

Comparison: RMC intervention compared with usual practice (no RMC intervention)

Source: Downe S, Lawrie TA, Finlayson K, Oladapo OT. Effectiveness of respectful care policies for women using intrapartum care services. *Reprod Health*. 2018 (in press).

Outcome	Quality assessment ¹					No. of participants		Relative effect ²	Certainty (GRADE)	Importance
	Design (no. of studies)	Risk of bias ³	Inconsistency	Indirectness	Imprecision	RMC policy	Usual practice			
Birth experience										
Respectful care	cluster-randomized controlled trial (cRCT) (1) observational (2)	serious: cRCT had two arms only; other data were from observational studies	not serious	not serious	not serious	2983 (total no. for RCT) 149 and 2469 (observational)	2983 (total no. for RCT) 70 and 2000 (observational)	The effect estimate for the cRCT was aOR 3.44 (2.45-4.84). Both observational studies showed higher ratings of "respect" in the RMC arms (22.8% vs 0% in one study and 94.7% vs 89.7% in the other study).	⊕⊕⊕⊖ MODERATE	critical
Satisfaction (very satisfied with birth)	cRCT (1) observational (1)	serious: cRCT had two arms only; other data were from observational study	not serious	not serious	serious: wide range of effect across the two studies	2983 (total no. for RCT) 149 (observational)	2983 (total no. for RCT) 70 (observational)	The effect estimate for the cRCT was aOR 0.98 (0.91-1.06). The observational study showed higher satisfaction with RMC (75.8%) than control (12.9%).	⊕⊕⊖⊖ LOW	critical
Good quality of care (rated good or excellent)	cRCT (1) observational (1)	serious: cRCT had two arms only; other data were from an observational study	not serious	not serious	not serious	2983 (total no. for RCT) 149 (observational)	2983 (total no. for RCT) 70 (observational)	The effect estimate for the cRCT was aOR 6.19 (4.29-8.94). The observational study also showed higher rating of quality of care with 63.1% vs 2.9% in RMC and control reporting this outcome.	⊕⊕⊕⊖ MODERATE	critical

¹ Publication bias could not be assessed due to few included studies.

² A single pooled estimate is not available and only a narrative synthesis of the evidence was provided in the review.

³ Assessment of risk of bias: All of the observational studies were assessed as having "serious risk" of bias, due to lack of allocation concealment and blinding, lack of randomization and use of self-reported measures for some or all outcomes. Both cluster-RCTs were also assessed as having "serious risk" of bias, due to lack of allocation concealment and blinding, and use of self-reported measures for some outcomes.

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Experience of mistreatment										
Any disrespectful or abusive care	cRCT (1) observational (2)	serious: cRCT had two arms only; other data were from observational studies	not serious	not serious	not serious	2983 (total no. for RCT) 149 and 728 (observational)	2983 (total no. for RCT) 64 and 641 (observational)	The effect estimate for the cRCT was aOR 0.34 (95% CI: 0.21-0.58) (3.2% vs 15.8% in RMC and control, respectively). The observational studies showed similar substantial reductions - 1 study from 70% to 18% and the other reporting an aOR of 0.6 (95% CI: 0.4-0.8) and rates of 13.2% vs 20.1% for RMC and control, respectively).	⊖⊕⊕⊕ MODERATE	critical
Non-consent	observational (2)	serious: data were from observational studies	serious: direction of effect differed across the included studies	not serious	serious: size of effect very different between studies	523 and 359 (observational)	677 and 208 (observational)	One study reported an increase [aOR 3.43 (95% CI: 2.52-4.66)] with the intervention (80% vs 60.6%) and the other reported a reduction from 85.1% to 0% (all observed events).	⊕⊖⊖⊖ VERY LOW	critical
Lack of privacy/confidentiality	cRCT (1) observational (2)	serious: cRCT had two arms only; other data were from observational studies	serious: direction of effect differed across the included studies and there were different measures within studies	not serious	serious: effect size very different between studies and different measures used	various numbers for the different studies and measures	various numbers for the different studies and measures	The effect estimate for the cRCT was aOR 0.25 (95% CI: 0.05-1.23). The observational studies reported various measures with estimates including a range of effects between and within studies.	⊕⊖⊖⊖ VERY LOW	critical

