**Table S1. Regimens for medical abortion ≤ 63 days**

1. **Combination mifepristone-misoprostol compared with misoprostol alone**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with misoprostol alone** | **Risk with combined mifepristone & misoprostol** |
| Efficacy: ongoing pregnancy (Efficacy) | 139 per 1,000 | **22 per 1,000** (11 to 43) | **RR 0.16** (0.08 to 0.31) | 922 (3 RCTs) 1,2,3 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 768 per 1,000 | **945 per 1,000** (891 to 998) | **RR 1.23** (1.16 to 1.30) | 922 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 286 per 1,000 | **411 per 1,000** (337 to 497) | **RR 1.44** (1.18 to 1.74) | 805 (2 RCTs) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: pain | 322 per 1,000 | **312 per 1,000** (254 to 383) | **RR 0.97** (0.79 to 1.19) | 805 (2 RCTs) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 229 per 1,000 | **220 per 1,000** (174 to 277) | **RR 0.96** (0.76 to 1.21) | 820 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | Use of combined mifepristone and misoprostol probably slightly reduces emesis. |
| Satisfaction | 747 per 1,000 | **844 per 1,000** (747 to 941) | **RR 1.13** (1.00 to 1.26) | 820 (2 RCTs) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Blum 20121, Ngoc 20112 and Dahiya 20123 | | | | | | |

1. **Mifepristone and vaginal misoprostol in combination compared with 800 μg vaginal misoprostol alone**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol alone** | **Risk with combined mifepristone and misoprostol** |
| Efficacy: ongoing pregnancy | 51 per 1,000 | **5 per 1,000** (1 to 41) | **RR 0.10** (0.01 to 0.80) | 344 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 860 per 1,000 | **903 per 1,000** (671 to 1,000) | **RR 1.05** (0.78 to 1.41) | 100 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 1.05** (0.02 to 52.49) | 244 (1 RCT) 2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 220 per 1,000 | **24 per 1,000** (2 to 178) | **RR 0.11** (0.01 to 0.81) | 100 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: pain | 171 per 1,000 | **171 per 1,000** (106 to 274) | **RR 1.00** (0.62 to 1.60) | 344 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 211 per 1,000 | **326 per 1,000** (226 to 465) | **RR 1.54** (1.07 to 2.20) | 344 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| \***The risk in the intervention group** (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. **Studies:** Chawdhary 20091 and Jain 20022 | | | | | | |

1. **Mifepristone and 400 μg oral misoprostol in combination compared with 800 μg sublingual misoprostol alone every 4 hours**

| **EARLYMA1c** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| **Risk with 800 μg sublingual misoprostol alone every 4 hours** | **Risk with combined mifepristone and 400 μg oral misoprostol** |
| Efficacy: ongoing pregnancy | 8 per 1,000 | **8 per 1,000** (0 to 125) | **RR 1.00** (0.06 to 15.81) | 252 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 921 per 1,000 | **930 per 1,000** (773 to 1,000) | **RR 1.01** (0.84 to 1.21) | 252 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 1.00** (0.02 to 50.01) | 252 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 63 per 1,000 | **99 per 1,000** (43 to 232) | **RR 1.56** (0.67 to 3.65) | 252 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: pain | 373 per 1,000 | **269 per 1,000** (179 to 403) | **RR 0.72** (0.48 to 1.08) | 252 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | ( studies) | - | No direct evidence identified. |
| Satisfaction | 921 per 1,000 | **939 per 1,000** (783 to 1,000) | **RR 1.02** (0.85 to 1.22) | 252 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| \***The risk in the intervention group** (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. **Studies:** Fekih 20101 | | | | | | |

