111 (2.8%)	RR 1.1 (0.68 to 1.77)	3 more per 1000 (from 9 fewer to 21 more)	⊕⊕○○ LOW	IMPORTAN'
² Wide co	nfidence interval nfidence interval	al crossir ty (l² > 70	ad design limitation of the line of no effe %). Considerable v of the line of no effe	ect. ariation in size of						oroj		

Table 5a. Oxytocin for prevention of delay in labour in women under epidural analgesia (maternal outcomes)

Source: Costley PL, East CE. Oxytocin augmentation of labour in women with epidural analgesia for reducing operative deliveries. Cochrane Database Syst Rev. 2013:(7):CD009241.

2013,(7).	CD009241.											
			Quality assess	ment			No. of p	atients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin	Placebo	Relative (95% CI)	Absolute		
Postpartun	n haemorrhage	<u> </u> 										<u> </u>
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	24/154 (15.6%)	27/165 (16.4%)	RR 0.96 (0.58 to 1.59)	7 fewer per 1000 (from 69 fewer to 97 more)	⊕⊕⊕○ MODERATE	CRITICAL
Caesarean	section - all											
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	10/154 (6.5%)	11/165 (6.7%)	RR 0.95 (0.42 to 2.12)	3 fewer per 1000 (from 39 fewer to 75 more)	⊕⊕○○ LOW	IMPORTANT
Caesarean	section – cerv	ical dilatation <	10 cm									
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	8/46 (17.4%)	7/47 (14.9%)	RR 1.17 (0.46 to 2.96)	25 more per 1000 (from 80 fewer to 292 more)	⊕⊕○○ LOW	IMPORTANT
Caesarean	section – cerv	ical dilatation 10) cm									
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	2/108 (1.9%)	4/118 (3.4%)	RR 0.55 (0.1 to 2.92)	15 fewer per 1000 (from 31 fewer to 65 more)	⊕⊕○○ LOW	IMPORTANT
Uterine hyp	 perstimulation											
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ³	none	52/108 (48.1%)	43/118 (36.4%)	RR 1.32 (0.97 to 1.8)	117 more per 1000 (from 11 fewer to 292 more)	⊕⊕○○ LOW	IMPORTANT
Instrument	al deliveries (a	ill)									_	_
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	78/154 (50.6%)	95/165 (57.6%)	RR 0.88 (0.72 to 1.08)	69 fewer per 1000 (from 161 fewer to 46 more)	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality assessr	nent			No. of p	atients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin	Placebo	Relative (95% CI)	Absolute		
Instrument	al deliveries – o	cervical dilatation	on < 10 cm		1							
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	26/46 (56.5%)	28/47 (59.6%)	RR 0.95 (0.67 to 1.34)	30 fewer per 1000 (from 197 fewer to 203 more)	⊕⊕○○ LOW	IMPORTANT
Instrument	al deliveries – o	cervical dilatation	on 10 cm		1							
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	52/108 (48.1%)		RR 0.85 (0.66 to 1.09)	85 fewer per 1000 (from 193 fewer to 51 more)	⊕⊕○○ LOW	IMPORTANT
Combined	operative deliv	eries			1							
2		no serious risk of bias	serious ⁴	no serious indirectness	serious ¹	none	88/154 (57.1%)	99/165 (60%)	RR 1.01 (0.68 to 1.5)	6 more per 1000 (from 192 fewer to 300 more)	⊕⊕○○ LOW	IMPORTANT

Wide confidence interval crossing the line of no effect.

Wide confidence interval crossing the line of no effect and few events.

Wide confidence interval crossing the line of no effect and small sample size.

Statistical heterogeneity (I²=77%). Direction of effect different in the two studies.

Table 5b. Oxytocin for women under epidural analgesia (infant outcomes)

Source: Costley PL, East CE. Oxytocin augmentation of labour in women with epidural analgesia for reducing operative deliveries. Cochrane Database Syst Rev. 2013;(7):CD009241.

			Quality assessm	ent			No. of p	atients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin	Placebo	Relative (95% CI)	Absolute		
Apgar score	e < 4 at 5 minute	es			1							
1		no serious risk of bias		no serious indirectness	very serious ¹	none	0/108 (0%)	0/118 (0%)	not pooled	not pooled	⊕⊕○○ LOW	CRITICAL
Apgar score	e < 7 at 5 minute	es										
2		no serious risk of bias		no serious indirectness	very serious ²	none	1/154 (0.6%)	0/165 (0%)	RR 3.06 (0.13 to 73.33)	-	⊕⊕○○ LOW	CRITICAL
Admission t	to neonatal inte	nsive care unit	1		1	1	I		1			
2 1 No overte		no serious risk of bias		no serious indirectness	very serious ²	none	4/154 (2.6%)	4/165 (2.4%)	RR 1.07 (0.29 to 3.93)	2 more per 1000 (from 17 fewer to 71 more)	⊕⊕○○ LOW	IMPORTANT

¹ No events.

² Wide confidence interval crossing the line of no effect and few events.

Table 6a. The use of routine amniotomy (alone) for prevention of delay in the first stage of labour (maternal outcomes)

Source: Smyth RMD, Markham C, Dowswell T. Amniotomy for shortening spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD006167.

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			Quality as	sessment			No. of patient	s		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute	Quanty	Importance
Maternal I	mortality			<u>l</u>	I.							
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/872 (0.1%)	0/868 (0%)	RR 3.01 (0.12 to 73.61)	-	⊕OOO VERY LOW	CRITICAL
Postpartu	m haemorrha	ige		1								
2	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	4/985 (0.4%)	8/837 (1%)	RR 0.46 (0.14 to 1.5)	5 fewer per 1000 (from 8 fewer to 5 more)	⊕○○○ VERY LOW	CRITICAL
Postpartu	ım haemorrha	ige – prim	iparous and multi	parous women	l				L			
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/645 (0.2%)	4/487 (0.8%)	RR 0.19 (0.02 to 1.68)	7 fewer per 1000 (from 8 fewer to 6 more)	⊕○○○ VERY LOW	CRITICAL
Postpartu	ım haemorrha	ige – prim	iparous women									
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	1/74 (1.4%)	2/83 (2.4%)	RR 0.56 (0.05 to 6.06)	11 fewer per 1000 (from 23 fewer to 122 more)		CRITICAL
Postpartu	ım haemorrha	ige – mult	iparous women	I.	I				L			
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	2/266 (0.8%)	2/267 (0.7%)	RR 1 (0.14 to 7.07)	0 fewer per 1000 (from 6 fewer to 45 more)	⊕OOO VERY LOW	CRITICAL
Duration of	of first stage	of labour ((minutes) (better i	ndicated by lowe	er values)							_
5	randomized trials	serious ¹	very serious ³	no serious indirectness	serious ⁴	none	578	549	-	MD 20.43 lower (95.93 lower to 55.06 higher)	⊕OOO VERY LOW	CRITICAL

			Quality as	sessment			No. of patients	1		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Duration	of first stage of	of labour	(minutes) – primip	parous women (b	etter indicated	by lower values)		<u> </u>				
4	randomized trials	serious ¹	very serious ³	no serious indirectness	serious ⁵	none	190	189	-	MD 57.93 lower (152.66 lower to 36.8 higher)	⊕OOO VERY LOW	CRITICAL
Duration	of first stage	of labour	(minutes) – multip	arous women (b	etter indicated	by lower values)						
3	randomized trials	serious ¹	very serious ³	no serious indirectness	serious ⁴	none	205	181	-	MD 23.1 higher (50.89 lower to 97.09 higher)	⊕○○○ VERY LOW	CRITICAL
Duration	of first stage of	of labour	(minutes) – primip	parous and multi	parous women	(better indicated b	y lower values)					
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	183	179	-	MD 18 lower (67.54 lower to 31.54 higher)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section			L	I							
9	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	137/2620 (5.2%)	103/2401 (4.3%)	RR 1.27 (0.99 to 1.63)	12 more per 1000 (from 0 fewer to 27 more)	⊕⊕○○ LOW	IMPORTANT
Caesarea	n section – pr	imiparous	s women									
6	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	108/1381 (7.8%)	90/1293 (7%)	RR 1.15 (0.88 to 1.51)	10 more per 1000 (from 8 fewer to 35 more)	⊕⊕○○ LOW	IMPORTANT
								4.7%		7 more per 1000 (from 6 fewer to 24 more)		
Caesarea	n section – m	ultiparous	s women									
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	12/795 (1.5%)	6/678 (0.9%)	RR 1.76 (0.65 to 4.76)	7 more per 1000 (from 3 fewer to 33 more)	⊕OOO VERY LOW	IMPORTANT

			Quality as	sessment			No. of patients	S		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Caesarea	n section – pr	imiparou	s and multiparous	women	<u> </u>			_	1			
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	17/444 (3.8%)	7/430 (1.6%)	RR 2.36 (0.99 to 5.63)	22 more per 1000 (from 0 fewer to 75 more)	⊕OOO VERY LOW	IMPORTANT
Dysfuncti	onal labour	L							1		L	
3	randomized trials	serious ¹	serious ⁶	no serious indirectness	no serious imprecision	none	227/842 (27%)	358/853 (42%)	RR 0.6 (0.44 to 0.82)	168 fewer per 1000 (from 76 fewer to 235 fewer)	⊕⊕○○ LOW	IMPORTANT
								44.9%		180 fewer per 1000 (from 81 fewer to 251 fewer)		
Dysfuncti	onal labour –	primiparo	ous women									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	22/74 (29.7%)	50/83 (60.2%)	RR 0.49 (0.33 to 0.73)	307 fewer per 1000 (from 163 fewer to 404 fewer)	0000	IMPORTANT
Dysfuncti	onal labour –	multipard	ous women									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	36/266 (13.5%)	83/267 (31.1%)	RR 0.44 (0.31 to 0.62)	174 fewer per 1000 (from 118 fewer to 214 fewer)	0000	IMPORTANT
Dysfuncti	onal labour –	primiparo	ous and multiparo	us women								
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	169/502 (33.7%)	225/503 (44.7%)	RR 0.75 (0.64 to 0.88)	· ·	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality as	sessment			No. of patients	s		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Duration (of second sta	ge (minut	es) (better indicate	ed by lower valu	es)			· ·	•			•
8	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	968	959	-	MD 1.33 lower (2.92 lower to 0.26 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Duration (of second sta	ge (minut	es) – primiparous	women (better i	ndicated by low	er values)		1				
7	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	319	334	-	MD 5.43 lower (9.98 to 0.89 lower)	⊕⊕⊕○ MODERATE	IMPORTANT
Duration (of second sta	ge (minut	es) – multiparous	women (better i	ndicated by low	er values)						
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	471	448	-	MD 1.19 lower (2.92 lower to 0.53 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Duration (of second sta	ge (minut	es) – primiparous	and multiparous	s women (better	indicated by lowe	r values)					
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	178	177	-	MD 0.6 higher (2.46 lower to 3.66 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Cord prol	apse											
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/802 (0.1%)	1/813 (0.1%)	RR 1 (0.14 to 7.1)	0 fewer per 1000 (from 1 fewer to 8 more)	⊕OOO VERY LOW	IMPORTANT
Cord prol	apse – primip	arous and	d multiparous wor	nen							<u>I</u>	
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/462 (0%)	1/463 (0.2%)	RR 0.33 (0.01 to 8.18)	1 fewer per 1000 (from 2 fewer to 16 more)	⊕OOO VERY LOW	IMPORTANT
Cord prol	apse – primip	arous wo	men	<u> </u>	1			1	1	I	1	,
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁷	none	0/74 (0%)	0/83 (0%)	not pooled	not pooled	⊕OOO VERY LOW	IMPORTANT

			Quality as	ssessment			No. of patient	s		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute	Ź	·
Cord prol	apse – multip	arous wo	men		1	-						
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/266 (0.4%)	0/267 (0%)	RR 3.01 (0.12 to 73.59)	Value?-	⊕○○○ VERY LOW	IMPORTANT
Caesarea	n section for	fetal distr	ess									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	6/340 (1.8%)	2/350 (0.6%)	RR 3.21 (0.66 to 15.6)	13 more per 1000 (from 2 fewer to 83 more)	⊕○○○ VERY LOW	CRITICAL
Caesarea	n section for	fetal distr	ess – primiparous	women	1				1			
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	4/74 (5.4%)	1/83 (1.2%)	RR 4.49 (0.51 to 39.25)	42 more per 1000 (from 6 fewer to 461 more)	⊕○○○ VERY LOW	CRITICAL
Caesarea	n section for	fetal distr	ess – multiparous	s women								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	2/266 (0.8%)	1/267 (0.4%)	RR 2.01 (0.18 to 22.01)	4 more per 1000 (from 3 fewer to 79 more)	⊕OOO VERY LOW	CRITICAL
Caesarea	n section for	prolonged	d labour									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/340 (0.3%)	3/350 (0.9%)	RR 0.45 (0.07 to 3.03)	5 fewer per 1000 (from 8 fewer to 17 more)	⊕OOO VERY LOW	IMPORTANT
Caesarea	n section for	prolonged	d labour – primipa	rous women								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/74 (0%)	1/83 (1.2%)	RR 0.37 (0.02 to 9.03)	8 fewer per 1000 (from 12 fewer to 97 more)	⊕OOO VERY LOW	IMPORTANT
Caesarea	n section for	prolonged	d labour – multipa	rous women	J							
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/266 (0.4%)	2/267 (0.7%)	RR 0.5 (0.05 to 5.5)	4 fewer per 1000 (from 7 fewer to 34 more)	⊕○○○ VERY LOW	IMPORTANT

			Quality as	sessment			No. of patient	s		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute	Quanty	importance
Maternal i	infection				<u> </u>							<u> </u>
	randomized trials		no serious inconsistency	no serious indirectness	serious ⁴	none	14/1119 (1.3%)	14/1031 (1.4%)	RR 0.88 (0.43 to 1.82)	2 fewer per 1000 (from 8 fewer to 11 more)	⊕⊕○○ LOW	IMPORTANT
Maternal i	infection – pr	imiparous	women	<u>l</u>								
	randomized trials		no serious inconsistency	no serious indirectness	serious ⁴	none	13/853 (1.5%)	14/764 (1.8%)	RR 0.81 (0.38 to 1.72)	3 fewer per 1000 (from 11 fewer to 13 more)	⊕⊕○○ LOW	IMPORTANT
Maternal i	infection – mi	ultiparous	women									
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	1/266 (0.4%)	0/267 (0%)	RR 3.01 (0.12 to 73.59)	-	⊕○○○ VERY LOW	IMPORTANT
 Wide cor Statistica Wide cor Wide cor Statistica 	nfidence interval heterogeneit Infidence intervalidence intervalidence intervalidence	al crossing y (l ² > 60% al crossing al crossing y (l ² > 60%	d design limitations the line of no effect). Size and directic the line of no effect the line of no effect). Direction of effect	ct and few events on of effect incons ct. ct and failed to ex	istent. clude appreciabl	e benefit.		ı	1		1	I

Table 6b. The use of routine amniotomy (alone) for prevention of delay in the first stage of labour (infant outcomes)

Source: Smyth RMD, Markham C, Dowswell T. Amniotomy for shortening spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD006167.

