

Mean blood loss: It is unclear what effect UVI of oxytocin has on mean blood loss when compared with saline solution only, because the evidence was of very low certainty.

Postpartum anaemia: The review reported three proxy outcomes relevant to consideration of postpartum anaemia. High-certainty evidence suggests that the intervention makes little or no difference to a **fall in haemoglobin level > 10% from time of randomization to first day postpartum** (one trial, 541 women; 185/274 versus 178/267; RR 1.01, 95% CI 0.90 to 1.14). However, the evidence on **haemoglobin 24–48 hours postpartum** and **haemoglobin 40–45 days postpartum** was of very low certainty.

Nausea, vomiting or shivering: Although both nausea following injection and shivering following injection were reported, the evidence was of very low certainty.

Maternal temperature $\geq 38^{\circ}\text{C}$: The review reported **fever**, but the parameters were defined differently in two trials ($>38^{\circ}\text{C}$; $> 37.5^{\circ}\text{C}$ on two successive occasions between 1 and 12 hours apart or one reading of more than 38°C in the 24 hours after birth), and not defined at all in the other two trials. The available evidence suggests that UVI of oxytocin solution may increase the risk of fever when compared with saline solution alone (four trials, 707 women; 16/360 versus 9/347; RR 1.67, 95% CI 0.76 to 3.64; low-certainty evidence).

The review reported **prolonged hospitalization (stay in hospital for more than 2 days was reported)**, and **maternal satisfaction (maternal dissatisfaction with third-stage management was reported)**, but the evidence for both of these outcomes was of very low certainty.

The priority outcomes **maternal temperature $\geq 40^{\circ}\text{C}$** , **maternal transfer**, **additional nonsurgical interventions** (for example, **external aortic compression and compression garments**), **artery embolization**, **delayed initiation of breastfeeding** and **maternal well-being** were not reported for this comparison.

Effects of UVI of oxytocin solution versus UVI of plasma expander

One small trial included in the Cochrane review reported evidence relevant to only two priority outcomes for this comparison. However, the evidence on both **additional blood loss $\geq 1000\text{ mL}$** (the trial reported **blood loss $> 1000\text{ mL}$**) and **invasive nonsurgical interventions (MROP reported)** was of very low certainty.

Effects of UVI of oxytocin solution versus UVI of prostaglandin solution

Only six priority outcomes were reported for this comparison: **additional uterotonics**; **invasive nonsurgical interventions (MROP reported)**; **procedure-related complications (abdominal pain reported)**; **mean blood loss**; **nausea, vomiting or shivering (shivering following injection reported)**; **maternal temperature $\geq 38^{\circ}\text{C}$ (fever reported)**. However, the evidence for all these outcomes was of very low certainty.

Effects of UVI of oxytocin solution versus UVI of ergometrine solution

One outcome was reported for this comparison in a single, very small trial. Evidence for **invasive nonsurgical interventions** reported as **MROP** was of very low certainty.

No other priority outcomes were reported for this comparison.

Effects of UVI of carbetocin solution versus UVI of oxytocin solution

One trial of 200 women contributed data to this comparison. It is unclear what effect UVI of carbetocin solution has on **blood loss $> 500\text{ mL}$** (proxy for **additional blood loss $\geq 500\text{ mL}$**), **blood transfusion**, and **invasive nonsurgical interventions: MROP**, and **adherent placenta, piecemeal removal and uterine curettage** in comparison with oxytocin injection (very-low-certainty evidence).