Appendix 2 (as supplied by the authors): Supplementary figures and tables

	Bed R	est	No Bed	Rest		Risk Ratio	Risk Ratio						
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	I M-H, Random, 95% CI						
1.4.1 Developing regions													
Crowther 1989	51	70	55	69	16.9%	0.91 [0.76, 1.10]	+						
Crowther 1990	36	58	40	60	8.1%	0.93 [0.71, 1.22]	+						
Crowther 1991	8	10	9	9	4.8%	0.81 [0.57, 1.15]							
Crowther 1992	13	110	24	108	1.5%	0.53 [0.29, 0.99]							
Saunders 1985	32	105	20	107	2.4%	1.63 [1.00, 2.66]							
Subtotal (95% CI)		353		353	33.6%	0.92 [0.74, 1.15]	•						
Total events	140		148										
Heterogeneity: Tau ² = 0.03; Chi ² = 8.90, df = 4 (P = 0.06); l ² = 55%													
Test for overall effect: Z = 0.72 (F	P = 0.47)												
1.4.2 Developed regions													
Bigelow 2016	18	18	17	17	50.5%	1.00 [0.90, 1.11]	•						
Dodd 2005	3	3	4	4	2.6%	1.00 [0.62, 1.60]							
Elliott 2005	16	36	13	41	1.7%	1.40 [0.79, 2.50]							
Hartikainen-Sorri 1984	11	32	11	45	1.2%	1.41 [0.70, 2.84]							
Hobel 1984 BR vs Control	17	216	41	422	2.0%	0.81 [0.47, 1.39]							
Hobel 1984 BR vs placebo	17	216	30	412	1.8%	1.08 [0.61, 1.91]							
Leung 1998	3	31	4	36	0.3%	0.87 [0.21, 3.60]							
Maclennan 1990	38	69	37	72	6.1%	1.07 [0.79, 1.46]	+-						
Mathews 1977	1	35	0	28	0.1%	2.42 [0.10, 57.13]							
Mathews 1977 Sedated Group	1	36	1	36	0.1%	1.00 [0.07, 15.38]							
Subtotal (95% CI)		692		1113	66.4%	1.02 [0.93, 1.12]	•						
Total events	125		158										
Heterogeneity: Tau ² = 0.00; Chi ²	= 3.98, d	f = 9 (P	= 0.91); l ²	= 0%									
Test for overall effect: Z = 0.36 (F	P = 0.72)												
		40.45		4460	400.00/	0.00.00.00.00.00							
10tal (95% CI)		1045		1466	100.0%	0.98 [0.91, 1.06]	Y						
Total events	265		306										
Heterogeneity: Tau ² = 0.00; Chi ²	= 13.68,	df = 14	(P = 0.47)	; I ² = 0%	5		0.01 0.1 1 10 100						
Test for overall effect: Z = 0.43 (F	9 = 0.66)						Favours Bed Rest Favours No Bed Rest						
Test for subgroup differences: Cl	$hi^2 = 0.64$	df = 1	(P = 0.42)	$l^2 = 0\%$									

SUPPLEMENTARY FIGURE S1. Effect of bed rest (experimental) vs. non-bed rest (control) on premature birth <37 weeks. Bed rest did not significantly decrease the rate of premature birth in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S2. Effect of Bed rest (experimental) vs. non-bed rest (control) on birthweight. Bed rest resulted in 100g increased in birth weight in developing regions. IV = inverse variance; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S3. Effect of bed rest (experimental) vs. non-bed rest (control) on birth weight <2500g. Bed rest significantly decrease the rate of birthweight <2500g in developing regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S4. Effect of bed rest (experimental) vs. non-bed rest (control) on birth weight <1500g. Bed rest did not significantly decrease the rate of birth weight <1500g in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S5. Effect of bed rest (experimental) vs. non-bed rest (control) on small for gestational age (SGA). Bed rest did not significantly decrease the rate of SGA in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S6. Effect of bed rest (experimental) vs. non-bed rest (control) on admission to NICU. Bed rest did not significantly decrease the rate of admission to NICU in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S7. Effect of bed rest (experimental) vs. non-bed rest (control) on C-section. Bed rest did not significantly decrease the rate of C-section in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S8. Effect of bed rest (experimental) vs. non-bed rest (control) on pregnancy induced hypertension. Bed rest did not significantly decrease the rate of pregnancy induced hypertension in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S9. Effect of bed rest (experimental) vs. non-bed rest (control) on pre-eclampsia. Bed rest did not significantly decrease the rate of pre-eclampsia in developing regions. No studies were available on the rate of pre-eclampsia due to bed rest vs non-bed rest in developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].

