

Annex 5. GRADE Tables

Question: Labetalol compared to hydralazine for treatment of very high blood pressure during pregnancy

Setting: hospitals in Northern Ireland, Panama (2), South Africa, United States (2)

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Maternal deaths												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/100 (0.0%)	0/100 (0.0%)	not estimable		⊕○○○ VERY LOW	
Eclampsia												
2	randomized trials	serious ^c	not serious	not serious	very serious ^b	none	0/110 (0.0%)	0/110 (0.0%)	not pooled	see comment	⊕○○○ VERY LOW	
Persistent high blood pressure												
4	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	13/256 (5.1%)	13/254 (5.1%)	RR 1.05 (0.32 to 3.43)	3 more per 1,000 (from 35 fewer to 124 more)	⊕○○○ VERY LOW	
Serious morbidity in women: acute renal insufficiency												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/100 (0.0%)	0/100 (0.0%)	not estimable		⊕○○○ VERY LOW	
HELLP syndrome												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	2/100 (2.0%)	2/100 (2.0%)	RR 1.00 (0.14 to 6.96)	0 fewer per 1,000 (from 17 fewer to 119 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Serious morbidity in women: oliguria												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	2/100 (2.0%)	4/100 (4.0%)	RR 0.50 (0.09 to 2.67)	20 fewer per 1,000 (from 36 fewer to 67 more)	⊕○○○ VERY LOW	
Serious morbidity in women: disseminated intravascular coagulation												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/100 (0.0%)	0/100 (0.0%)	not estimable		⊕○○○ VERY LOW	
Serious morbidity in women: pulmonary oedema												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	1/100 (1.0%)	0/100 (0.0%)	RR 3.00 (0.12 to 72.77)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Placental abruption												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	1/100 (1.0%)	2/100 (2.0%)	RR 0.50 (0.05 to 5.43)	10 fewer per 1,000 (from 19 fewer to 89 more)	⊕○○○ VERY LOW	
Hypotension												
4	randomized trials	serious ^c	not serious	not serious	very serious ^e	none	0/140 (0.0%)	2/139 (1.4%)	RR 0.20 (0.01 to 4.11)	12 fewer per 1,000 (from 14 fewer to 45 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women												
3	randomized trials	serious ^c	not serious	not serious	very serious ^f	none	24/125 (19.2%)	31/125 (24.8%)	RR 0.78 (0.49 to 1.23)	55 fewer per 1,000 (from 57 more to 126 fewer)	⊕○○○ VERY LOW	
Side-effects in women (headaches)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^f	none	23/131 (17.6%)	30/130 (23.1%)	RR 0.76 (0.47 to 1.24)	55 fewer per 1,000 (from 55 more to 122 fewer)	⊕○○○ VERY LOW	
Side-effects in women (visual symptoms)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	11/131 (8.4%)	11/130 (8.5%)	RR 0.99 (0.45 to 2.21)	1 fewer per 1,000 (from 47 fewer to 102 more)	⊕○○○ VERY LOW	
Side-effects in women (epigastralgia)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	9/131 (6.9%)	10/130 (7.7%)	RR 0.89 (0.38 to 2.13)	8 fewer per 1,000 (from 48 fewer to 87 more)	⊕○○○ VERY LOW	
Side-effects in women (palpitations)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	8/131 (6.1%)	10/130 (7.7%)	RR 0.79 (0.32 to 1.95)	16 fewer per 1,000 (from 52 fewer to 73 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (nausea)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	6/131 (4.6%)	8/130 (6.2%)	RR 0.74 (0.27 to 2.09)	16 fewer per 1,000 (from 45 fewer to 67 more)	⊕○○○ VERY LOW	
Side-effects in women (flushing)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	6/131 (4.6%)	4/130 (3.1%)	RR 1.49 (0.43 to 5.15)	15 more per 1,000 (from 18 fewer to 128 more)	⊕○○○ VERY LOW	
Side-effects in women (emesis)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	2/131 (1.5%)	3/130 (2.3%)	RR 0.66 (0.11 to 3.89)	8 fewer per 1,000 (from 21 fewer to 67 more)	⊕○○○ VERY LOW	
Fetal or neonatal deaths												
5	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	3/155 (1.9%)	5/147 (3.4%)	RR 0.63 (0.17 to 2.34)	13 fewer per 1,000 (from 28 fewer to 46 more)	⊕○○○ VERY LOW	
Apgar < 7 at 1 minute												
1	randomized trials	serious ^a	not serious	not serious	very serious ^f	none	20/103 (19.4%)	14/102 (13.7%)	RR 1.41 (0.76 to 2.64)	56 more per 1,000 (from 33 fewer to 225 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Apgar < 7 at 5 minutes												
2	randomized trials	serious ^c	serious ^g	not serious	very serious ^e	none	4/116 (3.4%)	4/108 (3.7%)	RR 0.57 (0.03 to 10.36)	16 fewer per 1,000 (from 36 fewer to 347 more)	⊕○○○ VERY LOW	
Fetal heart rate decelerations												
4	randomized trials	serious ^c	not serious	not serious	very serious ^e	none	9/141 (6.4%)	10/133 (7.5%)	RR 0.80 (0.13 to 4.95)	15 fewer per 1,000 (from 65 fewer to 297 more)	⊕○○○ VERY LOW	
Admission to special care baby unit												
1	randomized trials	serious ^a	not serious	not serious	very serious ^f	none	32/103 (31.1%)	32/102 (31.4%)	RR 0.99 (0.66 to 1.49)	3 fewer per 1,000 (from 107 fewer to 154 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (no blinding) contributing data (-1)
- No events and small sample size (-2)
- All studies have design limitations (-1)
- Wide 95% CI crossing the line of no effect, low event rate (-2)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)
- Wide 95% CI crossing the line of no effect and small sample size (-2)
- Heterogeneity I² = 68% (-1)