**Table S2. Comparison of misoprostol doses in combined regimen**

1. **Misoprostol buccal 400 μg compared with 800 μg in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg buccal misoprostol in combined regimen** | **Risk with 400 μg buccal misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy (Efficacy) | 9 per 1,000 | **1 per 1,000** (1 to 3) | **RR 0.16** (0.08 to 0.31) | 1115 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | Use of 400 μgmisoprostol buccally probably slightly reduces the risk of ongoing pregnancy. |
| Efficacy: completed without surgical intervention | 964 per 1,000 | **1000 per 1,000** (1,000 to 1,000) | **RR 1.23** (1.16 to 1.30) | 1115 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | Use of 400 μgmisoprostol buccally probably slightly reduces the risk of being completed without surgical intervention. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 1.00** (0.02 to 50.76) | 1115 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | Use of 800 μgmisoprostol buccally probably does not alter the risk of SAE |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - |  |
| Side effects: bleeding | 11 per 1,000 | **15 per 1,000** (13 to 19) | **RR 1.44** (1.18 to 1.74) | 1115 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: pain | 809 per 1,000 | **777 per 1,000** (728 to 825) | **RR 0.96** (0.90 to 1.02) | 1115 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 220 per 1,000 | **158 per 1,000** (123 to 202) | **RR 0.72** (0.56 to 0.92) | 1115 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 962 per 1,000 | **953 per 1,000** (933 to 981) | **RR 0.99** (0.97 to 1.02) | 1106 (1 RCTs) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| \***The risk in the intervention group** (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. **Studies:** Chong 20121 | | | | | | |

1. **Misoprostol oral 400 μg twice compared with 400 μg in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk 400 μg oral misoprostol once in combined regimen** | **Risk with 400 μg oral misoprostol twice in combined regimen** |
| Efficacy: ongoing pregnancy | 68 per 1,000 | **7 per 1,000** (1 to 54) | **RR 0.10** (0.01 to 0.80) | 297 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 864 per 1,000 | **890 per 1,000** (743 to 1,000) | **RR 1.03** (0.86 to 1.23) | 297 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (1 RCT) 1 | - | Expulsion time for the intervention group was 179.21 min as compared with 193.91 min for the single dose group. |
| Side effects: bleeding | 553 per 1,000 | **548 per 1,000** (426 to 703) | **RR 0.99** (0.77 to 1.27) | 300 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: pain | 873 per 1,000 | **882 per 1,000** (734 to 1,000) | **RR 1.01** (0.84 to 1.20) | 300 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 1.00** (0.02 to 50.00) | 300 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 882 per 1,000 | **908 per 1,000** (767 to 1,000) | **RR 1.03** (0.87 to 1.23) | 293 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Coyji 20071 | | | | | | |

1. **Misoprostol oral 800 μg single dose compared with 400 μg twice in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400 μg oral misoprostol twice in combined regimen** | **Risk with 800 μg single dose oral misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 15 per 1,000 | **13 per 1,000** (3 to 47) | **RR 0.88** (0.24 to 3.19) | 637 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | There is probably no difference in this outcome. |
| Efficacy: completed without surgical intervention | 918 per 1,000 | **863 per 1,000** (817 to 909) | **RR 0.94** (0.89 to 0.99) | 637 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | There is probably a slightly reduced risk of the procedure being completed without surgical intervention when miso 400 po is used twice. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 40 per 1,000 | **27 per 1,000** (4 to 157) | **RR 0.67** (0.11 to 3.93) | 150 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: pain | 387 per 1,000 | **363 per 1,000** (232 to 572) | **RR 0.94** (0.60 to 1.48) | 150 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 307 per 1,000 | **371 per 1,000** (233 to 595) | **RR 1.21** (0.76 to 1.94) | 150 ( RCTs) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** el-Refaey 19941 and Schaff 20022 | | | | | | |

1. **Misoprostol sublingual 400 μg compared with 800 μg in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg sublingual misoprostol in combined regimen** | **Risk with 400 μg sublingual misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 5 per 1,000 | **19 per 1,000** (6 to 56) | **RR 3.44** (1.14 to 10.40) | 1480 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably a slightly increased risk of ongoing pregnancy when 400μg versu 800 μg misoprostol is used sublingually. |
| Efficacy: completed without surgical intervention | 939 per 1,000 | **930 per 1,000** (864 to 1,000) | **RR 0.99** (0.92 to 1.07) | 1480 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in the outcome when a dose of 400 μg or 800 μg of misoprostol is used sublingually. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 987 per 1,000 | **987 per 1,000** (918 to 1,000) | **RR 1.00** (0.93 to 1.07) | 1501 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 256 per 1,000 | **358 per 1,000** (291 to 440) | **RR 1.40** (1.14 to 1.72) | 1501 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 936 per 1,000 | **927 per 1,000** (861 to 1,000) | **RR 0.99** (0.92 to 1.07) | 1475 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** vonHertzen 20101 | | | | | | |

