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

Table 5: Evidence profile for comparison 1: 200mg mifepristone and 800 microgram misoprostol versus placebo and 800 microgram misoprostol

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	200mg Mifepristone and 800ug misoprostol	200mg Placebo and 800ug misoprostol	Relative (95% CI)	Absolute		
Failure to spontaneously pass the gestational sac within 7 days after random assignment (follow up at 7 days)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	59/348 (17%)	82/348 (23.6%)	RR 0.72 (0.53 to 0.97)	66 fewer per 1000 (from 7 fewer to 111 fewer)	MODERATE	CRITICAL
Surgical intervention to complete the miscarriage up to discharge from hospital care (follow up at 7 days)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	62/355 (17.5%)	87/353 (24.6%)	RR 0.71 (0.53 to 0.95)	71 fewer per 1000 (from 12 fewer to 116 fewer)	MODERATE	CRITICAL
Surgical intervention to complete the miscarriage up to and including day 7 after random assignment (follow up at 7 days)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	23/355 (6.5%)	19/353 (5.4%)	RR 1.2 (0.67 to 2.17)	11 more per 1000 (from 18 fewer to 63 more)	LOW	IMPORTANT
Surgical intervention to complete the miscarriage from after day 7 and up to discharge from hospital care (follow up at 7 days)												

Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	39/355 (11%)	68/353 (19.3%)	RR 0.57 (0.4 to 0.82)	83 fewer per 1000 (from 35 fewer to 116 fewer)	MODERATE	IMPORTANT
Need for further doses of misoprostol within 7 days after random assignment (follow up at 7 days)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	34/356 (9.6%)	48/354 (13.6%)	RR 0.7 (0.47 to 1.07)	41 fewer per 1000 (from 72 fewer to 9 more)	MODERATE	IMPORTANT
Need for further doses of misoprostol up to discharge (follow up at 7 days)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50/357 (14%)	65/354 (18.4%)	RR 0.76 (0.54 to 1.07)	44 fewer per 1000 (from 84 fewer to 13 more)	MODERATE	IMPORTANT
Infection requiring outpatient antibiotic treatment (follow up unclear)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	8/351 (2.3%)	11/351 (3.1%)	RR 0.73 (0.3 to 1.79)	8 fewer per 1000 (from 22 fewer to 25 more)	LOW	IMPORTANT
Infection requiring inpatient antibiotic treatment (follow up unclear)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	5/351 (1.4%)	4/351 (1.1%)	RR 1.25 (0.34 to 4.62)	3 more per 1000 (from 8 fewer to 41 more)	LOW	IMPORTANT
Negative pregnancy test result 21 days (± 2 days) after random assignment [follow up 21 days (± 2 days)]												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	237/308 (76.9%)	230/302 (76.2%)	RR 1.01 (0.93 to 1.1)	8 more per 1000 (from 53 fewer to 76 more)	HIGH	IMPORTANT
Duration of bleeding reported by woman (days) (follow up unclear)												

Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	326	330	-	MD 0.3 lower (2.44 lower to 1.84 higher)[3]	HIGH	IMPORTANT
Requirement for blood transfusion (follow up unclear)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	11/357 (3.1%)	5/351 (1.4%)	RR 2.16 (0.76 to 6.16)	17 more per 1000 (from 3 fewer to 74 more)	LOW	IMPORTANT
Serious adverse event[a] (follow up unclear)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	5/357 (1.4%)	2/354 (0.56%)	RR 2.48 (0.48 to 12.69)	8 more per 1000 (from 3 fewer to 66 more)	LOW	IMPORTANT
Side effects (follow up unclear)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	26/357 (7.3%)	24/354 (6.8%)	RR 1.07 (0.63 to 1.83)	5 more per 1000 (from 25 fewer to 56 more)	LOW	IMPORTANT
Maternal death[b] (follow up unclear)												
Chu, 2020	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/357 (0%)	0/354 (0%)	RD 0 (-0.01 to 0.01)	0 fewer per 1000 (from 10 fewer to 10 more)	HIGH	IMPORTANT

RR: risk ratio, RD: risk difference; MD: mean difference

[a] No details of adverse and serious events were reported in the paper
[b] Risk difference used as there were zero events in both arms.
[1] 95% CI crosses 1 MID (0.8)
[2] 95% CI crosses 2 MIDs (0.8 and 1.25)
[3] MID (0.5x control group SD, for duration of bleeding reported by woman = 7.6)