

Supplementary material to
“Systematic review on the
management of term prelabour
rupture of membranes”

Supplementary table 1: RCT studies comparing Immediate IOL vs EM up to 12h.

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Poornima, 2011 India	RCT Doesn't state randomisation method	N=100 n ₁ =50 n ₂ =50	G ₁ : Immediate IOL with PGE ₂ (Max 2 doses/6h apart) G ₂ :Expectant up to 12h. Followed by IV oxytocin if needed	Primary & secondary not stated Outcomes: Length of time between SROM and cervical dilatation=3cm Length of active labour Clinical chorioamnionitis clinical neonatal infection Definitions for chorioamnionitis and neonatal infection not given Number of VEs NOT reported	More Spontaneous labours, more vaginal births, less CS in EM. No significant differences in infections. CS: G ₁ =40% G ₂ =27% Clinical chorioamnionitis: G ₁ =0 G ₂ =0 Clinical neonatal infection: G ₁ =2/50(4%) G ₂ =2/50(4%)	5/13 (38.5%)
Ray, 1992 USA	RCT Randomisation list maintained by pharmacy staff	N=140 n ₁ =40 n ₂ =55 n ₃ =45	G ₁ : Immediate IOL with PGE ₂ (max 2 doses/6h apart) G ₂ : Immediate IOL with oxytocin G ₃ : Expectant up to 12h G ₁ & G ₃ were blinded	Primary & secondary not stated Outcomes: Length of SROM CS, Chorioamnionitis and neonatal sepsis Number of VEs not reported	No SSD between the 3 groups in CS No cases of neonatal infection Shorter length of SROM with PGE ₂ than IV oxytocin or placebo definition of chorioamnionitis only temperature $\geq 38^{\circ}\text{C}$ reported maternal infection instead of chorioamnionitis Results provided only % not absolute numbers. CS: Nulliparous: G ₁ = 14.5% G ₂ =20.7% G ₃ =19% Multiparous: G ₁ =0 G ₂ =15.3% G ₃ =12.5% Maternal infection: Nulliparous: G ₁ =9.5% G ₂ =34.5% G ₃ =33.3% Multiparous: G ₁ =0 G ₂ =11.5% G ₃ =8.3%	5/13 (38.5%)

Supplementary table 2: RCT studies comparing IOL at 12h vs EM up to 24h.

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Granstrom, 1995 Sweden)	RCT allocation by drawing a sealed & numbered envelope	N=181 n ₁ =91 n ₂ =90	G ₁ :IOL at 12h G ₂ :IOL at 24h	Primary & secondary not stated Outcomes: Length of SROM Length of labour CS Number of VEs NOT reported	EM resulted in higher incidence of spontaneous ripening of the cervix combined with spontaneous onset of labour and spontaneous vaginal delivery maternal and neonatal complications were similar in both groups No significant differences in: length of SROM length of labour or instrumental births. More CS in G ₁ CS: G ₁ :11/91(12%) G ₂ :7/90(8%) No definition of chorioamnionitis, suspected infection, or neonatal infection Swabs were taken from all babies with or without symptoms of infection Positive bacterial cultures in neonates were similar in both groups: G ₁ :30/91(33%) vs G ₂ :26/90(29%)	7/13 (53.8%)
Moberger, 1997 Sweden	Quasi-RCT Allocated at random doesn't say how according to the cervix (favourable/unfavourable) Unclear if stratification by cervical ripeness	N=380 n ₁ =Doesn't say n ₂ =Doesn't say	G ₁ : IOL at 12h. G ₂ : IOL at 24h.	Primary: Neonatal outcome other: CS Number of VEs NOT reported	Perinatal mortality=0 No SSD in admissions to NICU spontaneous births, inductions, instrumentals, length of labour antibiotics in the mother Chorioamnionitis not defined or reported only signs of infection in the mother, doesn't say when or which signs Neonatal infection not clearly reported, suspicious and definitive neonatal infection reported together Neonatal infection: G ₁ =9 cases G ₂ =6 cases CS:G ₁ =8% G ₂ =6%	3/13 (23.1%)