	Experim	ental	Contr	ol		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	CI M-H, Random, 95% CI
1.14.1 Developing reg	gions						
Crowther 1989	13	70	8	69	35.8%	1.60 [0.71, 3.62]	│
Crowther 1990	7	70	5	69	19.8%	1.38 [0.46, 4.14]	
Crowther 1991 Subtotal (95% CI)	1	10 150	3	9 147	5.5% 61.1%	0.30 [0.04, 2.39] 1.29 [0.66, 2.51]	
Total events	21		16				
Heterogeneity: Tau ² = Test for overall effect:	0.03; Chi² Z = 0.74 (P	= 2.18, d 9 = 0.46)	df = 2 (P =)	= 0.34);	l² = 8%		
1.14.2 Developed reg	ions						
Maclennan 1990 Subtotal (95% CI)	13	69 69	9	72 72	38.9% 38.9%	1.51 [0.69, 3.30] 1.51 [0.69, 3.30]	-
Total events	13		9				
Heterogeneity: Not ap	plicable						
Test for overall effect:	Z = 1.03 (F	9 = 0.30))				
Total (95% CI)		219		219	100.0%	1.38 [0.85, 2.26]	•
Total events	34		25				
Heterogeneity: Tau ² =	0.00; Chi ²	= 2.26, 0	df = 3 (P =	= 0.52);	$I^2 = 0\%$		
Test for overall effect:	Z = 1.31 (F	r = 0.19)	,.			0.01 0.1 1 10 100
Test for subgroup diffe	erences: Ch	i ² = 0.09	9, df = 1 (P = 0.7	6), l ² = 0%	, D	Favours [bed rest] Favours [No bed rest]

SUPPLEMENTARY FIGURE S10. Effect of bed rest (experimental) vs. non-bed rest (control) on premature rupture of membranes (PROM). Bed rest did not significantly decrease the rate of PROM in developing regions or developed regions. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S11. Effect of bed rest (experimental) vs. non-bed rest (control) on gestational diabetes mellitus (GDM). Only one study with GDM as an outcome was available. Bed rest did not significantly influence the rate of GDM in this study. M-H-Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S12. Funnel plots of infant outcomes A) perinatal death; B) premature birth <37 weeks; C) very premature birth; D) birth weight; E) gestational age; F) birth weight <1500g; G) birth weight <2500g; H) small for gestational age(SGA); and I) admission to NICU following maternal prenatal bed rest.



SUPPLEMENTARY FIGURE S13. Funnel plots of maternal outcomes A) c-section; B) pregnancy induced hypertension; C) pre-eclampsia; D) PROM; and E) GDM following maternal prenatal bed rest.



SUPPLEMENTARY FIGURE S14. Effect of bed rest (experimental) vs. non-bed rest (control) on perinatal death stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S15. Effect of bed rest (experimental) vs. non-bed rest (control) on birth weight stratified by multiple versus singleton gestation. IV = inverse variance; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S16. Effect of bed rest (experimental) vs. non-bed rest (control) on gestational age by multiple versus singleton gestation. IV = inverse variance; 95% confidence interval = [95% CI].