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			Quality asso	essment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Perinatal of	death											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/1751 (0.1%)	0/1646 (0%)	RR 3.01 (0.12 to 73.59)	-	⊕○○○ VERY LOW	CRITICAL
Perinatal of	death – primi	parous wome	en	•	•			•			•	
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/1409 (0%)	0/1324 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Perinatal of	death – primi	parous and r	multiparous wome	en	<u>'</u>	'		•			•	
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/34 (0%)	0/30 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Perinatal of	death – multi	parous wome	en									
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/308 (0.3%)	0/292 (0%)	RR 3.01 (0.12 to 73.59)	-	⊕○○○ VERY LOW	CRITICAL
Seizures (neonate)			'	,							
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	2/2118 (0.1%)	2/1951 (0.1%)	RR 0.88 (0.15 to 5.35)	0 fewer per 1000 (from 1 fewer to 4 more)	⊕○○○ VERY LOW	CRITICAL

			Quality asso	essment			No. of patients	s		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Seizures ((neonate) – pi	 rimiparous w	omen									
4	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	2/1318 (0.2%)	2/1227 (0.2%)	RR 0.88 (0.15 to 5.35)	0 fewer per 1000 (from 1 fewer to 7 more)	⊕○○○ VERY LOW	CRITICAL
Seizures ((neonate) – m	ultiparous w	omen									
2	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	0/565 (0%)	0/500 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Seizures ((neonate) – pi	rimiparous ai	l nd multiparous w	omen		1						
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	0/235 (0%)	0/224 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Respirato	ry distress sy	/ndrome										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/575 (0%)	2/574 (0.3%)	RR 0.2 (0.01 to 4.16)	3 fewer per 1000 (from 3 fewer to 11 more)	⊕○○○ VERY LOW	CRITICAL
Respirato	ry distress sy	/ndrome – pr	imiparous and m	ultiparous wome	en							
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	0/235 (0%)	0/224 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Respirato	ry distress sy	/ndrome – pr	imiparous womer	n					ı			
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	0/74 (0%)	0/83 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL

			Quality ass	essment			No. of patients	S		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		·
Respirato	ry distress sy	/ndrome – m	ultiparous womer	1								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/266 (0%)	2/267 (0.7%)	RR 0.2 (0.01 to 4.16)	6 fewer per 1000 (from 7 fewer to 24 more)	⊕○○○ VERY LOW	CRITICAL
Apgar sco	ore < 7 at 5 m	inutes										
6	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	14/1853 (0.8%)	25/1745 (1.4%)	RR 0.53 (0.28 to 1)	7 fewer per 1000 (from 10 fewer to 0 more)	⊕⊕○○ LOW	CRITICAL
Apgar sco	ore < 7 at 5 m	inutes – prim	iparous women		l				L			
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	10/1318 (0.8%)	22/1224 (1.8%)	RR 0.42 (0.2 to 0.88)	10 fewer per 1000 (from 2 fewer to 14 fewer)	⊕⊕⊕○ MODERATE	CRITICAL
Apgar sco	ore < 7 at 5 m	inutes – prim	l iparous and mult	iparous women								
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	3/269 (1.1%)	2/254 (0.8%)	RR 1.3 (0.26 to 6.43)	2 more per 1000 (from 6 fewer to 43 more)	⊕⊕○○ LOW	CRITICAL
Apgar sco	ore < 7 at 5 m	inutes – mult	iparous women									
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	1/266 (0.4%)	1/267 (0.4%)	RR 1 (0.06 to 15.96)	0 fewer per 1000 (from 4 fewer to 56 more)	⊕⊕⊖⊖ LOW	CRITICAL
Acidosis	as defined as	a cord blood	l arterial pH of < 7	7.2	<u> </u>							
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	51/504 (10.1%)	44/510 (8.6%)	RR 1.18 (0.8 to 1.73)	16 more per 1000 (from 17 fewer to 63 more)	⊕⊕○○ LOW	CRITICAL

			Quality ass	essment			No. of patients	s		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Admissio	n to special c	are baby uni	t/neonatal intensi	ve care unit	<u>'</u>				!	<u> </u>		,
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	70/1388 (5%)	61/1298 (4.7%)	RR 1.08 (0.77 to 1.5)	4 more per 1000 (from 11 fewer to 23 more)	⊕⊕○○ LOW	IMPORTANT
Admissio	n to special c	are baby uni	t/neonatal intensi	ve care unit – pr	imiparous wom	en			L		L	
5	randomized trials		no serious inconsistency	no serious indirectness	serious ⁵	none	67/1122 (6%)	57/1031 (5.5%)	RR 1.1 (0.78 to 1.54)	6 more per 1000 (from 12 fewer to 30 more)	⊕⊕○○ LOW	IMPORTANT
Admissio	n to special c	are baby uni	t/neonatal intensi	ve care unit – m	ultiparous wom	en						
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	3/266 (1.1%)	4/267 (1.5%)	RR 0.75 (0.17 to 3.33)	4 fewer per 1000 (from 12 fewer to 35 more)		IMPORTANT
Cephalha	ematoma			l								
3	randomized trials		no serious inconsistency	no serious indirectness	serious ⁵	none	23/849 (2.7%)	15/863 (1.7%)	RR 1.52 (0.81 to 2.83)	9 more per 1000 (from 3 fewer to 32 more)	⊕⊕○○ LOW	CRITICAL
Cephalha	ematoma – pi	rimiparous aı	nd multiparous w	omen								
2	randomized trials		no serious inconsistency	no serious indirectness	serious ⁶	none	23/509 (4.5%)	14/513 (2.7%)	RR 1.63 (0.86 to 3.1)	17 more per 1000 (from 4 fewer to 57 more)	⊕⊕⊖⊝ LOW	CRITICAL
Cephalha	ematoma – pi	rimiparous w	omen	1							<u> </u>	
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/74 (0%)	1/83 (1.2%)	RR 0.37 (0.02 to 9.03)	8 fewer per 1000 (from 12 fewer to 97 more)	⊕○○○ VERY LOW	CRITICAL

			Quality asso	essment			No. of patients	5		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Cephalha	ematoma – m	ultiparous w	omen								ļ	Į.
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/266 (0%)	0/267 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Meconiun	n aspiration s	yndrome										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	8/802 (1%)	2/813 (0.2%)	RR 3.06 (0.83 to 11.27)	5 more per 1000 (from 0 fewer to 25 more)	⊕OOO VERY LOW	IMPORTANT
Meconiun	n aspiration s	yndrome – p	rimiparous and m	nultiparous wom	en			-				
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	6/462 (1.3%)	2/463 (0.4%)	RR 3.01 (0.61 to 14.82)	9 more per 1000 (from 2 fewer to 60 more)	⊕○○○ VERY LOW	IMPORTANT
Meconiun	n aspiration s	yndrome – p	rimiparous wome	en								J
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/74 (1.4%)	0/83 (0%)	RR 3.36 (0.14 to 81.24)	-	⊕○○○ VERY LOW	IMPORTANT
Meconiun	n aspiration s	yndrome – n	nultiparous wome	n								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/266 (0.4%)	0/267 (0%)	RR 3.01 (0.12 to 73.59)	-	⊕○○○ VERY LOW	IMPORTANT
Neonatal	jaundice											
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	168/1686 (10%)	187/1516 (12.3%)	RR 0.9 (0.76 to 1.06)	12 fewer per 1000 (from 30 fewer to 7 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT

			Quality ass	essment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy (normal progression at randomization)	No amniotomy	Relative (95% CI)	Absolute		
Neonatal	jaundice – pr	imiparous wo	omen		<u> </u>	<u> </u>		ļ				J
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	50/852 (5.9%)	45/762 (5.9%)	RR 1.16 (0.83 to 1.62)	9 more per 1000 (from 10 fewer to 37 more)	⊕⊕○○ LOW	IMPORTAN'
Neonatal	jaundice – m	ultiparous wo	omen									
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	100/565 (17.7%)	120/500 (24%)	RR 0.83 (0.67 to 1.02)	41 fewer per 1000 (from 79 fewer to 5 more)	⊕⊕⊖⊖ LOW	IMPORTAN
Neonatal	 jaundice – pr	imiparous an	d multiparous wo	omen								
2	randomized trials	serious ¹	serious ⁷	no serious indirectness	serious ⁵	none	18/269 (6.7%)	22/254 (8.7%)	RR 0.76 (0.42 to 1.36)	21 fewer per 1000 (from 50 fewer to 31 more)	⊕○○○ VERY LOW	IMPORTAN ⁻
Fracture												
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	3/462 (0.6%)	1/463 (0.2%)	RR 3.01 (0.31 to 28.8)	4 more per 1000 (from 1 fewer to 60 more)	⊕OOO VERY LOW	IMPORTANT
Intracrani	al haemorrha	ge										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/235 (0%)	0/224 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Wide cor No event Wide cor Wide cor Wide cor Wide cor	nfidence interv s, no estimable nfidence interv nfidence interv	al crossing the le data. al crossing lin al crossing the al crossing the	esign limitations. e line of no effect a e of no effect and e line of no effect. e line of no effect a	failed to exclude a								

Table 7a. Antispasmodics for prevention of delay in labour (maternal outcomes)

Source: Rohwer AC, Khondowe O, Young T. Antispasmodics for labour. Cochrane Database Syst Rev. 2013;(6):CD009243.

	Design	Risk of bias									Quality	Importanc
otal dura	tion of labour		Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		
3	iioii oi iaboai	of vaginal birth	ns (minutes) (bette	r indicated by low	ver values)	1						
	randomized trials	serious	serious ¹	no serious indirectness	no serious imprecision	none	245	147	-	MD 102.6 lower (164.12 to 41.08 lower)	⊕⊕○○ LOW	CRITICAL
otal dura	tion of labour	of vaginal birth	ns (minutes) – neu	rotropic agents (b	etter indicated by	lower values)						
3	randomized trials	serious ²	serious ¹	no serious indirectness	serious ³	none	146	98	-	MD 80.78 lower (153.81 to 7.75 lower)	⊕○○○ VERY LOW	CRITICAL
otal dura	tion of labour	of vaginal birth	l ns (minutes) – mus	sculotropic agents	(better indicated	by lower values)						
2	randomized trials	serious ²	serious ¹	no serious indirectness	very serious ⁴	none	99	49	-	MD 138.21 lower (291.51 lower to 15.09 higher)	⊕○○○ VERY LOW	CRITICAL
Postpartur	n haemorrhag	je										
2	randomized trials	no serious risk of bias	serious ⁵	no serious indirectness	very serious ⁶	none	11/90 (12.2%)	4/95 (4.2%)	RR 2.46 (0.2 to 30.17)	61 more per 1000 (from 34 fewer to 1000 more)	⊕OOO VERY LOW	CRITICAL
Postpartur	n haemorrhag	je – neurotropi	c agents		l		ı					
	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁶	none	2/40 (5%)	3/45 (6.7%)	RR 0.75 (0.13 to 4.26)	17 fewer per 1000 (from 58 fewer to 217 more)	⊕⊕○○ LOW	CRITICAL
Postpartur	n haemorrhag	je – musculotro	opic agents		<u> </u>							
	randomized trials	serious ⁷	no serious inconsistency	no serious indirectness	very serious ⁸	none	9/50 (18%)	1/50 (2%)	RR 9 (1.18 to 68.42)	160 more per 1000 (from 4 more to 1000 more)	⊕○○○ VERY LOW	CRITICAL

			Quality ass	essment			No. of patie	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		
Duration (of first stage o	f labour, vagin	al births (minutes)	(better indicated	by lower values)		I.	<u> </u>				l.
7	randomized trials	serious ²	serious ⁹	no serious indirectness	no serious imprecision	none	635	416	-	MD 59.1 lower (95.81 to 22.38 lower)	⊕⊕○○ LOW	CRITICAL
Duration (of first stage o	f labour, vagin	al births (minutes)	- neurotropic ag	ents (better indica	ted by lower value	s)					
5	randomized trials	serious ²	serious ¹	no serious indirectness	no serious imprecision	none	314	208	-	MD 60.5 lower (118.58 to 2.42 lower)	⊕⊕○○ LOW	CRITICAL
Duration (of first stage o	f labour, vagin	al births (minutes)	- musculotropic	agents (better ind	icated by lower val	ues)					
5	randomized trials	serious ²	serious ⁹	no serious indirectness	no serious imprecision	none	321	208	-	MD 57.09 lower (108.58 to 5.6 lower)	⊕⊕○○ LOW	CRITICAL
Duration (of second stag	e of labour of	 vaginal births (min	utes) (better indic	cated by lower val	ues)						
6	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision	none	435	318	-	MD 0.51 higher (3.04 lower to 4.06 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Duration (of second stag	je of labour of	 vaginal births (min	utes) – neurotrop	ic agents (better i	ndicated by lower	values)					
4	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	161	-	MD 0.77 higher (2.58 lower to 4.12 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Duration	of second stag	je of labour of	vaginal births (min	utes) – musculoti	ropic agents (bette	er indicated by low	er values)					
4	randomized trials	serious ²	serious ¹⁰	no serious indirectness	no serious imprecision	none	221	157	-	MD 0.55 higher (6.61 lower to 7.72 higher)	⊕⊕○○ LOW	IMPORTANT
Rate of no	ormal vertex de	eliveries					1					
16	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision	none	1232/1322 (93.2%)	902/997 (90.5%)	RR 1.02 (1 to 1.05)	18 more per 1000 (from 0 more to 45 more)	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality ass	essment			No. of patie	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		
Rate of no	ormal vertex de	eliveries – neur	rotropic agents									
13	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision	none	776/848 (91.5%)	625/688 (90.8%)	RR 1 (0.97 to 1.03)	0 fewer per 1000 (from 27 fewer to 27 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Rate of no	ormal vertex de	eliveries – mus	culotropic agents									
8	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision	none	456/474 (96.2%)	277/309 (89.6%)	RR 1.06 (1.02 to 1.11)	54 more per 1000 (from 18 more to 99 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Rate of ce	ervical dilatation	on of vaginal bi	rths (cm/hr) (bette	r indicated by low	ver values)					l	L	
4	randomized trials	serious ²	serious ¹¹	no serious indirectness	no serious imprecision	none	349	204	-	MD 0.67 higher (0.39 to 0.95 higher)	⊕⊕○○ LOW	IMPORTANT
Rate of ce	ervical dilatation	on of vaginal bi	rths (cm/hr) – neur	rotropic agents (b	etter indicated by	lower values)						
3	randomized trials	serious ²	serious ¹¹	no serious indirectness	very serious ⁶	none	146	74	-	MD 0.48 higher (0 to 0.96 higher)	⊕○○○ VERY LOW	IMPORTANT
Rate of ce	ervical dilatation	on of vaginal bi	rths (cm/hr) – mus	culotropic agents	s (better indicated	by lower values)						
4	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision	none	203	130	-	MD 0.85 higher (0.5 to 1.19 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Cervical I	aceration											
3	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ¹²	none	3/170 (1.8%)	4/172 (2.3%)	RR 0.79 (0.2 to 3.12)	5 fewer per 1000 (from 19 fewer to 49 more)	⊕OOO VERY LOW	IMPORTANT
Cervical I	aceration – ne	urotropic agen	ts									I.
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁶	none	1/47 (2.1%)	0/49 (0%)	RR 3.12 (0.13 to 74.85)	-	⊕⊕○○ LOW	IMPORTANT

			Quality ass	essment			No. of patie	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		
Cervical I	aceration - mu	sculotropic ag	jents		<u> </u>							
2	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ⁶	none	2/123 (1.6%)	4/123 (3.3%)	RR 0.5 (0.09 to 2.68)	16 fewer per 1000 (from 30 fewer to 55 more)	⊕○○○ VERY LOW	IMPORTANT
Tachycar	dia – neurotrop	oic agents										
6	randomized trials	serious ²	no serious inconsistency	no serious indirectness	no serious imprecision ¹²	none	92/365 (25.2%)	6/209 (2.9%)	RR 7.6 (3.54 to 16.29)	189 more per 1000 (from 73 more to 439 more)	⊕⊕⊕○ MODERATE	IMPORTANT
								4%	-	264 more per 1000 (from 102 more to 612 more)		
Tachycar	dia – musculot	ropic agents		<u>.</u>								
3	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ⁶	none	6/172 (3.5%)	5/86 (5.8%)	RR 0.6 (0.19 to 1.9)	23 fewer per 1000 (from 47 fewer to 52 more)	⊕○○○ VERY LOW	IMPORTANT
Headache	•											
3	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ¹²	none	13/344 (3.8%)	3/171 (1.8%)	RR 1.51 (0.56 to 4.1)	9 more per 1000 (from 8 fewer to 54 more)	⊕OOO VERY LOW	IMPORTANT
Headache	e – neurotropic	agents										J
3	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ¹²	none	3/172 (1.7%)	2/85 (2.4%)	RR 0.67 (0.15 to 2.93)	8 fewer per 1000 (from 20 fewer to 45 more)	⊕OOO VERY LOW	IMPORTANT
Headache	e – musculotro	pic agents	l.						<u> </u>			
3	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ¹²	none	10/172 (5.8%)	1/86 (1.2%)	RR 2.78 (0.63 to 12.28)	21 more per 1000 (from 4 fewer to 131 more)	⊕○○○ VERY LOW	IMPORTANT

			Quality ass	essment			No. of patie	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		
Vomiting					1		l.					
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹²	none	7/97 (7.2%)	3/99 (3%)	RR 2.21 (0.64 to 7.62)	37 more per 1000 (from 11 fewer to 201 more)	⊕⊕○○ LOW	IMPORTANT
Vomiting -	- neurotropic a	agents								l	L	
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹²	none	4/47 (8.5%)	3/49 (6.1%)	RR 1.39 (0.33 to 5.88)	24 more per 1000 (from 41 fewer to 299 more)	⊕⊕○○ LOW	IMPORTANT
Vomiting -	- musculotrop	ic agents										
1	randomized trials	serious ²	no serious inconsistency	no serious indirectness	very serious ¹²	none	3/50 (6%)	0/50 (0%)	RR 7 (0.37 to 132.1)	-	⊕○○○ VERY LOW	IMPORTANT
² Studies a ³ Small san ⁴ Wide con ⁵ Two trials ⁶ Wide con ⁸ One study ⁸ Few even ⁹ Statistical ¹⁰ Statistical ¹¹ Statistical	fidence interval with different effidence interval y at high risk of its and small sall heterogeneity al heterogeneity al heterogeneity	crossing the line of the line	e of no effect and s e of no effect, few e	events and small s	ample size.							

Table 7b. Antispasmodics for prevention of delay in labour (infant outcomes)

Source: Rohwer AC, Khondowe O, Young T. Antispasmodics for labour. Cochrane Database Syst Rev. 2013;(6):CD009243.

			Quality assess	ment			No. of patie	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		·
Admission	to neonatal ir	ntensive care un	it									
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	11/497 (2.2%)	8/348 (2.3%)	RR 0.84 (0.34 to 2.05)	4 fewer per 1000 (from 15 fewer to 24 more)	⊕OOO VERY LOW	IMPORTANT
Admission	to neonatal ir	ntensive care un	it – neurotropic age	nts				L				
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	6/297 (2%)	4/223 (1.8%)	RR 0.94 (0.27 to 3.25)	1 fewer per 1000 (from 13 fewer to 40 more)	⊕OOO VERY LOW	IMPORTANT
Admission	to neonatal ir	ntensive care un	it – musculotropic a	ngents								
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	5/200 (2.5%)	4/125 (3.2%)	RR 0.73 (0.2 to 2.66)	9 fewer per 1000 (from 26 fewer to 53 more)	⊕OOO VERY LOW	IMPORTANT
Fetal distre	ess										<u> </u>	
1	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ²	none	2/50 (4%)	4/50 (8%)	RR 0.5 (0.1 to 2.61)	40 fewer per 1000 (from 72 fewer to 129 more)	⊕OOO VERY LOW	IMPORTANT
Fetal brady	/cardia											
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	2/65 (3.1%)	3/65 (4.6%)	RR 0.67 (0.12 to 3.86)	15 fewer per 1000 (from 41 fewer to 132 more)	⊕⊕○○ LOW	IMPORTANT
Fetal tachy	cardia – neur	otropic agents o	nly									
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	8/115 (7%)	2/115 (1.7%)	RR 3.4 (0.85 to 13.67)	42 more per 1000 (from 3 fewer to 220 more)	⊕⊕○○ LOW	IMPORTANT

			Quality assessr	ment			No. of patie	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antispasmodics	Control	Relative (95% CI)	Absolute		
Meconium-	stained liquor											
	randomized no serious risk no serious no serious no serious risk of bias no serious no serious risk no serious risk no serious no serious risk no serious risk no serious no serious risk no seri						6/53 (11.3%)	3/54 (5.6%)	RR 2.04 (0.54 to 7.73)	58 more per 1000 (from 26 fewer to 374 more)	⊕⊕○○ LOW	IMPORTANT

Most studies contributing data had design limitations.

