

Ad-hoc analyses by time of discharge and mode of birth

Certainty assessment							No of patients		Effect		Certainty (GRADE)	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early discharge	Usual discharge	Relative (95% CI)	Absolute (95% CI)		
Vaginal birth – Policy of discharge within 24 hours compared with any time later												
Women with probable postpartum depression within 6 months												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c}	none	2/213 (0.9%)	8/217 (3.7%)	RR 0.25 (0.05 to 1.19)	28 fewer per 1000 (from 35 fewer to 7 more)	⊕○○○ VERY LOW	CRITICAL
Women readmitted within 6 weeks												
2	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c}	none	4/257 (1.6%)	5/261 (1.9%)	RR 0.82 (0.22 to 2.99)	3 fewer per 1000 (from 15 fewer to 38 more)	⊕○○○ VERY LOW	CRITICAL
Women satisfied with postnatal care – dichotomous data												
1	randomized trials	serious ^a	not serious	not serious	not serious	none	170/172 (98.8%)	113/125 (90.4%)	RR 1.09 (1.03 to 1.16)	81 more per 1000 (from 27 more to 145 more)	⊕⊕⊕○ MODERATE	CRITICAL
Women satisfied with postnatal care – continuous data												
1	randomized trials	serious ^a	not serious	not serious	serious ^d	none	44	19	-	SMD 1.1 SD higher (0.53 higher to 1.68 higher)	⊕⊕○○ LOW	CRITICAL
Women who perceive their hospital stay to be too short)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	2/41 (4.9%)	1/41 (2.4%)	RR 2.00 (0.19 to 21.21)	24 more per 1000 (from 20 fewer to 493 more)	⊕○○○ VERY LOW	CRITICAL
Women perceive their hospital stay to be too long												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	5/41 (12.2%)	9/41 (22.0%)	RR 0.56 (0.20 to 1.52)	97 fewer per 1000 (from 176 fewer to 114 more)	⊕○○○ VERY LOW	CRITICAL

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No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early discharge	Usual discharge	Relative (95% CI)	Absolute (95% CI)		
Infants readmitted for neonatal morbidity within 28 days												
2	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c}	none	5/257 (1.9%)	5/261 (1.9%)	RR 1.01 (0.31 to 3.28)	0 fewer per 1000 (from 13 fewer to 44 more)	⊕○○○ VERY LOW	CRITICAL
Women breastfeeding (exclusively or partially) at 6 weeks postpartum												
1	randomized trials	serious ^a	not serious	not serious	not serious	none	190/213 (89.2%)	182/217 (83.9%)	RR 1.06 (0.99 to 1.15)	50 more per 1000 (from 8 fewer to 126 more)	⊕⊕⊕○ MODERATE	CRITICAL
Women breastfeeding (exclusively or partially) at 12 weeks postpartum												
1	randomized trials	serious ^a	not serious	not serious	not serious	none	141/213 (66.2%)	119/217 (54.8%)	RR 1.21 (1.03 to 1.41)	115 more per 1000 (from 16 more to 225 more)	⊕⊕⊕○ MODERATE	CRITICAL
Women breastfeeding (exclusively or partially) at 6 months postpartum												
1	randomized trials	serious ^a	not serious	not serious	serious ^f	none	94/213 (44.1%)	76/217 (35.0%)	RR 1.26 (1.00 to 1.60)	91 more per 1000 (from 0 fewer to 210 more)	⊕⊕○○ LOW	CRITICAL
Vaginal birth – Policy of discharge within 48 hours compared with any time later*												
Women with probable postpartum depression within 6 months												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	3/50 (6.0%)	5/54 (9.3%)	RR 0.65 (0.16 to 2.57)	32 fewer per 1000 (from 78 fewer to 145 more)	⊕○○○ VERY LOW	CRITICAL
Women readmitted within 6 weeks												
4	randomized trials	very serious ^g	not serious	not serious	serious ^b	none	33/1956 (1.7%)	4/454 (0.9%)	RR 1.72 (0.58 to 5.12)	6 more per 1000 (from 4 fewer to 36 more)	⊕○○○ VERY LOW	CRITICAL
Women reporting infant feeding problems												
1	randomized trials	very serious ^h	not serious	not serious	serious ^b	none	207/1683 (12.3%)	25/266 (9.4%)	RR 1.31 (0.88 to 1.94)	29 more per 1000 (from 11 fewer to 88 more)	⊕○○○ VERY LOW	CRITICAL

