Ectopic pregnancy and miscarriage: Diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage

Appendices A – I

National Collaborating Centre for Women's and Children's Health

Commissioned by the National Institute for Health and Clinical Excellence

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This guideline has been fully funded by NICE. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient.

Implementation of this guidance is the responsibility of local commissioners and/or providers

Contents

Appendix A Scope

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Pain and bleeding in early pregnancy: assessment and initial management of ectopic pregnancy and miscarriage in the first trimester

Short title

Pain and bleeding in early pregnancy

2 The remit

The Department of Health has asked NICE: ‘to produce a clinical guideline on the assessment and initial management, both physical and emotional, of pain and bleeding in the first trimester of pregnancy’.

3 Clinical need for the guideline

Epidemiology

a) Approximately 137,000 women in England each year experience pain and bleeding in early pregnancy.

b) Pain and bleeding in early pregnancy occur in about one in five clinically confirmed pregnancies. In 50–60% of these the pregnancy will continue and will have a successful outcome ('threatened miscarriage') but the symptoms may indicate impending miscarriage (25–30%) or ectopic pregnancy (10–15%).

c) There is variation in the presentation of pain and bleeding with a spectrum ranging from severe pain and light or no bleeding (typically an ectopic pregnancy) to bleeding with no pain (typically a threatened miscarriage).

d) In approximately 8-31% of women presenting to secondary care with pain and bleeding in the first trimester, the location of the pregnancy may be not clear at the first assessment ('pregnancy of unknown location'). This figure may be higher in units that do not have specialised scanning units. Subsequent assessment reveals the many of these to be viable intrauterine pregnancies. The remainder are either non-viable intrauterine pregnancies or ectopic pregnancies.

e) Between 15 and 20% of clinically confirmed pregnancies spontaneously end before the 13th week.

f) Early pregnancy loss accounts for approximately 50,000 inpatient admissions in the UK annually.

g) From 2008 to 2009 in England, the hospital data for the rate for miscarriage was 66 in every 1000 inpatient deliveries and the rate for ectopic pregnancies was 16 in every 1000 inpatient deliveries.

h) Between 2003 and 2005 there were 10 deaths from ectopic pregnancy in the UK, giving a maternal mortality rate of 0.47 per 100,000 maternities. Two thirds of these were associated with substandard care.

i) Early pregnancy loss, particularly in couples affected by recurrent miscarriage or ectopic pregnancy, can have a significant impact on the woman's physical health (for example resulting from blood loss, infection or subsequent subfertility), mental health (for example, depression, anxiety and post-traumatic stress disorder) and emotional wellbeing, as well as that of her partner and family.

j) Certain groups are at higher risk of miscarriage, including older women and those with medical conditions such as connective tissue disorders or diabetes.

k) Recurrent miscarriage (three or more consecutive miscarriages) affects approximately 1% of couples, and can lead to great distress. A cause is found in a minority of cases.

Current practice

a) There is a belief that an efficient early pregnancy assessment unit (EPAU) service improves outcomes for women with pain and bleeding in early pregnancy compared with more 'traditional care ' (for example, an emergency department and gynaecological ward), by prompt and timely diagnosis and appropriate management. Treatment in an early pregnancy assessment unit may mean that admission to hospital can be avoided.

b) There is evidence of widespread variation in availability of facilities and provision of care. For example, in a more 'traditional' setting care will be provided on an ad hoc basis by on-call medical staff as part of the emergency gynaecology service within a hospital. In contrast, a dedicated early pregnancy assessment unit run by a specialist multidisciplinary team will deal exclusively with women with pain and bleeding in pregnancy. However, there may be variation in resources available and practices undertaken in both settings, for example not all EPAUs will offer out-of-hours care.

c) The majority of women presenting with pain and bleeding up to the beginning of the 13th week of pregnancy will have a threatened miscarriage and the pregnancy will continue. There is no agreement on how best to manage symptoms for these women.

d) Management of miscarriage may be expectant (no intervention and awaiting natural passage of tissue), medical (the use of drugs to expel tissue from the uterus), or surgical (the removal of tissue from the uterus), and in many cases women are given a choice of treatments.

e) Ectopic pregnancy is often managed surgically by laparoscopy and/or laparotomy but in some cases women are treated medically. Very occasionally no active treatment is needed. There is variation in practice

in the way women with ectopic pregnancy with the same ultrasound and biochemical characteristics are managed.

f) In a significant proportion of women with pain and bleeding in the first trimester, the pregnancy is of unknown location at the first assessment. In the majority of cases a conservative approach of repeated investigation is followed, but the ideal timing and nature of these assessments is not clear.

g) There are certain aspects of management for which there is widespread variation in practice. These include:

- Use and interpretation of investigations such as serial serum human chorionic gonadotrophin (hCG) measurements
- expertise in trans-vaginal ultrasound scanning
- proportion of miscarriages managed expectantly, medically and surgically
- proportion of ectopic pregnancies managed medically and surgically
- provision of information for women and their partners
- counselling services.

h) Pain and bleeding in early pregnancy are common problems with significant consequences, but there is wide variation in clinical practice. There is a need for guidance on optimum care in terms of diagnosis and treatment.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, ‘Further information’).

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

Population

4.1.1 Groups that will be covered

a) Women with pain and bleeding in the first trimester of pregnancy (that is, less than 13 completed weeks). These women may also present with additional clinical features such as diarrhoea.

b) Women who do not have pain and bleeding in pregnancy but who are found to have a missed miscarriage (i.e. women who are noted to have a non-viable pregnancy as confirmed by an ultrasound scan).

c) No subgroups of women with pain and bleeding in early pregnancy have been identified as needing specific consideration.

4.1.2 Groups that will not be covered

a) Women with pain and/or bleeding after the first trimester (13 or more completed weeks of pregnancy).

b) Women with tumours of the placenta (molar pregnancy or trophoblastic disease) after the initial diagnosis.

c) Women with pain and/or bleeding unrelated to pregnancy.

Healthcare setting

Primary and secondary care settings that provide care for women with complications in early pregnancy.

Clinical management

4.1.3 Key clinical issues that will be covered

a) Initial management. 'Initial' is defined as the interval between presentation to a healthcare professional and either: the spontaneous loss or removal of pregnancy tissue following a miscarriage or ectopic pregnancy; suspicion or diagnosis of trophoblastic disease; or confirmation of a viable intrauterine pregnancy.

b) The accuracy of clinical features (including uncommon features such as diarrhoea) in leading to a diagnosis.

c) The accuracy and interpretation of biomarkers (human chorionic gonadotrophin [hCG], progesterone) and ultrasound in diagnosis, and identifying both the location and the viability of the pregnancy. This will also address the approach to pregnancies of unknown location.

d) Pharmacological interventions to prevent miscarriage in women with threatened miscarriage.

e) Effectiveness of early pregnancy assessment units in improving physical and emotional outcomes.

f) Management strategies for miscarriage (expectant, medical and surgical management options).

g) Management strategies for ectopic pregnancy (medical and surgical management options).

h) Emotional and psychological support for women with pain and bleeding in early pregnancy, and those who experience pregnancy loss

i) The provision of anti-D rhesus prophylaxis for women with miscarriage or ectopic pregnancy

j) Note that guideline recommendations for drugs will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients.'

4.1.4 Clinical issues that will not be covered

a) Emergency management of women with acute presentations of shock and collapse.

b) Management of other problems in the first trimester unrelated to pain and bleeding caused by miscarriage or ectopic pregnancy.

c) Ongoing management of the pregnancy after the first trimester (that is, 13 completed weeks or more).

d) Additional treatment and management required by women with recurrent miscarriage.

Main outcomes

a) Maternal mortality.

b) Measures of blood loss (measured loss, transfusion needs, coagulation problems and haemoglobin).

c) Measures of pain.

d) Need for further interventions.

e) Continuation of the pregnancy.

f) Neonatal outcome

g) Subsequent pregnancy rates.

h) Recurrence risk.

i) Emotional and psychological outcomes of woman and her partner (including depression, anxiety and post-traumatic stress disorder).

j) Women's experience of care and initial follow-up.

k) Length of stay.

l) Number of outpatient visits

m) Adverse effects of treatment.

n) Subsequent pregnancy complications.

Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative

interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see ‘Further information’).

Status

4.1.5 Scope

This is the final scope.

4.1.6 Timing

The development of the guideline recommendations will begin in November 2010.

5 Related NICE guidance

Published guidance

- Diabetes in pregnancy. NICE clinical guideline 63 (2008). Available from www.nice.org.uk/guidance/CG63
- Antenatal care. NICE clinical guideline 62 (2008). Available from www.nice.org.uk/guidance/CG62
- Routine antenatal anti-D prophylaxis for women who are rhesus D negative. NICE technology appraisal guidance 156 (2008). Available from www.nice.org.uk/guidance/TA156
- Fertility. NICE clinical guideline 11 (2004). Available from www.nice.org.uk/guidance/CG11
- Hypertension in pregnancy. NICE clinical guideline 107 (2010). Available from www.nice.org.uk/guidance/CG107

Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Fertility (update). NICE clinical guideline. Publication date to be confirmed.

6 Further information

Information on the guideline development process is provided in:

- ‘How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS’
- ‘The guidelines manual’.

These are available from the NICE website (www.nice.org.uk/GuidelinesManual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).

Appendix B Stakeholders

The list of stakeholders for this guideline is below. Please note that stakeholders for a guideline can register at any time, and so to see the most up-to-date list, please consult the Pain and bleeding in early pregnancy guideline page on the NICE website.

Airedale NHS Trust

Association for Improvements in the Maternity Services

Association of British Healthcare Industries

Association of Early Pregnancy Units

Association of Radical Midwives

Barnsley Hospital NHS Foundation Trust

Birth Trauma Association

Bliss

Bradford District Care Trust

Breastfeeding Network

British Maternal & Fetal Medicine Society

British Medical Association

British Medical Journal

British National Formulary

British Pregnancy Advisory Service

British Psychological Society

British Society for Gynaecological Endoscopy

Cambridge University Hospitals NHS Foundation Trust

Camden Link

Care Quality Commission (CQC)

Central London Community Healthcare

Cerebra

Chesterfield Royal Hospital NHS Foundation Trust

CIS'ters

Citizens Commission on Human Rights

Cochrane Pregnancy & Childbirth Group

College of Emergency Medicine

Commission for Social Care Inspection

Department for Communities and Local Government

Department of Health

Department of Health, Social Services and Public Safety – Northern Ireland
Dorset Primary Care Trust
Doula UK
Ferring Pharmaceuticals
Fibroid Network Charity
GE Healthcare
George Eliot Hospital NHS Trust
Gloucestershire Hospitals NHS Foundation Trust
Gloucestershire LINk
Great Western Hospitals NHS Foundation Trust
Grunenthal Ltd
Health Protection Agency
Health Quality Improvement Partnership
Healthcare Improvement Scotland
Hindu Council UK
Homerton Hospital NHS Foundation Trust
Institute for Women's Health
IPULA
Joint Royal Colleges Ambulance Liaison Committee
KCARE
King's College Hospital – Weston Education Centre
King's College Hospital NHS Foundation Trust
Lambeth Community Health
Lancashire Care NHS Foundation Trust
Leeds Primary Care Trust (NHS Leeds)
Leeds Teaching Hospitals NHS Trust
Liverpool Community Health
Liverpool Primary Care Trust
Liverpool Women's NHS Foundation Trust
Lothian University Hospitals Trust
Luton and Dunstable Hospital NHS Trust
Maternity Action
Medicines and Healthcare products Regulatory Agency
Ministry of Defence
Mumsnet
National Childbirth Trust
National Clinical Guideline Centre
National Collaborating Centre for Cancer
National Collaborating Centre for Mental Health

National Institute for Health Research Health Technology Assessment Programme
National Patient Safety Agency
National Public Health Service for Wales
National Treatment Agency for Substance Misuse
NHS Bournemouth and Poole
NHS Clinical Knowledge Summaries
NHS Connecting for Health
NHS Direct
NHS Plus
NHS Sheffield
NHS Warwickshire Primary Care Trust
NICE – CPHE
NICE – Patient and Public Involvement Programme (PPIP)
NICE – Technical Appraisals
North Somerset Primary Care Trust
North Tees and Hartlepool NHS Foundation Trust
Northumberland Hills Hospital, Ontario
Nottingham City Hospital
Obstetric Anaesthetists' Association
Oxfordshire Maternity Services Liaison Committee
Pelvic Pain Support Network
PERIGON Healthcare Ltd
Perinatal Institute
Pfizer
Pharmacosmos
Pharmametrics GmbH
Public Health Wales NHS Trust
Roche Diagnostics
Royal Berkshire NHS Foundation Trust
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners in Wales
Royal College of Midwives
Royal College of Nursing
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Paediatrics and Child Health, Gastroenterology, Hepatology and Nutrition
Royal College of Pathologists
Royal College of Physicians

Royal College of Psychiatrists
Royal College of Psychiatrists in Scotland
Royal College of Radiologists
Royal College of Surgeons of England
Royal Cornwall Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
Royal Pharmaceutical Society
Royal Society of Medicine
Sands, the stillbirth and neonatal death charity
Scarborough and North Yorkshire Healthcare NHS Trust
Scottish Intercollegiate Guidelines Network
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
Society and College of Radiographers
South Asian Health Foundation
South Devon Healthcare NHS Foundation Trust
South East Coast Ambulance Service
South London & Maudsley NHS Trust
St Mary's Hospital for Women & Children
Swansea University
The Ectopic Pregnancy Trust
The Miscarriage Association
The Pelvic Partnership
The Rotherham NHS Foundation Trust
The University of Glamorgan
UK Clinical Pharmacy Association
United Lincolnshire Hospitals NHS
University Hospitals Bristol NHS Foundation Trust
Verity
Vifor Pharma UK Ltd
Welsh Government
Welsh Scientific Advisory Committee
Western Cheshire Primary Care Trust
Western Health and Social Care Trust
Wirral University Teaching Hospital NHS Foundation Trust
Women's Health Partnership
Wrightington, Wigan and Leigh NHS Foundation Trust
York Hospitals NHS Foundation Trust

Appendix C Declarations of interest

All GDG members' interests were recorded on declaration forms provided by NICE. The form covered consultancies, fee-paid work, shareholdings, fellowships and support from the healthcare industry. GDG members' interests are listed in this section. Except where specifically indicated in the table, these interests did not constitute a conflict.

Table C.1 GDG members' declarations of interest

GDG member	Interest
Mary Ann Lumsden	**Non-personal specific pecuniary interest**
	During the stakeholder consultation phase submitted a joint research proposal investigating use of progesterone for threatened miscarriage. It was agreed that this constituted a conflict of interest and so Mary Ann left the room for subsequent discussions of the use of progesterone for threatened miscarriage.
Fiona Blake	None declared
Nicola Davies	**Non-personal non-specific pecuniary interest**
	Received payment for training of GP registrars paid directly to the Miscarriage Association
Karen Easton	**Personal non-pecuniary interests**
	Article written on complications in early pregnancy
	Member of the Association of Early Pregnancy Units
	Member of the Ectopic Trust
	Member of the Royal College of Nursing and its gynaecological nursing forum
Roy Farquharson	**Personal non-specific pecuniary interest**
	Receives royalties from a book on miscarriage and early pregnancy
	Personal non-pecuniary interests
	Former chair of the Association of Early Pregnancy Assessment Units (tenure as chair ended midway through guideline development. Still remains a member)
	Helped to recruit women to the research arm of an NHS funded clinical trial
Joanne Fletcher	**Personal non-pecuniary interest**
	Former committee member of the Royal College of Nursing's Women's Health Network
	Member of the Royal College of Obstetricians and Gynaecologists' guideline group for abortion care
	Contributor to 2007 guidelines produced by Sands (the stillbirth and neonatal death society)
Liz Jones	None declared

GDG member	Interest
Julie Orford	**Personal non-pecuniary interest**
	Chair of the Birth Trauma Association
Caroline Overton	**Non-personal non-specific pecuniary interests**
	Chair of the Association of Early Pregnancy Units whose website is sponsored by GE Healthcare and Ferring Pharmaceuticals
	Charitable trustee and medical advisor for Endometriosis UK which received sponsorship from Takeda UK Ltd to produce an information leaflet entitled "Living with endometriosis"
	Personal non-pecuniary interests
	Chair of RCOG guidelines committee (tenure as chair began midway through guideline development. Previously honorary secretary for the organisation)
	Published article entitled "Diagnosis is vital in ectopic pregnancy"
	Two papers submitted for publication on the topics of early pregnancy care
	Lectures given on the topic of "Setting up an acute gynaecological service"
	Medical information provided to Takeda UK Ltd
	Supervised research into outpatient medical management of miscarriage which has been presented at meetings, but not published
Shammi Ramlakhan	None declared
Helen Wilkinson	**Personal non-pecuniary interests**
	Director of the Ectopic Pregnancy Trust
	Executive member of the Association of Early Pregnancy Units

Table C.2 NCC staff members' declarations of interest

NCC-WCH staff	Interest
Lauren Bardisa-Ezcurra	None declared
Zosia Beckles	None declared
Liz Bickerdike	None declared
Rupert Franklin	None declared
Maryam Gholitabar	None declared
Paul Jacklin	None declared
David James	**Personal non-pecuniary interest**
	Senior editor of "High risk pregnancy management options (4th edition)"
Emma Newbatt	None declared
Roz Ullman	None declared

Table C.3 External advisors' declarations of interest

External advisor	Interest
Tom Bourne	**Personal non-pecuniary interests**
	Trustee and medical adviser to the Ectopic Pregnancy Trust
	Member of the board of the Association of Early Pregnancy Units
	Published a number of research papers in the topic area including the use of both hCG and ultrasound for diagnosis.
Janette Keit	None declared
David Roberts	None declared

Appendix D Review protocols

Chapter 4 Emotional support and information giving

Psychological and emotional support

	Details	Additional comments
Review question	What interventions are the most effective for improving women's psychological and/or emotional health following pain, bleeding or pregnancy loss, in the first trimester of pregnancy?	
Objectives	To determine which interventions provide the best outcomes in terms of women's psychological and emotional health, and which interventions women prefer/value most.	
Language	English	
Study design	Systematic reviews of randomised controlled trials (RCTs) RCTs Comparative observational studies including qualitative studies Non-comparative studies will be used if no comparative studies available to investigate which interventions women like/value.	
Status	Published papers	
Population	**Population for all interventions includes:** Women diagnosed with or following a miscarriage Women diagnosed with a missed miscarriage Women diagnosed with or following an ectopic pregnancy Women diagnosed with threatened miscarriage Women with pregnancy of unknown location (PUL)	**Search terms** Inevitable miscarriage Incomplete miscarriage Early pregnancy loss Abortion Spontaneous abortion Blighted ovum Delayed miscarriage Early fetal demise Anembryonic

	Include late miscarriage (up to 22 weeks) and recurrent miscarriage **Population for formal psychiatric or psychological interventions (such as cognitive behavioural therapy) includes:** Women with any of the above AND diagnosed with mental health problem e.g. depression, anxiety **Population excludes:** Women having or following a therapeutic abortion	Non-viable Embryonic demise
Intervention	Any intervention aimed at improving psychological outcomes. These include: **Informal** Information and support provided by "standard" healthcare professional (including timing of information and support) Informal counselling (active listening, sensitive communication on part of "usual" healthcare staff) – integral to standard care Peer support/"buddying" Leaflets/written information (including timing of when given) Provision of contact telephone numbers/helpline and advice encouraging women to contact someone for support when the time is right Providing choice of care options Support provided to women and their partners Close monitoring and support in subsequent pregnancy including extra ultrasound scans for "reassurance" **Formal** Formal counseling/therapy/ psychotherapy (by specially trained healthcare professional, additional to standard care) – for these interventions population needs to be women identified as having mental health problems Cognitive behavioural therapy (CBT)	

	Anti-depressants or other medication	
Comparator	No specific supportive intervention	
	Any other type of intervention	
	Providing no choice	
	Early vs. late interventions/different timings	
	Same intervention by different healthcare professional or in different settings	
	Intervention early or late in next pregnancy	
Outcomes	1. Emotional and psychological outcomes of women (including depression, anxiety and post-traumatic stress disorder) – short term and longer term	Validated measures only.
	2. Women's views/experiences of care	
	3. Anxiety about/fear of future pregnancy	
	4. Raised anxiety during subsequent pregnancy	
	5. Outcome of subsequent pregnancy	
	6. Future postnatal depression	
	7. Anxiety or depression in future pregnancy	
Other criteria for inclusion/ exclusion of studies	Include case series/case reports for outcome of women's views of care received if no comparative data is available	

Chapter 5 Early pregnancy assessment units

Clinical and cost effectiveness of early pregnancy assessment units (EPAUs)

	Details	**Additional comments**
Review question	What is the clinical and cost effectiveness of EPAUs compared with other models of service provision in improving women's clinical and psychological outcomes?	
Objectives	To determine whether EPAUs are the most effective venue for diagnosis and management of miscarriage and ectopic pregnancy, including both clinical	

	care and emotional and psychological support.	
Language	English	
Study design	RCTs	
	Cohort studies	
	Comparative observational studies	
	Qualitative studies	
Status	Published papers	
Population	Women presenting with pain and bleeding in early pregnancy	**Population includes**:
	Women with missed miscarriage	e.g. verified by early urine testing
Intervention	Early pregnancy assessment units	
Comparator	Other models of care:	
	Accident and emergency department / emergency room	
	Gynaecological clinics	
	Inpatient management (gynaecology wards)	
	Hospital-based care	
	Community-based care	
	Reproductive health clinics	
	Gynaecology emergency units	
	Office and primary care	
	Mixed settings where diagnosis is separate from management	
Outcomes	Maternal outcomes (listed in priority order)	Extract any information reported about patient choice
	Length of stay/Number of visits required during episode of pain and bleeding	
	Women's and partners' satisfaction and emotional and psychological outcomes	
	Number of investigations	
	Time to diagnosis	
	Need for further interventions	
	Need for admission	
	Measures of pain and bleeding	
	Need for transfusion	
	infection	
	Subsequent pregnancy rates	

Other criteria for inclusion/ exclusion of studies	Exclude non-human studies Case series Exclude non-English papers Exclude developing countries From 1985 onwards	1985 earliest there are likely to be data (as 1986 the first EPAU)

Model for service organisation and delivery of EPAUs

	Details	Additional comments
Review question	What is the appropriate model for service organisation and delivery of EPAUs?	
Objectives	To determine how an EPAU should be organised, in terms of staffing and referral systems, to maximise the quality of patient care	
Language	English	
Study design	RCTs and comparative observational studies (unlikely) Cross-sectional and other non-comparative data including qualitative studies	
Status	Published papers	
Population	Women presenting with pain and bleeding in early pregnancy Women with missed miscarriage	
Intervention	Specific EPAU model of care	Report details of service organisation and delivery
Comparator	If possible, compare different models of care within the EPAU setting	Unlikely to be comparative data – include non-comparative data
Outcomes	1. Staff mix 2. Source of referrals to EPAU 3. Waiting time (for initial assessment and/or ultrasound?) 4. Proportion of women managed by each type of practitioner (e.g. nurse, ultrasonographer, obstetrician, gynaecologist) 5. Availability of out-of-hours care 6. Number of patients seen per day/week/month/year 7. Women's views and experiences of care	

	8. Need for admission or readmission 9. Length of stay	
Other criteria for inclusion/ exclusion of studies	Exclude non-human studies Exclude non-English papers Exclude developing countries From 1985 onwards	1985 earliest there are likely to be data (as 1986 the first EPAU)

Chapter 6 Diagnosis of ectopic pregnancy and miscarriage

Signs and symptoms of ectopic pregnancy

	Details	**Additional comments**
Review question	What are the signs and symptoms associated with ectopic pregnancy?	Also report reported risk factors
Objectives	Aim to develop a table listing the signs and symptoms and their prevalence in women presenting with ectopic pregnancy. To describe common risk factors.	Highlight unusual presenting features and how common these are. Look particularly for menstrual history
Language	English	
Study design	Non-comparative observational studies inc. retrospective cohort studies and case series.	Studies including 15 or more women with ectopic pregnancy
Status	Published papers	
Population	Pregnant women with pain and / or bleeding in the first trimester or other signs/symptoms associated with pregnancy loss. **Population includes:** Ectopic pregnancy Women initially diagnosed with a pregnancy of unknown location **Population excludes:** Women who have received fertility treatment resulting in current pregnancy	NB. At presentation women often do not know they are pregnant. Establishing this is part of the diagnosis.
Intervention	History-taking and physical examination	
Comparator	Not applicable	
Outcomes	Diagnosis of ectopic pregnancy	
Other criteria for inclusion/ exclusion of studies	Include emerging and developed countries Exclude non-human studies	

	Exclude case series with 15 or fewer participants	
	Exclude non-English papers	
	Exclude resource-poor developing countries	
	Exclude papers published before 1980	

Ultrasound for determining a viable intrauterine pregnancy

	Details	Additional comments
Review question	What is the diagnostic value of ultrasound for determining a viable intrauterine pregnancy?	Exclude other diagnoses, including ectopic pregnancy.
Objectives	To identify the diagnostic value of ultrasound in determining a viable intrauterine pregnancy in the first trimester.	Note: In order to correctly establish diagnostic accuracy we need to find the number of false negatives i.e. the number of "non-viable" pregnancies that turned out to be viable. Need to be careful that studies are designed so as to report this i.e. with proper follow up of non-viable pregnancies.
Language	English	
Study design	Studies of diagnostic accuracy.	
Status	Published papers	
Population	Pregnant women with pain and/or bleeding in the first trimester or other signs/symptoms associated with pregnancy loss.	NB. At presentation women often do not know they are pregnant. Establishing this is part of the diagnosis.
	Includes:	Those with positive hCG
	Suspected miscarriage	Include spontaneous abortion and early pregnancy loss
	Threatened miscarriage	
	Missed miscarriage	Report competency when its mentioned in the papers
	Trophoblastic disease (hydatidiform mole; placental tumours)	
	Suspected ectopic pregnancy	
	Pregnancy of unknown location	
Intervention	Ultrasound scan	Ultrasound showing presence/ absence of fetal heart beat, at different crown–rump length (CRL), GS sizes or gestational ages
Comparator	Gold standard: repeat scan when viability of pregnancy confirmed	
Outcomes	Confirmed diagnosis	

Other criteria for inclusion/ exclusion of studies	Include only developed countries Exclude non-human studies Exclude non-English papers 1980 onwards	Due to the advances in ultrasound scanning early papers and those from developing countries will not be generalisable to current UK practice.

Accuracy of imaging techniques for diagnosis of an ectopic pregnancy

	Details	Additional comments
Review question	What is the accuracy of transvaginal ultrasound compared with transabdominal ultrasound for diagnosing ectopic pregnancy?	
Objectives	To compare the diagnostic accuracy of these 2 modes of ultrasound (US) to determine which is the more accurate at diagnosing ectopic pregnancy.	To find out if transvaginal is more accurate compared with transabdominal. Note: currently there is variation in practice with ultrasonographers preferring abdominal US and EPAU clinicians trained in US preferring transvaginal believing they are more accurate.
Language	English	
Study design	Comparative studies of diagnostic accuracy.	Will only include papers that compare the 2 types of US – preferably on the same study sample and preferably with blinding.
Status	Published papers	
Population	Pregnant women with pain and / or bleeding in the first trimester or other signs/symptoms associated with pregnancy loss.	NB. At presentation women often do not know they are pregnant. Establishing this is part of the diagnosis.
	Includes:	Those with positive hCG
	Suspected miscarriage	Include spontaneous abortion and early pregnancy loss
	Threatened miscarriage	
	Missed miscarriage	Will mention competency when it's mentioned in the papers
	Trophoblastic disease (hydatidiform mole; placental tumours)	Need to report gestation and/or any sizes of observed where reported
	Suspected ectopic pregnancy	
	Pregnancy of unknown location	
Intervention	Ultrasound scan – transvaginal and transabdominal	
Comparator	Gold standard: Laparoscopy and laparotomy	
Outcomes	Confirmed diagnosis	

Other criteria for inclusion/ exclusion of studies	Include only developed countries Exclude non-human studies Exclude case series Exclude non-English papers 1980 onwards

Diagnostic accuracy of hCG measurements alone for determining ectopic pregnancy and viable intrauterine pregnancy

	Details	Additional comments
Review question	What is the diagnostic accuracy of two or more hCG measurements for determining: (a) an ectopic pregnancy (b) a viable intrauterine pregnancy in women with pain and bleeding and pregnancy of unknown location?	Need to note how many hCG measurements taken and timing of them. Also need to detail how difference between measurements is being interpreted Note (if possible) the gestation of pregnancy in included women. For diagnosis of ectopic pregnancy viability is not the issue – just location.
Objectives	To identify the diagnostic accuracy of hCG in determining an ectopic pregnancy or a viable intrauterine pregnancy where there is pregnancy of unknown location. If possible to determine when these should be performed and what thresholds should be used.	Report timing of hCG measurements and thresholds used in deciding diagnosis.
Language	English	
Study design	Experimental studies of diagnostic accuracy. Observational studies of diagnostic pathway (prospective and retrospective)	
Status	Published papers	
Population	Pregnant women with pain and / or bleeding in a pregnancy of unknown location. **Population includes:** Suspected miscarriage Suspected threatened miscarriage Suspected ectopic pregnancy **Population excludes:** Women without pain and bleeding in early pregnancy Women with multiple pregnancy	NB. At presentation women often do not know they are pregnant. Establishing this is part of the diagnosis.

Intervention	Beta human chorionic gonadotrophin measurement/assay – blood/serum samples (2, 3 or more)	
Comparator	Gold standard: For ectopic pregnancy: laparoscopy or laparotomy +/- histology For viable IUP: Repeat ultrasound scan showing viable pregnancy, or laparoscopy	For ectopic pregnancy: laparoscopy or laparotomy with histology to confirm pregnancy tissue where relevant (Note: if any intervention to confirm pregnancy disrupts viability, this is not a valid reference (gold) standard for this question)
Outcomes	Confirmed diagnosis using gold/reference standard	
Other criteria for inclusion/ exclusion of studies	Include only developed countries Exclude non-human studies Exclude non-English papers 1985 onwards	It was around this time that the first EPAUs were established and hCG measurements started to be used.

Diagnostic accuracy of hCG measurements plus progesterone for determining ectopic pregnancy and viable intrauterine pregnancy

	Details	**Additional comments**
Review question	What is the diagnostic accuracy of 2 more hCG measurements plus progesterone for determining: (a) an ectopic pregnancy (b) a viable intrauterine pregnancy in women with pain and bleeding and pregnancy of unknown location?	Note (if possible) the gestation of pregnancy in included women. For diagnosis of ectopic pregnancy viability is not the issue – just location.
Objectives	To identify the diagnostic accuracy of serial hCG plus one progesterone measurement in diagnosing ectopic pregnancy or a viable intrauterine pregnancy in women with pain and bleeding in a pregnancy of unknown location. If possible to determine when these should be performed and what thresholds should be used.	Need to note how many hCG measurements taken and timing of them and the timing of progesterone measurement. Also need to detail how difference between measurements is being interpreted and thresholds used
Language	English	
Study design	Experimental studies of diagnostic accuracy. Observational studies of diagnostic pathway	
Status	Published papers	

Population	Pregnant women with pain and / or bleeding in a pregnancy of unknown location (as diagnosed by ultrasound scan) **Population includes:** Suspected miscarriage Suspected threatened miscarriage Suspected ectopic pregnancy **Population excludes:** Women without pain and bleeding in early pregnancy Women with multiple pregnancy	NB. At presentation women often do not know they are pregnant. Establishing this is part of the diagnosis.
Intervention	Serum hCG and progesterone assays blood/serum samples	
Comparator	Gold standard: For ectopic pregnancy: laparoscopy +/- histology For viable IUP: Repeat ultrasound Scan showing viable pregnancy, or laparoscopy	For ectopic pregnancy: laparoscopy or laparotomy with histology to confirm pregnancy tissue where relevant (Note: if any intervention to confirm pregnancy disrupts viability, then this is not a valid reference (gold) standard for this question)
Outcomes	Confirmed diagnosis using gold standard	
Other criteria for inclusion/ exclusion of studies	Exclude non-human studies Exclude non-English papers Exclude studies from developing countries 1985 onwards	It was around this time that the first EPAUs were established and hCG measurements started to be used.