Supplementary table 3: RCT studies comparing Immediate IOL vs EM up to 33h

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Akyol, 1999 Turkey	RCT	N=126 (underpowered) n ₁ =52 n ₂ =74	G1: Immediate IOL with IV oxytocin G2: Expectant up to 24h followed by IOL with IV oxytocin Participants in EM were offered an elective CS if necessary	Primary: Definitive or probable neonatal infection Secondary: CS Reports number of VEs	Selective reporting: It does not mention cases of probable or definitive neonatal infection CS: G1(AM)=10/52(19.2%) G2(EM)=21/74 (28.4%)	7/13 (53.8%)
Ayaz, 2008 Saudi Arabia & Pakistan	Quasi RCT Participants chose 1 of 2 cards labelled as S or C S=Study C=Conservative	N=84 n ₁ =42 n ₂ =42	G1: Immediate IOL with oral misoprostol (every 4h, max 4 doses) G2: Expectant up to 24h	Does not specify primary or secondary outcomes Reports: Interval from SROM to onset of labour interval from SROM to delivery CS and vaginal delivery maternal & neonatal complications No definition for: neonatal sepsis or chorioamnionitis No mention of N of VE	The interval between SROM and onset of labour and between SROM and delivery was significantly shorter in the study group Higher rate of CS in EM Women were offered a CS if not in labour by 24h of EM	5/13 (38.5%)
Bashir, 2017 Pakistan	Quasi-experimental allocation by randomisation	N=120 n ₁ =60 n ₂ =60	G ₁ : Immediate IOL (PGE2 or oxytocin) G ₂ : Expectant up to 24h	Primary/secondary not stated Outcomes: Mode of delivery Neonatal infection Fetal distress NICU admission $\geq$ 24h. Post-partum pyrexia Endometritis Mean Hospital stay	No significant difference in: Mode of delivery Neonatal infection Endometritis hospital stay endometritis more postpartum fever in EM Number of VEs NOT reported	6/13 (46.2%)
Chung, 1992 Hong Kong	RCT Allocated by computerized set of random numbers	N=59 n ₁ =30 n ₂ =29	G1: Immediate IOL (during the first 12h) with PGE2 G2: Expectant up to 24h with placebo (KY jelly)	Length of SROM at onset of labour and at delivery Length of labour CS rate No mention of Number of VEs	Women who received PGE2 went into labour sooner and gave birth earlier. 1 case of uterine rupture in G1 Chorioamnionitis not reported No significant differences in: duration of labour operative delivery There were no cases of neonatal infection	6/13 (46.2%)

Supplementary table 3: RCT studies comparing Immediate IOL vs EM up to 33h

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Da Graca Krupa, 2005 Brazil	RCT Randomised by envelopes	N=150 n ₁ =75 n ₂ =75	G ₁ : Immediate IOL with misoprostol (PGE1) max 4 doses of 25mg at 6h intervals followed by IV oxytocin if needed G ₂ : Expectant up to 24h followed by IOL with IV oxytocin if needed	Primary: Time from recruitment to delivery Secondary: Latency period length of hospitalization CS rate contractility pattern labour and delivery complications maternal & neonatal morbidity Chorioamnionitis was not reported No mention of Number of VEs	Latency period and time from recruitment to birth was shorter in G1 More hypercontractility and tachysystole in G1 No significant differences in CS or Apgar scores No cases of neonatal infection or admissions to NICU reported)	7/13 (53.8%)
Fatima, 2015 Pakistan	RCT Lottery method	N=200 n ₁ =100 n ₂ =100	G ₁ : Immediate IOL with PGE1 (Misoprostol) G ₂ : Expectant up to 24h	Primary/secondary not stated Outcomes: IOL to labour interval Length of labour Mode of delivery Apgars at 5min NICU admission	Shorter IOL to labour interval in G1 Maternal fever: G2 (10%) vs G1(3.33%) No significant differences in: Length of labour Mode of birth admissions to NICU Apgar score Neonatal complications Number of VEs NOT reported)	6/13 (46.2%)
Grant, 1992 UK	RCT Opaque & sealed envelopes	N=444 n ₁ =219 n ₂ =225	G ₁ : Immediate IOL with oxytocin G ₂ : Expectant up to the following morning (9-33h) followed by IV oxytocin if needed	Primary: CS Other: Length of latent phase Length of active labour Analgesia VEs Maternal pyrexia (T $\geq$ 37.1 °C) in $\geq$ 1 occasions neonatal infection	Fewer women in G ₂ had $\geq$ 4VEs Neonatal infection assessed by neonatologist not aware of allocation, but definition not given. Chorioamnionitis not reported. CS: G1:38/219(17%) G2:25/225(11%) SVD: G1:113/219(52%) G2:141/225(63%) VEs: (continuous) M(SD): G1:2.84(1.36) G2:3.37(1.42) Neonatal infection: G1:0 G2:1/225(0.4%)	9/13 (69.2%)

