

Fokuseret spørgsmål 1

Author(s): George J Bugg, Farah Siddiqui, Jim G Thornton

Date: 2014-05-01

Question: Should Early use of intravenous oxytocin be used for slow progress in the first stage of spontaneous labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]?¹

Settings:

Bibliography: Bugg GJ, Siddiqui F, Thornton JG. Oxytocin versus no treatment or delayed treatment for slow progress in the first stage of spontaneous labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|--|-------------------|-------------------------|--------------------------|-------------------------|---------------------------|----------------------|-----------------------------------|-----------------|-------------------------|--|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early use of intravenous oxytocin | Control | Relative (95% CI) | Absolute | | |
| Serious neonatal morbidity or perinatal death | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 1/235 (0.43%) | 1/234 (0.43%) | RR 0.98 (0.06 to 15.57) | 0 fewer per 1000 (from 4 fewer to 62 more) | ⊕⊕○○ LOW | CRITICAL |
| Apgar score less than seven at five minutes | | | | | | | | | | | | |
| 5 | randomised trials | serious ³ | no serious inconsistency | serious ⁴ | 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) | ⊕○○○ VERY LOW | CRITICAL |
| Neonatal intensive care unit admission | | | | | | | | | | | | |
| 4 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | CRITICAL |
| Uterine hyperstimulation with fetal heart rate changes necessitating intervention | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | serious ⁵ | no serious imprecision | 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) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Instrumental vaginal delivery | | | | | | | | | | | | |
| 5 | randomised trials | no serious risk of bias | serious ⁶ | no serious indirectness | serious ² | 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) | ⊕⊕○○ LOW | IMPORTANT |
| Caesarean section | | | | | | | | | | | | |
| 5 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Emergency caesarean section for fetal distress | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Woman not satisfied (scale) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | no serious imprecision | none | 145 | 136 | - | MD 3 higher (3.33 lower to 9.33) | ⊕⊕⊕○ MODERATE | IMPORTANT |

| | | | | | | | | | | | | |
|--|-------------------|-------------------------|---------------------------------------|-------------------------|------------------------|------|-----------------|----------------|------------------------|--|---------------|-----------|
| | | | | | | | | | | higher) | | |
| Woman not satisfied (number of women with negative memories of childbirth) | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | 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 not satisfied (number of women saying depressed by childbirth experience) | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency ² | no serious indirectness | serious ² | 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 |
| Participation (scale) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | none | 233 | 209 | - | MD 0.06 higher (0.05 lower to 0.17 higher) | ⊕⊕○○ LOW | IMPORTANT |
| Perceived safety (scale) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | none | 233 | 209 | - | MD 0.03 higher (0.08 lower to 0.14 higher) | ⊕⊕○○ LOW | IMPORTANT |
| Postpartum haemorrhage | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Time from randomisation to delivery (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | serious ⁶ | no serious indirectness | no serious imprecision | none | 543 | 540 | - | MD 2.2 lower (3.29 to 1.1 lower) | ⊕⊕⊕○ MODERATE | IMPORTANT |

¹ Vi fandt ingen estimater på de kritiske outcomes navlesnors pH, sarnat score, Thompson score og encefalopati

² Meget bredt konfidens interval

³ Manglende blinding kan have fåre til bias

⁴ APGAR er ikke et sårlig godt surrogat mål for morbiditet og mortalitet.

⁵ I Hinshaw2008 fik alle kvinder amniotomi og "delayed" gruppen skulle afvente op til 8 timer. Et sådan regime vil i Danmark være i strid med andre guidelines. Skal afklares ved nærlæsning af artiklen

⁶ I 2 størrelser end 50

Fokuseret spørgsmål 4

Author(s): Sara Kenyon, Hironobu Tokumasu, Therese Dowswell, Debbie Pledge, Rintaro Mori

Date: 2014-05-21

Question: High versus low dose of oxytocin (all women) for augmentation of delayed labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]

Settings:

