Comparison 2.t. Patient-controlled analgesia (PCA) (intramuscular [IM]) meptazinol compared with PCA (IM) pethidine

Source: † Ullman R, Smith LA, Burns E, Mori R, Dowswell T. Parenteral opioids for maternal pain management in labour. Cochrane Database Syst Rev. 2010;(9):CD007396.

Quality assessment							No. of participants		Effect			
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCA meptazinol	PCA pethidine	Relative (95% Cl)	Absolute (95% CI)	Certainty (GRADE)	Importance
Pain scor	e (measur	ed 1 day after	delivery)									
1	RCT	seriousª	not serious	not serious	very serious ^ь	none	5	5	-	MD 17.6 lower (49.93 lower to 14.73 higher)	⊕⊖⊖⊖ VERY LOW	critical
Satisfied	with mode	of administra	tion (PCA, IM)							·		
1	RCT	seriousª	not serious	not serious	very serious ^ь	none	5/5 (100.0%)	5/5 (100.0%)	RR 1.00 (0.71-1.41)	0 fewer per 1000 (from 290 fewer to 410 more)	⊕⊖⊖⊖ VERY LOW	
Epidural												
1	RCT	seriousª	not serious	not serious	very serious	none	1/5 (20.0%)	0/5 (0.0%)	RR 3.00 (0.15-59.89)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊖⊖⊖ VERY LOW	critical
Nausea s	core in lab	our (rated 1 da	ay after delivery)								
1	RCT	seriousª	not serious	not serious	very serious ^ь	none	5	5	-	MD 8 lower (48.7 lower to 32.7 higher)	⊕⊖⊖⊖ VERY LOW	critical
Drowsine	ess score ir	n labour (rated	l 1 day after deli	very)								
1	RCT	seriousª	not serious	not serious	very serious ^ь	none	5	5	-	MD 5.6 higher (28.19 lower to 39.39 higher)	⊕⊖⊖⊖ VERY LOW	critical
Naloxone	administe	ered			·				·		·	
1	RCT	seriousª	not serious	not serious	very serious ^c	none	1/5 (20.0%)	1/5 (20.0%)	RR 1.00 (0.08-11.93)	0 fewer per 1000 (from 184 fewer to 1000 more)	⊕⊖⊖⊖ VERY LOW	critical

CI: confidence interval; MD: mean difference; RCT: randomized controlled trial; RR: risk ratio.

^a Effect estimate from single study with a moderate risk of bias.

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

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

† Updated for the purpose of this guideline.