Question: Calcium channel blockers compared to hydralazine for treatment of very high blood pressure during pregnancy

Setting: hospitals in Brazil (2), India, Iran (2), Mexico, South Africa (2)

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Calcium channel blockers	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Maternal death												
1	randomized trials	not serious	not serious	not serious	very serious ^a	none	0/30 (0.0%)	0/30 (0.0%)	not estimable		⊕⊕○○ LOW	
Persistent high blood pressure												
6	randomized trials	serious ^b	not serious	not serious	not serious	none	13/160 (8.1%)	34/153 (22.2%)	RR 0.37 (0.21 to 0.66)	140 fewer per 1,000 (from 76 fewer to 176 fewer)	⊕⊕⊕○ MODERATE	
Further episode/s of very high blood pressure												
2	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	39/85 (45.9%)	43/78 (55.1%)	RR 0.85 (0.65 to 1.11)	83 fewer per 1,000 (from 61 more to 193 fewer)	⊕○○○ VERY LOW	
Hypotension												
6	randomized trials	serious ^b	not serious	not serious	very serious ^e	none	3/167 (1.8%)	2/158 (1.3%)	RR 1.12 (0.29 to 4.28)	2 more per 1,000 (from 9 fewer to 42 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Calcium channel blockers	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women												
5	randomized trials	serious ^b	not serious	not serious	very serious ^d	none	25/147 (17.0%)	28/139 (20.1%)	RR 0.81 (0.52 to 1.25)	38 fewer per 1,000 (from 50 more to 97 fewer)	⊕○○○ VERY LOW	
Side-effects in women (headache)												
5	randomized trials	serious ^b	not serious	not serious	very serious ^f	none	14/152 (9.2%)	11/144 (7.6%)	RR 1.16 (0.56 to 2.42)	12 more per 1,000 (from 34 fewer to 108 more)	⊕○○○ VERY LOW	
Side-effects in women (nausea and/or vomiting)												
5	randomized trials	serious ^b	not serious ^g	not serious	very serious ^f	none	12/117 (10.3%)	12/113 (10.6%)	RR 0.97 (0.18 to 5.11)	3 fewer per 1,000 (from 87 fewer to 436 more)	⊕○○○ VERY LOW	
Side-effects in women (palpitations)												
2	randomized trials	serious ^c	not serious	not serious	very serious ^f	none	8/45 (17.8%)	12/42 (28.6%)	RR 0.63 (0.29 to 1.39)	106 fewer per 1,000 (from 111 more to 203 fewer)	⊕○○○ VERY LOW	
Side-effects in women (flushing)												
4	randomized trials	serious ^b	not serious	not serious	very serious ^f	none	11/87 (12.6%)	5/83 (6.0%)	RR 1.04 (0.15 to 7.51)	2 more per 1,000 (from 51 fewer to 392 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Calcium channel blockers	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (nausea)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	6/131 (4.6%)	8/130 (6.2%)	RR 0.74 (0.27 to 2.09)	16 fewer per 1,000 (from 45 fewer to 67 more)	⊕○○○ VERY LOW	
Side-effects in women (flushing)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^e	none	6/131 (4.6%)	4/130 (3.1%)	RR 1.49 (0.43 to 5.15)	15 more per 1,000 (from 18 fewer to 128 more)	⊕○○○ VERY LOW	
Side-effects in women (dyspnoea)												
1	randomized trials	not serious	not serious	not serious	very serious ^f	none	1/20 (5.0%)	1/17 (5.9%)	RR 0.85 (0.06 to 12.59)	9 fewer per 1,000 (from 55 fewer to 682 more)	⊕⊕○○ LOW	
Side-effects in women (tachycardia)												
1	randomized trials	not serious	not serious	not serious	very serious ^f	none	2/30 (6.7%)	0/30 (0.0%)	RR 5.00 (0.25 to 99.95)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕⊕○○ LOW	
Fetal or neonatal death												
5	randomized trials	serious ^b	not serious	not serious	very serious ^f	none	6/113 (5.3%)	4/108 (3.7%)	RR 1.36 (0.42 to 4.41)	13 more per 1,000 (from 21 fewer to 126 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Calcium channel blockers	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Apgar < 7 at 5 minutes												
2	randomized trials	not serious	not serious	not serious	very serious ^f	none	2/55 (3.6%)	1/55 (1.8%)	RR 2.00 (0.19 to 20.90)	18 more per 1,000 (from 15 fewer to 362 more)	⊕⊕○○ LOW	
Fetal heart rate decelerations												
4	randomized trials	serious ^b	not serious	not serious	very serious ^f	none	3/130 (2.3%)	8/123 (6.5%)	RR 0.38 (0.11 to 1.31)	40 fewer per 1,000 (from 20 more to 58 fewer)	⊕○○○ VERY LOW	
Admission to NICU												
1	randomized trials	not serious	not serious	not serious	very serious ^f	none	2/30 (6.7%)	1/30 (3.3%)	RR 2.00 (0.19 to 20.90)	33 more per 1,000 (from 27 fewer to 663 more)	⊕⊕○○ LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- No events and small sample size (-2)
- Most studies contributing data had design limitations (-1)
- Most of the pooled effect provided by a study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, and small sample size (-2)
- Wide 95% CI crossing the line of no effect and few events (-2)
- Wide 95% CI crossing the line of no effect, small sample size and few events (-2)
- Heterogeneity I²=58% (not downgraded)