Bibliography: Kenyon S, Tokumasu H, Dowswell T, Pledge D, Mori R. High-dose versus low-dose oxytocin for augmentation of delayed labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|---|-----------------------|-------------------------|--------------------------|-------------------------|-------------------------------------|----------------------|--|----------------|------------------------|---|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High versus low dose of oxytocin (all women) | Control | Relative (95% CI) | Absolute | | |
| Neonatal mortality | | | | | | | | | | | | |
| 3 | randomised trials | | | | | none | 0/301 (0%) | 0/303 (0%) | not pooled | not pooled | | CRITICAL |
| Appgar score less than 7 at 5 minutes | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | no serious inconsistency | serious ¹ | very serious ² | none | 0/220 (0%) | 1/224 (0.45%) | RR 0.37 (0.02 to 8.5) | 3 fewer per 1000 (from 4 fewer to 33 more) | ⊕○○○ VERY LOW | CRITICAL |
| Umbilical cord (artery) pH (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | serious ³ | no serious imprecision | none | 66 | 68 | - | MD 0 higher (0.03 lower to 0.03 higher) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Neonatal admission to special care baby units | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | serious ⁴ | no serious indirectness | serious ⁵ | 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) | ⊕⊕○○ LOW | IMPORTANT |
| Caesarean section | | | | | | | | | | | | |
| 4 | randomised trials | no serious risk of bias | serious ⁴ | 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) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Instrumental vaginal birth | | | | | | | | | | | | |
| 3 | no methodology chosen | | | | | 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) | | IMPORTANT |
| Subgroup analysis: Caesarean section by parity | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | serious ⁴ | no serious indirectness | no serious imprecision ⁵ | none | 38/220 (17.3%) | 62/224 (27.7%) | RR 0.64 (0.44 to 0.91) | 100 fewer per 1000 (from 25 fewer to 155 fewer) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Subgroup analysis: Caesarean section by parity - Nulliparous women | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ⁵ | none | 30/138 (21.7%) | 48/162 (29.6%) | RR 0.71 (0.47 to | 86 fewer per 1000 (from 157 fewer to | ⊕⊕⊕○ MODERATE | IMPORTANT |

| | | | | | | | | | | | | |
|---|-------------------|-------------------------|--------------------------|-------------------------|---------------------------|------|----------------|----------------|------------------------|--|---------------|-----------|
| | | | | | | | | | 1.06) | 18 more) | | |
| Subgroup analysis: Caesarean section by parity - Multiparous women | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | 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) | ⊕⊕⊕⊕ HIGH | IMPORTANT |
| Length of labour (hour; oxytocin to delivery) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ⁶ | no serious inconsistency | no serious indirectness | no serious imprecision | none | 19 | 21 | - | MD 3.5 lower (6.38 to 0.62 lower) | ⊕⊕⊕⊕ MODERATE | IMPORTANT |
| Length of labour (minute; onset of first stage to delivery) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 46 | 46 | - | MD 26 lower (128.06 lower to 76.06 higher) | ⊕⊕⊕⊕ LOW | IMPORTANT |
| Incidence of postpartum haemorrhage | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ⁵ | 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) | ⊕⊕⊕⊕ MODERATE | IMPORTANT |
| Diagnosis of chorioamnionitis | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ⁵ | 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) | ⊕⊕⊕⊕ MODERATE | IMPORTANT |
| Incidence of hyperstimulation | | | | | | | | | | | | |
| 4 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ⁵ | none | 34/320 (10.6%) | 21/324 (6.5%) | RR 1.47 (0.73 to 2.94) | 30 more per 1000 (from 18 fewer to 126 more) | ⊕⊕⊕⊕ MODERATE | IMPORTANT |

Fokuseret spørgsmål 7

Author(s): Feroza Dawood, Therese Dowswell, Siobhan Quenby

Date: 2014-05-08

Question: Should Intravenous fluids + oral intake be used for reducing the duration of labour in low risk nulliparous women [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]?¹

Settings:

Bibliography: Dawood F, Dowswell T, Quenby S. Intravenous fluids for reducing the duration of labour in low risk nulliparous women [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|---|-------------------|-------------------------|--------------------------|-------------------------|---------------------------|----------------------|----------------------------------|----------------|------------------------|--|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Intravenous fluids + oral intake | Control | Relative (95% CI) | Absolute | | |
| Mean duration of labour (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | no serious imprecision | none | 150 | 91 | - | MD 28.86 lower (47.41 to 10.3 lower) | ⊕⊕⊕⊕ HIGH | IMPORTANT |
| Caesarean section | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | |
| Admission to neonatal unit | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious ³ | very serious ² | 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) | ⊕○○○ VERY LOW | CRITICAL |
| Oxytocin augmentation | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | serious ⁴ | no serious indirectness | serious ² | none | 88/284 (31%) | 53/129 (41.1%) | RR 0.69 (0.42 to 1.14) | 127 fewer per 1000 (from 238 fewer to 58 more) | ⊕⊕○○ LOW | IMPORTANT |

¹ De kritiske outcomes neonatal dÅ, d, apgar <7 efter 5 min, navlesnors ph <7, sarnat score, thompsons score og encephalopi var ikke rapporteret.