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No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early discharge	Usual discharge	Relative (95% CI)	Absolute (95% CI)		
Women satisfied with postnatal care – dichotomous data												
2	randomized trials	very serious ^h	serious ⁱ	not serious	serious ^b	none	1568/1991 (78.8%)	294/370 (79.5%)	RR 1.41 (0.56 to 3.59)	326 more per 1000 (from 350 fewer to 1000 more)	⊕○○○ VERY LOW	CRITICAL
Women satisfied with postnatal care – continuous data												
2	randomized trials	serious ^a	not serious	not serious	serious ^d	none	127	116	-	SMD 0.66 SD higher (0.4 higher to 0.93 higher)	⊕⊕○○ LOW	CRITICAL
Infant mortality within 28 days												
1	randomized trials	very serious ^h	not serious	not serious	very serious ^{b,c}	none	3/1667 (0.2%)	1/217 (0.5%)	RR 0.39 (0.04 to 3.74)	3 fewer per 1000 (from 4 fewer to 13 more)	⊕○○○ VERY LOW	CRITICAL
Infant mortality within one year												
2	randomized trials	very serious ^g	not serious	not serious	very serious ^{b,c}	none	4/1716 (0.2%)	2/270 (0.7%)	RR 0.45 (0.07 to 2.77)	4 fewer per 1000 (from 7 fewer to 13 more)	⊕○○○ VERY LOW	CRITICAL
Infants readmitted for neonatal morbidity within 7 days												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	1/50 (2.0%)	0/54 (0.0%)	RR 3.24 (0.13 to 77.63)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Infants readmitted for neonatal morbidity within 28 days												
3	randomized trials	very serious ^g	not serious	not serious	very serious ^{b,c}	none	21/1903 (1.1%)	3/433 (0.7%)	RR 1.67 (0.46 to 5.99)	5 more per 1000 (from 4 fewer to 35 more)	⊕○○○ VERY LOW	CRITICAL
Extra contacts with health professionals regarding infant health issues within 4 weeks of birth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	12/78 (15.4%)	17/97 (17.5%)	RR 0.88 (0.45 to 1.73)	21 fewer per 1000 (from 96 fewer to 128 more)	⊕○○○ VERY LOW	CRITICAL

Certainty assessment							No of patients		Effect		Certainty (GRADE)	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early discharge	Usual discharge	Relative (95% CI)	Absolute (95% CI)		
Women breastfeeding (exclusively or partially) at 6 weeks postpartum												
5	randomized trials	serious ^j	serious ⁱ	not serious	serious ^b	none	451/2175 (20.7%)	133/507 (26.2%)	RR 1.19 (0.80 to 1.78)	50 more per 1000 (from 52 fewer to 205 more)	⊕○○○ VERY LOW	CRITICAL
Women breastfeeding (exclusively or partially) at 6 months postpartum												
1	randomized trials	serious ^a	not serious	not serious	very serious ^k	none	0/49 (0.0%)	0/59 (0.0%)	not estimable	-	⊕○○○ VERY LOW	CRITICAL
Caesarean birth – Policy of discharge within 24 hours compared with any time later												
Women with probable postpartum depression within 6 months (within 24 hours – caesarean birth)												
2	randomized trials	serious ^a	not serious	not serious	not serious	none	1172/1665 (70.4%)	917/1675 (54.7%)	RR 1.28 (1.22 to 1.35)	153 more per 1000 (from 120 more to 192 more)	⊕⊕⊕○ MODERATE	CRITICAL
Women readmitted within 6 weeks (within 24 hours – caesarean birth)												
2	randomized trials	serious ^j	not serious	not serious	serious ^b	none	57/1665 (3.4%)	52/1675 (3.1%)	RR 1.10 (0.76 to 1.59)	3 more per 1000 (from 7 fewer to 18 more)	⊕⊕○○ LOW	CRITICAL
Women who had extra contacts with health professionals regarding maternal health issues within 6 weeks (within 24 hours – caesarean birth)												
1	randomized trials	not serious	not serious	not serious	serious ^b	none	16/170 (9.4%)	18/172 (10.5%)	RR 0.90 (0.47 to 1.70)	10 fewer per 1000 (from 55 fewer to 73 more)	⊕⊕⊕○ MODERATE	CRITICAL
Infant mortality within 28 days (within 24 hours – caesarean birth)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^k	none	0/1495 (0.0%)	0/1503 (0.0%)	not estimable	-	⊕○○○ VERY LOW	CRITICAL
Infants readmitted for neonatal morbidity within 28 days (within 24 hours – caesarean birth)												
2	randomized trials	serious ^j	not serious	not serious	not serious	none	155/1665 (9.3%)	92/1675 (5.5%)	RR 1.69 (1.32 to 2.17)	38 more per 1000 (from 18 more to 64 more)	⊕⊕⊕○ MODERATE	CRITICAL

