National Institute for Health and Care Excellence

Draft for consultation

Intrapartum care for healthy women and babies

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

NICE guideline number CG190 (update)

Supplement 5

April 2023

Draft for consultation

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive. All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

ISBN:

Contents

GRADE tables

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