1. **Misoprostol vaginal 400 μg compared with 800 μg in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol in combined regimen** | **Risk with 400 μg vaginal misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 11 per 1,000 | **24 per 1,000** (11 to 55) | **RR 2.23** (0.98 to 5.11) | 1482 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in ongoing pregnancy when a dose of 800 μg versus 400 μg misoprostol is used vaginally. |
| Efficacy: completed without surgical intervention | 945 per 1,000 | **917 per 1,000** (850 to 992) | **RR 0.97** (0.90 to 1.05) | 1482 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in the outcome when a dose of 400 μg or 800 μg misoprostol is used vaginally |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 981 per 1,000 | **972 per 1,000** (903 to 1,000) | **RR 0.99** (0.92 to 1.07) | 1499 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 169 per 1,000 | **142 per 1,000** (112 to 183) | **RR 0.84** (0.66 to 1.08) | 1499 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 946 per 1,000 | **937 per 1,000** (870 to 1,000) | **RR 0.99** (0.92 to 1.07) | 1479 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** vonHertzen 20101 | | | | | | |

1. **Misoprostol oral 400 μg compared with 600 μg in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 600 μg oral misoprostol in combined regimen** | **Risk with 400 μg oral misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 3 per 1,000 | **1 per 1,000** (0 to 25) | **RR 0.33** (0.01 to 8.10) | 638 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 928 per 1,000 | **937 per 1,000** (844 to 1,000) | **RR 1.01** (0.91 to 1.13) | 638 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 3 per 1,000 | **1 per 1,000** (0 to 25) | **RR 0.33** (0.01 to 8.10) | 638 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: vomiting | 236 per 1,000 | **200 per 1,000** (146 to 271) | **RR 0.85** (0.62 to 1.15) | 637 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 881 per 1,000 | **899 per 1,000** (802 to 1,000) | **RR 1.02** (0.91 to 1.16) | 599 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Shannon 20061 | | | | | | |

**Table S3. Comparison of dosing intervals between mifepristone and misoprostol in combined regimen**

1. **Misoprostol 800 μg vaginal given < 8 hours compared with > 24 hours after mifepristone**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol given > 24 hours after mifepristone** | **Risk with 800 μg vaginal misoprostol given < 8 hours after mifepristone** |
| Efficacy: ongoing pregnancy (Efficacy) | 5 per 1,000 | **12 per 1,000** (4 to 38) | **RR 2.23** (0.69 to 7.20) | 1525 (4 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | 800 μgmisoprostol vaginally administered within 8 hours as compared to after 24 hours probably does not affect the outcome. |
| Efficacy: completed without surgical intervention | 967 per 1,000 | **948 per 1,000** (880 to 1,000) | **RR 0.98** (0.91 to 1.06) | 1525 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | 800 μgmisoprostol vaginally administered within 8 hours as compared to after 24 hours probably does not affect the outcome. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 0.99** (0.02 to 49.60) | 1100 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | 800 μgmisoprostol vaginally administered within 8 hours as compared to after 24 hours probably does not affect the outcome. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: vomiting | 272 per 1,000 | **283 per 1,000** (236 to 337) | **RR 1.04** (0.87 to 1.24) | 1446 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | 800 μgmisoprostol vaginally administered within 8 hours as compared to after 24 hours probably does not affect the outcome. |
| Satisfaction | 977 per 1,000 | **996 per 1,000** (850 to 1,000) | **RR 1.02** (0.87 to 1.18) | 357 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Creinin 20071 and Guest 20072 | | | | | | |

