



Misoprostol for Treatment of Incomplete Abortion and Miscarriage

Summary of Selected Publications

<i>A randomized controlled trial of 400 µg sublingual misoprostol versus manual vacuum aspiration for the treatment of incomplete abortion in two Egyptian Hospitals, International Journal of Gynecology & Obstetrics, 2010</i>		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author(s): Dabash, R. et al. Setting: Hospital, Egypt Dose & route: 400µg sublingual misoprostol vs. manual vacuum aspiration (MVA) Sample size: n=697 (less than 12 weeks gestation) Study design: Randomized comparison of misoprostol and MVA Provider: Skilled Research Question: Between 400µg sublingual and MVA for treatment of incomplete abortion, which is safer, more effective and more acceptable?</p>	<p>Results:</p> <ul style="list-style-type: none"> • Misoprostol= 98.3% effective; MVA= 99.7% effective • Heavy bleeding was rare in both groups. • Women experienced more fever, chills and nausea in the misoprostol group but nearly all were transient and well tolerated by women (98% in each group). • There was high acceptability in both groups (96.8% in misoprostol vs. 98.3% in MVA), but those who received misoprostol were significantly more likely to prefer the same method in the future. 	<ul style="list-style-type: none"> • 400µg sublingual misoprostol is very effective for treatment of incomplete abortion. • Misoprostol would probably have its greatest impact in lower-level facilities, where access to postabortion care is currently limited or non-existent. • The cost effectiveness of misoprostol for postabortion care may render it an important option in low-resource settings.
<i>Two routes of administration for misoprostol in the treatment of incomplete abortion: a randomized clinical trial, Contraception, 2009</i>		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author: Diop, A. et al. Setting: Maternity hospital, Antananarivo, Madagascar and hospital, Chisinau, Moldova Dose & route: 400µg sublingual misoprostol vs. 600µg oral misoprostol Sample size: n=300 (less than 12 weeks gestation) Study design: Open-label randomized controlled trial Provider: Skilled Research question: Is 400µg sublingual misoprostol as effective as 600µg oral misoprostol for treatment of incomplete abortion?</p>	<p>Results:</p> <ul style="list-style-type: none"> • 400µg sublingual misoprostol= 94.5% effective; 600µg oral misoprostol= 94.6% effective • Acceptability and satisfaction were high for both routes (98% oral and 97% sublingual); women would prefer medication vs. surgical treatment in the future. • There was no statistically significant difference in the experience of side effects associated with the two routes. • Nurses in Madagascar diagnosed and managed incomplete abortions with little assistance from physicians and limited use of ultrasound (3%). • The 400µg misoprostol dose may provide an alternative treatment option and have potential cost-benefits. 	<ul style="list-style-type: none"> • 400µg sublingual dose of misoprostol is similarly effective as 600µg oral for treatment of incomplete abortion and miscarriage. • The efficacy and acceptability of misoprostol as a treatment method do not differ across settings or whether the cause of the incomplete abortion is spontaneous or induced. • Misoprostol is a safe, feasible and acceptable alternative to MVA for treatment of incomplete abortion at lower level health facilities in low-resource settings.
<i>Comparison of misoprostol and manual vacuum aspiration for the treatment of incomplete abortion, International Journal of Gynecology & Obstetrics, 2007</i>		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author(s): Bique, C. et al. Setting: Tertiary hospital, Maputo, Mozambique Dose & route: 600µg oral misoprostol Sample size: n=247 (less than 12 weeks gestation) Study design: Randomized comparison of misoprostol and MVA Provider: Skilled Research Question: Between MVA and misoprostol, which is safer and more effective for incomplete abortion and which is more acceptable to women?</p>	<p>Results:</p> <ul style="list-style-type: none"> • MVA= 100% effective; misoprostol= 91% effective • Misoprostol was more acceptable to women because it was less invasive and less expensive. • Women in the misoprostol arm experienced more side effects (e.g. bleeding, spotting, nausea), but less pain. • 93.7% said that they would choose misoprostol again, compared to 68% in the MVA group. 	<ul style="list-style-type: none"> • Misoprostol offers a safe and simple alternative to surgical treatment, especially in low-resource settings where MVA may not be available. • Women are very satisfied with misoprostol and the majority of users would choose it again for treatment of incomplete abortion.