Supplementary table 3: RCT studies comparing Immediate IOL vs EM up to 33h

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Javaid, 2008 Pakistan	RCT Does not mention how randomisation or allocation took place	N=100 n ₁ =50 n ₂ =50	G ₁ : Immediate IOL (oral misoprostol) G ₂ : Expectant up to 24h	Primary outcome not stated only mentions "maternal & fetal outcomes" It looks at: CS Length of hospital stay need for augmentation clinical chorioamnionitis (not defined) Postpartum fever Infected wound after CS PPH Neonatal morbidity (not defined) Admission to NNU	No tables provided No absolute numbers provided Only percentages or higher/lower statements but not specific numbers Chorioamnionitis: G ₁ :3% G ₂ :7.8% CS: G ₁ :24% G ₂ :34%	2/13 (15.4%)
Mahmood, 1995 Scotland (UK)	RCT Randomised list & sealed envelopes	N=100 n ₁ =50 n ₂ =50	G ₁ : Immediate IOL with PGE2 (1mg/dose, 6h apart, max 2doses) G ₂ : Expectant up to 24h.	Primary & secondary not stated Outcomes: Length of SROM need for IV oxytocin need for analgesia Number of VEs NOT reported chorioamnionitis NOT reported No definition of neonatal infection	Time from SROM-onset of labour & total length of SROM longer in EM No significant differences in: CS, need for IV oxytocin meconium intrapartum pyrexia length of 2nd stage PPH, apgars and IV ATB for baby	5/13 (38.5%)
Maqbool, 2014 Pakistan	RCT allocated by "lottery method"	N=560 n ₁ =280 n ₂ =280	G ₁ : Immediate IOL with PGE1 (misoprostol) 100µg up to 5 doses/4h apart G ₂ : Expectant up to 24h	Primary & secondary not stated Outcomes: Type of birth chorioamnionitis No definition for chorioamnionitis Number of VEs not reported	More CS and chorioamnionitis in EM	4/13 (30.7%)

Supplementary table 3: RCT studies comparing Immediate IOL vs EM up to 33h

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Shetty, 2002 UK	RCT (Sealed envelopes)	N=61 n ₁ =30 n ₂ =31	G ₁ : Immediate IOL with oral misoprostol G ₂ : Expectant up to 24h Followed by Prostaglandins or IV oxytocin depending on Bishop score	Primary: Number of women in active labour within 24h since rupture of membranes Assess patient's preference for management Secondary: Total length of SROM (from SROM till Birth) Spontaneous vaginal delivery Instrumental CS Number of VEs Maternal Pyrexia Chorioamnionitis not defined Chorioamnionitis not reported Admission to NNU Neonatal infection not defined Neonatal infection not reported	More active labour within 24h in G ₁ G ₁ :28/30 (93.3%) G ₂ :17/31(54.8%) No significant difference in: satisfaction maternal or neonatal outcomes Number of VEs	7/13 (53.8%)
Wagner, 1989 USA	Quasi-RCT Randomised by last digit in participants' medical records even number: EM odd number: AM	N=182 n ₁ =86 n ₂ =96	G ₁ : Immediate IOL with oxytocin G ₂ : Expectant up to 24h.	Doesn't state primary/secondary outcomes Outcomes: Length of SROM CS Intra-amniotic infection neonatal infection endometritis Number of VEs reported	No significant differences in CS, neonatal infection & endometritis No cases of clinical intra-amniotic infection All placentas had histologic exam 25% showed inflammatory signs (Histologic chorioamnionitis) None symptomatic All neonatal infections occurred in those who had a VE on enrolment in the study CS: G1=12/86(14%) G2=15/96(15.6%) Neonatal infection: G1=0 G2=5/96(5.2%)	5/13 (38.5%)