	Bed R	est	No Bed	Rest		Risk Ratio		Risk Ratio		
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	1	M-H, Random, 95% Cl		
1.4.1 Multiple Births										
Crowther 1989	51	70	55	69	16.9%	0.91 [0.76, 1.10]		+		
Crowther 1990	36	58	40	60	8.1%	0.93 [0.71, 1.22]		-		
Crowther 1991	8	10	9	9	4.8%	0.81 [0.57, 1.15]		+		
Dodd 2005	3	3	4	4	2.6%	1.00 [0.62, 1.60]				
Hartikainen-Sorri 1984	11	32	11	45	1.2%	1.41 [0.70, 2.84]				
Maclennan 1990	38	69	37	72	6.1%	1.07 [0.79, 1.46]		+		
Mathews 1977	1	35	0	28	0.1%	2.42 [0.10, 57.13]				
Mathews 1977 Sedated Group	1	36	1	36	0.1%	1.00 [0.07, 15.38]				
Saunders 1985	32	105	20	107	2.4%	1.63 [1.00, 2.66]				
Subtotal (95% CI)		418		430	42.2%	0.99 [0.86, 1.14]		•		
Total events	181		177							
Heterogeneity: Tau ² = 0.01; Chi ²	= 9.37, di	= 8 (P	= 0.31); I ²	= 15%						
Test for overall effect: Z = 0.13 (F	P = 0.90)									
1.4.2 Singleton										
Bigelow 2016	18	18	17	17	50.5%	1.00 [0.90, 1.11]		•		
Crowther 1992	13	110	24	108	1.5%	0.53 [0.29, 0.99]				
Elliott 2005	16	36	13	41	1.7%	1.40 [0.79, 2.50]				
Hobel 1984 BR vs Control	17	216	41	422	2.0%	0.81 [0.47, 1.39]				
Hobel 1984 BR vs placebo	17	216	30	412	1.8%	1.08 [0.61, 1.91]				
Leung 1998	3	31	4	36	0.3%	0.87 [0.21, 3.60]				
Subtotal (95% CI)		627		1036	57.8%	0.94 [0.72, 1.24]		•		
Total events	84		129							
Heterogeneity: Tau ² = 0.05; Chi ²	= 9.16, di	= 5 (P	= 0.10); I ²	= 45%						
Test for overall effect: Z = 0.44 (F	P = 0.66)									
Total (95% CI)		1045		1466	100.0%	0.98 [0.91, 1.06]		•		
Total events	265		306							
Heterogeneity: Tau ² = 0.00; Chi ²	= 13.68, 0	df = 14	(P = 0.47)	; 2 = 0%						
Test for overall effect: Z = 0.43 (P = 0.66)		. ,				0.01	U.1 1 10 100 Eavours Rod Post		
Test for subaroup differences: Ch	1i² = 0.11.	df = 1	(P = 0.74)	$ ^2 = 0\%$				ravours deu Rest Favours No Bed Rest		

SUPPLEMENTARY FIGURE S17. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of premature birth <37 weeks stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].

	Bed R	est	No Bed	Rest		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	M-H, Random, 95% Cl
1.16.1 Multiple Births							
Crowther 1989	11	70	12	69	23.4%	0.90 [0.43, 1.91]	_
Crowther 1990	11	58	11	60	23.0%	1.03 [0.49, 2.20]	_
Crowther 1991	3	10	4	9	9.1%	0.68 [0.20, 2.23]	
Dodd 2005	3	3	2	4	14.4%	1.75 [0.68, 4.53]	
Maclennan 1990	11	69	5	72	13.0%	2.30 [0.84, 6.27]	+
Mathews 1977	0	35	0	28		Not estimable	
Mathews 1977 Sedated Group	1	36	1	36	1.7%	1.00 [0.07, 15.38]	
Saunders 1985	2	105	1	107	2.3%	2.04 [0.19, 22.14]	
Subtotal (95% CI)		386		385	86.9%	1.19 [0.81, 1.76]	◆
Total events	42		36				
Heterogeneity: Tau ² = 0.00; Chi ²	= 4.00, df	= 6 (P	= 0.68); I ²	= 0%			
Test for overall effect: Z = 0.89 (F	P = 0.37)						
1.16.2 Singleton							
Crowther 1992	2	110	4	108	4.6%	0.49 [0.09, 2.62]	
Elliott 2005	8	36	3	37	8.4%	2.74 [0.79, 9.52]	
Subtotal (95% CI)		146		145	13.1%	1.28 [0.24, 6.82]	
Total events	10		7				
Heterogeneity: Tau ² = 0.91; Chi ²	= 2.61, df	= 1 (P	= 0.11); I ²	= 62%			
Test for overall effect: Z = 0.28 (F	P = 0.78)						
Total (95% CI)		532		530	100.0%	1.23 [0.86, 1.76]	◆
Total events	52		43				
Heterogeneity: Tau ² = 0.00; Chi ²	= 6.77, df	= 8 (P	= 0.56); l ²	= 0%			
Test for overall effect: Z = 1.11 (F	P = 0.27)						Eavours Bed Rest Favours No Bed Post
Test for subgroup differences: Ch	1i² = 0.01,	df = 1	(P = 0.94)	l ² = 0%	, D		Tavouis Deu Nest Favouis No Deu Rest

