**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 |