Question: Prostacyclin compared to hydralazine for treatment of very high blood pressure during pregnancy

Setting: hospital in South Africa

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Prostacyclin	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Persistent high blood pressure												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/22 (0.0%)	2/25 (8.0%)	RR 0.23 (0.01 to 4.47)	62 fewer per 1,000 (from 79 fewer to 278 more)	⊕○○○ VERY LOW	
Side-effects in women												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/22 (4.5%)	1/25 (4.0%)	RR 1.14 (0.08 to 17.11)	6 more per 1,000 (from 37 fewer to 644 more)	⊕○○○ VERY LOW	
Neonatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/22 (4.5%)	1/25 (4.0%)	RR 1.14 (0.08 to 17.11)	6 more per 1,000 (from 37 fewer to 644 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, few events, and small sample size (-2)

Question: Ketanserin compared to hydralazine for treatment of very high blood pressure during pregnancy

Setting: hospitals in Netherlands (3), and South Africa (2)

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketanserin	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Maternal deaths												
2	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/64 (0.0%)	2/60 (3.3%)	RR 0.32 (0.03 to 2.96)	23 fewer per 1,000 (from 32 fewer to 65 more)	⊕○○○ VERY LOW	
Eclampsia												
2	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/32 (3.1%)	2/32 (6.3%)	RR 0.60 (0.08 to 4.24)	25 fewer per 1,000 (from 58 fewer to 203 more)	⊕○○○ VERY LOW	
Persistent high blood pressure												
4	randomized trials	serious ^a	not serious	not serious	serious ^c	none	37/111 (33.3%)	7/99 (7.1%)	RR 4.99 (2.37 to 10.48)	282 more per 1,000 (from 97 more to 670 more)	⊕⊕○○ LOW	
Severe maternal morbidity												
1	randomized trials	serious ^d	not serious	not serious	very serious ^b	none	3/32 (9.4%)	7/24 (29.2%)	RR 0.32 (0.09 to 1.12)	198 fewer per 1,000 (from 35 more to 265 fewer)	⊕○○○ VERY LOW	

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketanserin	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
HELLP syndrome												
2	randomized trials	serious ^a	not serious ^e	not serious	very serious ^b	none	3/37 (8.1%)	10/37 (27.0%)	RR 0.53 (0.04 to 6.86)	127 fewer per 1,000 (from 259 fewer to 1,000 more)	⊕○○○ VERY LOW	
Serious morbidity in women: disseminated intravascular coagulation												
1	randomized trials	serious ^d	not serious	not serious	very serious ^b	none	1/22 (4.5%)	0/22 (0.0%)	RR 3.00 (0.13 to 69.87)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Pulmonary oedema												
1	randomized trials	serious ^d	not serious	not serious	very serious ^b	none	0/22 (0.0%)	4/22 (18.2%)	RR 0.11 (0.01 to 1.95)	162 fewer per 1,000 (from 173 more to 180 fewer)	⊕○○○ VERY LOW	
Hypotension												
3	randomized trials	serious ^d	not serious	not serious	serious ^f	none	4/57 (7.0%)	11/49 (22.4%)	RR 0.34 (0.12 to 0.93)	148 fewer per 1,000 (from 16 fewer to 198 fewer)	⊕⊕○○ LOW	
Placental abruption												
2	randomized trials	serious ^d	not serious	not serious	very serious ^b	none	0/32 (0.0%)	6/32 (18.8%)	RR 0.14 (0.02 to 1.10)	161 fewer per 1,000 (from 19 more to 184 fewer)	⊕○○○ VERY LOW	

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketanserin	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women												
3	randomized trials	serious ^a	not serious	not serious	serious ^c	none	13/64 (20.3%)	36/56 (64.3%)	RR 0.32 (0.19 to 0.53)	437 fewer per 1,000 (from 302 fewer to 521 fewer)	⊕⊕○○ LOW	
Side-effects in women (headache)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	4/15 (26.7%)	6/15 (40.0%)	RR 0.67 (0.23 to 1.89)	132 fewer per 1,000 (from 308 fewer to 356 more)	⊕⊕○○ LOW	
Side-effects in women (nausea and/or vomiting)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	0/15 (0.0%)	6/15 (40.0%)	RR 0.08 (0.00 to 1.25)	368 fewer per 1,000 (from -- to 100 more)	⊕⊕○○ LOW	
Side-effects in women (palpitations)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	4/15 (26.7%)	5/15 (33.3%)	RR 0.80 (0.27 to 2.41)	67 fewer per 1,000 (from 243 fewer to 470 more)	⊕⊕○○ LOW	
Side-effects in women (tachycardia)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	1/15 (6.7%)	6/15 (40.0%)	RR 0.17 (0.02 to 1.22)	332 fewer per 1,000 (from 88 more to 392 fewer)	⊕⊕○○ LOW	