SUPPLEMENTARY FIGURE S18. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of very premature birth stratified by multiple versus singleton gestation following the removal of Bigelow et al. due to its impact on heterogeneity. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S19. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of birth weight <2500g stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].

	Bed R	est	No Bed	Rest		Risk Ratio		Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% Cl		M-H, Random, 95% Cl
1.7.1 Multiple Births								
Crowther 1989	4	140	6	138	16.0%	0.66 [0.19, 2.28]		
Crowther 1990	1	116	2	120	5.3%	0.52 [0.05, 5.63]		
Crowther 1991	4	30	6	27	17.9%	0.60 [0.19, 1.90]		
Dodd 2005	1	9	3	12	6.7%	0.44 [0.05, 3.60]		
Hartikainen-Sorri 1984	4	59	2	90	10.0%	3.05 [0.58, 16.13]		
Maclennan 1990	20	138	12	144	34.4%	1.74 [0.88, 3.42]		+
Saunders 1985	4	210	1	214	6.2%	4.08 [0.46, 36.17]		
Subtotal (95% CI)		702		745	96.4%	1.17 [0.67, 2.04]		•
Total events	38		32					
Heterogeneity: Tau ² = 0.1	10; Chi² =	7.19, d	f = 6 (P =	0.30); l ^a	² = 17%			
Test for overall effect: Z =	= 0.55 (P =	= 0.59)						
172 Singleton								
Ellio# 2005	3	20	0	41	3 6%	7 54 [0 40 444 31]		
Subtotal (95% CI)	5	38	0	41	3.6%	7.54 [0.40, 141.31]		
Total events	3		0					
Heterogeneity: Not applic	able							
Test for overall effect: Z =	= 1.35 (P =	= 0.18)						
Total (95% CI)		740		786	100.0%	1.24 [0.70, 2.19]		•
Total events	41		32					
Heterogeneity: Tau ² = 0.7	13; Chi² =	8.66, d	f = 7 (P =	0.28); l ^a	² = 19%		+	
Test for overall effect: Z =	= 0.73 (P =	= 0.46)					0.005 Fave	U.I. I. 10 200 ours Bed Rest. Eavours No Bed Rest.
Test for subgroup differe	nces: Chi ²	² = 1.50	, df = 1 (P	= 0.22)	, I ² = 33.4	%	1 av	Juis Dea Nest Travours No Dea Nest

SUPPLEMENTARY FIGURE S20. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of birth weight <1500g stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S21. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of small for gestational age stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S22. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of admission to NICU stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S23. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of C-section stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].