Supplementary table 4: RCT studies comparing Immediate IOL vs EM up to 48h.

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Natale, 1994 Canada	RCT Does not mention how randomisation took place	N=262 (Underpowered) n ₁ =129 n ₂ =133	G ₁ : IOL at 8h since SROM G ₂ : Expectant up to 48h	Primary: CS Secondary: Clinical neonatal-maternal infection Number of VEs NOT reported	No SSD in CS More spontaneous labours in EM Neonatal sepsis not defined Neonatal sepsis not reported Only reported admissions to NICU Reported antibiotics given—not necessarily related to treatment but to hospitals' protocols Chorioamnionitis not defined only reported findings from histological exam of placentas not how many participants had clinical signs of infection CS: G ₁ =11.2% G ₂ =13.1% Histologic chorioamnionitis: G ₁ =20.2% G ₂ =33.3%	8/13 (61.5%)
Ottervanger, 1996 The Netherlands	RCT randomisation by sealed & opaque envelopes)	N=123 n ₁ =61 n ₂ =62	G ₁ : Immediate IOL with oxytocin G ₂ : Expectant up to 48h	Primary: CS Secondary: Instrumental births use of analgesia maternal infectious morbidity neonatal infectious morbidity neonatal re-admission Number of VEs NOT reported Powered to CS stopped earlier interim analysis revealed significant differences in CS	More spontaneous labours in EM More CS and Instrumentals in AM Similar length of labour in both groups Chorioamnionitis not defined Only reported maternal infectious morbidity Not clear if that relates to chorioamnionitis endometritis or both Neonatal infection not defined No cases of neonatal infection All participants had cervical cultures and all babies had gastric aspirates' cultures and section of the cord was sent to histopathology High rates of positive cultures and histological examination Low numbers of clinical signs of infection in women or babies CS: G ₁ =4/61(6.6%) G ₂ =2/62 (3.2%) Maternal infectious morbidity: G ₁ =1/61(1.6%) G ₂ =2/62(3.2%) neonatal infectious morbidity: G ₁ =0 G ₂ =0	8/13 (61.5%)

Supplementary table 4: RCT studies comparing Immediate IOL vs EM up to 48h.

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Van der Walt, 1989 South Africa	Quasi-RCT (allocated according to a numerical list kept on Labour ward)	N=60 n ₁ =20 n ₂ =20 n ₃ =20	G ₁ : Immediate IOL with IV oxytocin G ₂ : Immediate IOL with PGE ₂ G ₃ : Expectant up to 48h.	Does not state primary or secondary outcomes Outcome of labour maternal & neonatal welfare Time between SROM and active labour (3cm) Length of labour (3cm-delivery) CS Endometritis defines chorioamnionitis but does not report it Number of VEs NOT reported	In G ₃ (EM);90% had spontaneous labour No cases of CS Active labour was shorter in G ₃ than G ₁ and G ₂ EM and AM with PGE ₂ more effective than AM with IV oxytocin No CS in G ₂ and G ₃ No significant maternal morbidity 1 case of neonatal positive blood cultures but does not say which group Bias: Failed IOL defined as no spontaneous labour within 12h in G ₁ whilst participants in G ₂ were given 18h (3 doses/6h apart) No cases of neonatal death No cases of endometritis EM not led to higher infection rate CS: G ₁ :6/20(30%) G ₂ =0 G ₃ =0 Neonatal sepsis: G ₁ : 1/20 (5%) G ₂ =0 G ₃ =0	3/13 (23.1%)

Supplementary table 5: RCT studies comparing Immediate IOL vs EM up to 96h.

