Forest plots for review question: What is the effectiveness of uterotonics for the prevention of postpartum haemorrhage?

This section includes forest plots only for outcomes that are meta-analysed, but were not included in the NMA. Outcomes from single studies are not presented here; the quality assessment for such outcomes is provided in the GRADE profiles in appendix F.

Postpartum haemorrhage ≥ 1000 mL

Figure 31: Ergometrine versus Misoprostol ≤600mcg – Vaginal birth

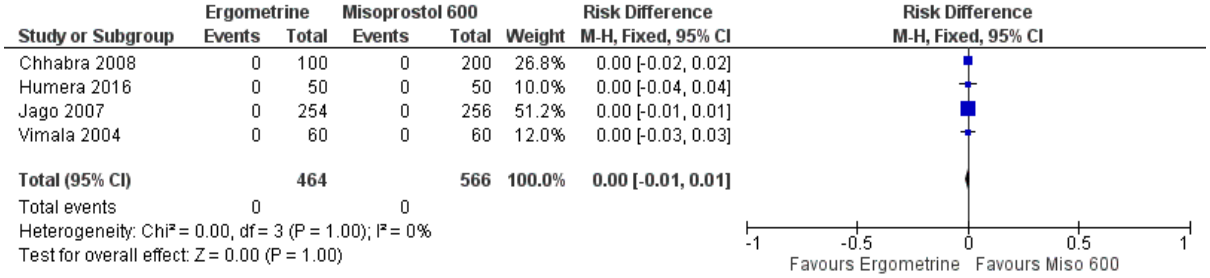


Figure 32: Misoprostol ≤600mcg versus Oxytocin >5 iu to ≤ 10 iu – Vaginal birth

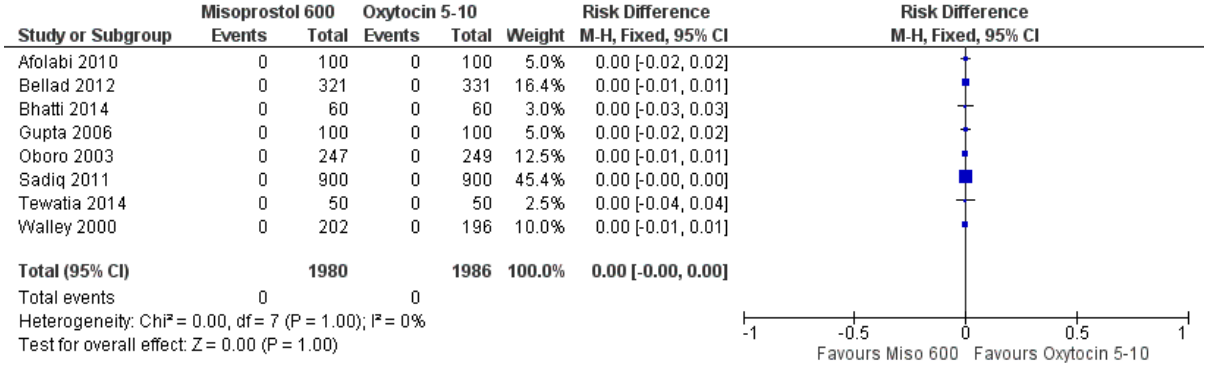


Figure 33: Oxytocin >1 iu to ≤ 5 iu versus Carbetocin

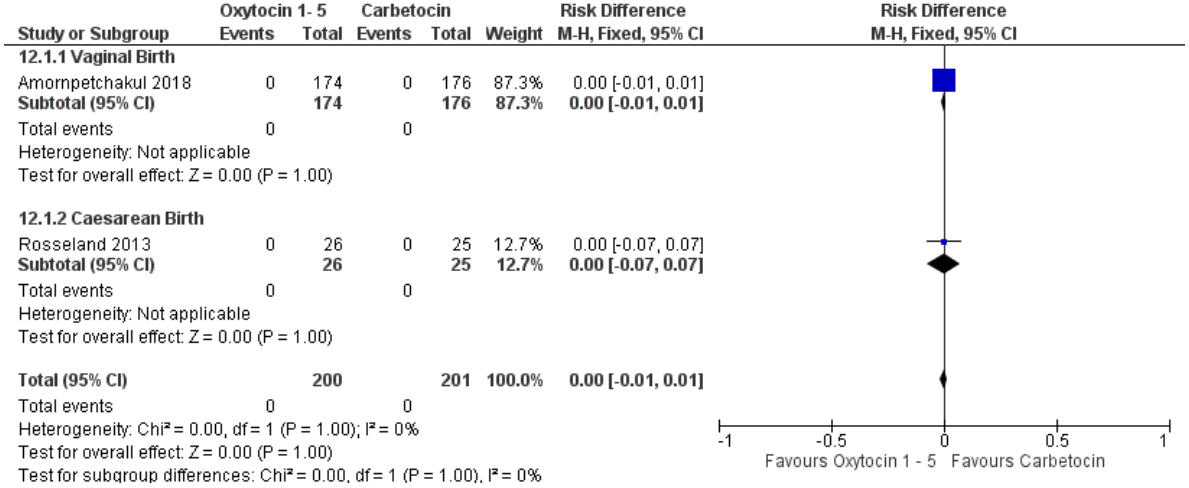
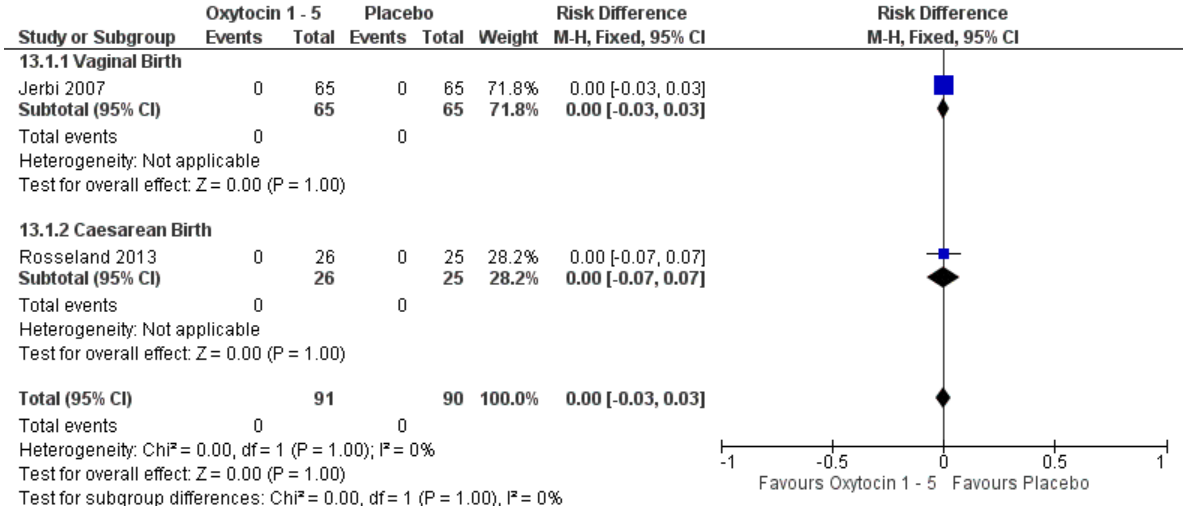


Figure 34: Oxytocin >1 iu to ≤ 5 iu versus Placebo



Severe maternal morbidity – intensive care admissions

Figure 35: Misoprostol >600 mcg to ≤800 mcg versus Oxytocin >1 iu to ≤ 5 iu – Vaginal birth