Certainty assessment							No of patients		Effect		Certainty (GRADE)	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early discharge	Usual discharge	Relative (95% CI)	Absolute (95% CI)		
Number of contacts with health professionals regarding infant health issues within 4 weeks of birth (within 24 hours – caesarean birth)												
1	randomized trials	not serious	not serious	not serious	very serious ^{b,c}	none	30/170 (17.6%)	32/172 (18.6%)	RR 0.95 (0.60 to 1.49)	9 fewer per 1000 (from 74 fewer to 91 more)	⊕⊕○○ LOW	CRITICAL
Women breastfeeding (exclusively or partially) at 6 weeks postpartum (within 24 hours – caesarean birth)												
2	randomized trials	serious ⁱ	serious ⁱ	not serious	not serious	none	1091/1665 (65.5%)	1172/1675 (70.0%)	RR 0.94 (0.89 to 0.98)	42 fewer per 1000 (from 77 fewer to 14 fewer)	⊕⊕○○ LOW	CRITICAL
Caesarean birth – Policy of discharge within 72 hours compared with any time later*												
Women reporting health problems in the first 6 weeks postpartum (within 72 hours – caesarean birth)												
1	randomized trials	serious ^a	not serious	not serious	serious ^e	none	5/50 (10.0%)	60/150 (40.0%)	RR 0.25 (0.11 to 0.59)	300 fewer per 1000 (from 356 fewer to 164 fewer)	⊕⊕○○ LOW	CRITICAL
Women readmitted within 6 weeks (within or after 72 hours – caesarean birth)												
2	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	5/133 (3.8%)	7/132 (5.3%)	RR 0.73 (0.25 to 2.13)	14 fewer per 1000 (from 40 fewer to 60 more)	⊕○○○ VERY LOW	CRITICAL
Women reporting extra contacts with health professionals regarding maternal health issues within 6 weeks of birth (within 72 hours – caesarean birth)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	6/61 (9.8%)	13/61 (21.3%)	RR 0.46 (0.19 to 1.14)	115 fewer per 1000 (from 173 fewer to 30 more)	⊕○○○ VERY LOW	CRITICAL
Infants readmitted for neonatal morbidity within 7 days (within 72 hours – caesarean birth)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	6/72 (8.3%)	6/71 (8.5%)	RR 0.99 (0.33 to 2.91)	1 fewer per 1000 (from 57 fewer to 161 more)	⊕○○○ VERY LOW	CRITICAL
Infants readmitted for neonatal morbidity within 28 days (within 72 hours – caesarean birth)												
2	randomized trials	serious ^a	not serious	not serious	very serious ^{b,c,e}	none	8/133 (6.0%)	12/132 (9.1%)	RR 0.66 (0.28 to 1.57)	31 fewer per 1000 (from 65 fewer to 52 more)	⊕○○○ VERY LOW	CRITICAL

Certainty assessment							No of patients		Effect		Certainty (GRADE)	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early discharge	Usual discharge	Relative (95% CI)	Absolute (95% CI)		

Number of contacts with health professionals regarding infant health issues within 4 weeks of birth (within 72 hours – caesarean birth)

1	randomized trials	serious ^a	not serious	not serious	very serious ^{b,e}	none	25/61 (41.0%)	31/61 (50.8%)	RR 0.81 (0.55 to 1.19)	97 fewer per 1000 (from 229 fewer to 97 more)	⊕○○○ VERY LOW	CRITICAL
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CI: confidence interval; RR: risk ratio; SMD: standardized mean difference.

*Comparison corresponds to subgroup > 24 hours in the Cochrane review. All trials after vaginal birth had a discharge policy of within 48 hours in the intervention arm; all trials after caesarean birth had a discharge policy of within 72 hours in the intervention arm.

a. The pooled effect provided by studies “B”.

b. Wide confidence interval crossing the line of no effect.

c. Less than 30 events.

d. Less than 400 participants.

e. Less than 300 participants.

f. Wide confidence interval touching the line of no effect.

g. Most of the pooled effect provided by studies “C”.

h. Pooled effects provided by studies “C”.

i. Statistical heterogeneity ($I^2 \geq 60\%$ or $\text{Chi}^2 \leq 0.05$).

j. Most of the pooled effect provided by studies “B”.

k. No events.