1. **Misoprostol 400-800 μg vaginal given 24 hours compared with 48 hours after mifepristone**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400-800 μg vaginal misoprostol given 48 hours after mifepristone** | **Risk with 400-800 μg vaginal misoprostol given 24 hours after mifepristone** |
| Efficacy: ongoing pregnancy | 8 per 1,000 | **7 per 1,000** (3 to 16) | **RR 0.92** (0.40 to 2.12) | 3301 (3 RCTs) 1,2,3 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 940 per 1,000 | **931 per 1,000** (752 to 1,000) | **RR 0.99** (0.80 to 1.23) | 192 (3 RCTs) 1,2,3 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 23 per 1,000 | **22 per 1,000** (3 to 154) | **RR 0.98** (0.14 to 6.79) | 178 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: vomiting | 211 per 1,000 | **195 per 1,000** (169 to 220) | **RR 0.92** (0.80 to 1.04) | 344 (3 RCTs) 1,2,3 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| \***The risk in the intervention group** (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. **Studies:** Verma 20111, Schaff 20002 and Von Hertzen 20093 | | | | | | |

1. **Misoprostol 400 μg vaginal given concurrently compared with 24 hours after mifepristone**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400 μg vaginal misoprostol given 24 hours after mifepristone** | **Risk with 400 μg vaginal misoprostol given concurrently with mifepristone** |
| Efficacy: ongoing pregnancy | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 0.98** (0.02 to 49.25) | 258 (2 RCT) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 957 per 1,000 | **967 per 1,000** (804 to 1,000) | **RR 1.01** (0.84 to 1.21) | 280 (2 RCT) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 1.00** (0.02 to 50.01) | 178 (2 RCT) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 23 per 1,000 | **22 per 1,000** (3 to 154) | **RR 0.98** (0.14 to 6.79) | 178 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: pain | 50 per 1,000 | **74 per 1,000** (13 to 417) | **RR 1.47** (0.25 to 8.33) | 80 ( RCTs) 2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 141 per 1,000 | **110 per 1,000** (58 to 214) | **RR 0.78** (0.41 to 1.52) | 258 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 950 per 1,000 | **969 per 1,000** (703 to 1,000) | **RR 1.02** (0.74 to 1.39) | 80 (1 RCT) 2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| \***The risk in the intervention group** (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. **Studies:** Verma 20171 and Goel 20112 | | | | | | |

1. **Misoprostol 400 μg oral given < 8 hours compared with 48 hours after mifepristone**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400 μg oral misoprostol given 48 hours after mifepristone** | **Risk with 400 μg oral misoprostol given < 8 hours after mifepristone** |
| Efficacy: ongoing pregnancy (Efficacy) | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 8.34** (0.46 to 151.20) | 100 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 900 per 1,000 | **819 per 1,000** (594 to 1,000) | **RR 0.91** (0.66 to 1.25) | 100 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 20 per 1,000 | **39 per 1,000** (4 to 418) | **RR 1.96** (0.18 to 20.90) | 100 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: vomiting | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** Tendler 20151 | | | | | | |

**Table S4. Comparison of misoprostol routes in combined mifepristone-misoprostol regimen**

1. **Misoprostol 400 μg sublingual compared with vaginal in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400 μg vaginal misoprostol in combined regimen** | **Risk with 400 μg sublingual misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 24 per 1,000 | **19 per 1,000** (10 to 38) | **RR 0.79** (0.39 to 1.55) | 1479 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in ongoing pregnancy rates when the misoprostol is administered PV versus SL. |
| Efficacy: completed without surgical intervention | 896 per 1,000 | **905 per 1,000** (842 to 976) | **RR 1.01** (0.94 to 1.09) | 1479 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in need for a surgery to complete the abortion when the misoprostol is administered PV vs SL |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | There is probably no difference in SAE when the misoprostol is administered PV at 24 hours versus 48 hours or later. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 960 per 1,000 | **970 per 1,000** (893 to 1,000) | **RR 1.01** (0.93 to 1.08) | 1499 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in pain when the misoprostol is administered PV versus SL. |
| Side effects: vomiting | 140 per 1,000 | **185 per 1,000** (147 to 234) | **RR 1.32** (1.05 to 1.67) | 1499 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in emesis when the misoprostol is administered PV versus SL. |
| Satisfaction | 936 per 1,000 | **936 per 1,000** (880 to 1,000) | **RR 1.00** (0.94 to 1.07) | 1473 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in satisfaction when the misoprostol is administered PV versus SL. |
| \***The risk in the intervention group** (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. **Studies:** VonHertzen 20101 | | | | | | |