Chapter 7 Management of threatened miscarriage and miscarriage

Progesterone for threatened miscarriage

	Details	Additional comments
Review question	What is the effectiveness of progesterone in improving outcomes in women with threatened miscarriage?	
Objectives	To determine the effectiveness of progesterone/progestogen in preventing miscarriage in women indentified with threatened miscarriage	

Language	English	
Study design	**Ideal** Systematic reviews of randomised controlled trials (RCTs) RCTs **Less ideal** Other comparative studies – only if no RCTs available	There is a study looking into care of women with idiopathic recurrent miscarriage (PROMISE trial) (will not be published by time of publication)
Status	Published papers	
Population	Population includes: Women diagnosed with threatened miscarriage in the first trimester of pregnancy.	Consider: Different gestations – very important to identify this is papers reviewed Differing degrees of bleeding With and without pain Absence of ultrasound assessment as before scans appeared. Most studies done in 1960s, including RCTs
Intervention	Progesterone therapy / progestogen (any regimen/any route)	Route may be important Several synthetic progestogens were used e.g. Provera, methylhydroxyprogesterone, norethisterone. Other progestogens were manufactured and possibly trialled but no longer used e.g. duphaston
Comparator	No intervention	
Outcomes	Live birth Ongoing viable pregnancy/ pregnancy beyond 12 weeks Adverse effects of treatment including IUGR (intrauterine growth restriction), fetal abnormality and stillbirth. Also obstetric morbidity e.g. pre-eclampsia , placental abruption, pre-term birth, Need for further interventions (including delayed miscarriage 1–2 weeks later) Women's views/experiences of care and initial follow-up (maternal satisfaction)/emotional and psychological outcomes of woman and her partner (including depression, anxiety and post-traumatic stress disorder)	Fetal abnormality e.g. limb reduction defects were highlighted as possible adverse events

Other criteria for inclusion/ exclusion of studies	Exclude developing countries Exclude women presenting with diagnosed molar pregnancy	

Management of miscarriage (expectant management compared with active treatment; surgical compared with medical management)

	Details	Additional comments
Review question	How effective is expectant management of miscarriage compared with active treatment for improving women's clinical and psychological outcomes? How effective is surgical management of miscarriage compared with medical management for improving women's clinical and psychological outcomes?	
Objectives	To determine which of the management approaches is associated with better outcomes, both clinically and emotionally and fewer adverse effects	
Language	English	
Study design	**Ideal** Systematic reviews of randomised controlled trials (RCTs) RCTs **Less ideal (if RCT evidence inadequate for any of the priority outcomes)** Experimental comparative studies Observational comparative studies Qualitative studies for women's experience of care and psychological outcomes	
Status	Published papers	
Population	**Population includes**: Women diagnosed with an ongoing, active miscarriage Women diagnosed with a missed miscarriage **Population excludes**: Women diagnosed with threatened miscarriage Women with trophoblastic disease	**Search terms** Inevitable miscarriage Incomplete miscarriage Early pregnancy loss Abortion Spontaneous abortion Blighted ovum Delayed miscarriage

		Early fetal demise Anembryonic Non-viable Embryonic demise
Intervention	Expectant management Medical management Surgical management	
Comparator	Expectant vs. active (medical or surgical) Surgical vs. medical	Placebo is distinct from expectant – will be covered in a different question Surgical management includes dilation and curettage with or without medical priming of the cervix
Outcomes	Measures of blood loss (including days of bleeding, transfusion needs) Measures of pain Need for further interventions Adverse effects of treatment Length of stay/number of outpatient visits Subsequent pregnancy rates (and outcomes) Women's views/experiences of care and initial follow-up (maternal satisfaction) and emotional and psychological outcomes of woman and her partner (including depression, anxiety and post-traumatic stress disorder) Recurrence risk Subsequent pregnancy complications	
Other criteria for inclusion/ exclusion of studies	Exclude additional treatment and management required by women with recurrent miscarriage Exclude emergency management of women with acute presentations of shock and collapse Exclude developing countries for expectant vs. active Include developing countries for medical vs. surgical Exclude women presenting with diagnosed molar pregnancy	Need to carefully describe population to identify those women with complications of attempted termination

Misoprostol and mifepristone for managing miscarriage

	Details	Additional comments
Review question	What is the most appropriate dose of misoprostol and mifepristone to provide for managing miscarriage?	Appropriate here means fewest side effects for a dosage which is still effective
Objectives	To determine which dosing regimen is associated with better outcomes and fewer adverse effects	
Language	English	
Study design	Systematic reviews of randomised controlled trials (RCTs)	
	RCTs	
Status	Published papers	
Population	**Population includes:**	
	Women diagnosed with an ongoing miscarriage	
	Women diagnosed with a missed miscarriage	
	Need to look at incomplete separately from missed	
	Population excludes:	
	Women diagnosed with threatened miscarriage	
	Exclude trials which don't report missed and incomplete separately	
Intervention	Misoprostol & mifepristone	In combination, or misoprostol alone
Comparator	Different dosages and routes	Oral
	Placebo	Vaginal
		Sublingual & buccal
Outcomes	Women's mortality	
	Duration of bleeding	
	Measures of pain	
	Need for further interventions	
	Adverse effects of treatment	
	Women's views/experiences of care and initial follow-up (maternal satisfaction)	
	Emotional and psychological outcomes of woman and her partner (including depression, anxiety and post-traumatic stress disorder)	

Other criteria for inclusion/ exclusion of studies	Exclude additional treatment and management required by women with recurrent miscarriage Exclude emergency management of women with acute presentations of shock and collapse Exclude studies which look at dosages for priming	

Setting for surgical management of miscarriage

	Details	**Additional comments**
Review question	What is the effectiveness of surgical management of miscarriage in an outpatient (office) setting compared with any other setting for improving women's clinical and psychological outcomes?	
Objectives	To compare manual vacuum aspiration under local anaesthetic with traditional surgical procedure under general anaesthetic	Local here means anything that allows surgical procedure to be done as an out-patient
Language	English	
Study design	<u>Ideal:</u> Systematic reviews of randomised controlled trials (RCTs) RCTs Cohort studies Case series if no comparative studies found (>10) Qualitative studies	
Status	Published papers	
Population	**Population includes**: Women diagnosed with an ongoing miscarriage Women diagnosed with a missed miscarriage **Population excludes**: Women diagnosed with threatened miscarriage	• **Search terms** Inevitable miscarriage Incomplete miscarriage
Intervention	Surgical management (vacuum aspiration with or without dilatation (no curettage) with any anaesthesia which allows an 'office' procedure	This is a proxy for outpatient Search terms: Office gynaecology Clinic Out-patient clinic Polyclinic

Comparator	Surgical management with any anaesthesia which entails an in-patient procedure: dilatation, evacuation of retained products, dilation and curettage	This is a proxy for inpatient In-patient General anaesthetic Theatre (operating)
Outcomes	Measures of pain Need for further interventions (any further intervention) Readmission/admission tohospital Adverse effects of treatment/surgical complications Women's views/experiences of care and initial follow-up	
Other criteria for inclusion/ exclusion of studies	Exclude additional treatment and management required by women with recurrent miscarriage Exclude emergency management of women with acute presentations of shock and collapse Exclude developing countries Exclude women presenting with diagnosed molar pregnancy From 1990 onwards	

Chapter 8 Management of ectopic pregnancy

Surgical compared with medical management of ectopic pregnancy

	Details	Additional comments
Review question	How effective is surgical management of tubal ectopic pregnancy compared with medical management for improving women's clinical and psychological outcomes?	
Objectives	To determine whether medical or surgical management is most appropriate for women with an ectopic pregnancy in terms of both clinical care and emotional care	To identify the profile of women who are better suited to one approach than another Would like subgroup analysis to identify in which group of women medical management is failing If possible to determine impact of beta-hCG (progesterone), ultrasound and clinical features in helping to determine which management strategy might be most appropriate.
Language	English	

Study design	Comparative studies – all designs (experimental/trials and observational)	
Status	Published papers	
Population	Women who have a tubal ectopic pregnancy	Report those pregnancies that have had a formal ultrasound diagnosis
Intervention	Medical management (all types) Drugs include: Misoprostol Mifepristone Methotrexate (with or without prostaglandins) Adriamicin Hyperosmolar glucose	
Comparator	Surgical interventions: Laparoscopy Laparotomy	Report whether salpingectomy or salpingotomy
Outcomes	Maternal mortality Need for transfusion Duration of blood loss following procedure Measures of pain Need for further interventions Readmission Subsequent intrauterine pregnancy rates Recurrence risk Emotional and psychological outcomes of woman and her partner (including depression, anxiety and post traumatic stress disorder). Women's experience of care Length of time until discharge	
Other criteria for inclusion/ exclusion of studies	Exclude case series Exclude non-tubal ectopic pregnancies Exclude developing countries	

Laparotomy compared with laparoscopy for ectopic pregnancy

	Details	Additional comments
Review question	What is the effectiveness of laparotomy compared with laparoscopic techniques for managing tubal ectopic pregnancy?	
Objectives	To determine which of the two techniques is associated with better outcomes and fewer adverse effects.	Techniques may vary for both approaches. Describe for each study salpingectomy vs. salpingotomy
Language	English	
Study design	RCTs	
Status	Published papers	
Population	**Population includes**: Women with tubal ectopic pregnancy **Population excludes**: Other types of ectopic e.g. corneal/cervical	Report number of ruptured ectopic pregnancies
Intervention	Laparotomy for management of ectopic pregnancy	
Comparator	Laparoscopy	
Outcomes	Maternal mortality Women's views/experiences Abdominal pain Need for further surgery (laparotomy/dilatation and curettage) ITU/ HDU admission Thromboembolic disease Length of hospital stay Readmission to hospital Successful pregnancy in the future Not having more children Measures of blood loss (haemorrhage, need for transfusion, haemoglobin) Infection Depression Respiratory morbidity (pulmonary embolism/pneumonia)	
Other criteria for inclusion/ exclusion of studies	Exclude case series	

Salpingectomy compared with salpingotomy for ectopic pregnancy

	Details	Additional comments
Review question	What is the effectiveness of salpingectomy compared with salpingotomy in improving outcomes in women with tubal ectopic pregnancy?	
Objectives	To determine which operation leads to the best outcomes, salpingectomy or salpingotomy?	
Language	English	
Study design	RCT Systematic review of RCTs	In the absence of RCTs, non-RCT comparative studies will be included
Status	Published papers	
Population	Women who have a tubal ectopic pregnancy	
Intervention	Salpingectomy	
Comparator	Salpingo(s)tomy	Salpingotomy/salpingostomy are often used interchangeably in the literature, therefore both will be considered.
Outcomes	Maternal mortality Need for a blood transfusion Need for further intervention Readmission Ongoing pain Surgical complications (including infection) Subsequent intrauterine pregnancy rates Recurrence risk	For subsequent intrauterine pregnancy rates and recurrence risk it will be important to consider length of follow-up
Other criteria for inclusion/ exclusion of studies	Exclude case series Exclude non-tubal ectopic pregnancies Exclude developing countries Exclude studies where either group has < 10 participants	

Chapter 9 Anti-D rhesus prophylaxis

Anti-D rhesus prophylaxis for threatened miscarriage, miscarriage and ectopic pregnancy

	Details	Additional comments
Review question	Should anti-D rhesus prophylaxis be given to women with a threatened miscarriage, miscarriage or ectopic pregnancy in the first trimester?	
Objectives	Determining whether anti-D rhesus prophylaxis should be given to women with ectopic pregnancy Determining whether anti-D rhesus prophylaxis should be given to women with miscarriage	
Language	English	
Study design	RCTs Cohort studies Comparative observational studies Epidemiological studies Case series	
Status	Published papers	
Population	Women with ectopic pregnancy Women with miscarriage (including threatened miscarriage) Exclude women with trophoblastic disease	African populations have lower Rh- so highest Rh immunisation rates would be in Caucasian groups Consider women who opt out because they know their partner is Rh- Evidence from populations of women undergoing induced abortion may be included if there is no other evidence, because outcomes are biochemical not emotional.
Intervention	Provision of rhesus anti-D prophylaxis	Rhesus Isoimmunisation Rhesus immunisation Rhesus (Rh) disease Immuno prophylaxis Haemolytic disease of the fetus or newborn (HDF, HDFN, HDN) Rhesus factor Anti-D Anti-D (d) gamma globulin
Comparator	No anti-D prophylaxis	

Outcomes	Clinically significant rate of sensitisation Occurrence of RH disease in a subsequent pregnancy	
Other criteria for inclusion/ exclusion of studies	Include developing countries	Describe population carefully in evidence table

Anti-D rhesus prophylaxis – dose

	Details	Additional comments
Review question	What is the appropriate dose of anti-D that should be administered to women with a threatened miscarriage, miscarriage or ectopic pregnancy in the first trimester?	
Objectives	Determining the appropriate dose of anti-D that should be administered.	
Language	English	
Study design	RCTs Cohort studies Comparative observational studies Epidemiological studies Case series	
Status	Published papers	
Population	Women with ectopic pregnancy Women with miscarriage (including threatened miscarriage) Consideration about prevalence of Rh negative in particular ethnic groups Exclude women with trophoblastic disease	Will need to look at each of these populations separately. Risk should be dependent on gestation and volume of feto-maternal bleed so gestation and indication should be main variables. It is also possible source of anti-D is a variable and therefore record this too. Evidence from populations of women undergoing induced abortion may be included if there is no other evidence, because outcomes are biochemical not emotional.
Intervention	Provision of rhesus anti-D prophylaxis	**Associated terms to help searching:** Rhesus Isoimmunisation Rhesus immunisation Rhesus (Rh) disease Immuno prophylaxis Haemolytic disease of the fetus or

		newborn (HDF, HDFN, HDN) Rhesus factor Anti-D Anti-D (d) gamma globulin
Comparator	Different dosages (any route)	
Outcomes	Clinically significant rate of sensitisation Occurrence of rhesus disease in a subsequent pregnancy	
Other criteria for inclusion/ exclusion of studies	Include developing countries	Describe population carefully in evidence table

Appendix E Search strategies

Chapter 4 Emotional support and information giving

Psychological and emotional support

Database(s): Ovid MEDLINE(R) 1946 to April Week 1 2012

PBEP_Q18_psychological_medline_180412

#	Searches	Results
1	exp ABORTION, SPONTANEOUS/	27114
2	miscarr$.ti,ab.	7138
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.	10765
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.	25921
5	(anembryo$ or empty sac$).ti,ab.	152
6	(blight$ adj2 (ova or ovum)).ti,ab.	177
7	exp PREGNANCY, ECTOPIC/	12202
8	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.	11166
9	"pregnancy of unknown location$".ti,ab.	42
10	PUL.ti,ab.	180
11	or/1-10	69072
12	(psychological adj3 (intervention$ or follow?up or well?being)).ti.	503
13	counsel$.ti.	13028
14	debrief$.ti,ab.	1363
15	(follow?up adj3 care).ti,ab.	70
16	((additional or close) adj3 monitor$).ti,ab.	4321
17	COUNSELING/ or DIRECTIVE COUNSELING/	26143
18	PSYCHOTHERAPY/ or BEHAVIOR THERAPY/ or COGNITIVE THERAPY/ or exp PSYCHOANALYTIC THERAPY/ or exp PSYCHOTHERAPY, BRIEF/ or exp PSYCHOTHERAPY, MULTIPLE/ or exp PSYCHOTHERAPY, RATIONAL-EMOTIVE/	84661
19	SOCIAL SUPPORT/	44175
20	(cognitive adj behavio$ adj therap$).ti,ab.	5427

21	CBT.ti,ab.	3364
22	((psychological or emotional) adj3 (support$ or care or caring)).ti.	886
23	HOTLINES/	2018
24	(information or support or leaflet$ or pamphlet$ or telephone).ti.	98851
25	(help?line$ or advice or listen$).ti.	8998
26	(peer adj support$).ti,ab.	1126
27	(buddy or buddies).ti,ab.	310
28	SELF-HELP GROUPS/	7280
29	or/12-28	265771
30	and/11,29	840
31	limit 30 to english language	720
32	limit 31 to animals	26
33	limit 31 to (animals and humans)	10
34	31 not 33	710

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations April 17, 2012

PBEP_Q18_psychological_mip_180412

#	Searches	**Results**
1	miscarr$.ti,ab.	324
2	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.	270
3	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.	1043
4	(anembryo$ or empty sac$).ti,ab.	3
5	(blight$ adj2 (ova or ovum)).ti,ab.	0
6	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.	447
7	"pregnancy of unknown location$".ti,ab.	5
8	PUL.ti,ab.	9
9	or/1-8	1922
10	(psychological adj3 (intervention$ or follow?up or well?being)).ti.	48
11	counsel$.ti,ab.	2741
12	debrief$.ti,ab.	79
13	(follow?up adj3 care).ti,ab.	5
14	((additional or close) adj3 monitor$).ti,ab.	293
15	psychotherap$.ti,ab.	1141
16	((psychosocial or social) adj3 support).ti,ab.	1107

17	(cognitive adj behavio$ adj therap$).ti,ab.	559
18	CBT.ti,ab.	320
19	((psychological or emotional) adj3 (support$ or care or caring)).ti.	27
20	(information or support or leaflet$ or pamphlet$ or telephone).ti.	6622
21	(help?line$ or advice or listen$ or hotline$).ti.	497
22	(peer adj support$).ti,ab.	102
23	(buddy or buddies).ti,ab.	24
24	(self?help adj2 group$).ti,ab.	0
25	or/10-24	12684
26	and/9,25	58

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials April 2012

PBEP_Q18_psychological_cctr_180412

#	Searches	Results
1	exp ABORTION, SPONTANEOUS/	494
2	miscarr$.ti,ab.	412
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.	509
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.	666
5	(anembryo$ or empty sac$).ti,ab.	9
6	(blight$ adj2 (ova or ovum)).ti,ab.	13
7	exp PREGNANCY, ECTOPIC/	122
8	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.	254
9	"pregnancy of unknown location$".ti,ab.	2
10	PUL.ti,ab.	7
11	or/1-10	1776
12	(psychological adj3 (intervention$ or follow?up or well?being)).ti.	229
13	counsel$.ti.	1624
14	debrief$.ti,ab.	96
15	(follow?up adj3 care).ti,ab.	6
16	((additional or close) adj3 monitor$).ti,ab.	302
17	COUNSELING/ or DIRECTIVE COUNSELING/	2162
18	PSYCHOTHERAPY/ or BEHAVIOR THERAPY/ or COGNITIVE THERAPY/ or exp PSYCHOANALYTIC THERAPY/ or exp PSYCHOTHERAPY, BRIEF/ or exp PSYCHOTHERAPY, MULTIPLE/ or exp PSYCHOTHERAPY, RATIONAL-EMOTIVE/	7255

19	SOCIAL SUPPORT/	1691
20	(cognitive adj behavio$ adj therap$).ti,ab.	2181
21	CBT.ti,ab.	1306
22	((psychological or emotional) adj3 (support$ or care or caring)).ti.	69
23	HOTLINES/	83
24	(information or support or leaflet$ or pamphlet$ or telephone).ti.	5208
25	(help?line$ or advice or listen$).ti.	488
26	(peer adj support$).ti,ab.	138
27	(buddy or buddies).ti,ab.	35
28	SELF-HELP GROUPS/	437
29	or/12-28	17740
30	and/11,29	43

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to March 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q18_psychological_cdsrdare_180412

#	Searches	Results
1	ABORTION, SPONTANEOUS.kw.	38
2	miscarr$.tw,tx.	285
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw,tx.	139
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw,tx.	452
5	(anembryo$ or empty sac$).tw,tx.	5
6	(blight$ adj2 (ova or ovum)).tw,tx.	3
7	PREGNANCY, ECTOPIC.kw.	12
8	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).tw,tx.	121
9	"pregnancy of unknown location$".tw,tx.	1
10	PUL.tw,tx.	1
11	or/1-10	660
12	(psychological adj3 (intervention$ or follow?up or well?being)).ti.	89
13	counsel$.ti.	48
14	debrief$.tw,tx.	38
15	(follow?up adj3 care).tw,tx.	1
16	((additional or close) adj3 monitor$).tw,tx.	96
17	COUNSELING/ or DIRECTIVE COUNSELING.kw.	13

18	(PSYCHOTHERAPY or BEHAVIOR THERAPY or COGNITIVE THERAPY or PSYCHOANALYTIC THERAPY or PSYCHOTHERAPY, BRIEF or PSYCHOTHERAPY, MULTIPLE or PSYCHOTHERAPY, RATIONAL-EMOTIVE).kw.	852
19	SOCIAL SUPPORT.kw.	140
20	(cognitive adj behavio$ adj therap$).tw,tx.	672
21	CBT.tw,tx.	369
22	((psychological or emotional) adj3 (support$ or care or caring)).ti.	6
23	HOTLINES.kw.	3
24	(information or support or leaflet$ or pamphlet$ or telephone).ti.	249
25	(help?line$ or advice or listen$).ti.	38
26	(peer adj support$).tw,tx.	75
27	(buddy or buddies).tw,tx.	24
28	SELF-HELP GROUPS.kw.	46
29	or/12-28	1772
30	and/11,29	37

Database(s): Embase 1974 to 2012 April 16

PBEP_Q18_psychological_embase_180412_3

#	Searches	Results
1	SPONTANEOUS ABORTION/	21773
2	miscarr$.ti,ab.	10194
3	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/	3343
4	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.	13404
5	FETUS WASTAGE/	3505
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.	32873
7	BLIGHTED OVUM/	90
8	(anembryo$ or empty sac$).ti,ab.	180
9	(blight$ adj2 (ova or ovum)).ti,ab.	221
10	RECURRENT ABORTION/	4955
11	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.	1781
12	exp ECTOPIC PREGNANCY/	16403
13	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.	13561
14	"pregnancy of unknown location$".ti,ab.	67

15	PUL.ti,ab.	283
16	or/1-15	81163
17	(psychological adj3 (intervention$ or follow?up or well?being)).ti.	849
18	intervention$.ti.	84304
19	debrief$.ti.	385
20	counsel$.ti.	17312
21	(follow?up adj3 care).ti,ab.	130
22	(additional adj3 monitor$).ti,ab.	1127
23	COUNSELING/ or BEREAVEMENT COUNSELING/ or FAMILY COUNSELING/ or MARITAL THERAPY/ or PEER COUNSELING/	40901
24	PSYCHOTHERAPY/ or BEHAVIOR THERAPY/ or COGNITIVE THERAPY/	117820
25	(cognitive adj behavio$ adj therap$).ti,ab.	8785
26	CBT.ti,ab.	5416
27	SOCIAL SUPPORT/	47870
28	((psychological or emotional) adj3 (support$ or care or caring)).ti.	1179
29	(information or support or leaflet$ or pamphlet$ or telephone$ or help?line$ or advice).ti.	132167
30	PEER GROUP/	10143
31	(peer adj support$).ti,ab.	1587
32	(buddy or buddies).ti,ab.	424
33	SELF HELP/	10277
34	or/17-33	423916
35	and/16,34	1363
36	limit 35 to english language	1161

CINAHL with Full Text

PBEP_Q18_psychological_cinahl_180412

#	Query	Limiters/Expanders	Last Run Via	Results	Action
S52	S29 and S50	Limiters - English Language; Exclude MEDLINE records; Human Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	51	EditS52
S51	S29 and S50	Search modes -	Interface - EBSCOhost Search Screen -	327	EditS51

		Boolean/Phrase	Advanced Search Database - CINAHL with Full Text		
S50	S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40 or S41 or S42 or S43 or S44 or S45 or S46 or S47 or S48 or S49	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	81049	EditS50
S49	TI (self-help) or AB (self-help)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	1692	EditS49
S48	(MH "Support Groups")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	5659	EditS48
S47	TI (buddy or buddies) or AB (buddy or buddies)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	258	EditS47
S46	TI (peer N2 support*) or AB (peer N2 support*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	1165	EditS46
S45	TI (advice or listen*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	7794	EditS45

S44	TI (help-line* or hot-line* or telephone* or leaflet* or pamphlet*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	2820	EditS44
S43	TI (emotional N3 support) or AB (emotional N3 support)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	2558	EditS43
S42	TI (psychological N3 support) or AB (psychological N3 support)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	1163	EditS42
S41	MH (SUPPORT, PSYCHOSOCIAL)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	29571	EditS41
S40	TI (CBT) or AB (CBT)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	1136	EditS40
S39	TI (cognitive N2 therap*) or AB (cognitive N2 therap*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	2893	EditS39
S38	MH (PSYCHOTHERAPY) or MH ("BEHAVIOR THERAPY+") or MH COGNITIVE THERAPY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	16366	EditS38

S37	MH (COUNSELING) or MH (COUPLES COUNSELING) or MH (DEATH COUNSELING) or MH (PEER COUNSELING)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	12726	EditS37
S36	TI (additional N3 monitor*) or AB (additional N3 monitor*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	122	EditS36
S35	TI (follow up N3 care) or AB (follow up N3 care)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	1628	EditS35
S34	TI (debrief*) or AB (debrief*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	787	EditS34
S33	TI (counsel*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	7187	EditS33
S32	TI (psychological N3 follow-up) or AB (psychological N3 follow-up)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	96	EditS32
S31	TI (psychological N3 well-being) or AB (psychological N3 well-being)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with	1896	EditS31

			Full Text		
S30	TI (psychological N3 intervention*) or AB (psychological N3 intervention*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	1042	EditS30
S29	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27 or S28	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS29
S28	AB "pregnancy of unknown location"	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS28
S27	TI "pregnancy of unknown location"	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS27
S26	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra-uterine N3 pregnan*) or AB (extra-uterine N3 gestat*) or AB (extrauterine N3 pregnan*) or AB (extrauterine N3 gestat*) or AB (tub* N3 pregnan*) or AB	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS26

	(tub* N3 gestat*) or AB (fallopian N3 pregnan*) or AB (fallopian N3 gestat*)				
S25	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra-uterine N3 pregnan*) or TI (extra-uterine N3 gestat*) or TI (extrauterine N3 pregnan*) or TI (extrauterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*) or TI (fallopian N3 pregnan*) or TI (fallopian N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS25
S24	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS24
S23	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS23
S22	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS22

S21	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS21
S20	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetal N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS20
S19	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetal N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS19
S18	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetal N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS18
S17	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetal N3 wast*) or TI (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS17
S16	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with	Display	EditS16

	(fetus* N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (foetus* N3 disintegrat*)		Full Text		
S15	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS15
S14	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetal N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS14
S13	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetal N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS13
S12	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (fetus* N3 death*) or AB (foetal N3 death*) or AB (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS12

S11	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (fetus* N3 death*) or TI (foetal N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS11
S10	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (foetal N3 demise) or AB (fetus* N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS10
S9	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (foetal N3 demise) or TI (fetus* N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS9
S8	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (foetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS8
S7	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (foetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS7
S6	AB (pregnan* N3 loss*) or AB (pregnan* N3 fail*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search	Display	EditS6

	or AB (pregnan* N3 non-viable) or AB (pregnan* N3 nonviable)		Database - CINAHL with Full Text		
S5	TI (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or TI (pregnan* N3 non-viable) or TI (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS5
S4	AB (spontaneous N2 abort*) or AB (threatened N2 abort*) or AB (imminen* N2 abort*) or AB (missed N2 abort*) or AB (delay* N2 abort*) or AB (inevitable N2 abort*) or AB (incomplete* N2 abort*) or AB (early N2 abort*) or AB (silent N2 abort*) or AB (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS4
S3	TI (spontaneous N2 abort*) or TI (threatened N2 abort*) or TI (imminen* N2 abort*) or TI (missed N2 abort*) or TI (delay* N2 abort*) or TI (inevitable N2 abort*) or TI (incomplete* N2 abort*) or TI (early	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS3

	N2 abort*) or TI (silent N2 abort*) or TI (quiescent N2 abort*)				
S2	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	EditS2
S1	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text	Display	

Database(s): PsycINFO 1967 to April Week 2 2012

PBEP_Q18_psychological_psycinfo_180412

#	Searches	Results
1	SPONTANEOUS ABORTION/	580
2	miscarr$.ti,ab.	706
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.	282
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.	854
5	(anembryo$ or empty sac$).ti,ab.	1
6	(blight$ adj2 (ova or ovum)).ti,ab.	2
7	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.	72
8	"pregnancy of unknown location$".ti,ab.	0
9	PUL.ti,ab.	10
10	or/1-9	1820
11	limit 10 to english language	1703
12	limit 11 to human	1549
13	limit 12 to ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal" or "0130 peer-reviewed status unknown")	1157

14	("2100" or "331" or "335" or "336").cc.	264389
15	and/13-14	188

Chapter 5 Early pregnancy assessment units

Clinical and cost effectiveness of early pregnancy assessment units

Database(s): Ovid MEDLINE(R) 1948 to November Week 2 2011

PBEP_Q6_EPAU_medline_rerun_1_221111

#	Searches
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST/
6	(first adj2 trimester$).ti,ab.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
8	or/5-7
9	exp HOSPITAL UNITS/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
14	exp PREGNANCY COMPLICATIONS/
15	PAIN/
16	HEMORRHAGE/ or UTERINE HEMORRHAGE/
17	pain$.ti,ab.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
19	or/15-18
20	exp ABORTION, SPONTANEOUS/
21	exp PREGNANCY, ECTOPIC/
22	(miscarr$ or ectopic or abortion$).ti,ab.
23	or/20-22
24	or/14,19,23
25	and/13,24

26	pregnan$.ti,ab.
27	and/25-26
28	or/4,12,27
29	limit 28 to english language
30	limit 29 to animals
31	limit 29 to (animals and humans)
32	30 not 31
33	29 not 32
34	(case reports or comment or editorial or letter or historical article).pt.
35	33 not 34
36	limit 35 to yr="1985 -Current"

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations November 16, 2011

PBEP_Q6_EPAU_mip_rerun_1_221111

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	(first adj2 trimester$).ti,ab.
6	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
7	or/5-6
8	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
9	and/7-8
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	pain$.ti,ab.
12	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
13	or/11-12
14	(miscarr$ or ectopic or abortion$).ti,ab.

15	or/13-14
16	and/10,15
17	pregnan$.ti,ab.
18	and/16-17
19	or/4,9,18

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2011

PBEP_Q6_EPAU_cctr_rerun_1_221111

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST/
6	(first adj2 trimester$).ti,ab.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
8	or/5-7
9	exp HOSPITAL UNITS/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
14	exp PREGNANCY COMPLICATIONS/
15	PAIN/
16	HEMORRHAGE/ or UTERINE HEMORRHAGE/
17	pain$.ti,ab.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
19	or/15-18
20	exp ABORTION, SPONTANEOUS/

21	exp PREGNANCY, ECTOPIC/
22	(miscarr$ or ectopic or abortion$).ti,ab.
23	or/20-22
24	or/14,19,23
25	and/13,24
26	pregnan$.ti,ab.
27	and/25-26
28	or/4,12,27

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to November 2011, EBM Reviews - Database of Abstracts of Reviews of Effects 4th Quarter 2011

PBEP_Q6_EPAU_cdsrdare_rerun_1_221111

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).tw,tx.
2	early pregnancy.gw.
3	((acute or emergency) adj gyn?ecolog$).tw,tx,gw.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST.kw.
6	(first adj2 trimester$).tw,tx.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).tw,tx.
8	or/5-7
9	HOSPITAL UNITS.kw.
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw,tx.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw,tx.
14	PREGNANCY COMPLICATIONS.kw.
15	PAIN.kw.
16	(HEMORRHAGE or UTERINE HEMORRHAGE).kw.
17	pain$.tw,tx.

18	(blood or bleed$ or haemorrhag$ or hemorrhag$).tw,tx.
19	or/15-18
20	ABORTION, SPONTANEOUS.kw.
21	PREGNANCY, ECTOPIC.kw.
22	(miscarr$ or ectopic or abortion$).tw,tx.
23	or/20-22
24	or/14,19,23
25	and/13,24
26	pregnan$.tw,tx.
27	and/25-26
28	or/4,12,27

Database(s): Embase 1980 to 2011 Week 46

PBEP_Q6_EPAU_embase_rerun_1_231111

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	FIRST TRIMESTER PREGNANCY/
6	(first adj2 trimester$).ti,ab.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
8	or/5-7
9	exp "HOSPITAL SUBDIVISIONS AND COMPONENTS"/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
14	exp PREGNANCY COMPLICATION/

15	PAIN/
16	VAGINA BLEEDING/ or BLEEDING/
17	pain$.ti,ab.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
19	or/15-18
20	exp ECTOPIC PREGNANCY/
21	SPONTANEOUS ABORTION/
22	(miscarr$ or abort$ or ectopic).ti,ab.
23	or/20-22
24	or/14,19,23
25	and/13,24
26	pregnan$.ti,ab.
27	and/25-26
28	or/4,12,27
29	limit 28 to english language
30	limit 29 to yr="1985 -Current"
31	CASE REPORT/ or CASE STUDY/
32	(book or editorial or letter or note).pt.
33	30 not (31 or 32)

CINAHL with Full Text

Wednesday, November 23, 2011 6:39:50 AM

PBEP_Q6_EPAU_cinahl_rerun_1_23111

#	**Query**	**Limiters/Expanders**	**Last Run Via**
S29	S28	Limiters - Published Date from: 19850101-20111231; Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	S3 or S12 or S27	Search modes -	Interface - EBSCOhost

		Boolean/Phrase	Search Screen - Advanced Search Database - CINAHL with Full Text
S27	S25 and S26	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	TI (pregnan*) or AB (pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	S13 and S24	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	S14 or S19 or S23	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	S20 or S21 or S22	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (miscarr* or ectopic* or abortion*) or AB (miscarr* or ectopic* or abortion*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search

			Database - CINAHL with Full Text
S21	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	S15 or S16 or S17 or S18	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	TI (blood or bleed* or haemorrhag* or hemorrhag*) or AB (blood or bleed* or haemorrhag* or hemorrhag*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (pain*) or AB (pain*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	MH HEMORRHAGE or MH UTERINE HEMORRHAGE	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S15	MH PAIN	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	MH PREGNANCY COMPLICATIONS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*) or AB (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	S8 and S11	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	S9 or S10	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	TI (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*) or AB (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	MH HOSPITAL UNITS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S8	S4 or S5 or S6 or S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	AB (early N3 pregnan*) or AB (early N3 gestat*) or AB (early N3 placental phase*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	TI (early N3 pregnan*) or TI (early N3 gestat*) or TI (early N3 placental phase*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (first N2 trimester*) or AB (first N2 trimester*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	MH PREGNANCY TRIMESTER, FIRST	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	S1 or S2	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S2	TX (acute gyn#ecolog* or emergency gyn#ecolog*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	TX (early pregnancy N3 unit*) or TX (early pregnancy N3 clinic*) or TX (early pregnancy N3 cent*) or TX (early pregnancy N3 service*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Clinical and cost effectiveness – health economics

Database(s): Ovid MEDLINE(R) 1948 to November Week 3 2011

PBEP_Q6_EPAU_economic_medline_rerun_1_021211

#	**Searches**
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
9	early pregnancy.in.
10	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
11	or/8-10
12	PREGNANCY TRIMESTER, FIRST/
13	(first adj2 trimester$).ti,ab.
14	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.

15	or/12-14
16	exp HOSPITAL UNITS/
17	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
18	or/16-17
19	and/15,18
20	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
21	exp PREGNANCY COMPLICATIONS/
22	PAIN/
23	HEMORRHAGE/ or UTERINE HEMORRHAGE/
24	pain$.ti,ab.
25	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
26	or/22-25
27	exp ABORTION, SPONTANEOUS/
28	exp PREGNANCY, ECTOPIC/
29	(miscarr$ or ectopic or abortion$).ti,ab.
30	or/27-29
31	or/21,26,30
32	and/20,31
33	pregnan$.ti,ab.
34	and/32-33
35	or/11,19,34
36	limit 35 to english language
37	limit 36 to animals
38	limit 36 to (animals and humans)
39	37 not 38
40	36 not 39
41	(case reports or comment or editorial or letter or historical article).pt.
42	40 not 41
43	limit 42 to yr="1985 -Current"
44	and/7,43

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2011

PBEP_Q6_EPAU_economic_cctr_rerun_1_021211

#	**Searches**
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
9	early pregnancy.in.
10	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
11	or/8-10
12	PREGNANCY TRIMESTER, FIRST/
13	(first adj2 trimester$).ti,ab.
14	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
15	or/12-14
16	exp HOSPITAL UNITS/
17	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
18	or/16-17
19	and/15,18
20	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
21	exp PREGNANCY COMPLICATIONS/
22	PAIN/
23	HEMORRHAGE/ or UTERINE HEMORRHAGE/
24	pain$.ti,ab.
25	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
26	or/22-25

27	exp ABORTION, SPONTANEOUS/
28	exp PREGNANCY, ECTOPIC/
29	(miscarr$ or ectopic or abortion$).ti,ab.
30	or/27-29
31	or/21,26,30
32	and/20,31
33	pregnan$.ti,ab.
34	and/32-33
35	or/11,19,34
36	and/7,35

Database(s): EBM Reviews - Health Technology Assessment 4th Quarter 2011

PBEP_Q6_EPAU_economic_hta_rerun_1_021211

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).tw.
2	early pregnancy.tw.
3	((acute or emergency) adj gyn?ecolog$).tw.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST/
6	(first adj2 trimester$).tw.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).tw.
8	or/5-7
9	exp HOSPITAL UNITS/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw.
14	exp PREGNANCY COMPLICATIONS/
15	PAIN/

16	HEMORRHAGE/ or UTERINE HEMORRHAGE/
17	pain$.tw.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).tw.
19	or/15-18
20	exp ABORTION, SPONTANEOUS/
21	exp PREGNANCY, ECTOPIC/
22	(miscarr$ or ectopic or abortion$).tw.
23	or/20-22
24	or/14,19,23
25	and/13,24
26	pregnan$.tw.
27	and/25-26
28	or/4,12,27

Database(s): EBM Reviews - NHS Economic Evaluation Database 4th Quarter 2011

PBEP_Q6_EPAU_economic_nhseed_rerun_1_021211

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).tw.
2	early pregnancy.tw.
3	((acute or emergency) adj gyn?ecolog$).tw.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST/
6	(first adj2 trimester$).tw.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).tw.
8	or/5-7
9	exp HOSPITAL UNITS/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or

	EGS?).tw.
14	exp PREGNANCY COMPLICATIONS/
15	PAIN/
16	HEMORRHAGE/ or UTERINE HEMORRHAGE/
17	pain$.tw.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).tw.
19	or/15-18
20	exp ABORTION, SPONTANEOUS/
21	exp PREGNANCY, ECTOPIC/
22	(miscarr$ or ectopic or abortion$).tw.
23	or/20-22
24	or/14,19,23
25	and/13,24
26	pregnan$.tw.
27	and/25-26
28	or/4,12,27

Database(s): Embase 1980 to 2011 Week 47

PBEP_Q6_EPAU_economic_embase_rerun_1_021211

#	**Searches**
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
9	early pregnancy.in.
10	((acute or emergency) adj gyn?ecolog$).ti,ab,in.

11	or/8-10
12	FIRST TRIMESTER PREGNANCY/
13	(first adj2 trimester$).ti,ab.
14	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
15	or/12-14
16	exp "HOSPITAL SUBDIVISIONS AND COMPONENTS"/
17	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
18	or/16-17
19	and/15,18
20	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
21	exp PREGNANCY COMPLICATION/
22	PAIN/
23	VAGINA BLEEDING/ or BLEEDING/
24	pain$.ti,ab.
25	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
26	or/22-25
27	exp ECTOPIC PREGNANCY/
28	SPONTANEOUS ABORTION/
29	(miscarr$ or abort$ or ectopic).ti,ab.
30	or/27-29
31	or/21,26,30
32	and/20,31
33	pregnan$.ti,ab.
34	and/32-33
35	or/11,19,34
36	limit 35 to english language
37	limit 36 to yr="1985 -Current"
38	CASE REPORT/ or CASE STUDY/
39	(book or editorial or letter or note).pt.
40	37 not (38 or 39)

41	and/7,40

Model for service organisation and delivery of EPAUs

Database(s): Ovid MEDLINE(R) 1946 to February Week 2 2012

PBEP_Q6_EPAU_medline_case_reports_rerun_1_231111

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST/
6	(first adj2 trimester$).ti,ab.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
8	or/5-7
9	exp HOSPITAL UNITS/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
14	exp PREGNANCY COMPLICATIONS/
15	PAIN/
16	HEMORRHAGE/ or UTERINE HEMORRHAGE/
17	pain$.ti,ab.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
19	or/15-18
20	exp ABORTION, SPONTANEOUS/
21	exp PREGNANCY, ECTOPIC/
22	(miscarr$ or ectopic or abortion$).ti,ab.
23	or/20-22

24	or/14,19,23
25	and/13,24
26	pregnan$.ti,ab.
27	and/25-26
28	or/4,12,27
29	limit 28 to english language
30	limit 29 to animals
31	limit 29 to (animals and humans)
32	30 not 31
33	29 not 32
34	(comment or editorial or letter or historical article).pt.
35	33 not 34
36	limit 35 to yr="1985 -Current"

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 14, 2012

PBEP_Q6_EPAU_mip_rerun_1_221111

#	**Searches**
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	(first adj2 trimester$).ti,ab.
6	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
7	or/5-6
8	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
9	and/7-8
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	pain$.ti,ab.
12	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.