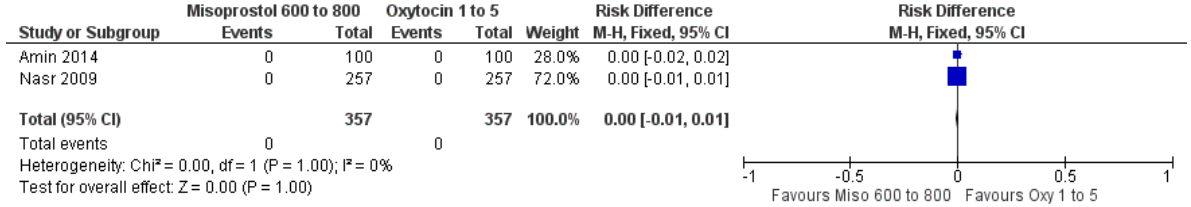


Figure 36: Misoprostol ≤600 mcg versus Oxytocin >5 iu to ≤ 10 iu – Vaginal birth

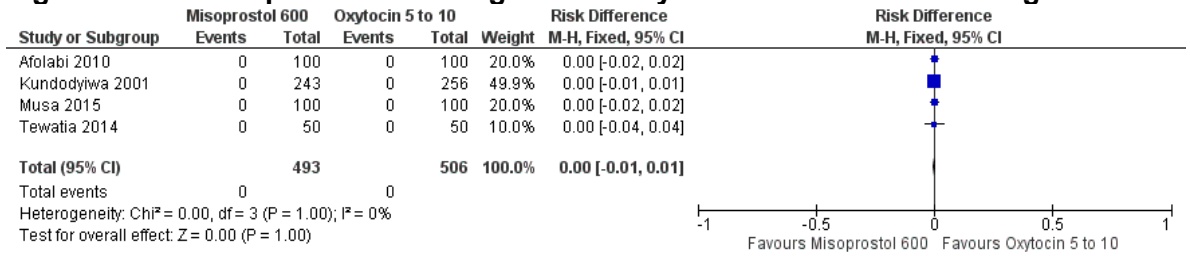
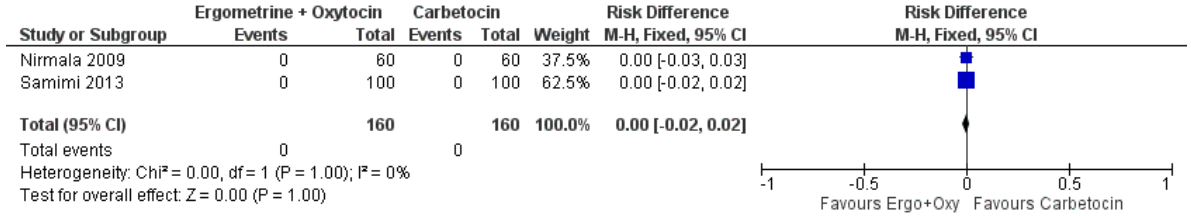