1. **Misoprostol 800 μg vaginal compared with sublingual in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg sublingual misoprostol in combined regimen** | **Risk with 800 μg vaginal misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 11 per 1,000 | **5 per 1,000** (2 to 18) | **RR 0.50** (0.15 to 1.67) | 1483 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE a | There is probably no difference in the outcome when misoprostol is administered vaginally vs sublingually. |
| Efficacy: completed without surgical intervention | 945 per 1,000 | **935 per 1,000** (869 to 1,000) | **RR 0.99** (0.92 to 1.07) | 1483 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE a | There is probably no difference in the outcome when misoprostol is administered vaginally vs sublingually. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) b | - | No direct evidence identified. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 981 per 1,000 | **981 per 1,000** (913 to 1,000) | **RR 1.00** (0.93 to 1.07) | 1501 ( RCTs) 2,3 | ⨁⨁◯◯ LOW a,c | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 169 per 1,000 | **237 per 1,000** (193 to 291) | **RR 1.40** (1.14 to 1.72) | 1501 (1 RCT) 1 | ⨁⨁◯◯ LOW a,c | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 946 per 1,000 | **937 per 1,000** (870 to 1,000) | **RR 0.99** (0.92 to 1.07) | 1481 (1 RCT) 1 | ⨁◯◯◯ VERY LOW a,c | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| \***The risk in the intervention group** (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. **Studies:** VonHertzen 20101 | | | | | | |

1. **Misoprostol 600/800 μg sublingual compared with 800 μg vaginal in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol in combined regimen** | **Risk with 600/800 μg sublingual misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 17 per 1,000 | **2 per 1,000** (1 to 51) | **RR 0.15** (0.08 to 3.05) | 346 (2 RCTs) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 956 per 1,000 | **965 per 1,000** (832 to 1,000) | **RR 1.01** (0.87 to 1.18) | 346 (2 RCTs) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 1.00** (0.02 to 49.96) | 224 (1 RCTs) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 964 per 1,000 | **974 per 1,000** (810 to 1,000) | **RR 1.01** (0.84 to 1.22) | 224 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in pain when the misoprostol is administered PV versus SL. |
| Side effects: vomiting | 964 per 1,000 | **521 per 1,000** (386 to 704) | **RR 0.54** (0.40 to 0.73) | 224 (1 RCT) 1 | ⨁⨁⨁◯ MODERATE | There is probably no difference in emesis when the misoprostol is administered PV versus SL. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | ( 0 studies) | - | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** Tang 20031 and Hamoda 20052 | | | | | | |

1. **Misoprostol 800 μg oral compared with vaginal in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol in combined regimen** | **Risk with 800 μg oral misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy (Efficacy) | 1 per 1,000 | **9 per 1,000** (3 to 33) | **RR 6.70** (1.88 to 23.86) | 1287 (3 RCTs) 1,2,3 | ⨁⨁⨁◯ MODERATE | 800 mg misoprostol orally administered probably slightly increases the risk of an ongoing pregnancy. |
| Efficacy: completed without surgical intervention | 985 per 1,000 | **926 per 1,000** (837 to 1,000) | **RR 0.94** (0.85 to 1.04) | 1455 (3 RCTs) 1,2,3 | ⨁⨁⨁◯ MODERATE | 800 mg misoprostol vaginally administered probably does not affect the need for surgical intervention. |
| Safety: serious adverse events and complications | 8 per 1,000 | **3 per 1,000** (0 to 63) | **RR 0.35** (0.01 to 8.35) | 263 (1 RCT) 2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 932 per 1,000 | **848 per 1,000** (699 to 1,000) | **RR 0.91** (0.75 to 1.10) | 263 (1 RCT) 2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 2 per 1,000 | **5 per 1,000** (1 to 52) | **RR 3.25** (0.34 to 31.15) | 1144 (1 RCTs) 1 | ⨁⨁⨁◯ MODERATE | 800 mg misoprostol vaginally administered probably does not affect the outcome. |
| Side effects: vomiting | 356 per 1,000 | **306 per 1,000** (260 to 363) | **RR 0.86** (0.73 to 1.02) | 1219 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | 800 mg misoprostol vaginally administered probably does not affect the outcome. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence |
| \***The risk in the intervention group** (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. **Studies:** Schaff 20011, el-Refaey 19952 and Schaff 20023 | | | | | | |