13	or/11-12
14	(miscarr$ or ectopic or abortion$).ti,ab.
15	or/13-14
16	and/10,15
17	pregnan$.ti,ab.
18	and/16-17
19	or/4,9,18

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q6_EPAU_cctr_rerun_1_221111

#	Searches
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST/
6	(first adj2 trimester$).ti,ab.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
8	or/5-7
9	exp HOSPITAL UNITS/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
14	exp PREGNANCY COMPLICATIONS/
15	PAIN/
16	HEMORRHAGE/ or UTERINE HEMORRHAGE/
17	pain$.ti,ab.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
19	or/15-18
20	exp ABORTION, SPONTANEOUS/
21	exp PREGNANCY, ECTOPIC/
22	(miscarr$ or ectopic or abortion$).ti,ab.

23	or/20-22
24	or/14,19,23
25	and/13,24
26	pregnan$.ti,ab.
27	and/25-26
28	or/4,12,27

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q6_EPAU_cdsrdare_rerun_1_221111

#	Searches
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).tw,tx.
2	early pregnancy.gw.
3	((acute or emergency) adj gyn?ecolog$).tw,tx,gw.
4	or/1-3
5	PREGNANCY TRIMESTER, FIRST.kw.
6	(first adj2 trimester$).tw,tx.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).tw,tx.
8	or/5-7
9	HOSPITAL UNITS.kw.
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw,tx.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).tw,tx.
14	PREGNANCY COMPLICATIONS.kw.
15	PAIN.kw.
16	(HEMORRHAGE or UTERINE HEMORRHAGE).kw.
17	pain$.tw,tx.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).tw,tx.
19	or/15-18
20	ABORTION, SPONTANEOUS.kw.
21	PREGNANCY, ECTOPIC.kw.
22	(miscarr$ or ectopic or abortion$).tw,tx.
23	or/20-22

24	or/14,19,23
25	and/13,24
26	pregnan$.tw,tx.
27	and/25-26
28	or/4,12,27

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q6_EPAU_embase_case_reports_rerun_1_231111

#	Searches
1	(early pregnancy adj3 (unit? or clinic? or cent$ or service?)).ti,ab.
2	early pregnancy.in.
3	((acute or emergency) adj gyn?ecolog$).ti,ab,in.
4	or/1-3
5	FIRST TRIMESTER PREGNANCY/
6	(first adj2 trimester$).ti,ab.
7	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
8	or/5-7
9	exp "HOSPITAL SUBDIVISIONS AND COMPONENTS"/
10	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
11	or/9-10
12	and/8,11
13	(EPAU? or EPU? or EPAC? or EPC? or EPS? or EPAS? or AGU? or AGC? or AGS? or EGU? or EGC? or EGS?).ti,ab.
14	exp PREGNANCY COMPLICATION/
15	PAIN/
16	VAGINA BLEEDING/ or BLEEDING/
17	pain$.ti,ab.
18	(blood or bleed$ or haemorrhag$ or hemorrhag$).ti,ab.
19	or/15-18
20	exp ECTOPIC PREGNANCY/
21	SPONTANEOUS ABORTION/
22	(miscarr$ or abort$ or ectopic).ti,ab.
23	or/20-22
24	or/14,19,23
25	and/13,24

26	pregnan$.ti,ab.
27	and/25-26
28	or/4,12,27
29	limit 28 to english language
30	limit 29 to yr="1985 -Current"
31	(book or editorial or letter or note).pt.
32	30 not 31

CINAHL with Full Text

Wednesday, February 15, 2012 8:18:27 AM
PBEP_Q6_EPAU_cinahl_rerun_1_231111

#	Query	Limiters/Expanders	Last Run Via
S29	S28	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	S3 or S12 or S27	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	S25 and S26	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	TI (pregnan*) or AB (pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search

			Database - CINAHL with Full Text
S25	S13 and S24	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	S14 or S19 or S23	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	S20 or S21 or S22	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (miscarr* or ectopic* or abortion*) or AB (miscarr* or ectopic* or abortion*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	MH ABORTION, SPONTANEOUS+	Search modes -	Interface -

		Boolean/Phrase	EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	S15 or S16 or S17 or S18	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	TI (blood or bleed* or haemorrhag* or hemorrhag*) or AB (blood or bleed* or haemorrhag* or hemorrhag*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (pain*) or AB (pain*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	MH HEMORRHAGE or MH UTERINE HEMORRHAGE	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	MH PAIN	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S14	MH PREGNANCY COMPLICATIONS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*) or AB (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	S8 and S11	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	S9 or S10	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	TI (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*) or AB (EPAU* or EPU* or EPAC* or EPC* or EPS* or EPAS* or AGU* or AGC* or AGS* or EGU* or EGC* or EGS*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	MH HOSPITAL UNITS+	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S8	S4 or S5 or S6 or S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	AB (early N3 pregnan*) or AB (early N3 gestat*) or AB (early N3 placental phase*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	TI (early N3 pregnan*) or TI (early N3 gestat*) or TI (early N3 placental phase*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (first N2 trimester*) or AB (first N2 trimester*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	MH PREGNANCY TRIMESTER, FIRST	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with

			Full Text
S3	S1 or S2	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TX (acute gyn#ecolog* or emergency gyn#ecolog*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	TX (early pregnancy N3 unit*) or TX (early pregnancy N3 clinic*) or TX (early pregnancy N3 cent*) or TX (early pregnancy N3 service*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Chapter 6 Diagnosis of ectopic pregnancy and miscarriage

Signs and symptoms of ectopic pregnancy

Database(s): Ovid MEDLINE(R) 1946 to January Week 4 2012

PBEP_Q1_signs_symptoms_medline_rerun_2_080211

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	exp "SIGNS AND SYMPTOMS"/
5	(sign? or symptom$ or complain$).ti,ab.
6	(clinical adj3 (manifestation? or feature? or finding? or aspect?)).ti,ab.
7	(presenting adj3 (feature? or finding? or factor?)).ti,ab.
8	presentation?.ti,ab.
9	(physical adj3 (manifestaion? or characteristic? or feature? or finding?)).ti,ab.
10	((ill or sick) adj3 (looking or appearance)).ti,ab.
11	unwell.ti,ab.
12	or/4-11
13	exp PAIN/
14	(pain$ or hurt$ or ach$).ti,ab.
15	((shoulder tip or shoulder?tip) adj2 pain?).ti,ab.
16	myalgi?.ti,ab.
17	(back ache? or back?ache?).ti,ab.
18	acute abdom$.ti,ab.
19	(head ache? or head?ache? or hemicrani$).ti,ab.
20	exp HEMORRHAGE/
21	exp UTERINE HEMORRHAGE/
22	(bleed$ or h?emorrhag$).ti,ab.
23	(blood adj3 (loss$ or los?)).ti,ab.
24	exp "SIGNS AND SYMPTOMS, DIGESTIVE"/
25	((gastro intestinal or gastro?intestinal or GI) adj2 (upset or sign? or symptom$)).ti,ab.
26	exp DIARRHEA/
27	diarrh?e$.ti,ab.
28	((loose or run$ or water$) adj2 (stool? or f?ec$)).ti,ab.
29	exp NAUSEA/
30	(nausea or (feel$ adj2 sick$)).ti,ab.

31	exp VOMITING/
32	(vomit$ or emesis or hyper?emesis or thr#w$ up).ti,ab.
33	PAIN/
34	DEFECATION/ or RECTUM/ or ANAL CANAL/
35	and/33-34
36	((discomfort$ or uncomfortabl$) adj3 (bowel mov$ or defecat$ or rect$ or anal or anus or f?ec$)).ti,ab.
37	DYSURIA/
38	dysuri?.ti,ab.
39	((discomfort$ or uncomfortabl$) adj3 urin$).ti,ab.
40	DYSPAREUNIA/
41	dyspareuni?.ti,ab.
42	((discomfort$ or uncomfortabl$) adj3 (sex$ or intercourse)).ti,ab.
43	AMENORRHEA/
44	amenorrh?e$.ti,ab.
45	((absen$ or cessation or cease? or stop$) adj3 (menstrua$ or period?)).ti,ab.
46	DIZZINESS/
47	(dizz$ or light headed$ or light?headed$ or orthosta$).ti,ab.
48	MUSCLE WEAKNESS/ or LETHARGY/ or ASTHENIA/ or FATIGUE/
49	(weak$ or fatigue? or tired$ or letharg$ or lassitud$ or sluggish$ or sleep$ or listless$ or malaise? or astheni?).ti.
50	exp FEVER/
51	(fever$ or pyrexi? or hyperthermi?).ti,ab.
52	((abnormal$ or high or raised or elevat$) adj2 temperature?).ti,ab.
53	exp SYNCOPE/
54	(syncop$ or faint$).ti,ab.
55	((los? or losing) adj2 consciousness).ti,ab.
56	SHIVERING/
57	(shiver$ or shak$).ti,ab.
58	SWEATING/
59	(sweat$ or clamm$ or diaphores$ or perspir$).ti,ab.
60	exp HEART ARREST/
61	asystol$.ti,ab.
62	((heart or cardi$) adj3 arrest$).ti,ab.
63	SHOCK, HEMORRHAGIC/
64	(collaps$ or shock$ or hypo vol?emi? or hypo?vol?emi?).ti,ab.
65	or/13-32

66	or/35-64
67	or/65-66
68	and/3,12,67
69	limit 68 to english language
70	limit 69 to animals
71	limit 69 to (animals and humans)
72	70 not 71
73	69 not 72

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 07, 2012

PBEP_Q1_signs_symptoms_mip_rerun_2_080212

#	Searches
1	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
2	(sign? or symptom$ or complain$).ti,ab.
3	(clinical adj3 (manifestation? or feature? or finding? or aspect?)).ti,ab.
4	(presenting adj3 (feature? or finding? or factor?)).ti,ab.
5	presentation?.ti,ab.
6	(physical adj3 (manifestaion? or characteristic? or feature? or finding?)).ti,ab.
7	((ill or sick) adj3 (looking or appearance)).ti,ab.
8	unwell.ti,ab.
9	or/2-8
10	(pain$ or hurt$ or ach$).ti,ab.
11	((shoulder tip or shoulder?tip) adj2 pain?).ti,ab.
12	myalgi?.ti,ab.
13	(back ache? or back?ache?).ti,ab.
14	acute abdom$.ti,ab.
15	(head ache? or head?ache? or hemicrani$).ti,ab.
16	(bleed$ or h?emorrhag$).ti,ab.
17	(blood adj3 (loss$ or los?)).ti,ab.
18	((gastro intestinal or gastro?intestinal or GI) adj2 (upset or sign? or symptom$)).ti,ab.
19	diarrh?e$.ti,ab.
20	((loose or run$ or water$) adj2 (stool? or f?ec$)).ti,ab.
21	(nausea or (feel$ adj2 sick$)).ti,ab.
22	(vomit$ or emesis or hyper?emesis or thr#w$ up).ti,ab.

23	((discomfort$ or uncomfortabl$) adj3 (bowel mov$ or defecat$ or rect$ or anal or anus or f?ec$)).ti,ab.
24	dysuri?.ti,ab.
25	((discomfort$ or uncomfortabl$) adj3 urin$).ti,ab.
26	dyspareuni?.ti,ab.
27	((discomfort$ or uncomfortabl$) adj3 (sex$ or intercourse)).ti,ab.
28	amenorrh?e$.ti,ab.
29	((absen$ or cessation or cease? or stop$) adj3 (menstrua$ or period?)).ti,ab.
30	(dizz$ or light headed$ or light?headed$ or orthosta$).ti,ab.
31	(weak$ or fatigue? or tired$ or letharg$ or lassitud$ or sluggish$ or sleep$ or listless$ or malaise? or astheni?).ti.
32	(fever$ or pyrexi? or hyperthermi?).ti,ab.
33	((abnormal$ or high or raised or elevat$) adj2 temperature?).ti,ab.
34	(syncop$ or faint$).ti,ab.
35	((los? or losing) adj2 consciousness).ti,ab.
36	(shiver$ or shak$).ti,ab.
37	(sweat$ or clamm$ or diaphores$ or perspir$).ti,ab.
38	asystol$.ti,ab.
39	((heart or cardi$) adj3 arrest$).ti,ab.
40	(collaps$ or shock$ or hypo vol?emi? or hypo?vol?emi?).ti,ab.
41	or/10-40
42	and/1,9,41

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q1_signs_symptoms_cctr_rerun_2_080212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	exp "SIGNS AND SYMPTOMS"/
5	(sign? or symptom$ or complain$).ti,ab.
6	(clinical adj3 (manifestation? or feature? or finding? or aspect?)).ti,ab.
7	(presenting adj3 (feature? or finding? or factor?)).ti,ab.
8	presentation?.ti,ab.
9	(physical adj3 (manifestaion? or characteristic? or feature? or finding?)).ti,ab.

10	((ill or sick) adj3 (looking or appearance)).ti,ab.
11	unwell.ti,ab.
12	or/4-11
13	exp PAIN/
14	(pain$ or hurt$ or ach$).ti,ab.
15	((shoulder tip or shoulder?tip) adj2 pain?).ti,ab.
16	myalgi?.ti,ab.
17	(back ache? or back?ache?).ti,ab.
18	acute abdom$.ti,ab.
19	(head ache? or head?ache? or hemicrani$).ti,ab.
20	exp HEMORRHAGE/
21	exp UTERINE HEMORRHAGE/
22	(bleed$ or h?emorrhag$).ti,ab.
23	(blood adj3 (loss$ or los?)).ti,ab.
24	exp "SIGNS AND SYMPTOMS, DIGESTIVE"/
25	((gastro intestinal or gastro?intestinal or GI) adj2 (upset or sign? or symptom$)).ti,ab.
26	exp DIARRHEA/
27	diarrh?e$.ti,ab.
28	((loose or run$ or water$) adj2 (stool? or f?ec$)).ti,ab.
29	exp NAUSEA/
30	(nausea or (feel$ adj2 sick$)).ti,ab.
31	exp VOMITING/
32	(vomit$ or emesis or hyper?emesis or thr#w$ up).ti,ab.
33	PAIN/
34	DEFECATION/ or RECTUM/ or ANAL CANAL/
35	and/33-34
36	((discomfort$ or uncomfortabl$) adj3 (bowel mov$ or defecat$ or rect$ or anal or anus or f?ec$)).ti,ab.
37	DYSURIA/
38	dysuri?.ti,ab.
39	((discomfort$ or uncomfortabl$) adj3 urin$).ti,ab.
40	DYSPAREUNIA/
41	dyspareuni?.ti,ab.
42	((discomfort$ or uncomfortabl$) adj3 (sex$ or intercourse)).ti,ab.
43	AMENORRHEA/
44	amenorrh?e$.ti,ab.
45	((absen$ or cessation or cease? or stop$) adj3 (menstrua$ or period?)).ti,ab.

46	DIZZINESS/
47	(dizz$ or light headed$ or light?headed$ or orthosta$).ti,ab.
48	MUSCLE WEAKNESS/ or LETHARGY/ or ASTHENIA/ or FATIGUE/
49	(weak$ or fatigue? or tired$ or letharg$ or lassitud$ or sluggish$ or sleep$ or listless$ or malaise? or astheni?).ti.
50	exp FEVER/
51	(fever$ or pyrexi? or hyperthermi?).ti,ab.
52	((abnormal$ or high or raised or elevat$) adj2 temperature?).ti,ab.
53	exp SYNCOPE/
54	(syncop$ or faint$).ti,ab.
55	((los? or losing) adj2 consciousness).ti,ab.
56	SHIVERING/
57	(shiver$ or shak$).ti,ab.
58	SWEATING/
59	(sweat$ or clamm$ or diaphores$ or perspir$).ti,ab.
60	exp HEART ARREST/
61	asystol$.ti,ab.
62	((heart or cardi$) adj3 arrest$).ti,ab.
63	SHOCK, HEMORRHAGIC/
64	(collaps$ or shock$ or hypo vol?emi? or hypo?vol?emi?).ti,ab.
65	or/13-32
66	or/35-64
67	or/65-66
68	and/3,12,67

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q1_signs_symptoms_cdsrdare_rerun_2_090212

#	Searches
1	PREGNANCY, ECTOPIC.kw.
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).tw,tx.
3	or/1-2
4	"SIGNS AND SYMPTOMS".kw.
5	(sign? or symptom$ or complain$).tw,tx.
6	(clinical adj3 (manifestation? or feature? or finding? or aspect?)).tw,tx.

7	(presenting adj3 (feature? or finding? or factor?)).tw,tx.
8	presentation?.tw,tx.
9	(physical adj3 (manifestaion? or characteristic? or feature? or finding?)).tw,tx.
10	((ill or sick) adj3 (looking or appearance)).tw,tx.
11	unwell.tw,tx.
12	or/4-11
13	PAIN.kw.
14	(pain$ or hurt$ or ach$).tw,tx.
15	((shoulder tip or shoulder?tip) adj2 pain?).tw,tx.
16	myalgi?.tw,tx.
17	(back ache? or back?ache?).tw,tx.
18	acute abdom$.tw,tx.
19	(head ache? or head?ache? or hemicrani$).tw,tx.
20	HEMORRHAGE.kw.
21	UTERINE HEMORRHAGE.kw.
22	(bleed$ or h?emorrhag$).tw,tx.
23	(blood adj3 (loss$ or los?)).tw,tx.
24	"SIGNS AND SYMPTOMS, DIGESTIVE".kw.
25	((gastro intestinal or gastro?intestinal or GI) adj2 (upset or sign? or symptom$)).tw,tx.
26	DIARRHEA.kw.
27	diarrh?e$.tw,tx.
28	((loose or run$ or water$) adj2 (stool? or f?ec$)).tw,tx.
29	NAUSEA.kw.
30	(nausea or (feel$ adj2 sick$)).tw,tx.
31	VOMITING.kw.
32	(vomit$ or emesis or hyper?emesis or thr#w$ up).tw,tx.
33	PAIN.kw.
34	(DEFECATION or RECTUM or ANAL CANAL).kw.
35	and/33-34
36	((discomfort$ or uncomfortabl$) adj3 (bowel mov$ or defecat$ or rect$ or anal or anus or f?ec$)).tw,tx.
37	DYSURIA.kw.
38	dysuri?.tw,tx.
39	((discomfort$ or uncomfortabl$) adj3 urin$).tw,tx.
40	DYSPAREUNIA.kw.
41	dyspareuni?.tw,tx.
42	((discomfort$ or uncomfortabl$) adj3 (sex$ or intercourse)).tw,tx.

43	AMENORRHEA.kw.
44	amenorrh?e$.tw,tx.
45	((absen$ or cessation or cease? or stop$) adj3 (menstrua$ or period?)).tw,tx.
46	DIZZINESS.kw.
47	(dizz$ or light headed$ or light?headed$ or orthosta$).tw,tx.
48	(MUSCLE WEAKNESS or LETHARGY or ASTHENIA or FATIGUE).kw.
49	(weak$ or fatigue? or tired$ or letharg$ or lassitud$ or sluggish$ or sleep$ or listless$ or malaise? or astheni?).ti.
50	FEVER.kw.
51	(fever$ or pyrexi? or hyperthermi?).tw,tx.
52	((abnormal$ or high or raised or elevat$) adj2 temperature?).tw,tx.
53	SYNCOPE.kw.
54	(syncop$ or faint$).tw,tx.
55	((los? or losing) adj2 consciousness).tw,tx.
56	SHIVERING.kw.
57	(shiver$ or shak$).tw,tx.
58	SWEATING.kw.
59	(sweat$ or clamm$ or diaphores$ or perspir$).tw,tx.
60	HEART ARREST.kw.
61	asystol$.tw,tx.
62	((heart or cardi$) adj3 arrest$).tw,tx.
63	SHOCK, HEMORRHAGIC.kw.
64	(collaps$ or shock$ or hypo vol?emi? or hypo?vol?emi?).tw,tx.
65	or/13-32
66	or/35-64
67	or/65-66
68	and/3,12,67

Database(s): Embase 1980 to 2012 Week 05

PBEP_Q1_signs_symptoms_embase_rerun_2_090212

#	Searches
1	exp ECTOPIC PREGNANCY/
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	exp SYMPTOMATOLOGY/

5	(sign? or symptom$ or complain$).ti,ab.
6	(clinical adj3 (manifestation? or feature? or finding? or aspect?)).ti,ab.
7	(presenting adj3 (feature? or finding? or factor?)).ti,ab.
8	presentation?.ti,ab.
9	(physical adj3 (manifestaion? or characteristic? or feature? or finding?)).ti,ab.
10	((ill or sick) adj3 (looking or appearance)).ti,ab.
11	unwell.ti,ab.
12	or/4-11
13	exp PAIN/
14	(pain$ or hurt$ or ach$).ti,ab.
15	((shoulder tip or shoulder?tip) adj2 pain?).ti,ab.
16	myalgi?.ti,ab.
17	(back ache? or back?ache?).ti,ab.
18	acute abdom$.ti,ab.
19	(head ache? or head?ache? or hemicrani$).ti,ab.
20	exp BLEEDING/
21	UTERUS BLEEDING/
22	(bleed$ or h?emorrhag$).ti,ab.
23	(blood adj3 (loss$ or los?)).ti,ab.
24	GASTROINTESTINAL SYMPTOM/
25	((gastro intestinal or gastro?intestinal or GI) adj2 (upset or sign? or symptom$)).ti,ab.
26	exp DIARRHEA/
27	diarrh?e$.ti,ab.
28	((loose or run$ or water$) adj2 (stool? or f?ec$)).ti,ab.
29	exp "NAUSEA AND VOMITING"/
30	(nausea or (feel$ adj2 sick$)).ti,ab.
31	(vomit$ or emesis or hyper?emesis or thr#w$ up).ti,ab.
32	PAINFUL DEFECATION/
33	((discomfort$ or uncomfortabl$) adj3 (bowel mov$ or defecat$ or rect$ or anal or anus or f?ec$)).ti,ab.
34	DYSURIA/
35	dysuri?.ti,ab.
36	((discomfort$ or uncomfortabl$) adj3 urin$).ti,ab.
37	DYSPAREUNIA/
38	dyspareuni?.ti,ab.
39	((discomfort$ or uncomfortabl$) adj3 (sex$ or intercourse)).ti,ab.
40	AMENORRHEA/

41	amenorrh?e$.ti,ab.
42	((absen$ or cessation or cease? or stop$) adj3 (menstrua$ or period?)).ti,ab.
43	DIZZINESS/
44	(dizz$ or light headed$ or light?headed$ or orthosta$).ti,ab.
45	WEAKNESS/ or exp MUSCLE WEAKNESS/ or LETHARGY/ or exp FATIGUE/ or MALAISE/ or ASTHENIA/
46	(weak$ or fatigue? or tired$ or letharg$ or lassitud$ or sluggish$ or sleep$ or listless$ or malaise? or astheni?).ti.
47	FEVER/
48	(fever$ or pyrexi? or hyperthermi?).ti,ab.
49	((abnormal$ or high or raised or elevat$) adj2 temperature?).ti,ab.
50	SYNCOPE/
51	(syncop$ or faint$).ti,ab.
52	((los? or losing) adj2 consciousness).ti,ab.
53	SHIVERING/
54	(shiver$ or shak$).ti,ab.
55	exp SWEATING/
56	(sweat$ or clamm$ or diaphores$ or perspir$).ti,ab.
57	HEART ARREST/
58	asystol$.ti,ab.
59	((heart or cardi$) adj3 arrest$).ti,ab.
60	HEMORRHAGIC SHOCK/ or HYPERVOLEMIC SHOCK/
61	(collaps$ or shock$ or hypo vol?emi? or hypo?vol?emi?).ti,ab.
62	or/13-61
63	and/3,12,62
64	limit 63 to english language

CINAHL with Full Text

Thursday, February 09, 2012 9:01:25 AM

PBEP_Q1_signs_symptoms_cinahl_rerun_2_090212

#	Query	Limiters/Expanders	Last Run Via
S63	S62	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search

			Database - CINAHL with Full Text
S62	S6 and S14 and S61	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S61	S59 or S60	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S60	S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40 or S41 or S42 or S43 or S44 or S45 or S46 or S47 or S48 or S49 or S50 or S51 or S52 or S53 or S54 or S55 or S56 or S57 or S58	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S59	S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S58	TI (collaps* or shock* or hypovol#emi*) or AB (collaps* or shock* or hypovol#emi*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S57	MH SHOCK, HEMORRHAGIC	Search modes -	Interface -

		Boolean/Phrase	EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S56	AB (heart N3 arrest*) or AB (cardiac N3 arrest*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S55	TI (heart N3 arrest*) or TI (cardiac N3 arrest*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S54	TI (asystol*) or AB (asystol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S53	MH HEART ARREST+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	TI (sweat* or clamm* or diaphores* or perspir*) or AB (sweat* or clamm* or diaphores* or perspir*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S51	MH SWEATING	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	TI (shiver* or shak*) or AB (shiver* or shak*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S49	MH SHIVERING	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S48	TI (syncop* or faint*) or AB (syncop* or faint*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	MH SYNCOPE+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S46	TI (fever* or pyrexi# or hyperthermi#) or AB (fever* or pyrexi# or hyperthermi#)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S45	MH FEVER+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S44	AB (weak* or fatigue# or tired* or letharg* or lassitud* or sluggish* or sleep* or listless* or malaise# or astheni#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S43	TI (weak* or fatigue# or tired* or letharg* or lassitud* or sluggish* or sleep* or listless* or malaise# or astheni#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S42	MH MUSCLE WEAKNESS or MH FATIGUE+ or MH ASTHENIA	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	TI (dizz* or light-headed* or light#headed* or orthosta*) or AB (dizz* or light-headed* or light#headed* or orthosta*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with

			Full Text
S40	MH DIZZINESS	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	TI (amenorrh#e*) or AB (amenorrh#e*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S38	MH AMENORRHEA+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	TI (dyspareuni#) or AB (dyspareuni#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S36	MH DYSPAREUNIA	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	TI (dysuri#) or AB (dysuri#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S34	AB (uncomfortabl* N3 bowel mov*) or AB (uncomfortabl* N3 defecat*) or AB (uncomfortabl* N3 rect*) or AB (uncomfortabl* N3 anal) or AB (uncomfortabl* N3 anus) or AB (uncomfortabl* N3 fec*) or AB (uncomfortabl* N3 faec*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	TI (uncomfortabl* N3 bowel mov*) or TI (uncomfortabl* N3 defecat*) or TI (uncomfortabl* N3 rect*) or TI (uncomfortabl* N3 anal) or TI (uncomfortabl* N3 anus) or TI (uncomfortabl* N3 fec*) or TI (uncomfortabl* N3 faec*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S32	AB (discomfort* N3 bowel mov*) or AB (discomfort* N3 defecat*) or AB (discomfort* N3 rect*) or AB (discomfort* N3 anal) or AB (discomfort* N3 anus) or AB (discomfort* N3 fec*) or AB (discomfort* N3 faec*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S31	TI (discomfort* N3 bowel mov*) or TI (discomfort* N3 defecat*) or TI (discomfort* N3 rect*) or TI (discomfort* N3 anal) or TI (discomfort* N3 anus) or TI (discomfort* N3 fec*) or TI (discomfort* N3 faec*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	S28 and S29	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S29	MH DEFECATION or MH RECTUM+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	MH PAIN	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	TI (nausea or vomit* or emesis or hyper#emesis or thr?w* up) or AB (nausea or vomit* or emesis or hyper#emesis or thr?w* up)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	MH VOMITING+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	MH NAUSEA	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	TI (diarrh#e*) or AB (diarrh#e*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search

			Database - CINAHL with Full Text
S23	MH DIARRHEA+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (gastrointestinal upset or gastrointestinal sign# or gastrointestinal symptom*) or AB (gastrointestinal upset or gastrointestinal sign# or gastrointestinal symptom*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	MH "SIGNS AND SYMPTOMS, DIGESTIVE (NON-CINAHL)+"	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	TI (bleed* or blood* or hemorrhag* or haemorrhag*) or AB (bleed* or blood* or hemorrhag* or haemorrhag*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	MH UTERINE HEMORRHAGE+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	MH HEMORRHAGE+	Search modes -	Interface -

		Boolean/Phrase	EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (myalgi? or backache# or acute abdom* or headache# or hemicrani*) or AB (myalgi? or backache# or acute abdom* or headache# or hemicrani*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	TI (pain* or hurt* or ach*) or AB (pain* or hurt* or ach*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	MH PAIN+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	S7 or S8 or S9 or S10 or S11 or S12 or S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (ill or sick or unwell) or AB (ill or sick or unwell)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S12	TI (physical manifestation# or physical characteristic# or physical feature# or physical finding#) or AB (physical manifestation# or physical characteristic# or physical feature# or physical finding#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	TI (presentation#) or AB (presentation#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	TI (presenting feature# or presenting finding# or presenting factor#) or AB (presenting feature# or presenting finding# or presenting factor#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (clinical manifestation# or clinical feature# or clinical finding# or clinical aspect#) or AB (clinical manifestation# or clinical feature# or clinical finding# or clinical aspect#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	TI (sign# or symptom* or complain*) or AB (sign# or symptom* or complain*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	MH "SIGNS AND SYMPTOMS (NON-CINAHL)+"	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S6	S1 or S2 or S3 or S4 or S5	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	AB (ampullary N3 pregnan*) or AB (isthm* N3 pregnan*) or AB (fimbrial N3 pregnan*) or AB (cornual N3 pregnan*) or AB (interstitial N3 pregnan*) or AB (abdom* N3 pregnan*) or AB (ovar* N3 pregnan*) or AB (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	TI (ampullary N3 pregnan*) or TI (isthm* N3 pregnan*) or TI (fimbrial N3 pregnan*) or TI (cornual N3 pregnan*) or TI (interstitial N3 pregnan*) or TI (abdom* N3 pregnan*) or TI (ovar* N3 pregnan*) or TI (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra-uterine N3 pregnan*) or AB (extra-uterine N3 gestat*) or AB (extra#uterine N3 pregnan*) or AB (extra#uterine N3 gestat*) or AB (tub* N3 pregnan*) or AB (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra-uterine N3 pregnan*) or TI (extra-uterine N3 gestat*) or TI (extra#uterine N3 pregnan*) or TI (extra#uterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with

			Full Text
S1	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Ultrasound for determining a viable intrauterine pregnancy and accuracy of imaging techniques for diagnosis of an ectopic pregnancy (combined search)

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q4-5_USS_combined_medline_rerun_2_130212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	exp PREGNANCY, ECTOPIC/
8	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
9	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
10	PUL.ti,ab.
11	exp GESTATIONAL TROPHOBLASTIC DISEASE/
12	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
13	((hydatid$ or invasi$) adj3 mol$).ti,ab.
14	molar pregnan$.ti,ab.
15	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
16	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
17	or/1-16
18	exp ULTRASONOGRAPHY/
19	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$

	or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
20	or/18-19
21	exp MAGNETIC RESONANCE IMAGING/
22	(MRI or NMRI).ti,ab.
23	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
24	exp LAPAROSCOPY/
25	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
26	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
27	LAPAROTOMY/
28	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
29	(open adj3 surg$).ti,ab.
30	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
31	exp HISTOLOGY/ or exp HISTOLOGICAL TECHNIQUES/
32	((histolog$ or patholog$ or histopatholog$) adj3 (analys$ or finding$ or report$ or result$ or stud$)).ti,ab.
33	or/21-32
34	and/17,20,33
35	limit 34 to english language
36	limit 35 to animals
37	limit 35 to (animals and humans)
38	36 not 37
39	35 not 38
40	limit 39 to yr="1980 -Current"
41	(case reports or comment or editorial or letter or historical article).pt.
42	40 not 41

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 10, 2012

PBEP_Q4-5_USS_combined_mip_rerun_1_281111

#	Searches
1	miscarr$.ti,ab.
2	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
3	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.

4	(anembryo$ or empty sac$).ti,ab.
5	(blight$ adj2 (ova or ovum)).ti,ab.
6	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
8	PUL.ti,ab.
9	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
10	((hydatid$ or invasi$) adj3 mol$).ti,ab.
11	molar pregnan$.ti,ab.
12	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
13	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
14	or/1-13
15	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
16	(MRI or NMRI).ti,ab.
17	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
18	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
19	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
20	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
21	(open adj3 surg$).ti,ab.
22	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
23	((histolog$ or patholog$ or histopatholog$) adj3 (analys$ or finding$ or report$ or result$ or stud$)).ti,ab.
24	or/16-23
25	and/14-15,24
26	limit 25 to yr="1980 -Current"

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q4-5_USS_combined_cctr_rerun_2_130212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$

	or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	exp PREGNANCY, ECTOPIC/
8	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
9	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
10	PUL.ti,ab.
11	exp GESTATIONAL TROPHOBLASTIC NEOPLASMS/
12	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
13	((hydatid$ or invasi$) adj3 mol$).ti,ab.
14	molar pregnan$.ti,ab.
15	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
16	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
17	or/1-16
18	exp ULTRASONOGRAPHY/
19	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
20	or/18-19
21	exp MAGNETIC RESONANCE IMAGING/
22	(MRI or NMRI).ti,ab.
23	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
24	exp LAPAROSCOPY/
25	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
26	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
27	LAPAROTOMY/
28	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
29	(open adj3 surg$).ti,ab.
30	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
31	exp HISTOLOGY/ or exp HISTOLOGICAL TECHNIQUES/
32	((histolog$ or patholog$ or histopatholog$) adj3 (analys$ or finding$ or report$ or result$ or stud$)).ti,ab.
33	or/21-32
34	and/17,20,33

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q4-5_USS_combined_cdsrdare_rerun_2_130212

#	Searches
1	ABORTION, SPONTANEOUS.kw.
2	miscarr$.tw,tx.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw,tx.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw,tx.
5	(anembryo$ or empty sac$).tw,tx.
6	(blight$ adj2 (ova or ovum)).tw,tx.
7	PREGNANCY, ECTOPIC.kw.
8	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).tw,tx.
9	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).tw,tx.
10	PUL.tw,tx.
11	(GESTATIONAL TROPHOBLASTIC NEOPLASMS or GESTATIONAL TROPHOBLASTIC DISEASE).kw.
12	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).tw,tx.
13	((hydatid$ or invasi$) adj3 mol$).tw,tx.
14	molar pregnan$.tw,tx.
15	(placenta$ adj3 (tumo?r$ or neoplas$)).tw,tx.
16	(chorio carcinoma$ or chorio?carcinoma$).tw,tx.
17	or/1-16
18	ULTRASONOGRAPHY.kw.
19	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).tw,tx.
20	or/18-19
21	MAGNETIC RESONANCE IMAGING.kw.
22	(MRI or NMRI).tw,tx.
23	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).tw,tx.
24	LAPAROSCOPY.kw.
25	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw,tx.
26	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).tw,tx.
27	LAPAROTOMY.kw.

28	(laparot$ or mini laparot$ or mini?laparot$).tw,tx.
29	(open adj3 surg$).tw,tx.
30	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).tw,tx.
31	(HISTOLOGY or HISTOLOGICAL TECHNIQUES).kw.
32	((histolog$ or patholog$ or histopatholog$) adj3 (analys$ or finding$ or report$ or result$ or stud$)).tw,tx.
33	or/21-32
34	and/17,20,33

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q4-5_USS_combined_embase_rerun_1_281111

#	Searches
1	SPONTANEOUS ABORTION/
2	miscarr$.ti,ab.
3	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/
4	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
5	FETUS WASTAGE/
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
7	BLIGHTED OVUM/
8	(anembryo$ or empty sac$).ti,ab.
9	(blight$ adj2 (ova or ovum)).ti,ab.
10	exp ECTOPIC PREGNANCY/
11	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
12	"PREGNANCY OF UNKNOWN LOCATION"/
13	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
14	PUL.ti,ab.
15	exp TROPHOBLASTIC DISEASE/
16	exp TROPHOBLASTIC TUMOR/
17	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
18	((hydatid$ or invasi$) adj3 mol$).ti,ab.
19	molar pregnan$.ti,ab.
20	(placenta$ adj3 (tumor$ or neoplas$)).ti,ab.
21	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.

