

Comparison 1: General relaxation techniques compared with usual care (no relaxation techniques)

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

No. of studies	Study design	Quality assessment					No. of participants		Effect		Certainty (GRADE)	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Relaxation	Usual care	Relative (95% CI)	Absolute (95% CI)		
Pain intensity (latent stage)												
1	RCT	serious ^a	not serious	not serious	serious ^b	none	20	20	-	MD 1.25 lower (1.97 lower to 0.53 lower)	⊕⊕○○ LOW	critical
Pain intensity (active stage)												
4	RCT	serious ^c	serious ^d	not serious	very serious ^{b,e}	none	130	143	-	MD 1.08 lower (2.57 lower to 0.41 higher)	⊕○○○ VERY LOW	critical
Maternal perception of pain												
1	RCT	serious ^a	not serious	not serious	not serious	none	484	493	-	MD 0 (0.23 lower to 0.23 higher)	⊕⊕⊕○ MODERATE	critical
Use of pharmacological pain relief												
2	RCTs	serious ^c	not serious	not serious	serious ^e	none	265/513 (51.7%)	273/523 (52.2%)	RR 0.99 (0.88-1.11)	5 fewer per 1000 (from 57 more to 63 fewer)	⊕⊕○○ LOW	critical
Satisfaction with pain relief in labour												
1	RCT	serious ^a	not serious	not serious	very serious ^f	none	8/20 (40.0%)	1/20 (5.0%)	RR 8.00 (1.10-58.19)	350 more per 1000 (from 5 more to 1000 more)	⊕○○○ VERY LOW	critical
Satisfaction with childbirth experience												
3	RCTs	serious ^c	serious ^d	not serious	serious ^e	none	580	596	-	SMD 0.03 lower (0.37 lower to 0.31 higher)	⊕○○○ VERY LOW	critical
Anxiety in labour												
1	RCT	serious ^a	not serious	not serious	serious ^g	none	67	73	-	MD 0.3 higher (4.15 lower to 4.75 higher)	⊕⊕○○ LOW	critical

† Updated for the purpose of this guideline.

No. of studies	Study design	Quality assessment					No. of participants		Effect		Certainty (GRADE)	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Relaxation	Usual care	Relative (95% CI)	Absolute (95% CI)		
Assisted vaginal delivery												
4	RCTs	serious ^c	serious ^d	not serious	serious ^e	none	74/553 (13.4%)	85/569 (14.9%)	RR 0.61 (0.20-1.84)	58 fewer per 1000 (from 120 fewer to 125 more)	⊕○○○ VERY LOW	critical
Caesarean delivery												
4	RCTs	serious ^c	serious ^d	not serious	serious ^e	none	104/553 (18.8%)	122/569 (21.4%)	RR 0.73 (0.26-2.01)	58 fewer per 1000 (from 159 fewer to 217 more)	⊕○○○ VERY LOW	critical
Length of labour												
3	RCTs	serious ^c	not serious	not serious	very serious ^g	none	111	113	-	MD 39.3 higher (41.34 lower to 119.93 higher)	⊕○○○ VERY LOW	critical
Augmentation with oxytocin												
1	RCT	serious ^a	not serious	not serious	very serious ^g	none	12/14 (85.7%)	15/20 (75.0%)	RR 1.14 (0.82-1.59)	105 more per 1000 (from 135 fewer to 443 more)	⊕○○○ VERY LOW	critical
Apgar score < 7 at 5 minutes												
1	RCT	serious ^a	not serious	not serious	very serious ^g	none	0/14 (0.0%)	1/20 (5.0%)	RR 0.47 (0.02-10.69)	27 fewer per 1000 (from 49 fewer to 485 more)	⊕○○○ VERY LOW	critical
Admission to special care												
1	RCT	serious ^a	not serious	not serious	very serious ^g	none	1/29 (3.4%)	1/30 (3.3%)	RR 1.03 (0.07-15.77)	1 more per 1000 (from 31 fewer to 492 more)	⊕○○○ VERY LOW	critical

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

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

^b Small sample size.

^c Most of the pooled effect derived from studies with moderate or high risk of bias but without a substantial proportion (i.e. with < 50%) from studies with a high risk of bias.

^d Severe unexplained heterogeneity.

^e Wide confidence interval crossing the line of no effect.

^f Small sample size and/or few events.

^g Wide confidence interval crossing the line of no effect and small sample size and/or few events.