1. **Misoprostol 400 μg oral compared with 800 μg vaginal in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol in combined regimen** | **Risk with 400 μg oral misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 2 per 1,000 | **4 per 1,000** (1 to 26) | **RR 2.38** (0.34 to 16.81) | 1378 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | There is probably no difference in ongoing pregnancy rates when misoprostol is given orally versus vaginally. |
| Efficacy: completed without surgical intervention | 970 per 1,000 | **951 per 1,000** (883 to 1,000) | **RR 0.98** (0.91 to 1.04) | 2025 (2 RCTs) 1,2 | ⨁⨁⨁◯ MODERATE | There is probably no difference in need for surgical intervention when misoprostol is given orally versus vaginally. |
| Safety: serious adverse events and complications | 3 per 1,000 | **1 per 1,000** (0 to 26) | **RR 0.33** (0.01 to 8.15) | 637 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 8 per 1,000 | **40 per 1,000** (12 to 52) | **RR 5.19** (1.61 to 6.79) | 741 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: pain | 958 per 1,000 | **900 per 1,000** (804 to 1,000) | **RR 0.94** (0.84 to 1.07) | 738 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 236 per 1,000 | **361 per 1,000** (252 to 519) | **RR 1.53** (1.07 to 2.20) | 637 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 881 per 1,000 | **899 per 1,000** (802 to 1,000) | **RR 1.02** (0.91 to 1.16) | 599 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Shannon 20061 and Schaff 20022 | | | | | | |

1. **Misoprostol 800 μg buccal compared with sublingual in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg sublingual misoprostol in combined regimen** | **Risk with 800 μg buccal misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 22 per 1,000 | **22 per 1,000** (0 to 1,000) | **RR 0.98** (0.02 to 49.25) | 90 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 978 per 1,000 | **958 per 1,000** (714 to 1,000) | **RR 0.98** (0.73 to 1.33) | 90 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 0.98** (0.02 to 48.70) | 178 (0 RCTs) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - |  |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - |  |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - |  |
| Side effects: vomiting | 141 per 1,000 | **110 per 1,000** (58 to 214) | **RR 0.78** (0.41 to 1.52) | 258 (2 RCTs) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - |  |
| \***The risk in the intervention group** (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. **Studies:** Chai 20131 | | | | | | |

1. **Misoprostol 400 μg buccal compared with sublingual in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400 μg sublingual misoprostol in combined regimen** | **Risk with 400 μg buccal misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 15 per 1,000 | **23 per 1,000** (3 to 165) | **RR 1.55** (0.22 to 11.03) | 539 (1 RCTs) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 974 per 1,000 | **954 per 1,000** (886 to 1,000) | **RR 0.98** (0.91 to 1.04) | 539 (1 RCTs) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 0.33** (0.01 to 8.15) | 539 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 562 per 1,000 | **1000 per 1,000** (904 to 1,000) | **RR 5.19** (1.61 to 6.79) | 526 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: pain | 800 per 1,000 | **752 per 1,000** (672 to 856) | **RR 0.94** (0.84 to 1.07) | 526 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: vomiting | 219 per 1,000 | **335 per 1,000** (235 to 482) | **RR 1.53** (1.07 to 2.20) | 526 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 958 per 1,000 | **978 per 1,000** (872 to 1,000) | **RR 1.02** (0.91 to 1.16) | 533 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Raghavan 20101 | | | | | | |

