GRADE tables for review question: What is the effectiveness of prophylactic antibiotics for preventing postnatal infections in assisted vaginal birth?

Table 5: Comparison 1: Prophylactic antibiotics (cephalosporin) versus no treatment

	Quality assessment						No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Prophylactic antibiotics	No treatment	Relative (95% CI)	Absolute		
Endometritis												
1 (Heitmann 1989)	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	0/192 (0%)	7/201 (3.5%)	Peto OR 0.14 (0.03 to 0.61)	30 fewer per 1000 (from 14 fewer to 34 fewer)	LOW	CRITICAL

CI: confidence interval; OR: odds ratio
1 Serious risk of bias in the evidence contributing to the outcomes as per RoB 2
2 Population downgraded for indirectness due to no information on non-cephalic presentations

Table 6: Comparison 2: Prophylactic antibiotics (co-amoxiclav) versus placebo

	Quality assessment						No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Prophylactic antibiotics	Placebo	Relative (95% CI)	Absolute		
Endometritis												
1 (Knight 2019)	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	serious[2]	none	15/1715 (0.87%)	23/1705 (1.3%)	RR 0.65 (0.34 to 1.24)	5 fewer per 1000 (from 9 fewer to 3 more)	LOW	CRITICAL
Infected episiotomy/laceration												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Prophylactic antibiotics	Placebo	Relative (95% CI)	Absolute		
1 (Knight 2019)	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	111/1715 (6.5%)	222/1705 (13%)	RR 0.5 (0.4 to 0.62)	65 fewer per 1000 (from 49 fewer to 78 fewer)	MODERATE	CRITICAL
Systemic sepsis												
1 (Knight 2019)	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[3]	none	6/1715 (0.35%)	10/1705 (0.59%)	RR 0.6 (0.22 to 1.64)	2 fewer per 1000 (from 5 fewer to 4 more)	VERY LOW	CRITICAL
Maternal adverse reactions												
1 (Knight 2019)	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[3]	none	2/1296 (0.15%)	1/1297 (0.08%)	RR 2 (0.18 to 22.05)	1 more per 1000 (from 1 fewer to 16 more)	VERY LOW	IMPORTANT
Breastfeeding at 6 weeks												
1 (Knight 2019)	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	662/1296 (51.1%)	657/1297 (50.7%)	RR 1.01 (0.93 to 1.09)	5 more per 1000 (from 35 fewer to 46 more)	MODERATE	IMPORTANT
Perineal pain at 6 weeks												
1 (Knight 2019)	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	592/1296 (45.7%)	707/1297 (54.5%)	RR 0.84 (0.78 to 0.91)	87 fewer per 1000 (from 49 fewer to 120 fewer)	MODERATE	IMPORTANT

CI: confidence interval; RR: risk ratio
1 Population downgraded for indirectness due to no information on non-cephalic presentations
2 95% CI crosses 1 MID
3 95% CI crosses 2 MIDs