**File S2**

**The detailed description of the process to extract the concepts, create the themes and the final result is depicted below.**

We have explained the process very succinctly in the methods section. We took, as a concept, any sentence in the original article that reflects or represents some form of judgement, opinion, view, belief or assessment (positive, negative or neutral), as well as recommendations and suggestions to improve the classification. Because of the particular nature of our research question, the concepts that we aimed to extract are not necessarily the findings of the original articles and useful concepts for this systematic review can be found anywhere in the original manuscripts (not just in the results or discussion).

The extracted concepts from each of the 73 articles were listed independently and, through discussions between three people, we arrived at a final proposal of three descriptive themes or topics in which the concepts extracted could be organized: 1) design and purpose of the classification; 2) Implementation of the classification; and 3) Interpretation of the information and data streaming from the implementation of the classification. These three descriptive themes formed the skeleton of the structure of the analysis and results.

The concepts extracted were then classified in one of each of the three descriptive themes where they best fitted. For each theme, the original concepts were combined to gather the same “notion, idea or thought” under the same “concept” and at the same time, be able to quantify the concept by counting the number of articles which capture the concept. After the reviewer’s suggestion to use the qualitative metasummary method, we were able to calculate the effect size of each concept by dividing the number of reports containing the concept (minus any report derived from the same study and therefore representing a duplicate) by the total number of reports (minus any report derived from the same study and therefore representing a duplicate). In our review, however, there were no duplicate reports.

The investigators conducted this process manually, i.e. without the use of specific software involving a large number of discussions before reaching full agreement. Three investigators conducted the process specified above with regular discussions and meetings until reaching full agreement.

**For each Robson group, the detailed description of the sub-classification proposed by authors follows:**

Subgroups were used or proposed by 28 studies [[1-28](#_ENREF_1)] and all but one subdivided Groups 2 and 4 into induced and CS before labor. Seven studies divided Group 5 into spontaneous labor, induced and CS before labor [[4](#_ENREF_4),[5](#_ENREF_5),[12](#_ENREF_12),[19](#_ENREF_19),[21](#_ENREF_21),[22](#_ENREF_22),[28](#_ENREF_28)]; six studies into women with one previous scar and women with more than one scar [[2](#_ENREF_2),[6](#_ENREF_6),[13](#_ENREF_13),[21](#_ENREF_21),[24](#_ENREF_24),[28](#_ENREF_28)]; three studies into women who have had a previous vaginal birth and those who have not [[21](#_ENREF_21),[24](#_ENREF_24),[28](#_ENREF_28)]; and one study proposed subdividing into women who attempted vaginal birth after CS (trial of labour after CS – TOLAC) and those who did not attempt labour. One study divided Group 6 into spontaneous labor, induced and CS before labor [[19](#_ENREF_19)]. Two divided group 7 into women with and without a previous scar [[6](#_ENREF_6),[13](#_ENREF_13)], and one into spontaneous labor, induced and CS before labor [[19](#_ENREF_19)]. Group 8 was divided into spontaneous labor, induced and CS before labor by four studies [[12](#_ENREF_12),[19](#_ENREF_19),[21](#_ENREF_21),[22](#_ENREF_22)], and into women with and without a previous scar by three [[6](#_ENREF_6),[13](#_ENREF_13),[21](#_ENREF_21)]. Two studies divided Group 9 into women with and without a previous scar [[6](#_ENREF_6),[13](#_ENREF_13)] and two into spontaneous labor, induced and CS before labor [[19](#_ENREF_19),[21](#_ENREF_21)]. Group 10 was subdivided by three studies into women with and without a previous scar [[6](#_ENREF_6),[13](#_ENREF_13),[21](#_ENREF_21)] and by three other studies into spontaneous labor, induced and CS before labor [[19](#_ENREF_19),[21](#_ENREF_21),[22](#_ENREF_22)]. One study divided group 1 into augmentation vs. no augmentation [[17](#_ENREF_17)] and in Canada, three studies added a so-called “group 99” for women who could not be classified because of missing or incomplete data [[4](#_ENREF_4),[23](#_ENREF_23),[29](#_ENREF_29)] and one added a “group 11” for singletons with unknown presentation [[5](#_ENREF_5)].

**Figure S1:** The Figure below depicts the different subgroups that were used or recommended by authors.

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