1. **Misoprostol 800 μg buccal compared with vaginal in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg vaginal misoprostol in combined regimen** | **Risk with 800 μg buccal misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 19 per 1,000 | **9 per 1,000** (2 to 50) | **RR 0.49** (0.09 to 2.68) | 429 (1 RCT) 1 | ⨁⨁◯◯ LOW a,b | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 934 per 1,000 | **934 per 1,000** (813 to 1,000) | **RR 1.00** (0.87 to 1.15) | 429 (1 RCT) | ⨁⨁◯◯ LOW a,b | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 2.94** (0.12 to 71.80) | 429 (1 RCT) | ⨁⨁◯◯ LOW a,b | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: vomiting | 319 per 1,000 | **354 per 1,000** (271 to 469) | **RR 1.11** (0.85 to 1.47) | 429 (1 RCTs) 1 | ⨁⨁◯◯ LOW a,b | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 948 per 1,000 | **929 per 1,000** (805 to 1,000) | **RR 0.98** (0.85 to 1.13) | 423 (1 RCTs) | ⨁⨁◯◯ LOW a,b,c | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Middleton 20051 | | | | | | |

1. **Misoprostol 800 μg oral compared with buccal in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 800 μg buccal misoprostol in combined regimen** | **Risk with 800 μg oral misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy | 10 per 1,000 | **34 per 1,000** (11 to 103) | **RR 3.61** (1.20 to 10.80) | 847 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 962 per 1,000 | **933 per 1,000** (847 to 1,000) | **RR 0.97** (0.88 to 1.07) | 847 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 2 per 1,000 | **1 per 1,000** (0 to 19) | **RR 0.33** (0.01 to 8.08) | 847 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: pain | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: vomiting | 476 per 1,000 | **447 per 1,000** (376 to 528) | **RR 0.94** (0.79 to 1.11) | 830 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Satisfaction | 911 per 1,000 | **929 per 1,000** (829 to 1,000) | **RR 1.02** (0.91 to 1.12) | 835 (1 RCT) 1 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Winikoff 20081 | | | | | | |

1. **Misoprostol 400 μg oral compared with sublingual in combined regimen**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 400 μg sublingual misoprostol in combined regimen** | **Risk with 400 μg oral misoprostol in combined regimen** |
| Efficacy: ongoing pregnancy (Efficacy) | 18 per 1,000 | **6 per 1,000** (1 to 36) | **RR 0.44** (0.10 to 1.96) | 564 (2 RCT) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Efficacy: completed without surgical intervention | 942 per 1,000 | **952 per 1,000** (839 to 1,000) | **RR 1.03** (0.99 to 1.07 | 564 (2 RCTs) 1,2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 0.98** (0.01 to 49.14) | 471 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Expulsion time | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified. |
| Side effects: bleeding | 194 per 1,000 | **204 per 1,000** (140 to 295) | **RR 1.05** (0.72 to 1.52) | 470 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Side effects: pain | 339 per 1,000 | **336 per 1,000** (261 to 428) | **RR 0.99** (0.77 to 1.26) | 563 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 410 per 1,000 | **447 per 1,000** (328 to 554) | **RR 1.09** (0.80 to 1.35) | 564 (2 RCTs) 1,2 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 914 per 1,000 | **932 per 1,000** (813 to 1,000) | **RR 1.02** (0.89 to 1.18) | 470 (1 RCT) 2 | ⨁⨁◯◯ LOW | Our confidence in the direct estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| \***The risk in the intervention group** (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. **Studies:** Dahiya 20111 and Raghavan 20092 | | | | | | |

**Table S5. Comparison of different misoprostol only regimens**

1. **Misoprostol 400 μg oral every 3 hours for 4 doses compared with 600 μg vaginal misoprostol once**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 600 μg vaginal misoprostol once** | **Risk with 400 μg oral misoprostol every 3 h (for 4 doses)** |
| Efficacy: ongoing pregnancy (Efficacy) | 200 per 1,000 | **300 per 1,000** (134 to 660) | **RR 1.50** (0.67 to 3.30) | 76 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 425 per 1,000 | **399 per 1,000** (221 to 722) | **RR 0.94** (0.52 to 1.70) | 76 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Expulsion time <24 hours | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: pain | 950 per 1,000 | **941 per 1,000** (684 to 1,000) | **RR 0.99** (0.72 to 1.40) | 76 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 75 per 1,000 | **285 per 1,000** (87 to 930) | **RR 3.80** (1.16 to 12.40) | 76 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 450 per 1,000 | **405 per 1,000** (225 to 720) | **RR 0.9** (0.5 to 1.6) | 76 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** Blanchard 20051 | | | | | | |

