

EB Table 3.2.5: Clinical pelvimetry on admission

Comparison: Routine clinical pelvimetry compared with no pelvimetry

Source: Pattinson RC, Cuthbert A, Vannevel V. Pelvimetry for fetal cephalic presentations at or near term for deciding on mode of delivery. Cochrane Database Syst Rev. 2017;(3):CD000161.

No. of studies	Study design	Quality assessment					No. of participants		Effect		Certainty (GRADE)	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pelvimetry	No pelvimetry	Relative (95% CI)	Absolute (95% CI)		
Caesarean section												
3	RCTs	serious ^a	not serious	serious ^b	not serious	none	145/386 (37.6%)	116/383 (30.3%)	RR 1.24 (1.02-1.52)	73 more per 1000 (from 6 more to 157 more)	⊕⊕○○ LOW	critical
Perinatal mortality												
3	RCTs	serious ^a	not serious	serious ^b	very serious ^{c,d}	none	5/386 (1.3%)	8/383 (2.1%)	RR 0.64 (0.21-1.90)	8 fewer per 1000 (from 17 fewer to 19 more)	⊕○○○ VERY LOW	critical
Perinatal asphyxia												
1	RCT	serious ^a	not serious	serious ^b	serious ^c	none	20/151 (13.2%)	31/154 (20.1%)	RR 0.66 (0.39-1.10)	68 fewer per 1000 (from 20 more to 123 fewer)	⊕○○○ VERY LOW	critical

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

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

^b Studies evaluated X-ray pelvimetry and not clinical pelvimetry.

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

^d Few events.