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketanserin	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (diarrhoea)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	1/15 (6.7%)	2/15 (13.3%)	RR 0.50 (0.05 to 4.94)	67 fewer per 1,000 (from 127 fewer to 525 more)	⊕⊕○○ LOW	
Side-effects in women (tiredness)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	6/15 (40.0%)	8/15 (53.3%)	RR 0.75 (0.34 to 1.64)	133 fewer per 1,000 (from 341 more to 352 fewer)	⊕⊕○○ LOW	
Side-effects in women (sleepiness)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	7/15 (46.7%)	9/15 (60.0%)	RR 0.78 (0.39 to 1.54)	132 fewer per 1,000 (from 324 more to 366 fewer)	⊕⊕○○ LOW	
Side-effects in women (dry mouth)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	9/15 (60.0%)	5/15 (33.3%)	RR 1.80 (0.79 to 4.11)	267 more per 1,000 (from 70 fewer to 1,000 more)	⊕⊕○○ LOW	
Side-effects in women (stuffy nose)												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	9/15 (60.0%)	7/15 (46.7%)	RR 1.29 (0.65 to 2.54)	135 more per 1,000 (from 163 fewer to 719 more)	⊕⊕○○ LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketanserin	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Perinatal death												
3	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	5/74 (6.8%)	5/72 (6.9%)	RR 0.84 (0.09 to 8.19)	11 fewer per 1,000 (from 63 fewer to 499 more)	⊕○○○ VERY LOW	
Side effects - neonatal hypotension												
1	randomized trials	not serious	not serious	not serious	very serious ^b	none	4/12 (33.3%)	1/15 (6.7%)	RR 5.00 (0.64 to 39.06)	267 more per 1,000 (from 24 fewer to 1,000 more)	⊕⊕○○ LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Studies contributing data have design limitations (-1)
- Wide 95% CI crossing the line of no effect, few events, and small sample size (-2)
- Small sample size (-1)
- Single study with design limitations (-1)
- Heterogeneity $I^2 = 59\%$ (not downgraded)
- Few events and small sample size (-1)

Question: Urapidil compared to hydralazine for treatment of very high blood pressure during pregnancy

Setting: hospitals in Germany (2), and South Africa

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Urapidil	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Eclampsia												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/13 (0.0%)	0/13 (0.0%)	not estimable		⊕○○○ VERY LOW	
Persistent high blood pressure												
3	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	1/56 (1.8%)	1/45 (2.2%)	RR 0.69 (0.08 to 5.66)	7 fewer per 1,000 (from 20 fewer to 104 more)	⊕○○○ VERY LOW	
Hypotension												
3	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	3/56 (5.4%)	8/45 (17.8%)	RR 0.32 (0.09 to 1.19)	121 fewer per 1,000 (from 34 more to 162 fewer)	⊕○○○ VERY LOW	
Side-effects in women												
3	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	3/56 (5.4%)	8/45 (17.8%)	RR 0.32 (0.09 to 1.19)	121 fewer per 1,000 (from 34 more to 162 fewer)	⊕○○○ VERY LOW	

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Urapidil	Hydralazine	Relative (95% CI)	Absolute (95% CI)		
Placental abruption												
1	randomized trials	serious ^a	not serious	not serious	very serious ^d	none	0/23 (0.0%)	1/10 (10.0%)	RR 0.15 (0.01 to 3.46)	85 fewer per 1,000 (from 99 fewer to 246 more)	⊕○○○ VERY LOW	
Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/13 (0.0%)	0/13 (0.0%)	not estimable		⊕○○○ VERY LOW	
Neonatal death												
3	randomized trials	serious ^c	not serious	not serious	very serious ^d	none	1/56 (1.8%)	2/45 (4.4%)	RR 0.54 (0.10 to 3.03)	20 fewer per 1,000 (from 40 fewer to 90 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- No events, and small sample size (-2)
- Most of the pooled effect provided by studies with design limitations (-1)
- Wide confidence intervals crossing the line of no effect, few events, and small sample size (-2)

Question: Labetalol compared to calcium channel blockers for treatment of very high blood pressure during pregnancy

