## Comparison: Spontaneous pushing compared with directed pushing

Source: Lemos A, Amorim MM, Dornelas de Andrade A, de Souza AI, Cabral Filho JE, Correia JB. Pushing/bearing down methods for the second stage of labour. Cochrane Database Syst Rev. 2017;(10):CD009124.

Quality assessment							No. of participants		Effect			
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Spontaneous pushing	Directed pushing	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Duration	of second	stage (minute	s) – nulliparous									
6	RCTs	very serious <sup>a</sup>	not serious	not serious	serious <sup>b</sup>	none	326	341	-	MD 10.26 higher (1.12 lower to 21.64 higher)	⊕○○○ VERY LOW	critical
Duration	of pushing	(minutes) - n	nixed parity									
2	RCTs	serious⁴	not serious	not serious	very serious <sup>b,c</sup>	none	85	84	-	MD 9.76 lower (19.54 lower to 0.02 higher)	⊕○○○ VERY LOW	critical
Spontane	eous vagina	al birth										
5	RCTs	not serious	not serious	not serious	not serious	none	318/340 (93.5%)	321/348 (92.2%)	RR 1.01 (0.97-1.05)	9 more per 1000 (from 28 fewer to 46 more)	⊕⊕⊕⊕ HIGH	critical
Instrume	ntal vagina	al birth										
2	RCTs	not serious	not serious	not serious	very serious <sup>b,c</sup>	none	10/201 (5.0%)	7/192 (3.6%)	RR 0.56 (0.06-5.10)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊖⊖ LOW	critical
Caesarea	n section											
3	RCTs	very serious <sup>a</sup>	not serious	not serious	very serious <sup>b,c</sup>	none	13/290 (4.5%)	12/293 (4.1%)	RR 0.79 (0.14-4.39)	9 fewer per 1000 (from 35 fewer to 139 more)	⊕○○○ VERY LOW	critical
Perineal	laceration											
1	RCT	not serious	not serious	not serious	serious <sup>b</sup>	none	15/157 (9.6%)	18/163 (11.0%)	RR 0.87 (0.45-1.66)	14 fewer per 1000 (from 61 fewer to 73 more)	⊕⊕⊕○ MODERATE	critical
Episiotor	ny											
2	RCTs	very serious <sup>a</sup>	not serious	not serious	serious <sup>b</sup>	none	71/207 (34.3%)	71/213 (33.3%)	RR 1.05 (0.60-1.85)	17 more per 1000 (from 133 fewer to 283 more)	⊕○○○ VERY LOW	critical

Quality assessment							No. of participants		Effect			
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Spontaneous pushing	Directed pushing	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Materna	l fatigue aft	ter birth										
2	RCTs	very serious <sup>a</sup>	not serious	not serious	very serious <sup>b,c</sup>	none	70	72	-	SMD 1.14 lower (3.29 lower to 1.02 higher)	⊕○○○ VERY LOW	critical
Materna	l satisfactio	on										
1	RCT	not serious	not serious	not serious	very serious <sup>b,c</sup>	none	14	17	-	MD 0.91 higher (1.3 lower to 3.12 higher)	⊕⊕⊜⊝ LOW	critical
Urinary s	tress incor	ntinence										
1	RCT	not serious	not serious	not serious	very serious <sup>b,c</sup>	none	7/61 (11.5%)	11/67 (16.4%)	RR 0.70 (0.29-1.69)	49 fewer per 1000 (from 113 more to 117 fewer)	⊕⊕○○ LOW	critical
Five-min	ute Apgar s	score < 7										
1	RCT	not serious	not serious	not serious	very serious <sup>b,c</sup>	none	0/157 (0.0%)	1/163 (0.6%)	RR 0.35 (0.01-8.43)	4 fewer per 1000 (from 6 fewer to 46 more)	⊕⊕○○ LOW	critical
Low umb	ilical arteri	al cord blood	pH < 7.2						'			,
1	RCT	not serious	not serious	not serious	very serious <sup>b,c</sup>	none	5/157 (3.2%)	7/163 (4.3%)	RR 0.74 (0.24-2.29)	11 fewer per 1000 (from 33 fewer to 55 more)	⊕⊕○○ LOW	critical
Delivery	room resus	scitation										
2	RCTs	not serious	not serious	not serious	very serious <sup>b,c</sup>	none	10/172 (5.8%)	13/180 (7.2%)	RR 0.83 (0.40-1.75)	12 fewer per 1000 (from 43 fewer to 54 more)	⊕⊕○○ LOW	critical

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

<sup>&</sup>lt;sup>a</sup> Most of the pooled effect derived from studies with a moderate or high risk of bias but with a substantial proportion (i.e. > 50%) from studies with a high risk of bias.

<sup>&</sup>lt;sup>b</sup> Imprecise confidence interval.

<sup>&</sup>lt;sup>c</sup> Small sample size and/or few events.

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