22	or/1-21
23	exp ECHOGRAPHY/
24	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
25	or/23-24
26	exp NUCLEAR MAGNETIC RESONANCE IMAGING/
27	(MRI or NMRI).ti,ab.
28	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
29	exp LAPAROSCOPY/
30	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
31	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
32	LAPAROTOMY/
33	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
34	(open adj3 surg$).ti,ab.
35	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
36	HISTOPATHOLOGY/
37	((histolog$ or patholog$ or histopatholog$) adj3 (analys$ or finding$ or report$ or result$ or stud$)).ti,ab.
38	or/26-37
39	and/22,25,38
40	limit 39 to english language
41	limit 40 to yr="1980 -Current"
42	CASE REPORT/ or CASE STUDY/
43	(book or editorial or letter or note).pt.
44	41 not (42 or 43)

CINAHL with Full Text

Monday, February 13, 2012 9:44:01 AM

PBEP_Q4-5_USS_combined_cinahl_rerun_2_13021

#	Query	Limiters/Expanders	Last Run Via
S64	S63	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S63	S42 and S45 and S62	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S62	S46 or S47 or S48 or S49 or S50 or S51 or S52 or S53 or S54 or S55 or S56 or S57 or S58 or S59 or S60 or S61	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S61	TI (histolog* or patholog* or histopatholog*) or AB (histolog* or patholog* or histopatholog*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S60	MH HISTOLOGICAL TECHNIQUES+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S59	MH HISTOLOGY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S58	AB (surg* N5 confirm*) or AB (surg* N5 prove*) or AB (surg* N5 determine*) or AB (surg* N5 verif*) or AB (surg* N5 corroborat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S57	TI (surg* N5 confirm*) or TI (surg* N5 prove*) or TI (surg* N5 determine*) or TI (surg* N5 verif*) or TI (surg* N5 corroborat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S56	TI (open N3 surg*) or AB (open N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S55	TI (laparot* or mini-laparot* or mini#laparot*) or AB (laparot* or mini-laparot* or mini#laparot*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S54	MH LAPAROTOMY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S53	TI (key-hole* or key#hole* or minimal* invasi*) or AB (key-hole* or key#hole* or minimal* invasi*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	TI (laparoscop* or peritoneoscop* or coelioscop* or celioscop*) or AB (laparoscop* or peritoneoscop* or coelioscop* or celioscop*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S51	MH LAPAROSCOPY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	AB (spin N2 imag*) or AB (spin N2 tomograph*) or AB (chemical shift N2 imag*) or AB (chemical shift N2 tomograph*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S49	TI (spin N2 imag*) or TI (spin N2 tomograph*) or TI (chemical shift N2 imag*) or TI (chemical shift N2 tomograph*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S48	TI (magnetic resonance*) or AB (magnetic resonance*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	TI (MRI or MR or MTC or MT or NMR*) or AB (MRI or MR or MTC or MT or NMR*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S46	MH MAGNETIC RESONANCE IMAGING+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S45	S43 or S44	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S44	TI (ultraso* or sono* or echo* or echotomo*) or AB (ultraso* or sono* or echo* or echotomo*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S43	MH ULTRASONOGRAPHY+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S42	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40 or S41	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	TI (choriocarcinoma*) or AB (choriocarcinoma*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	TI (placenta* N3 neoplas*) or AB (placenta* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	TI (placenta* N3 tumo#r*) or AB (placenta* N3 tumo#r*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S38	TI (molar pregnan*) or AB (molar pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	TI (invasi* N3 mol*) or AB (invasi* N3 mol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S36	TI (hydatid* N3 mol*) or AB (hydatid* N3 mol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	AB (trophoblast* N3 gestat*) or AB (trophoblast* N3 pregnan*) or AB (trophoblast* N3 disease*) or AB (trophoblast* N3 tumo#r*) or AB (trophoblast* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S34	TI (trophoblast* N3 gestat*) or TI (trophoblast* N3 pregnan*) or TI (trophoblast* N3 disease*) or TI (trophoblast* N3 tumo#r*) or TI (trophoblast* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S33	MH CHORIOCARCINOMA	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S32	MH GESTATIONAL TROPHOBLASTIC NEOPLASMS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S31	TI (PUL) or AB (PUL)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	AB (pregnan* of unknown location*) or AB (pregnan* of uncertain location*) or AB (pregnan* of unknown site*) or AB (pregnan* of uncertain site*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S29	TI (pregnan* of unknown location*) or TI (pregnan* of uncertain location*) or TI (pregnan* of unknown site*) or TI (pregnan* of uncertain site*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S28	AB (ampullary N3 pregnan*) or AB (isthm* N3 pregnan*) or AB (fimbrial N3 pregnan*) or AB (cornual N3 pregnan*) or AB (interstitial N3 pregnan*) or AB (abdom* N3 pregnan*) or AB (ovar* N3 pregnan*) or AB (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	TI (ampullary N3 pregnan*) or TI (isthm* N3 pregnan*) or TI (fimbrial N3 pregnan*) or TI (cornual N3 pregnan*) or TI (interstitial N3 pregnan*) or TI (abdom* N3 pregnan*) or TI (ovar* N3 pregnan*) or TI (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra-uterine N3 pregnan*) or AB (extra-uterine N3 gestat*) or AB (extra#uterine N3 pregnan*) or AB (extra#uterine N3 gestat*) or AB (tub* N3 pregnan*) or AB (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra-uterine N3 pregnan*) or TI (extra-uterine N3 gestat*) or TI (extra#uterine N3 pregnan*) or TI (extra#uterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S23	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetal N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetal N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S18	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetal N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetal N3 wast*) or TI (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB (fetus* N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetal N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S13	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetal N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (fetus* N3 death*) or AB (foetal N3 death*) or AB (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (fetus* N3 death*) or TI (foetal N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (fetus* N3 demise) or AB (foetal N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (fetus* N3 demise) or TI (foetal N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S8	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetal N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetal N3 loss*) or TI (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	AB (pregnan* N3 loss*) or AB (pregnan* N3 fail*) or AB (pregnan* N3 non-viable) or AB (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or TI (pregnan* N3 non-viable) or TI (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	AB (spontaneous N2 abort*) or AB (threatened N2 abort*) or AB (imminen* N2 abort*) or AB (missed N2 abort*) or AB (delay* N2 abort*) or AB (inevitable N2 abort*) or AB (incomplete* N2 abort*) or AB (early N2 abort*) or AB (silent N2	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

	abort*) or AB (quiescent N2 abort*)		Search Database - CINAHL with Full Text
S3	TI (spontaneous N2 abort*) or TI (threatened N2 abort*) or TI (imminen* N2 abort*) or TI (missed N2 abort*) or TI (delay* N2 abort*) or TI (inevitable N2 abort*) or TI (incomplete* N2 abort*) or TI (early N2 abort*) or TI (silent N2 abort*) or TI (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Ultrasound for determining a viable intrauterine pregnancy

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q4_ultrasound_viability_medline_rerun_2_130212

#	Searches
1	exp ULTRASONOGRAPHY/
2	exp PREGNANCY/
3	and/1-2
4	exp ULTRASONOGRAPHY, PRENATAL/

5	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or wom?n$)).ti,ab.
6	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$ or repeat$ or serial$)).ti,ab.
7	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (f?etus$ or f?etal or embryo$ or gestat$ or pregnan$)).ti,ab.
8	or/3-7
9	FETAL VIABILITY/
10	exp PREGNANCY OUTCOME/
11	((f?etus$ or f?etal or embryo$ or pregnan$ or gestat$) adj3 (viab?l$ or non?viab?l$ or continu$ or term or outcome$ or live or living or alive)).ti,ab.
12	((live or term) adj3 birth$).ti,ab.
13	exp FETAL DEATH/
14	exp ABORTION, SPONTANEOUS/
15	miscarr$.ti,ab.
16	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or complete$ or early or silent or quiescent) adj2 abort$).ti,ab.
17	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$)).ti,ab.
18	(anembryo$ or empty sac$).ti,ab.
19	(blight$ adj2 (ova or ovum)).ti,ab.
20	exp GESTATIONAL TROPHOBLASTIC DISEASE/
21	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
22	((hydatid$ or invasi$) adj3 mol$).ti,ab.
23	molar pregnan$.ti,ab.
24	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
25	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
26	or/9-25
27	exp DIAGNOSIS/ or exp "SENSITIVITY AND SPECIFICITY"/
28	exp PREGNANCY/
29	and/27-28
30	exp PRENATAL DIAGNOSIS/
31	(diagnos$ or predict$).ti,ab.
32	or/29-31
33	exp FETAL HEART/
34	HEART RATE, FETAL/
35	GESTATIONAL SAC/
36	exp EXTRAEMBRYONIC MEMBRANES/

37	CROWN-RUMP LENGTH/
38	((f?etal or f?etus$) adj3 (heart$ or membrane? or pole? or echo$ or node? or puls$)).ti,ab.
39	FH.ti,ab.
40	((gestat$ or embryo$ or extra?embryo$ or yolk or chorion$ or amnio$) adj3 (sac? or membrane?)).ti,ab.
41	(GSD or SYS or MSD).ti,ab.
42	(crown rump length$ or CRL).ti,ab.
43	or/33-42
44	and/8,26,32,43
45	limit 44 to english language
46	limit 45 to animals
47	limit 45 to (animals and humans)
48	46 not 47
49	45 not 48
50	limit 49 to yr="1980 -Current"
51	(case reports or comment or editorial or letter or historical article).pt.
52	50 not 51

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 10, 2012

PBEP_Q4_ultrasound_viability_mip_rerun_1_301111

#	Searches
1	(ultraso$ or sono$ or echo$ or echotomo$).ti,ab.
2	((f?etus$ or f?etal or embryo$ or pregnan$ or gestat$) adj3 (viab?l$ or non?viab?l$ or continu$ or term or outcome$ or live or living or alive)).ti,ab.
3	((live or term) adj3 birth$).ti,ab.
4	miscarr$.ti,ab.
5	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or complete$ or early or silent or quiescent) adj2 abort$).ti,ab.
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$)).ti,ab.
7	(anembryo$ or empty sac$).ti,ab.
8	(blight$ adj2 (ova or ovum)).ti,ab.
9	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
10	((hydatid$ or invasi$) adj3 mol$).ti,ab.
11	molar pregnan$.ti,ab.

12	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
13	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
14	or/2-13
15	(diagnos$ or predict$).ti,ab.
16	((f?etal or f?etus$) adj3 (heart$ or membrane? or pole? or echo$ or node? or puls$)).ti,ab.
17	FH.ti,ab.
18	((gestat$ or embryo$ or extra?embryo$ or yolk or chorion$ or amnio$) adj3 (sac? or membrane?)).ti,ab.
19	(GSD or SYS or MSD).ti,ab.
20	(crown rump length$ or CRL).ti,ab.
21	or/16-20
22	and/1,14-15,21
23	limit 22 to yr="1980 -Current"

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q4_ultrasound_viability_cctr_rerun_1_281111

#	Searches
1	exp ULTRASONOGRAPHY/
2	exp PREGNANCY/
3	and/1-2
4	exp ULTRASONOGRAPHY, PRENATAL/
5	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or wom?n$)).ti,ab.
6	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$ or repeat$ or serial$)).ti,ab.
7	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (f?etus$ or f?etal or embryo$ or gestat$ or pregnan$)).ti,ab.
8	or/3-7
9	FETAL VIABILITY/
10	exp PREGNANCY OUTCOME/
11	((f?etus$ or f?etal or embryo$ or pregnan$ or gestat$) adj3 (viab?l$ or non?viab?l$ or continu$ or term or outcome$ or live or living or alive)).ti,ab.
12	((live or term) adj3 birth$).ti,ab.
13	exp FETAL DEATH/
14	exp ABORTION, SPONTANEOUS/
15	miscarr$.ti,ab.

16	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or complete$ or early or silent or quiescent) adj2 abort$).ti,ab.
17	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$)).ti,ab.
18	(anembryo$ or empty sac$).ti,ab.
19	(blight$ adj2 (ova or ovum)).ti,ab.
20	exp GESTATIONAL TROPHOBLASTIC NEOPLASMS/
21	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
22	((hydatid$ or invasi$) adj3 mol$).ti,ab.
23	molar pregnan$.ti,ab.
24	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
25	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
26	or/9-25
27	exp DIAGNOSIS/ or exp "SENSITIVITY AND SPECIFICITY"/
28	exp PREGNANCY/
29	and/27-28
30	exp PRENATAL DIAGNOSIS/
31	(diagnos$ or predict$).ti,ab.
32	or/29-31
33	exp FETAL HEART/
34	HEART RATE, FETAL/
35	GESTATIONAL SAC/
36	exp EXTRAEMBRYONIC MEMBRANES/
37	CROWN-RUMP LENGTH/
38	((f?etal or f?etus$) adj3 (heart$ or membrane? or pole? or echo$ or node? or puls$)).ti,ab.
39	FH.ti,ab.
40	((gestat$ or embryo$ or extra?embryo$ or yolk or chorion$ or amnio$) adj3 (sac? or membrane?)).ti,ab.
41	(GSD or SYS or MSD).ti,ab.
42	(crown rump length$ or CRL).ti,ab.
43	or/33-42
44	and/8,26,32,43

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q4_ultrasound_viability_cdsrdare_rerun_2_140212

#	Searches
1	ULTRASONOGRAPHY.kw.
2	PREGNANCY.kw.
3	and/1-2
4	ULTRASONOGRAPHY, PRENATAL.kw.
5	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or wom?n$)).tw,tx.
6	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$ or repeat$ or serial$)).tw,tx.
7	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (f?etus$ or f?etal or embryo$ or gestat$ or pregnan$)).tw,tx.
8	or/3-7
9	FETAL VIABILITY.kw.
10	PREGNANCY OUTCOME.kw.
11	((f?etus$ or f?etal or embryo$ or pregnan$ or gestat$) adj3 (viab?l$ or non?viab?l$ or continu$ or term or outcome$ or live or living or alive)).tw,tx.
12	((live or term) adj3 birth$).tw,tx.
13	FETAL DEATH.kw.
14	ABORTION, SPONTANEOUS.kw.
15	miscarr$.tw,tx.
16	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or complete$ or early or silent or quiescent) adj2 abort$).tw,tx.
17	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$)).tw,tx.
18	(anembryo$ or empty sac$).tw,tx.
19	(blight$ adj2 (ova or ovum)).tw,tx.
20	(GESTATIONAL TROPHOBLASTIC NEOPLASMS or GESTATIONAL TROPHOBLASTIC DISEASE).kw.
21	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).tw,tx.
22	((hydatid$ or invasi$) adj3 mol$).tw,tx.
23	molar pregnan$.tw,tx.
24	(placenta$ adj3 (tumo?r$ or neoplas$)).tw,tx.
25	(chorio carcinoma$ or chorio?carcinoma$).tw,tx.
26	or/9-25

27	(DIAGNOSIS or "SENSITIVITY AND SPECIFICITY").kw.
28	PREGNANCY.kw.
29	and/27-28
30	PRENATAL DIAGNOSIS.kw.
31	(diagnos$ or predict$).tw,tx.
32	or/29-31
33	FETAL HEART.kw.
34	HEART RATE, FETAL.kw.
35	GESTATIONAL SAC.kw.
36	EXTRAEMBRYONIC MEMBRANES.kw.
37	CROWN-RUMP LENGTH.kw.
38	((f?etal or f?etus$) adj3 (heart$ or membrane? or pole? or echo$ or node? or puls$)).tw,tx.
39	FH.tw,tx.
40	((gestat$ or embryo$ or extra?embryo$ or yolk or chorion$ or amnio$) adj3 (sac? or membrane?)).tw,tx.
41	(GSD or SYS or MSD).tw,tx.
42	(crown rump length$ or CRL).tw,tx.
43	or/33-42
44	and/8,26,32,43

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q4_ultrasound_viability_embase_rerun_1_281111

#	Searches
1	exp ECHOGRAPHY/
2	exp PREGNANCY/
3	and/1-2
4	exp FETUS ECHOGRAPHY/
5	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or wom?n$)).ti,ab.
6	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$ or repeat$ or serial$)).ti,ab.
7	((ultraso$ or sono$ or echo$ or echotomo$) adj5 (f?etus$ or f?etal or embryo$ or gestat$ or pregnan$)).ti,ab.
8	or/3-7
9	FETAL WELL BEING/

10	PREGNANCY OUTCOME/
11	((f?etus$ or f?etal or embryo$ or pregnan$ or gestat$) adj3 (viab?l$ or non?viab?l$ or continu$ or term or outcome$ or live or living or alive)).ti,ab.
12	LIVE BIRTH/
13	((live or term) adj3 birth$).ti,ab.
14	exp FETUS DEATH/
15	SPONTANEOUS ABORTION/
16	miscarr$.ti,ab.
17	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/
18	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or complete$ or early or silent or quiescent) adj2 abort$).ti,ab.
19	FETUS WASTAGE/
20	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$)).ti,ab.
21	BLIGHTED OVUM/
22	(anembryo$ or empty sac$).ti,ab.
23	(blight$ adj2 (ova or ovum)).ti,ab.
24	exp TROPHOBLASTIC DISEASE/
25	exp TROPHOBLASTIC TUMOR/
26	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
27	((hydatid$ or invasi$) adj3 mol$).ti,ab.
28	molar pregnan$.ti,ab.
29	(placenta$ adj3 (tumor$ or neoplas$)).ti,ab.
30	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
31	or/9-30
32	exp DIAGNOSIS/ or "SENSITIVITY AND SPECIFICITY"/ or exp "PREDICTION AND FORECASTING"/
33	exp PREGNANCY/
34	and/32-33
35	exp PRENATAL DIAGNOSIS/
36	(diagnos$ or predict$).ti,ab.
37	or/34-36
38	FETUS HEART/
39	FETUS HEART RATE/
40	GESTATIONAL SAC/
41	exp EMBRYO MEMBRANE/
42	exp YOLK SAC/
43	CROWN RUMP LENGTH/

44	((f?etal or f?etus$) adj3 (heart$ or membrane? or pole? or echo$ or node? or puls$)).ti,ab.
45	FH.ti,ab.
46	((gestat$ or embryo$ or extra?embryo$ or yolk or chorion$ or amnio$) adj3 (sac? or membrane?)).ti,ab.
47	(GSD or SYS or MSD).ti,ab.
48	(crown rump length$ or CRL).ti,ab.
49	or/38-48
50	and/8,31,37,49
51	limit 50 to english language
52	limit 51 to yr="1980 -Current"
53	CASE REPORT/ or CASE STUDY/
54	(book or editorial or letter or note).pt.
55	52 not (53 or 54)

CINAHL with Full Text

Tuesday, February 14, 2012 1:07:29 PM

PBEP_Q4_ultrasound_viability_cinahl_rerun_2_140212

#	Query	Limiters/Expanders	Last Run Via
S77	S76	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S76	S6 and S52 and S58 and S75	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S75	S59 or S60 or S61 or S62 or S63 or S64 or S65 or S66 or S67 or S68 or S69 or S70 or S71 or S72 or	Search modes - Boolean/Phrase	Interface - EBSCOhost

	S73 or S74		Search Screen - Advanced Search Database - CINAHL with Full Text
S74	TI (crown rump length* or CRL) or AB (crown rump length* or CRL)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S73	AB (gestat* sac* or gestat* membrane* or embryo* sac* or embryo* membrane* or extra#embryo* sac* or extra#embryo* membrane* or yolk sac* or yolk membrane* or chorion* sac* or chorion* membrane* or amnio* sac* or amnio* membrane*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S72	TI (gestat* sac* or gestat* membrane* or embryo* sac* or embryo* membrane* or extra#embryo* sac* or extra#embryo* membrane* or yolk sac* or yolk membrane* or chorion* sac* or chorion* membrane* or amnio* sac* or amnio* membrane*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S71	TI (FH or GSD or SYS or MSD) or AB (FH or GSD or SYS or MSD)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S70	AB (foetal heart* or foetal membrane* or foetal pole* or foetal echo* or foetal node* or foetal	Search modes - Boolean/Phrase	Interface - EBSCOhost

	puls*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S69	TI (foetal heart* or foetal membrane* or foetal pole* or foetal echo* or foetal node* or foetal puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S68	AB (foetus* heart* or foetus* membrane* or foetus* pole* or foetus* echo* or foetus* node* or foetus* puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S67	TI (foetus* heart* or foetus* membrane* or foetus* pole* or foetus* echo* or foetus* node* or foetus* puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S66	AB (fetal heart* or fetal membrane* or fetal pole* or fetal echo* or fetal node* or fetal puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S65	TI (fetal heart* or fetal membrane* or fetal pole* or fetal echo* or fetal node* or fetal puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S64	AB (fetus* heart* or fetus* membrane* or fetus* pole* or fetus* echo* or fetus* node* or fetus* puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S63	TI (fetus* heart* or fetus* membrane* or fetus* pole* or fetus* echo* or fetus* node* or fetus* puls*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S62	MH CROWN-RUMP LENGTH	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S61	MH FETAL MEMBRANES+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S60	MH HEART RATE, FETAL	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S59	MH FETAL HEART	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S58	S55 or S56 or S57	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S57	TI (diagnos* or predict*) or AB (diagnos* or predict*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S56	MH PRENATAL DIAGNOSIS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S55	S53 and S54	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S54	MH PREGNANCY+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S53	MH DIAGNOSIS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40 or S41 or S42 or S43 or S44 or S45 or S46 or S47 or S48 or S49 or S50 or S51	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S51	TI (choriocarcinoma*) or AB (choriocarcinoma*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	TI (placenta* N3 neoplas*) or AB (placenta* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S49	TI (placenta* N3 tumo#r*) or AB (placenta* N3 tumo#r*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S48	TI (molar pregnan*) or AB (molar pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	TI (invasi* N3 mol*) or AB (invasi* N3 mol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S46	TI (hydatid* N3 mol*) or AB (hydatid* N3 mol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S45	AB (trophoblast* N3 gestat*) or AB (trophoblast* N3 pregnan*) or AB (trophoblast* N3 disease*) or	Search modes - Boolean/Phrase	Interface - EBSCOhost

	AB (trophoblast* N3 tumo#r*) or AB (trophoblast* N3 neoplas*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S44	TI (trophoblast* N3 gestat*) or TI (trophoblast* N3 pregnan*) or TI (trophoblast* N3 disease*) or TI (trophoblast* N3 tumo#r*) or TI (trophoblast* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S43	MH CHORIOCARCINOMA	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S42	MH GESTATIONAL TROPHOBLASTIC NEOPLASMS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S39	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S38	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetal N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetal N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S36	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetal N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetal N3 wast*) or TI	Search modes - Boolean/Phrase	Interface - EBSCOhost

	(foetus* N3 wast*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S34	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB (fetus* N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S32	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetal N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S31	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetal N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (fetus* N3 death*) or AB (foetal N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

	or AB (foetus* N3 death*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S29	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (fetus* N3 death*) or TI (foetal N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (fetus* N3 demise) or AB (foetal N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (fetus* N3 demise) or TI (foetal N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetal N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetal N3 loss*) or TI	Search modes - Boolean/Phrase	Interface - EBSCOhost

	(foetus* N3 loss*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S24	AB (pregnan* N3 loss*) or AB (pregnan* N3 fail*) or AB (pregnan* N3 non-viable) or AB (pregnan* N3 nonviable) or AB (pregnan* N3 viab#l*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	TI (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or TI (pregnan* N3 non-viable) or TI (pregnan* N3 nonviable) or TI (pregnan* N3 viab#l*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	AB (spontaneous N2 abort*) or AB (threatened N2 abort*) or AB (imminen* N2 abort*) or AB (missed N2 abort*) or AB (delay* N2 abort*) or AB (inevitable N2 abort*) or AB (incomplete* N2 abort*) or AB (complete* N2 abort*) or AB (early N2 abort*) or AB (silent N2 abort*) or AB (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	TI (spontaneous N2 abort*) or TI (threatened N2 abort*) or TI (imminen* N2 abort*) or TI (missed N2 abort*) or TI (delay* N2 abort*) or TI (inevitable N2 abort*) or TI (incomplete* N2 abort*) or TI (complete* N2 abort*) or TI (early N2 abort*) or TI (silent N2 abort*) or TI (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S19	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	MH PERINATAL DEATH	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (live birth? or term birth?) or AB (live birth? or term birth?)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	AB (pregnan* N3 term) or AB (pregnan* N3 continu*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	TI (pregnan* N3 term) or TI (pregnan* N3 continu*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S14	AB (pregnan* N3 viab#l*) or AB (pregnan* N3 non-viab#l*) or AB (pregnan* N3 nonviab#l*) or AB (pregnan* N3 outcome#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (pregnan* N3 viab#l*) or TI (pregnan* N3 non-viab#l*) or TI (pregnan* N3 nonviab#l*) or TI (pregnan* N3 outcome#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	AB (foetus* N3 viab#l*) or AB (foetus* N3 non-viab#l*) or AB (foetus* N3 nonviab#l*) or AB (foetus* N3 outcome#) or AB (foetal N3 viab#l*) or AB (foetal N3 non-viab#l*) or AB (foetal N3 nonviab#l*) or AB (foetal N3 outcome#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	TI (foetus* N3 viab#l*) or TI (foetus* N3 non-viab#l*) or TI (foetus* N3 nonviab#l*) or TI (foetus* N3 outcome#) or TI (foetal N3 viab#l*) or TI (foetal N3 non-viab#l*) or TI (foetal N3 nonviab#l*) or TI (foetal N3 outcome#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	AB (fetus* N3 viab#l*) or AB (fetus* N3 non-viab#l*) or AB (fetus* N3 nonviab#l*) or AB	Search modes - Boolean/Phrase	Interface - EBSCOhost

	(fetus* N3 outcome#) or AB (fetal N3 viab#l*) or AB (fetal N3 non-viab#l*) or AB (fetal N3 nonviab#l*) or AB (fetal N3 outcome#)		Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (fetus* N3 viab#l*) or TI (fetus* N3 non-viab#l*) or TI (fetus* N3 nonviab#l*) or TI (fetus* N3 outcome#) or TI (fetal N3 viab#l*) or TI (fetal N3 non-viab#l*) or TI (fetal N3 nonviab#l*) or TI (fetal N3 outcome#)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	MH PREGNANCY OUTCOMES	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	MH FETAL WELL-BEING	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	S3 or S4 or S5	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (ultraso* or sono* or echo*) or AB (ultraso* or sono* or echo*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S4	MH ULTRASONOGRAPHY, PRENATAL+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	S1 and S2	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	MH PREGNANCY+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH ULTRASONOGRAPHY+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Accuracy of imaging techniques for diagnosis of an ectopic pregnancy

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q5_TV_TA_USS_ectopic_case_studies_medline_rerun_2_150212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	exp ULTRASONOGRAPHY/
5	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
6	or/4-5
7	exp MAGNETIC RESONANCE IMAGING/
8	(MRI or NMRI).ti,ab.
9	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
10	exp LAPAROSCOPY/
11	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
12	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
13	LAPAROTOMY/
14	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
15	(open adj3 surg$).ti,ab.
16	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
17	or/7-16
18	and/3,6,17
19	limit 18 to english language
20	limit 19 to animals
21	limit 19 to (animals and humans)
22	20 not 21
23	19 not 22
24	limit 23 to yr="1980 -Current"

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 14, 2012

PBEP_Q5_TV_TA_USS_ectopic_case_studies_mip_rerun_1_291111

#	Searches
1	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
2	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
3	(MRI or NMRI).ti,ab.
4	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
5	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
6	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
7	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
8	(open adj3 surg$).ti,ab.
9	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
10	or/3-9
11	and/1-2,10
12	limit 11 to yr="1980 -Current"

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q5_TV_TA_USS_ectopic_case_studies_cctr_rerun_2_150212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	exp ULTRASONOGRAPHY/
5	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
6	or/4-5
7	exp MAGNETIC RESONANCE IMAGING/
8	(MRI or NMRI).ti,ab.
9	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or

	chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
10	exp LAPAROSCOPY/
11	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
12	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
13	LAPAROTOMY/
14	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
15	(open adj3 surg$).ti,ab.
16	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
17	or/7-16
18	and/3,6,17

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q5_TV_TA_USS_ectopic_case_studies_cdsrdare_rerun_1_291111

#	Searches
1	PREGNANCY, ECTOPIC.kw.
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).tw,tx.
3	or/1-2
4	ULTRASONOGRAPHY.kw.
5	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).tw,tx.
6	or/4-5
7	MAGNETIC RESONANCE IMAGING.kw.
8	(MRI or NMRI).tw,tx.
9	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).tw,tx.
10	LAPAROSCOPY.kw.
11	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw,tx.
12	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).tw,tx.
13	LAPAROTOMY.kw.
14	(laparot$ or mini laparot$ or mini?laparot$).tw,tx.
15	(open adj3 surg$).tw,tx.
16	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).tw,tx.
17	or/7-16
18	and/3,6,17

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q5_TV_TA_USS_ectopic_case_studies_embase_rerun_1_291111

#	Searches
1	exp ECTOPIC PREGNANCY/
2	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	exp ECHOGRAPHY/
5	((ultraso$ or sono$ or echo$ or echotomo$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$ or vagina$ or trans?vagina$ or endo?vagina$ or abdom$ or trans?abdom$)).ti,ab.
6	or/4-5
7	exp NUCLEAR MAGNETIC RESONANCE IMAGING/
8	(MRI or NMRI).ti,ab.
9	((magnetic resonance or MR or MTC or MT or NMR or magneti#ation transfer or spin or chemical shift) adj2 (imag$ or tomograph$)).ti,ab.
10	exp LAPAROSCOPY/
11	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
12	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
13	LAPAROTOMY/
14	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
15	(open adj3 surg$).ti,ab.
16	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
17	or/7-16
18	and/3,6,17
19	limit 18 to english language
20	limit 19 to yr="1980 -Current"

Diagnostic accuracy of hCG measurements with or without progesterone for determining ectopic pregnancy and viable intrauterine pregnancy (combined search)

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q2-3_hCG_progesterone_dx_medline_rerun_2_090212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.

3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or non viable or non?viable)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	exp PREGNANCY, ECTOPIC/
8	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
9	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
10	PUL.ti,ab.
11	exp GESTATIONAL TROPHOBLASTIC DISEASE/
12	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
13	((hydatid$ or invasi$) adj3 mol$).ti,ab.
14	molar pregnan$.ti,ab.
15	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
16	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
17	or/1-16
18	CHORIONIC GONADOTROPIN/ or CHORIONIC GONADOTROPIN, BETA SUBUNIT, HUMAN/
19	(human chorionic gonadotropin$ or choriogonadotropin$ or choriogonin$ or hcg$).ti,ab.
20	(beta hcg$ or beta?hcg$ or b hcg$ or b?hcg$).ti,ab.
21	exp PROGESTERONE/
22	progest$.ti,ab.
23	or/18-22
24	exp ULTRASONOGRAPHY/
25	((ultraso$ or sonogra$ or echogra$ or echotomogra$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$)).ti,ab.
26	exp LAPAROSCOPY/
27	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
28	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
29	LAPAROTOMY/
30	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
31	(open adj3 surg$).ti,ab.
32	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
33	or/24-32
34	and/17,23,33
35	limit 34 to english language
36	limit 35 to animals

37	limit 35 to (animals and humans)
38	36 not 37
39	35 not 38
40	limit 39 to yr="1985 -Current"
41	(case reports or comment or editorial or letter or historical article).pt.
42	40 not 41

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 08, 2012

PBEP_Q2-3_hCG_progesterone_dx_mip_rerun_2_090212

#	Searches
1	miscarr$.ti,ab.
2	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
3	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or non viable or non?viable)).ti,ab.
4	(anembryo$ or empty sac$).ti,ab.
5	(blight$ adj2 (ova or ovum)).ti,ab.
6	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
8	PUL.ti,ab.
9	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
10	((hydatid$ or invasi$) adj3 mol$).ti,ab.
11	molar pregnan$.ti,ab.
12	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
13	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
14	or/1-13
15	(human chorionic gonadotropin$ or choriogonadotropin$ or choriogonin$ or hcg$).ti,ab.
16	(beta hcg$ or beta?hcg$ or b hcg$ or b?hcg$).ti,ab.
17	progest$.ti,ab.
18	or/15-17
19	((ultraso$ or sonogra$ or echogra$ or echotomogra$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$)).ti,ab.
20	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
21	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
22	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.

