National Institute for Health and Care Excellence

Final

Intrapartum care

GRADE tables for review M: Uterotonics for the prevention of postpartum haemorrhage

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F1 – GRADE tables for postpartum haemorrhage ≥1000mL (pairwise analysis)

Table 1: Carboprost versus Misoprostol ≤600mcg

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Carboprost	Misoprostol ≤600mcg	Relative (95% CI)	Absolute		
PPH >1000 mL - Vaginal birth												
1 (Nellore 2006)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/60 (0%)	0/60 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[3]	VERY LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias in randomisation; allocation concealment; blinding; incomplete outcome data; selective reporting.
2 Sample size <200
3 Calculated from risk difference

Table 2: Ergometrine versus Misoprostol ≤600mcg

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine	Misoprostol ≤600mcg	Relative (95% CI)	Absolute		
PPH >1000 mL - Vaginal birth												
4 (Chhabra 2008; Humera 2016; Jago 2007; Vimala 2004)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/464 (0%)	0/566 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for blinding; incomplete outcome data; selective reporting.
2 Calculated from risk difference

Table 3: Ergometrine versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
PPH >1000 mL - Vaginal birth												
1 (Orji 2008)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/303 (0%)	0/297 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for randomisation; blinding; incomplete outcome data
2 Calculated from risk difference

Table 4: Misoprostol + Oxytocin versus Oxytocin >10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin > 10iu	Relative (95% CI)	Absolute		
PPH >1000 mL - Caesarean birth												
1 (Adanikin 2012)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	0/109 (0%)	0/109 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[3]	LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for selective reporting
2 Sample size 200-400
3 Calculated from risk difference

Table 5: Misoprostol + Oxytocin versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
PPH >1000 mL - Caesarean birth												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
1 (Elsedeek 2012)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/200 (0%)	0/200 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Sample size 200-400
2 Calculated from risk difference

Table 6: Misoprostol >600 mcg to ≤800 mcg versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol >600 mcg to ≤800 mcg	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
PPH >1000mL - Vaginal birth												
1 (Parsons 2006)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/225 (0%)	0/225 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for randomisation, blinding and selective reporting
2 Calculated from risk difference

Table 7: Misoprostol >600 mcg to ≤800 mcg versus Oxytocin >1 iu to ≤ 5 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol >600 mcg to ≤800 mcg	Oxytocin >1 iu to ≤ 5 iu	Relative (95% CI)	Absolute		
PPH >1000 mL - Vaginal birth												
1 (Nasr 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/257 (0%)	0/257 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[1]	HIGH	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage

1 Calculated from risk difference

Table 8: Misoprostol ≤600mcg versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol ≤600	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
PPH >1000 mL - Vaginal birth												
8 (Afolabi 2010; Bellad 2012; Bhatti 2014; Gupta 2006; Oboro 2003; Sadiq 2011; Tewatia 2014; Walley 2000)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/1980 (0%)	0/1986 (0%)	Not estimable	0 fewer per 1000 (from 0 fewer to 0 more)[2]	MODERATE	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for allocation concealment, blinding and selective reporting.
2 Calculated from risk difference

Table 9: Ergometrine + Oxytocin versus Oxytocin >10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine + Oxytocin	Oxytocin >10iu	Relative (95% CI)	Absolute		
PPH >1000 mL - vaginal birth												
1 (Nuamsiri 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/162 (0%)	0/161 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Sample size 200-400
2 Calculated from risk difference

Table 10: Oxytocin >10 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >10iu	Carbetocin	Relative (95% CI)	Absolute		
PPH >1000 mL - Caesarean birth												
1 (Boucher 1998)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/28 (0%)	0/29 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[3]	VERY LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for randomisation, allocation concealment and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 11: Oxytocin >5 iu to ≤ 10 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin 5-10	Carbetocin	Relative (95% CI)	Absolute		
PPH >1000 mL - Vaginal birth												
1 (Fenix 2012)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/30 (0%)	0/30 (0%)	Not estimable	0 fewer per 1000 (from 60 fewer to 60 more)[2]	LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Sample size <200
2 Calculated from risk difference

Table 12: Oxytocin >1 iu to ≤ 5 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu	Carbetocin	Relative (95% CI)	Absolute		
PPH >1000 mL												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu	Carbetocin	Relative (95% CI)	Absolute		
2 (Amornpetchakul 2018; Rosseland 2013)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/200 (0%)	0/201 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)	HIGH	CRITICAL
PPH >1000 mL - Vaginal Birth												
1 (Amornpetchakul 2018)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/174 (0%)	0/176 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	CRITICAL
PPH >1000 mL - Caesarean Birth												
1 (Rosseland 2013)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[3]	none	0/26 (0%)	0/25 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[2]	LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Sample size 200-400
2 Calculated from risk difference
3 Sample size <200