Setting: hospitals in China (2), India (2), Malaysia, and Tunisia

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Calcium channel blockers	Relative (95% CI)	Absolute (95% CI)		
Maternal death												
1	randomized trials	not serious	not serious	not serious	very serious ^a	none	0/50 (0.0%)	0/50 (0.0%)	not estimable		⊕⊕○○ LOW	
Eclampsia												
3	randomized trials	serious ^b	not serious	not serious	very serious ^c	none	4/85 (4.7%)	3/85 (3.5%)	RR 1.25 (0.35 to 4.52)	9 more per 1,000 (from 23 fewer to 124 more)	⊕○○○ VERY LOW	
Stroke												
1	randomized trials	not serious	not serious	not serious	very serious ^c	none	2/50 (4.0%)	1/50 (2.0%)	RR 2.00 (0.19 to 21.36)	20 more per 1,000 (from 16 fewer to 407 more)	⊕⊕○○ LOW	
Persistent high blood pressure												
3	randomized trials	serious ^b	not serious	not serious	very serious ^c	none	21/85 (24.7%)	15/85 (17.6%)	RR 1.29 (0.72 to 2.31)	51 more per 1,000 (from 49 fewer to 231 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Calcium channel blockers	Relative (95% CI)	Absolute (95% CI)		
Any serious morbidity: heart failure												
1	randomized trials	not serious	not serious	not serious	very serious ^c	none	1/50 (2.0%)	1/50 (2.0%)	RR 1.00 (0.06 to 15.55)	0 fewer per 1,000 (from 19 fewer to 291 more)	⊕⊕○○ LOW	
Hypotension												
5	randomized trials	serious ^d	not serious	not serious	very serious ^e	none	0/168 (0.0%)	0/169 (0.0%)	not pooled	see comment	⊕○○○ VERY LOW	
Side-effects in women												
2	randomized trials	serious ^b	not serious	not serious	very serious ^f	none	27/98 (27.6%)	17/99 (17.2%)	RR 1.60 (0.94 to 2.72)	103 more per 1,000 (from 10 fewer to 295 more)	⊕○○○ VERY LOW	
Side-effects in women (headache - mild)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^c	none	2/73 (2.7%)	4/74 (5.4%)	RR 0.51 (0.10 to 2.68)	26 fewer per 1,000 (from 49 fewer to 91 more)	⊕○○○ VERY LOW	
Side-effects in women (nausea and/or vomiting)												
2	randomized trials	serious ^d	not serious	not serious	very serious ^c	none	4/103 (3.9%)	2/104 (1.9%)	RR 2.02 (0.38 to 10.77)	20 more per 1,000 (from 12 fewer to 188 more)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Calcium channel blockers	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (palpitations)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^a	none	0/30 (0.0%)	0/30 (0.0%)	not estimable		⊕○○○ VERY LOW	
Side-effects in women (moderate tachycardia)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^c	none	0/10 (0.0%)	1/10 (10.0%)	RR 0.33 (0.02 to 7.32)	67 fewer per 1,000 (from 98 fewer to 632 more)	⊕○○○ VERY LOW	
Side-effects in women (tachycardia)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^c	none	4/73 (5.5%)	3/74 (4.1%)	RR 1.35 (0.31 to 5.83)	14 more per 1,000 (from 28 fewer to 196 more)	⊕○○○ VERY LOW	
Side-effects in women (dizziness)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^c	none	3/73 (4.1%)	2/74 (2.7%)	RR 1.52 (0.26 to 8.84)	14 more per 1,000 (from 20 fewer to 212 more)	⊕○○○ VERY LOW	
Side-effects in women (chest pain)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^a	none	0/73 (0.0%)	0/74 (0.0%)	not estimable		⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Calcium channel blockers	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (shortness of breath)												
1	randomized trials	serious ^g	not serious	not serious	very serious ^a	none	0/73 (0.0%)	0/74 (0.0%)	not estimable		⊕○○○ VERY LOW	
Postpartum haemorrhage: defined as blood loss of 500ml or more												
1	randomized trials	serious ^g	not serious	not serious	serious ^h	none	2/60 (3.3%)	15/60 (25.0%)	RR 0.13 (0.03 to 0.56)	218 fewer per 1,000 (from 110 fewer to 243 fewer)	⊕⊕○○ LOW	
Admission to intensive care												
1	randomized trials	not serious	not serious	not serious	very serious ^c	none	2/25 (8.0%)	0/25 (0.0%)	RR 5.00 (0.25 to 99.16)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕⊕○○ LOW	
Perinatal death												
1	randomized trials	not serious	not serious	not serious	very serious ^c	none	2/30 (6.7%)	0/30 (0.0%)	RR 5.00 (0.25 to 99.95)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕⊕○○ LOW	
Apgar score <7 at five minutes												
4	randomized trials	serious ^b	not serious	not serious	serious ⁱ	none	24/213 (11.3%)	25/214 (11.7%)	RR 1.02 (0.40 to 2.62)	2 more per 1,000 (from 70 fewer to 189 more)	⊕⊕○○ LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Calcium channel blockers	Relative (95% CI)	Absolute (95% CI)		
Side-effects associated with drug - FHR abnormality												
1	randomized trials	not serious	not serious	not serious	very serious °	none	3/50 (6.0%)	6/50 (12.0%)	RR 0.50 (0.13 to 1.89)	60 fewer per 1,000 (from 104 fewer to 107 more)	⊕⊕○○ LOW	
Admission to special care baby unit												
3	randomized trials	not serious	not serious	not serious	very serious °	none	11/105 (10.5%)	6/105 (5.7%)	RR 1.83 (0.71 to 4.75)	47 more per 1,000 (from 17 fewer to 214 more)	⊕⊕○○ LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- No events and small sample size (-2)
- Substantial proportion of pooled effect (>50%) from study with design limitations (-1)
- Wide confidence interval crossing the line of no effect, small sample size and few events (-2)
- Contributing studies have design limitations (-1)
- No events (-2)
- Wide confidence interval crossing the line of no effect, and small sample size (-2)
- Single study with design limitations (-1)
- Small sample size and few events (-1)
- Wide 95% CI crossing line of no effect (-1)

Question: Labetalol compared to methyldopa for treatment of very high blood pressure during pregnancy

Setting: hospital in the United Kingdom.