Figure 37: Ergometrine + Oxytocin versus Carbetocin – Vaginal birth



Need for blood transfusion

Figure 38: Ergometrine versus Misoprostol ≤600 mcg – Vaginal birth

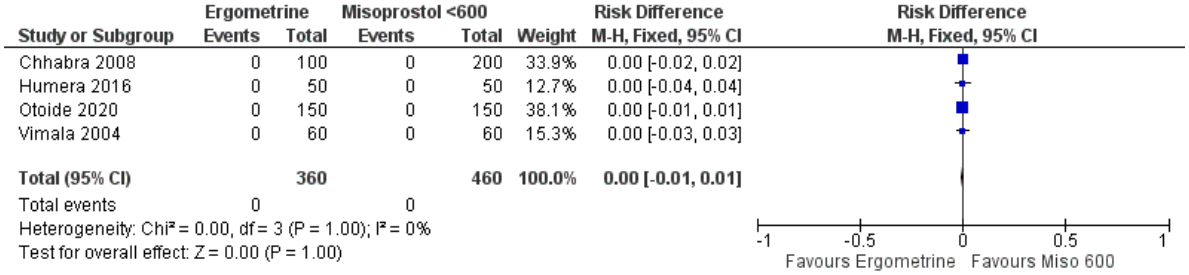


Figure 39: Misoprostol ≤600 mcg versus Ergometrine + Oxytocin – Vaginal birth

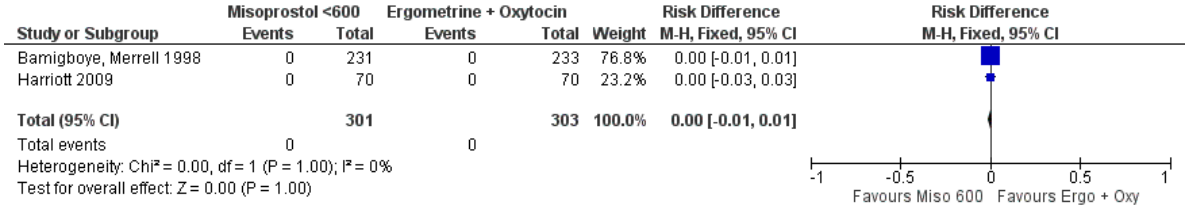


Figure 40: Misoprostol ≤600 mcg versus Oxytocin >5 iu to ≤ 10 iu