Wide confidence interval crossing the line of no effect and few events.

One study with design limitations.

Table 8a. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Anim-Somuah M, Smyth RMD, Jones L. Epidural versus non-epidural or no analgesia in labour. Cochrane Database Syst Rev. 2011;(12):CD000331.

			Quality	assessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Epidural	Non- epidural	Relative (95% CI)	Absolute		
ouration of	first stage of la	abour (min	utes) (better in	dicated by lower va	alues)		<u>I</u>					<u>I</u>
1	randomized trials	serious ¹	serious ²	no serious indirectness	serious ³	none	1422	1559	-	MD 18.51 higher (12.91 lower to 49.92 higher)	⊕○○○ VERY LOW	CRITICAL
Ouration of	second stage	of labour (r	minutes) (bette	r indicated by lowe	er values)	1						
13	randomized trials	serious ¹	serious ²	no serious indirectness	no serious imprecision	none	2053	2180	-	MD 13.66 higher (6.67 to 20.66 higher)	⊕⊕○○ LOW	IMPORTAN'
Oxytocin a	ugmentation											
	randomized	serious ¹	serious ²	no serious	no serious	none	1347/2898		RR 1.19 (1.03 to	76 more per 1000 (from 12 more	⊕⊕○○	IMPORTANT
3	trials			indirectness	imprecision		(46.5%)	(39.8%)	1.39)	to 155 more)	LOW	

Table 8b. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Novikova N, Cluver C. Local anaesthetic nerve block for pain management in labour. Cochrane Database Syst Rev. 2012;(4):CD009200.

			Quality assess	sment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Local anaesthetic nerve block	Opioids	Relative (95% CI)	Absolute			
Mean time fr	om performing	local anaest	thesia to birth (parace	rvical block versus i	ntramuscula	r pethidine) (better i	ndicated by lower values)					
1	randomized trials			no serious indirectness	serious ²	none	55	62	-	MD 37 higher (31.72 to 42.28 higher)	⊕⊕○○ LOW	CRITICAL

¹ One study with design limitations. ² Estimate based on small sample size.

Table 8c. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Simmons SW, Taghizadeh N, Dennis AT, Hughes D, Cyna AM. Combined spinal-epidural versus epidural analgesia in labour. Cochrane Database Syst Rev. 2012;(10):CD003401.

			Quality asse	essment			No. of pa	tients		Effect	Quality	Importanc
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined spinal-epidural	Traditional epidural	Relative (95% CI)	Absolute		
abour au	gmentation re	equired	_									
	randomized	serious ¹	no serious	no serious	no serious	none	192/440	203/443	RR 0.95 (0.84	23 fewer per 1000 (from	⊕⊕⊕○	IMPORTAN
	trials		inconsistency	indirectness	imprecision		(43.6%)	(45.8%)	to 1.09)	73 fewer to 41 more)	MODERATE	
								86%		43 fewer per 1000 (from 138 fewer to 77 more)		
bour au	gmentation re	equired – com	nbined spinal-epid	ural versus tradit	ional epidural							
bour au	gmentation re	no serious	serious ¹	no serious	no serious	none	153/401	163/403	RR 0.94 (0.8	24 fewer per 1000 (from	⊕⊕⊕0	IMPORTAN
bour au				1		none	153/401 (38.2%)	163/403 (40.4%)	RR 0.94 (0.8 to 1.11)	. ,	⊕⊕⊕○ MODERATE	_
abour au	randomized	no serious		no serious	no serious	none			`	. ,		_
	randomized trials	no serious risk of bias		no serious indirectness	no serious imprecision			(40.4%)	`	81 fewer to 44 more) 36 fewer per 1000 (from		_
	randomized trials gmentation re	no serious risk of bias	serious ¹	no serious indirectness	no serious imprecision			(40.4%)	to 1.11)	81 fewer to 44 more) 36 fewer per 1000 (from	MODERATE	
	randomized trials gmentation re	no serious risk of bias equired – opio	serious ¹	no serious indirectness	no serious imprecision s traditional epic	dural	(38.2%)	(40.4%)	to 1.11)	81 fewer to 44 more) 36 fewer per 1000 (from 120 fewer to 66 more)	MODERATE	
abour au	randomized trials gmentation re	no serious risk of bias equired – opio	serious ¹ pid combined spina	no serious indirectness al-epidural versus	no serious imprecision s traditional epic	dural	(38.2%)	60%	to 1.11)	81 fewer to 44 more) 36 fewer per 1000 (from 120 fewer to 66 more) 0 fewer per 1000 (from 50	MODERATE ###	
abour au	randomized trials gmentation referenced trials	no serious risk of bias equired – opio	serious ¹ pid combined spina	no serious indirectness al-epidural versus	no serious imprecision s traditional epic	dural	(38.2%)	60%	to 1.11)	81 fewer to 44 more) 36 fewer per 1000 (from 120 fewer to 66 more) 0 fewer per 1000 (from 50	MODERATE ###	IMPORTAN'

¹ Most studies contributing data had design limitations.
² One study with design limitations.

³ Estimate based on small sample size.

⁴ Wide confidence interval crossing the line of no effect, few events and small sample size.

Table 8d. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Simmons SW, Taghizadeh N, Dennis AT, Hughes D, Cyna AM. Combined spinal-epidural versus epidural analgesia in labour. Cochrane Database Syst Rev. 2012;(10):CD003401.

			Quality as	sessment			No. of pat	ients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined spinal- epidural	Low-dose epidural	Relative (95% CI)	Absolute		
_abour au	gmentation re	equired	1	1	1	1						<u> </u>
6	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	245/632 (38.8%)	258/653 (39.5%)	RR 1 (0.88 to 1.13)	' '	⊕⊕⊕○ MODERATE	IMPORTAN'
								24.5%	-	0 fewer per 1000 (from 29 fewer to 32 more)	•	
Labour au	gmentation re	equired – c	ombined spinal-ep	idural versus low	-dose epidural							
3	randomized	serious ¹	no serious	no serious	no serious	none	153/470	162/474	RR 0.95 (0.8	17 fewer per 1000 (from 68	0000	IMPORTAN [*]
	trials		inconsistency	indirectness	imprecision		(32.6%)	(34.2%)	to 1.13)	fewer to 44 more)	MODERATE	
Labour au		equired – o			'	eesthetic/opioid epi	, ,	(34.2%)	to 1.13)	fewer to 44 more)	MODERATE	
Labour au		serious ²			'	none	, ,	5/34 (14.7%)	,	fewer to 44 more) 81 more per 1000 (from 65 fewer to 482 more)		IMPORTAN ⁻
1	gmentation re randomized trials	serious ²	pioid combined sp	inal-epidural vers no serious indirectness	very serious ³	none	dural 8/35	5/34	RR 1.55 (0.56	81 more per 1000 (from 65	⊕000	IMPORTANT
1	gmentation re randomized trials	serious ²	pioid combined sp no serious inconsistency	inal-epidural vers no serious indirectness	very serious ³	none	dural 8/35	5/34	RR 1.55 (0.56 to 4.28)	81 more per 1000 (from 65	⊕○○○ VERY LOW	IMPORTANT
1 Labour au	randomized trials gmentation re randomized trials	serious ² equired – o	no serious inconsistency pioid combined sp	no serious indirectness no serious indirectness	very serious ³ sus low-dose epic	none	8/35 (22.9%)	5/34 (14.7%)	RR 1.55 (0.56 to 4.28)	81 more per 1000 (from 65 fewer to 482 more) 41 fewer per 1000 (from 86	⊕○○○ VERY LOW	IMPORTANT

¹ All of the studies contributing data had design limitations.
² One study with design limitations.

³ Wide confidence interval crossing the line of no effect, few events and small sample size.

⁴ Estimate based on small sample size.

Table 8e. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Dowswell T, Bedwell C, Lavender T, Neilson JP. Transcutaneous electrical nerve stimulation (TENS) for pain management in labour. Cochrane Database Syst Rev. 2009;(2):CD007214.

			Quality asse	ssment				No. of patients		Effect		
											Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS	Placebo TENS or routine care	Relative (95% CI)	Absolute		
Augmentat	ion of labour –	TENs to b	lack						ļ			ļ
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	23/46 (50%)	28/48 (58.3%)	RR 0.86 (0.59 to 1.25)	82 fewer per 1000 (from 239 fewer to 146 more)	⊕OOO VERY LOW	IMPORTANT
Augmentat	ion of labour –	TENS to a	cu-points	1								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	40/50 (80%)	43/50 (86%)	RR 0.93 (0.78 to 1.11)	60 fewer per 1000 (from 189 fewer to 95 more)	⊕⊕○○ LOW	IMPORTANT
Augmentat	ion of labour –	Limoge cu	ırrent to cranium									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	5/10 (50%)	9/10 (90%)	RR 0.56 (0.29 to 1.07)	396 fewer per 1000 (from 639 fewer to 63 more)	⊕○○○ VERY LOW	IMPORTANT
Duration of	first stage of	abour (mir	l nutes) (various start	ing points) – TENS	S to back (bet	tter indicated by lov	ver val	ues)				
3	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	serious ⁵	none	161	157	-	MD 14.1 lower (36.73 lower to 8.53 higher)	⊕⊕○○ LOW	CRITICAL
Duration of	first stage of	abour (mir	nutes) (various start	ing points) – TENS	S to acu-poin	ts (better indicated	by low	er values)	1			
2	randomized trials	serious ⁴	serious ⁶	no serious indirectness	very serious ²	none	110	80	-	MD 55.77 lower (170.3 lower to 58.76 higher)	⊕OOO VERY LOW	CRITICAL

			Quality asses	ssment				No. of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS	Placebo TENS or routine care	Relative (95% CI)	Absolute		
Duration of	second stage	of labour (minutes) – TENS to	back (better indica	ited by lower	values)						
3	randomized trials	serious ⁴	serious ⁶	no serious indirectness	serious ⁵	none	161	157	-	MD 0.59 higher (12.21 lower to 13.39 higher)	⊕OOO VERY LOW	IMPORTANT
Duration of	second stage	of labour (minutes) – TENS to	acu-points (better	indicated by	lower values)						
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	47	48	-	MD 3 lower (14.87 lower to 8.87 higher)	⊕○○○ VERY LOW	IMPORTANT

One study with design limitations.

Wide confidence interval crossing the line of no effect and small sample size.

Estimate based on small sample size.

All of the studies contributing data had design limitations.

Wide confidence interval crossing the line of no effect.

Statistical heterogeneity (I² > 70%).

Table 8f. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Dowswell T, Bedwell C, Lavender T, Neilson JP. Transcutaneous electrical nerve stimulation (TENS) for pain management in labour. Cochrane Database Syst Rev. 2009:(2):CD007214.

			Quality asses	ssment			No. of patie	nts		Effect	Quality	Importance
No. of studies	udies Design bias Inconsistency Indirectness Imprecision considerati						Cranial TENS with epidural	Epidural alone	Relative (95% CI)	Absolute		
Duration of	first stage of la	abour (mini	utes) (better indicate	ed by lower values)								
	randomized trials	serious ¹		very serious ²	none	60	60	-	MD 22.79 higher (27.81 lower to 73.39 higher)	⊕OOO VERY LOW	CRITICAL	

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect and small sample size.

Table 8g. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Smith CA, Levett KM, Collins CT, Crowther CA. Relaxation techniques for pain management in labour. Cochrane Database Syst Rev. 2011;(12):CD009514.

			Quality asses	sment			No. of pa	atients		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecisi					Other considerations	Relaxation	Usual care	Relative (95% CI)	Absolute		
Duration of	labour (minute	s) (better ir	ndicated by lower va	lues)								
	'			very serious²	none	19	17	-	MD 105.56 higher (1.5 lower to 212.62 higher)	⊕○○○ VERY LOW	CRITICAL	
Augmentati	on with oxytoc	in										
		serious ¹	no serious inconsistency		very serious ²	none	12/14 (85.7%)	15/20 (75%)	RR 1.14 (0.82 to 1.59)	105 more per 1000 (from 135 fewer to 443 more)	⊕OOOO VERY LOW	IMPORTANT

¹ One study with serious design limitations.

² Wide confidence interval crossing the line of no effect and small sample size.

Table 8h. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Smith CA, Levett KM, Collins CT, Crowther CA. Relaxation techniques for pain management in labour. Cochrane Database Syst Rev. 2011;(12):CD009514.

			Quality asses	sment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Inconsistency	Indirectness	Imprecision	Other considerations	Yoga	Control	Relative (95% CI)	Absolute			
Duration of	labour (minutes	s) (better in	dicated by lower valu	ies)								
2	randomized serious no serious no serious serious indirectness				serious ²	none	73	76	-	MD 182.19 lower (229.68 to 134.7 lower)	⊕⊕○○ LOW	CRITICAL
Augmentation	on with oxytoci	n										
1	trials		no serious inconsistency	no serious indirectness	very serious ⁴	none	13/33 (39.4%)	17/33 (51.5%)	RR 0.76 (0.45 to 1.31)	124 fewer per 1000 (from 283 fewer to 160 more)	⊕○○○ VERY LOW	IMPORTANT

All of the studies contributing data had design limitations.

² Estimate based on small sample size.

One study with design limitations.
 Wide confidence interval crossing the line of no effect, few events and small sample size.

Table 8i. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Smith CA, Levett KM, Collins CT, Crowther CA. Relaxation techniques for pain management in labour. Cochrane Database Syst Rev. 2011;(12):CD009514.

			Quality assess	ment				o. of ients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Music	Control	Relative (95% CI)	Absolute			
Duration of la	bour (minutes) (better indica	ated by lower values)									
	randomized very no serious no serious very none trials serious inconsistency indirectness serious²								-	MD 2.6 lower (11.58 lower to 6.38 higher)	⊕OOO VERY LOW	CRITICAL

¹ One study with serious design limitations.

² Wide confidence interval crossing the line of no effect and small sample size.

Table 8j. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Smith CA, Collins CT, Crowther CA, Levett KM. Acupuncture or acupressure for pain management in labour. Cochrane Database Syst Rev. 2011;(7):CD009232.

			Quality ass	sessment			No. of pat	ients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupressure	Control	Relative (95% CI)	Absolute		
Augmentatio	on with oxytocin	1										
	randomized trials	serious ¹		no serious indirectness	serious ³	none	63/131 (48.1%)	113/201 (56.2%)	•	79 fewer per 1000 (from 174 fewer to 34 more)	⊕○○○ VERY LOW	IMPORTANT
Duration of I	abour (minutes) (better inc	dicated by lowe	er values)								
	randomized trials			indirectness	serious ⁴	none	96	99	-	MD 119.65 lower (253.31 lower to 14.01 higher)	⊕OOO VERY LOW	

¹ All of the studies contributing data had design limitations.

Statistical heterogeneity (l² > 70%).
 Wide confidence interval crossing the line of no effect.
 Estimate based on small sample size.

Table 8k. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Madden K, Middleton P, Cyna AM, Matthewson M, Jones L. Hypnosis for pain management during labour and childbirth. Cochrane Database Syst Rev.

2012;(11):CD009356.

			Quality as	sessment			No. of p	atients		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecision								Relative (95% CI)	Absolute		
Augmentation	on with oxytoc	in					ļ.					
	randomized trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none		71/310 (22.9%)	RR 0.29 (0.19 to 0.45)	163 fewer per 1000 (from 126 fewer to 186 fewer)	⊕⊕○○ LOW	IMPORTANT
1.00								30%		213 fewer per 1000 (from 165 fewer to 243 fewer)		

All of the studies contributing data had design limitations, with more than 40% of weight from studies with serious design limitations.

Table 81. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Madden K, Middleton P, Cyna AM, Matthewson M, Jones L. Hypnosis for pain management during labour and childbirth. Cochrane Database Syst Rev. 2012;(11):CD009356.

			Quality as	sessment			No. of pa	atients		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecision								Relative (95% CI)	Absolute		
Augmentati	on with oxytoc	in										
	randomized very no serious no serious no no serious no							71/310 (22.9%)	RR 0.29 (0.19 to 0.45)	163 fewer per 1000 (from 126 fewer to 186 fewer)	⊕⊕○○ LOW	IMPORTANT

30%

213 fewer per 1000 (from 165 fewer to 243 fewer)

All of the studies contributing data had design limitations, with more than 40% of weight from studies with serious design limitations.

Table 8m. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Smith CA, Collins CT, Crowther CA. Aromatherapy for pain management in labour. Cochrane Database Syst Rev. 2011;(7):CD009215.