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Methyldopa	Relative (95% CI)	Absolute (95% CI)		
Persistent high blood pressure												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	20/38 (52.6%)	15/34 (44.1%)	RR 1.19 (0.74 to 1.94)	84 more per 1,000 (from 115 fewer to 415 more)	⊕○○○ VERY LOW	
Changed drugs due to side-effects												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	4/38 (10.5%)	0/34 (0.0%)	RR 8.08 (0.45 to 144.73)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Fetal or neonatal death - Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^d	none	0/38 (0.0%)	0/34 (0.0%)	not estimable		⊕○○○ VERY LOW	
Fetal or neonatal death - Neonatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	2/38 (5.3%)	0/34 (0.0%)	RR 4.49 (0.22 to 90.30)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Methyldopa	Relative (95% CI)	Absolute (95% CI)		
Admission to special care baby unit												
1	randomized trials	serious a	not serious	not serious	very serious b	none	19/38 (50.0%)	16/34 (47.1%)	RR 1.06 (0.66 to 1.71)	28 more per 1,000 (from 160 fewer to 334 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- a. Single study with design limitations (-1)
- b. Wide 95% CI crossing the line of no effect, and small sample size (-2)
- c. Wide 95% CI crossing the line of no effect, few events and small sample size (-2)
- d. No events and small sample size (-2)

Question: Labetalol compared to diazoxide for treatment of very high blood pressure during pregnancy

Setting: hospital in Australia.

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Labetalol	Diazoxide	Relative (95% CI)	Absolute (95% CI)		
Persistent high blood pressure												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	3/45 (6.7%)	6/45 (13.3%)	RR 0.50 (0.13 to 1.88)	67 fewer per 1,000 (from 116 fewer to 117 more)	⊕○○○ VERY LOW	
Hypotension												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	0/45 (0.0%)	8/45 (17.8%)	RR 0.06 (0.00 to 0.99)	167 fewer per 1,000 (from -- to 2 fewer)	⊕○○○ VERY LOW	
Perinatal deaths												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/45 (0.0%)	3/45 (6.7%)	RR 0.14 (0.01 to 2.69)	57 fewer per 1,000 (from 66 fewer to 113 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, few events and small sample size (-2)
- Small sample size and few events (-1)

Question: Nitrates compared to magnesium sulfate for treatment of very high blood pressure during pregnancy

Setting: hospital in Mexico

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nitrates	Magnesium sulfate	Relative (95% CI)	Absolute (95% CI)		
Eclampsia												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/18 (0.0%)	0/18 (0.0%)	not estimable		⊕○○○ VERY LOW	
Persistent high blood pressure												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	0/18 (0.0%)	3/18 (16.7%)	RR 0.14 (0.01 to 2.58)	143 fewer per 1,000 (from 165 fewer to 263 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- No events and small sample size (-2)
- Wide 95% confidence interval crossing the line of no effect, small sample size and few events (-2)

Question: Nimodipine compared to magnesium sulfate for treatment of very high blood pressure during pregnancy

Setting: hospitals in Turkey, and eight countries in a multicentre trial.

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nimodipine	Magnesium sulfate	Relative (95% CI)	Absolute (95% CI)		
Eclampsia												
2	randomized trials	serious ^a	not serious	not serious	serious ^b	none	21/837 (2.5%)	9/846 (1.1%)	RR 1.03 (0.07 to 16.03)	0 fewer per 1,000 (from 10 fewer to 160 more)	⊕⊕○○ LOW	
Stroke												
1	randomized trials	serious ^c	not serious	not serious	serious ^d	none	0/819 (0.0%)	0/831 (0.0%)	not estimable		⊕⊕○○ LOW	
Persistent high blood pressure												
1	randomized trials	serious ^c	not serious	not serious	not serious	none	374/819 (45.7%)	451/831 (54.3%)	RR 0.84 (0.76 to 0.93)	87 fewer per 1,000 (from 38 fewer to 130 fewer)	⊕⊕⊕○ MODERATE	
Coagulopathy in women												
1	randomized trials	serious ^c	not serious	not serious	very serious ^e	none	5/819 (0.6%)	3/831 (0.4%)	RR 1.69 (0.41 to 7.05)	2 more per 1,000 (from 2 fewer to 22 more)	⊕○○○ VERY LOW	