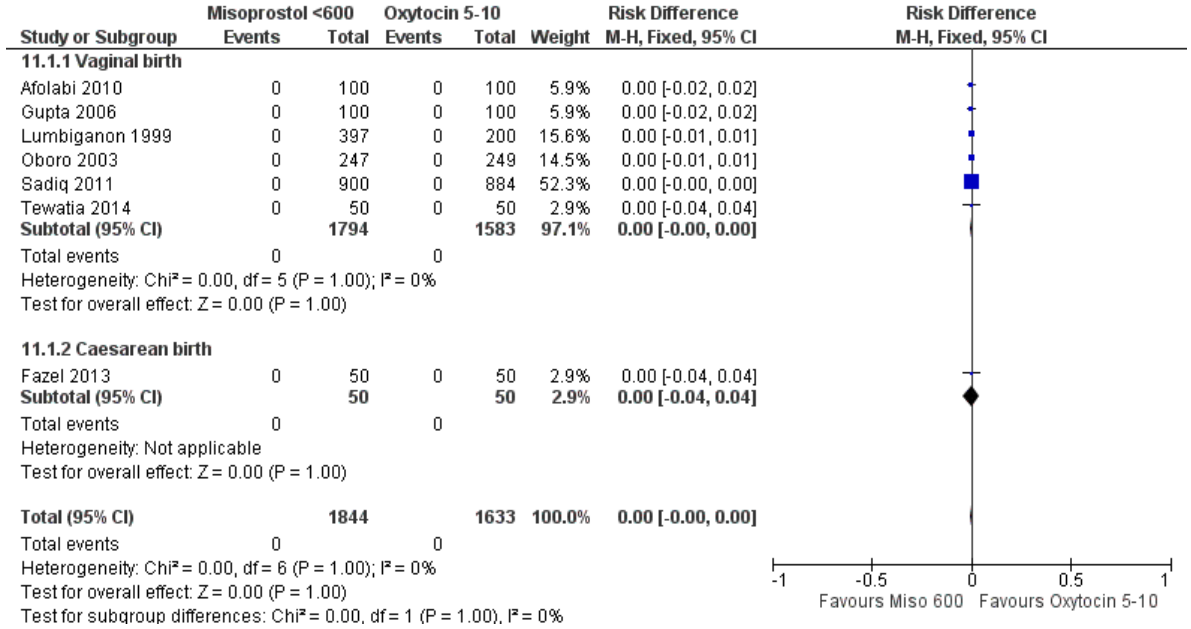


Figure 41: Misoprostol ≤600 mcg versus Oxytocin >1 iu to ≤ 5 iu – Vaginal birth

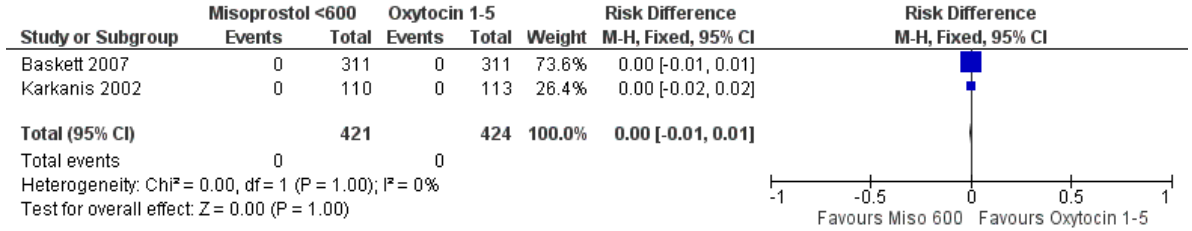


Figure 42: Oxytocin >10 iu versus Carbetocin

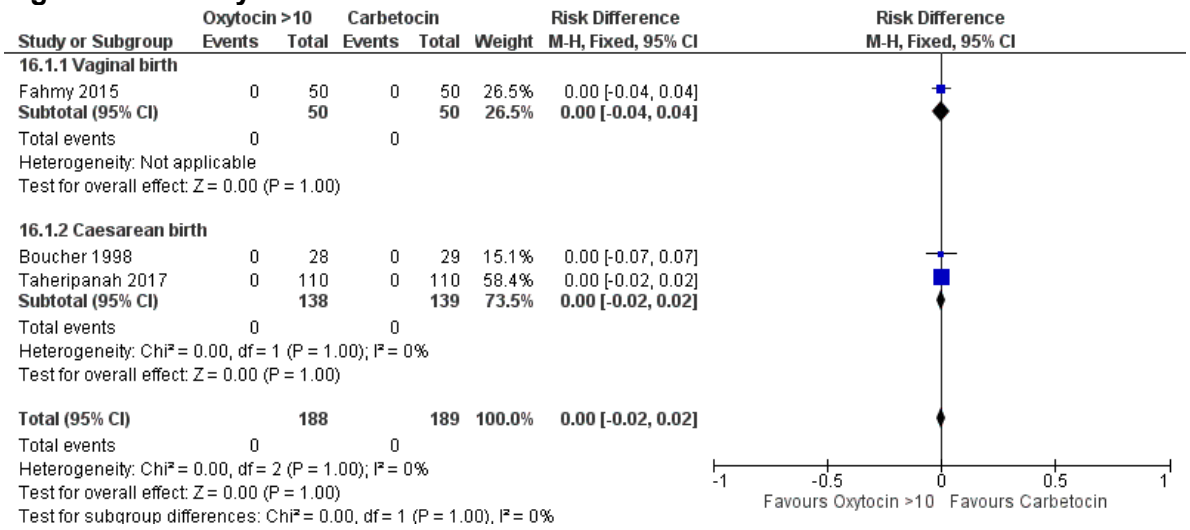


Figure 43: Oxytocin >5 iu to ≤ 10 iu versus Carbetocin

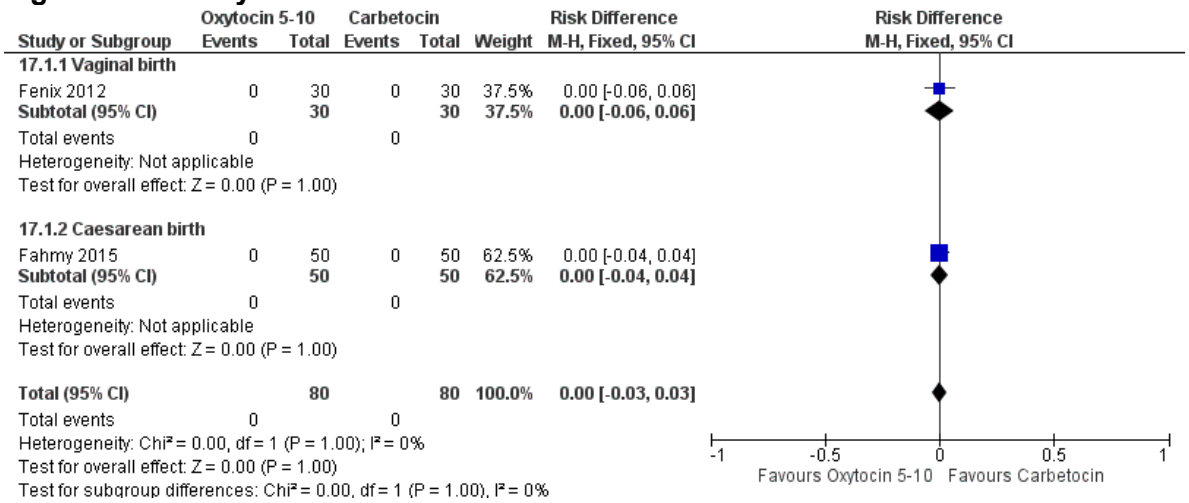


Figure 44: Oxytocin >1 iu to ≤ 5 iu versus Placebo