	Bed re	est	No bed rest			Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	M-H, Random, 95% Cl
1.12.1 Multiple Births							
Crowther 1989	7	70	6	69	16.9%	1.15 [0.41, 3.25]	
Crowther 1990	3	58	9	60	12.8%	0.34 [0.10, 1.21]	
Crowther 1991	1	10	3	9	5.6%	0.30 [0.04, 2.39]	
Dodd 2005	1	3	1	4	4.5%	1.33 [0.13, 13.74]	
Hartikainen-Sorri 1984	3	32	9	45	13.3%	0.47 [0.14, 1.60]	
Maclennan 1990	9	69	13	72	23.9%	0.72 [0.33, 1.58]	
Mathews 1977	7	35	1	28	5.8%	5.60 [0.73, 42.87]	
Mathews 1977 Sedated Group	8	36	5	36	17.3%	1.60 [0.58, 4.43]	
Subtotal (95% CI)		313		323	100.0%	0.85 [0.51, 1.42]	•
Total events	39		47				
Heterogeneity: Tau ² = 0.13; Chi ²	= 9.28, df	ⁱ = 7 (P	= 0.23); l ²	= 25%			
Test for overall effect: Z = 0.62 (F	o = 0.53)						
1 12 2 Singleton							
Subtotal (95% CI)		0		0		Not estimable	
Total events	0		0				
Heterogeneity: Not applicable							
Test for overall effect: Not applica	able						
Total (95% CI)		313		323	100.0%	0.85 [0.51, 1.42]	•
Total events	39		47				
Heterogeneity: Tau ² = 0.13; Chi ²	= 9.28, df	⁼ 7 (P	= 0.23); l ²	= 25%			
Test for overall effect: Z = 0.62 (F	° = 0.53)						Favours [Bed rest] Favours [No bed rest]
Test for subgroup differences: No	ot applical	ble					

SUPPLEMENTARY FIGURE S24. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of pregnancy induced hypertension stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S25. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of pre-eclampsia stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].

	Experimental		Contr	ol		Risk Ratio		Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	I	M-H, Random, 95% Cl
1.14.1 Multiple Births								
Crowther 1989	13	70	8	69	35.8%	1.60 [0.71, 3.62]		-
Crowther 1990	7	70	5	69	19.8%	1.38 [0.46, 4.14]		
Crowther 1991	1	10	3	9	5.5%	0.30 [0.04, 2.39]		
Maclennan 1990 Subtotal (95% CI)	13	69 219	9	72 219	38.9% 1 00.0%	1.51 [0.69, 3.30] 1.38 [0.85, 2.26]		 •
Total events Heterogeneity: Tau ² = (Test for overall effect: 2	34 0.00; Chi² Z = 1.31 (P	= 2.26, c = 0.19)	25 if = 3 (P =	= 0.52);	l² = 0%			-
1.14.2 Singleton Subtotal (95% CI)		0		0		Not estimable		
Total events	0		0					
Heterogeneity: Not app	licable							
Test for overall effect: N	Not applica	ble						
Total (95% CI)		219		219	100.0%	1.38 [0.85, 2.26]		•
Total events	34		25					
Heterogeneity: Tau ² = (0.00; Chi ² :	= 2.26, c	if = 3 (P =	= 0.52);	l² = 0%		0.01	
Test for overall effect: 2	Z = 1.31 (P	= 0.19)					0.01	Eavours [Bed rest] Eavours [No bed rest]
Test for subaroup differ	rences: No	t applica	able					

SUPPLEMENTARY FIGURE S26. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of PROM stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].



SUPPLEMENTARY FIGURE S27. Effect of bed rest (experimental) vs. non-bed rest (control) on rate of gestational diabetes mellitus stratified by multiple versus singleton gestation. M-H = Mantel-Haenszel; 95% confidence interval = [95% CI].

SUPPLEMENTARY TABLE S1. GRADE table for study quality evaluation.