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Hannah, (1996)) TERMPROM International multicentre 9 published papers	RCT	N=5,041 n ₁ =1,258 n ₂ =1,259 n ₃ =1,263 n ₄ =1,261	G ₁ : Immediate IOL with IV oxytocin G ₂ : Immediate IOL with prostaglandins G ₃ : EM up to 96h followed by IOL with IV oxytocin G ₄ : EM up to 96h followed by IOL with prostaglandins if needed	Primary: Neonatal infection Secondary: CS + Women's views Number of VEs were reported	No significant differences for: neonatal infection CS and chorioamnionitis (when using prostaglandins)	9/13 (69.2%)
Rydhstrom, 1991 Sweden	RCT (Sealed envelopes)	N=369 (under powered) n ₁ =139 n ₂ =138	G ₁ : Immediate IOL with oxytocin G ₂ : Expectant up to 80h.	Primary: obstetric intervention: composite of CS or Instrumental birth and short term neonatal morbidity Other: Length of SROM fever, antibiotics neonatal morbidity: Pneumonia, sepsis meningitis. Number of VEs not reported Power calculation based on reducing rate of obstetric intervention and abnormal CTG by 50% (N=700) Stopped sooner because interim analysis revealed hypothesis could not be tested	No statistical differences in: CS, instrumentals, CTG traces. No definition of abnormal CTG trace. Chorioamnionitis not reported. Only intrapartum fever ≥ 38°C during 1st stage of labour, more cases of fever in those with epidural. No SSD in endometritis. More neonatal infectious morbidity in G ₂ , but doesn't say exactly what, as it is a composite could be: pneumonia, sepsis, meningitis pemphigus or impetigo does not define sepsis. CS: G ₁ =4/139(2.9%) G ₂ =5/138(3.6%) Neonatal infection: G ₁ =1/139 G ₂ =6/138(4.3%)	5/13 (38.5%)

Supplementary table 5: RCT studies comparing Immediate IOL vs EM up to 96h.

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Yasmin, 2013 Pakistan	Quasi-experimental Participants could choose allocation group if they didn't want to the clinician chose 87% were unable to decide	N=100 n ₁ =50 n ₂ =50	G ₁ : Immediate IOL with PGE ₂ G ₂ : Expectant up to 72h	Primary & secondary not stated maternal & fetal complications length of hospital stay mode of birth costs mentions number of VEs less in EM but not significantly different but doesn't report figures	No definition for SVD. More SVD in EM, less CS in EM. No significant differences in: CS, Instrumentals, neonatal sepsis Chorioam- nionitis not reported. Although it says 1st cause of CS was chorioamnionitis. Only mild intrapartum fever reported, doesn't give ex- act figures and doesn't specify what mild fever is. More mild intrapartum fever in EM. Doesn't report results on epidurals. Costs were higher in AM SVD: G1=30/50(60%) G2=40/50(80%) p<0.05 CS: G1=11/50(22%) G2=6/50(12%) p=0.28 Neonatal sepsis: G1=1/50(2%) G2=1/50(2%)	5/13 (38.5%)

Supplementary table 6: RCT studies comparing Immediate IOL vs EM with no time limit