Table 13: Oxytocin >1 iu to ≤ 5 iu versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu versus Placebo	Control	Relative (95% CI)	Absolute		
PPH >1000mL												
2 (Jerbi 2007; Rosseland 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/91 (0%)	0/90 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[3]	VERY LOW	CRITICAL
PPH >1000mL - Vaginal Birth												
1 (Jerbi 2007)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/65 (0%)	0/65 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[3]	VERY LOW	CRITICAL
PPH >1000mL - Caesarean Birth												
1 (Rosseland 2013)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	0/26 (0%)	0/25 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[3]	LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Unclear risk of bias for randomisation, allocation concealment, blinding, incomplete outcome data and selective reporting.
2 Sample size <200
3 Calculated from risk difference

Table 14: Carbetocin versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Carbetocin	Placebo	Relative (95% CI)	Absolute		
PPH >1000mL - Caesarean birth												
1 (Rosseland 2013)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/25 (0%)	0/25 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[2]	LOW	CRITICAL

CI: confidence interval; PPH: postpartum haemorrhage
1 Sample size <200
2 Calculated from risk difference

F2 – GRADE tables for severe maternal morbidity – intensive care admission

Table 15: Misoprostol + Oxytocin versus Oxytocin >10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >10 iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Caesarean birth												
1 (Ugwu 2014)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/60 (0%)	0/60 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[2]	LOW	IMPORTANT

CI: confidence interval
1 Sample size <200
2 Calculated from risk difference

Table 16: Misoprostol + Oxytocin versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Caesarean birth												
1 (El Tahan 2012)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/179 (0%)	0/187 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	

CI: confidence interval
1 Sample size 200-400
2 Calculated from risk difference

Table 17: Misoprostol >800 mcg to ≤1000 mcg versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprosotol >800 mcg to ≤1000 mcg	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Vaginal birth												
1 (Shrestha 2011)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	0/100 (0%)	0/100 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[3]	LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, and selective reporting
2 Sample size 200-400
3 Calculated from risk difference

Table 18: Misoprostol >600 mcg to ≤800mcg versus Oxytocin 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol >600mcg to ≤800 mcg	Oxytocin 10iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Caesarean birth												
1 (Chaudhuri 2010)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/96 (0%)	0/94 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[2]	LOW	IMPORTANT

CI: confidence interval
1 Sample size <200
2 Calculated from risk difference

Table 19: Misoprostol >600 mcg to ≤800 mcg versus Oxytocin >1 iu to ≤ 5 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol >600mcg to ≤800 mcg	Oxytocin >1 iu to ≤ 5 iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Vaginal birth												
2 (Amin 2014; Nasr 2009)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/357 (0%)	0/357 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for randomisation, allocation concealment, blinding, incomplete outcome data.
2 Calculated from risk difference

Table 20: Misoprostol ≤600 mcg versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol 600	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Vaginal birth												
4 (Afolabi 2010; Kundodyiwa 2001; Musa 2015; Tewatia 2014)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/493 (0%)	0/506 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	CRITICAL

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, selective reporting.
2 Calculated from risk difference

Table 21: Misoprostol ≤600 mcg versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol ≤600mcg	Carbetocin	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admission - Vaginal birth												
1 (Ibrahim 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	2/30 (6.7%)	0/30 (0%)	POR 7.65 (0.47 to 125.22)	70 more per 1000 (from 40 fewer to 170 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval; POR: Peto odds ratio
1 Unclear risk of bias for blinding, allocation concealment, incomplete outcome data.
2 95% CI crosses 2 MIDs
3 Calculated from risk difference

Table 22: Ergometrine + Oxytocin versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine + Oxytocin	Carbetocin	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Vaginal birth												
2 (Nirmala 2009; Samimi 2013)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/160 (0%)	0/160 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Sample size 200-400
2 Calculated from risk difference

Table 23: Oxytocin >5 iu to ≤ 10 iu versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >5 iu to ≤ 10 iu	Placebo	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Vaginal birth												
1 (Abdel-Aleem 2010)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/1291 (0%)	0/659 (0%)	Not estimable	0 per 1000 (from 0 fewer to 0 more)[1]	HIGH	IMPORTANT

CI: confidence interval
1 Calculated from risk difference

Table 24: Carbetocin versus Oxytocin >1 iu to ≤ 5 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Carbetocin	Oxytocin >1 iu to ≤ 5 iu	Relative (95% CI)	Absolute		
Severe maternal morbidity - intensive care admissions - Caesarean birth												
1 (Attilakos 2010)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	1/188 (0.53%)	0/189 0%	POR 7.43 (0.15 to 374.38)	10 more per 1000 (from 10 fewer to 20 more)[2]	LOW	IMPORTANT

