FIRST AUTHOR, YEAR, COUNTRY	MU TYPE	USABLE COMPARATIVE DATA?	STUDY DESIGN + NOTES	PPH>500	PPH>1000 or retained placenta (where specified)	Blood transfusion	Maternal admission to a higher level of care / ICU	Episiotomy % of vaginal	3rd or 4th degree tear % of vaginal
				PLEASE NOTE: Reported rates represent the prevalence for planned MU. Comparative effect with planned OU shown where the analysis was robust. Measures of effect are reported where available, with 95% C.I. Where the latter is not available, the P-value is reported. Green = strong evidence of difference, with MU superior. Blue = borderline evidence of difference. Red = strong evidence of difference, with OU superior.					
Alcaraz-Vidal, 2024, Spain	AMU	No	Retrospective cohort study, significant differences between groups, adjusted effect estimates not provided. Single centre. PPH not defined so not used.			Rate 1.1%		Rate 6.9%	Rate 0.6%
Bernitz, 2011, Norway	AMU	Yes	3-way RCT, no differences between groups, so unadjusted Risk Ratios provided.	Rate 8%	Rate 1.7%. MU vs Normal Unit RR 0.79 (0.30-2.09), MU vs			Rate 23.0% MU vs NU RR 0.85 (0.66-1.09), MU vs SU RR 0.78 (0.60-1.02)	Rate 1% MU vs NU RR 0.56 (0.19-1.66), MU vs SU RR 0.67 (0.20-2.28)

			Single trust with different settings (Normal and Specialised obstetric units).		Specialised Unit 0.59 (0.20-1.41)				
Brocklehurst, 2011, England	AMU	Yes	Prospective cohort, adjusted ORs provided, multi-centre			Rate 0.9 (0.7-1.2) AOR 0.75 (0.55-1.02)	Rate 0.7 (0.3-1.5) AOR 1.17 (0.49 - 2.99)	Rate 13.1 (11.4- 14.9) AOR 0.62 (0.50 - 0.77)	Rate 3.2 (2.6-4.0) AOR 1.04 (0.79-1.38)
	FMU	Yes	As above			Rate 0.5 (0.4-0.7) AOR 0.48 (0.32-0.73)	Rate 0.2 (0.1-0.3) AOR 0.32 (0.13-0.84)	Rate 8.6 (7.3-10.1) AOR 0.40 (0.32 - 0.51)	Rate 2.3% (1.9-2.9) AOR 0.78 (0.58 to 1.05)
Chapman, 1986, England	AMU	No	Very old, episiotomy only outcome of interest. Single centre.					Rate 6.5%	
David, 1999, Germany	FMU	No	Retrospective cohort, older study, comparative outcomes are unadjusted despite differences between groups. Multi-centre study.					Rate 15.7%	Rate 0.9%

Eide, 2009, Norway	AMU	Yes	Prospective cohort, differences were reported btw groups and adjusted ORs presented. Single trust with multiple settings.		Comparison reported not significant			Rate 28.6% AOR 1.6 (1.0-2.4) with delivery ward as baseline	Rate 14%! Comparison reported not significant. High rate in both settings, authors note this in discussion
Gaudineau, 2012, France	AMU	Yes	Retrospective cohort, adjusted ORs presented for significant outcomes only. PPH is not defined so not used.					Rate 7.1% AOR 0.33 (0.30-0.36)	0 cases in AMU, 5 in OU (0.6%), OR not calculated
Hermus, 2017, Netherlands	AMU & FMU	Yes	Prospective cohort, 3-way comparison including homebirth group. Differences between groups noted. P-values calculated in adjusted analyses but		Nullip rate 6.6%, multip 3.2%, comparison reported not significant	Nullip rate 1.5%, multip 0.5%, comparison reported not significant		Nullip rate 30.4, multip 11.5	Nullip rate 4%, multip 1.8%. For nullips, analysis shows hospital significantly better ($p<0.01$)

			measure of effect not presented. Multicentre.						
Huitfeldt, 2016, Norway	FMU	No	Prospective cohort, single centre	Rate 5.5%		Rate 1.0%			Rate 0.4%
Merz, 2020, Germany	AMU	No	Retrospective cohort, single centre. Parity matching. Adjustment was only made for modelling the primary outcomes (not ours). PPH not defined - not used.					Rate 4.7%	Rate 2.3%
Overgaard, 2012, Denmark	FMU	Yes	Individual matching on obstetric / SES characteristics, comparability demonstrated. Retrospective cohort from two FMUs and control from two OUs.	Rate 3.5% RR 0.4 (0.3-0.7)	Rate 1.3% RR 0.8 (0.4-1.7)				Rate 2.3% RR 0.8 (0.4-1.4)

Palau-Costafreda, 2023, Spain	AMU	Yes	Significant differences found, adjusted. Retrospective cohort.		**Retained placenta**: Rate 1.2% AOR 1.09 (0.33-4.59)			Rate 7.4% AOR 0.47 (0/28-0.80)	Rate 0.8% AOR 1.22 (0.22-6.72)
Prelec, 2014, Slovenia	AMU	Yes	Retrospective cohort. No difference in educational level and spousal status. Authors conclude there were no differences between groups.	Rate 1.3% Comparison P-value not significant (0.085)	**Retained placenta:** Rate 3.2%, comparison not significant (p=0.216)	No cases vs 2 women (0.6%) in OU group - p-value not calculated		Rate 33.8% but significantly lower than OU at 52.2%! (p=0.001)	1 woman (0.6%) vs 5 women (1.5%) in OU, p-value not calculated
Rollet, 2024, France	AMU	Yes	Nationwide cohort.		Defined as 1000 mL blood loss +/− red blood cell transfusion +/− secondary procedure. Rate 2.4% vs 1.1% in OU, AOR 2.37 (1.29-4.36). If planned OU had received prophylactic administration of oxytocin at the same rate as in OUs, the difference would disappear (AOR 1.34; 95% CI [0.97–1.85]).		ICU admission 8 women in OU (0.1%), 0 in MU, OR not calculated		Rate 0.7% - no difference with OU

vanderKooy, 2016, Netherlands	AMU	Yes	Before and after study (the introduction of the MU). Standardisation with the standard population based on parity, ethnicity, SGA.		Rate 5%, comparison reported not significant				Rate 3%, comparison reported not significant
Waldenström, 1997, Sweden	AMU	Yes	RCT	Defined as over 600ml, comparison reported not significant		Rate 0.7%, comparison reported not significant			
Welffens, 2019, Belgium	AMU	Yes	Retrospective cohort	Rate 4.4% AOR 1.26 (0.52-3.01)	**Retained placenta:** Rate 4.2%, comparison reported not significant			Rate 6.8% AOR 0.31 (0.17-0.56)	Rate 1.7% AOR 4.47 (0.65-30.73)