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nimodipine	Magnesium sulfate	Relative (95% CI)	Absolute (95% CI)		
Serious morbidity in women: Oliguria												
1	randomized trials	serious ^c	not serious	not serious	serious ^b	none	47/819 (5.7%)	55/831 (6.6%)	RR 0.87 (0.59 to 1.26)	9 fewer per 1,000 (from 17 more to 27 fewer)	⊕⊕○○ LOW	
Hypotension												
1	randomized trials	serious ^c	not serious	not serious	very serious ^e	none	5/819 (0.6%)	7/831 (0.8%)	RR 0.72 (0.23 to 2.27)	2 fewer per 1,000 (from 6 fewer to 11 more)	⊕○○○ VERY LOW	
Postpartum haemorrhage												
1	randomized trials	serious ^c	not serious	not serious	serious ^f	none	8/819 (1.0%)	20/831 (2.4%)	RR 0.41 (0.18 to 0.92)	14 fewer per 1,000 (from 2 fewer to 20 fewer)	⊕⊕○○ LOW	
Placental abruption												
1	randomized trials	serious ^c	not serious	not serious	very serious ^e	none	6/819 (0.7%)	8/831 (1.0%)	RR 0.76 (0.27 to 2.18)	2 fewer per 1,000 (from 7 fewer to 11 more)	⊕○○○ VERY LOW	
Respiratory difficulty in women												
1	randomized trials	serious ^c	not serious	not serious	serious ^f	none	3/819 (0.4%)	11/831 (1.3%)	RR 0.28 (0.08 to 0.99)	10 fewer per 1,000 (from 0 fewer to 12 fewer)	⊕⊕○○ LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nimodipine	Magnesium sulfate	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (all side-effects)												
1	randomized trials	serious ^c	not serious	not serious	not serious	none	109/819 (13.3%)	162/831 (19.5%)	RR 0.68 (0.55 to 0.85)	62 fewer per 1,000 (from 29 fewer to 88 fewer)	⊕⊕⊕○ MODERATE	
Side-effects in women (headache)												
1	randomized trials	serious ^c	not serious	not serious	very serious ^b	none	47/819 (5.7%)	45/831 (5.4%)	RR 1.06 (0.71 to 1.58)	3 more per 1,000 (from 16 fewer to 31 more)	⊕○○○ VERY LOW	
Side-effects in women (nausea and/or vomiting)												
1	randomized trials	serious ^c	not serious	not serious	serious ^b	none	49/819 (6.0%)	58/831 (7.0%)	RR 0.86 (0.59 to 1.24)	10 fewer per 1,000 (from 17 more to 29 fewer)	⊕⊕○○ LOW	
Side-effects in women (flushing)												
1	randomized trials	serious ^c	not serious	not serious	not serious	none	13/819 (1.6%)	59/831 (7.1%)	RR 0.22 (0.12 to 0.40)	55 fewer per 1,000 (from 43 fewer to 62 fewer)	⊕⊕⊕○ MODERATE	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nimodipine	Magnesium sulfate	Relative (95% CI)	Absolute (95% CI)		
Side-effects: Low blood pressure in babies												
1	randomized trials	serious ^c	not serious	not serious	very serious ^e	none	6/767 (0.8%)	2/797 (0.3%)	RR 3.12 (0.63 to 15.40)	5 more per 1,000 (from 1 fewer to 36 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Studies contributing data had design limitations (-1)
- Wide 95% CI crossing the line of no effect (-1)
- Single study with design limitations (-1)
- No events (-2)
- Wide 95% CI crossing the line of no effect, low event rate (-2)
- Low event rate (-1)

Question: Nifedipine compared to prazosin for treatment of very high blood pressure during pregnancy

Setting: hospital in South Africa

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nifedipine	Prazosin	Relative (95% CI)	Absolute (95% CI)		
Maternal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/74 (0.0%)	1/71 (1.4%)	RR 0.32 (0.01 to 7.73)	10 fewer per 1,000 (from 14 fewer to 95 more)	⊕○○○ VERY LOW	
Eclampsia												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	0/74 (0.0%)	0/71 (0.0%)	not estimable		⊕○○○ VERY LOW	
HELLP syndrome												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	6/74 (8.1%)	5/71 (7.0%)	RR 1.15 (0.37 to 3.60)	11 more per 1,000 (from 44 fewer to 183 more)	⊕○○○ VERY LOW	
Renal failure												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/74 (1.4%)	2/71 (2.8%)	RR 0.48 (0.04 to 5.17)	15 fewer per 1,000 (from 27 fewer to 117 more)	⊕○○○ VERY LOW	
Pulmonary oedema												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/74 (1.4%)	5/71 (7.0%)	RR 0.19 (0.02 to 1.60)	57 fewer per 1,000 (from 42 more to 69 fewer)	⊕○○○ VERY LOW	

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nifedipine	Prazosin	Relative (95% CI)	Absolute (95% CI)		
Placental abruption												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	9/74 (12.2%)	9/71 (12.7%)	RR 0.96 (0.40 to 2.28)	5 fewer per 1,000 (from 76 fewer to 162 more)	⊕○○○ VERY LOW	
Admission to intensive care												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/74 (0.0%)	1/71 (1.4%)	RR 0.32 (0.01 to 7.73)	10 fewer per 1,000 (from 14 fewer to 95 more)	⊕○○○ VERY LOW	
Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	6/75 (8.0%)	13/74 (17.6%)	RR 0.46 (0.18 to 1.13)	95 fewer per 1,000 (from 23 more to 144 fewer)	⊕○○○ VERY LOW	
Admission to special care baby unit												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	22/69 (31.9%)	25/61 (41.0%)	RR 0.78 (0.49 to 1.23)	90 fewer per 1,000 (from 94 more to 209 fewer)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)
- No events and small sample size (-2)

Question: Nifedipine compared to chlorpromazine for treatment of very high blood pressure during pregnancy