			Quality asses	sment			No. of pa	atients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aromatherapy	Standard care	Relative (95% CI)	Absolute		
Augmentati	on											
	randomized serious no serious no serious serious² none trials						92/251 (36.7%)	84/262 (32.1%)	RR 1.14 (0.9 to 1.45)	45 more per 1000 (from 32 fewer to 144 more)	⊕⊕○○ LOW	IMPORTANT

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect.

Table 8n. Effect of pain relief on duration of labour and oxytocin augmentation

Source: Barragán Loayza IM, Solà I, Juandó Prats C. Biofeedback for pain management during labour. Cochrane Database Syst Rev. 2011;(6):CD006168.

			Quality asses	sment			No. of p	atients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Biofeedback	No treatment	Relative (95% CI)	Absolute		
Augmentati	on of labour w	ith oxytoci	n									
		1 1	no serious inconsistency	no serious indirectness	serious ²	none	12/23 (52.2%)	14/32 (43.8%)	RR 1.19 (0.68 to 2.08)	83 more per 1000 (from 140 fewer to 472 more)	⊕○○○ VERY LOW	IMPORTANT

¹ One study with serious design limitations.

² Wide confidence interval crossing the line of no effect, few events and small sample size.

Table 9a. Intravenous fluids for shortening the duration of labour (maternal outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013:(6):CD007715.

			Quality asse	ssment			No. of patie	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intravenous fluids + oral intake	Oral intake alone	Relative (95% CI)	Absolute		
Mean durat	tion of labour	(minutes)	(better indicated by	lower values)								
	randomized trials	serious ¹		no serious indirectness	serious ²	none	150	91	-	MD 28.86 lower (47.41 to 10.3 lower)	⊕⊕○○ LOW	CRITICAL
Caesarean	section											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	36/186 (19.4%)	38/129 (29.5%)	RR 0.73 (0.49 to 1.08)	80 fewer per 1000 (from 150 fewer to 24 more)	⊕⊕○○ LOW	IMPORTANT
Fluid overle	oad											
	randomized trials	serious ⁴		no serious indirectness	very serious ⁵	none	0/96 (0%)	0/99 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	IMPORTANT

¹ Studies contributing data had design limitations.
² Small sample size.
³ Wide confidence interval crossing the line of no effect.
⁴ One study with design limitations.

⁵ No events.

Table 9b. Intravenous fluids for shortening the duration of labour (infant outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013:(6):CD007715.

			Quality asse	essment			No. of patier	nts		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intravenous fluids + oral intake	Oral intake alone	Relative (95% CI)	Absolute		
Apgar scor	re < 7 at 5 min	utes	!									
i	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/90 (0%)	0/30 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
								0%		not pooled		
Admission	to neonatal in	tensive ca	are unit									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	1/96 (1%)	2/99 (2%)	RR 0.52 (0.05 to 5.59)	10 fewer per 1000 (from 19 fewer to 93 more)	⊕OOO VERY LOW	IMPORTAN
								2%		10 fewer per 1000 (from 19 fewer to 92 more)		

¹ One study with design limitations. ² No events.

³ Wide confidence interval crossing the line of no effect and few events.

Table 9c. Intravenous fluids for shortening the duration of labour (maternal outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013;(6):CD007715.

			Quality asse	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	125 ml/hour intravenous fluids + oral intake	250 ml/hour intravenous fluids + oral intake	Relative (95% CI)	Absolute		
Mean dura	ation of labou	ır (minute	s) (better indicated	d by lower value	s)							
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	130	126	-	MD 23.87 higher (3.72 to 44.02 higher)	⊕⊕○○ LOW	CRITICAL
Caesarear	n section											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	41/171 (24%)	37/163 (22.7%)	RR 1 (0.54 to 1.87)	0 fewer per 1000 (from 104 fewer to 197 more)	⊕⊕○○ LOW	IMPORTANT
Assisted o	delivery											
	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	serious ²	none	12/43 (27.9%)	22/37 (59.5%)	RR 0.47 (0.27 to 0.81)	315 fewer per 1000 (from 113 fewer to 434 fewer)	⊕⊕○○ LOW	IMPORTANT
Fluid over	load											
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	none	0/141 (0%)	0/133 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	IMPORTANT

Most studies contributing data had design limitations.

Small sample size.

Wide confidence interval crossing the line of no effect.

One study with design limitations.

⁵ No events.

Table 9d. Intravenous fluids for shortening the duration of labour (infant outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013:(6):CD007715.

			Quality asse	essment			No. of p	patients		Effect		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	125 ml/hour intravenous fluids + oral intake	250 ml/hour intravenous fluids + oral intake	Relative (95% CI)	Absolute	Quality	Importance
Apgar sco	ore < 7 at 5 mi	nutes										
	randomized trials		no serious inconsistency		very serious ²	none	0/73 (0%)	0/67 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Admission	n to neonatal	intensive	care unit									
	randomized trials		no serious inconsistency		very serious ³	none	3/141 (2.1%)	5/133 (3.8%)	RR 0.56 (0.15 to 2.06)	17 fewer per 1000 (from 32 fewer to 40 more)	⊕OOO VERY LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² No events.
³ Wide confidence interval crossing the line of no effect and few events.

Table 9e. Intravenous fluids for shortening the duration of labour (maternal outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013;(6):CD007715.

			Quality as:	sessment			No. of p	patients		Effect		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	125 ml/hour fluids (restricted oral intake)	250 ml/hour fluids (restricted oral intake)	Relative (95% CI)	Absolute	Quality	Importance
Mean dura	ntion of labou	ır (minute	s) (better indicated	d by lower value	es)	L						
	randomized trials	serious ¹	serious ²	no serious indirectness	no serious imprecision	none	316	316	-	MD 105.61 higher (53.19 to 158.02 higher)	⊕⊕⊖⊝ LOW	CRITICAL
Caesarear	section							<u> </u>	<u>'</u>			
	randomized trials	serious ¹		no serious indirectness	no serious imprecision	none	72/388 (18.6%)	44/360 (12.2%)	RR 1.56 (1.1 to 2.21)	68 more per 1000 (from 12 more to 148 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT
Assisted o	lelivery											
	randomized trials	serious ¹		no serious indirectness	serious ³	none	16/247 (6.5%)	22/248 (8.9%)	RR 0.78 (0.44 to 1.4)	20 fewer per 1000 (from 50 fewer to 35 more)	⊕⊕○○ LOW	IMPORTANT
Fluid over	load	ı			1	1			<u> </u>			<u> </u>
	randomized trials	serious ⁴		no serious indirectness	serious ³	none	1/94 (1.1%)	0/101 (0%)	RR 3.22 (0.13 to 78.11)	-	⊕⊕○○ LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² Statistical heterogeneity (l²=53%). Variation is size and direction of effect.
³ Wide confidence interval crossing the line of no effect.
⁴ One study with design limitations.

Table 9f. Intravenous fluids for shortening the duration of labour (infant outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013:(6):CD007715.

====)(=)	.00007713.											
			Quality asse	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	125 ml/hour fluids (restricted oral intake)	250 ml/hour fluids (restricted oral intake)	Relative (95% CI)	Absolute		
Apgar sco	ore < 7 at 5 min	nutes										
	randomized trials				very serious ²	none	9/359 (2.5%)	1/330 (0.3%)	RR 4.35 (0.97 to 19.51)	10 more per 1000 (from 0 fewer to 56 more)	⊕OOO VERY LOW	CRITICAL
Admission	n to neonatal i	intensive	care unit									
	randomized trials				very serious²	none	8/359 (2.2%)	13/330 (3.9%)	RR 0.48 (0.07 to 3.17)	20 fewer per 1000 (from 37 fewer to 85 more)	⊕○○○ VERY LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² Wide confidence interval crossing the line of no effect and few events.

Table 9g. Intravenous fluids for shortening the duration of labour (maternal outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013;(6):CD007715.

			Quality assess	sment			No. o	of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Normal saline	5% dextrose solutions	Relative (95% CI)	Absolute		
Mean dura	tion of labour	(minutes) (bette	er indicated by low	er values)	1						<u> </u>	ļ
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	44	47	-	MD 12 lower (30.09 lower to 6.09 higher)	⊕○○○ VERY LOW	CRITICAL
Caesarean	section			1							·	
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	15/142 (10.6%)	19/142 (13.4%)	RR 0.77 (0.41 to 1.43)	31 fewer per 1000 (from 79 fewer to 58 more)	⊕⊕○○ LOW	IMPORTAN [*]
Assisted d	elivery											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	5/45 (11.1%)	9/48 (18.8%)	RR 0.59 (0.21 to 1.63)	77 fewer per 1000 (from 148 fewer to 118 more)	⊕OOO VERY LOW	IMPORTAN [*]
Fluid overl	oad											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/45 (0%)	0/48 (0%)	not pooled	not pooled	⊕OOO VERY LOW	IMPORTAN [*]
Maternal h	yponatraemia	(sodium level <	: 135 mmol/L)									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	0/44 (0%)	9/47 (19.1%)	RR 0.06 (0 to 0.94)	180 fewer per 1000 (from 11 fewer to 191 fewer)	⊕⊕○○ LOW	IMPORTAN [*]

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect and small sample size.

³ No events.

⁴ Small sample size and few events.

Table 9h. Intravenous fluids for shortening the duration of labour (infant outcomes)

Source: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low-risk nulliparous women. Cochrane Database Syst Rev. 2013;(6):CD007715.

			Quality assess	ment			No. o	of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Normal saline	5% dextrose solutions	Relative (95% CI)	Absolute	-	
Apgar sco	 re < 7 at 5 min	utes										
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	1/142 (0.7%)	2/142 (1.4%)	RR 0.48 (0.04 to 5.25)	7 fewer per 1000 (from 14 fewer to 60 more)	⊕⊕○○ LOW	CRITICAL
Admission	to neonatal ir	ntensive care un	iit									
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	8/142 (5.6%)	7/142 (4.9%)	RR 1.11 (0.42 to 2.93)	5 more per 1000 (from 29 fewer to 95 more)	⊕⊕○○ LOW	IMPORTAN [*]
Neonatal h	yperbilirubina	emia										
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	2/97 (2.1%)	5/94 (5.3%)	RR 0.39 (0.08 to 1.95)	32 fewer per 1000 (from 49 fewer to 51 more)	⊕⊕○○ LOW	IMPORTANT
Neonatal h	yponatraemia	(cord sodium le	evel < 135 mmol/L)									
1	randomized trials	serious ²	no serious inconsistency	no serious indirectness	serious ³	none	6/45 (13.3%)	16/48 (33.3%)	RR 0.4 (0.17 to 0.93)	200 fewer per 1000 (from 23 fewer to 277 fewer)	⊕⊕○○ LOW	IMPORTANT
Neonatal h	ypoglycaemia	(< 40 mg/dL)										
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	3/97 (3.1%)	3/94 (3.2%)	RR 0.97 (0.2 to 4.68)	1 fewer per 1000 (from 26 fewer to 117 more)	⊕⊕○○ LOW	IMPORTAN

Table 10a. Oral fluid and food intake during labour (maternal outcomes)

			Quality as	sessment		-	No. of pation	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Any restriction of oral fluid and food	Some fluid and food	Relative (95% CI)	Absolute		
Duration of	of labour (hou	rs) (better	indicated by lowe	r values)	-1						L	
3	randomized trials	serious ¹	serious ²	no serious indirectness	serious ³	none	238	238	-	MD 0.29 lower (1.55 lower to 0.97 higher)	⊕○○○ VERY LOW	CRITICAL
Caesarea	n section		!	1	!	1			<u> </u>		·	
5	randomized trials	serious ¹	serious ⁴	no serious indirectness	serious ³	none	422/1544 (27.3%)	439/1559 (28.2%)	RR 0.89 (0.63 to 1.25)	31 fewer per 1000 (from 104 fewer to 70 more)	⊕○○○ VERY LOW	IMPORTANT
								20.6%		23 fewer per 1000 (from 76 fewer to 52 more)		
Epidural a	nalgesia		•	•		•					•	
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1014/1544 (65.7%)	1027/1559 (65.9%)	RR 0.98 (0.91 to 1.05)	13 fewer per 1000 (from 59 fewer to 33 more)	⊕⊕⊕⊜ MODERATE	IMPORTANT
								79.1%		16 fewer per 1000 (from 71 fewer to 40 more)		
Augmenta	tion of labour	r										
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	837/1544 (54.2%)	817/1559 (52.4%)	RR 1.02 (0.95 to 1.09)		⊕⊕⊕○ MODERATE	IMPORTANT
Operative	vaginal birth		•	'		•					1	
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	416/1544 (26.9%)	428/1559 (27.5%)	RR 0.98 (0.88 to 1.1)	5 fewer per 1000 (from 33 fewer to 27 more)	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality as	sessment			No. of patie	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Any restriction of oral fluid and food	Some fluid and food	Relative (95% CI)	Absolute		
Narcotic p	pain relief	1										
3	randomized trials	serious ¹	serious ⁵	no serious indirectness	serious ³	none	100/172 (58.1%)	115/177 (65%)	RR 0.94 (0.74 to 1.21)	39 fewer per 1000 (from 169 fewer to 136 more)	⊕OOO VERY LOW	IMPORTAN
								93.3%		56 fewer per 1000 (from 243 fewer to 196 more)		
Mendelso	n's syndrome	!										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁶	none	0/1372 (0%)	0/1382 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	IMPORTAN
Maternal I	ketoacidosis		L								L	
1	randomized trials	serious ⁷	no serious inconsistency	no serious indirectness	serious ³	none	36/165 (21.8%)	36/163 (22.1%)	RR 0.99 (0.66 to 1.49)	2 fewer per 1000 (from 75 fewer to 108 more)	⊕⊕○○ LOW	IMPORTAN
Regurgita	tion during g	eneral ana	esthesia esthesia									
1	randomized trials	serious ⁷	no serious inconsistency	no serious indirectness	very serious ⁶	none	0/1207 (0%)	0/1219 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	IMPORTAN
Maternal	vomiting							<u> </u>			L	
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	428/1280 (33.4%)	458/1294 (35.4%)	RR 0.9 (0.62 to 1.31)	35 fewer per 1000 (from 134 fewer to 110 more)	⊕⊕○○ LOW	IMPORTAN
Maternal i	nausea		L								L	
1	randomized trials	serious ⁷	no serious inconsistency	no serious indirectness	very serious ⁸	none	34/133 (25.6%)	39/122 (32%)	RR 0.8 (0.54 to 1.18)	64 fewer per 1000 (from 147 fewer to 58 more)	⊕○○○ VERY LOW	IMPORTAN
 Statistica Wide cor Statistica Statistica No event Single sti 	Il heterogeneity offidence interva Il heterogeneity Il heterogeneity s. udy with design	$(1^2=58\%)$. al crossing $(1^2=57\%)$. $(1^2=88\%)$. Implications	I design limitations. Variation in directic the line of no effect Variation in size ar Variation in size ar s. the line of no effect	ad direction of effe ad direction of effe	ct.	1		1	1			

Table 10b. Oral fluid and food intake during labour (infant outcomes)

			Quality asse	ssment			No. of patier	nts		Effect	Quality	Importance
No. of studies	Design Risk of bias Inconsistency Indirectness Imprecision ore < 7 at 5 minutes					Other considerations	Any restriction of oral fluid and food	Some fluid and food	Relative (95% CI)	Absolute		
Apgar sco	re < 7 at 5 minu	utes										
4	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	23/1445 (1.6%)	16/1457 (1.1%)	RR 1.43 (0.77 to 2.68)	5 more per 1000 (from 3 fewer to 18 more)	⊕⊕○○ LOW	CRITICAL
Admission	to neonatal in	tensive ca	re unit									
1	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	62/1207 (5.1%)	61/1219 (5%)	RR 1.03 (0.73 to 1.45)	2 more per 1000 (from 14 fewer to 23 more)	⊕⊕○○ LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² Wide confidence interval crossing the line of no effect.
³ One study with design limitations.

Table 10c. Oral fluid and food intake during labour (maternal outcomes)

Jource. s	Jiligata IVI,	i i di ii i i c	J, Gyte GIVIL: 1	testricting ora	ii iidid diid io	od iiitake daiiii	g labour. Cochrane Datab	ase syst nev.	2013,(0).	20003330.		
			Quality as	sessment			No. of patients	•		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Complete restriction of oral fluid and food (other than ice chips)	Freedom to eat and drink	Relative (95% CI)	Absolute		
Duration of	of labour (hou	ırs) (bette	er indicated by lov	ver values)	'							
1	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	165	163	-	MD 0.8 lower (2.13 lower to 0.53 higher)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section		<u>'</u>	<u>'</u>	<u>'</u>							
1	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	32/165 (19.4%)	41/163 (25.2%)	RR 0.77 (0.51 to 1.16)	58 fewer per 1000 (from 123 fewer to 40 more)	⊕⊕○○ LOW	IMPORTANT
Epidural a	nalgesia		<u> </u>		'					<u> </u>		
	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	120/165 (72.7%)	129/163 (79.1%)	RR 0.92 (0.81 to 1.04)	63 fewer per 1000 (from 150 fewer to 32 more)		IMPORTANT
Augmenta	ation of labou	r					L					
	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	91/165 (55.2%)	92/163 (56.4%)	RR 0.98 (0.81 to 1.18)	11 fewer per 1000 (from 107 fewer to 102 more)		IMPORTANT
Operative	vaginal birth		<u> </u>	<u> </u>	1	<u> </u>						
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	53/165 (32.1%)	53/163 (32.5%)	RR 0.99 (0.72 to 1.35)	3 fewer per 1000 (from 91 fewer to 114 more)	⊕⊕○○ LOW	IMPORTANT

			Quality as	sessment			No. of patients			Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Complete restriction of oral fluid and food (other than ice chips)	Freedom to eat and drink				
Mendelso	n's syndrome	•										
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/165 (0%)	0/163 (0%)	not pooled	not pooled	⊕OOO VERY LOW	IMPORTANT
Maternal I	ketoacidosis											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	36/165 (21.8%)	36/163 (22.1%)	RR 0.99 (0.66 to 1.49)	2 fewer per 1000 (from 75 fewer to 108 more)	⊕⊕○○ LOW	IMPORTANT
Maternal i	nausea		<u>'</u>									
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	34/133 (25.6%)	39/122 (32%)	RR 0.8 (0.54 to 1.18)	64 fewer per 1000 (from 147 fewer to 58 more)		IMPORTANT

¹ Single study with design limitations.