CI: confidence interval; POR: Peto odds ratio
1 95% CI crosses 2 MIDs
2 Calculated from risk difference

F3 – GRADE tables for need for additional uterotonics

Table 25: Misoprostol + Oxytocin versus Oxytocin >10 IU

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >10 iu	Relative (95% CI)	Absolute		
Need for additional uterotonics - Caesarean birth												
1 (Lapaire 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/28 (0%)	0/25 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[2]	LOW	IMPORTANT

CI: confidence interval
1 Sample size <200
2 Calculated from risk difference

Table 26: Oxytocin >1 iu to ≤ 5 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu	Carbetocin	Relative (95% CI)	Absolute		
Need for additional uterotonics - Caesarean birth												
1 (Moertl 2011)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/28 (0%)	0/28 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment.
2 Sample size <200
3 Calculated from risk difference

F4 – GRADE tables for need for blood transfusion

Table 27: Carboprost versus Ergometrine

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Carboprost	Ergometrine	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Supe 2016)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete data, and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 28: Carboprost versus Misoprostol >600mcg to ≤800mcg

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Carboprost	Misoprostol >600mcg -to ≤800 mcg	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Supe 2016)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete data, and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 29: Carboprost versus Placebo

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Carboprost	Placebo	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Supe 2016)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete data, and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 30: Ergometrine versus Misoprostol >600mcg to ≤800mcg

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine	Misoprostol >600 mcg to ≤800 mcg	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Supe 2016)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete data, and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 31: Ergometrine versus Misoprostol ≤600 mcg

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine	Misoprostol ≤600 mcg	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
4 (Chhabra 2008; Humera 2016; Otoide 2020; Vimala 2004)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/360 (0%)	0/460 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete outcome data and selective reporting
2 Calculated from risk difference

Table 32: Ergometrine versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine	Placebo	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Supe 2016)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete data, and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 33: Misoprostol + Oxytocin versus Oxytocin >10 IU

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >10iu	Relative (95% CI)	Absolute		
Need for blood transfusion - Caesarean birth												
1 (Lapaire 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/28 (0%)	0/25 (0%)	Not estimable	0 fewer per 1000 (from 70 fewer to 70 more)[2]	LOW	IMPORTANT

CI: confidence interval
1 Sample size <200
2 Calculated from risk difference

Table 34: Misoprostol + Oxytocin versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol + Oxytocin	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
Need for blood transfusion - Caesarean birth												
1 (Elsedeek 2012)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/200 (0%)	0/200 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Sample size 200-400
2 Calculated from risk difference

Table 35: Misoprostol >600 mcg to ≤800mcg vs Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol >600 mcg to ≤800	Placebo	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Supe 2016)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete data, and selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 36: Misoprostol ≤600 mcg versus Ergometrine + Oxytocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol ≤600 mcg	Ergoemtrine + Oxytocin	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
2 (Bamigboye, Merrell 1998; Harriott 2009)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/301 (0%)	0/303 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, selective reporting
2 Calculated from risk difference

Table 37: Misoprostol ≤600 mcg versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol ≤600 mcg	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
Need for blood transfusion												
7 (Afolabi 2010; Fazel 2013; Gupta 2006; Lumbiganon 1999; Oboro 2003; Sadiq 2011; Tewatia 2014)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/1844 (0%)	0/1633 (0%)	Not estimable	0 fewer per 1000 (from 0 fewer to 0 more)[2]	MODERATE	IMPORTANT
Need for blood transfusion - Vaginal birth												
6 (Afolabi 2010; Gupta 2006; Lumbiganon 1999; Oboro 2003; Sadiq 2011; Tewatia 2014	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/1794 (0%)	0/1583 (0%)	Not estimable	0 fewer per 1000 (from 0 fewer to 0 more)[2]	MODERATE	IMPORTANT
Need for blood transfusion - Caesarean birth												
1 (Fazel 2013)	randomised trials	very serious[3]	no serious inconsistency	no serious indirectness	very serious[4]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[2]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, selective reporting
2 Calculated from risk difference
3 Unclear risk of bias for allocation concealment, blinding, incomplete outcome data, selective reporting
4 Sample size <200

Table 38: Misoprostol ≤600 mcg versus Oxytocin >1 iu to ≤ 5 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol ≤600 mcg	Oxytocin >1 iu to ≤ 5 iu	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
2 (Baskett 2007; Karkanis 2002)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/421 (0%)	0/424 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for blinding, selective reporting
2 Calculated from risk difference

Table 39: Misoprostol ≤600 mcg versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Misoprostol ≤600 mcg	Placebo	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Zgaya 2020)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	0/111 (0%)	0/100 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for allocation concealment, blinding, incomplete outcome data, selective reporting
2 Sample size 200-400
3 Calculated from risk difference