23	(open adj3 surg$).ti,ab.
24	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
25	or/19-24
26	and/14,18,25
27	limit 26 to yr="1985 -Current"

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q2-3_hCG_progesterone_dx_cctr_rerun_2_090212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or non viable or non?viable)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	exp PREGNANCY, ECTOPIC/
8	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
9	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
10	PUL.ti,ab.
11	exp GESTATIONAL TROPHOBLASTIC NEOPLASMS/
12	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
13	((hydatid$ or invasi$) adj3 mol$).ti,ab.
14	molar pregnan$.ti,ab.
15	(placenta$ adj3 (tumo?r$ or neoplas$)).ti,ab.
16	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
17	or/1-16
18	CHORIONIC GONADOTROPIN/ or CHORIONIC GONADOTROPIN, BETA SUBUNIT, HUMAN/
19	(human chorionic gonadotropin$ or choriogonadotropin$ or choriogonin$ or hcg$).ti,ab.
20	(beta hcg$ or beta?hcg$ or b hcg$ or b?hcg$).ti,ab.
21	exp PROGESTERONE/
22	progest$.ti,ab.
23	or/18-22
24	exp ULTRASONOGRAPHY/

25	((ultraso$ or sonogra$ or echogra$ or echotomogra$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$)).ti,ab.
26	exp LAPAROSCOPY/
27	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
28	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
29	LAPAROTOMY/
30	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
31	(open adj3 surg$).ti,ab.
32	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
33	or/24-32
34	and/17,23,33

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q2-3_hCG_progesterone_dx_cdsrdare_rerun_2_090212

#	Searches
1	ABORTION, SPONTANEOUS.kw.
2	miscarr$.tw,tx.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw,tx.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or non viable or non?viable)).tw,tx.
5	(anembryo$ or empty sac$).tw,tx.
6	(blight$ adj2 (ova or ovum)).tw,tx.
7	PREGNANCY, ECTOPIC.kw.
8	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).tw,tx.
9	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).tw,tx.
10	PUL.tw,tx.
11	(GESTATIONAL TROPHOBLASTIC NEOPLASMS or GESTATIONAL TROPHOBLASTIC DISEASE).kw.
12	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).tw,tx.
13	((hydatid$ or invasi$) adj3 mol$).tw,tx.
14	molar pregnan$.tw,tx.
15	(placenta$ adj3 (tumo?r$ or neoplas$)).tw,tx.
16	(chorio carcinoma$ or chorio?carcinoma$).tw,tx.
17	or/1-16

18	(CHORIONIC GONADOTROPIN or CHORIONIC GONADOTROPIN, BETA SUBUNIT, HUMAN).kw.
19	(human chorionic gonadotropin$ or choriogonadotropin$ or choriogonin$ or hcg$).tw,tx.
20	(beta hcg$ or beta?hcg$ or b hcg$ or b?hcg$).tw,tx.
21	PROGESTERONE.kw.
22	progest$.tw,tx.
23	or/18-22
24	ULTRASONOGRAPHY.kw.
25	((ultraso$ or sonogra$ or echogra$ or echotomogra$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$)).tw,tx.
26	LAPAROSCOPY.kw.
27	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw,tx.
28	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).tw,tx.
29	LAPAROTOMY.kw.
30	(laparot$ or mini laparot$ or mini?laparot$).tw,tx.
31	(open adj3 surg$).tw,tx.
32	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).tw,tx.
33	or/24-32
34	and/17,23,33

Database(s): Embase 1980 to 2012 Week 05

PBEP_Q2-3_hCG_progesterone_dx_embase_rerun_2_090212

#	Searches
1	SPONTANEOUS ABORTION/
2	miscarr$.ti,ab.
3	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/
4	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
5	FETUS WASTAGE/
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or non viable or non?viable)).ti,ab.
7	BLIGHTED OVUM/
8	(anembryo$ or empty sac$).ti,ab.
9	(blight$ adj2 (ova or ovum)).ti,ab.
10	exp ECTOPIC PREGNANCY/
11	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or

	cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
12	"PREGNANCY OF UNKNOWN LOCATION"/
13	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
14	PUL.ti,ab.
15	exp TROPHOBLASTIC DISEASE/
16	exp TROPHOBLASTIC TUMOR/
17	(trophoblast$ adj3 (gestat$ or pregnan$ or disease$ or tumo?r$ or neoplas$)).ti,ab.
18	((hydatid$ or invasi$) adj3 mol$).ti,ab.
19	molar pregnan$.ti,ab.
20	(placenta$ adj3 (tumor$ or neoplas$)).ti,ab.
21	(chorio carcinoma$ or chorio?carcinoma$).ti,ab.
22	or/1-21
23	CHORIONIC GONADOTROPIN/ or CHORIONIC GONADOTROPIN BETA SUBUNIT/
24	(human chorionic gonadotropin$ or choriogonadotropin$ or choriogonin$ or hcg$).ti,ab.
25	(beta hcg$ or beta?hcg$ or b hcg$ or b?hcg$).ti,ab.
26	PROGESTERONE/
27	progest$.ti,ab.
28	or/23-27
29	exp ECHOGRAPHY/
30	((ultraso$ or sonogra$ or echogra$ or echotomogra$) adj3 (ante natal$ or ante?natal or pre natal$ or pre?natal or maternal$ or mother$ or diagnos$ or screen$)).ti,ab.
31	exp LAPAROSCOPY/
32	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
33	((key?hole$ or key hole$ or minimal$ invasi$) adj3 surg$).ti,ab.
34	LAPAROTOMY/
35	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
36	(open adj3 surg$).ti,ab.
37	(surg$ adj5 (confirm$ or prove$ or determine$ or verif$ or corroborat$)).ti,ab.
38	or/29-37
39	and/22,28,38
40	limit 39 to english language
41	limit 40 to yr="1985 -Current"
42	(book or editorial or letter or note).pt.
43	41 not 42

CINAHL with Full Text

Thursday, February 09, 2012 11:30:17 AM

PBEP_Q2-3_hCG_progesterone_dx_cinahl_rerun_2_090212

#	Query	Limiters/Expanders	Last Run Via
S61	S60	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S60	S42 and S48 and S59	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S59	S49 or S50 or S51 or S52 or S53 or S54 or S55 or S56 or S57 or S58	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S58	AB (surg* N5 confirm*) or AB (surg* N5 prove*) or AB (surg* N5 determine*) or AB (surg* N5 verif*) or AB (surg* N5 corroborat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S57	TI (surg* N5 confirm*) or TI (surg* N5 prove*) or TI (surg* N5 determine*) or TI (surg* N5 verif*) or TI (surg* N5 corroborat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S56	TI (open N3 surg*) or AB (open N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S55	TI (laparot* or mini-laparot* or mini#laparot*) or AB (laparot* or mini-laparot* or mini#laparot*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S54	MH LAPAROTOMY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S53	TI (key-hole* or key#hole* or minimal* invasi*) or AB (key-hole* or key#hole* or minimal* invasi*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	TI (laparoscop* or peritoneoscop* or coelioscop* or celioscop*) or AB (laparoscop* or peritoneoscop* or coelioscop* or celioscop*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S51	MH LAPAROSCOPY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	TI (ultraso* or sonogra* or echogra* or echotomogra*) or AB (ultraso* or sonogra* or echogra* or echotomogra*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S49	MH ULTRASONOGRAPHY+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S48	S43 or S44 or S45 or S46 or S47	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	TI (progest*) or AB (progest*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S46	MH PROGESTERONE+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S45	TI (beta-hcg* or beta#hcg* or b-hcg* or bhcg*) or AB (beta-hcg* or beta#hcg* or b-hcg* or bhcg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S44	TI (human chorionic gonadotropin* or choriogonadotropin* or choriogonin* or hcg*) or AB (human chorionic gonadotropin* or choriogonadotropin* or choriogonin* or hcg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S43	MH GONADOTROPINS, CHORIONIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S42	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

	S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40 or S41		Screen - Advanced Search Database - CINAHL with Full Text
S41	TI (choriocarcinoma*) or AB (choriocarcinoma*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	TI (placenta* N3 neoplas*) or AB (placenta* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	TI (placenta* N3 tumo#r*) or AB (placenta* N3 tumo#r*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S38	TI (molar pregnan*) or AB (molar pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	TI (invasi* N3 mol*) or AB (invasi* N3 mol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S36	TI (hydatid* N3 mol*) or AB (hydatid* N3 mol*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	AB (trophoblast* N3 gestat*) or AB (trophoblast* N3 pregnan*) or AB (trophoblast* N3 disease*) or AB (trophoblast* N3 tumo#r*) or AB (trophoblast* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S34	TI (trophoblast* N3 gestat*) or TI (trophoblast* N3 pregnan*) or TI (trophoblast* N3 disease*) or TI (trophoblast* N3 tumo#r*) or TI (trophoblast* N3 neoplas*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	MH CHORIOCARCINOMA	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S32	MH GESTATIONAL TROPHOBLASTIC NEOPLASMS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S31	TI (PUL) or AB (PUL)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	AB (pregnan* of unknown location*) or AB (pregnan* of uncertain location*) or AB (pregnan* of unknown site*) or AB (pregnan* of uncertain site*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S29	TI (pregnan* of unknown location*) or TI (pregnan* of uncertain location*) or TI (pregnan* of unknown site*) or TI (pregnan* of uncertain site*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	AB (ampullary N3 pregnan*) or AB (isthm* N3 pregnan*) or AB (fimbrial N3 pregnan*) or AB (cornual N3 pregnan*) or AB (interstitial N3 pregnan*) or AB (abdom* N3 pregnan*) or AB (ovar* N3 pregnan*) or AB (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	TI (ampullary N3 pregnan*) or TI (isthm* N3 pregnan*) or TI (fimbrial N3 pregnan*) or TI (cornual N3 pregnan*) or TI (interstitial N3	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

	pregnan*) or TI (abdom* N3 pregnan*) or TI (ovar* N3 pregnan*) or TI (cervi* N3 pregnan*)		Screen - Advanced Search Database - CINAHL with Full Text
S26	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra-uterine N3 pregnan*) or AB (extra-uterine N3 gestat*) or AB (extra#uterine N3 pregnan*) or AB (extra#uterine N3 gestat*) or AB (tub* N3 pregnan*) or AB (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra-uterine N3 pregnan*) or TI (extra-uterine N3 gestat*) or TI (extra#uterine N3 pregnan*) or TI (extra#uterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S21	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetal N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetal N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetal N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetal N3 wast*) or TI (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S16	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB (fetus* N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetal N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetal N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (fetus* N3 death*) or AB (foetal N3 death*) or AB (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S11	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (fetus* N3 death*) or TI (foetal N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (foetal N3 demise) or AB (fetus* N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (foetal N3 demise) or TI (fetus* N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (foetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (foetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S6	AB (pregnan* N3 loss*) or AB (pregnan* N3 fail*) or AB (pregnan* N3 non-viable) or AB (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or TI (pregnan* N3 non-viable) or TI (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	AB (spontaneous N2 abort*) or AB (threatened N2 abort*) or AB (imminen* N2 abort*) or AB (missed N2 abort*) or AB (delay* N2 abort*) or AB (inevitable N2 abort*) or AB (incomplete* N2 abort*) or AB (early N2 abort*) or AB (silent N2 abort*) or AB (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	TI (spontaneous N2 abort*) or TI (threatened N2 abort*) or TI (imminen* N2 abort*) or TI (missed N2 abort*) or TI (delay* N2 abort*) or TI (inevitable N2 abort*) or TI (incomplete* N2 abort*) or TI (early N2 abort*) or TI (silent N2 abort*) or TI (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S1	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Chapter 7 Management of threatened miscarriage and miscarriage

Progesterone for threatened miscarriage

Database(s): Ovid MEDLINE(R) 1948 to May Week 3 2011

PBEP_Q16_threatened_miscarriage_medline_310511

#	Searches
1	ABORTION, THREATENED/
2	ABORTION, HABITUAL/
3	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.
4	or/1-3
5	exp PROGESTERONE/
6	PROGESTINS/
7	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.
8	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
9	or/5-8
10	and/4,9
11	limit 10 to english language
12	limit 11 to animals
13	limit 11 to (animals and humans)
14	12 not 13
15	11 not 14

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations May 27, 2011

PBEP_Q16_threatened_miscarriage_mip_310511

#	Searches
1	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$ or habitual$ or recurr$)).ti,ab.
2	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.
3	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
4	or/2-3
5	and/1,4

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 2nd Quarter 2011

PBEP_Q16_threatened_miscarriage_cctr_310511

#	Searches
1	ABORTION, THREATENED/
2	ABORTION, HABITUAL/
3	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.
4	or/1-3
5	exp PROGESTERONE/
6	PROGESTINS/
7	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.
8	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
9	or/5-8
10	and/4,9

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to May 2011, EBM Reviews - Database of Abstracts of Reviews of Effects 2nd Quarter 2011

PBEP_Q16_threatened_miscarriage_cdsrdare_310511

#	Searches
1	ABORTION, THREATENED.kw.
2	ABORTION, HABITUAL.kw.
3	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).tw,tx.
4	or/1-3
5	PROGESTERONE.kw.
6	PROGESTINS.kw.
7	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).tw,tx.
8	(provera or norethisterone or methylhydroxyprogesterone or duphaston).tw,tx.
9	or/5-8
10	and/4,9

Database(s): Embase 1980 to 2011 Week 21

PBEP_Q16_threatened_miscarriage_embase_310511

#	Searches
1	IMMINENT ABORTION/
2	RECURRENT ABORTION/
3	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.
4	or/1-3
5	exp PROGESTERONE/
6	exp GESTAGEN/
7	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.
8	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
9	or/5-8
10	and/4,9
11	limit 10 to english language

CINAHL with Full Text

Tuesday, May 31, 2011 9:50:40 AM

PBEB_Q16_threatened_miscarriage_cinahl_310511

#	Query	Limiters/Expanders	Last Run Via
S19	S11 and S17	Limiters - English Language; Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	S11 and S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	S12 or S13 or S14 or S15 or S16	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

			Search Database - CINAHL with Full Text
S16	AB (provera or norethisterone or methylhydroprogesterone or duphaston)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	TI (provera or norethisterone or methylhydroprogesterone or duphaston)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	AB (progest* or gestagen* or crinone or cyclogest or gestone or utrogestan)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (progest* or gestagen* or crinone or cyclogest or gestone or utrogestan)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	(MH "PROGESTERONE+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	AB pregnan* N3 loss*	Search modes -	Interface - EBSCOhost

		Boolean/Phrase	Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI pregnan* N3 loss*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	AB imminen* N3 abort*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	TI imminen* N3 abort*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	AB imminen* N3 miscarr*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI imminen* N3 miscarr*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	AB threat* N3 abort*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S3	TI threat* N3 abort*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	AB threat* N3 miscarr*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	TI threat* N3 miscarr*	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Progesterone for threatened miscarriage – health economics

Database(s): Ovid MEDLINE(R) 1948 to November Week 3 2011

PBEP_Q16_threatened_miscarriage_economic_medline_081211

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	ABORTION, THREATENED/
9	ABORTION, HABITUAL/
10	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.
11	or/8-10
12	exp PROGESTERONE/
13	PROGESTINS/
14	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.

15	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
16	or/12-15
17	and/11,16
18	limit 17 to english language
19	limit 18 to animals
20	limit 18 to (animals and humans)
21	19 not 20
22	18 not 21
23	and/7,22

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2011

PBEP_Q16_threatened_miscarriage_economic_cctr_081211

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	ABORTION, THREATENED/
9	ABORTION, HABITUAL/
10	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.
11	or/8-10
12	exp PROGESTERONE/
13	PROGESTINS/
14	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.
15	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
16	or/12-15
17	and/11,16
18	and/7,17

PBEP_Q16_threatened_miscarriage_economic_hta_081211

Database(s): EBM Reviews - Health Technology Assessment 4th Quarter 2011

#	Searches
1	ABORTION, THREATENED/
2	ABORTION, HABITUAL/
3	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).tw.
4	or/1-3
5	exp PROGESTERONE/
6	PROGESTINS/
7	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).tw.
8	(provera or norethisterone or methylhydroxyprogesterone or duphaston).tw.
9	or/5-8
10	and/4,9

PBEP_Q16_threatened_miscarriage_economic_nhseed_081211

Database(s): EBM Reviews - NHS Economic Evaluation Database 4th Quarter 2011

#	Searches
1	ABORTION, THREATENED/
2	ABORTION, HABITUAL/
3	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).tw.
4	or/1-3
5	exp PROGESTERONE/
6	PROGESTINS/
7	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).tw.
8	(provera or norethisterone or methylhydroxyprogesterone or duphaston).tw.
9	or/5-8
10	and/4,9

Database(s): Embase 1980 to 2011 Week 48

PBEP_Q16_threatened_miscarriage_economic_embase_081211

#	Searches
1	costs.tw.
2	cost effective$.tw.

3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	IMMINENT ABORTION/
9	RECURRENT ABORTION/
10	((miscarr$ or abort$ or pregnan$ loss$) adj3 (threat$ or imminen$)).ti,ab.
11	or/8-10
12	exp PROGESTERONE/
13	exp GESTAGEN/
14	(progest$ or gestagen$ or crinone or cyclogest or gestone or utrogestan).ti,ab.
15	(provera or norethisterone or methylhydroxyprogesterone or duphaston).ti,ab.
16	or/12-15
17	and/11,16
18	limit 17 to english language
19	and/7,18

Management of miscarriage (expectant management compared with active treatment; surgical compared with medical management) and misoprostol and mifepristone for managing miscarriage (combined search)

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q7-9_miscarriage_RCTs_SRs_medline_rerun_2_150212

#	Searches
1	randomized controlled trial.pt.
2	controlled clinical trial.pt.
3	DOUBLE BLIND METHOD/
4	SINGLE BLIND METHOD/
5	RANDOM ALLOCATION/
6	RANDOMIZED CONTROLLED TRIALS/
7	or/1-6
8	((single or double or triple or treble) adj5 (blind$ or mask$)).tw,sh.
9	clinical trial.pt.

10	exp CLINICAL TRIAL/
11	exp CLINICAL TRIALS AS TOPIC/
12	(clinic$ adj5 trial$).tw,sh.
13	PLACEBOS/
14	placebo$.tw,sh.
15	random$.tw,sh.
16	or/8-15
17	or/7,16
18	META ANALYSIS/
19	META ANALYSIS AS TOPIC/
20	meta analysis.pt.
21	(metaanaly$ or meta-analy$ or (meta adj analy$)).tw,sh.
22	(systematic$ adj5 (review$ or overview$)).tw,sh.
23	(methodologic$ adj5 (review$ or overview$)).tw,sh.
24	or/18-23
25	review$.pt.
26	(medline or medlars or embase or cinahl or cochrane or psycinfo or psychinfo or psychlit or psyclit or "web of science" or "science citation" or scisearch).tw.
27	((hand or manual$) adj2 search$).tw.
28	(electronic database$ or bibliographic database$ or computeri?ed database$ or online database$).tw,sh.
29	(pooling or pooled or mantel haenszel).tw,sh.
30	(peto or dersimonian or der simonian or fixed effect).tw,sh.
31	or/26-30
32	and/25,31
33	or/24,32
34	letter.pt.
35	case report.tw.
36	comment.pt.
37	editorial.pt.
38	historical article.pt.
39	or/34-38
40	17 not 39

41	33 not 39
42	or/40-41
43	exp ABORTION, SPONTANEOUS/
44	miscarr$.ti,ab.
45	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
46	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
47	(anembryo$ or empty sac$).ti,ab.
48	(blight$ adj2 (ova or ovum)).ti,ab.
49	or/43-48
50	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
51	exp "DILATATION AND CURETTAGE"/
52	((dilatation or dilation) adj3 cur?ett$).ti,ab.
53	"D and C".ti,ab.
54	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
55	"D and E".ti,ab.
56	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
57	"evacuation of retained products of conception".ti,ab.
58	ERPC.ti,ab.
59	or/50-58
60	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
61	exp ABORTIFACIENT AGENTS/
62	exp ABORTIFACIENT AGENTS, STEROIDAL/
63	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
64	MIFEPRISTONE/
65	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
66	exp ABORTIFACIENT AGENTS, NONSTEROIDAL/
67	exp PROSTAGLANDINS/
68	exp PROSTAGLANDINS E, SYNTHETIC/
69	prostaglandin$.ti,ab.
70	MISOPROSTOL/

71	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
72	gemeprost.ti,ab.
73	or/60-72
74	WATCHFUL WAITING/
75	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).ti,ab.
76	"wait and see".ti,ab.
77	(watch$ adj3 wait$).ti,ab.
78	or/74-77
79	or/59,73,78
80	and/49,79
81	limit 80 to english language
82	limit 81 to animals
83	limit 81 to (animals and humans)
84	82 not 83
85	81 not 84
86	and/42,85

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 14, 2012

PBEP_Q7-9_miscarriage_mip_rerun_2_150212

#	Searches
1	miscarr$.ti,ab.
2	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
3	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
4	(anembryo$ or empty sac$).ti,ab.
5	(blight$ adj2 (ova or ovum)).ti,ab.
6	or/1-5
7	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
8	((dilatation or dilation) adj3 cur?ett$).ti,ab.
9	"D and C".ti,ab.

10	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
11	"D and E".ti,ab.
12	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
13	"evacuation of retained products of conception".ti,ab.
14	ERPC.ti,ab.
15	or/7-14
16	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
17	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
18	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
19	prostaglandin$.ti,ab.
20	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
21	gemeprost.ti,ab.
22	or/16-21
23	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).ti,ab.
24	"wait and see".ti,ab.
25	(watch$ adj3 wait$).ti,ab.
26	or/23-25
27	or/15,22,26
28	and/6,27

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q7-9_miscarriage_cctr_rerun_2_150212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.

7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
9	exp "DILATATION AND CURETTAGE"/
10	((dilatation or dilation) adj3 cur?ett$).ti,ab.
11	"D and C".ti,ab.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
13	"D and E".ti,ab.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
15	"evacuation of retained products of conception".ti,ab.
16	ERPC.ti,ab.
17	or/8-16
18	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
19	exp ABORTIFACIENT AGENTS/
20	exp ABORTIFACIENT AGENTS, STEROIDAL/
21	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
22	MIFEPRISTONE/
23	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
24	exp ABORTIFACIENT AGENTS, NONSTEROIDAL/
25	exp PROSTAGLANDINS/
26	exp PROSTAGLANDINS E, SYNTHETIC/
27	prostaglandin$.ti,ab.
28	MISOPROSTOL/
29	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
30	gemeprost.ti,ab.
31	or/18-30
32	WATCHFUL WAITING/
33	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).ti,ab.
34	"wait and see".ti,ab.
35	(watch$ adj3 wait$).ti,ab.
36	or/32-35
37	or/17,31,36

38	and/7,37

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q7-9_miscarriage_cdsrdare_rerun_2_150212

#	Searches
1	ABORTION, SPONTANEOUS.kw.
2	miscarr$.tw,tx.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw,tx.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw,tx.
5	(anembryo$ or empty sac$).tw,tx.
6	(blight$ adj2 (ova or ovum)).tw,tx.
7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).tw,tx.
9	"DILATATION AND CURETTAGE".kw.
10	((dilatation or dilation) adj3 cur?ett$).tw,tx.
11	"D and C".tw,tx.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).tw,tx.
13	"D and E".tw,tx.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).tw,tx.
15	"evacuation of retained products of conception".tw,tx.
16	ERPC.tw,tx.
17	or/8-16
18	(medical$ adj3 (manag$ or approach$ or care$)).tw,tx.
19	ABORTIFACIENT AGENTS.kw.
20	ABORTIFACIENT AGENTS, STEROIDAL.kw.
21	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).tw,tx.
22	MIFEPRISTONE.kw.
23	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).tw,tx.
24	ABORTIFACIENT AGENTS, NONSTEROIDAL.kw.

25	PROSTAGLANDINS.kw.
26	PROSTAGLANDINS E, SYNTHETIC.kw.
27	prostaglandin$.tw,tx.
28	MISOPROSTOL.kw.
29	(misoprostol or cytotec or arthrotec or napratec).tw,tx.
30	gemeprost.tw,tx.
31	or/18-30
32	WATCHFUL WAITING.kw.
33	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).tw,tx.
34	"wait and see".tw,tx.
35	(watch$ adj3 wait$).tw,tx.
36	or/32-35
37	or/17,31,36
38	and/7,37

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q7-9_miscarriage_RCTs_SRs_embase_rerun_2_150212

#	Searches
1	CLINICAL TRIAL/ or "CLINICAL TRIAL (TOPIC)"/
2	(clinic$ adj5 trial$).ti,ab,sh.
3	SINGLE BLIND PROCEDURE/
4	DOUBLE BLIND PROCEDURE/
5	RANDOM ALLOCATION/
6	CROSSOVER PROCEDURE/
7	PLACEBO/
8	placebo$.ti,ab,sh.
9	random$.ti,ab,sh.
10	RANDOMIZED CONTROLLED TRIAL/ or "RANDOMIZED CONTROLLED TRIAL (TOPIC)"/
11	((single or double or triple or treble) adj (blind$ or mask$)).ti,ab,sh.
12	randomi?ed control$ trial$.tw.

13	or/1-12
14	META ANALYSIS/
15	((meta adj analy$) or metaanalys$ or meta-analy$).ti,ab,sh.
16	(systematic$ adj5 (review$ or overview$)).ti,sh,ab.
17	(methodologic$ adj5 (review$ or overview$)).ti,ab,sh.
18	or/14-17
19	review.pt.
20	(medline or medlars or embase).ab.
21	(scisearch or science citation index).ab.
22	(psychlit or psyclit or psychinfo or psycinfo or cinahl or cochrane).ab.
23	((hand or manual$) adj2 search$).tw.
24	(electronic database$ or bibliographic database$ or computeri?ed database$ or online database$).tw.
25	(pooling or pooled or mantel haenszel).tw.
26	(peto or dersimonian or "der simonian" or fixed effect).tw.
27	or/20-26
28	and/19,27
29	or/18,28
30	(book or conference paper or editorial or letter or note or proceeding or short survey).pt.
31	13 not 30
32	29 not 30
33	or/31-32
34	SPONTANEOUS ABORTION/
35	miscarr$.ti,ab.
36	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/
37	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
38	FETUS WASTAGE/
39	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
40	BLIGHTED OVUM/
41	(anembryo$ or empty sac$).ti,ab.
42	(blight$ adj2 (ova or ovum)).ti,ab.

43	or/34-42
44	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
45	CURETTAGE/
46	((dilatation or dilation) adj3 cur?ett$).ti,ab.
47	"D and C".ti,ab.
48	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
49	"D and E".ti,ab.
50	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
51	"evacuation of retained products of conception".ti,ab.
52	ERPC.ti,ab.
53	or/44-52
54	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
55	exp ABORTIVE AGENT/
56	exp ANTIGESTAGEN/
57	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
58	MIFEPRISTONE/
59	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
60	exp PROSTAGLANDIN/
61	PROSTAGLANDIN DERIVATIVE/ or PROSTAGLANDIN E1/ or PROSTAGLADIN E1 DERIVATIVE/
62	prostaglandin$.ti,ab.
63	MISOPROSTOL/
64	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
65	GEMEPROST/
66	gemeprost.ti,ab.
67	or/54-66
68	WATCHFUL WAITING/
69	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care)).ti,ab.
70	"wait and see".ti,ab.
71	(watch$ adj3 wait$).ti,ab.
72	or/68-71
73	or/53,67,72

74	and/43,73
75	limit 74 to english language
76	and/33,75

CINAHL with Full Text

Wednesday, February 15, 2012 10:09:31 AM

PBEP_Q7-9_miscarriage_cinahl_rerun_2_150212

#	Query	Limiters/Expanders	Last Run Via
S66	S65	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S65	S24 and S64	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S64	S42 or S54 or S63	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S63	S55 or S56 or S57 or S58 or S59 or S60 or S61 or S62	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S62	TI (watch* N3 wait*) or AB (watch* N3 wait*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search

			Database - CINAHL with Full Text
S61	TI ("wait and see") or AB ("wait and see")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S60	AB (expectant* N3 care*) or AB (conservative* N3 care*) or AB (natural* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S59	TI (expectant* N3 care*) or TI (conservative* N3 care*) or TI (natural* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S58	AB (expectant* N3 approach*) or AB (conservative* N3 approach*) or AB (natural* N3 approach*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S57	TI (expectant* N3 approach*) or TI (conservative* N3 approach*) or TI (natural* N3 approach*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S56	AB (expectant* N3 manag*) or AB (conservative* N3 manag*) or AB (natural* N3 manag*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S55	TI (expectant* N3 manag*) or TI (conservative* N3 manag*) or TI (natural* N3 manag*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S54	S43 or S44 or S45 or S46 or S47 or S48 or S49 or S50 or S51 or S52 or S53	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S53	TI (gemeprost) or AB (gemeprost)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	TI (misoprostol or cytotec or arthrotec or napratec) or AB (misoprostol or cytotec or arthrotec or napratec)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S51	TI (prostaglandin*) or AB (prostaglandin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	(MH "PROSTAGLANDINS, SYNTHETIC+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S49	(MH "PROSTAGLANDINS+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S48	TI (mifepristone or mifegyne or mifeprex or RU-486 or RU#486) or AB (mifepristone or mifegyne or mifeprex or RU-486 or RU#486)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	TI (progestational N3 antagonist*) or AB (progestational N3 antagonist*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S46	TI (anti-progest* or anti#progest* or antigestagen*) or AB (anti-progest* or anti#progest* or antigestagen*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S45	(MH "ABORTIFACIENT AGENTS+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S44	AB (medical* N3 manag*) or AB (medical* N3 approach*) or AB (medical* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S43	TI (medical* N3 manag*) or TI (medical* N3 approach*) or TI (medical* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S42	S25 or S26 or S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40 or S41	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	TI (ERPC) or AB (ERPC)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	TI ("evacuation of retained products of conception") or AB ("evacuation of retained products of conception")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	AB (uterine N3 cur#ett*) or AB (uterine N3 aspirat*) or AB (uterine N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S38	TI (uterine N3 cur#ett*) or TI (uterine N3 aspirat*) or TI (uterine N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	AB (suction N3 cur#ett*) or AB (suction N3 aspirat*) or AB (suction N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S36	TI (suction N3 cur#ett*) or TI (suction N3 aspirat*) or TI (suction N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	AB (vacuum N3 cur#ett*) or AB (vacuum N3 aspirat*) or AB (vacuum N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S34	TI (vacuum N3 cur#ett*) or TI (vacuum N3 aspirat*) or TI (vacuum N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	TI ("D and E") or AB ("D and E")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S32	AB (dilatation N3 evacuat*) or AB (dilation N3 evacuat*) or AB (dilatation N3 extract*) or AB (dilation N3 extract*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S31	TI (dilatation N3 evacuat*) or TI (dilation N3 evacuat*) or TI (dilatation N3 extract*) or TI (dilation N3 extract*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	TI ("D and C") or AB ("D and C")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S29	AB (dilatation N3 cur#ett*) or AB (dilation N3 cur#ett*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	TI (dilatation N3 cur#ett*) or TI (dilation N3 cur#ett*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	(MH "DILATATION AND CURETTAGE+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	AB (surg* N3 manag*) or AB (surg* N3 approach*) or AB (surg* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	TI (surg* N3 manag*) or TI (surg* N3 approach*) or TI (surg* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S23	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetal N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetal N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetal N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S17	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetal N3 wast*) or TI (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB (fetus* N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetal N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetal N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (fetus* N3 death*) or AB (foetal N3 death*) or AB (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (fetus* N3 death*) or TI (foetal N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S10	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (foetal N3 demise) or AB (fetus* N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (foetal N3 demise) or TI (fetus* N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (foetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (foetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	AB (pregnan* N3 loss*) or AB (pregnan* N3 fail*) or AB (pregnan* N3 non-viable) or AB (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or TI (pregnan* N3 non-viable) or TI (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S4	AB (spontaneous N2 abort*) or AB (threatened N2 abort*) or AB (imminen* N2 abort*) or AB (missed N2 abort*) or AB (delay* N2 abort*) or AB (inevitable N2 abort*) or AB (incomplete* N2 abort*) or AB (early N2 abort*) or AB (silent N2 abort*) or AB (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	TI (spontaneous N2 abort*) or TI (threatened N2 abort*) or TI (imminen* N2 abort*) or TI (missed N2 abort*) or TI (delay* N2 abort*) or TI (inevitable N2 abort*) or TI (incomplete* N2 abort*) or TI (early N2 abort*) or TI (silent N2 abort*) or TI (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Management of miscarriage (expectant management compared with active treatment; surgical compared with medical management) and misoprostol and mifepristone for managing miscarriage (combined search) – health economics

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q7-9_miscarriage_economic_medline_rerun_2_150212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.

4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp ABORTION, SPONTANEOUS/
9	miscarr$.ti,ab.
10	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
11	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
12	(anembryo$ or empty sac$).ti,ab.
13	(blight$ adj2 (ova or ovum)).ti,ab.
14	or/8-13
15	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
16	exp "DILATATION AND CURETTAGE"/
17	((dilatation or dilation) adj3 cur?ett$).ti,ab.
18	"D and C".ti,ab.
19	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
20	"D and E".ti,ab.
21	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
22	"evacuation of retained products of conception".ti,ab.
23	ERPC.ti,ab.
24	or/15-23
25	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
26	exp ABORTIFACIENT AGENTS/
27	exp ABORTIFACIENT AGENTS, STEROIDAL/
28	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
29	MIFEPRISTONE/
30	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
31	exp ABORTIFACIENT AGENTS, NONSTEROIDAL/
32	exp PROSTAGLANDINS/
33	exp PROSTAGLANDINS E, SYNTHETIC/

34	prostaglandin$.ti,ab.
35	MISOPROSTOL/
36	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
37	gemeprost.ti,ab.
38	or/25-37
39	WATCHFUL WAITING/
40	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).ti,ab.
41	"wait and see".ti,ab.
42	(watch$ adj3 wait$).ti,ab.
43	or/39-42
44	or/24,38,43
45	and/14,44
46	limit 45 to english language
47	limit 46 to animals
48	limit 46 to (animals and humans)
49	47 not 48
50	46 not 49
51	and/7,50

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q7-9_miscarriage_economic_cctr_rerun_2_150212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp ABORTION, SPONTANEOUS/
9	miscarr$.ti,ab.

10	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
11	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
12	(anembryo$ or empty sac$).ti,ab.
13	(blight$ adj2 (ova or ovum)).ti,ab.
14	or/8-13
15	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
16	exp "DILATATION AND CURETTAGE"/
17	((dilatation or dilation) adj3 cur?ett$).ti,ab.
18	"D and C".ti,ab.
19	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
20	"D and E".ti,ab.
21	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
22	"evacuation of retained products of conception".ti,ab.
23	ERPC.ti,ab.
24	or/15-23
25	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
26	exp ABORTIFACIENT AGENTS/
27	exp ABORTIFACIENT AGENTS, STEROIDAL/
28	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
29	MIFEPRISTONE/
30	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
31	exp ABORTIFACIENT AGENTS, NONSTEROIDAL/
32	exp PROSTAGLANDINS/
33	exp PROSTAGLANDINS E, SYNTHETIC/
34	prostaglandin$.ti,ab.
35	MISOPROSTOL/
36	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
37	gemeprost.ti,ab.
38	or/25-37
39	WATCHFUL WAITING/

40	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).ti,ab.
41	"wait and see".ti,ab.
42	(watch$ adj3 wait$).ti,ab.
43	or/39-42
44	or/24,38,43
45	and/14,44
46	and/7,45

Database(s): EBM Reviews - Health Technology Assessment 1st Quarter 2012

PBEP_Q7-9_miscarriage_economic_hta_rerun_2_150212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.tw.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw.
5	(anembryo$ or empty sac$).tw.
6	(blight$ adj2 (ova or ovum)).tw.
7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).tw.
9	exp "DILATATION AND CURETTAGE"/
10	((dilatation or dilation) adj3 cur?ett$).tw.
11	"D and C".tw.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).tw.
13	"D and E".tw.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).tw.
15	"evacuation of retained products of conception".tw.
16	ERPC.tw.
17	or/8-16
18	(medical$ adj3 (manag$ or approach$ or care$)).tw.

19	exp ABORTIFACIENT AGENTS/
20	exp ABORTIFACIENT AGENTS, STEROIDAL/
21	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).tw.
22	MIFEPRISTONE/
23	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).tw.
24	exp ABORTIFACIENT AGENTS, NONSTEROIDAL/
25	exp PROSTAGLANDINS/
26	exp PROSTAGLANDINS E, SYNTHETIC/
27	prostaglandin$.tw.
28	MISOPROSTOL/
29	(misoprostol or cytotec or arthrotec or napratec).tw.
30	gemeprost.tw.
31	or/18-30
32	WATCHFUL WAITING/
33	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).tw.
34	"wait and see".tw.
35	(watch$ adj3 wait$).tw.
36	or/32-35
37	or/17,31,36
38	and/7,37

Database(s): EBM Reviews - NHS Economic Evaluation Database 1st Quarter 2012

PBEP_Q7-9_miscarriage_economic_nhseed_rerun_2_150212

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.tw.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw.
5	(anembryo$ or empty sac$).tw.

6	(blight$ adj2 (ova or ovum)).tw.
7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).tw.
9	exp "DILATATION AND CURETTAGE"/
10	((dilatation or dilation) adj3 cur?ett$).tw.
11	"D and C".tw.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).tw.
13	"D and E".tw.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).tw.
15	"evacuation of retained products of conception".tw.
16	ERPC.tw.
17	or/8-16
18	(medical$ adj3 (manag$ or approach$ or care$)).tw.
19	exp ABORTIFACIENT AGENTS/
20	exp ABORTIFACIENT AGENTS, STEROIDAL/
21	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).tw.
22	MIFEPRISTONE/
23	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).tw.
24	exp ABORTIFACIENT AGENTS, NONSTEROIDAL/
25	exp PROSTAGLANDINS/
26	exp PROSTAGLANDINS E, SYNTHETIC/
27	prostaglandin$.tw.
28	MISOPROSTOL/
29	(misoprostol or cytotec or arthrotec or napratec).tw.
30	gemeprost.tw.
31	or/18-30
32	WATCHFUL WAITING/
33	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care$)).tw.
34	"wait and see".tw.
35	(watch$ adj3 wait$).tw.
36	or/32-35

37	or/17,31,36
38	and/7,37

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q7-9_miscarriage_economic_embase_rerun_2_150212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	SPONTANEOUS ABORTION/
9	miscarr$.ti,ab.
10	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/
11	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
12	FETUS WASTAGE/
13	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
14	BLIGHTED OVUM/
15	(anembryo$ or empty sac$).ti,ab.
16	(blight$ adj2 (ova or ovum)).ti,ab.
17	or/8-16
18	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
19	CURETTAGE/
20	((dilatation or dilation) adj3 cur?ett$).ti,ab.
21	"D and C".ti,ab.
22	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
23	"D and E".ti,ab.

24	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
25	"evacuation of retained products of conception".ti,ab.
26	ERPC.ti,ab.
27	or/18-26
28	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
29	exp ABORTIVE AGENT/
30	exp ANTIGESTAGEN/
31	(anti progest$ or anti?progest$ or antigestagen$ or (progestational adj3 antagonist$)).ti,ab.
32	MIFEPRISTONE/
33	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
34	exp PROSTAGLANDIN/
35	PROSTAGLANDIN DERIVATIVE/ or PROSTAGLANDIN E1/ or PROSTAGLADIN E1 DERIVATIVE/
36	prostaglandin$.ti,ab.
37	MISOPROSTOL/
38	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
39	GEMEPROST/
40	gemeprost.ti,ab.
41	or/28-40
42	WATCHFUL WAITING/
43	((expectant$ or conservative$ or natural$) adj3 (manag$ or approach$ or care)).ti,ab.
44	"wait and see".ti,ab.
45	(watch$ adj3 wait$).ti,ab.
46	or/42-45
47	or/27,41,46
48	and/17,47
49	limit 48 to english language
50	and/7,49

Setting for surgical management of miscarriage

Database(s): Ovid MEDLINE(R) 1948 to November Week 3 2011

PBEP_Q14_miscarriage_tx_setting_medline_rerun_1_071211

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
9	exp "DILATATION AND CURETTAGE"/ or SUCTION/
10	((dilatation or dilation) adj3 cur?ett$).ti,ab.
11	"D and C".ti,ab.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
13	"D and E".ti,ab.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
15	(MVA or EVA or VA).ti,ab.
16	"evacuation of retained products of conception".ti,ab.
17	ERPC.ti,ab.
18	or/8-17
19	exp "DELIVERY OF HEALTH CARE"/
20	((treatment? or procedure? or health?care or care or surg$) adj3 (setting? or locat$)).ti,ab.
21	OUTPATIENTS/
22	(out patient$ or out?patient$ or office$ or clinc$ or poly?clinic$ or treatment room? or procedure room?).ti,ab.
23	AMBULATORY SURGICAL PROCEDURES/
24	((ambulat$ or day) adj3 (surg$ or procedure?)).ti,ab.
25	INPATIENTS/
26	(in patient$ or in?patient$ or hospital$ patient$ or in?hospital patient$ or theat$ or operating room?).ti,ab.
27	exp "ANESTHESIA AND ANALGESIA"/
28	(an?esthe$ or ana?lges$ or epidural? or GA or sedat$ or cervical block$ or para?cervical

	block$).ti,ab.
29	(pain adj3 relie$).ti,ab.
30	or/19-29
31	and/7,18,30
32	limit 31 to english language
33	limit 32 to animals
34	limit 32 to (animals and humans)
35	33 not 34
36	32 not 35
37	(comment or editorial or letter or historical article or interview).pt.
38	36 not 37
39	limit 38 to yr="1990 -Current"

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations December 06, 2011

PBEP_Q14_miscarriage_tx_setting_mip_rerun_1_071211

#	Searches
1	miscarr$.ti,ab.
2	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
3	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
4	(anembryo$ or empty sac$).ti,ab.
5	(blight$ adj2 (ova or ovum)).ti,ab.
6	or/1-5
7	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
8	((dilatation or dilation) adj3 cur?ett$).ti,ab.
9	"D and C".ti,ab.
10	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
11	"D and E".ti,ab.
12	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
13	(MVA or EVA or VA).ti,ab.
14	"evacuation of retained products of conception".ti,ab.
15	ERPC.ti,ab.
16	or/7-15
17	((treatment? or procedure? or health?care or care or surg$) adj3 (setting? or

	locat$)).ti,ab.
18	(out patient$ or out?patient$ or office$ or clinc$ or poly?clinic$ or treatment room? or procedure room?).ti,ab.
19	((ambulat$ or day) adj3 (surg$ or procedure?)).ti,ab.
20	(in patient$ or in?patient$ or hospital$ patient$ or in?hospital patient$ or theat$ or operating room?).ti,ab.
21	(an?esthe$ or ana?lges$ or epidural? or GA or sedat$ or cervical block$ or para?cervical block$).ti,ab.
22	(pain adj3 relie$).ti,ab.
23	or/17-22
24	and/6,16,23
25	limit 24 to yr="1990 -Current"

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2011

PBEP_Q14_miscarriage_tx_setting_cctr_rerun_1_071211

#	Searches
1	exp ABORTION, SPONTANEOUS/
2	miscarr$.ti,ab.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
9	exp "DILATATION AND CURETTAGE"/ or SUCTION/
10	((dilatation or dilation) adj3 cur?ett$).ti,ab.
11	"D and C".ti,ab.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
13	"D and E".ti,ab.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
15	(MVA or EVA or VA).ti,ab.
16	"evacuation of retained products of conception".ti,ab.
17	ERPC.ti,ab.
18	or/8-17

19	exp "DELIVERY OF HEALTH CARE"/
20	((treatment? or procedure? or health?care or care or surg$) adj3 (setting? or locat$)).ti,ab.
21	OUTPATIENTS/
22	(out patient$ or out?patient$ or office$ or clinc$ or poly?clinic$ or treatment room? or procedure room?).ti,ab.
23	AMBULATORY SURGICAL PROCEDURES/
24	((ambulat$ or day) adj3 (surg$ or procedure?)).ti,ab.
25	INPATIENTS/
26	(in patient$ or in?patient$ or hospital$ patient$ or in?hospital patient$ or theat$ or operating room?).ti,ab.
27	exp "ANESTHESIA AND ANALGESIA"/
28	(an?esthe$ or ana?lges$ or epidural? or GA or sedat$ or cervical block$ or para?cervical block$).ti,ab.
29	(pain adj3 relie$).ti,ab.
30	or/19-29
31	and/7,18,30
32	limit 31 to yr="1990 -Current"

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to November 2011, EBM Reviews - Database of Abstracts of Reviews of Effects 4th Quarter 2011

PBEP_Q14_miscarriage_tx_setting_cdsrdare_rerun_1_071211

#	Searches
1	ABORTION, SPONTANEOUS.kw.
2	miscarr$.tw,tx.
3	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).tw,tx.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw,tx.
5	(anembryo$ or empty sac$).tw,tx.
6	(blight$ adj2 (ova or ovum)).tw,tx.
7	or/1-6
8	(surg$ adj3 (manag$ or approach$ or care$)).tw,tx.
9	("DILATATION AND CURETTAGE" or SUCTION).kw.
10	((dilatation or dilation) adj3 cur?ett$).tw,tx.
11	"D and C".tw,tx.
12	((dilatation or dilation) adj3 (evacuat$ or extract$)).tw,tx.

