

| Systematic reviews | STUDY DETAILS | | | COMPARISONS | OUTCOMES | | | | EVIDENCE QUALITY | |
|-------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Participants | Interventions Medical | Surgical | | Conservative / placebo | Complete miscarriage or procedure success | Need for evacuation | Adverse events | | Other |
| Kim 2017 | 5577 | Misoprostol (vaginal, oral, or sublingual) Different route of administration or dose | Surgery | Expectant care | Medical management v expectant care Medical management v surgery | No significant difference observed RR 1.23 0.72 to 2.10 Medical management had a slightly lower rate of emptying the uterus when compared to surgical evacuation RR 0.96 0.94 to 0.98 | No significant difference observed RR 1.23 0.72 to 2.10 | No significant difference observed in rate of death or serious complications RR 2.91 0.12 to 70.05 | Complications included: Uterine perforation Complication requiring hysterectomy Intensive care unit admission Severe sepsis | <ul style="list-style-type: none"> Evidence of very low/low quality for primary outcomes Statistically insignificant findings All options had high success rates No difference in women's satisfaction between misoprostol and surgery No difference in the effectiveness of different routes of administration or doses of misoprostol |
| Nanda 2012 | 1521 | | Sharp curettage, suction curettage, manual vacuum aspiration | Expectant management | Expectant management v surgical management | Expectant management led to a higher rate of incomplete miscarriage After 2 weeks: RR 3.98 2.94 to 5.38 After 6-8 weeks: RR 2.56 1.15 to 5.69 | Expectant management had a higher rate of unplanned or additional surgical evacuation after 2 weeks RR 7.35 5.04 to 10.72 | Localized pelvic infection RR 0.63 0.36 to 1.12 Need for blood transfusion RR 6.45 1.21 to 34.42 Complications* Death* | Mean difference -£499.10 in UK pounds sterling -£613.04 to -£385.16 | <ul style="list-style-type: none"> Outcomes were better with surgical management, but costs were higher The review also emphasised the need to ensure that a woman's choice is respected |
| Tunçalp 2010 | 550 | | Vacuum aspiration Sharp metal curettage | | Vacuum aspiration v sharp metal curettage | | No significant difference observed RR 1.50 0.29 to 7.83 | Uterine perforation RR 0.32 0.01 to 7.76 Post-abortion infection or sepsis RR 0.27 0.06 to 1.29 Blood loss RR -17.1 -24.1 to -10.2 | No significant difference in duration of procedures RR -1.20 -1.53 to -0.87 | <ul style="list-style-type: none"> No firm conclusions made due to the paucity of data |
| Neilson 2006 | 1888 | Misoprostol, methotrexate laminaria tents, mifepristone, gemeprost | | Other management Placebo, surgery, other medical management, expectant management | Medical management v other management | Complete miscarriage was more common with misoprostol than with placebo RR 4.73 2.70 to 8.28 | Need for surgical evacuation lower in misoprostol group than placebo RR 0.40 0.26 to 0.60 | No significant difference in rates of death or serious complications | Uterine rupture Uterine perforation Hysterectomy Organ failure Intensive care unit admission | <ul style="list-style-type: none"> Further research required to ascertain: <ul style="list-style-type: none"> effectiveness optimal route of administration (vaginal or oral) dosing of different regimens for medical management |
| Randomised controlled trials not included in reviews | | | | | | | | | | |
| Fernlund 2018 | 189 | Misoprostol 800mcg, vaginally | | Expectant management | | 65.9% 43.3% Difference 22.6% 7.5% to 36.5% | Complete miscarriage without dilatation and evacuation within 10 days | Expectant management was less painful RD 8% 1 to 17% | | <ul style="list-style-type: none"> Misoprostol was more effective Expectant management was less painful |
| Schreiber 2018 | 300 | Misoprostol 800mcg vaginally + Mifepristone 200mg orally Misoprostol alone 800mcg, vaginally | | | | 83.8% 67.1% RR 1.25 1.09 to 1.43 | Gestational sac expulsion by the first follow-up visit and no additional intervention within 30 days after treatment | | | <ul style="list-style-type: none"> Participants' satisfaction was not measured |
| Nadarajah 2014 | 360 | | Surgical management | Expectant management | | 84% 74% P=0.061 | Success rate | | | <ul style="list-style-type: none"> No statistically significant difference in the success rate |
| Kong 2013 | 180 | | Surgical management | Expectant management | | 98.1% 70.0% 79.3% Complete miscarriage rate at Day 14 | | | Cost of providing treatment | <ul style="list-style-type: none"> No significant differences in psychological well-being, depression scores, or anxiety levels |
| Rausch 2012 | 652 | | Medical management | Surgical management | | 0.844 0.968 Efficacy | | | \$563.4 USD \$899.4 USD | <ul style="list-style-type: none"> No statistically significant difference in the success rate |
| Tasnim 2011 | 176 | | Manual vacuum aspiration | Electrical vacuum aspiration | | 89.6% 91.4% P=0.691 | Success rate | No significant difference in procedure related complications | Complications included: Uterine perforation | <ul style="list-style-type: none"> No statistically significant difference in the success rate |
| Blohm 2005 | 126 | Misoprostol 400mcg, vaginally | | Placebo | | 65.9% 43.3% Difference 22.6% 7.5% to 36.5% | Complete miscarriage without dilatation and evacuation within 10 days | More pain experienced and more analgesics required with misoprostol | Uterine perforation Bleeding Infection Vagal shock | <ul style="list-style-type: none"> Misoprostol increased the rate of resolution More pain was experienced with misoprostol |