1. **Misoprostol 800 μg oral every 6 hours for 2 doses compared with 600 μg vaginal misoprostol once**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with 600 μg vaginal misoprostol once** | **Risk with 800 μg oral misoprostol every 6 h (for 2 doses)** |
| Efficacy: ongoing pregnancy (Efficacy) | 200 per 1,000 | **172 per 1,000** (56 to 518) | **RR 0.86** (0.28 to 2.59) | 64 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 425 per 1,000 | **476 per 1,000** (259 to 871) | **RR 1.12** (0.61 to 2.05) | 64 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Expulsion time <24 hours | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: pain | 950 per 1,000 | **950 per 1,000** (656 to 1,000) | **RR 1.00** (0.69 to 1.45) | 64 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 75 per 1,000 | **215 per 1,000** (58 to 788) | **RR 2.87** (0.77 to 10.50) | 64 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 450 per 1,000 | **455 per 1,000** (243 to 846) | **RR 1.01** (0.54 to 1.88) | 64 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** Blanchard 20051 | | | | | | |

1. **Misoprostol 400 μg oral every 3 hours for 4 doses compared with 800 μg oral misoprostol every 6 hours for 2 doses**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with misoprostol 800 po q6 x 2** | **Risk with misoprostol 400 mcg po q 3x4** |
| Efficacy: ongoing pregnancy (Efficacy) | 167 per 1,000 | **292 per 1,000** (103 to 817) | **RR 1.75** (0.62 to 4.90) | 60 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 500 per 1,000 | **420 per 1,000** (220 to 795) | **RR 0.84** (0.44 to 1.59) | 60 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Expulsion time <24 hours | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) | - | No direct evidence identified |
| Side effects: pain | 958 per 1,000 | **958 per 1,000** (661 to 1,000) | **RR 1.00** (0.69 to 1.45) | 60 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 250 per 1,000 | **333 per 1,000** (140 to 780) | **RR 1.33** (0.56 to 3.12) | 60 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 458 per 1,000 | **408 per 1,000** (211 to 788) | **RR 0.89** (0.46 to 1.72) | 60 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** Blanchard 20051 | | | | | | |

**Table S6. Comparison of medical and surgical management- Medical management with 800 μg vaginal misoprostol compared with surgical management**

| **Outcomes** | **Anticipated absolute effects\* (95% CI)** | | **Relative effect (95% CI)** | **№ of participants  (studies)** | **GRADE** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk with surgical management** | **Risk with 800 μg vaginal misoprostol** |
| Efficacy: ongoing pregnancy (Efficacy) | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 6.70** (1.88 to 23.86) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Efficacy: completed without surgical intervention | 956 per 1,000 | **975 per 1,000** (851 to 1,000) | **RR 1.02** (0.89 to 1.17) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Safety: serious adverse events and complications | 15 per 1,000 | **5 per 1,000** (0 to 118) | **RR 0.33** (0.01 to 8.04) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Expulsion time <24 hours | 956 per 1,000 | **679 per 1,000** (497 to 927) | **RR 0.71** (0.52 to 0.97) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: bleeding | 0 per 1,000 | **0 per 1,000** (0 to 0) | **RR 6.60** (0.34 to 125.00) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: pain | 1,000 per 1,000 | **700 per 1,000** (510 to 950) | **RR 0.70** (0.51 to 0.95) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Side effects: vomiting | 29 per 1,000 | **56 per 1,000** (11 to 297) | **RR 1.91** (0.36 to 10.10) | 137 (1 RCT) 1 | ⨁◯◯◯ VERY LOW | We are uncertain about the effect on this outcome because the certainty of the evidence is very low. |
| Satisfaction | 0 per 1,000 | **0 per 1,000** (0 to 0) | not estimable | (0 studies) 1 | - | No direct evidence identified. |
| \***The risk in the intervention group** (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. **Studies:** Prasad 20091 | | | | | | |