13	"D and E".tw,tx.
14	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).tw,tx.
15	(MVA or EVA or VA).tw,tx.
16	"evacuation of retained products of conception".tw,tx.
17	ERPC.tw,tx.
18	or/8-17
19	"DELIVERY OF HEALTH CARE".kw.
20	((treatment? or procedure? or health?care or care or surg$) adj3 (setting? or locat$)).tw,tx.
21	OUTPATIENTS.kw.
22	(out patient$ or out?patient$ or office$ or clinc$ or poly?clinic$ or treatment room? or procedure room?).tw,tx.
23	AMBULATORY SURGICAL PROCEDURES.kw.
24	((ambulat$ or day) adj3 (surg$ or procedure?)).tw,tx.
25	INPATIENTS.kw.
26	(in patient$ or in?patient$ or hospital$ patient$ or in?hospital patient$ or theat$ or operating room?).tw,tx.
27	"ANESTHESIA AND ANALGESIA".kw.
28	(an?esthe$ or ana?lges$ or epidural? or GA or sedat$ or cervical block$ or para?cervical block$).tw,tx.
29	(pain adj3 relie$).tw,tx.
30	or/19-29
31	and/7,18,30

Database(s): Embase 1980 to 2011 Week 48

PBEP_Q14_miscarriage_tx_setting_embase_rerun_1_071211

#	Searches
1	SPONTANEOUS ABORTION/
2	miscarr$.ti,ab.
3	MISSED ABORTION/ or IMMINENT ABORTION/ or INCOMPLETE ABORTION/
4	((spontaneous or threatened or imminent or imminens or missed or delay$ or inevitable or incomplete$ or early or silent or quiescent) adj2 abort$).ti,ab.
5	FETUS WASTAGE/
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
7	BLIGHTED OVUM/
8	(anembryo$ or empty sac$).ti,ab.

9	(blight$ adj2 (ova or ovum)).ti,ab.
10	or/1-9
11	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
12	CURETTAGE/ or VACUUM ASPIRATION/ or SUCTION/
13	((dilatation or dilation) adj3 cur?ett$).ti,ab.
14	"D and C".ti,ab.
15	((dilatation or dilation) adj3 (evacuat$ or extract$)).ti,ab.
16	"D and E".ti,ab.
17	((vacuum or suction or uterine) adj3 (cur?ett$ or aspirat$ or evacuat$)).ti,ab.
18	(MVA or EVA or VA).ti,ab.
19	"evacuation of retained products of conception".ti,ab.
20	ERPC.ti,ab.
21	or/11-20
22	exp HEALTH CARE DELIVERY/
23	((treatment? or procedure? or health?care or care or surg$) adj3 (setting? or locat$)).ti,ab.
24	OUTPATIENT/ or OUTPATIENT CARE/
25	(out patient$ or out?patient$ or office$ or clinc$ or poly?clinic$ or treatment room? or procedure room?).ti,ab.
26	AMBULATORY SURGERY/
27	((ambulat$ or day) adj3 (surg$ or procedure?)).ti,ab.
28	HOSPITAL PATIENT/
29	(in patient$ or in?patient$ or hospital$ patient$ or in?hospital patient$ or theat$ or operating room?).ti,ab.
30	exp ANESTHESIA/ or exp ANALGESIA/ or SEDATION/
31	(an?esthe$ or ana?lges$ or epidural? or GA or sedat$ or cervical block$ or para?cervical block$).ti,ab.
32	(pain adj3 relie$).ti,ab.
33	or/22-32
34	and/10,21,33
35	limit 34 to english language
36	(book or conference or editorial or letter or note or proceeding).pt.
37	35 not 36
38	limit 37 to yr="1990 -Current"

CINAHL with Full Text

Wednesday, December 07, 2011 10:29:23 AM

PBEP_Q14_miscarriage_tx_setting_cinahl_rerun_1_071211

#	Query	Limiters/Expanders	Last Run Via
S60	S59	Limiters - Published Date from: 20100101-20111231; Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S59	S23 and S41 and S58	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S58	S42 or S43 or S44 or S45 or S46 or S47 or S48 or S49 or S50 or S51 or S52 or S53 or S54 or S55 or S56 or S57	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S57	TI (pain N3 relie*) or AB (pain N3 relie*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S56	AB (anesthe* or anaesthe* or ana#lges* or epidural* or GA or sedat* or cervical block* or paracervical block*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S55	TI (anesthe* or anaesthe* or ana#lges* or epidural* or GA or sedat* or cervical block* or paracervical block*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S54	MH ("ANESTHESIA AND ANALGESIA (Non-Cinahl)+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S53	AB (inpatient* or in-patient* or hospital patient* or in-hospital patient* or theat* or operating room*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	TI (inpatient* or in-patient* or hospital patient* or in-hospital patient* or theat* or operating room*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S51	MH INPATIENTS	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	AB (ambulat* N3 surg*) or AB (ambulat* N3 procedure*) or AB (day N3 surg*) or AB (day N3 procedure*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S49	TI (ambulat* N3 surg*) or TI (ambulat* N3 procedure*) or TI (day N3 surg*) or TI (day N3 procedure*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S48	MH (AMBULATORY SURGERY) or MH (AMBULATORY CARE FACILITIES+) or MH (AMBULATORY CARE)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	AB (outpatient* or out-patient* or office* or clinic* or poly-clinic* or polyclinic* or treatment room* or procedure room*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S46	TI (outpatient* or out-patient* or office* or clinic* or poly-clinic* or polyclinic* or treatment room* or procedure room*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S45	MH (OUTPATIENTS) or MH (OUTPATIENT SERVICE)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S44	AB (treatment* N3 setting*) or AB (treatment N3 locat*) or AB (procedure* N3 setting*) or AB (procedure* N3 locat*) or AB (care N3 setting*) or AB (care N3 locat*) or AB (healthcare N3 setting*) or AB (healthcare N3 locat*) or AB (surg* N3 setting*) or AB (surg* N3 locat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S43	TI (treatment* N3 setting*) or TI (treatment N3 locat*) or TI (procedure* N3 setting*) or TI (procedure* N3 locat*) or TI (care N3 setting*) or TI (care N3 locat*) or TI (healthcare N3 setting*) or TI (healthcare N3 locat*) or TI (surg* N3 setting*) or TI (surg* N3 locat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S42	MH (HEALTH CARE DELIVERY+)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39 or S40	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	TI (ERPC or MVA or EVA or VA) or AB (ERPC or MVA or EVA or VA)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	TI ("evacuation of retained products of conception") or AB ("evacuation of retained products of conception")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S38	AB (uterine N3 cur#ett*) or AB (uterine N3 aspirat*) or AB (uterine N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	TI (uterine N3 cur#ett*) or TI (uterine N3 aspirat*) or TI (uterine N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S36	AB (suction N3 cur#ett*) or AB (suction N3 aspirat*) or AB (suction N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	TI (suction N3 cur#ett*) or TI (suction N3 aspirat*) or TI (suction N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S34	AB (vacuum N3 cur#ett*) or AB (vacuum N3 aspirat*) or AB (vacuum N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	TI (vacuum N3 cur#ett*) or TI (vacuum N3 aspirat*) or TI (vacuum N3 evacuat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S32	TI ("D and E") or AB ("D and E")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search

			Database - CINAHL with Full Text
S31	AB (dilatation N3 evacuat*) or AB (dilation N3 evacuat*) or AB (dilatation N3 extract*) or AB (dilation N3 extract*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	TI (dilatation N3 evacuat*) or TI (dilation N3 evacuat*) or TI (dilatation N3 extract*) or TI (dilation N3 extract*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S29	TI ("D and C") or AB ("D and C")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	AB (dilatation N3 cur#ett*) or AB (dilation N3 cur#ett*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	TI (dilatation N3 cur#ett*) or TI (dilation N3 cur#ett*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	MH ("DILATATION AND CURETTAGE+") or MH (SUCTION)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	AB (surg* N3 manag*) or AB (surg* N3 approach*) or AB (surg* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	TI (surg* N3 manag*) or TI (surg* N3 approach*) or TI (surg* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S21	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetal N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetal N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetal N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetal N3 wast*) or TI (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB (fetus* N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetal N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetal N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S11	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (fetus* N3 death*) or AB (foetal N3 death*) or AB (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (fetus* N3 death*) or TI (foetal N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (fetus* N3 demise) or AB (foetal N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (fetus* N3 demise) or TI (foetal N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetal N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetal N3 loss*) or TI (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (pregnan* N3 loss*) or AB (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or AB (pregnan* N3 fail*) or TI (pregnan* N3 viab#l*) or AB (pregnan* N3 viab#l*) or TI (pregnan* N3 nonviable) or AB (pregnan* N3 nonviable)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	AB (spontaneous N2 abort*) or AB (threatened N2 abort*) or AB (imminent N2 abort*) or AB (imminens N2 abort*) or AB (missed N2 abort*) or AB (delay* N2 abort*) or AB (inevitable N2 abort*) or AB (incomplete N2 abort*) or AB (early N2 abort*) or AB (silent N2 abort*) or AB (quiescent N2 abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	TI (spontaneous N2 abort*) or TI (threatened N2 abort*) or TI	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced

	(imminent N2 abort*) or TI (imminens N2 abort*) or TI (missed N2 abort*) or TI (delay* N2 abort*) or TI (inevitable N2 abort*) or TI (incomplete N2 abort*) or TI (early N2 abort*) or TI (silent N2 abort*) or TI (quiescent N2 abort*)		Search Database - CINAHL with Full Text
S2	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH ("ABORTION, SPONTANEOUS+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Chapter 8 Management of ectopic pregnancy

Surgical compared with medical management of ectopic pregnancy

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q10_med_surg_ectopic_medline_rerun_2_150212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
5	exp ABORTIFACIENT AGENTS/
6	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
7	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
8	MIFEPRISTONE/
9	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
10	exp PROSTAGLANDINS/
11	(prostaglandin$ or PG$ or prostin$).ti,ab.
12	MISOPROSTOL/
13	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
14	(gemeprost or cergem or cervagem?).ti,ab.
15	DINOPROST/
16	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
17	CARBOPROST/
18	(carboprost or hemabate).ti,ab.
19	METHOTREXATE/
20	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
21	exp DOXORUBICIN/
22	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
23	GLUCOSE/
24	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.
25	or/4-24
26	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
27	exp LAPAROSCOPY/
28	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
29	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
30	LAPAROTOMY/

31	(laparot$ or mini?laparot$).ti,ab.
32	(open adj3 surg$).ti,ab.
33	SALPINGECTOMY/ or SALPINGOSTOMY/
34	(salping$ or tubectom$ or tubo?tom$).ti,ab.
35	(salpinx adj3 surg$).ti,ab.
36	or/26-35
37	and/3,25,36
38	limit 37 to english language
39	limit 38 to animals
40	limit 38 to (animals and humans)
41	39 not 40
42	38 not 41
43	(case reports or comment or editorial or letter or historical article).pt.
44	42 not 43

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 14, 2012

PBEP_Q10_med_surg_ectopic_mip_rerun_2_150212

#	Searches
1	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.
2	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
3	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
4	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
5	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
6	(prostaglandin$ or PG$ or prostin$).ti,ab.
7	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
8	(gemeprost or cergem or cervagem?).ti,ab.
9	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
10	(carboprost or hemabate).ti,ab.
11	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
12	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
13	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.
14	or/2-13
15	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
16	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.

17	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
18	(laparot$ or mini?laparot$).ti,ab.
19	(open adj3 surg$).ti,ab.
20	(salping$ or tubectom$ or tubo?tom$).ti,ab.
21	(salpinx adj3 surg$).ti,ab.
22	or/15-21
23	and/1,14,22

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q10_med_surg_ectopic_cctr_rerun_2_150212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
5	exp ABORTIFACIENT AGENTS/
6	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
7	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
8	MIFEPRISTONE/
9	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
10	exp PROSTAGLANDINS/
11	(prostaglandin$ or PG$ or prostin$).ti,ab.
12	MISOPROSTOL/
13	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
14	(gemeprost or cergem or cervagem?).ti,ab.
15	DINOPROST/
16	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
17	CARBOPROST/
18	(carboprost or hemabate).ti,ab.
19	METHOTREXATE/
20	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
21	exp DOXORUBICIN/
22	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
23	GLUCOSE/
24	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.

25	or/4-24
26	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
27	exp LAPAROSCOPY/
28	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
29	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
30	LAPAROTOMY/
31	(laparot$ or mini?laparot$).ti,ab.
32	(open adj3 surg$).ti,ab.
33	SALPINGECTOMY/ or SALPINGOSTOMY/
34	(salping$ or tubectom$ or tubo?tom$).ti,ab.
35	(salpinx adj3 surg$).ti,ab.
36	or/26-35
37	and/3,25,36

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q10_med_surg_ectopic_cdsrdare_rerun_1_051211

#	Searches
1	PREGNANCY, ECTOPIC.kw.
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).tw,tx.
3	or/1-2
4	(medical$ adj3 (manag$ or approach$ or care$)).tw,tx.
5	ABORTIFACIENT AGENTS.kw.
6	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).tw,tx.
7	(progest$ adj3 (antagonist$ or block$ or inhibit$)).tw,tx.
8	MIFEPRISTONE.kw.
9	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).tw,tx.
10	PROSTAGLANDINS.kw.
11	(prostaglandin$ or PG$ or prostin$).tw,tx.
12	MISOPROSTOL.kw.
13	(misoprostol or cytotec or arthrotec or napratec).tw,tx.
14	(gemeprost or cergem or cervagem?).tw,tx.
15	DINOPROST.kw.
16	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).tw,tx.
17	CARBOPROST.kw.

18	(carboprost or hemabate).tw,tx.
19	METHOTREXATE.kw.
20	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).tw,tx.
21	DOXORUBICIN.kw.
22	(doxorub$ or adriam#cin? or caelyx or myocet).tw,tx.
23	GLUCOSE.kw.
24	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).tw,tx.
25	or/4-24
26	(surg$ adj3 (manag$ or approach$ or care$)).tw,tx.
27	LAPAROSCOPY.kw.
28	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw,tx.
29	((key?hole or key hole or minimal$ invasi$) adj3 surg$).tw,tx.
30	LAPAROTOMY.kw.
31	(laparot$ or mini?laparot$).tw,tx.
32	(open adj3 surg$).tw,tx.
33	(SALPINGECTOMY or SALPINGOSTOMY).kw.
34	(salping$ or tubectom$ or tubo?tom$).tw,tx.
35	(salpinx adj3 surg$).tw,tx.
36	or/26-35
37	and/3,25,36

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q10_med_surg_ectopic_embase_rerun_2_150212

#	Searches
1	exp ECTOPIC PREGNANCY/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.
3	or/1-2
4	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
5	exp ABORTIVE AGENT/
6	exp ANTIGESTAGEN/
7	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
8	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
9	MIFEPRISTONE/
10	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
11	exp PROSTAGLANDIN/

12	(prostaglandin$ or PG$ or prostin$).ti,ab.
13	MISOPROSTOL/
14	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
15	GEMEPROST/
16	(gemeprost or cergem or cervagem?).ti,ab.
17	PROSTAGLANDIN F2 ALPHA/
18	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
19	CARBOPROST/
20	(carboprost or hemabate).ti,ab.
21	METHOTREXATE/
22	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
23	DOXORUBICIN/
24	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
25	GLUCOSE/
26	HYPEROSMOLARITY/
27	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.
28	or/4-27
29	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
30	exp LAPAROSCOPY/
31	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
32	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
33	LAPAROTOMY/
34	(laparot$ or mini?laparot$).ti,ab.
35	(open adj3 surg$).ti,ab.
36	SALPINGECTOMY/ or SALPINGOTOMY/ or SALPINGOSTOMY/
37	(salping$ or tubectom$ or tubo?tom$).ti,ab.
38	(salpinx adj3 surg$).ti,ab.
39	or/29-38
40	and/3,28,39
41	limit 40 to english language
42	CASE REPORT/ or CASE STUDY/
43	(book or editorial or letter or note).pt.
44	41 not (42 or 43)

CINAHL with Full Text

Wednesday, February 15, 2012 12:09:14 PM

PBEP_Q10_med_surg_ectopic_cinahl_rerun_2_150212

#	Query	Limiters/Expanders	Last Run Via
S42	S41	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	S4 and S26 and S40	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37 or S38 or S39	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	TI (salpinx N3 surg*) or AB (salpinx N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S38	TI (salping* or tubectom* or tubo#tom*) or AB (salping* or tubectom* or tubo#tom*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S37	TI (open N3 surg*) or AB (open N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S36	TI (laparot* or minilaparot*) or AB (laparot* or minilaparot*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	MH LAPAROTOMY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S34	AB (keyhole N3 surg*) or AB (key-hole N3 surg*) or AB (minimal* invasi* N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	TI (keyhole N3 surg*) or TI (key-hole N3 surg*) or TI (minimal* invasi* N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S32	TI (laparoscop* or peritoneoscop* or celioscop* or coelioscop*) or AB (laparoscop* or peritoneoscop* or celioscop* or coelioscop*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S31	MH MINIMALLY INVASIVE PROCEDURES	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	MH SURGERY, LAPAROSCOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S29	MH LAPAROSCOPY	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	AB (surg* N3 manag*) or AB (surg* N3 approach*) or AB (surg* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S27	TI (surg* N3 manag*) or TI (surg* N3 approach*) or TI (surg* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S25	TI (glucose) or AB (glucose)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	MH GLUCOSE	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	TI (doxorub* or adiam?cin or caelex or myocet) or AB (doxorub* or adiam?cin or caelex or myocet)	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S22	MH DOXORUBICIN	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	TI (meth?tr?xate or amethopterin or MTX or metoject or maxtrex or mexate) or AB (meth?tr?xate or amethopterin or MTX or metoject or maxtrex or mexate)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	MH METHOTREXATE	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	TI (carboprost or hemabate) or AB (carboprost or hemabate)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	TI (dinoprost or en?aprost or estrofan or dinlytic or prosta#mon or lutalyse) or AB (dinoprost or	Search modes - Boolean/Phrase	Interface - EBSCOhost

	en?aprost or estrofan or dinlytic or prosta#mon or lutalyse)		Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (gemeprost or cergem or cervagem*) or AB (gemeprost or cergem or cervagem*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	TI (misoprostol or cytotec or arthrotec or napratec) or AB (misoprostol or cytotec or arthrotec or napratec)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	MH MISOPROSTOL	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	TI (prostaglandin* or PG* or prostin*) or AB (prostaglandin* or PG* or prostin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	MH PROSTAGLANDINS+	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Search Screen - Advanced Search Database - CINAHL with Full Text
S12	TI (mifepristone or mifegyne or mifeprex or RU-486 or RU486) or AB (mifepristone or mifegyne or mifeprex or RU-486 or RU486)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	MH MIFEPRISTONE	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	AB (progest* N3 antagonist*) or AB (progest* N3 block*) or AB (progest* N3 inhibit*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (progest* N3 antagonist*) or TI (progest* N3 block*) or TI (progest* N3 inhibit*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	TI (anti-progest* or antiprogest* or antigestagen* or antigestagen*) or AB (anti-progest* or	Search modes - Boolean/Phrase	Interface - EBSCOhost

	antiprogest* or antigestagen* or antigestagen*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S7	MH ABORTIFACIENT AGENTS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	AB (medical* N3 manag*) or AB (medical* N3 approach*) or AB (medical* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	TI (medical* N3 manag*) or TI (medical* N3 approach*) or TI (medical* N3 care*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	S1 or S2 or S3	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra-uterine N3 pregnan*) or AB	Search modes - Boolean/Phrase	Interface - EBSCOhost

	(extra-uterine N3 gestat*) or AB (extrauterine N3 pregnan*) or AB (extrauterine N3 gestat*) or AB (tub* N3 pregnan*) or AB (tub* N3 gestat*) or AB (fallopian N3 pregnan*) or AB (fallopian N3 gestat*)		Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra-uterine N3 pregnan*) or TI (extra-uterine N3 gestat*) or TI (extrauterine N3 pregnan*) or TI (extrauterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*) or TI (fallopian N3 pregnan*) or TI (fallopian N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Surgical compared with medical management of ectopic pregnancy – health economics

Database(s): Ovid MEDLINE(R) 1946 to February Week 1 2012

PBEP_Q10_med_surg_ectopic_economic_medline_rerun_2_150212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp PREGNANCY, ECTOPIC/
9	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or

	gestat$)).ti,ab.
10	or/8-9
11	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
12	exp ABORTIFACIENT AGENTS/
13	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
14	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
15	MIFEPRISTONE/
16	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
17	exp PROSTAGLANDINS/
18	(prostaglandin$ or PG$ or prostin$).ti,ab.
19	MISOPROSTOL/
20	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
21	(gemeprost or cergem or cervagem?).ti,ab.
22	DINOPROST/
23	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
24	CARBOPROST/
25	(carboprost or hemabate).ti,ab.
26	METHOTREXATE/
27	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
28	exp DOXORUBICIN/
29	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
30	GLUCOSE/
31	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.
32	or/11-31
33	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
34	exp LAPAROSCOPY/
35	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
36	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
37	LAPAROTOMY/
38	(laparot$ or mini?laparot$).ti,ab.
39	(open adj3 surg$).ti,ab.
40	SALPINGECTOMY/ or SALPINGOSTOMY/
41	(salping$ or tubectom$ or tubo?tom$).ti,ab.
42	(salpinx adj3 surg$).ti,ab.
43	or/33-42
44	and/10,32,43
45	limit 44 to english language

46	limit 45 to animals
47	limit 45 to (animals and humans)
48	46 not 47
49	45 not 48
50	(case reports or comment or editorial or letter or historical article).pt.
51	49 not 50
52	and/7,51

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q10_med_surg_ectopic_economic_cctr_rerun_2_150212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp PREGNANCY, ECTOPIC/
9	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.
10	or/8-9
11	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
12	exp ABORTIFACIENT AGENTS/
13	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
14	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
15	MIFEPRISTONE/
16	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
17	exp PROSTAGLANDINS/
18	(prostaglandin$ or PG$ or prostin$).ti,ab.
19	MISOPROSTOL/
20	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
21	(gemeprost or cergem or cervagem?).ti,ab.
22	DINOPROST/
23	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
24	CARBOPROST/

25	(carboprost or hemabate).ti,ab.
26	METHOTREXATE/
27	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
28	exp DOXORUBICIN/
29	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
30	GLUCOSE/
31	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.
32	or/11-31
33	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
34	exp LAPAROSCOPY/
35	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
36	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
37	LAPAROTOMY/
38	(laparot$ or mini?laparot$).ti,ab.
39	(open adj3 surg$).ti,ab.
40	SALPINGECTOMY/ or SALPINGOSTOMY/
41	(salping$ or tubectom$ or tubo?tom$).ti,ab.
42	(salpinx adj3 surg$).ti,ab.
43	or/33-42
44	and/10,32,43
45	and/7,44

Database(s): EBM Reviews - Health Technology Assessment 1st Quarter 2012

PBEP_Q10_med_surg_ectopic_economic_hta_rerun_2_150212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).tw.
3	or/1-2
4	(medical$ adj3 (manag$ or approach$ or care$)).tw.
5	exp ABORTIFACIENT AGENTS/
6	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).tw.
7	(progest$ adj3 (antagonist$ or block$ or inhibit$)).tw.
8	MIFEPRISTONE/
9	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).tw.
10	exp PROSTAGLANDINS/

11	(prostaglandin$ or PG$ or prostin$).tw.
12	MISOPROSTOL/
13	(misoprostol or cytotec or arthrotec or napratec).tw.
14	(gemeprost or cergem or cervagem?).tw.
15	DINOPROST/
16	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).tw.
17	CARBOPROST/
18	(carboprost or hemabate).tw.
19	METHOTREXATE/
20	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).tw.
21	exp DOXORUBICIN/
22	(doxorub$ or adriam#cin? or caelyx or myocet).tw.
23	GLUCOSE/
24	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).tw.
25	or/4-24
26	(surg$ adj3 (manag$ or approach$ or care$)).tw.
27	exp LAPAROSCOPY/
28	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw.
29	((key?hole or key hole or minimal$ invasi$) adj3 surg$).tw.
30	LAPAROTOMY/
31	(laparot$ or mini?laparot$).tw.
32	(open adj3 surg$).tw.
33	SALPINGECTOMY/ or SALPINGOSTOMY/
34	(salping$ or tubectom$ or tubo?tom$).tw.
35	(salpinx adj3 surg$).tw.
36	or/26-35
37	and/3,25,36

Database(s): EBM Reviews - NHS Economic Evaluation Database 1st Quarter 2012

PBEP_Q10_med_surg_ectopic_economic_nhseed_rerun_2_150212

#	Searches
1	exp PREGNANCY, ECTOPIC/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).tw.
3	or/1-2
4	(medical$ adj3 (manag$ or approach$ or care$)).tw.

5	exp ABORTIFACIENT AGENTS/
6	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).tw.
7	(progest$ adj3 (antagonist$ or block$ or inhibit$)).tw.
8	MIFEPRISTONE/
9	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).tw.
10	exp PROSTAGLANDINS/
11	(prostaglandin$ or PG$ or prostin$).tw.
12	MISOPROSTOL/
13	(misoprostol or cytotec or arthrotec or napratec).tw.
14	(gemeprost or cergem or cervagem?).tw.
15	DINOPROST/
16	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).tw.
17	CARBOPROST/
18	(carboprost or hemabate).tw.
19	METHOTREXATE/
20	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).tw.
21	exp DOXORUBICIN/
22	(doxorub$ or adriam#cin? or caelyx or myocet).tw.
23	GLUCOSE/
24	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).tw.
25	or/4-24
26	(surg$ adj3 (manag$ or approach$ or care$)).tw.
27	exp LAPAROSCOPY/
28	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw.
29	((key?hole or key hole or minimal$ invasi$) adj3 surg$).tw.
30	LAPAROTOMY/
31	(laparot$ or mini?laparot$).tw.
32	(open adj3 surg$).tw.
33	SALPINGECTOMY/ or SALPINGOSTOMY/
34	(salping$ or tubectom$ or tubo?tom$).tw.
35	(salpinx adj3 surg$).tw.
36	or/26-35
37	and/3,25,36

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q10_med_surg_ectopic_economic_embase_rerun_2_150212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp ECTOPIC PREGNANCY/
9	((ectopic or extra uterine or extra?uterine or tub$ or fallopian) adj3 (pregnan$ or gestat$)).ti,ab.
10	or/8-9
11	(medical$ adj3 (manag$ or approach$ or care$)).ti,ab.
12	exp ABORTIVE AGENT/
13	exp ANTIGESTAGEN/
14	(anti progest$ or anti?progest$ or anti gestagen$ or anti?gestagen$).ti,ab.
15	(progest$ adj3 (antagonist$ or block$ or inhibit$)).ti,ab.
16	MIFEPRISTONE/
17	(mifepristone or mifegyne or mifeprex or RU?486 or RU 486).ti,ab.
18	exp PROSTAGLANDIN/
19	(prostaglandin$ or PG$ or prostin$).ti,ab.
20	MISOPROSTOL/
21	(misoprostol or cytotec or arthrotec or napratec).ti,ab.
22	GEMEPROST/
23	(gemeprost or cergem or cervagem?).ti,ab.
24	PROSTAGLANDIN F2 ALPHA/
25	(dinoprost or en#aprost or estrofan or dinolytic or prosta?mon or lutalyse).ti,ab.
26	CARBOPROST/
27	(carboprost or hemabate).ti,ab.
28	METHOTREXATE/
29	(meth#tr#xate or amethopterin or MTX or metoject or maxtrex or mexate).ti,ab.
30	DOXORUBICIN/
31	(doxorub$ or adriam#cin? or caelyx or myocet).ti,ab.
32	GLUCOSE/
33	HYPEROSMOLARITY/

34	((hyper osmolar$ or hyper?osmolar$) adj3 glucose).ti,ab.
35	or/11-34
36	(surg$ adj3 (manag$ or approach$ or care$)).ti,ab.
37	exp LAPAROSCOPY/
38	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
39	((key?hole or key hole or minimal$ invasi$) adj3 surg$).ti,ab.
40	LAPAROTOMY/
41	(laparot$ or mini?laparot$).ti,ab.
42	(open adj3 surg$).ti,ab.
43	SALPINGECTOMY/ or SALPINGOTOMY/ or SALPINGOSTOMY/
44	(salping$ or tubectom$ or tubo?tom$).ti,ab.
45	(salpinx adj3 surg$).ti,ab.
46	or/36-45
47	and/10,35,46
48	limit 47 to english language
49	CASE REPORT/ or CASE STUDY/
50	(book or editorial or letter or note).pt.
51	48 not (49 or 50)
52	and/7,51

Laparotomy compared with laparoscopy for ectopic pregnancy

Database(s): Ovid MEDLINE(R) 1946 to February Week 2 2012

PBEP_Q11_laparoscopy_medline_rerun_2_160212

#	Searches
1	exp PREGNANCY/
2	PREGNANT WOMEN/
3	(pregnan$ or gravid$ or gestat$).ti,ab.
4	or/1-3
5	exp PREGNANCY, ECTOPIC/
6	((ectopic or tubal) adj2 pregnan$).ti,ab.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
8	PUL.ti,ab.
9	or/5-8
10	and/4,9
11	exp LAPAROSCOPY/

12	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
13	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
14	or/11-13
15	LAPAROTOMY/
16	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
17	(open adj3 surg$).ti,ab.
18	or/15-17
19	and/14,18
20	and/10,19
21	limit 20 to english language
22	limit 21 to animals
23	limit 21 to (animals and humans)
24	22 not 23
25	21 not 24

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 15, 2012

PBEP_Q11_laparoscopy_mip_rerun_2_160212

#	Searches
1	((ectopic or tubal) adj2 pregnan$).ti,ab.
2	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
3	PUL.ti,ab.
4	or/1-3
5	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
6	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
7	or/5-6
8	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
9	(open adj3 surg$).ti,ab.
10	or/8-9
11	and/7,10
12	and/4,11

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q11_laparoscopy_cctr_rerun_2_160212

#	Searches
1	exp PREGNANCY/
2	PREGNANT WOMEN/
3	(pregnan$ or gravid$ or gestat$).ti,ab.
4	or/1-3
5	exp PREGNANCY, ECTOPIC/
6	((ectopic or tubal) adj2 pregnan$).ti,ab.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
8	PUL.ti,ab.
9	or/5-8
10	and/4,9
11	exp LAPAROSCOPY/
12	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
13	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
14	or/11-13
15	LAPAROTOMY/
16	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
17	(open adj3 surg$).ti,ab.
18	or/15-17
19	and/14,18
20	and/10,19

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q11_laparoscopy_cdsrdare_rerun_1_051211

#	Searches
1	PREGNANCY.kw.
2	PREGNANT WOMEN.kw.
3	(pregnan$ or gravid$ or gestat$).tw,tx.
4	or/1-3
5	PREGNANCY, ECTOPIC.kw.
6	((ectopic or tubal) adj2 pregnan$).tw,tx.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).tw,tx.

8	PUL.tw,tx.
9	or/5-8
10	and/4,9
11	LAPAROSCOPY.kw.
12	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw,tx.
13	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).tw,tx.
14	or/11-13
15	LAPAROTOMY.kw.
16	(laparot$ or mini laparot$ or mini?laparot$).tw,tx.
17	(open adj3 surg$).tw,tx.
18	or/15-17
19	and/14,18
20	and/10,19

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q11_laparoscopy_embase_rerun_2_160212

#	Searches
1	exp PREGNANCY/
2	PREGNANT WOMAN/
3	(pregnan$ or gravid$ or gestat$).ti,ab.
4	or/1-3
5	exp ECTOPIC PREGNANCY/
6	((ectopic or tubal) adj2 pregnan$).ti,ab.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
8	PUL.ti,ab.
9	or/5-8
10	and/4,9
11	exp LAPAROSCOPY/
12	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
13	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
14	or/11-13
15	LAPAROTOMY/
16	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
17	(open adj3 surg$).ti,ab.
18	or/15-17
19	and/14,18

20	and/10,19
21	limit 20 to english language

CINAHL with Full Text

Thursday, February 16, 2012 5:01:40 AM

PBEP_Q11_laparoscopy_cinahl_rerun_2_160212

#	Query	Limiters/Expanders	Last Run Via
S21	S20	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	S10 and S19	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S19	S14 and S18	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	S15 or S16 or S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	TI (open N3 surg*) or AB (open N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	TI (laparotom*) or AB (laparotom*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen -

			Advanced Search Database - CINAHL with Full Text
S15	(MH "LAPAROTOMY")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	S11 or S12 or S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	TI (keyhole or key hole) or AB (keyhole or key hole)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	TI (laparoscop*) or AB (laparoscop*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	(MH "LAPAROSCOPY")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	S5 or S6 or S7 or S8 or S9	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (pregnan* N5 location*) or TI (pregnan* N5 site*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL

			with Full Text
S8	TI (PUL) or AB (PUL)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	AB (ectopic N3 pregnan*) or AB (tubal N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	TI (ectopic N3 pregnan*) or TI (tubal N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	MH ("PREGNANCY, ECTOPIC")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	S1 or S2 or S3	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	TI (pregnan* or gravid* or gestat*) or AB (pregnan* or gravid* or gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	(MH "EXPECTANT MOTHERS")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	(MH "PREGNANCY")	Search modes -	Interface -

		Boolean/Phrase	EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Laparotomy compared with laparoscopy for ectopic pregnancy – health economics

Database(s): Ovid MEDLINE(R) 1946 to February Week 2 2012

PBEP_Q11_laparoscopy_economic_medline_rerun_2_160212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp PREGNANCY/
9	PREGNANT WOMEN/
10	(pregnan$ or gravid$ or gestat$).ti,ab.
11	or/8-10
12	exp PREGNANCY, ECTOPIC/
13	((ectopic or tubal) adj2 pregnan$).ti,ab.
14	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
15	PUL.ti,ab.
16	or/12-15
17	and/11,16
18	exp LAPAROSCOPY/
19	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
20	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
21	or/18-20
22	LAPAROTOMY/
23	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
24	(open adj3 surg$).ti,ab.
25	or/22-24

26	and/21,25
27	and/17,26
28	limit 27 to english language
29	limit 28 to animals
30	limit 28 to (animals and humans)
31	29 not 30
32	28 not 31
33	and/7,32

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q11_laparoscopy_economic_cctr_rerun_2_160212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp PREGNANCY/
9	PREGNANT WOMEN/
10	(pregnan$ or gravid$ or gestat$).ti,ab.
11	or/8-10
12	exp PREGNANCY, ECTOPIC/
13	((ectopic or tubal) adj2 pregnan$).ti,ab.
14	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
15	PUL.ti,ab.
16	or/12-15
17	and/11,16
18	exp LAPAROSCOPY/
19	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
20	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
21	or/18-20
22	LAPAROTOMY/
23	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
24	(open adj3 surg$).ti,ab.