² Wide confidence interval crossing the line of no effect.

³ No events.

⁴ Wide confidence interval crossing the line of no effect and small sample size.

Table 10d. Oral fluid and food intake during labour (infant outcomes)

			Quality asses	ssment			No. of patients			fect	-	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Complete restriction of oral fluid and food (other than ice chips)	Freedom to eat and drink	Relative (95% CI)	Absolute		
Apgar scor	e < 7 at 5 minu	ites										
	randomized trials				very serious²	none	0/165 (0%)	0/163 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL

¹ Single study with design limitations. ² No events.

Table 10e. Oral fluid and food intake during labour (maternal outcomes)

			Quality as	ssessment			No	. of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Water only	Specific oral fluid and food	Relative (95% CI)	Absolute		
Duration o	of labour (hou	rs) (better i	ndicated by lower	values)					L			
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	43	45	-	MD 1.1 lower (2.66 lower to 0.46 higher)	⊕OOO VERY LOW	CRITICAL
Caesarear	section		l									
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	375/1250 (30%)	371/1264 (29.4%)	RR 1.02 (0.91 to 1.15)	6 more per 1000 (from 26 fewer to 44 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Epidural a	nalgesia											
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	852/1250 (68.2%)	844/1264 (66.8%)	RR 1.02 (0.97 to 1.08)	13 more per 1000 (from 20 fewer to 53 more)	⊕⊕⊕○ MODERATE	IMPORTANT
								77.4%	-	15 more per 1000 (from 23 fewer to 62 more)		
Augmenta	tion of labour			<u> </u>								
2	randomized trials	serious ³	serious ⁴	no serious indirectness	no serious imprecision	none	704/1250 (56.3%)	685/1264 (54.2%)	RR 0.97 (0.8 to 1.19)	16 fewer per 1000 (from 108 fewer to 103 more)	⊕⊕○○ LOW	IMPORTANT
								68.8%		21 fewer per 1000 (from 138 fewer to 131 more)		
Operative	vaginal birth											
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	323/1250 (25.8%)	340/1264 (26.9%)	RR 0.96 (0.84 to 1.1)	11 fewer per 1000 (from 43 fewer to 27 more)	⊕⊕⊕○ MODERATE	IMPORTANT
								31.1%		12 fewer per 1000 (from 50 fewer to 31 more)		

			Quality as	sessment			No	. of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Water only	Specific oral fluid and food	Relative (95% CI)	Absolute		
Narcotic p	ain relief											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	41/43 (95.3%)	43/45 (95.6%)	RR 1 (0.91 to 1.09)	0 fewer per 1000 (from 86 fewer to 86 more)	⊕⊕○○ LOW	IMPORTANT
Mendelso	n's syndrome											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁶	none	0/1207 (0%)	0/1219 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	IMPORTANT
Regurgita	tion during ge	neral anaes	l sthesia									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁶	none	0/1207 (0%)	0/1219 (0%)	not pooled	not pooled	⊕OOO VERY LOW	IMPORTANT
Maternal v	romiting											
2	randomized trials	serious ³	serious ⁷	no serious indirectness	serious ⁸	none	414/1250 (33.1%)	447/1264 (35.4%)	RR 0.76 (0.41 to 1.41)	85 fewer per 1000 (from 209 fewer to 145 more)		IMPORTANT
 Wide con Most stud Statistical Small sar No events Statistical 	lies contributing I heterogeneity nple size. s. I heterogeneity	crossing the data had of $(I^2=67\%)$. V	ne line of no effect and design limitations. / ariation in direction / ariation in size of effice line of no effect.	of effect.	ze.	1	ı			1		1

Table 10f. Oral fluid and food intake during labour (infant outcomes)

			Quality asses	ssment			No	o. of patients		Effect	Quality	Importanc
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Water only	Specific oral fluid and food	Relative (95% CI)	Absolute		
Apgar scor	e < 7 at 5 minu	ites										
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	22/1250 (1.8%)	16/1264 (1.3%)	RR 1.39 (0.73 to 2.63)	5 more per 1000 (from 3 fewer to 21 more)	⊕⊕○○ LOW	CRITICAL
								0.7%		3 more per 1000 (from 2 fewer to 11 more)		
Admission	to neonatal int	tensive car	e unit									
I	randomized trials	serious ³	no serious inconsistency	no serious indirectness	serious ²	none	62/1207 (5.1%)	61/1219 (5%)	RR 1.03 (0.73 to 1.45)	2 more per 1000 (from 14 fewer to 23 more)	⊕⊕○○ LOW	IMPORTAN
								5%		1 more per 1000 (from 13 fewer to 23 more)		

Studies contributing data had design limitations.

Wide confidence interval crossing the line of no effect.

One study with design limitations.

Table 10g. Oral fluid and food intake during labour (maternal outcomes)

			Quality asses	sment			ı	No. of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Water only	Oral carbohydrate- based fluids	Relative (95% CI)	Absolute		
Ouration o	of labour (hou	rs) (better indic	ated by lower valu	ies)								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	30	30	-	MD 0.95 higher (0.42 lower to 2.32 higher)	⊕○○○ VERY LOW	CRITICAL
Caesarea	n section											
2	randomized trials	no serious risk of bias	serious ³	no serious indirectness	very serious ²	none	15/129 (11.6%)	27/132 (20.5%)	RR 0.66 (0.17 to 2.53)	70 fewer per 1000 (from 170 fewer to 313 more)	⊕○○○ VERY LOW	IMPORTANT
Epidural a	ınalgesia											
2	randomized trials	serious ⁴	serious ³	no serious indirectness	very serious ²	none	42/129 (32.6%)	54/132 (40.9%)	RR 0.8 (0.44 to 1.43)	82 fewer per 1000 (from 229 fewer to 176 more)	⊕○○○ VERY LOW	IMPORTANT
								59.4%		119 fewer per 1000 (from 333 fewer to 255 more)		
Augmenta	tion of labour						<u>'</u>		1	,		
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	42/129 (32.6%)	40/132 (30.3%)	RR 1.07 (0.75 to 1.52)	21 more per 1000 (from 76 fewer to 158 more)	⊕⊕○○ LOW	IMPORTANT
								38.4%		27 more per 1000 (from 96 fewer to 200 more)		
Operative	vaginal birth											
2	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	40/129 (31%)	35/132 (26.5%)	RR 1.17 (0.8 to 1.71)	45 more per 1000 (from 53 fewer to 188 more)	⊕⊕○○ LOW	IMPORTANT
	1	1	I	1	1	1	1	l	1	I		

			Quality assess	ment			,	No. of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Water only	Oral carbohydrate- based fluids	Relative (95% CI)	Absolute		
Narcotic p	ain relief											
2	randomized trials	serious ⁴	serious ³	no serious indirectness	very serious ²	none	59/129 (45.7%)	72/132 (54.5%)	RR 0.86 (0.36 to 2.06)	76 fewer per 1000 (from 349 fewer to 578 more)	⊕○○○ VERY LOW	IMPORTANT
								68.2%		95 fewer per 1000 (from 436 fewer to 723 more)		
Maternal v	omiting											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	14/30 (46.7%)	11/30 (36.7%)	RR 1.27 (0.69 to 2.33)	99 more per 1000 (from 114 fewer to 488 more)	⊕○○○ VERY LOW	IMPORTANT

¹ Single study with design limitations.

² Wide confidence interval crossing the line of no effect and small sample size.

³ Statistical heterogeneity (l² > 75%).

⁴ Most of the pooled effect was provided by studies with design limitations.

Table 10h. Oral fluid and food intake during labour (infant outcomes)

			Quality assess	sment				No. of patients	Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Water only	Oral carbohydrate-based fluids	Relative (95% CI)	Absolute		
Apgar score	< 7 at 5 minutes											
	randomized trials			no serious indirectness	very serious ²	none	1/30 (3.3%)	0/30 (0%)	RR 3 (0.13 to 70.83)	-	⊕○○○ VERY LOW	CRITICAL

¹ Single study with design limitations.
² Wide confidence interval crossing the line of no effect, few events and small sample size.

Table 11a. Maternal position and mobility during the first stage of labour for improving outcomes (maternal outcomes)

Source: Maternal positions and mobility during first stage labour. Cochrane Database Syst Rev. 2013;(8):CD003934.

			Quality as	sessment			No. of	f patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Upright and ambulant positions	Recumbent positions and bed care	Relative (95% CI)	Absolute		
Estimated	blood loss >	500 ml										
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	2/120 (1.7%)	3/120 (2.5%)	RR 0.71 (0.14 to 3.55)	7 fewer per 1000 (from 22 fewer to 64 more)	⊕OOO VERY LOW	CRITICAL
Duration o	f first stage la	abour (hou	urs) (better indicat	ed by lower value	es)			<u>'</u>				
		very serious ³	very serious ⁴	no serious indirectness	no serious imprecision	none	1243	1260	-	MD 1.36 lower (2.22 to 0.51 lower)	⊕OOO VERY LOW	CRITICAL
Duration o	f first stage la	abour (hou	urs): subgroup ana	llysis: parity – nu	Illiparous wome	n (better indicated	by lower values)					
	randomized trials	very serious ³	very serious ⁴	no serious indirectness	no serious imprecision	none	737	749	-	MD 1.21 lower (2.35 to 0.07 lower)	⊕○○○ VERY LOW	CRITICAL
Duration o	f first stage la	abour (hou	urs): subgroup ana	llysis: parity - m	ultiparous wome	en (better indicated	by lower values)					
	randomized trials	- ,	no serious inconsistency	no serious indirectness	serious ⁵	none	324	338	-	MD 0.56 lower (1.19 lower to 0.06 higher)	⊕○○○ VERY LOW	CRITICAL
Mode of bi	rth: caesarea	n birth		L	L			<u> </u>				
	randomized trials	, ,	no serious inconsistency	no serious indirectness	no serious imprecision	none	72/1329 (5.4%)	106/1353 (7.8%)	RR 0.71 (0.54 to 0.94)	23 fewer per 1000 (from 5 fewer to 36 fewer)	⊕⊕○○ LOW	IMPORTANT

			Quali	ity assessment				No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Incons	istency	Indirectness	Imprecision	Other considerations	Upright and ambulant positions	Recumbent positions and bed care	Relative (95% CI)	Absolute		
Mode of b	irth: caesare	an birth: s	subgroup analys	is: parity – null	iparous wome	en							
-	randomized trials		no serious inconsistency	no serious indirectness	serious ⁵	none	37/610 (6.1%)	51/627 (8.1%)	RR 0.79 (0.52 to 1.18)		r 1000 (from 39 fewer o 15 more)	⊕⊕○○ LOW	IMPORTANT
Mode of b	oirth: caesarea	an birth: s	subgroup analys	is: parity – mul	tiparous wom	ien							
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²		none	6/325 (1.8%)	13/350 (3.7%)	RR 0.55 (0.22 to 1.38)	17 fewer per 1000 (from 29 fewer to 14 more)	⊕OOO VERY LOW	IMPORTANT
Mode of b	pirth: spontan	eous vagi	inal										
		- ,	no serious inconsistency	no serious indirectness	no serious im	precision	none	1105/1306 (84.6%)	1084/1320 (82.1%)	RR 1.05 (0.99 to 1.11)	41 more per 1000 (from 8 fewer to 90 more)	⊕⊕○○ LOW	IMPORTANT
Mode of b	irth: spontan	eous vagi	l inal: subgroup a	nalysis: parity -	nulliparous	women							
8		very serious ³	no serious inconsistency	no serious indirectness	no serious im	precision	none	507/633 (80.1%)	505/649 (77.8%)	RR 1.06 (0.96 to 1.17)	47 more per 1000 (from 31 fewer to 132 more)	⊕⊕○○ LOW	IMPORTANT
Mode of b	l pirth: spontan	eous vagi	l inal: subgroup a	nalysis: parity -	⊢ multiparous	women							
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious im	precision	none	316/325 (97.2%)	333/350 (95.1%)	RR 1.02 (0.99 to 1.05)	19 more per 1000 (from 10 fewer to 48 more)	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality a	ssessment				No.	of patier	ıts	Effe	ect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		Jpright and ambula positions	nt R	ecumbent positions and bed care	Relative (95% CI)	Absolute	•	
Duration	of second sta	ge of labo	our (minutes) (bet	ter indicated by	lower values)									
9		very serious³	serious ⁶	no serious indirectness	no serious imprecision	none		1035	1042	-	MD 2.29 lower lower to 1.91	`	⊕○○○ ERY LOW	IMPORTANT
Duration	of second sta	ge of labo	our (minutes) – nu	Illiparous wome	n (better indicat	ted by lower value	s)							
7	randomized trials	very serious ³	serious ⁷	no serious indirectness	serious ⁵	none	604	604	-	MD 6.31 lower (14.9	9 lower to 2.38	0 /	⊕OOO ERY LOW	IMPORTANT
Duration	of second sta	ge of labo	our (minutes) – mi	ultiparous wome	en (better indica	ted by lower value	es)							
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	306	321	-	MD 0.53 higher (2.0	6 lower to 3.12	higher)	⊕⊕○○ LOW	IMPORTANT
Duration	of second sta	ge of labo	ur (minutes) – mi	xed or unclear p	parity (better inc	dicated by lower v	alues)							
2	randomized trials	very serious ³	serious ⁸	no serious indirectness	very serious ⁹	none	125	117	-	MD 1.69 higher (6.0	4 lower to 9.41		⊕OOO ERY LOW	IMPORTANT
Epidural														
9	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹⁰	117/102 (11.5%)		RR 0.8 (0.66 to 0.99)	') (from 1 fewer wer)	to 48	⊕⊕○○ LOW	IMPORTANT
Augment	ation of labou	r using o	xytocin	l		ļ								
8	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	200/880		RR 0.89 (0.76 to 1.05)		(from 58 fewer ore)		⊕⊕⊕○ ODERATE	IMPORTANT

			Quality as:	sessment				No. of	patients	Effec	ct	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Impreci	sion	Other considerations	Upright and ambulant positions	Recumbent positions and bed care	Relative (95% CI)	Absolute		
Mode of bi	rth: operative	vaginal: al	l women										
13	randomized trials	very serious ³	no serious inconsistency	no serious indirectness	serious ⁵	none	125/1252 (10%)	135/1267 (10.7%)	RR 0.91 (0.73 to 1.14)	10 fewer per 1000 fewer to 15 m	,	⊕OOO RY LOW	IMPORTANT
								15%		13 fewer per 1000 fewer to 21 m			
Mode of bi	rth: operative	vaginal: sı	ubgroup analysis:	parity – nulliparou	ıs women								
7	randomized trials	very serious ³	no serious inconsistency	no serious indirectness	serious ⁵	none	67/579 (11.6%)	76/596 (12.8%)	RR 0.87 (0.65 to 1.18)	17 fewer per 1000 fewer to 23 m	`	⊕OOO RY LOW	IMPORTANT
						•		21.9%		28 fewer per 1000 fewer to 39 m			
Mode of bi	rth: operative	vaginal: sı	ubgroup analysis:	parity – multiparo	us women								
4	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	3/325 (0.9%)	4/350 (1.1%)	RR 0.91 (0.24 to 3.51)	1 fewer per 1000 fewer to 29 m	`	⊕OOO RY LOW	IMPORTANT

¹ Most of the pooled effect was provided by studies with design limitations.

Most of the pooled effect was provided by studies with design limitations.

Wide confidence interval crossing the line of no effect and few events.

Most of the pooled effect was provided by studies with serious design limitations.

Statistical heterogeneity (I² > 90%). Considerable variation in size and direction of effect.

Wide confidence interval crossing the line of no effect

Statistical heterogeneity (I² > 68%).

Statistical heterogeneity (I² > 77%).

Two studies with inconsistent results.

Wide confidence interval crossing the line of no effect and small sample size.
 Forest plot suggests increased effect in studies with small sample size.

Table 11b. Maternal position and mobility during the first stage of labour for improving outcomes (infant outcomes)

Source: Maternal positions and mobility during first stage labour. Cochrane Database Syst Rev. 2013;(8):CD003934.

