

Risk of Bias Tool

Developed by adapting Rotenstein et al's Modified Newcastle-Ottawa Scale (1) and Hoy et al's tool for population-based prevalence studies (2).

1. Adequate description of study population (ie. Multiple key parameters described, inclusion/exclusion criteria)

Y = study population well described

N = study population is not well described

2. Sufficient sample size

Y = ≥ 300 participants

N = < 300 participants

3. Random selection used

Y = a census or some form of random sampling (eg. simple random sampling, stratified random sampling, cluster sampling, systematic sampling)

N = not a census and random sampling not used

4. Appropriate temporality of data/observation

Y = Observed during labour or puerperium (up to 6 weeks after birth)

N = Outside labour/puerperium period

5. Acceptable case definition

Y = acceptable case definition used (method, provider)

N = no acceptable case definition used

6. Consistent mode of data collection

Y = same mode of data collection used for all subjects

N = same mode of data collection not used for all subjects

7. Minimisation of likelihood of non-response bias

Y = data from direct observation, or in surveys rate of response $> 75\%$

N = rate of response $< 75\%$

8. Were the numerators and denominators appropriate

Y = the paper presented appropriate numerator and denominator for the parameter of interest (e.g. the prevalence of fundal pressure)

N = errors in reporting and/or calculation of numerator and/or denominator, or numerators/denominators not reported

Allocate 1 point for every "Y" – graded out of 8 points:

Low quality (high risk of bias) = 1-2

Moderate quality (moderate risk of bias) = 3-5

High quality (low risk of bias) = 6-8

1. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al. Prevalence of Burnout Among Physicians: A Systematic Review. JAMA. 2018;320(11):1131-50.

2. Hoy D, Brooks P, Woolf A, Blyth F, March L, Bain C, et al. Assessing risk of bias in prevalence studies: modification of an existing tool and evidence of interrater agreement. Journal of Clinical Epidemiology. 2012;65(9):934-9.