

Comparison 5: Mindfulness training compared with control (no mindfulness training)

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

Quality assessment							No. of participants		Effect		Certainty (GRADE)	Importance
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mindfulness training	Usual care	Relative (95% CI)	Absolute (95% CI)		
Satisfaction with childbirth (Wijma Delivery Expectancy/Experience Questionnaire [W-DEQ])												
1	RCT	serious ^a	not serious	not serious	very serious ^b	none	13	13	-	MD 4.5 lower (17.61 lower to 8.61 higher)	⊕○○○ VERY LOW	critical
Sense of control (Child Birth Self-Efficacy Inventory [CBSEI] - efficacy sub-scale)												
1	RCT	serious ^a	not serious	not serious	serious ^c	none	13	13	-	MD 31.3 higher (1.61 higher to 60.99 higher)	⊕⊕○○ LOW	critical
Need for pharmacological intervention (opioids)												
1	RCT	serious ^a	not serious	not serious	very serious ^b	none	4/13 (30.8%)	8/13 (61.5%)	RR 0.50 (0.20-1.26)	308 fewer per 1000 (from 160 more to 492 fewer)	⊕○○○ VERY LOW	critical
Assisted vaginal delivery												
1	RCT	serious ^a	not serious	not serious	very serious ^b	none	0/15 (0.0%)	1/14 (7.1%)	RR 0.31 (0.01-7.09)	49 fewer per 1000 (from 71 fewer to 435 more)	⊕○○○ VERY LOW	critical
Caesarean delivery												
1	RCT	serious ^a	not serious	not serious	very serious ^b	none	2/15 (13.3%)	2/14 (14.3%)	RR 0.93 (0.15-5.76)	10 fewer per 1000 (from 121 fewer to 680 more)	⊕○○○ VERY LOW	critical

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

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

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

^c Small sample size.

† Updated for the purpose of this guideline.