25	or/22-24
26	and/21,25
27	and/17,26
28	and/7,27

Database(s): EBM Reviews - Health Technology Assessment 1st Quarter 2012

PBEP_Q11_laparoscopy_economic_hta_rerun_2_160212

#	Searches
1	exp PREGNANCY/
2	PREGNANT WOMEN/
3	(pregnan$ or gravid$ or gestat$).tw.
4	or/1-3
5	exp PREGNANCY, ECTOPIC/
6	((ectopic or tubal) adj2 pregnan$).tw.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).tw.
8	PUL.tw.
9	or/5-8
10	and/4,9
11	exp LAPAROSCOPY/
12	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw.
13	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).tw.
14	or/11-13
15	LAPAROTOMY/
16	(laparot$ or mini laparot$ or mini?laparot$).tw.
17	(open adj3 surg$).tw.
18	or/15-17
19	and/14,18
20	and/10,19

Database(s): EBM Reviews - NHS Economic Evaluation Database 1st Quarter 2012

PBEP_Q11_laparoscopy_economic_nhseed_rerun_2_160212

#	Searches
1	exp PREGNANCY/
2	PREGNANT WOMEN/
3	(pregnan$ or gravid$ or gestat$).tw.

4	or/1-3
5	exp PREGNANCY, ECTOPIC/
6	((ectopic or tubal) adj2 pregnan$).tw.
7	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).tw.
8	PUL.tw.
9	or/5-8
10	and/4,9
11	exp LAPAROSCOPY/
12	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).tw.
13	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).tw.
14	or/11-13
15	LAPAROTOMY/
16	(laparot$ or mini laparot$ or mini?laparot$).tw.
17	(open adj3 surg$).tw.
18	or/15-17
19	and/14,18
20	and/10,19

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q11_laparoscopy_economic_embase_rerun_2_160212

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	exp PREGNANCY/
9	PREGNANT WOMAN/
10	(pregnan$ or gravid$ or gestat$).ti,ab.
11	or/8-10
12	exp ECTOPIC PREGNANCY/
13	((ectopic or tubal) adj2 pregnan$).ti,ab.
14	(pregnan$ adj3 ((unknown or uncertain) adj (location$ or site$))).ti,ab.
15	PUL.ti,ab.

16	or/12-15
17	and/11,16
18	exp LAPAROSCOPY/
19	(laparoscop$ or peritoneoscop$ or celioscop$ or coelioscop$).ti,ab.
20	((keyhole$ or key?hole or key hole or minimal$ invasive) adj3 surg$).ti,ab.
21	or/18-20
22	LAPAROTOMY/
23	(laparot$ or mini laparot$ or mini?laparot$).ti,ab.
24	(open adj3 surg$).ti,ab.
25	or/22-24
26	and/21,25
27	and/17,26
28	limit 27 to english language
29	and/7,28

Salpingectomy compared with salpingotomy for ectopic pregnancy

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations February 15, 2012

PBEP_Q15_salpingectomy_mip_130411

#	Searches
1	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).ti,ab.
2	eccyesi$.ti,ab.
3	or/1-2
4	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).ti,ab.
5	(salpingectom$ or tubectom$).ti,ab.
6	(radical adj3 surg$).ti,ab.
7	(salpingo?tom$ or tubo?tom$).ti,ab.
8	(conserv$ adj3 surg$).ti,ab.
9	or/4-8
10	and/3,9

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials January 2012

PBEP_Q15_salpingectomy_cctr_130411

#	Searches

1	PREGNANCY, ECTOPIC/ or PREGNANCY, TUBAL/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).ti,ab.
3	eccyesi$.ti,ab.
4	or/1-3
5	FALLOPIAN TUBES/su [surgery]
6	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).ti,ab.
7	SALPINGECTOMY/
8	(salpingectom$ or tubectom$).ti,ab.
9	(radical adj3 surg$).ti,ab.
10	SALPINGOSTOMY/
11	(salpingo?tom$ or tubo?tom$).ti,ab.
12	(conserv$ adj3 surg$).ti,ab.
13	or/5-12
14	and/4,13

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 2012, EBM Reviews - Database of Abstracts of Reviews of Effects 1st Quarter 2012

PBEP_Q15_salpingectomy_cdsrdare_130411

#	Searches
1	(PREGNANCY, ECTOPIC or PREGNANCY, TUBAL).kw.
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).tw,tx.
3	eccyesi$.ti,ab.
4	or/1-3
5	FALLOPIAN TUBES.kw.
6	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).tw,tx.
7	SALPINGECTOMY.kw.
8	(salpingectom$ or tubectom$).tw,tx.
9	(radical adj3 surg$).tw,tx.
10	SALPINGOSTOMY.kw.
11	(salpingo?tom$ or tubo?tom$).tw,tx.
12	(conserv$ adj3 surg$).tw,tx.
13	or/5-12
14	and/4,13

Database(s): Embase 1980 to 2012 Week 06

PBEP_Q15_salpingectomy_embase_rerun_1_071211

#	Searches
1	CLINICAL TRIAL/ or "CLINICAL TRIAL (TOPIC)"/
2	(clinic$ adj5 trial$).tw,sh.
3	SINGLE BLIND PROCEDURE/
4	DOUBLE BLIND PROCEDURE/
5	RANDOM ALLOCATION/
6	CROSSOVER PROCEDURE/
7	PLACEBO/
8	placebo$.tw,sh.
9	random$.tw,sh.
10	RANDOMIZED CONTROLLED TRIAL/ or "RANDOMIZED CONTROLLED TRIAL (TOPIC)"/
11	((single or double or triple or treble) adj (blind$ or mask$)).tw,sh.
12	randomi?ed control$ trial$.tw.
13	or/1-12
14	META ANALYSIS/
15	((meta adj analy$) or metaanalys$ or meta-analy$).tw,sh.
16	(systematic$ adj5 (review$ or overview$)).tw,sh.
17	(methodologic$ adj5 (review$ or overview$)).tw,sh.
18	or/14-17
19	review.pt.
20	(medline or medlars or embase).ab.
21	(scisearch or science citation index).ab.
22	(psychlit or psyclit or psychinfo or psycinfo or cinahl or cochrane).ab.
23	((hand or manual$) adj2 search$).tw.
24	(electronic database$ or bibliographic database$ or computeri?ed database$ or online database$).tw.
25	(pooling or pooled or mantel haenszel).tw.
26	(peto or dersimonian or "der simonian" or fixed effect).tw.
27	or/20-26
28	and/19,27
29	exp CASE CONTROL STUDY/
30	RETROSPECTIVE STUDY/
31	(case$ adj2 control$).tw.
32	COHORT ANALYSIS/
33	LONGITUDINAL STUDY/

34	FOLLOW UP/
35	PROSPECTIVE STUDY/
36	cohort$.tw.
37	or/29-36
38	or/13,18,28,37
39	(book or conference paper or editorial or letter or note or proceeding or short survey).pt.
40	38 not 39
41	ECTOPIC PREGNANCY/ or UTERINE TUBE PREGNANCY/
42	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).ti,ab.
43	eccyesi$.ti,ab.
44	or/41-43
45	UTERINE TUBE SURGERY/
46	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).ti,ab.
47	SALPINGECTOMY/
48	(salpingectom$ or tubectom$).ti,ab.
49	(radical adj3 surg$).ti,ab.
50	SALPINGOTOMY/ or SALPINGOSTOMY/
51	(salpingo?tom$ or tubo?tom$).ti,ab.
52	(conserv$ adj3 surg$).ti,ab.
53	or/45-52
54	and/44,53
55	limit 54 to english language
56	and/40,55
57	exp COMPARATIVE STUDY/
58	and/55,57
59	or/56,58

CINAHL with Full Text

Thursday, February 16, 2012 7:39:43 AM

PBEP_Q15_salpingectomy_cinahl_130411

#	Query	Limiters/Expanders	Last Run Via
S15	S14	Limiters - Exclude MEDLINE records Search modes -	Interface - EBSCOhost Search

		Boolean/Phrase	Screen - Advanced Search Database - CINAHL with Full Text
S14	S4 and S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S13	S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	TI (conserv* N3 surg*) or AB (conserv* N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	TI (salpingo#tom* or tubo#tom*) or AB (salpingo#tom* or tubo#tom*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	TI (radical N3 surg*) or AB (radical N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S9	TI (salpingectom* or tubectom*) or AB (salpingectom* or tubectom*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	AB (fallopian N3 surg*) or AB (salpinx N3 surg*) or AB (tub* N3 surg*) or AB (oviduct* N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	TI (fallopian N3 surg*) or TI (salpinx N3 surg*) or TI (tub* N3 surg*) or TI (oviduct* N3 surg*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S6	MH FALLOPIAN TUBES	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	MH SURGERY, GYNECOLOGIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search

			Screen - Advanced Search Database - CINAHL with Full Text
S4	S1 or S2 or S3	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra uterine N3 pregnan*) or AB (extra uterine N3 gestat*) or AB (extrauterine N3 pregnan*) or AB (extrauterine N3 gestat*) or AB (tub* N3 pregnan*) or AB (tub* N3 gestat*) or AB (fallopian N3 pregnan*) or AB (fallopian N3 gestat*) or AB (oviduct* N3 pregnan*) or AB (oviduct* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra uterine N3 pregnan*) or TI (extra uterine N3 gestat*) or TI (extrauterine N3 pregnan*) or TI (extrauterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*) or TI (fallopian N3 pregnan*) or TI (fallopian N3 gestat*) or TI (oviduct* N3 pregnan*) or TI (oviduct* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

Salpingectomy compared with salpingotomy for ectopic pregnancy – health economics

Database(s): Ovid MEDLINE(R) 1948 to November Week 3 2011

PBEP_Q15_salpingectomy_economic_medline_rerun_1_081211

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	PREGNANCY, ECTOPIC/ or PREGNANCY, TUBAL/
9	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).ti,ab.
10	eccyesi$.ti,ab.
11	or/8-10
12	FALLOPIAN TUBES/su [surgery]
13	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).ti,ab.
14	SALPINGECTOMY/
15	(salpingectom$ or tubectom$).ti,ab.
16	(radical adj3 surg$).ti,ab.
17	SALPINGOSTOMY/
18	(salpingo?tom$ or tubo?tom$).ti,ab.
19	(conserv$ adj3 surg$).ti,ab.
20	or/12-19
21	and/11,20
22	limit 21 to english language
23	limit 22 to animals
24	limit 22 to (animals and humans)
25	23 not 24
26	22 not 25
27	and/7,26

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2011

PBEP_Q15_salpingectomy_economic_cctr_rerun_1_081211

#	Searches
1	costs.tw.
2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	PREGNANCY, ECTOPIC/ or PREGNANCY, TUBAL/
9	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).ti,ab.
10	eccyesi$.ti,ab.
11	or/8-10
12	FALLOPIAN TUBES/su [surgery]
13	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).ti,ab.
14	SALPINGECTOMY/
15	(salpingectom$ or tubectom$).ti,ab.
16	(radical adj3 surg$).ti,ab.
17	SALPINGOSTOMY/
18	(salpingo?tom$ or tubo?tom$).ti,ab.
19	(conserv$ adj3 surg$).ti,ab.
20	or/12-19
21	and/11,20
22	and/7,21

Database(s): EBM Reviews - Health Technology Assessment 4th Quarter 2011

PBEP_Q15_salpingectomy_economic_hta_rerun_1_081211

#	Searches
1	PREGNANCY, ECTOPIC/ or PREGNANCY, TUBAL/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).tw.
3	eccyesi$.tw.
4	or/1-3

5	FALLOPIAN TUBES/su [surgery]
6	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).tw.
7	SALPINGECTOMY/
8	(salpingectom$ or tubectom$).tw.
9	(radical adj3 surg$).tw.
10	SALPINGOSTOMY/
11	(salpingo?tom$ or tubo?tom$).tw.
12	(conserv$ adj3 surg$).tw.
13	or/5-12
14	and/4,13

Database(s): EBM Reviews - NHS Economic Evaluation Database 4th Quarter 2011

PBEP_Q15_salpingectomy_economic_nhseed_rerun_1_081211

#	Searches
1	PREGNANCY, ECTOPIC/ or PREGNANCY, TUBAL/
2	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).tw.
3	eccyesi$.tw.
4	or/1-3
5	FALLOPIAN TUBES/su [surgery]
6	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).tw.
7	SALPINGECTOMY/
8	(salpingectom$ or tubectom$).tw.
9	(radical adj3 surg$).tw.
10	SALPINGOSTOMY/
11	(salpingo?tom$ or tubo?tom$).tw.
12	(conserv$ adj3 surg$).tw.
13	or/5-12
14	and/4,13

Database(s): Embase 1980 to 2011 Week 48

PBEP_Q15_salpingectomy_economic_embase_rerun_1_081211

#	Searches
1	costs.tw.

2	cost effective$.tw.
3	economic.tw.
4	or/1-3
5	(metabolic adj cost).tw.
6	((energy or oxygen) adj cost).tw.
7	4 not (5 or 6)
8	ECTOPIC PREGNANCY/ or UTERINE TUBE PREGNANCY/
9	((ectopic or extra uterine or extra?uterine or tub$ or fallopian or oviduct$) adj3 (pregnan$ or gestat$)).ti,ab.
10	eccyesi$.ti,ab.
11	or/8-10
12	UTERINE TUBE SURGERY/
13	((fallopian or salpinx or tub$ or oviduct$) adj3 surg$).ti,ab.
14	SALPINGECTOMY/
15	(salpingectom$ or tubectom$).ti,ab.
16	(radical adj3 surg$).ti,ab.
17	SALPINGOTOMY/ or SALPINGOSTOMY/
18	(salpingo?tom$ or tubo?tom$).ti,ab.
19	(conserv$ adj3 surg$).ti,ab.
20	or/12-19
21	and/11,20
22	limit 21 to english language
23	and/7,22

Chapter 9 Anti-D rhesus prophylaxis

Anti-D rhesus prophylaxis for threatened miscarriage, miscarriage and ectopic pregnancy and Anti-D dose (combined search)

Database(s): Ovid MEDLINE(R) 1948 to June Week 2 2011

PBEP_Q12-13_antiD_medline_210611

#	Searches
1	PREGNANCY TRIMESTER, FIRST/
2	((first or "1st") adj2 trimester$).ti,ab.
3	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
4	exp ABORTION, SPONTANEOUS/
5	miscarr$.ti,ab.
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
7	(anembryo$ or empty sac$).ti,ab.
8	(blight$ adj2 (ova or ovum)).ti,ab.
9	exp PREGNANCY, ECTOPIC/
10	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
11	exp ABORTION, INDUCED/
12	abort$.ti,ab.
13	((terminat$ or interrupt$) adj2 (pregnan$ or gestat$)).ti,ab.
14	or/1-13
15	RH-HR BLOOD-GROUP SYSTEM/
16	RH ISOIMMUNIZATION/
17	"RHO(D) IMMUNE GLOBULIN"/
18	((rhesus or rh or RhD or rho$ or rh0$) adj5 (blood or incompatib$ or antagon$ or negativ$ or iso?immun$ or allo?immun$ or sensi$ or disease? or immun$ or auto?immun$)).ti,ab.
19	(anti D or anti?D or anti rh or anti?rh).ti,ab.
20	((rhesus or rh or RhD or D or rho$ or rh0$) adj3 (antigen$ or iso?antigen$ or allo?antigen$ or factor? or antibod$ or iso?antibod$ or allo?antibod$ or immun$ or prophyla$ or globulin$)).ti,ab.
21	(rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d?gam).ti,ab.
22	ERYTHROBLASTOSIS, FETAL/
23	((erythroblastos$ or h?emolytic) adj5 (f?etal$ or f?etus$ or newborn? or neo nat$ or neo?nat$)).ti,ab.
24	(HDF or HDFN or HDN).ti,ab.

25	or/15-24
26	and/14,25
27	PREGNANCY/
28	*RH-HR BLOOD-GROUP SYSTEM/
29	*RH ISOIMMUNIZATION/
30	*"RHO(D) IMMUNE GLOBULIN"/
31	or/28-30
32	and/27,31
33	or/26,32
34	limit 33 to english language
35	limit 34 to animals
36	limit 34 to (animals and humans)
37	35 not 36
38	34 not 37
39	(comment or editorial or letter or historical article or interview).pt.
40	38 not 39

Database(s): Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations June 21, 2011

PBEP_Q12-13_antiD_mip_210611

#	Searches
1	((first or "1st") adj2 trimester$).ti,ab.
2	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
3	miscarr$.ti,ab.
4	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
5	(anembryo$ or empty sac$).ti,ab.
6	(blight$ adj2 (ova or ovum)).ti,ab.
7	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
8	abort$.ti,ab.
9	((terminat$ or interrupt$) adj2 (pregnan$ or gestat$)).ti,ab.
10	or/1-9
11	((rhesus or rh or RhD or rho$ or rh0$) adj5 (blood or incompatib$ or antagon$ or negativ$ or iso?immun$ or allo?immun$ or sensi$ or disease? or immun$ or auto?immun$)).ti,ab.
12	(anti D or anti?D or anti rh or anti?rh).ti,ab.

13	((rhesus or rh or RhD or D or rho$ or rh0$) adj3 (antigen$ or iso?antigen$ or allo?antigen$ or factor? or antibod$ or iso?antibod$ or allo?antibod$ or immun$ or prophyla$ or globulin$)).ti,ab.
14	(rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d?gam).ti,ab.
15	((erythroblastos$ or h?emolytic) adj5 (f?etal$ or f?etus$ or newborn? or neo nat$ or neo?nat$)).ti,ab.
16	(HDF or HDFN or HDN).ti,ab.
17	or/11-16
18	and/10,17

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials 2nd Quarter 2011

PBEP_Q12-13_antiD_cctr_210611

#	Searches
1	PREGNANCY TRIMESTER, FIRST/
2	((first or "1st") adj2 trimester$).ti,ab.
3	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
4	exp ABORTION, SPONTANEOUS/
5	miscarr$.ti,ab.
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
7	(anembryo$ or empty sac$).ti,ab.
8	(blight$ adj2 (ova or ovum)).ti,ab.
9	exp PREGNANCY, ECTOPIC/
10	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
11	exp ABORTION, INDUCED/
12	abort$.ti,ab.
13	((terminat$ or interrupt$) adj2 (pregnan$ or gestat$)).ti,ab.
14	or/1-13
15	RH-HR BLOOD-GROUP SYSTEM/
16	RH ISOIMMUNIZATION/
17	"RHO(D) IMMUNE GLOBULIN"/
18	((rhesus or rh or RhD or rho$ or rh0$) adj5 (blood or incompatib$ or antagon$ or negativ$ or iso?immun$ or allo?immun$ or sensi$ or disease? or immun$ or auto?immun$)).ti,ab.
19	(anti D or anti?D or anti rh or anti?rh).ti,ab.

20	((rhesus or rh or RhD or D or rho$ or rh0$) adj3 (antigen$ or iso?antigen$ or allo?antigen$ or factor? or antibod$ or iso?antibod$ or allo?antibod$ or immun$ or prophyla$ or globulin$)).ti,ab.
21	(rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d?gam).ti,ab.
22	ERYTHROBLASTOSIS, FETAL/
23	((erythroblastos$ or h?emolytic) adj5 (f?etal$ or f?etus$ or newborn? or neo nat$ or neo?nat$)).ti,ab.
24	(HDF or HDFN or HDN).ti,ab.
25	or/15-24
26	and/14,25
27	PREGNANCY/
28	*RH-HR BLOOD-GROUP SYSTEM/
29	*RH ISOIMMUNIZATION/
30	*"RHO(D) IMMUNE GLOBULIN"/
31	or/28-30
32	and/27,31
33	or/26,32

Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to June 2011, EBM Reviews - Database of Abstracts of Reviews of Effects 2nd Quarter 2011

PBEP_Q12-13_antiD_cdsrdare_210611

#	Searches
1	PREGNANCY TRIMESTER, FIRST.kw.
2	((first or "1st") adj2 trimester$).tw,tx.
3	(early adj3 (pregnan$ or gestat$ or placental phase$)).tw,tx.
4	ABORTION, SPONTANEOUS.kw.
5	miscarr$.tw,tx.
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$ or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).tw,tx.
7	(anembryo$ or empty sac$).tw,tx.
8	(blight$ adj2 (ova or ovum)).tw,tx.
9	PREGNANCY, ECTOPIC.kw.
10	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).tw,tx.
11	ABORTION, INDUCED.kw.
12	abort$.tw,tx.

13	((terminat$ or interrupt$) adj2 (pregnan$ or gestat$)).tw,tx.
14	or/1-13
15	RH-HR BLOOD-GROUP SYSTEM.kw.
16	RH ISOIMMUNIZATION.kw.
17	"RHO(D) IMMUNE GLOBULIN".kw.
18	((rhesus or rh or RhD or rho$ or rh0$) adj5 (blood or incompatib$ or antagon$ or negativ$ or iso?immun$ or allo?immun$ or sensi$ or disease? or immun$ or auto?immun$)).tw,tx.
19	(anti D or anti?D or anti rh or anti?rh).tw,tx.
20	((rhesus or rh or RhD or D or rho$ or rh0$) adj3 (antigen$ or iso?antigen$ or allo?antigen$ or factor? or antibod$ or iso?antibod$ or allo?antibod$ or immun$ or prophyla$ or globulin$)).tw,tx.
21	(rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d?gam).tw,tx.
22	ERYTHROBLASTOSIS, FETAL.kw.
23	((erythroblastos$ or h?emolytic) adj5 (f?etal$ or f?etus$ or newborn? or neo nat$ or neo?nat$)).tw,tx.
24	(HDF or HDFN or HDN).tw,tx.
25	or/15-24
26	and/14,25
27	PREGNANCY.kw.
28	RH-HR BLOOD-GROUP SYSTEM.kw.
29	RH ISOIMMUNIZATION.kw.
30	"RHO(D) IMMUNE GLOBULIN".kw.
31	or/28-30
32	and/27,31
33	or/26,32

Database(s): Embase 1980 to 2011 Week 24

PBEP_Q12-13_antiD_embase_210611

#	Searches
1	FIRST TRIMESTER PREGNANCY/
2	((first or "1st") adj2 trimester$).ti,ab.
3	(early adj3 (pregnan$ or gestat$ or placental phase$)).ti,ab.
4	exp ABORTION/
5	miscarr$.ti,ab.
6	((pregnan$ or embryo$ or f?etal or f?etus$) adj3 (loss$ or demise or death$ or resorp$

	or disintegrat$ or wast$ or reject$ or fail$ or viab?l$ or non?viab?l$)).ti,ab.
7	(anembryo$ or empty sac$).ti,ab.
8	(blight$ adj2 (ova or ovum)).ti,ab.
9	exp ECTOPIC PREGNANCY/
10	((ectopic or extra uterine or extra?uterine or tub$ or ampullary or isthm$ or fimbrial or cornual or interstitial or abdom$ or ovar$ or cervi$) adj3 (pregnan$ or gestat$)).ti,ab.
11	exp INDUCED ABORTION/
12	PREGNANCY TERMINATION/
13	abort$.ti,ab.
14	((terminat$ or interrupt$) adj2 (pregnan$ or gestat$)).ti,ab.
15	or/1-14
16	exp "BLOOD GROUP AND RHESUS ANTAGONISM"/
17	BLOOD GROUP RHESUS SYSTEM/
18	RHESUS ANTIBODY/ or RHESUS ANTIGEN/
19	((rhesus or rh or RhD or rho$ or rh0$) adj5 (blood or incompatib$ or antagon$ or negativ$ or iso?immun$ or allo?immun$ or sensi$ or disease? or immun$ or auto?immun$)).ti,ab.
20	(anti D or anti?D or anti rh or anti?rh).ti,ab.
21	((rhesus or rh or RhD or D or rho$ or rh0$) adj3 (antigen$ or iso?antigen$ or allo?antigen$ or factor? or antibod$ or iso?antibod$ or allo?antibod$ or immun$ or prophyla$ or globulin$)).ti,ab.
22	(rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d?gam).ti,ab.
23	NEWBORN HEMOLYTIC DISEASE/
24	((erythroblastos$ or h?emolytic) adj5 (f?etal$ or f?etus$ or newborn? or neo nat$ or neo?nat$)).ti,ab.
25	(HDF or HDFN or HDN).ti,ab.
26	or/16-25
27	and/15,26
28	PREGNANCY/
29	pregnan$.ti,ab.
30	or/28-29
31	*"BLOOD GROUP AND RHESUS ANTAGONISM"/
32	*RHESUS INCOMPATIBILITY/
33	*RHESUS ISOIMMUNIZATION/
34	*RHESUS IMMUNIZATION/
35	*BLOOD GROUP RHESUS SYSTEM/
36	*RHESUS D ANTIBODY/

37	*RHESUS ANTIBODY/ or *RHESUS ANTIGEN/
38	or/31-37
39	and/30,38
40	or/27,39
41	limit 40 to english language
42	(book or editorial or letter or note or survey).pt.
43	41 not 42

CINAHL with Full Text

Wednesday, June 22, 2011 10:18:23 AM

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#	Query	Limiters/Expanders	Last Run Via
S74	S38 and S73	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S73	S39 or S40 or S41 or S42 or S43 or S44 or S45 or S46 or S47 or S48 or S49 or S50 or S51 or S52 or S53 or S54 or S55 or S56 or S57 or S58 or S59 or S60 or S61 or S62 or S63 or S64 or S65 or S66 or S67 or S68 or S69 or S70 or S71 or S72	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S72	TI (HDF or HDFN or HDN) or AB (HDF or HDFN or HDN)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S71	AB (haemolytic N5 fetal*) or AB (haemolytic N5 foetal*) or AB (haemolytic N5 fetus*) or AB (haemolytic N5 foetus*) or AB (haemolytic N5 newborn#) or AB (haemolytic N5 neo-nat*) or AB (haemolytic N5 neo#nat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S70	TI (haemolytic N5 fetal*) or TI (haemolytic N5 foetal*) or TI (haemolytic N5 fetus*) or TI (haemolytic N5 foetus*) or TI (haemolytic N5 newborn#) or TI (haemolytic N5 neo-nat*) or TI (haemolytic N5 neo#nat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S69	AB (hemolytic N5 fetal*) or AB (hemolytic N5 foetal*) or AB (hemolytic N5 fetus*) or AB (hemolytic N5 foetus*) or AB (hemolytic N5 newborn#) or AB (hemolytic N5 neo-nat*) or AB (hemolytic N5 neo#nat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S68	TI (hemolytic N5 fetal*) or TI (hemolytic N5 foetal*) or TI (hemolytic N5 fetus*) or TI (hemolytic N5 foetus*) or TI (hemolytic N5 newborn#) or TI (hemolytic N5 neo-nat*) or TI (hemolytic N5 neo#nat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S67	TI (erythroblastos*) or AB (erythroblastos*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S66	MH ERYTHROBLASTOSIS, FETAL+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S65	TI (rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d#gam) or AB (rhophylac or rhogam or gamulin or micrhogam or partobulin or winrho or d gam or d#gam)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S64	AB (rh0* N3 antigen*) or AB (rh0* N3 iso#antigen*) or AB (rh0* N3 allo#antigen*) or AB (rh0* N3 factor#) or AB (rh0* N3 antibod*) or AB (rh0* N3 iso#antibod*) or AB	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

	(rh0* N3 allo#antibod*) or AB (rh0* N3 immun*) or AB (rh0* N3 prophyla*) or AB (rh0* N3 globulin*)		- Advanced Search Database - CINAHL with Full Text
S63	TI (rh0* N3 antigen*) or TI (rh0* N3 iso#antigen*) or TI (rh0* N3 allo#antigen*) or TI (rh0* N3 factor#) or TI (rh0* N3 antibod*) or TI (rh0* N3 iso#antibod*) or TI (rh0* N3 allo#antibod*) or TI (rh0* N3 immun*) or TI (rh0* N3 prophyla*) or TI (rh0* N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S62	AB (rho* N3 antigen*) or AB (rho* N3 iso#antigen*) or AB (rho* N3 allo#antigen*) or AB (rho* N3 factor#) or AB (rho* N3 antibod*) or AB (rho* N3 iso#antibod*) or AB (rho* N3 allo#antibod*) or AB (rho* N3 immun*) or AB (rho* N3 prophyla*) or AB (rho* N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S61	TI (rho* N3 antigen*) or TI (rho* N3 iso#antigen*) or TI (rho* N3 allo#antigen*) or TI (rho* N3 factor#) or TI (rho* N3 antibod*) or TI (rho* N3 iso#antibod*) or TI (rho* N3 allo#antibod*) or TI (rho* N3 immun*) or TI (rho* N3 prophyla*) or TI (rho* N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S60	AB (D N3 antigen*) or AB (D N3 iso#antigen*) or AB (D N3 allo#antigen*) or AB (D N3 factor#) or AB (D N3 antibod*) or AB (D N3 iso#antibod*) or AB (D N3 allo#antibod*) or AB (D N3 immun*) or AB (D N3 prophyla*) or AB (D N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S59	TI (D N3 antigen*) or TI (D N3 iso#antigen*) or TI (D N3 allo#antigen*) or TI (D N3 factor#) or TI (D N3 antibod*) or TI (D N3 iso#antibod*) or TI (D N3 allo#antibod*) or TI (D N3 immun*) or TI (D N3 prophyla*) or TI (D N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S58	AB (RhD N3 antigen*) or AB (RhD N3 iso#antigen*) or AB (RhD N3 allo#antigen*) or AB (RhD N3 factor#) or AB (RhD N3 antibod*) or AB (RhD N3 iso#antibod*) or AB (RhD N3 allo#antibod*) or AB (RhD N3 immun*) or AB (RhD N3 prophyla*) or AB (RhD N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S57	TI (RhD N3 antigen*) or TI (RhD N3 iso#antigen*) or TI (RhD N3 allo#antigen*) or TI (RhD N3 factor#) or TI (RhD N3 antibod*) or TI (RhD N3 iso#antibod*) or TI (RhD N3 allo#antibod*) or TI (RhD N3 immun*) or TI (RhD N3 prophyla*) or TI (RhD N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S56	AB (rh N3 antigen*) or AB (rh N3 iso#antigen*) or AB (rh N3 allo#antigen*) or AB (rh N3 factor#) or AB (rh N3 antibod*) or AB (rh N3 iso#antibod*) or AB (rh N3 allo#antibod*) or AB (rh N3 immun*) or AB (rh N3 prophyla*) or AB (rh N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S55	TI (rh N3 antigen*) or TI (rh N3 iso#antigen*) or TI (rh N3 allo#antigen*) or TI (rh N3 factor#) or TI (rh N3 antibod*) or TI (rh N3 iso#antibod*) or TI (rh N3 allo#antibod*) or TI (rh N3 immun*) or TI (rh N3 prophyla*) or TI (rh N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S54	AB (rhesus N3 antigen*) or AB (rhesus N3 iso#antigen*) or AB (rhesus N3 allo#antigen*) or AB (rhesus N3 factor#) or AB (rhesus N3 antibod*) or AB (rhesus N3 iso#antibod*) or AB (rhesus N3 allo#antibod*) or AB (rhesus N3 immun*) or AB (rhesus N3 prophyla*) or AB (rhesus N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S53	TI (rhesus N3 antigen*) or TI (rhesus N3 iso#antigen*) or TI (rhesus N3 allo#antigen*) or TI (rhesus N3 factor#) or TI (rhesus N3 antibod*) or TI (rhesus N3 iso#antibod*) or TI (rhesus N3 allo#antibod*) or TI (rhesus N3 immun*) or TI (rhesus N3 prophyla*) or TI (rhesus N3 globulin*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S52	TI (anti-D or anti#D or anti-rh or anti#rh) or AB (anti-D or anti#D or anti-rh or anti#rh)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S51	AB (rh0* N5 blood) or AB (rh0* N5 incompatib*) or AB (rh0* N5 antagon*) or AB (rh0* N5 negativ*) or AB (rh0* N5 iso#immun*) or AB (rh0* N5 allo#immun*) or AB (rh0* N5 sensi*) or AB (rh0* N5 disease#) or AB (rh0* N5 immun*) or AB (rh0* N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S50	TI (rh0* N5 blood) or TI (rh0* N5 incompatib*) or TI (rh0* N5 antagon*) or TI (rh0* N5 negativ*) or TI (rh0* N5 iso#immun*) or TI (rh0* N5 allo#immun*) or TI (rh0* N5 sensi*) or TI (rh0* N5 disease#) or TI (rh0* N5 immun*) or TI (rh0* N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S49	AB (rho* N5 blood) or AB (rho* N5 incompatib*) or AB (rho* N5 antagon*) or AB (rho* N5 negativ*) or AB (rho* N5 iso#immun*) or AB (rho* N5 allo#immun*) or AB (rho* N5 sensi*) or AB (rho* N5 disease#) or AB (rho* N5 immun*) or AB (rho* N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S48	TI (rho* N5 blood) or TI (rho* N5 incompatib*) or TI (rho* N5 antagon*) or TI (rho* N5 negativ*) or TI (rho* N5 iso#immun*) or TI (rho* N5 allo#immun*) or TI (rho* N5 sensi*) or TI (rho* N5 disease#) or TI (rho* N5 immun*) or TI (rho* N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S47	AB (RhD N5 blood) or AB (RhD N5 incompatib*) or AB (RhD N5 antagon*) or AB (RhD N5 negativ*) or AB (RhD N5 iso#immun*) or AB (RhD N5 allo#immun*) or AB (RhD N5 sensi*) or AB (RhD N5 disease#) or AB (RhD N5 immun*) or AB (RhD N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S46	TI (RhD N5 blood) or TI (RhD N5 incompatib*) or TI (RhD N5 antagon*) or TI (RhD N5 negativ*) or TI (RhD N5 iso#immun*) or TI (RhD N5 allo#immun*) or TI (RhD N5 sensi*) or TI (RhD N5 disease#) or TI (RhD N5 immun*) or TI (RhD N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S45	AB (rh N5 blood) or AB (rh N5 incompatib*) or AB (rh N5 antagon*) or AB (rh N5 negativ*) or AB (rh N5 iso#immun*) or AB (rh N5 allo#immun*) or AB (rh N5	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

	sensi*) or AB (rh N5 disease#) or AB (rh N5 immun*) or AB (rh N5 auto#immun*)		- Advanced Search Database - CINAHL with Full Text
S44	TI (rh N5 blood) or TI (rh N5 incompatib*) or TI (rh N5 antagon*) or TI (rh N5 negativ*) or TI (rh N5 iso#immun*) or TI (rh N5 allo#immun*) or TI (rh N5 sensi*) or TI (rh N5 disease#) or TI (rh N5 immun*) or TI (rh N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S43	AB (rhesus N5 blood) or AB (rhesus N5 incompatib*) or AB (rhesus N5 antagon*) or AB (rhesus N5 negativ*) or AB (rhesus N5 iso#immun*) or AB (rhesus N5 allo#immun*) or AB (rhesus N5 sensi*) or AB (rhesus N5 disease#) or AB (rhesus N5 immun*) or AB (rhesus N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S42	TI (rhesus N5 blood) or TI (rhesus N5 incompatib*) or TI (rhesus N5 antagon*) or TI (rhesus N5 negativ*) or TI (rhesus N5 iso#immun*) or TI (rhesus N5 allo#immun*) or TI (rhesus N5 sensi*) or TI (rhesus N5 disease#) or TI (rhesus N5 immun*) or TI (rhesus N5 auto#immun*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S41	MH "RHO(D) IMMUNE GLOBULIN"	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S40	MH RH ISOIMMUNIZATION	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S39	MH RH-HR BLOOD-GROUP SYSTEM	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S38	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31 or S32 or S33 or S34 or S35 or S36 or S37	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S37	AB (terminat* N3 pregnan*) or AB (interrupt* N3 pregnan*) or AB (terminat* N3 gestat*) or AB (interrupt* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S36	TI (terminat* N3 pregnan*) or TI (interrupt* N3 pregnan*) or TI (terminat* N3 gestat*) or TI (interrupt* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S35	TI (abort*) or AB (abort*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S34	MH ABORTION, INDUCED+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S33	AB (ampullary N3 gestat*) or AB (isthm* N3 gestat*) or AB (fimbrial N3 gestat*) or AB (cornual N3 gestat*) or AB (interstitial N3 gestat*) or AB (abdom* N3 gestat*) or AB (ovar* N3 gestat*) or AB (cervi* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S32	TI (ampullary N3 gestat*) or TI (isthm* N3 gestat*) or TI (fimbrial N3 gestat*) or TI (cornual N3 gestat*) or TI (interstitial N3 gestat*) or TI (abdom* N3 gestat*) or TI (ovar* N3 gestat*) or TI (cervi* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S31	AB (ampullary N3 pregnan*) or AB (isthm* N3 pregnan*) or AB (fimbrial N3 pregnan*) or AB (cornual N3 pregnan*) or AB (interstitial N3 pregnan*) or AB (abdom* N3 pregnan*) or AB (ovar* N3 pregnan*) or AB (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S30	TI (ampullary N3 pregnan*) or TI (isthm* N3 pregnan*) or TI (fimbrial N3 pregnan*) or TI (cornual N3 pregnan*) or TI (interstitial N3 pregnan*) or TI (abdom* N3 pregnan*) or TI (ovar* N3 pregnan*) or TI (cervi* N3 pregnan*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S29	AB (ectopic N3 pregnan*) or AB (ectopic N3 gestat*) or AB (extra-uterine N3 pregnan*) or AB (extra-uterine N3 gestat*) or AB (extra#uterine N3 pregnan*) or AB (extra#uterine N3 gestat*) or AB (tub* N3 pregnan*) or AB (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S28	TI (ectopic N3 pregnan*) or TI (ectopic N3 gestat*) or TI (extra-uterine N3 pregnan*) or TI (extra-uterine N3 gestat*) or TI (extra#uterine N3 pregnan*) or TI (extra#uterine N3 gestat*) or TI (tub* N3 pregnan*) or TI (tub* N3 gestat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S27	MH PREGNANCY, ECTOPIC	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S26	TI (blight* N2 ovum) or AB (blight* N2 ovum)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S25	TI (blight* N2 ova) or AB (blight* N2 ova)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S24	TI (anembryo* or empty sac*) or AB (anembryo* or empty sac*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S23	AB (embryo* N3 reject*) or AB (fetal N3 reject*) or AB (foetal N3 reject*) or AB (fetus* N3 reject*) or AB (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S22	TI (embryo* N3 reject*) or TI (fetal N3 reject*) or TI (foetal N3 reject*) or TI (fetus* N3 reject*) or TI (foetus* N3 reject*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S21	AB (embryo* N3 wast*) or AB (fetal N3 wast*) or AB (foetal N3 wast*) or AB (fetus* N3 wast*) or AB (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S20	TI (embryo* N3 wast*) or TI (fetal N3 wast*) or TI (foetal N3 wast*) or TI (fetus* N3 wast*) or TI (foetus* N3 wast*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text
S19	AB (embryo* N3 disintegrat*) or AB (fetal N3 disintegrat*) or AB (foetal N3 disintegrat*) or AB (fetus* N3 disintegrat*) or AB (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S18	TI (embryo* N3 disintegrat*) or TI (fetal N3 disintegrat*) or TI (foetal N3 disintegrat*) or TI (fetus* N3 disintegrat*) or TI (foetus* N3 disintegrat*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S17	AB (embryo* N3 resorp*) or AB (fetal N3 resorp*) or AB (foetal N3 resorp*) or AB (fetus* N3 resorp*) or AB (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S16	TI (embryo* N3 resorp*) or TI (fetal N3 resorp*) or TI (foetal N3 resorp*) or TI (fetus* N3 resorp*) or TI (foetus* N3 resorp*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S15	AB (embryo* N3 death*) or AB (fetal N3 death*) or AB (foetal N3 death*) or AB (fetus* N3 death*) or AB (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S14	TI (embryo* N3 death*) or TI (fetal N3 death*) or TI (foetal N3 death*) or TI (fetus* N3 death*) or TI (foetus* N3 death*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text

