Table 1 Summary finding table with herbal medicine vs. usual care for maternal and infant blood type incompatibility

Patient or population: Pregnant women with maternal and infant blood type incompatibility
Settings: The outpatient department of the traditional Chinese medicine hospital
Intervention: Herbal medicine versus usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants	Quality of the evidence (GRADE)
	Assumed risk **Usual care**	Corresponding risk **Chinese herbal medicine**			
Incidence of the hemolytic disease of the newborn	**253 per 1000**	**76 per 1000** (46 to 124)	**RR 0.3** (0.18 to 0.49)	1546 (12 studies)	⊕⊖⊖⊖ **very low**[1,2,3]
Number of the patients whose antibody titer less than 1:128	**265 per 1000**	**571 per 1000** (411 to 796)	**RR 2.15** (1.55 to 3)	663 (7 studies)	⊕⊖⊖⊖ **very low**[1,2,3]
Number of the patients whose antibody titer less than 1:64	**180 per 1000**	**489 per 1000** (357 to 671)	**RR 2.71** (1.98 to 3.72)	1727 (15 studies)	⊕⊖⊖⊖ **very low**[1,3,4]
Incidence of the icterus neonatorum	**198 per 1000**	**77 per 1000** (55 to 107)	**RR 0.39** (0.28 to 0.54)	1086 (12 studies)	⊕⊕⊖⊖ **low**[1,3]
Umbilical cord blood bilirubin (umol/L)	The mean umbilical cord blood bilirubin (umol/l) in the control groups was **32.35 umol/L**	The mean umbilical cord blood bilirubin (umol/l) in the intervention groups was **4.33 lower** (5.84 to 2.82 lower)		608 (6 studies)	⊕⊕⊖⊖ **low**[1,3]
Apgar scores Scale from: 0 to 10.	The mean Apgar scores in the control groups was **9.23**	The mean Apgar scores in the intervention groups was **0.1 higher** (0.06 lower to 0.26 higher)		572 (6 studies)	⊕⊕⊖⊖ **low**[1,3]
Weigh of newborn (kg)	The mean Weight of newborn in the control groups was **3.10**	The mean Weight of newborn in the intervention groups was **0.06 higher** (0.04 lower to 0.15 higher)		578 (5 studies)	⊕⊖⊖⊖ **very low**[1,2,3]

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Majority trials had unclear risk of selection, detection, attrition and reporting bias
[2] The I square test showed a significant statistical heterogeneity among trials (I-square larger than 50%)
[3] The asymmetric funnel plot indicated the possibility of publication bias.
[4] The I square test showed a significant large statistical heterogeneity among trials (I square larger than 70%)