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Alcalay (1996) Israel	Quasi RCT Randomised by table of random numbers	N=154 n ₁ =74 n ₂ =80	G1: Immediate IOL with IV oxytocin G2: EM (no limit)	Doesn't specify primary or secondary outcomes Reports: SVD, CS, Number of VEs, Neonatal infection and Chorioamnionitis	More SVD in EM EM is safe No statistically significant differences in CS, neonatal infection or chorioamnionitis	7/13 (53.8%)
Duff, 1984 USA	Quasi-RCT Group allocation based on the day of the week of patient's admission to hospital	N=134 n ₁ =59 n ₂ =75	G1: IOL by 12h with IV Oxytocin G2: EM with no time limit	Primary/secondary not stated Outcomes: Length of labour Length of SROM CS Intra-amniotic infection Endometritis proven neonatal sepsis Number of VEs NOT reported	G1 had more intra-amniotic infection, more CS and longer labours. CS: G1=12/59(20%) G2=6/75(8%) p<0.005 Intra-amniotic infection: G1=10/59 (17%) G2=3/75(4%) p<0.005 Proven neonatal sepsis: G1=1/59(1.7%) G2=0	7/13 (53.8%)
McCaul, 1997 USA	RCT Computer generated random group allocation	N=96 n ₁ =36 n ₂ =25 n ₃ =35	G1: Expectant (Unclear how long) G2:IOL with Oxytocin at least 4h after SROM G3:IOL with PGE2 at least 4h after SROM	Primary & secondary not stated Outcomes: CS, Length of SROM Length of labour Length of hospital stay VEs were analysed in G ₁ and G ₂ but not in G ₃ selective reporting	No significant differences in CS, length of labour, neonatal morbidity or neonatal stay No infant required ventilation or treatment for sepsis Longer length of SROM and length of maternal stay in EM than in AM groups neonatal sepsis not defined	4/13 (30.7%)
Morales, 1986 USA	Quasi-RCT Allocated to AM or EM according to day of the week of admission and the hospital case number	N=317 n ₁ =150 n ₂ =167	G1:Immediate IOL with oxytocin G2:Expectant (No time limit)	Primary & secondary not stated Looks at: Intra-amniotic infection Failed IOL Failure to progress CS Neonatal infection Number of VEs NOT reported	No neonatal infections Less intra-amniotic infection in EM Less CS in EM No difference in length of hospitalization CS: G ₁ =31/150(21%) G ₂ =11/167(7%) Intra-amniotic infection: G ₁ =18/150(12%) G ₂ =7/167(4%)	5/13 (38.5%)

Supplementary table 6: RCT studies comparing Immediate IOL vs EM with no time limit

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Tamsen, 1990 Sweden	RCT Does not mention how randomization took place	N=93 n ₁ =43 n ₂ =50	G ₁ :Immediate IOL with oxytocin G ₂ :Expectant (no time limit)	Primary & secondary not stated Looks at: Time from SROM to active labour Time from active labour to birth Time from SROM to birth Results subdivided by parity Need for augmentation SVD Vacuum extraction CS Admission to NNU >7days Maternal infection not defined Neonatal infection not defined	Shorter time from SROM to birth in AM for both Primiparas & multiparas SVD: G ₁ =40/43(93%) G ₂ =40/50(80%) CS: G ₁ =0 G ₂ =4/50(8%) Maternal infection: G ₁ =0 G ₂ =1/50(2%) Neonatal infection: G ₁ =0 G ₂ =2/50(4%)	6/13 (46.2%)

Supplementary table 7: Observational studies (n=5)