² bredt konfidensinterval

³ IndlÅggelse pÅ neonatal afdeling er et surrogat for neonatal morbiditet og mortalitet

⁴ I²>50% er forsÅgt hÅndteret med randoms effect model

Fokuseret spørgsmål 10.1

Author(s): Rebecca MD Smyth, Carolyn Markham, Therese Dowswell

Date: 2014-05-15

Question: Amniotomy versus no amniotomy for shortening spontaneous labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]

Settings:

Bibliography: Smyth RMD, Markham C, Dowswell T. Amniotomy for shortening spontaneous labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|---|-------------------|-------------------------|---------------------------|-------------------------|----------------------|----------------------|-------------------------------|-----------------|------------------------|--|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Amniotomy versus no amniotomy | Control | Relative (95% CI) | Absolute | | |
| Length of first stage of labour (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | no serious risk of bias | very serious ¹ | no serious indirectness | serious ² | none | 578 | 549 | - | MD 20.43 lower (95.93 lower to 55.06 higher) | ⊕○○○ VERY LOW | IMPORTANT |
| Length of first stage of labour - Primiparous women (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | no serious risk of bias | very serious ¹ | no serious indirectness | serious ² | none | 190 | 189 | - | MD 57.93 lower (152.66 lower to 36.8 higher) | ⊕○○○ VERY LOW | IMPORTANT |
| Length of first stage of labour - Multiparous women (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | very serious ¹ | no serious indirectness | serious ² | none | 205 | 181 | - | MD 23.1 higher (50.89 lower to 97.09 higher) | ⊕○○○ VERY LOW | IMPORTANT |
| Caesarean section | | | | | | | | | | | | |
| 9 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | 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 |
| Caesarean section - Primiparous women | | | | | | | | | | | | |
| 6 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | 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 |
| Caesarean section - Multiparous women | | | | | | | | | | | | |
| 2 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | none | 12/795 (1.5%) | 6/678 (0.88%) | RR 1.76 (0.65 to 4.76) | 7 more per 1000 (from 3 fewer to 33 more) | ⊕⊕○○ LOW | IMPORTANT |
| Maternal satisfaction with childbirth experience (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | serious ² | none | 43 | 41 | - | MD 1.1 lower (7.15 lower to 4.95 higher) | ⊕⊕○○ LOW | |
| Apgar score less than 7 at 5 minutes | | | | | | | | | | | | |
| 6 | randomised trials | serious ³ | no serious inconsistency | serious ⁴ | serious ² | none | 14/1853 (0.76%) | 25/1745 (1.4%) | RR 0.53 (0.28 to 1) | 7 fewer per 1000 (from 10 fewer to 0 more) | ⊕○○○ VERY LOW | CRITICAL |

