Group-based PFMT compared to ususal care for preventing or treating UI in pregnant or postpartum women Bibliography: . PFMT for UI in pregnant or postpartum women. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Certainty assessment							Summary of findings				
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall certainty of evidence	Study event rates (%)			Anticipated absolute effects	
							With ususal care	With group- based PFMT	Relative effect (95% CI)	Risk with ususal care	Risk difference with group-based PFMT
self-reporte	d UI (folk	ow up: range	36 weeks to	6 months; a	assessed with: p	articipant nu	ımbers)				
1569 (4 RCTs)	serious ^a	not serious	not serious	serious ^b	none	⊕⊕OO LOW	343/812 (42.2%)	210/757 (27.7%)	RR 0.67 (0.58 to 0.77)	422 per 1,000	139 fewer per 1,000 (from 177 fewer to 97 fewer)
self-reporte	d UI durir	ng pregnancy	period (follo	w up: range	36 weeks to 38	weeks; asse	essed with:	participant nu	mbers)		
820 (4 RCTs)	serious ^a	not serious	not serious	serious ^b	none	⊕⊕OO Low	219/429 (51.0%)	133/391 (34.0%)	RR 0.67 (0.57 to 0.80)	510 per 1,000	168 fewer per 1,000 (from 220 fewer to 102 fewer)
self-reporte	d UI durir	ng the postpa	rtum period	(follow up: r	ange 3 months	to 6 months;	assessed w	rith: participa	nt numbers)	•	
749 (3 RCTs)	serious ^a	not serious	not serious	serious ^b	none	⊕⊕OO Low	124/383 (32.4%)	77/366 (21.0%)	RR 0.66 (0.52 to 0.84)	324 per 1,000	110 fewer per 1,000 (from 155 fewer to 52 fewer)

CI: Confidence interval; RR: Risk ratio

Explanations

a. Unclear allocation concealment and blinding of outcome assessors b. Insufficient sample size