	№ of studies	№ of p	atien ts	Ef	fect		
	stuties	Bed rest	Control	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Association between bed rest (intervention) and perinatal death	12	31/970 (3.2%)	31/1025 (3.0%)	RR 1.09 (0.52 to 2.28)	3 more per 1,000 (from 15 fewer to 39 more)	ODERATE ^a due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and perinatal death in developing regions	5	17/606 (2.8%)	23/607 (3.8%)	RR 0.77 (0.35 to 1.71)	9 fewer per 1,000 (from 25 fewer to 27 more)	O MODERATE ^a due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and perinatal death in developed regions	7	14/364 (3.8%)	8/418 (1.9%)	RR 1.73 (0.48 to 6.26)	14 more per 1,000 (from 10 fewer to 10 more)	⊕⊕⊖⊖ LOW ^{b, c} due to risk of bias and imprecision	CRITICAL
Association between bed rest (intervention) and gestational age	11	541	578	-	MD 0.28 wks lower (0.61 lower to 0.05 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and gestational age in developing regions	5	353	353	-	MD 0.04 wks lower (0.35 lower to 0.26 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and gestational age in developed regions	6	188	225	-	MD 0.77 wks lower (1.26 lower to 0.27 lower)	HODERATE ^d due to risk of bias	CRITICAL
Association between bed rest (intervention) and birth weight	11	735	757	-	MD 0.04 kg higher (0.03 lower to 0.11 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and birth weight in developing regions	4	396	393	-	MD 0.1 kg higher (0.04 higher to 0.17 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and birth weight in developed regions	7	339	364	-	MD 0.04 kg lower (0.14 lower to 0.06 higher)	HODERATE ^d due to risk of bias	CRITICAL
Association between bed rest (intervention) and prematurity	13	265/1045 (25.4%)	306/1466 (20.9%)	RR 0.98 (0.91 to 1.06)	4 fewer per 1,000 (from 19 fewer to 13 more)	tow a, e due to risk of bias and imprecision	CRITICAL

	№ of	№ of p	atients	Efi	fect		
	suules	Bed rest	Control	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Subgroup analysis: Association between bed rest (intervention) and prematurity in developing regions	5	140/353 (39.7%)	148/353 (41.9%)	RR 0.92 (0.74 to 1.15)	34 fewer per 1,000 (from 109 more to 63 fewer)	Due to inconsistency and imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and prematurity in developed regions	8	125/692 (18.1%)	158/1113 (14.2%)	RR 1.02 (0.93 to 1.12)	3 more per 1,000 (from 10 fewer to 17 more)	tow a, e due to risk of bias and imprecision	CRITICAL
Association between bed rest (intervention) and very premature birth	9	52/532 (9.8%)	43/530 (8.1%)	RR 1.23 (0.86 to 1.76)	19 more per 1,000 (from 11 fewer to 62 more)	ODERATE ^c Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and very premature birth in developing regions	5	29/353 (8.2%)	32/353 (9.1%)	RR 0.90 (0.57 to 1.42)	9 fewer per 1,000 (from 39 frwer to 38 more)	HODERATE a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and very premature birth in developed regions	4	23/179 (12.8%)	11/177 (6.2%)	RR 2.07 (1.15 to 3.73)	66 more per 1,000 (from 9 more to 170 more)	€€© LOW ^{c, g} Due to risk of bias and imprecision	CRITICAL
Association between bed rest (intervention) and birth weight <2500g	10	384/899 (42.7%)	431/938 (45.9%)	RR 0.92 (0.85 to 1.00)	37 fewer per 1,000 (from 69 fewer to 0 fewer)	ODERATE ^a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and birth weight <2500g in developing regions	5	265/606 (43.7%)	298/607 (49.1%)	RR 0.89 (0.81 to 0.98)	54 fewer per 1,000 (from 93 fewer to 10 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and birth weight <2500g in developed regions	5	119/293 (40.6%)	133/331 (40.2%)	RR 1.08 (0.86 to 1.35)	32 more per 1,000 (from 56 fewer to 141 more)	LOW a, g LOW a, g Due to risk of bias and imprecision	CRITICAL
Association between bed rest (intervention) and birth weight <1500g	8	41/740 (5.5%)	32/786 (4.1%)	RR 1.24 (0.70 to 2.19)	10 more per 1,000 (from 12 fewer to 48 more)	Due to risk of bias and imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and birth weight <1500g in developing regions	4	13/496 (2.6%)	15/499 (3.0%)	RR 0.77 (0.36 to 1.62)	7 fewer per 1,000 (from 19 fewer to 19 more)	HODERATE ^c Due to imprecision	CRITICAL