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	Design (no. of studies)	Risk of bias ³	Inconsistency	Indirectness	Imprecision	RMC policy	Usual practice			
Physical abuse	cRCT (2) observational (2)	serious: both cRCTs had methodological limitations and other data were observational	not serious	not serious	not serious	2983 (total no. for one cRCT) and 1039 for the other cRCT Various numbers were reported in the observational studies for different measures (according to observed or self-reported events and different types of physical abuse).	2983 (total no. for one cRCT) and 1051 for the other cRCT Various numbers were reported in the observational studies for different measures (according to observed or self-reported events and different types of physical abuse).	The effect estimate for one cRCT was aOR 0.22 (0.05-0.97). The other cRCT did not report a summary effect but showed an average 50% reduction in the RMC arm (from average 2% to 1%) and an increase in the control arm. Reductions in physical abuse were consistently reported across the observational studies for various physical abuse measures.	⊕⊕⊕⊖ MODERATE	critical
Verbal abuse	cRCT (1) observational (2)	serious: risk cRCT had methodological limitations and other data were observational	not serious	not serious	serious: estimates of effect include the possibility of harm	1039 for the cRCT Various numbers were reported in the observational studies for different measures (according to observed or self-reported).	1051 for the cRCT Various numbers were reported in the observational studies for different measures (according to observed or self-reported).	cRCT did not report a summary effect but showed little difference at follow-up in RMC and control arms. One observational study reported no clear difference (on self-reported and observed measures) and the other showed an absolute reduction of 49%.	⊕⊕⊖⊖ LOW	critical

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Neglect/ abandonment	cRCTs (2) observational (2)	serious: both cRCTs had methodological limitations and other data were observational	not serious	not serious	serious: estimates of effect include the possibility of harm	2983 (total no. for one cRCT) and 1039 for the other cRCT 149 and 728 for observational studies	2983 (total no. for one cRCT) and 1051 for the other cRCT 64 and 641 for observational studies	Effects differed across studies with one cRCT showing a reduction with RMC [aOR 0.36 (95% CI: 0.19-0.71)]. The other cRCT did not report a summary effect but showed an average 33% increase in the RMC arm (from average 12% to 16%). One observational study showed a 38% absolute decrease and the other showed no clear difference.	⊕⊕⊖⊖ LOW	critical
Non- dignified care	cRCT (1) observational (1)	serious: cRCT had two arms only; other data were from an observational study	not serious	not serious	serious: estimates of effect include the possibility of harm	2983 (total no.) for the cRCT) and 149 for the observational study	2983 (total no.) for the cRCT and 64 for the observational study	The cRCT showed no difference but direction of effect favoured reduction [aOR 0.58 (95% CI 0.30-1.12)]. The observational study showed an overall reduction in non-dignified care (self-reported) from 54% to 5% and also reductions from baseline in 8/9 submeasures of non-dignified care with RMC arm (observed events); those reductions ranged from 13.5% (mother not told where to go in antenatal ward) to 81.3% (provider did not introduce themselves).	⊕⊕⊖⊖ LOW	critical
Detention	observational (2)	serious: data were from observational studies	serious: the direction of effect across these two studies differed	not serious	serious: estimates of effect include the possibility of harm	149 and 728	64 and 641	One study showed an absolute decrease of 1% and the other study showed an increase [aOR 1.28 (95% CI: 0.93-1.76)].	⊕⊖⊖⊖ VERY LOW	critical

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Clinical outcomes										
Perineal/vaginal trauma	cRCT (1)	serious: data from observational study	not serious	not serious	serious: only one study	1039	1051	This study showed a reduction in episiotomy at follow up (mean rate of 21% at RMC sites vs 39% at control sites; P = 0.02).	⊕⊕⊖⊖ LOW	critical

aOR: adjusted odds ratio; CI: confidence interval; cRCT: cluster-randomized controlled trial

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