Setting: hospital in Mexico

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nifedipine	Chlorpromazine	Relative (95% CI)	Absolute (95% CI)		
Eclampsia												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/30 (3.3%)	0/25 (0.0%)	RR 2.52 (0.11 to 59.18)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Persistent high blood pressure												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/30 (0.0%)	5/30 (16.7%)	RR 0.09 (0.01 to 1.57)	152 fewer per 1,000 (from 95 more to 165 fewer)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)

Question: Hydralazine compared to diazoxide for treatment of very high blood pressure during pregnancy

Setting: hospital in Australia

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Hydralazine	Diazoxide	Relative (95% CI)	Absolute (95% CI)		
Perinatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	3/49 (6.1%)	0/52 (0.0%)	RR 7.42 (0.39 to 140.06)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	2/49 (4.1%)	0/52 (0.0%)	RR 5.30 (0.26 to 107.70)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Neonatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/49 (0.0%)	1/52 (1.9%)	RR 0.35 (0.01 to 8.47)	13 fewer per 1,000 (from 19 fewer to 144 more)	⊕○○○ VERY LOW	
Apgar score < 7 at 5 minutes												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	4/49 (8.2%)	4/52 (7.7%)	RR 1.06 (0.28 to 4.01)	5 more per 1,000 (from 55 fewer to 232 more)	⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)

Question: Methyldopa compared to atenolol for treatment of very high blood pressure during pregnancy

Setting: hospital in Argentina

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Methyldopa	Atenolol	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (somnia)												
1	randomized trials	serious ^a	not serious	not serious	serious ^b	none	10/30 (33.3%)	0/30 (0.0%)	RR 21.00 (1.29 to 342.93)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕⊕○○ LOW	
Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	1/30 (3.3%)	1/30 (3.3%)	RR 1.00 (0.07 to 15.26)	0 fewer per 1,000 (from 31 fewer to 475 more)	⊕○○○ VERY LOW	
Neonatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	1/30 (3.3%)	1/30 (3.3%)	RR 1.00 (0.07 to 15.26)	0 fewer per 1,000 (from 31 fewer to 475 more)	⊕○○○ VERY LOW	
Side-effects in babies												
1	randomized trials	serious ^a	not serious	not serious	very serious ^d	none	0/30 (0.0%)	0/30 (0.0%)	not estimable		⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Low event rate and small sample size (-1)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)
- No events and small sample size (-2)

Question: Methyldopa compared to ketanserin for treatment of very high blood pressure during pregnancy

Setting: hospital in Argentina

Certainty assessment							No of women		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Methyldopa	Ketanserin	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (somnia)												
1	randomized trials	serious ^a	not serious	not serious	serious ^b	none	10/30 (33.3%)	0/30 (0.0%)	RR 21.00 (1.29 to 342.93)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕⊕○○ LOW	
Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	1/30 (3.3%)	0/30 (0.0%)	RR 3.00 (0.13 to 70.83)	0 fewer per 1,000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	
Neonatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	1/30 (3.3%)	3/30 (10.0%)	RR 0.33 (0.04 to 3.03)	67 fewer per 1,000 (from 96 fewer to 203 more)	⊕○○○ VERY LOW	
Side-effects in babies												
1	randomized trials	serious ^a	not serious	not serious	very serious ^d	none	0/30 (0.0%)	0/30 (0.0%)	not estimable		⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Low event rate and small sample size (-1)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)
- No events and small sample size (-2)

Question: Ketanserin compared to atenolol for treatment of very high blood pressure during pregnancy

Setting: hospital in Argentina

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketanserin	Atenolol	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women (somnolence)												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/30 (0.0%)	0/30 (0.0%)	not estimable		⊕○○○ VERY LOW	
Stillbirth												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	0/30 (0.0%)	1/30 (3.3%)	RR 0.33 (0.01 to 7.87)	22 fewer per 1,000 (from 33 fewer to 229 more)	⊕○○○ VERY LOW	
Neonatal death												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	3/30 (10.0%)	1/30 (3.3%)	RR 3.00 (0.33 to 27.23)	67 more per 1,000 (from 22 fewer to 874 more)	⊕○○○ VERY LOW	
Side-effects in babies												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	0/30 (0.0%)	0/30 (0.0%)	not estimable		⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- No events and small sample size (-2)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)

Question: Urapidil compared to calcium channel blockers for treatment of very high blood pressure during pregnancy

Setting: Hospital in France

Certainty assessment							№ of women		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Urapidil	Calcium channel blockers	Relative (95% CI)	Absolute (95% CI)		
Side-effects in women												
1	randomized trials	serious ^a	not serious	not serious	very serious ^b	none	1/9 (11.1%)	6/9 (66.7%)	RR 0.17 (0.02 to 1.12)	553 fewer per 1,000 (from 80 more to 653 fewer)	⊕○○○ VERY LOW	
Side-effects in babies												
1	randomized trials	serious ^a	not serious	not serious	very serious ^c	none	0/9 (0.0%)	0/9 (0.0%)	not estimable		⊕○○○ VERY LOW	

CI: Confidence interval; **RR:** Risk ratio

Explanations

- Single study with design limitations (-1)
- Wide 95% CI crossing the line of no effect, low event rate and small sample size (-2)
- No events and small sample size (-2)