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Ezra (2004) Israel	Observational: retrospective case-control	N=411 n ₁ =132 (cases) n ₂ =279 (control)	G1: Cases of PROM with clinical chorioamnionitis or neonatal infection Bias: since either maternal or neonatal infection would classify to be a case was difficult to analyse which treatment would be best for chorioamnionitis G2 Control: Cases of PROM with no evidence of chorioamnionitis or neonatal infection. Chorioamnionitis def: at least 2 of the following: Maternal temperature > 37.8°C Maternal white cell count > 15,000 Foul smelling liquor Maternal tachycardia >100bpm Fetal tachycardia >160bpm Uterine tenderness	Main outcome measures: Clinical chorioamnionitis and neonatal infection. 2 ^o : C/S, instrumental It compared 3 management options: 1) Immediate IOL 2)Expectant up to 24h 3) Expectant over 24h With 3 comparisons EM>24h vs EM up to 24h EM>24h vs Immediate IOL EM up to 24h vs Immediate IOL The number of VE is reported but only as women with more than 7VEs	The rate of EM for over 24h vs EM up to 24h was higher for cases than controls (46/92 (50%) vs 81/230 (35.2%)) The rate of immediate IOL vs EM up to 24h was higher for cases than controls (149/198 (75%) vs 46/86 (53%)) No statistically significant differences for EM > 24h vs Immediate IOL (46/86 (53%) vs 81/130 (62.3%))	8/12 (66.6%)
Paraiso, 2013 Spain	Observational study Retrospective	N=115 n ₁ =Doesn't say n ₂ =Doesn't say	G ₁ :Immediate IOL with oxytocin G ₂ :Expectant up to 24h.	Outcomes: CS, maternal & neonatal infection Number of VEs NOT reported	No significant differences in: CS or instrumental births 67% of women in EM went into spontaneous labour Only 1 case of neonatal sepsis in G ₁ . No cases of endometritis in the study Significant higher incidence in intrapartum pyrexia in G ₁ (IOL group) They think it's because IOL process is associated with longer labours and more VEs than spontaneous labours Length of labour not reported Number of VEs not reported Chorioamnionitis not defined fever definition not given neonatal infection not defined Exact figures and proportions not reported Shorter length of SROM in G ₁	1/12 (8.3%)

Supplementary table 7: Observational studies (n=5)

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Sadeh-Mestechkin, 2016 Israel	Observational Retrospective	N=325 n ₁ =112 n ₂ =213	G ₁ : Immediate IOL G ₂ : Expectant up to 48h.	Primary: maternal or fetal signs of infection chorioamnionitis neonatal sepsis endometritis prolonged maternal hospitalization Secondary: CS Reported number of VEs	No cases of neonatal infection no significant differences in chorioamnionitis neonatal infection: G ₁ =0 G ₂ =0 Prolonged hospitalization: G ₁ :2/112(1.8%) G ₂ :15/213(7%)	9/12 (75%)
Shalev, 1995 Israel	Observational study Prospective Non-randomised	N=566 n ₁ =298 n ₂ =268	G ₁ : IOL at 12h. with IV oxytocin G ₂ : IOL at 72h. followed by oxytocin	Unclear outcomes length of SROM chorioamnionitis pregnancy outcome chorioamnionitis, CS IOL rate length of hospitalization Number of VEs NOT reported	No significant differences in: CS, chorioamnionitis Apgars at 5min, neonatal sepsis Higher IOL in G ₁ than G ₂ Higher length of hospital stay in EM as women were admitted to hospital whilst waiting for labour to start clinical chorioamnionitis defined as: abdominal pain, fever uterine irritability microbiology invasion of uterine cavity from cultures taken at birth and histologic placental inflammation. Not stated where temperature was taken and what was considered fever. Neonatal sepsis defined as: positive blood culture or cerebro-spinal fluid CS: G ₁ =14/298(4.7%) G ₂ =18/268 (6.7%) NS Chorioamnionitis: G ₁ =35/298 (11.7%) G ₂ =34/268 (12.7%)NS Neonatal sepsis: G ₁ =6/298 (2%) G ₂ =2/268(2.2%) NS	7/12 (58.3%)

Supplementary table 7: Observational studies (n=5)

First author, year Country	Type of study	Total N of participants n per group	Intervention & comparison	Outcomes	Results	Quality
Zamzani, 2006 Saudi Arabia	Observational case-control	N=344 N _S =172 n _{EM} =118 n _{AM} =54 N _C =172	G _S : Divided in 2 groups chosen by consultant G _{S1} :Immediate IOL with oxytocin G _{S2} :Expectant up to 24h G _C :Women in spontaneous labour with intact membranes	Primary & secondary not stated Outcomes: Length of labour Fetal distress Intrapartum pyrexia CS Apgars Number of VEs NOT reported	No significant differences between control & study groups in CS 3 cases of intrapartum pyrexia in study groups 2 in AM & 1 in EM 0 in control	4/12 (33.3%)