	№ of	№ of p	atients	Eff	fect		
	stuties	Bed rest	Control	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Subgroup analysis: Association between bed rest (intervention) and birth weight <1500g in developed regions	4	28/244 (11.5%)	17/287 (5.9%)	RR 1.78 (0.97 to 3.26)	46 more per 1,000 (from 2 fewer to 134 more)	HODERATE ^g Due to risk of bias	CRITICAL
Association between bed rest (intervention) and small for gestational age	6	129/498 (25.9%)	143/493 (29.0%)	RR 0.89 (0.73 to 1.08)	32 fewer per 1,000 (from 78 fewer to 23 more)	HODERATE ^a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and small for gestational age in developing regions	4	115/396 (29.0%)	131/393 (33.3%)	RR 0.87 (0.71 to 1.07)	43 fewer per 1,000 (from 97 fewer to 23 more)	HODERATE ^a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and small for gestational age in developed regions	2	14/102 (13.7%)	12/100 (12.0%)	RR 1.11 (0.51 to 2.40)	13 more per 1,000 (from 59 fewer to 168 more)	ODERATE ^c Due to imprecision	CRITICAL
Association between bed rest (intervention) and admission to NICU	8	184/621 (29.6%)	197/631 (31.2%)	RR 0.91 (0.81 to 1.01)	28 fewer per 1,000 (from 59 fewer to 3 more)	HODERATE a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and admission to NICU in developing regions	4	128/396 (32.3%)	143/393 (36.4%)	RR 0.89 (0.77 to 1.02)	40 fewer per 1,000 (from 84 fewer to 7 more)	HODERATE a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and admission to NICU in developed regions	4	56/225 (24.9%)	54/238 (22.7%)	RR 0.95 (0.78 to 1.15)	11 more per 1,000 (from 50 fewer to 34 more)	⊕⊕⊖⊖ LOW ^{a, g} Due to risk of bias and imprecision	CRITICAL
Association between bed rest (intervention) and C-section	10	109/474 (23.0%)	109/489 (22.3%)	RR 1.00 (0.74 to 1.34)	0 more per 1,000 (from 58 fewer to 76 more)	Due to risk of bias and imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and C-section in developing regions	4	38/248 (15.3%)	38/246 (15.4%)	RR 0.93 (0.50 to 1.73)	11 fewer per 1,000 (from 77 fewer to 122 more)	ODERATE ^a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and C-section in developed regions	6	71/226 (31.4%)	71/243 (29.2%)	RR 1.02 (0.70 to 1.49)	6 more per 1,000 (from 88 fewer to 143 more)	LOW a, d Due to risk of bias and imprecision	CRITICAL