Treatment of incomplete abortion and miscarriage with misoprostol, International Journal of Gynecology & Obstetrics, 2007		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author(s): Blum, J. et al. Dose & route: Multiple; 600µg oral misoprostol and 400µg sublingual misoprostol Sample size: n=6,139 (24 studies) Study design: Systematic literature review Provider: Skilled Research Question: What is the most effective regimen of misoprostol for treatment of incomplete abortion?</p>	<p>Results:</p> <ul style="list-style-type: none"> • 600µg of oral misoprostol is the most effective dose for incomplete abortion up to 12 weeks gestation. • 400µg sublingual misoprostol is being used in ongoing trials. 	<ul style="list-style-type: none"> • A single dose of 600µg oral misoprostol is recommended for treatment of incomplete abortion in women up to 12 weeks gestation.
Is misoprostol a safe, effective and acceptable alternative to manual vacuum aspiration for postabortion care? Results from a randomised trial in Burkina Faso, West Africa, BJOG: An International Journal of Obstetrics & Gynaecology, 2007		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author(s): Dao, B. et al. Setting: University teaching hospitals, Burkina Faso Dose & route: 600µg oral misoprostol Sample size: n=447 (less than 12 weeks gestation) Study design: Randomized comparison of misoprostol and MVA Provider: Skilled Research Question: Is misoprostol as effective as MVA for incomplete abortion in a developing country setting?</p>	<p>Results:</p> <ul style="list-style-type: none"> • MVA= 99.1% effective; misoprostol= 94.5% effective • Misoprostol results varied between hospitals. • The majority of women were satisfied or very satisfied with the method they received (misoprostol= 96.8% and MVA= 97.7%) and would chose that method again (misoprostol= 94.5%; MVA= 86.6%). 	<ul style="list-style-type: none"> • Expansion of misoprostol use in periurban and rural settings, as well as its inclusion into country-wide postabortion care programs, should be aggressively pursued. • 600µg of oral misoprostol is a safe and effective nonsurgical alternative to MVA. • Women find misoprostol highly acceptable; they praise its simplicity, speed and the absence of pain.
Misoprostol for treatment of incomplete abortion at the regional hospital level: results from Tanzania, BJOG: An International Journal of Obstetrics & Gynaecology, 2007		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author(s): Shwekerela, B. et al. Setting: Regional hospital, Bukoba, Tanzania Dose & route: 600µg oral misoprostol Sample size: n=300 (less than 12 weeks gestation) Study design: Randomized comparison of misoprostol and MVA Provider: Skilled Research Question: Between misoprostol and MVA, which is safer, more effective and more acceptable for treatment of incomplete abortion?</p>	<p>Results:</p> <ul style="list-style-type: none"> • MVA= 100% effective; misoprostol= 99% effective • More women were very satisfied with misoprostol (75%) than with MVA (55%). • Women experienced more bleeding, nausea and vomiting with misoprostol, but less pain. 	<ul style="list-style-type: none"> • Given the many practical advantages of misoprostol over MVA in low-resource settings, and its acceptability among women, misoprostol should be more widely available for treatment of incomplete abortion in developing countries. • Misoprostol is as effective as MVA at treating incomplete abortion at less than 12 weeks. • Women find misoprostol to be less painful than MVA.
A randomized trial of misoprostol compared with manual vacuum aspiration for incomplete abortion, Obstetrics & Gynecology, 2005		
Summary Information	Research Question and Results	Policy Relevance
<p>Study author(s): Weeks, A. et al. Setting: Hospital, Kampala, Uganda Dose & route: 600µg oral Sample size: n=312 (less than 13 weeks gestation) Study design: Randomized comparison of misoprostol and MVA Provider: Skilled Research Question: Between misoprostol and MVA for treatment of incomplete abortion, which is safer, more effective and more acceptable?</p>	<p>Results:</p> <ul style="list-style-type: none"> • Misoprostol= 96.3% effective; MVA= 91.5% effective • Women in the misoprostol group had fewer complications (infection and cervical trauma) lower levels of pain, but heavier bleeding than those in the MVA group. • There was high acceptability of both methods (94.2% in misoprostol vs. 94.7% in MVA group). 	<ul style="list-style-type: none"> • Misoprostol is very effective for treatment of incomplete abortion and causes fewer complications than MVA. • Based on the availability of each method and the wishes of individual women, either option may be presented for treatment.