GRADE tables for review question: Is intravenous administration of oxytocin more effective than intramuscular administration in the active management of the third stage of labour?

Table 4: Evidence profile for comparison 1: IV oxytocin vs IM oxytocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IV oxytocin**	**IM oxytocin**	**Relative (95% CI)**	**Absolute**		
Maternal admission to intensive therapy unit (ITU) or high-dependency area - IV bolus injection												
1 (Adnan 2018)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	9/517 (1.7%)	19/518 (3.7%)	RR 0.47 (0.22 to 1.04)	19 fewer per 1000 (from 29 fewer to 1 more)	MODERATE	CRITICAL
Primary PPH (blood loss ≥ 500 mL)- overall estimate												
6 (Adnan 2018, Charles 2019, Dagdeviren 2016, Durocher 2019, Oguz 2014, Sangkhomkhamhang 2015)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	198/4218 (4.6%)	242/3516 (6.9%)	RR 0.78 (0.66 to 0.93)	15 fewer per 1000 (from 5 fewer to 23 fewer)	LOW	CRITICAL
Primary PPH (blood loss ≥ 500 mL) - IV slow infusion												
3 (Charles 2019, Dagdeviren 2016, Durocher 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	75/2385 (3.1%)	93/2473 (3.8%)	RR 0.82 (0.62 to 1.08)	7 fewer per 1000 (from 14 fewer to 3 more)	MODERATE	CRITICAL
Primary PPH (blood loss ≥ 500 mL) - IV bolus injection												
4 (Adnan 2018, Charles 2019, Oguz 2014, Sangkhomkhamhang 2015)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	119/1743 (6.8%)	170/3147 (14.3%)	RR 0.76 (0.61 to 0.95)	13 fewer per 1000 (from 3 fewer to 21 fewer)	LOW	CRITICAL
Primary PPH (blood loss ≥ 500 mL) - IV bolus injection (women who have had oxytocin in the first stage of labour)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IV oxytocin**	**IM oxytocin**	**Relative (95% CI)**	**Absolute**		
1 (Adnan 2018)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50/ 271 (18.5%)	64/ 275 (23.3%)	RR 0.79 (0.57 to 1.1)	49 fewer per 1000 (from 100 fewer to 23 more)	MODERATE	CRITICAL
Primary PPH (blood loss ≥ 500 mL) - IV bolus injection (women who have not had oxytocin in the first stage of labour)												
2 (Adnan 2018, Charles 2019)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	52/947 (5.5%)	77/2347 (3.3%)	RR 0.81 (0.58 to 1.12)	6 fewer per 1000 (from 14 fewer to 4 more)	LOW	CRITICAL
Severe PPH (blood loss ≥ 1000 mL)- overall estimate												
4 (Adnan 2018, Charles 2019, Dagdeviren 2016, Durocher 2019)	observational studies	no serious risk of bias	serious[3]	no serious indirectness	serious[1]	none	47/3693 (1.3%)	69/2991 (2.3%)	POR 0.65 (0.44 to 0.94)	8 fewer per 1000 (from 1 fewer to 13 fewer)	LOW	CRITICAL
Severe PPH (blood loss ≥ 1000 mL) - IV slow infusion												
3 (Charles 2019, Dagdeviren 2016, Durocher 2019)	randomised trials	no serious risk of bias	serious[3]	no serious indirectness	very serious[4]	none	22/2385 (0.92%)	27/2473 (1.1%)	POR 0.82 (0.46 to 1.46)	2 fewer per 1000 (from 6 fewer to 5 more)	LOW	CRITICAL
Severe PPH (≥ 1000 mL) - IV bolus injection												
2 (Adnan 2018, Charles 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	24/517 (4.6%)	42/518 (8.1%)	POR 0.55 (0.34 to 0.88)	36 fewer per 1000 (from 6 fewer to 54 fewer)	MODERATE	CRITICAL
Severe PPH (blood loss ≥ 1000 mL) - IV bolus injection (women who have had oxytocin in the first stage of labour)												
1 (Adnan 2018)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	10/253 (4%)	28/250 (11.2%)	POR 0.35 (0.18 to 0.69)	73 fewer per 1000 (from 35 fewer to 92 fewer)	HIGH	CRITICAL
