## ii. Cervical dilatation patterns in women with normal perinatal outcomes - parous women

Source: Oladapo OT, Diaz V, Bonet M, Abalos E, Thwin SS, Souza H, et al. Cervical dilatation patterns of "low-risk" women with spontaneous labour and normal perinatal outcomes: a systematic review. BJOG. 2017. doi:10.1111/1471-0528.14930.

Quality assessment								Pooled estimate		
No. of studies	Study design	Median (5th to 95th centile)	Inconsistency	Indirectness	Imprecision	Other considerations	No. of particpants	Median (95% CI)	Certainty (GRADE)	Importance
Time (in	hours) to progres	ss from 3-4 cm								
1	observational studyª	serious⁵	not serious <sup>c</sup>	not serious <sup>d</sup>	serious <sup>e</sup>	none <sup>f</sup>	3440	median 2.38 (1.41-2.99)	⊕⊕⊖⊖ LOW	critical
Time (in	hours) to progres	ss from 4-5 cm								
3	observational studiesª	not serious <sup>g</sup>	not serious <sup>h</sup>	not serious <sup>d</sup>	not serious <sup>i</sup>	none <sup>f</sup>	56 823	median 1.17 (1.15-1.18)	⊕⊕⊕⊕ HIGH	critical
Time (in	hours) to progres	ss from 5-6 cm								
3	observational studiesª	not serious <sup>g</sup>	not serious <sup>h</sup>	not serious <sup>d</sup>	not serious <sup>i</sup>	none <sup>f</sup>	56 823	median 0.67 (0.66-0.67)	⊕⊕⊕⊕ HIGH	critical
Time (in	hours) to progres	ss from 6-7 cm								
3	observational studiesª	not serious <sup>g</sup>	not serious <sup>i</sup>	not serious <sup>d</sup>	not serious <sup>i</sup>	none <sup>f</sup>	56 823	median 0.44 (0.43-0.44)	⊕⊕⊕⊕ HIGH	critical
Time (in	hours) to progres	ss from 7-8 cm								
3	observational studiesª	not serious <sup>g</sup>	not serious <sup>k</sup>	not serious <sup>d</sup>	not serious <sup>i</sup>	none <sup>f</sup>	56 823	median 0.35 (0.34-0.35)	⊕⊕⊕⊕ HIGH	critical
Time (in	hours) to progres	ss from 8-9 cm								
2	observational studiesª	not serious	not serious <sup>i</sup>	not serious <sup>d</sup>	not serious <sup>i</sup>	none <sup>f</sup>	53 383	median 0.28 (0.27-0.28)	⊕⊕⊕⊕ HIGH	critical
Time (in	hours) to progres	ss from 9-10 cm								
2	observational studiesª	not serious	not serious <sup>i</sup>	not serious <sup>d</sup>	not serious <sup>i</sup>	none <sup>f</sup>	53 383	median 0.27 (0.26-0.27)	⊕⊕⊕⊕ HIGH	critical

<sup>a</sup> Observational studies reporting on labour assessments of cervical dilatation patterns over time are considered as being of high quality.

<sup>b</sup> The study providing data was at moderate risk of bias. Risk of bias was assessed using the following domains specifically developed for the systematic review: primary intent of the study research question; representativeness of the study population; ascertainment and temporality of observations; adequacy of data points for valid assessment of cervical dilatation patterns for each study participants; use of a valid and robust approach for analysis of labour progression and construction of labour curve.

<sup>c</sup> The magnitude of the medians was consistent in women with parity = 1 and parity > 1 in the only study providing data.

<sup>d</sup> The women, the method for cervical dilatation assessment and the statistical analytical approach for labour progression in the included studies all provide direct evidence against the question at hand.

<sup>e</sup> The lower and upper confidence bounds are both within 0.5 hours of the pooled median time.

<sup>f</sup> We did not strongly suspect publication bias because the search for the studies was comprehensive.

<sup>g</sup> Two out of three studies with 94% of the total number of participants contributing to the pooled median were at low risk of bias.

<sup>h</sup> The magnitude of the medians was consistent in two studies. The outlier represents 32% of the total number of participants contributing to the pooled median.

<sup>1</sup> The lower and upper confidence bounds are both within 0.1 hour of the pooled median time. The total number of women in each study was more than 1000.

<sup>1</sup> The magnitude of the median was consistent in the studies contributing to the pooled median time.

<sup>k</sup> The magnitude of the medians was consistent in two studies. The outlier represents 6% of the total number of participants contributing to the pooled median.

## 6 WHO RECOMMENDATIONS: INTRAPARTUM CARE FOR A POSITIVE CHILDBIRTH EXPERIENCE