Review protocol for review question: Is the combination of mifepristone and misoprostol more effective than misoprostol alone in the medical management of missed miscarriage?

Table 4: PICO table for targeted review on medical management of miscarriage

PICO table for the review question below is based on the MifeMiso trial which was included in this targeted review. For targeted reviews only papers identified by surveillance report were included and PICO tables were drafted to retrofit to the evidence identified for the review question in the surveillance report.

Population	Inclusion:
	Women diagnosed with a missed miscarriage by pelvic ultrasound scan in the first 14 weeks of pregnancy and choosing to have medical management of miscarriage.
	Exclusion:
	Women or people experiencing miscarriage with a diagnosis of incomplete miscarriage
	Women or people experiencing miscarriage opting for alternative methods of miscarriage management (expectant or surgical)
	Life threatening bleeding
Intervention	Mifepristone and misoprostol in combination
Comparison	Misoprostol and placebo
Outcomes	Critical:
	Failure to spontaneously pass the gestational sac within 7 days after random assignment.
	Surgical intervention to complete the miscarriage up to discharge from hospital care.
	Important:
	Surgical intervention to complete the miscarriage up to and including 7 days after random assignment.
	Surgical intervention to complete the miscarriage from after day 7 and up to discharge

	 Infection requiring outpatient antibiotic treatment. Infection requiring inpatient antibiotic treatment. Negative pregnancy test result 21 days (±2 days) after random assignment.
	 Duration of bleeding as reported by the participant (days). Requirement for blood transfusion.
	 Side-effects. Any serious complications. Maternal death.
Study design	• RCTs