Severe PPH (blood loss ≥ 1000 mL) - IV bolus injection (women who have not had oxytocin in the first stage of labour)												
2 (Adnan 2018, Charles 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[4]	none	15/954 (1.6%)	23/2354 (1%)	POR 0.83 (0.42 to 1.63)	2 fewer per 1000 (from 6 fewer to 6 more)	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	IV oxytocin	IM oxytocin	Relative (95% CI)	Absolute		
Need for manual removal of placenta- overall estimate												
4 (Charles 2019, Dagdeviren 2016, Durocher 2019, Oguz 2014)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	63/3476 (1.8%)	67/4877 (2.4%)	POR 0.71 (0.50 to 1.01)	7 fewer per 1000 (from 12 fewer to 0 more)	LOW	IMPORTANT
Need for manual removal of placenta - IV slow infusion												
3 (Charles 2019, Dagdeviren 2016, Durocher 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	52/2475 (2.1%)	65/2473 (2.6%)	POR 0.79 (0.55 to 1.15)	6 fewer per 1000 (from 12 fewer to 4 more)	MODERATE	IMPORTANT
Need for manual removal of placenta - IV bolus injection												
2 (Charles 2019, Oguz 2014)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	11/1001 (1.1%)	62/2404 (2.6%)	POR 0.55 (0.32 to 0.93)	12 fewer per 1000 (from 2 fewer to 18 fewer)	LOW	IMPORTANT
Need for additional uterotonics during the third stage or within the first 48 hours- overall estimate												
6 (Adnan 2018, Charles 2019, Dagdeviren 2016, Durocher 2019, Neri-Mejia 2016, Oguz 2014)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	179/4174 (4.3%)	230/3463 (6.6%)	POR 0.79 (0.63 to 0.99)	14 fewer per 1000 (from 1 fewer to 25 fewer)	LOW	IMPORTANT
Need for additional uterotonics during the third stage or within the first 48 hours - IV slow infusion												
3 (Charles 2019, Dagdeviren 2016, Durocher 2019)	randomised trials	no serious risk of bias	serious[3]	no serious indirectness	serious[1]	none	38/2475 (1.5%)	56/2473 (2.3%)	POR 0.67 (0.44 to 1.01)	7 fewer per 1000 (from 13 fewer to 0 MORE)	HIGH	IMPORTANT
Need for additional uterotonics during the third stage or within the first 48 hours - IV bolus injection												
4 (Adnan 2018, Charles 2019, Neri-Mejia 2016, Oguz 2014)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	141/1539 (9.2%)	174/2944 (5.9%)	POR 0.86 (0.67 to 1.11)	8 fewer per 1000 (from 20 fewer to 7 more)	LOW	IMPORTANT
Need for additional uterotonics during the third stage or within the first 48 hours - Combined IV bolus injection and IV slow infusion												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IV oxytocin**	**IM oxytocin**	**Relative (95% CI)**	**Absolute**		
1 (Biradar 2021)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[4]	none	0/160 (0%)	3/160 (1.9%)	POR 0.13 (0.01 to 1.29)	16 fewer per 1000 (from 19 fewer to 5 more)	LOW	IMPORTANT
Side effects - IV bolus injection												
2 (Adnan 2018, Neri-Mejia 2016)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[4]	none	22/538 (4.1%)	27/540 (5%)	POR 0.81 (0.46 to 1.44)	9 fewer per 1000 (from 27 fewer to 22 more)	LOW	IMPORTANT

IM: intramuscular; ITU: intensive therapy unit; IV: intravenous; mL: millimetres; POR: peto odds ratio; PPH: postpartum haemorrhage
1 95% CI crosses 1 MID
2 Serious concerns of risk of bias in the evidence contributing to the outcomes as per RoB 2.0
3 Serious heterogeneity
4 95% CI crosses 2 MIDs