			Quality asse	essment			No.	of patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Upright and ambulant positions	Recumbent positions and bed care	Relative (95% CI)	Absolute	,,	
Perinatal r	nortality											
5	randomized trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/784 (0.1%)	2/780 (0.3%)	RR 0.5 (0.05 to 5.37)	1 fewer per 1000 (from 2 fewer to 11 more)	⊕OOO VERY LOW	CRITICAL
Fetal distr	ess (requiring	immediat	e delivery)									
6	randomized trials	serious ³	no serious inconsistency	no serious indirectness	serious ⁴	none	12/848 (1.4%)	20/909 (2.2%)	RR 0.69 (0.35 to 1.33)	7 fewer per 1000 (from 14 fewer to 7 more)	⊕⊕○○ LOW	CRITICAL
Apgar sco	re < 7 at 5 mi	nutes										
4	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ²	none	2/229 (0.9%)	0/237 (0%)	RR 3.27 (0.34 to 31.05)	-	⊕○○○ VERY LOW	CRITICAL
Admission	n to neonatal i	ntensive o	care unit									
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ²	none	8/196 (4.1%)	14/200 (7%)	RR 0.58 (0.25 to 1.36)	29 fewer per 1000 (from 53 fewer to 25 more)	⊕OOO VERY LOW	IMPORTANT
Intubation	in delivery ro	oom										
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ²	none	3/556 (0.5%)	4/551 (0.7%)	RR 0.77 (0.19 to 3.1)	2 fewer per 1000 (from 6 fewer to 15 more)	⊕○○○ VERY LOW	IMPORTANT

Most of the pooled effect was provided by studies with serious design limitations.

Wide confidence interval crossing the line of no effect and few events.

Most of the pooled effect was provided by studies with design limitations.

⁴ Wide confidence interval crossing the line of no effect.

Table 11c. Maternal position and mobility during the first stage of labour for improving outcomes (maternal outcomes)

Source: Maternal positions and mobility during first stage labour. Cochrane Database Syst Rev. 2013;(8):CD003934.

			Quality as	sessment			No. of	f patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Upright and ambulant positions (with epidural: all women)	Recumbent positions and bed care (with epidural: all women)	Relative (95% CI)	Absolute		
Mode of	birth: caesare	ean birth										
6	trials		no serious inconsistency	no serious indirectness	serious ²	none	127/808 (15.7%)	116/758 (15.3%)	RR 1.05 (0.83 to 1.32)	8 more per 1000 (from 26 fewer to 49 more)	⊕⊕○○ LOW	IMPORTANT
Mode of	birth: caesare	ean birth:	subgroup analys	sis: parity – nulli	parous women	1						
4	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	105/584 (18%)	78/500 (15.6%)	RR 1.14 (0.75 to 1.73)	22 more per 1000 (from 39 fewer to 114 more)	⊕⊕⊖⊝ LOW	IMPORTANT
Mode of	birth: caesare	ean birth:	subgroup analys	is: parity – mul	iparous wome	n						
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ⁴	none	20/148 (13.5%)	6/58 (10.3%)	RR 1.31 (0.55 to 3.09)	32 more per 1000 (from 47 fewer to 216 more)	⊕OOO VERY LOW	IMPORTANT
Mode of	birth: sponta	neous vaç	ginal									
6	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	475/808 (58.8%)	447/758 (59%)	RR 0.96 (0.89 to 1.05)	24 fewer per 1000 (from 65 fewer to 29 more)		IMPORTANT
Mode of	birth: sponta	neous vaç	ginal: subgroup a	nalysis: parity -	- nulliparous w	omen				1		<u> </u>
4	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	300/584 (51.4%)	326/595 (54.8%)	RR 0.94 (0.84 to 1.04)	33 fewer per 1000 (from 88 fewer to 22 more)	⊕⊕⊕O MODERATE	IMPORTANT
		1	l	1	1		l					

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Upright and ambulant positions (with epidural: all women)	Recumbent positions and bed care (with epidural: all women)	Relative (95% CI)	Absolute		
Mode of	 birth: sponta	neous vaç	l ginal: subgroup a	nalysis: parity -	 - multiparous v	vomen						
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ⁴	none	39/53 (73.6%)	42/58 (72.4%)	RR 1.02 (0.81 to 1.27)	14 more per 1000 (from 138 fewer to 196 more)	0000	IMPORTANT
Duration	of second st	age of lab	our (minutes) (be	etter indicated b	y lower values)						
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	100	104	-	MD 2.35 higher (15.22 lower to 19.91 higher)	⊕⊕⊕○ MODERATE	IMPORTANT
Augmen	tation of labo	ur using c	exytocin									
5	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	364/609 (59.8%)	347/552 (62.9%)	RR 0.98 (0.9 to 1.07)	13 fewer per 1000 (from 63 fewer to 44 more)	0000	IMPORTANT
Mode of	birth: operati	ve vagina										
6	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	206/808 (25.5%)	195/758 (25.7%)	RR 1.06 (0.9 to 1.25)	15 more per 1000 (from 26 fewer to 64 more)	0000	IMPORTANT
								18.2%		11 more per 1000 (from 18 fewer to 46 more)		
Mode of	birth: operati	ve vagina	l: subgroup analy	/sis: parity – nu	Illiparous wome	en						
4	randomized trials	serious ¹	serious ⁵	no serious indirectness	serious ²	none	179/584 (30.7%)	113/500 (22.6%)	RR 1.36 (0.95 to 1.94)	81 more per 1000 (from 11 fewer to 212 more)	⊕OOO VERY LOW	IMPORTANT

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Upright and ambulant positions (with epidural: all women)	Recumbent positions and bed care (with epidural: all women)	Relative (95% CI)	Absolute		
Mode of I	oirth: operativ	ve vagina	l: subgroup analy	sis: parity – mu	Iltiparous wom	en						
1	randomized trials			no serious indirectness	very serious ⁴	none	10/53 (18.9%)	10/58 (17.2%)	RR 1.09 (0.49 to 2.42)	16 more per 1000 (from 88 fewer to 245 more)	⊕○○○ VERY LOW	IMPORTANT

Most of the pooled effect was provided by studies with design limitations.

Wide confidence interval crossing the line of no effect.

One study with design limitations.

Wide confidence interval crossing the line of no effect and small sample size.

Statistical heterogeneity (I² = 54%).

Table 11d. Maternal position and mobility during the first stage of labour for improving outcomes (infant outcomes)

Source: Maternal positions and mobility during first stage labour. Cochrane Database Syst Rev. 2013;(8):CD003934.

			Quality asse	essment			No. of	patients		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecision					Other considerations	Upright and ambulant positions (with epidural: all women)	Recumbent positions and bed care (with epidural: all women)	Relative (95% CI)	Absolute		
Apgar sco	ore < 7 at 5 mi	inutes										
4	randomized serious no serious no serious very none trials inconsistency indirectness serious²					none	3/413 (0.7%)	3/422 (0.7%)	RR 1.04 (0.21 to 5.05)	0 more per 1000 (from 6 fewer to 29 more)	⊕○○○ VERY LOW	CRITICAL

¹ Most of the pooled effect was provided by studies with design limitations.
² Wide confidence interval crossing the line of no effect and few events.

Table 12a. Continuous companionship during labour for improving labour outcomes (maternal outcomes)

Source: Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2013;(7):CD003766.

			Quality asse	essment			No. of par	tients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Continuous support	Usual care	Relative (95% CI)	Absolute		
Duration o	of labour (hour	s) (better indic	ated by lower valu	es)	_	1						
12	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	2699	2667	-	MD 0.58 lower (0.85 to 0.31 lower)	⊕⊕⊕○ MODERATE	CRITICAL
Caesarear	n birth		L									
22	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	942/7577 (12.4%)	1094/7598 (14.4%)	RR 0.78 (0.67 to 0.91)	32 fewer per 1000 (from 13 fewer to 48 fewer)	⊕⊕⊕○ MODERATE	IMPORTANT
Spontaneo	ous vaginal bi	rth										
19	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	4972/7028 (70.7%)	4794/7091 (67.6%)	RR 1.08 (1.04 to 1.12)	54 more per 1000 (from 27 more to 81 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT
Regional a	analgesia/anae	esthesia										
9	randomized trials	serious ¹	serious ²	no serious indirectness	no serious imprecision	none	3760/5727 (65.7%)	3959/5717 (69.2%)	RR 0.93 (0.88 to 0.99)	48 fewer per 1000 (from 7 fewer to 83 fewer)	⊕⊕○○ LOW	IMPORTANT
Synthetic	oxytocin durir	ng labour										
15	randomized trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	2334/6275 (37.2%)	2299/6345 (36.2%)	RR 0.97 (0.91 to 1.04)	11 fewer per 1000 (from 33 fewer to 14 more)	⊕⊕○○ LOW	IMPORTANT
Instrumen	tal vaginal bir	th	1									
19	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	1283/7028 (18.3%)	1420/7090 (20%)	RR 0.9 (0.85 to 0.96)	20 fewer per 1000 (from 8 fewer to 30 fewer)	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality asse	essment			No. of par	tients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Continuous support	Usual care	Relative (95% CI)	Absolute		
Postpartu	m depression									L		
2	randomized trials	no serious risk of bias	serious ⁴	no serious indirectness	no serious imprecision	none	253/2890 (8.8%)	321/2826 (11.4%)	not pooled	not pooled	⊕⊕⊕○ MODERATE	IMPORTANT
Perineal to	rauma	1	<u> </u>	J							ļ.	
4	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	2339/4057 (57.7%)	2396/4063 (59%)	RR 0.97 (0.92 to 1.01)	18 fewer per 1000 (from 47 fewer to 6 more)	⊕⊕⊕○ MODERATE	IMPORTANT
								85.9%		26 fewer per 1000 (from 69 fewer to 9 more)		
Negative r	ating of/negat	ive feelings ab	out birth experience	ce								
11	randomized trials	serious ¹	serious ⁵	no serious indirectness	no serious imprecision	none	653/5583 (11.7%)	982/5550 (17.7%)	RR 0.69 (0.59 to 0.79)	55 fewer per 1000 (from 37 fewer to 73 fewer)	⊕⊕⊖⊝ LOW	IMPORTANT
								24.8%		77 fewer per 1000 (from 52 fewer to 102 fewer)		
Any analg	esia/anaesthe	sia			•							
14	randomized trials	serious ¹	serious ⁵	no serious indirectness	no serious imprecision	none	4438/6098 (72.8%)	4680/6185 (75.7%)	RR 0.9 (0.84 to 0.96)	76 fewer per 1000 (from 30 fewer to 121 fewer)	⊕⊕○○ LOW	IMPORTANT
1.4								62.8%		63 fewer per 1000 (from 25 fewer to 100 fewer)		

¹ Most studies contributing data had design limitations.
² Statistical heterogeneity (I² = 81%). Variation in size of effect.
³ Statistical heterogeneity (I² = 65%). Variation is size and direction of effect.
⁴ Statistical heterogeneity (I² = 95%). Results of studies inconsistent.
⁵ Statistical heterogeneity (I² > 60%). Direction of effect consistent but size of effect variable.

Table 12b. Continuous companionship during labour for improving labour outcomes (infant outcomes)

Source: Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2013;(7):CD003766.

			Quality ass	essment			No. of pat	ients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Continuous support	Usual care	Relative (95% CI)	Absolute		
Apgar sco	re < 7 at 5 min	utes		<u> </u>	1			1				
13	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	61/6277 (1%)	88/6238 (1.4%)	RR 0.69 (0.5 to 0.95)	4 fewer per 1000 (from 1 fewer to 7 fewer)	⊕⊕⊕○ MODERATE	CRITICAL
Admission	to special ca	re nursery										
7	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	350/4413 (7.9%)	364/4484 (8.1%)	RR 0.97 (0.76 to 1.25)	2 fewer per 1000 (from 19 fewer to 20 more)	⊕⊕⊕○ MODERATE	IMPORTANT
								5.6%		2 fewer per 1000 (from 13 fewer to 14 more)		
Prolonged	neonatal hos	pital stay										
3	randomized trials	serious ¹	serious ²	no serious indirectness	serious ³	none	39/553 (7.1%)	48/545 (8.8%)	RR 0.83 (0.42 to 1.65)	15 fewer per 1000 (from 51 fewer to 57 more)	⊕○○○ VERY LOW	IMPORTANT
								4.8%		8 fewer per 1000 (from 28 fewer to 31 more)		
Breastfeed	ling at 1-2 mo	nths postpartu	im									
3	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1636/2747 (59.6%)	1581/2616 (60.4%)	RR 1.01 (0.94 to 1.09)	6 more per 1000 (from 36 fewer to 54 more)	⊕⊕⊕⊕ HIGH	IMPORTANT
								68%		7 more per 1000 (from 41 fewer to 61 more)		

¹ Most studies contributing data had design limitations.

² Statistical heterogeneity ($I^2 = 62\%$). Two studies with different results.

³ Wide confidence interval crossing the line of no effect.

Table 13a. Routine enema for improving labour outcomes (maternal outcomes)

Source: Reveiz L, Gaitán HG, Cuervo LG. Enemas during labour. Cochrane Database Syst Rev. 2013;(5):CD000330.

			Quality as	ssessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enema	No enema	Relative (95% CI)	Absolute		
Duration o	f labour (minut	tes) (better	indicated by lower v	/alues)					l.			
2	randomized trials	serious ¹	serious ²	no serious indirectness	serious ³	none	575	604	-	MD 28.04 higher (131.01 lower to 187.1 higher)	⊕OOO VERY LOW	CRITICAL
Duration o	f the second st	tage of labo	our (minutes) (better	indicated by lowe	r values)				l			
1	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	serious ³	none	176	171	-	MD 5.2 higher (2.56 lower to 12.96 higher)	⊕⊕○○ LOW	IMPORTAN
Perineal te	ar: second and	d third degr	ee tears									
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	18/713 (2.5%)	26/735 (3.5%)	RR 0.68 (0.39 to 1.21)	11 fewer per 1000 (from 22 fewer to 7 more)	⊕⊕○○ LOW	IMPORTAN'
								6%		19 fewer per 1000 (from 37 fewer to 13 more)		
Women's l	evels of satisfa	action (Like	rt scale) (better indi	cated by lower val	ues)		1					
1	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	500	527	-	MD 0 higher (0.1 lower to 0.1 higher)	⊕⊕⊕○ MODERATE	IMPORTAN
Need for s	ystemic antibio	otics (postp	artum)					l				1
1	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	serious ³	none	33/216 (15.3%)	28/212 (13.2%)	RR 1.16 (0.73 to 1.84)	21 more per 1000 (from 36 fewer to 111 more)	⊕⊕○○ LOW	IMPORTAN
Statistical Wide conf	ontributing data heterogeneity (idence interval with design lim	$I^2 = 95\%$). crossing the	limitations.	1		1	I	<u> </u>	1			

Table 13b. Routine enema for improving labour outcomes (infant outcomes)

Source: Reveiz L, Gaitán HG, Cuervo LG. Enemas during labour. Cochrane Database Syst Rev. 2013;(5):CD000330.

			Quality asses	sment		,	No. of	patients		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecision								Relative (95% CI)	Absolute		
Apgar score	< 7 at 5 minute	es										
1	randomized serious no serious no serious very none trials inconsistency indirectness serious²					none	12/217 (5.5%)		RR 1.31 (0.57 to 3.06)	13 more per 1000 (from 18 fewer to 87 more)	⊕○○○ VERY LOW	CRITICAL
Neonatal inf	ection (all infec	tions, inclu	ding umbilical)									
3		very serious³	no serious inconsistency	no serious indirectness	very serious ²	none	7/787 (0.9%)	12/829 (1.4%)	RR 0.61 (0.24 to 1.52)	6 fewer per 1000 (from 11 fewer to 8 more)	⊕OOO VERY LOW	CRITICAL
								2.7%		11 fewer per 1000 (from 21 fewer to 14 more)		

One study with design limitations.

Wide confidence interval crossing the line of no effect.

All studies contributing data had design limitations; > 40% of weight from a study with serious design limitations.

Table 14a. Oxytocin (alone) for treatment of slow progress in the first stage of labour (maternal outcomes)

Source: Bugg GJ, Siddiqui F, Thornton JG. Oxytocin versus no treatment or delayed treatment for slow progress in the first stage of spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD007123.

			Quality asse	ssment			No. of pat	ients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intravenous oxytocin	No treatment	Relative (95% CI)	Absolute		
Caesarean	section											
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	8/65 (12.3%)	10/73 (13.7%)	RR 0.84 (0.36 to 1.96)	22 fewer per 1000 (from 88 fewer to 132 more)	⊕○○○ VERY LOW	IMPORTANT
Normal vaç	jinal birth										l	
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	48/65 (73.8%)	53/73 (72.6%)	RR 1.02 (0.84 to 1.25)	15 more per 1000 (from 116 fewer to 182 more)	⊕⊕○○ LOW	IMPORTANT
Instrument	al vaginal deli	very										
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	9/65 (13.8%)	10/73 (13.7%)	RR 1.04 (0.45 to 2.41)	5 more per 1000 (from 75 fewer to 193 more)	⊕○○○ VERY LOW	IMPORTANT

¹ Studies contributing data had design limitations.

² Wide confidence interval crossing the line of no effect and few events.

³ Wide confidence interval crossing the line of no effect and small sample.

Table 14b. Oxytocin (alone) for treatment of slow progress in the first stage of labour (infant outcomes)

Source: Bugg GJ, Siddiqui F, Thornton JG. Oxytocin versus no treatment or delayed treatment for slow progress in the first stage of spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD007123.

			Quality assessr	nent			No. of patie	nts	Eff	ect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Intravenous oxytocin	No treatment	Relative (95% CI)	Absolute			
Apgar score <	7 at 5 minutes											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	none	0/45 (0%)	0/42 (0%)	not pooled	•	⊕OOO VERY LOW	CRITICAL	

¹ One study with design limitations.

² No events.

Table 15a. Early versus delayed use of oxytocin for treatment of slow progress in the first stage of labour (maternal outcomes)

Source: Bugg GJ, Siddiqui F, Thornton JG. Oxytocin versus no treatment or delayed treatment for slow progress in the first stage of spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD007123.