	№ of studies	№ of pa	atients	Efi	fect		
	states	Bed rest	Control	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Association between bed rest (intervention) and hypertensive disorders of pregnancy	7	39/313 (%)	47/323 (%)	RR 0.85 (0.51 to 1.42)	30 fewer per 1,000 (from 99 fewer to 85 more)	Due to serious risk of bias and inconsistency	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and hypertensive disorders of pregnancy in developing regions	3	11/138 (8.0%)	18/138 (13.0%)	RR 0.59 (0.24 to 1.46)	53 fewer per 1,000 (from 99 fewer to 60 more)	HODERATE ^a Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and hypertensive disorders of pregnancy in developed regions	4	28/175 (16.0%)	29/185 (15.7%)	RR 1.04 (0.53 to 2.05)	11 more per 1,000 (from 128 fewer to 285 more)	Due to risk of bias and inconsistency	CRITICAL
Association between bed rest (intervention) and pre- eclampsia	2	73/215 (34.0%)	74/215 (34.4%)	RR 0.98 (0.80 to 1.19)	7 fewer per 1,000 (from 69 fewer to 65 more)	HODERATE ^a Due to imprecision	CRITICAL
Association between bed rest (intervention) and preterm rupture of membranes	4	34/219 (15.5%)	25/219 (11.4%)	RR 1.38 (0.85 to 2.26)	43 more per 1,000 (from 17 fewer to 144 more)	ODERATE ^c Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and preterm rupture of membranes in developing regions	3	21/150 (14.0%)	16/147 (10.9%)	RR 1.29 (0.66 to 2.51)	32 more per 1,000 (from 37 fewer to 164 more)	HODERATE ^c Due to imprecision	CRITICAL
Subgroup analysis: Association between bed rest (intervention) and preterm rupture of membranes in developed regions	1	13/69 (18.8%)	9/72 (12.5%)	RR 1.51 (0.69 to 3.30)	64 more per 1,000 (from 33 fewer to 148 more)	ODERATE h, i Due to imprecision and inconsistency	CRITICAL
Association between bed rest (intervention) and GDM	1	3/69 (4.3%)	3/72 (4.2%)	RR 1.04 (0.22 to 4.99)	2 more per 1,000 (from 33 fewer to 166 more)	Due to imprecision and inconsistency	CRITICAL

CI: Confidence interval; OR: Odds ratio; MD: Mean difference

Explanations

a. Serious imprecision. The 95% CI crosses the line of no effect.

b. Serious risk of bias. High risk of selection bias. Unclear risk of detection bias; it was unknown if the outcome assessments were blinded.

c. Serious imprecision. The 95% CI crosses the line of no effect, and is wide, such that our recommendation would be different if the true effect were at one end of the CI or the other.

d. Serious risk of bias. High risk of selection and reporting bias. Unclear risk of detection bias; it was unknown if the outcome assessments were blinded.

e. Serious risk of bias. High risk of reporting bias. Unclear risk of selection bias; it was unknown if allocation concealment was adequate. Unclear risk of detection bias; it was unknown if the outcome assessment were blinded.

f. Serious in inconsistency because the heterogeneity was high $(I^2 >= 50\%)$

g. Serious risk of bias. High risk of reporting bias. Unclear risk of detection bias; it was unknown if the outcome assessments were blinded.

h. Serious inconsistency because only one study

i. No serious imprecision; only one study but already downgraded for serious inconsistency for this reason

j. Unclear risk of selection bias; it was unknown if allocation concealment was adequate. Unclear risk of detection bias; it was unknown if the outcome assessment were blinded.

Blinding of Random participants Blinding of Incomplete outcome other Sequence Allocation and outcome Selective generation Concealment personnel assessment data bias report Crowther Low 1989 Low risk Low risk risk Low risk Low risk High risk Low risk Crowther Low 1990 Low risk Low risk Low risk Low risk High risk Low risk risk Crowther Low 1991 Low risk Low risk Low risk Low risk risk High risk Low risk Crowther Low 1992 risk Low risk Low risk Low risk Low risk **High risk** Low risk Low Dodd 2005 Low risk Low risk Low risk Unclear **High risk** Low risk risk Low Elliott 2005 Low risk Low risk Low risk Unclear Low risk Low risk risk Hartikainen-Low Sorri 1984 High risk unclear Low risk Unclear Low risk High risk risk Low Hobel 1984 Low risk unclear Low risk Low risk Low risk High risk risk Low Laurin 1987 High risk unclear Low risk Unclear Low risk Low risk risk Low Leung 1998 Low risk Low risk Low risk Unclear **High risk** Low risk risk Maclennan Low 1990 Low risk Low risk Low risk Unclear High risk Low risk risk Low Mathews 1977 Low risk unclear Low risk Unclear Low risk Low risk risk Saunders Low 1985 Low risk Low risk Low risk Low risk Low risk Low risk risk Low **Bigelow 2016** Low risk Low risk Low risk Unclear Low risk High risk risk

SUPPLEMENTARY TABLE S2. Risk of bias table for study evaluation.