Comparison 2: An oral analgesic compared with an alternative oral analgesic of the same class

Comparison 2a: Aspirin compared with naproxen

Source: Deussen AR, Ashwood P, Martis R, Stewart F, Grzeskowiak LE. Relief of pain due to uterine cramping/involution after birth. Cochrane Database Syst Rev. 2020;(10):CD004908.

№ of studies	Study design	Certainty assessment					№ of patients		Effect		Certainty (GRADE)	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Naproxen	Relative (95% CI)	Absolute (95% CI)		
Adequate pain relief as reported by the woman – aspirin 650 mg vs naproxen 275 mg												
1	randomized trials	serious [a]	not serious	serious [b]	serious [c]	none	28/30 (93.3%)	27/30 (90.0%)	**RR 1.04** (0.89 to 1.21)	**36 more per 1000** (from 99 fewer to 189 more)	⊕○○○ VERY LOW	CRITICAL
Maternal adverse effects – aspirin 650 mg vs naproxen 275 mg												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	4/30 (13.3%)	5/30 (16.7%)	**RR 0.80** (0.24 to 2.69)	**33 fewer per 1000** (from 127 fewer to 282 more)	⊕○○○ VERY LOW	CRITICAL

CI: confidence interval; RR: risk ratio.

a. The pooled effect provided by study "B".
b. Exclusion: breastfeeding women.
c. Less than 300 women.
d. Wide confidence interval crossing the line of no effect.
e. Less than 300 women and less than 30 events.

Comparison 2b: Aspirin compared with flurbiprofen

Source: Deussen AR, Ashwood P, Martis R, Stewart F, Grzeskowiak LE. Relief of pain due to uterine cramping/involution after birth. Cochrane Database Syst Rev. 2020;(10):CD004908.

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Flurbiprofen	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance

Adequate pain relief as reported by the woman – aspirin 650 mg vs flurbiprofen 50 mg

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Flurbiprofen	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,d]	none	24/34 (70.6%)	26/30 (86.7%)	**RR 0.81** (0.63 to 1.05)	**165 fewer per 1000** (from 321 fewer to 43 more)	⊕○○○ VERY LOW	CRITICAL

Need for additional pain relief – aspirin 650 mg vs flurbiprofen 50 mg

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Flurbiprofen	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,e]	none	2/34 (5.9%)	0/30 (0.0%)	**RR 4.43** (0.22 to 88.74)	**0 fewer per 1000** (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL

Maternal adverse effects – aspirin 650 mg vs flurbiprofen 50 mg

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Flurbiprofen	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,e]	none	8/34 (23.5%)	6/30 (20.0%)	**RR 1.18** (0.46 to 3.01)	**36 more per 1000** (from 108 fewer to 402 more)	⊕○○○ VERY LOW	CRITICAL

CI: confidence interval; RR: risk ratio.
a. The pooled effect provided by study "B".
b. Exclusion: breastfeeding women.
c. Wide confidence interval crossing the line of no effect.
d. Less than 300 women.
e. Less than 300 women and less than 30 events.

Comparison 2c: Aspirin compared with ketorolac

Source: Deussen AR, Ashwood P, Martis R, Stewart F, Grzeskowiak LE. Relief of pain due to uterine cramping/involution after birth. Cochrane Database Syst Rev. 2020;(10):CD004908.

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Ketorolac	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Adequate pain relief as reported by the woman												
1	randomized trials	serious [a]	not serious	serious [b]	serious [c]	none	26/30 (86.7%)	55/60 (91.7%)	RR 0.95 (0.81 to 1.11)	46 fewer per 1000 (from 174 fewer to 101 more)	⊕◯◯◯ VERY LOW	CRITICAL
Adequate pain relief as reported by the woman – aspirin 650 mg vs ketorolac 5 mg												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,d]	none	13/15 (86.7%)	26/30 (86.7%)	RR 1.00 (0.78 to 1.28)	0 fewer per 1000 (from 191 fewer to 243 more)	⊕◯◯◯ VERY LOW	CRITICAL
Adequate pain relief as reported by the woman – aspirin 650 mg vs ketorolac 10 mg												
1	randomized trials	serious [a]	not serious	serious [b]	serious [c]	none	13/15 (86.7%)	29/30 (96.7%)	RR 0.90 (0.73 to 1.11)	97 fewer per 1000 (from 261 fewer to 106 more)	⊕◯◯◯ VERY LOW	CRITICAL
Need for additional pain relief												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	1/30 (3.3%)	2/60 (3.3%)	RR 1.18 (0.16 to 8.52)	6 more per 1000 (from 28 fewer to 251 more)	⊕◯◯◯ VERY LOW	CRITICAL
Need for additional pain relief – aspirin 650 mg vs ketorolac 5 mg												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	1/15 (6.7%)	1/30 (3.3%)	RR 2.00 (0.13 to 29.81)	33 more per 1000 (from 29 fewer to 960 more)	⊕◯◯◯ VERY LOW	CRITICAL
Need for additional pain relief – aspirin 650 mg vs ketorolac 10 mg												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	0/15 (0.0%)	1/30 (3.3%)	RR 0.65 (0.03 to 14.97)	12 fewer per 1000 (from 32 fewer to 466 more)	⊕◯◯◯ VERY LOW	CRITICAL

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Ketorolac	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
Certainty assessment							№ of patients		Effect			

Maternal adverse effects

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Ketorolac	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	11/30 (36.7%)	13/60 (21.7%)	**RR 1.69** (0.86 to 3.31)	**150 more per 1000** (from 30 fewer to 501 more)	⊕○○○ VERY LOW	CRITICAL

Maternal adverse effects – aspirin 650 mg vs ketorolac 5 mg

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Ketorolac	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	5/15 (33.3%)	6/30 (20.0%)	**RR 1.67** (0.61 to 4.59)	**134 more per 1000** (from 78 fewer to 718 more)	⊕○○○ VERY LOW	CRITICAL

Maternal adverse effects – aspirin 650 mg vs ketorolac 10 mg

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aspirin	Ketorolac	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [d,e]	none	6/15 (40.0%)	7/30 (23.3%)	**RR 1.71** (0.70 to 4.20)	**166 more per 1000** (from 70 fewer to 747 more)	⊕○○○ VERY LOW	CRITICAL

CI: confidence interval; RR: risk ratio.

a. The pooled effect provided by study "B".

b. Exclusion: breastfeeding women.

c. Less than 300 women.

d. Wide confidence interval crossing the line of no effect.

e. Less than 300 women and less than 30 events.

Comparison 2d: Codeine compared with nalbuphine

Source: Deussen AR, Ashwood P, Martis R, Stewart F, Grzeskowiak LE. Relief of pain due to uterine cramping/involution after birth. Cochrane Database Syst Rev. 2020;(10):CD004908.

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Codeine	Nalbuphine	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
							№ of patients		Effect			

Need for additional pain relief – codeine 60 mg vs nalbuphine 15 mg

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Codeine	Nalbuphine	Relative (95% CI)	Absolute (95% CI)	Certainty (GRADE)	Importance
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,d]	none	5/37 (13.5%)	8/35 (22.9%)	**RR 0.59** (0.21 to 1.64)	**94 fewer per 1000** (from 181 fewer to 146 more)	⊕◯◯◯ VERY LOW	CRITICAL

CI: confidence interval; RR: risk ratio.
a. The pooled effect provided by study "B".
b. Exclusion: breastfeeding women.
c. Wide confidence interval crossing the line of no effect.
d. Less than 300 women and less than 30 events.