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early use of intravenous oxytocin	Delayed use of intravenous oxytocin	Relative (95% CI)	Absolute		
Uterine hy	perstimulation	on with fet	tal heart rate chan	iges necessitatin	ng intervention				·			
2	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	17/248 (6.9%)	6/224 (2.7%)	RR 2.51 (1.04 to 6.05)	40 more per 1000 (from 1 more to 135 more)	⊕⊕○○ LOW	CRITICAL
Postpartu	m haemorrha	ige	'	1	<u>'</u>	<u> </u>		- 	-1			,
3	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	54/549 (9.8%)	65/550 (11.8%)	RR 0.83 (0.59 to 1.15)	20 fewer per 1000 (from 48 fewer to 18 more)	⊕⊕○○ LOW	CRITICAL
Emergend	y caesarean	section fo	or fetal distress		l							J
3	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	20/437 (4.6%)	19/472 (4%)	RR 1.08 (0.59 to 2)	3 more per 1000 (from 17 fewer to 40 more)	⊕⊕○○ LOW	CRITICAL
Caesarea	n section											
5	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	74/610 (12.1%)	76/590 (12.9%)	RR 0.88 (0.66 to 1.19)	15 fewer per 1000 (from 44 fewer to 24 more)	⊕⊕○○ LOW	IMPORTANT
Normal va	iginal birth											
4	randomized trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	388/583 (66.6%)	375/560 (67%)	RR 1.02 (0.88 to 1.19)	13 more per 1000 (from 80 fewer to 127 more)		IMPORTANT
Epidural a	nalgesia	1										,
3	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	343/543 (63.2%)	373/540 (69.1%)	RR 0.9 (0.76 to 1.06)	69 fewer per 1000 (from 166 fewer to 41 more)		IMPORTANT

			Quality as	sessment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early use of intravenous oxytocin	Delayed use of intravenous oxytocin	Relative (95% CI)	Absolute		
Instrumen	ntal vaginal de	elivery		<u> </u>								<u>I</u>
5	randomized trials	serious ¹	serious ⁴	no serious indirectness	serious ³	none	132/610 (21.6%)	115/590 (19.5%)	RR 1.17 (0.72 to 1.88)	33 more per 1000 (from 55 fewer to 172 more)	0000	IMPORTANT
Uterine hy	perstimulation	on without	fetal heart rate c	hanges				·				
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ⁵	none	6/40 (15%)	0/20 (0%)	RR 6.66 (0.39 to 112.6)	-	⊕○○○ VERY LOW	IMPORTANT
Woman no	ot satisfied (k	petter indic	cated by lower val	lues)					L			
1	randomized trials	serious ⁶	no serious inconsistency	no serious indirectness	serious ³	none	145	136	-	MD 3 higher (3.33 lower to 9.33 higher)	⊕⊕○○ LOW	IMPORTANT
Woman no	ot satisfied (r	number of	women with nega	itive memories o	of childbirth)							
1	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	100/233 (42.9%)	86/209 (41.1%)	RR 1.04 (0.84 to 1.3)	16 more per 1000 (from 66 fewer to 123 more)	⊕⊕○○ LOW	IMPORTANT
Woman no	ot satisfied (r	number of	women saying de	epressed by child	dbirth experienc	e)			L			
1	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	72/233 (30.9%)	69/209 (33%)	RR 0.94 (0.71 to 1.23)	20 fewer per 1000 (from 96 fewer to 76 more)	⊕⊕○○ LOW	IMPORTANT
Time from	randomizati	on to deliv	very (hours) (bette	er indicated by lo	ower values)							I.
3	randomized trials	serious ¹	serious ⁷	no serious indirectness	no serious imprecision	none	543	540	-	MD 2.2 lower (3.29 to 1.1 lower)	⊕⊕○○ LOW	CRITICAL

			Quality as:	sessment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	intravenous	Delayed use of intravenous oxytocin	Relative (95% CI)	Absolute		
Women ui	ndelivered aft	er 12 hou	rs from randomiza	ation				•				
	randomized trials	serious ¹		no serious indirectness	serious ³	none	100/522 (19.2%)	207/520 (39.8%)	RR 0.32 (0.07 to 1.43)	271 fewer per 1000 (from 370 fewer to 171 more)	⊕○○○ VERY LOW	CRITICAL

¹ Most studies contributing data had design limitations.

Most studies contributing data had design limitations.
 Few events.
 Wide confidence interval crossing the line of no effect.
 Statistical heterogeneity (I² = 68%).
 Wide confidence interval crossing the line of no effect and few events.
 One study with design limitations.
 Statistical heterogeneity (I² = 80%). Considerable variation in size of effect.
 Statistical heterogeneity (I² = 95%). Considerable variation in size of effect.

Table 15b. Early versus delayed use of oxytocin for treatment of slow progress in the first stage of labour (infant outcomes)

Source: Bugg GJ, Siddiqui F, Thornton JG. Oxytocin versus no treatment or delayed treatment for slow progress in the first stage of spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD007123.

			Quality asse	essment			No. of	patients		Effect	Quality	Importance
No. of studies	s Design bias Inconsistency Indirectness Imprecision considerations oxytocin intravenous oxytocin (95% CI)					Absolute						
Serious ne	eonatal morbi	dity or per	inatal death									
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	1/235 (0.4%)	1/234 (0.4%)	RR 0.98 (0.06 to 15.57)	0 fewer per 1000 (from 4 fewer to 62 more)	⊕OOO VERY LOW	CRITICAL
Apgar sco	re < 7 at 5 mir	nutes										
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	12/610 (2%)	11/590 (1.9%)	RR 1.02 (0.46 to 2.28)	0 more per 1000 (from 10 fewer to 24 more)	⊕OOO VERY LOW	CRITICAL
Admission	to neonatal i	ntensive (care unit									
	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	33/570 (5.8%)	35/570 (6.1%)	RR 0.95 (0.6 to 1.5)	3 fewer per 1000 (from 25 fewer to 31 more)	⊕⊕○○ LOW	IMPORTANT

¹ Most studies contributing data had design limitations.
² Wide confidence interval crossing the line of no effect and few events.
³ Wide confidence interval crossing the line of no effect.

Table 16a. High versus low oxytocin dosage regimen for labour augmentation (maternal outcomes)

Source: Kenyon S, Tokumasu H, Dowswell T, Pledge D, Mori R. High-dose versus low-dose oxytocin for augmentation of delayed labour. Cochrane Database Syst Rev. 2013;(7):CD007201.

			Quality asse	essment			No. of p	oatients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	High dose of oxytocin	Low dose of oxytocin	Relative (95% CI)	Absolute		
Duration o	of labour (hou	rs from admini	stration of oxytoc	in to delivery) (be	tter indicated by	lower values)						
1	randomized trials		no serious inconsistency	no serious indirectness	serious ²	none	19	21	-	MD 3.5 lower (6.38 to 0.62 lower)	⊕⊕○○ LOW	CRITICAL
Duration o	of labour (min	utes from onse	et of first stage to	delivery) (better i	ndicated by lowe	er values)						
1	randomized trials		no serious inconsistency	no serious indirectness	serious ³	none	46	46	-	MD 26 lower (128.06 lower to 76.06 higher)	⊕⊕⊕○ MODERATE	CRITICAL
Postpartu	m haemorrha	ge								L		
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ³	none	21/47 (44.7%)	22/47 (46.8%)	RR 0.95 (0.61 to 1.48)	23 fewer per 1000 (from 183 fewer to 225 more)	⊕⊕○○ LOW	CRITICAL
Caesarear	n section – all	women										
4	randomized trials	very serious ⁴	serious ⁵	no serious indirectness	no serious imprecision	none	43/320 (13.4%)	71/324 (21.9%)	RR 0.62 (0.44 to 0.86)	83 fewer per 1000 (from 31 fewer to 123 fewer)	⊕OOO VERY LOW	IMPORTANT
								28.8%		109 fewer per 1000 (from 40 fewer to 161 fewer)		
Caesarear	n section – nu	lliparous wom	en									
3	randomized trials	very serious ⁴	serious ⁶	no serious indirectness	serious ⁷	none	30/138 (21.7%)	48/162 (29.6%)	RR 0.71 (0.47 to 1.06)	86 fewer per 1000 (from 157 fewer to 18 more)	⊕OOO VERY LOW	IMPORTANT
Caesarear	n section – mu	Iltiparous wom	nen	'		<u>'</u>			,			
1	randomized trials	very serious ⁸	no serious inconsistency	no serious indirectness	no serious imprecision	none	8/82 (9.8%)	14/62 (22.6%)	RR 0.43 (0.19 to 0.97)	129 fewer per 1000 (from 7 fewer to 183 fewer)	⊕⊕○○ LOW	IMPORTANT

			Quality asse	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	High dose of oxytocin	Low dose of oxytocin	Relative (95% CI)	Absolute		
Hyperstin	nulation											
4	randomized trials	serious ⁹	no serious inconsistency	no serious indirectness	serious ¹⁰	none	34/320 (10.6%)	21/324 (6.5%)	RR 1.63 (0.97 to 2.72)	41 more per 1000 (from 2 fewer to 111 more)	⊕⊕OO LOW	IMPORTANT
Spontaneo	ous vaginal bi	rth		1								
3	randomized trials	very serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	128/220 (58.2%)	96/224 (42.9%)	RR 1.35 (1.13 to 1.62)	150 more per 1000 (from 56 more to 266 more)	⊕⊕○○ LOW	IMPORTANT
								23.8%		83 more per 1000 (from 31 more to 148 more)		
Diagnosis	of chorioamn	nionitis										
2	randomized trials	very serious ⁴	no serious inconsistency	no serious indirectness	serious ¹⁰	none	25/201 (12.4%)	36/203 (17.7%)	RR 0.7 (0.44 to 1.12)	53 fewer per 1000 (from 99 fewer to 21 more)	⊕OOO VERY LOW	IMPORTANT
								12.3%]	37 fewer per 1000 (from 69 fewer to 15 more)		
Epidural a	nalgesia	•		•	•	•			•			,
2	randomized trials	very serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	138/201 (68.7%)	142/203 (70%)	RR 0.98 (0.86 to 1.12)	14 fewer per 1000 (from 98 fewer to 84 more)	⊕⊕○○ LOW	IMPORTANT
Instrumen	tal vaginal bir	th		1								
3	randomized trials	very serious ⁴	no serious inconsistency	no serious indirectness	serious ¹⁰	none	53/220 (24.1%)	65/224 (29%)	RR 0.83 (0.61 to 1.13)	49 fewer per 1000 (from 113 fewer to 38 more)	⊕OOO VERY LOW	IMPORTANT
								42.9%		73 fewer per 1000 (from 167 fewer to 56 more)		
Pathologic	cal cardiotoco	graphy leadin	g to immediate bir	th without fetal b	lood sampling							
1	randomized trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ³	none	9/47 (19.1%)	15/47 (31.9%)	RR 0.6 (0.29 to 1.23)	128 fewer per 1000 (from 227 fewer to 73 more)	⊕⊕○○ LOW	IMPORTANT

			Quality asse	essment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design Risk of bias Inconsistency Indirectness Imprecision						High dose of oxytocin	Low dose of oxytocin	Relative (95% CI)	Absolute		
Caesarean	section - all	women (sensi	tivity analysis: stu	dy at high risk of	bias excluded)							
	randomized trials			no serious indirectness	serious ¹⁰	none	27/166 (16.3%)	31/168 (18.5%)	RR 0.89 (0.57 to 1.38)	20 fewer per 1000 (from 79 fewer to 70 more)	⊕⊕○○ LOW	IMPORTANT
								31.9%		35 fewer per 1000 (from 137 fewer to 121 more)		

One study with design limitations.

Small sample size.

Wide confidence interval crossing the line of no effect and small sample size.

Most of the pooled effect was provided by studies with serious design limitations.

Statistical heterogeneity (I² = 58%). Considerable variation in size of effect.

Statistical heterogeneity (I² = 60%). Considerable variation in size of effect.

Wide confidence interval crossing the line of no effect and fails to exclude appreciable benefit.

One study with serious design limitations.
 Most studies contributing data had design limitations.
 Wide confidence interval crossing the line of no effect.

Table 16b. High versus low oxytocin dosage regimen for labour augmentation (infant outcomes)

Source: Kenyon S, Tokumasu H, Dowswell T, Pledge D, Mori R. High-dose versus low-dose oxytocin for augmentation of delayed labour. Cochrane Database Syst Rev. 2013;(7):CD007201.

			Quality asse	ssment			No. of p	oatients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	High dose of oxytocin	Low dose of oxytocin	Relative (95% CI)	Absolute		
Neonatal m	ortality				<u> </u>						1	<u>J</u>
	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/301 (0%)	0/303 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Apgar scor	e < 7 at 5 minu	ites			1						•	
	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	0/220 (0%)	1/224 (0.4%)	RR 0.37 (0.02 to 8.5)	3 fewer per 1000 (from 4 fewer to 33 more)	⊕○○○ VERY LOW	CRITICAL
Umbilical c	ord (artery) pl	l (better in	dicated by lower val	lues)								
	randomized trials		no serious inconsistency	no serious indirectness	serious ⁴	none	66	68	-	MD 0 higher (0.03 lower to 0.03 higher)	⊕⊕○○ LOW	CRITICAL
Neonatal a	dmission to sp	ecial care	baby units									
	randomized trials	very serious ⁵	serious ⁶	no serious indirectness	very serious ³	none	8/201 (4%)	16/203 (7.9%)	RR 0.5 (0.22 to 1.15)	39 fewer per 1000 (from 61 fewer to 12 more)	⊕OOO VERY LOW	IMPORTANT

¹ Most studies contributing data had design limitations.

² No events.

³ Wide confidence interval crossing the line of no effect and few events.

⁴ Small sample size

⁵ Most of the pooled effect was provided by studies with serious design limitations.

 $^{^{6}}$ Statistical heterogeneity ($l^2 = 56\%$). Size of effect very different in the two studies contributing data.

Table 17a. Oral misoprostol for augmenting labour (maternal outcomes)

Source: Vogel JP, West HM, Dowswell T. Titrated oral misoprostol for augmenting labour to improve maternal and neonatal outcomes. Cochrane Database Syst Rev. 2013:(9):CD010648.

2013,(3)	:CD010648.											
			Quality asse	essment			No. of pation	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Titrated misoprostol (20mcg dose)	Intravenous oxytocin	Relative (95% CI)	Absolute		
/aginal bi	rth within 24 h	nours of co	ommencement of a	ugmentation	1							
I	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	106/118 (89.8%)	100/113 (88.5%)	RR 1.02 (0.93 to 1.11)	18 more per 1000 (from 62 fewer to 97 more)	⊕⊕○○ LOW	CRITICAL
Caesarear	n section			I.								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	12/118 (10.2%)	13/113 (11.5%)	RR 0.88 (0.42 to 1.85)	14 fewer per 1000 (from 67 fewer to 98 more)	⊕○○○ VERY LOW	IMPORTAN ⁻
Jterine hy	perstimulatio	n with feta	l heart rate change	s	•							
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	2/118 (1.7%)	2/113 (1.8%)	RR 0.96 (0.14 to 6.68)	1 fewer per 1000 (from 15 fewer to 101 more)	⊕○○○ VERY LOW	IMPORTAN
Hypertonu	ıs											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	0/118 (0%)	0/113 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	IMPORTAN [*]
Tachysyst	tole			l								
I	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	7/118 (5.9%)	17/113 (15%)	RR 0.39 (0.17 to 0.91)	92 fewer per 1000 (from 14 fewer to 125 fewer)	⊕⊕○○ LOW	IMPORTANT
Vaginal bi	rth within 12 h	nours of co	ommencement of a	ugmentation					<u>'</u>			
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	92/118 (78%)	97/113 (85.8%)	RR 0.91 (0.8 to 1.03)	77 fewer per 1000 (from 172 fewer to 26 more)	⊕⊕○○ LOW	IMPORTANT
	1	1	l	L	1	l			1			1

			Quality asse	essment			No. of pation	ents		Effect	Quality	Importance
No. of studies	Design Inconsistency Indirectness Imprecision					Other considerations	Titrated misoprostol (20mcg dose)	Intravenous oxytocin	Relative (95% CI)	Absolute		
Rate of fai	lure to progre	ss										
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	10/118 (8.5%)	12/113 (10.6%)	RR 0.8 (0.36 to 1.77)	21 fewer per 1000 (from 68 fewer to 82 more)	⊕○○○ VERY LOW	IMPORTANT
² Estimate		sample.	he line of no effect,	few events and sm	nall sample siz	e.						

Table 17b. Oral misoprostol for augmenting labour (infant outcomes)

Source: Vogel JP, West HM, Dowswell T. Titrated oral misoprostol for augmenting labour to improve maternal and neonatal outcomes. Cochrane Database Syst Rev. 2013:(9):CD010648.

			Quality asse	essment			No. of pation	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Titrated misoprostol (20mcg dose)	Intravenous oxytocin	Relative (95% CI)	Absolute		
Apgar sco	re < 7 at 5 min	utes										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/118 (0%)	0/113 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Admissior	n to neonatal i	ntensive c	are unit									
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	5/118 (4.2%)	2/113 (1.8%)	RR 2.39 (0.47 to 12.09)	25 more per 1000 (from 9 fewer to 196 more)	⊕○○○ VERY LOW	IMPORTANT

¹ One study with design limitations.

² No events.

³ Wide confidence interval crossing the line of no effect, few events and small sample size.