Table 40: Ergometrine + Oxytocin versus Oxytocin >10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ergometrine + Oxytocin	Oxytocin >10 iu	Relative (95% CI)	Absolute		
Need for blood transfusion - Caesarean birth												
1 (Balki 2008)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	0/24 (0%)	0/24 (0%)	Not estimable	0 fewer per 1000 (from 80 fewer to 80 more)[2]	LOW	IMPORTANT

CI: confidence interval
1 Sample size <200
2 Calculated from risk difference

Table 41: Oxytocin >10 iu versus Oxytocin >5 iu to ≤ 10 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >10 iu	Oxytocin >5 iu to ≤ 10 iu	Relative (95% CI)	Absolute		
Need for blood transfusion - Caesarean birth												
1 (Fahmy 2015)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for blinding, incomplete outcome data, selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 42: Oxytocin >10 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >10 iu	Carbetocin	Relative (95% CI)	Absolute		
Need for blood transfusion												
3 (Boucher 1998; Fahmy 2015; Taheripanah 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	0/188 (0%)	0/189 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[3]	VERY LOW	IMPORTANT
Need for blood transfusion - Vaginal birth												
1 (Fahmy 2015)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[4]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT
Need for blood transfusion - Caesarean birth												
2 (Boucher 1998; Taheripanah 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	0/138 (0%)	0/139 (0%)	Not estimable	0 fewer per 1000 (from 20 fewer to 20 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for randomisation, allocation concealment, blinding, selective reporting
2 Sample size 200-400
3 Calculated from risk difference
4 Sample size <200

Table 43: Oxytocin >5 iu to ≤ 10 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >5 iu to ≤ 10 iu	Carbetocin	Relative (95% CI)	Absolute		
Need for blood transfusion												
2 (Fahmy 2015; Fenix 2012)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/80 (0%)	0/80 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[3]	VERY LOW	CRITICAL
Need for blood transfusion - Vaginal birth												
1 (Fenix 2012)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/30 (0%)	0/30 (0%)	Not estimable	0 fewer per 1000 (from 60 fewer to 60 more)[3]	VERY LOW	CRITICAL
Need for blood transfusion - Caesarean birth												
1 (Fahmy 2015)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/50 (0%)	0/50 (0%)	Not estimable	0 fewer per 1000 (from 40 fewer to 40 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for blinding, incomplete outcome data, selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 44: Oxytocin >1 iu to ≤ 5 iu versus Oxytocin <1 iu

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu	Oxytocin <1 iu	Relative (95% CI)	Absolute		
Need for blood transfusion - Caesarean birth												
1 (Butwick 2010)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/30 (0%)	0/29 (0%)	Not estimable	0 fewer per 1000 (from 60 fewer to 60 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval

1 Unclear bias for blinding, selective reporting
2 Sample size <200
3 Calculated from risk difference

Table 45: Oxytocin >1 iu to ≤ 5 iu versus Carbetocin

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu	Carbetocin	Relative (95% CI)	Absolute		
Need for blood transfusion - Vaginal birth												
1 (Amornpetchakul 2018)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/174 (0%)	0/176 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[2]	MODERATE	IMPORTANT

CI: confidence interval
1 Sample size 200-400
2 Calculated from risk difference

Table 46: Oxytocin >1 iu to ≤ 5 iu versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin >1 iu to ≤ 5 iu	Placebo	Relative (95% CI)	Absolute		
Need for blood transfusion												
2 (Butwick 2010; Jerbi 2007)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/95 (0%)	0/80 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[3]	VERY LOW	IMPORTANT
Need for blood transfusion - Vaginal birth												
1 (Jerbi 2007)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/65 (0%)	0/65 (0%)	Not estimable	0 fewer per 1000 (from 30 fewer to 30 more)[3]	VERY LOW	IMPORTANT
Need for blood transfusion - Caesarean birth												
1 (Butwick 2010)	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/30 (0%)	0/15 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[3]	VERY LOW	

CI: confidence interval
1 Unclear risk of bias for randomisation, allocation concealment, blinding, selective reporting
2 Sample size <200
3 Calculated from risk difference
4 Unclear risk of bias for blinding, selective reporting

Table 47: Oxytocin <1 iu versus Placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oxytocin <1 iu	Placebo	Relative (95% CI)	Absolute		
Need for blood transfusion - Caesarean birth												
1 (Butwick 2010)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	0/29 (0%)	0/15 (0%)	Not estimable	0 fewer per 1000 (from 10 fewer to 10 more)[3]	VERY LOW	IMPORTANT

CI: confidence interval
1 Unclear risk of bias for blinding, selective reporting
2 Sample size <200
3 Calculated from risk difference