

## Comparison 2: Early discharge following caesarean birth compared with usual discharge

Source: Jones E, Stewart F, Taylor B, Davis PG, Brown SJ. Early postnatal discharge from hospital for healthy mothers and term infants. Cochrane Database Syst Rev. 2021;(6):CD002958.

Certainty assessment							No of patients		Effect		Certainty (GRADE)	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early	standard discharge	Relative (95% CI)	Absolute (95% CI)		
<b>Maternal mortality</b>												
2	randomized trials	serious <sup>a</sup>	not serious	not serious	very serious <sup>b</sup>	none	No maternal deaths within one year after childbirth among the 1545 women allocated to early discharge and 1653 women allocated to standard discharge				⊕○○○ VERY LOW	CRITICAL
<b>Women reporting health problems in the first 6 weeks postpartum</b>												
1	randomized trials	serious <sup>c</sup>	not serious	not serious	serious <sup>d</sup>	none	5/50 (10.0%)	60/150 (40.0%)	<b>RR 0.25</b> (0.11 to 0.59)	<b>300 fewer per 1000</b> (from 356 fewer to 164 fewer)	⊕⊕○○ LOW	CRITICAL
<b>Postpartum depression within 6 months</b>												
2	randomized trials	serious <sup>a</sup>	not serious	not serious	serious <sup>e</sup>	none	1172/1665 (70.4%)	917/1675 (54.7%)	<b>RR 1.08</b> (0.44 to 2.64)	<b>44 more per 1000</b> (from 307 fewer to 898 more)	⊕⊕○○ LOW	CRITICAL
<b>Maternal readmission within 6 weeks</b>												
4	randomized trials	serious <sup>a</sup>	not serious	not serious	serious <sup>e</sup>	none	62/1798 (3.4%)	59/1807 (3.3%)	<b>RR 1.05</b> (0.74 to 1.49)	<b>2 more per 1000</b> (from 8 fewer to 16 more)	⊕⊕○○ LOW	CRITICAL
<b>Women who had extra contacts with healthcare professionals due to maternal health issues within 6 weeks</b>												
2	randomized trials	not serious	not serious	not serious	serious <sup>e</sup>	none	22/231 (9.5%)	31/233 (13.3%)	<b>RR 0.72</b> (0.43 to 1.20)	<b>37 fewer per 1000</b> (from 76 fewer to 27 more)	⊕⊕⊕○ MODERATE	CRITICAL
<b>Infant mortality within 28 days</b>												
1	randomized trials	serious <sup>c</sup>	not serious	not serious	very serious <sup>f</sup>	none	0/1495 (0.0%)	0/1503 (0.0%)	Not estimable	<b>0 fewer per 1000</b> (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
<b>Infants readmitted for neonatal morbidity within 7 days</b>												
1	randomized trials	serious <sup>c</sup>	not serious	not serious	very serious <sup>e,g</sup>	none	6/72 (8.3%)	6/71 (8.5%)	<b>RR 0.99</b> (0.33 to 2.91)	<b>1 fewer per 1000</b> (from 57 fewer to 161 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	standard discharge	Relative (95% CI)	Absolute (95% CI)		

**Infants readmitted for neonatal morbidity within 28 days**

4	randomized trials	serious <sup>a</sup>	not serious	not serious	not serious	none	163/1798 (9.1%)	104/1807 (5.8%)	<b>RR 1.57</b> (1.24 to 1.99)	<b>33 more per 1000</b> (from 14 more to 57 more)	⊕⊕⊕○ MODERATE	CRITICAL
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**Women breastfeeding (exclusively or partially) at 6 weeks postpartum**

2	randomized trials	serious <sup>a</sup>	serious <sup>h</sup>	not serious	not serious	none	1091/1665 (65.5%)	1172/1675 (70.0%)	<b>RR 0.99</b> (0.83 to 1.18)	<b>7 fewer per 1000</b> (from 119 fewer to 126 more)	⊕⊕○○ LOW	CRITICAL
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CI: confidence interval; RR: risk ratio.

a. Most of the pooled effect provided by studies "B" or "C" with ≤ 50% of studies "B".

b. Not pooled.

c. The pooled effect provided by studies "B".

d. Less than 300 women.

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

f. No events.

g. Less than 30 events and less than 300 women.

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