Table 17c. Oral misoprostol for augmenting labour (maternal outcomes)

Source: Vogel JP, West HM, Dowswell T. Titrated oral misoprostol for augmenting labour to improve maternal and neonatal outcomes. Cochrane Database Syst Rev. 2013:(9):CD010648..

/(- /	:CD010648	•										
			Quality as	ssessment			No. of pati	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Titrated misoprostol (75mcg dose)	Intravenous oxytocin	Relative (95% CI)	Absolute		
Caesarea	n for non-reas	ssuring fet	tal heart rate (i.e. f	etal distress)	1				1			1
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	8/176 (4.5%)	5/174 (2.9%)	RR 1.58 (0.53 to 4.74)	17 more per 1000 (from 14 fewer to 107 more)	⊕OOO VERY LOW	CRITICAL
Caesarea	n section	ı			1							
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	19/176 (10.8%)	18/174 (10.3%)	RR 1.04 (0.57 to 1.92)	4 more per 1000 (from 44 fewer to 95 more)	⊕⊕○○ LOW	IMPORTANT
Uterine hy	/perstimulatio	on (tachys	ystole, hypertonus	s or both) associ	ated with fetal h	eart changes						
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	51/176 (29%)	40/174 (23%)	RR 1.26 (0.88 to 1.8)	60 more per 1000 (from 28 fewer to 184 more)	⊕⊕○○ LOW	IMPORTANT
Caesarea	n section for o	dystocia (i	i.e. prolonged labo	our)								
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	11/176 (6.3%)	13/174 (7.5%)	RR 0.84 (0.39 to 1.82)	12 fewer per 1000 (from 46 fewer to 61 more)	⊕○○○ VERY LOW	IMPORTANT
Chorioam	nionitis											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	28/176 (15.9%)	32/174 (18.4%)	RR 0.87 (0.55 to 1.37)	24 fewer per 1000 (from 83 fewer to 68 more)	⊕⊕○○ LOW	IMPORTANT
Spontane	ous vaginal b	irth										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	153/176 (86.9%)	154/174 (88.5%)	RR 0.98 (0.91 to 1.06)	18 fewer per 1000 (from 80 fewer to 53 more)	⊕⊕⊕○ MODERATE	IMPORTANT

			Quality as	sessment			No. of pati	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Titrated misoprostol (75mcg dose)	Intravenous oxytocin	Relative (95% CI)	Absolute		
Epidural a	nalgesia			I	I				-			
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	141/176 (80.1%)	152/174 (87.4%)	RR 0.92 (0.84 to 1.01)	70 fewer per 1000 (from 140 fewer to 9 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Forceps de	elivery					1						
	randomized trials	serious ¹		no serious indirectness	very serious ²	none	4/176 (2.3%)	2/174 (1.1%)	RR 1.98 (0.37 to 10.66)	11 more per 1000 (from 7 fewer to 111 more)	⊕OOO VERY LOW	IMPORTANT
Maternal b	olood transfus	sion for hy	povolemia	L	l							
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	6/176 (3.4%)	2/174 (1.1%)	RR 2.97 (0.61 to 14.49)	23 more per 1000 (from 4 fewer to 155 more)	⊕OOO VERY LOW	IMPORTANT
Uterine tac	chysystole, h	ypertonus	, or both in a 10-m	inute period (hy	perstimulation o	of labour)						
1	randomized trials	serious ¹		no serious indirectness	no serious imprecision	none	133/176 (75.6%)	112/174 (64.4%)	RR 1.17 (1.02 to 1.35)	109 more per 1000 (from 13 more to 225 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Uterine tac	chysystole in	a 20-minu	ite interval	1	1							1
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	50/176 (28.4%)	41/174 (23.6%)	RR 1.21 (0.84 to 1.72)	49 more per 1000 (from 38 fewer to 170 more)	⊕⊕○○ LOW	IMPORTANT

¹ One study with design limitations.
² Wide confidence interval crossing the line of no effect and few events.
³ Wide confidence interval crossing the line of no effect.

Table 17d. Oral misoprostol for augmenting labour (infant outcomes)

Source: Vogel JP, West HM, Dowswell T. Titrated oral misoprostol for augmenting labour to improve maternal and neonatal outcomes. Cochrane Database Syst Rev. 2013;(9):CD010648.

			Quality asse	ssment			No. of pation	ents		Effect	Quality	Importance
No. of studies	Design	Risk of bias Inconsistency Indirectness Imprecision Considerations (75mcg dose)	Intravenous oxytocin	Relative (95% CI)	Absolute							
Apgar sco	l re < 4 at 5 min	utes							<u> </u>			
1	randomized trials			no serious indirectness	very serious ²	none	0/176 (0%)	0/174 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Umbilical o	cord artery pH	< 7.1										
1	randomized trials			no serious indirectness	very serious ³	none	3/176 (1.7%)	4/174 (2.3%)	RR 0.74 (0.17 to 3.26)	6 fewer per 1000 (from 19 fewer to 52 more)	⊕OOO VERY LOW	CRITICAL
Admission	to neonatal in	ntensive c	are unit									
1	randomized trials			no serious indirectness	very serious ³	none	1/176 (0.6%)	0/174 (0%)	RR 2.97 (0.12 to 72.31)	-	⊕OOO VERY LOW	IMPORTANT

¹ One study with design limitations. ² No events.

³ Wide confidence interval crossing the line of no effect and few events.

Table 18a. The use of routine amniotomy alone for treatment of delay in the first stage of labour (maternal outcomes) *Source:* Smyth RMD, Markham C, Dowswell T. Amniotomy for shortening spontaneous labour. Cochrane Database Syst. Rev. 2013;(6):CD006167.

			Quality asse	ssment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy	No amniotomy	Relative (95% CI)	Absolute		
Maternal m	ortality											
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ²	none	0/20 (0%)	0/19 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Caesarean	section											
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	2/20 (10%)	2/19 (10.5%)	RR 0.95 (0.15 to 6.08)	5 fewer per 1000 (from 89 fewer to 535 more)	⊕○○○ VERY LOW	IMPORTANT
Instrument	al vaginal birth	1										
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	4/20 (20%)	3/19 (15.8%)	RR 1.27 (0.33 to 4.93)	43 more per 1000 (from 106 fewer to 621 more)	⊕○○○ VERY LOW	IMPORTANT
Caesarean	section for fet	al distress					ļ					1
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	1/20 (5%)	0/19 (0%)	RR 2.86 (0.12 to 66.11)	-	⊕○○○ VERY LOW	CRITICAL
Caesarean	section for pro	longed lab	oour	1	_	ļ	1		<u> </u>			1
1	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	1/20 (5%)	2/19 (10.5%)	RR 0.47 (0.05 to 4.82)	56 fewer per 1000 (from 100 fewer to 402 more)	⊕○○○ VERY LOW	IMPORTANT

			Quality asse	ssment			No. of	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy	No amniotomy	Relative (95% CI)	Absolute		
Use of pain	relief – epidur	al/narcotic										
	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	14/20 (70%)	9/19 (47.4%)	RR 1.48 (0.85 to 2.57)	227 more per 1000 (from 71 fewer to 744 more)	⊕○○○ VERY LOW	IMPORTANT
Oxytocin at	ugmentation											
	randomized trials		no serious inconsistency	no serious indirectness	very serious ³	none	11/20 (55%)	12/19 (63.2%)	RR 0.87 (0.52 to 1.47)	82 fewer per 1000 (from 303 fewer to 297 more)	⊕○○○ VERY LOW	IMPORTANT

One study with design limitations.

No events.

Wide confidence interval crossing the line of no effect, few events and small sample size.

Table 18b. The use of routine amniotomy alone for treatment of delay in the first stage of labour (infant outcomes)

Source: Smyth RMD, Markham C, Dowswell T. Amniotomy for shortening spontaneous labour. Cochrane Database Syst Rev. 2013;(6):CD006167.

			Quality assess	No. of patients		Effect		Quality	Importance			
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amniotomy	No amniotomy	Relative (95% CI)			
Apgar score < 7 at 5 minutes												
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	1/20 (5%)	0/19 (0%)	RR 2.86 (0.12 to 66.11)	-	⊕OOO VERY LOW	CRITICAL
Admission to special care baby unit/neonatal intensive care unit												
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	0/20 (0%)	0/19 (0%)	not pooled	not pooled	⊕OOO VERY LOW	IMPORTAN'

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect, few events and small sample size.

³ No events.

Table 19a. Amniotomy and oxytocin for treatment of delay in the first stage of labour (maternal outcomes)

Source: Wei S, Wo BL, Qi HP, Xu H, Luo ZC, Roy C, Fraser WD. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care. Cochrane Database Syst Rev. 2013(8):CD006794.

			Quality asse	ssment			No. of patients	S		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute		
Postpartun	n haemorrhag	e (blood lo	oss > 500 ml)	<u> </u>				<u> </u>				
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	3/71 (4.2%)	0/70 (0%)	RR 6.9 (0.36 to 131.23)	-	⊕○○○ VERY LOW	CRITICAL
Duration of	f first stage of	labour (ho	ours) (better indicat	ed by lower value	es)							
2	randomized trials	serious ³	serious ⁴	no serious indirectness	very serious ⁵	none	121	119	-	MD 1.58 lower (4.27 lower to 1.1 higher)	⊕○○○ VERY LOW	CRITICAL
Caesarean	section rate											
3	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ²	none	17/142 (12%)	11/138 (8%)	RR 1.47 (0.73 to 2.96)	37 more per 1000 (from 22 fewer to 156 more)	⊕○○○ VERY LOW	IMPORTANT
Spontaneo	us vaginal bir	th					l					
3	randomized trials	serious ³	no serious inconsistency	no serious indirectness	serious ⁶	none	104/142 (73.2%)	107/140 (76.4%)	RR 0.96 (0.85 to 1.08)	31 fewer per 1000 (from 115 fewer to 61 more)	⊕⊕○○ LOW	IMPORTANT
Duration of	f labour (hours	s from adn	nission in labour) (l	better indicated b	y lower value	es)						
	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁷	none	71	70	-	MD 3.1 lower (4.63 to 1.57 lower)	⊕⊕○○ LOW	CRITICAL

			Quality asse	ssment			No. of patients Effect					Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute		
Postpartun	n fever or infe	ction										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	5/50 (10%)	3/49 (6.1%)	RR 1.63 (0.41 to 6.47)	39 more per 1000 (from 36 fewer to 335 more)	⊕OOO VERY LOW	IMPORTANT
Satisfied w	vith labour exp	erience										
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁶	none	42/88 (47.7%)	44/94 (46.8%)	RR 1.02 (0.75 to 1.39)	9 more per 1000 (from 117 fewer to 183 more)	⊕⊕○○ LOW	IMPORTANT

One study with design limitations.

Wide confidence interval crossing the line of no effect and few events.

Statistical heterogeneity (I² > 60%). Direction of effect consistent but size of effect variable.

Wide confidence interval crossing the line of no effect.

Small sample size.

Single study contributing data, with wide confidence interval.

Table 19b. Amniotomy and oxytocin for treatment of delay in the first stage of labour (infant outcomes)

Source: Wei S, Wo BL, Qi HP, Xu H, Luo ZC, Roy C, Fraser WD. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care. Cochrane Database Syst Rev. 2013;(8):CD006794.

			Quality asse	essment			No. of patients Effect					Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early amniotomy and early oxytocin	Routine care	Relative (95% CI)	Absolute		
Admission	Admission to special care nursery											
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/50 (0%)	6/49 (12.2%)	RR 0.08 (0 to 1.3)	113 fewer per 1000 (from 122 fewer to 37 more)	⊕OOO VERY LOW	IMPORTANT
Apgar score < 7 at 5 minutes												
1	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ⁴	none	1/21 (4.8%)	0/19 (0%)	RR 2.73 (0.12 to 63.19)	-	⊕OOO VERY LOW	CRITICAL

¹ Most studies contributing data had design limitations.

² Wide confidence interval crossing the line of no effect, small sample size and failed to exclude appreciable benefit.

³ One study with design limitations.

⁴ Wide confidence interval crossing the line of no effect, few events and failed to exclude appreciable harm or benefit.

Table 20a. Internal versus external tocodynamometry in augmented labour (maternal outcomes)

Source: Bakker JJH, Janssen PF, van Halem K, van der Goes BY, Papatsonis DNM, van der Post JAM, Mol BWJ. Internal versus external tocodynamometry during induced or

augmented labour. Cochrane Database Syst Rev. 2013;(8):CD006947.

			Quality as	sessment			No. of p	patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Internal tocodynamometry	External tocodynamometry	Relative (95% CI)	Absolute		
Mean time	e to delivery (vaginal d	eliveries) (better i	ndicated by lowe	er values)	<u>'</u>			!			J.
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	252	248	-	MD 3.47 lower (42.84 lower to 35.9 higher)	⊕⊕○○ LOW	CRITICAL
Serious n	naternal outco	omes (def	ined as death, cor	na, cardiac arres	st, respiratory a	rrest, use of a med	hanical ventilator, ad	mission to intensive o	care unit)			
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ⁴	none	0/377 (0%)	0/373 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Uterine ru	ipture											
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	very serious ⁴	none	0/377 (0%)	0/373 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Caesarea	n section		l.									
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	serious ²	none	72/377 (19.1%)	57/373 (15.3%)	RR 1.25 (0.91 to 1.71)	38 more per 1000 (from 14 fewer to 108 more)	⊕⊕○○ LOW	IMPORTANT
Hyperstin	nulation		1			1						
1	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	none	25/125 (20%)	24/125 (19.2%)		8 more per 1000 (from 71 fewer to 138 more)	-	IMPORTANT
Instrumer	ntal delivery (caesarear	n section + vagina	l instrumental de	elivery)				-			J
2	randomized trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	143/377 (37.9%)	113/373 (30.3%)	RR 1.25 (1.02 to 1.53)	76 more per 1000 (from 6 more to 161 more)	⊕⊕⊕○ MODERATE	IMPORTANT

	Quality assessment No. of Risk of Other							patients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Internal tocodynamometry	External tocodynamometry	Relative (95% CI)	Absolute		
Instrumental vaginal delivery												
2	randomized trials	serious ³		no serious indirectness	serious ²	none	71/377 (18.8%)	56/373 (15%)	RR 1.25 (0.91 to 1.73)	38 more per 1000 (from 14 fewer to 110 more)	⊕⊕○○ LOW	IMPORTANT
Signs intr	Signs intrauterine infection during labour requiring antibiotic therapy											
	randomized trials			no serious indirectness	very serious ⁶	none	10/252 (4%)	18/248 (7.3%)	RR 0.55 (0.26 to 1.16)	33 fewer per 1000 (from 54 fewer to 12 more)	0000	IMPORTANT

¹ One study with design limitations.

² Wide confidence interval crossing the line of no effect.

³ Most studies contributing data had design limitations.

⁴ No events.

⁵ Wide confidence interval crossing the line of no effect and small sample size.

⁶ Wide confidence interval crossing the line of no effect and few events.

Table 20b. Internal versus external tocodynamometry in augmented labour (infant outcomes)

Source: Bakker JJH, Janssen PF, van Halem K, van der Goes BY, Papatsonis DNM, van der Post JAM, Mol BWJ. Internal versus external tocodynamometry during induced or

augmented labour. Cochrane Database Syst Rev. 2013;(8):CD006947.

			Quality asse	essment			No. of p	oatients		Effect	Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Internal tocodynamometry	External tocodynamometry	Relative (95% CI)	Absolute		
Perinatal r	nortality		1									
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/377 (0%)	0/373 (0%)	not pooled	not pooled	⊕OOO VERY LOW	CRITICAL
Apgar sco	re < 7 at 5 mi	nutes									l	
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	8/377 (2.1%)	7/372 (1.9%)	RR 1.12 (0.41 to 3.06)	2 more per 1000 (from 11 fewer to 39 more)	⊕OOO VERY LOW	CRITICAL
Placental	or fetal vesse	I damage									l	
2	randomized trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	0/377 (0%)	0/373 (0%)	not pooled	not pooled	⊕○○○ VERY LOW	CRITICAL
Umbilical	artery pH < 7.	05										
1	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	very serious ³	none	7/174 (4%)	6/169 (3.6%)	RR 1.13 (0.39 to 3.3)	5 more per 1000 (from 22 fewer to 82 more)	⊕OOO VERY LOW	CRITICAL
Umbilical	artery pH < 7.	15	<u></u>								<u> </u>	
1	randomized trials	serious ⁴	no serious inconsistency	no serious indirectness	serious ⁵	none	38/174 (21.8%)	27/170 (15.9%)	RR 1.38 (0.88 to 2.15)	60 more per 1000 (from 19 fewer to 183 more)	⊕⊕○○ LOW	CRITICAL

			Quality asse	essment			No. of patients Effect					Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Internal tocodynamometry	External tocodynamometry	Relative (95% CI)	Absolute		
Neonatal a	onatal admission > 48 hours											
1	randomized trials		no serious inconsistency		very serious ³	none	26/252 (10.3%)	31/248 (12.5%)	RR 0.83 (0.51 to 1.35)	21 fewer per 1000 (from 61 fewer to 44 more)	⊕OOO VERY LOW	IMPORTANT
Admission	Admission to neonatal intensive care unit											
1	randomized trials		no serious inconsistency	no serious indirectness	serious ⁵	none	1/125 (0.8%)	1/125 (0.8%)	RR 1 (0.06 to 15.81)	0 fewer per 1000 (from 8 fewer to 118 more)	⊕⊕○○ LOW	IMPORTANT

<sup>Thost studies contributing data had design limitations.

No events.

Wide confidence interval crossing the line of no effect and few events.

One study with design limitations.

Wide confidence interval crossing the line of no effect.</sup>