| Apgar score less than 7 at 5 minutes - Primiparous women | | | | | | | | | | | | |
|--|-------------------|-------------------------|--------------------------|-------------------------|---------------------------|------|------------------|------------------|-------------------------|--|---------------|-----------|
| 4 | randomised trials | serious ³ | no serious inconsistency | serious ⁴ | no serious imprecision | none | 10/1318 (0.76%) | 22/1224 (1.8%) | RR 0.42 (0.2 to 0.88) | 10 fewer per 1000 (from 2 fewer to 14 fewer) | ⊕⊕○○ LOW | CRITICAL |
| Apgar score less than 7 at 5 minutes - Multiparous women | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | serious ⁴ | very serious ² | none | 1/266 (0.38%) | 1/267 (0.37%) | RR 1 (0.06 to 15.96) | 0 fewer per 1000 (from 4 fewer to 56 more) | ⊕○○○ VERY LOW | CRITICAL |
| Length of second stage (Better indicated by lower values) | | | | | | | | | | | | |
| 8 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | none | 968 | 959 | - | MD 1.33 lower (2.92 lower to 0.26 higher) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Length of second stage - Primiparous women (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | none | 319 | 334 | - | MD 5.43 lower (9.98 to 0.89 lower) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Length of second stage - Multiparous women (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | none | 471 | 448 | - | MD 1.19 lower (2.92 lower to 0.53 higher) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Oxytocin augmentation | | | | | | | | | | | | |
| 8 | randomised trials | serious ⁴ | serious ⁵ | no serious indirectness | no serious imprecision | none | 427/2239 (19.1%) | 534/2025 (26.4%) | RR 0.72 (0.54 to 0.96) | 74 fewer per 1000 (from 11 fewer to 121 fewer) | ⊕⊕○○ LOW | IMPORTANT |
| Oxytocin augmentation - Primiparous women | | | | | | | | | | | | |
| 3 | randomised trials | serious ³ | serious ⁵ | no serious indirectness | serious ² | none | 208/583 (35.7%) | 255/596 (42.8%) | RR 0.79 (0.56 to 1.11) | 90 fewer per 1000 (from 188 fewer to 47 more) | ⊕○○○ VERY LOW | IMPORTANT |
| Oxytocin augmentation - Multiparous women | | | | | | | | | | | | |
| 1 | randomised trials | serious ³ | no serious inconsistency | no serious indirectness | no serious imprecision | none | 36/266 (13.5%) | 85/267 (31.8%) | RR 0.43 (0.3 to 0.6) | 181 fewer per 1000 (from 127 fewer to 223 fewer) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Maternal infection | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Maternal infection - Primiparous women | | | | | | | | | | | | |
| 3 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕○ MODERATE | |
| Maternal infection - Multiparous women | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 1/266 (0.38%) | 0/267 (0%) | RR 3.01 (0.12 to 73.59) | - | ⊕⊕○○ LOW | IMPORTANT |
| Admission to special care baby unit/neonatal intensive care unit | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|-------------------|-------------------------|--------------------------|-------------------------|---------------------------|------|----------------|----------------|-------------------------|---|---------------|-----------|
| 5 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕O MODERATE | CRITICAL |
| Admission to special care baby unit/neonatal intensive care unit - Primiparous women | | | | | | | | | | | | |
| 5 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious ² | 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) | ⊕⊕⊕O MODERATE | CRITICAL |
| Admission to special care baby unit/neonatal intensive care unit - Multiparous women | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | 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) | ⊕⊕OO LOW | CRITICAL |
| Perinatal death | | | | | | | | | | | | |
| 8 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 1/1751 (0.06%) | 0/1646 (0%) | RR 3.01 (0.12 to 73.59) | - | ⊕⊕OO LOW | CRITICAL |
| Perinatal death - Primiparous women | | | | | | | | | | | | |
| 7 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | | none | 0/1409 (0%) | 0/1324 (0%) | not pooled | not pooled | | CRITICAL |
| Perinatal death - Multiparous women | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 1/308 (0.32%) | 0/292 (0%) | RR 3.01 (0.12 to 73.59) | - | ⊕⊕OO LOW | CRITICAL |
| Seizures (neonate) | | | | | | | | | | | | |
| 5 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 2/2118 (0.09%) | 2/1951 (0.1%) | RR 0.88 (0.15 to 5.35) | 0 fewer per 1000 (from 1 fewer to 4 more) | ⊕⊕OO LOW | IMPORTANT |
| Seizures (neonate) - Primiparous women | | | | | | | | | | | | |
| 4 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious ² | none | 2/1318 (0.15%) | 2/1227 (0.16%) | RR 0.88 (0.15 to 5.35) | 0 fewer per 1000 (from 1 fewer to 7 more) | ⊕⊕OO LOW | IMPORTANT |
| Seizures (neonate) - Multiparous women | | | | | | | | | | | | |
| 2 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | | none | 0/565 (0%) | 0/500 (0%) | not pooled | not pooled | | IMPORTANT |
| | | | | | | | | 0% | | not pooled | | |

¹ I² er stÅ, rre end 80%

² Bredt konfidensinterval

³ Manglende blinding

⁴ APGAR er ikke en god surrogat for fetal morbiditet og mortalitet

⁵ I² stÅ, rre end 50%

Fokuseret spørgsmål 10.2

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Date: 2014-05-15

Question: No name provided

Settings:

Bibliography: Smyth RMD, Markham C, Dowswell T. Amniotomy for shortening spontaneous labour [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2013, Issue ".]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|--|-------------------|-------------------------|--------------------------|-------------------------|---------------------------|----------------------|----------------|---------------|-------------------------|--|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Amniotomy | Control | Relative (95% CI) | Absolute | | |
| Maternal satisfaction with childbirth experience (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ¹ | no serious inconsistency | no serious indirectness | no serious imprecision | none | 20 | 19 | - | MD 22 higher (2.74 to 41.26 higher) | ⊕⊕⊕○ MODERATE | IMPORTANT |
| Apgar score less than 7 at 5 minutes | | | | | | | | | | | | |
| 1 | randomised trials | serious ¹ | no serious inconsistency | serious ² | very serious ³ | none | 1/20 (5%) | 0/19 (0%) | RR 2.86 (0.12 to 66.11) | - | ⊕○○○ VERY LOW | CRITICAL |
| Oxytocin augmentation | | | | | | | | | | | | |
| 1 | randomised trials | serious ¹ | no serious inconsistency | no serious indirectness | 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) | ⊕⊕○○ LOW | |
| Caesarean section for fetal distress | | | | | | | | | | | | |
| 1 | randomised trials | serious ¹ | 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 | |
| Caesarean section for prolonged labour | | | | | | | | | | | | |
| 1 | randomised trials | serious ¹ | 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 |
| Admission to special care baby unit/neonatal intensive care unit | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | | none | 0/20 (0%) | 0/19 (0%) | not pooled | not pooled | | CRITICAL |
| | | | | | | | | 0% | | not pooled | | |

¹ Ingen blinding

² Apgar ikke et godt surrogat mÅI for morbiditet og mortalitet

³ Bredt konfidensinterval