Comparison 1: Paracetamol (oral, single-dose) compared with placebo

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.

Certainty assessment							№ of patients		Effect		Certainty (GRADE)	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Paracetamol	Placebo	Relative (95% CI)	Absolute (95% CI)		
Adequate pain relief as reported by the woman – paracetamol 650 mg vs placebo												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,d]	none	15/22 (68.2%)	14/26 (53.8%)	**RR 1.27** (0.80 to 2.00)	**145 more per 1000** (from 108 fewer to 538 more)	⊕◯◯◯ VERY LOW	CRITICAL
Need for additional pain relief – paracetamol 1000 mg vs placebo												
1	randomized trials	serious [a]	not serious	not serious	very serious [c,d]	none	4/39 (10.3%)	5/36 (13.9%)	**RR 0.74** (0.21 to 2.54)	**36 fewer per 1000** (from 110 fewer to 214 more)	⊕◯◯◯ VERY LOW	CRITICAL
Maternal adverse effects – paracetamol 650 mg vs placebo												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,d]	none	10/22 (45.5%)	5/26 (19.2%)	**RR 2.36** (0.95 to 5.88)	**262 more per 1000** (from 10 fewer to 938 more)	⊕◯◯◯ VERY LOW	CRITICAL
Maternal adverse effects – paracetamol 1000 mg vs placebo												
1	randomized trials	serious [a]	not serious	serious [b]	very serious [c,d]	none	2/39 (5.1%)	1/36 (2.8%)	**RR 1.85** (0.17 to 19.50)	**24 more per 1000** (from 23 fewer to 514 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.