S13	AB (embryo* N3 demise) or AB (fetal N3 demise) or AB (foetal N3 demise) or AB (fetus* N3 demise) or AB (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S12	TI (embryo* N3 demise) or TI (fetal N3 demise) or TI (foetal N3 demise) or TI (fetus* N3 demise) or TI (foetus* N3 demise)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S11	AB (embryo* N3 loss*) or AB (fetal N3 loss*) or AB (foetal N3 loss*) or AB (fetus* N3 loss*) or AB (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S10	TI (embryo* N3 loss*) or TI (fetal N3 loss*) or TI (foetal N3 loss*) or TI (fetus* N3 loss*) or TI (foetus* N3 loss*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S9	AB (pregnan* N3 loss*) or AB (pregnan* N3 fail*) or AB (pregnan* N3 viab#l*) or AB (pregnan* N3 non#viab#l*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S8	TI (pregnan* N3 loss*) or TI (pregnan* N3 fail*) or TI (pregnan* N3 viab#l*) or TI (pregnan* N3 non#viab#l*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S7	TI (miscarr*) or AB (miscarr*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen

			- Advanced Search Database - CINAHL with Full Text
S6	MH ABORTION, SPONTANEOUS+	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S5	AB (early N3 pregnan*) or AB (early N3 gestat*) or AB (early N3 placental phase*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S4	TI (early N3 pregnan*) or TI (early N3 gestat*) or TI (early N3 placental phase*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S3	AB (first N2 trimester*) or AB ("1st" N2 trimester*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S2	TI (first N2 trimester*) or TI ("1st" N2 trimester*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL with Full Text
S1	MH PREGNANCY TRIMESTER, FIRST	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database -

			CINAHL with Full Text

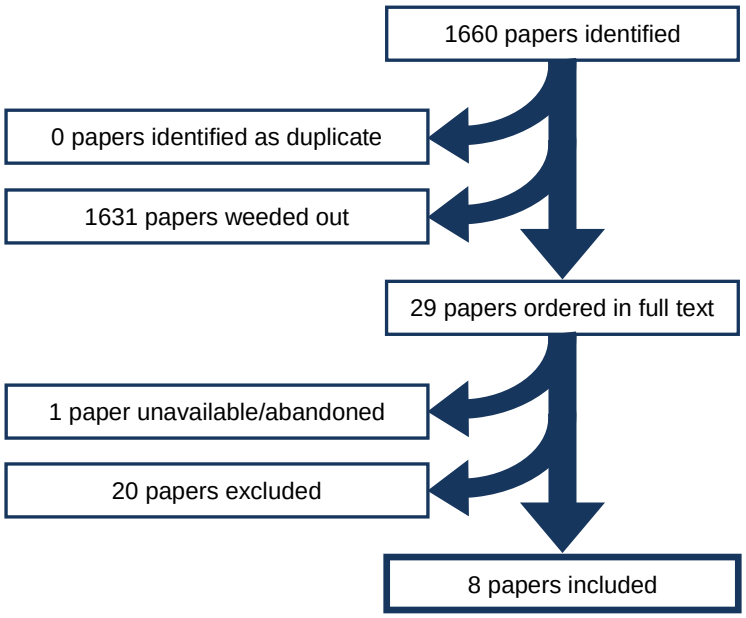
Appendix F Summary of identified studies

Where combined searches have been run for multiple questions (see Section 3.2 in the full guideline for details), the figure for the total number of papers identified corresponds to the results of the combined search plus any further papers that were identified as being relevant for a specific question.

Chapter 4 Emotional support and information giving

Psychological and emotional support

Figure F.1 What interventions are the most effective for improving women's psychological and/or emotional health following pain, bleeding or pregnancy loss, in the first trimester of pregnancy?



Chapter 5 Early pregnancy assessment units

Figure F.2 What is the clinical and cost effectiveness of early pregnancy assessment units (EPAUs) compared with other models of service provision in improving women's clinical and psychological outcomes?

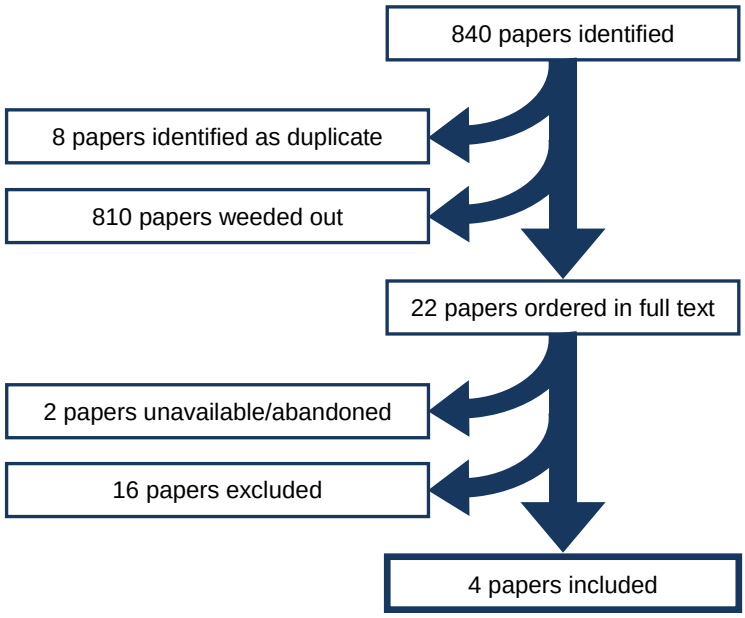


Figure F.3 What is the clinical and cost effectiveness of early pregnancy assessment units (EPAUs) compared with other models of service provision in improving women's clinical and psychological outcomes? Cost effectiveness literature review

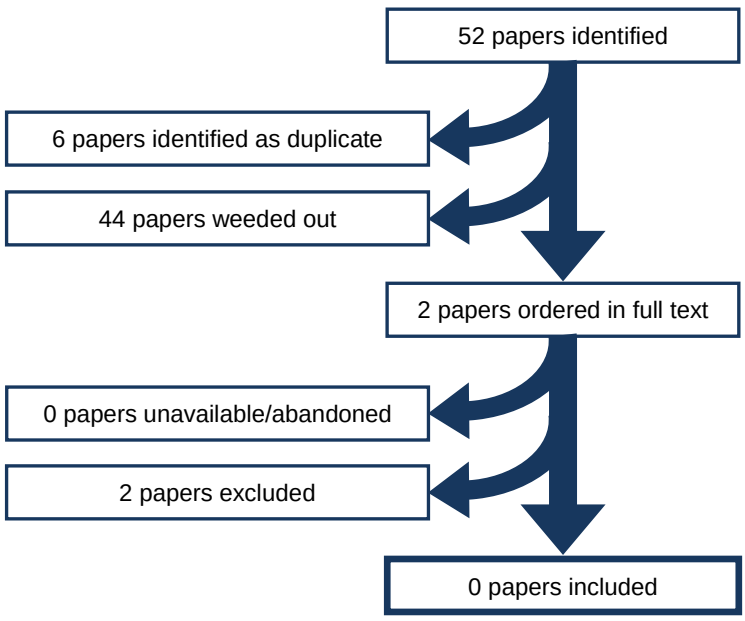
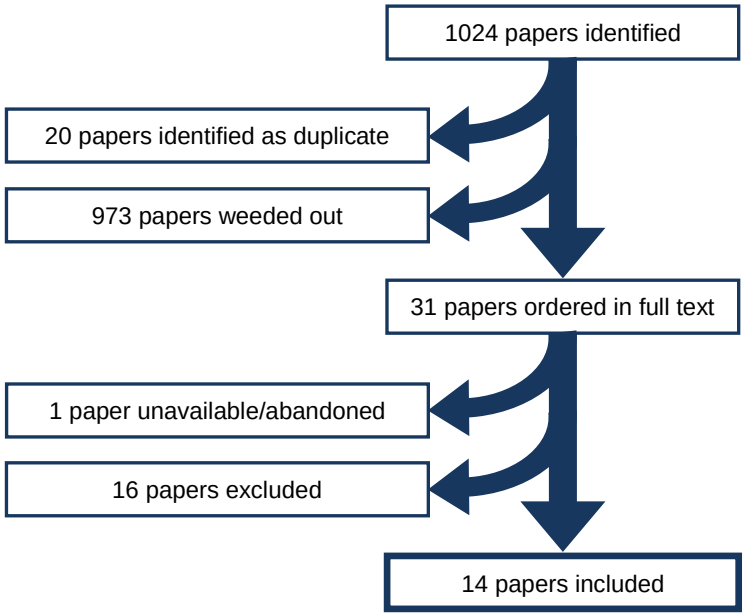


Figure F.4 What is the appropriate model for service organisation and delivery of EPAUs?



Chapter 6 Diagnosis of ectopic pregnancy and miscarriage

Figure F.5 What are the signs and symptoms associated with ectopic pregnancy?

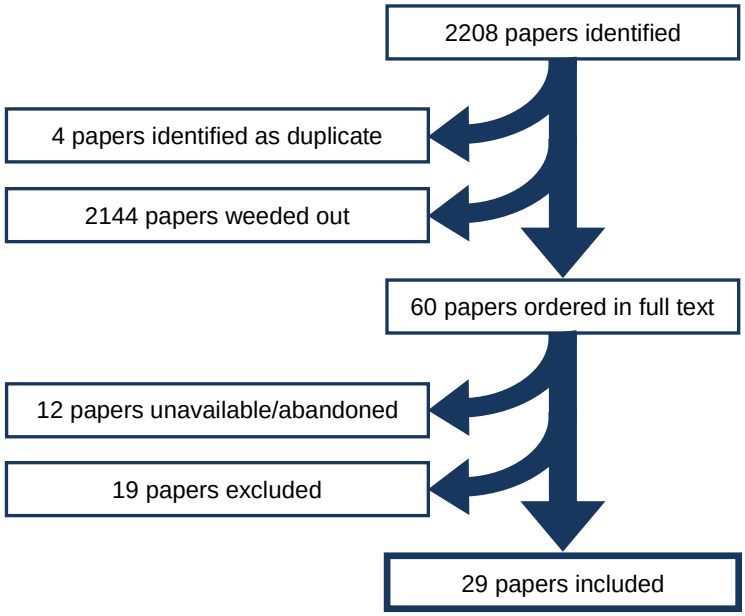


Figure F.6 What is the diagnostic value of ultrasound for determining a viable intrauterine pregnancy?

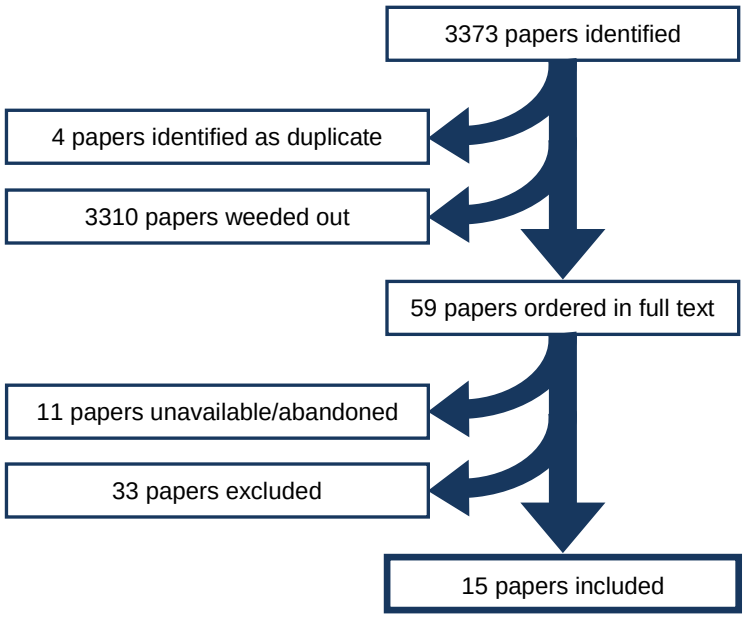


Figure F.7 What is the accuracy of transvaginal ultrasound compared with transabdominal ultrasound for diagnosing ectopic pregnancy?

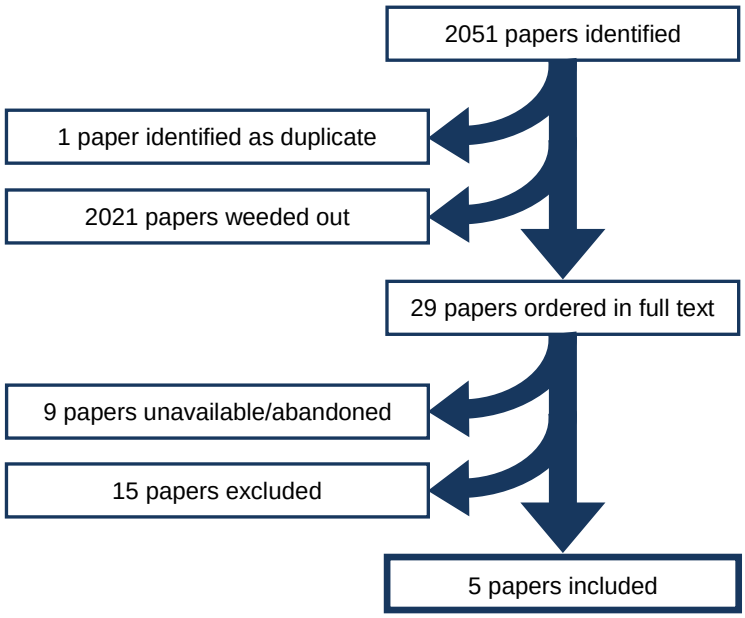


Figure F.8 What is the diagnostic accuracy of two or more hCG measurements for determining an ectopic pregnancy in women with pain and bleeding and pregnancy of unknown location?

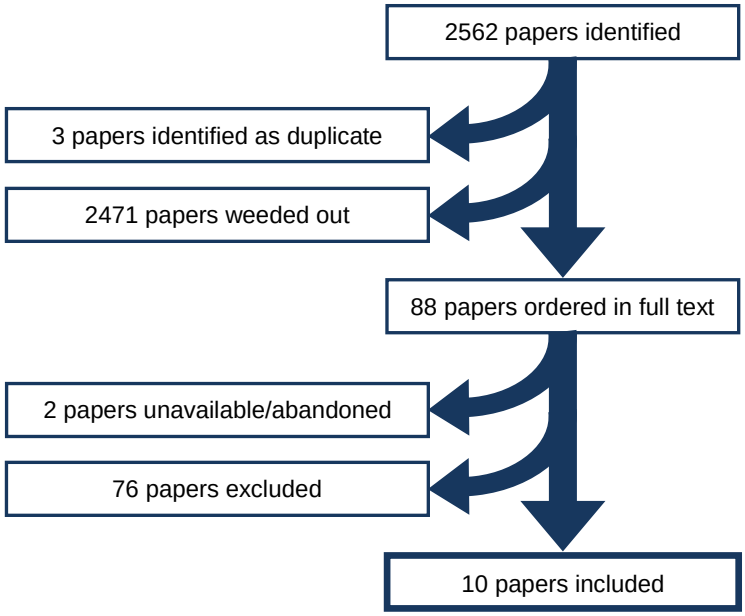


Figure F.9 What is the diagnostic accuracy of two or more hCG measurements plus progesterone for determining an ectopic pregnancy in women with pain and bleeding and pregnancy of unknown location?

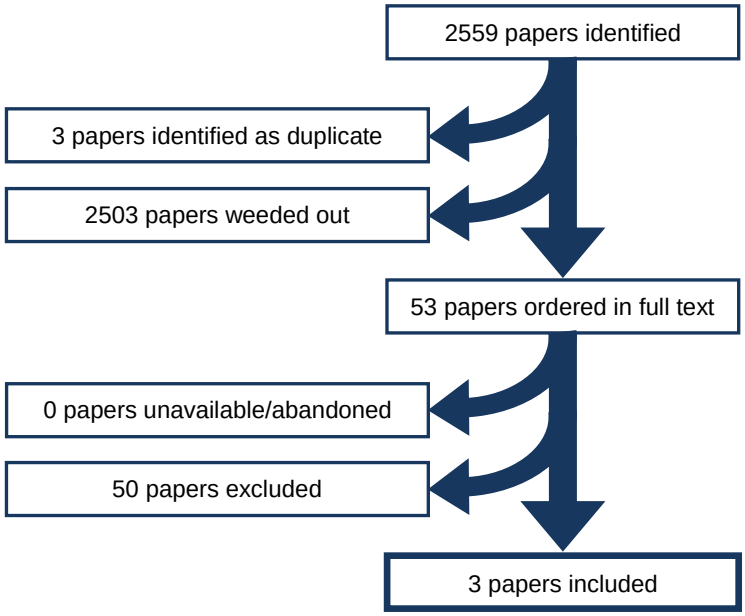


Figure F.10 What is the diagnostic accuracy of two or more hCG measurements for determining a viable intrauterine pregnancy in women with pain and bleeding and pregnancy of unknown location?

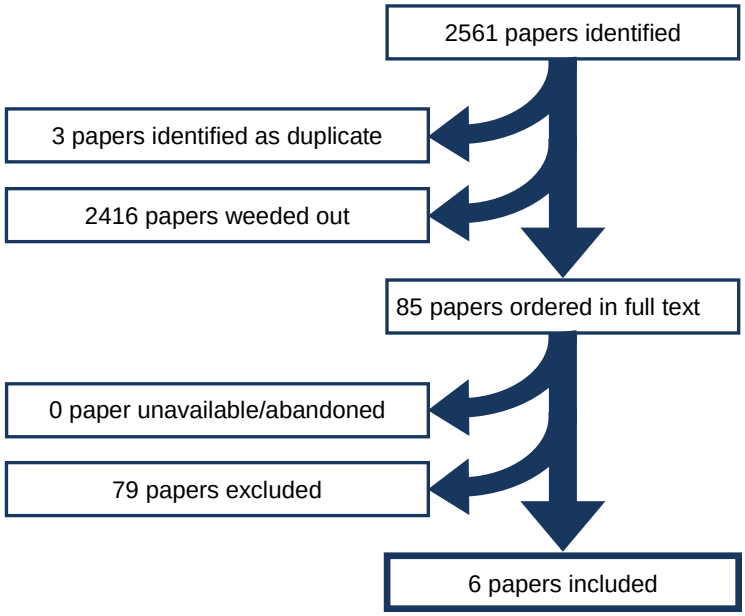
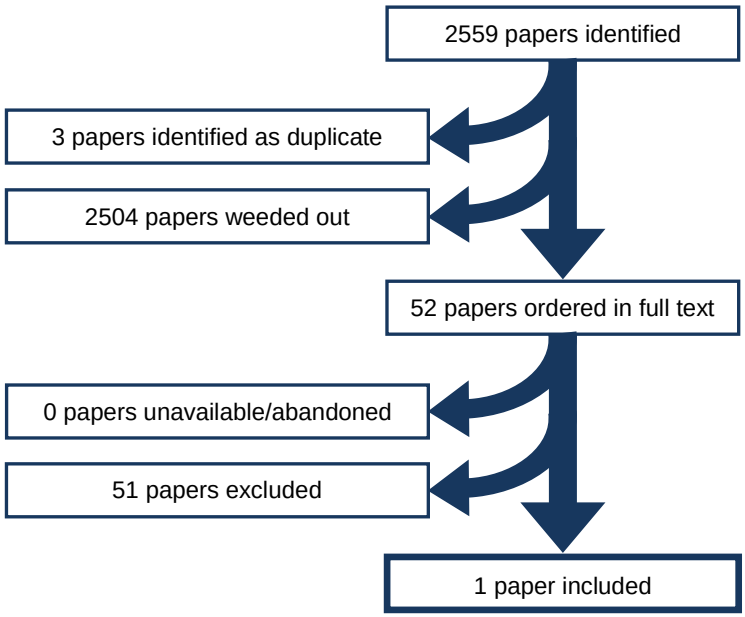


Figure F.11 What is the diagnostic accuracy of two or more hCG measurements plus progesterone for determining a viable intrauterine pregnancy in women with pain and bleeding and pregnancy of unknown location?



Chapter 7 Management of threatened miscarriage and miscarriage

Figure F.12 What is the effectiveness of progesterone in improving outcomes in women with threatened miscarriage?

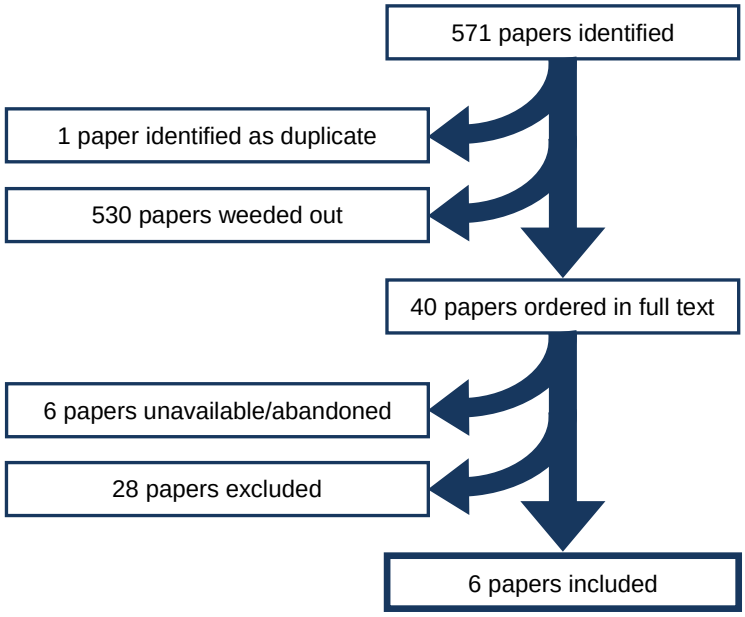


Figure F.13 What is the effectiveness of progesterone in improving outcomes in women with threatened miscarriage? Cost effectiveness literature review

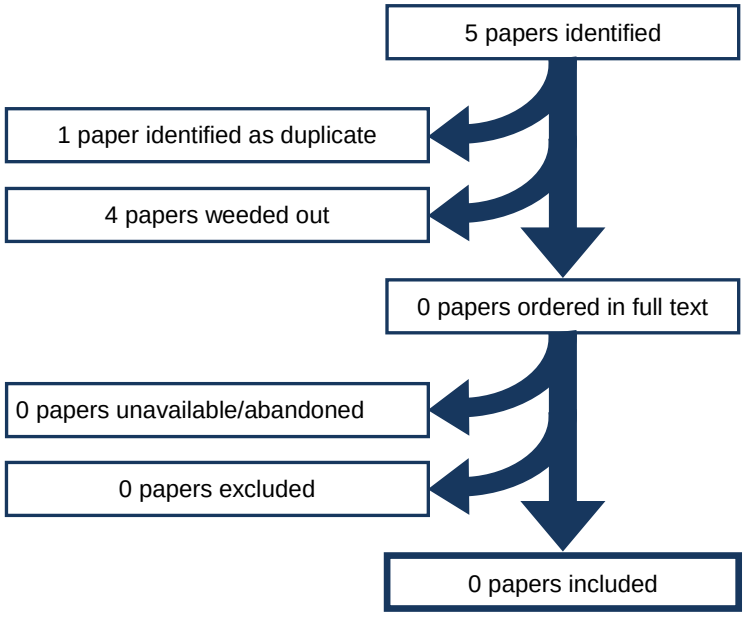


Figure F.14 How effective is expectant management of miscarriage compared with active treatment for improving women's clinical and psychological outcomes?

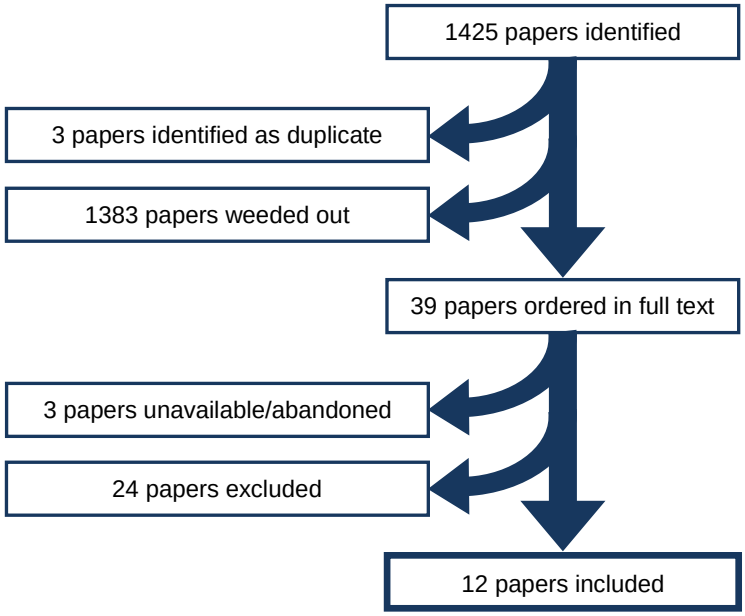


Figure F.15 How effective is surgical management of miscarriage compared with medical management for improving women's clinical and psychological outcomes?

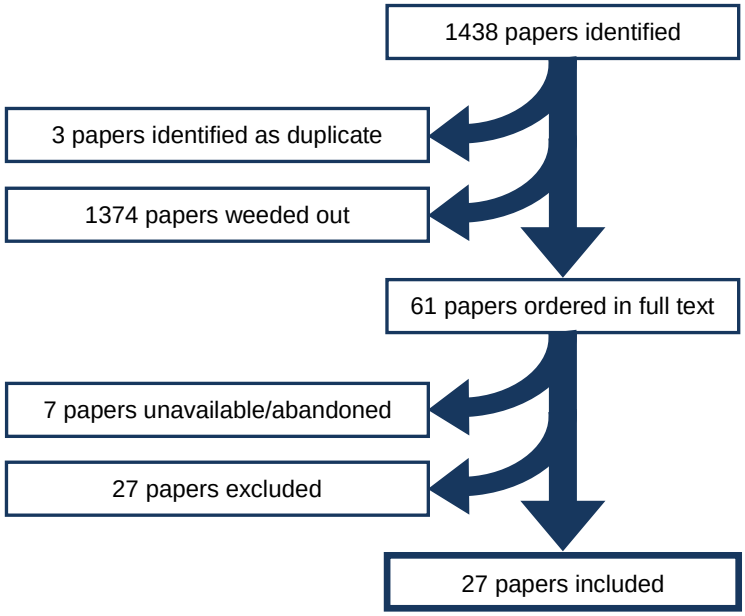


Figure F.16 Management of miscarriage – cost effectiveness literature review

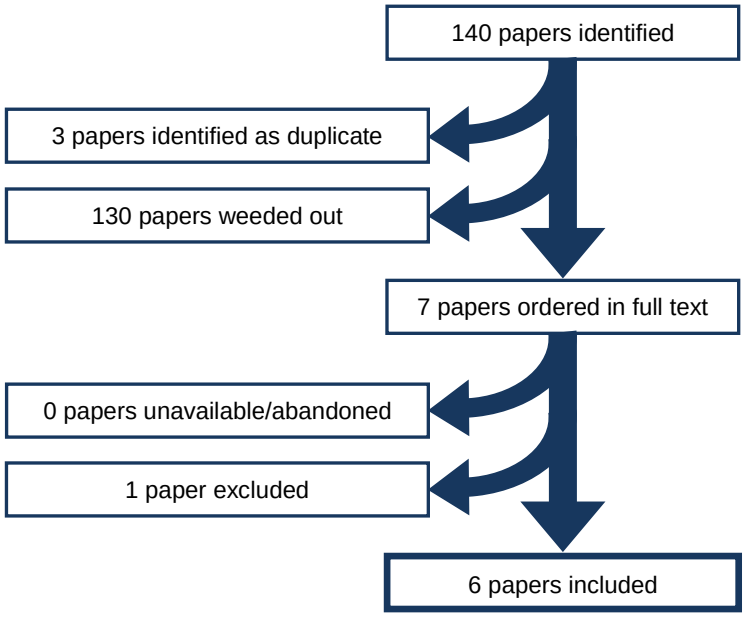


Figure F.17 What is the most appropriate dose of misoprostol and mifepristone to provide for managing miscarriage?

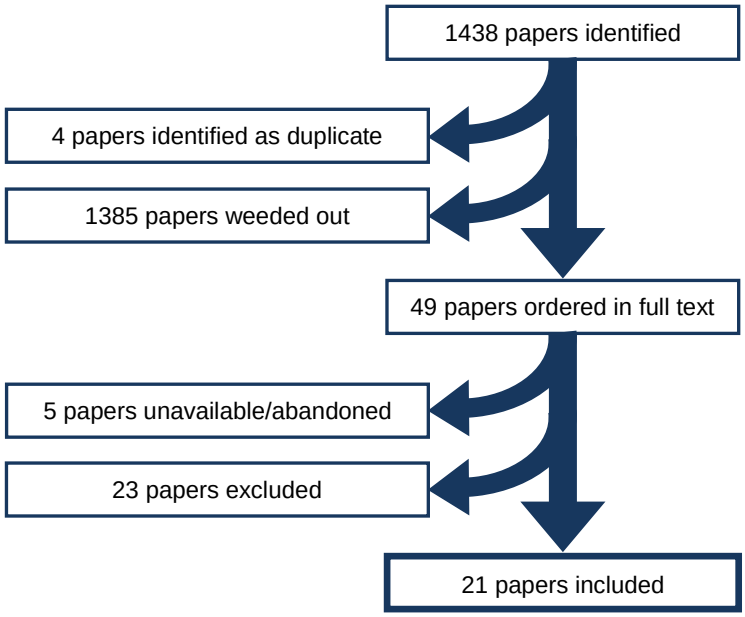
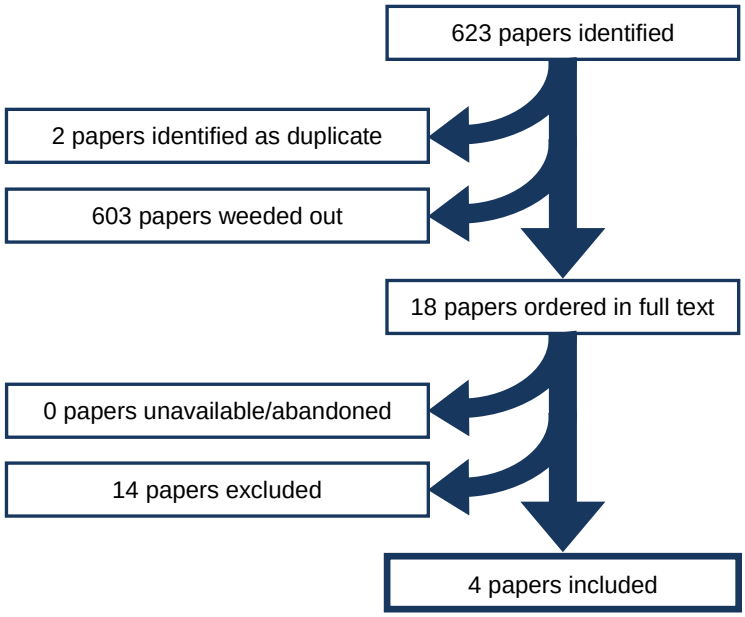


Figure F.18 What is the effectiveness of surgical management of miscarriage in an outpatient (office) setting compared with any other setting for improving women's clinical and psychological outcomes?



Chapter 8 Management of ectopic pregnancy

Figure F.19 How effective is surgical management of tubal ectopic pregnancy compared with medical management for improving women's clinical and psychological outcomes?

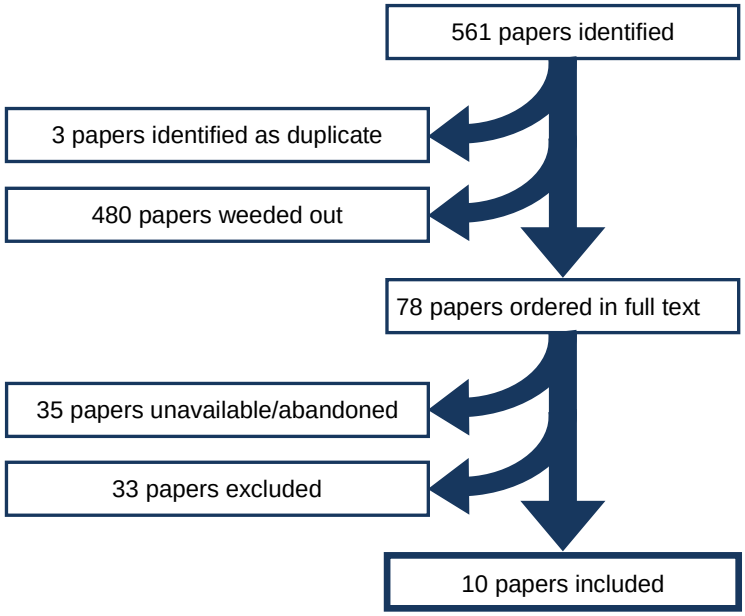


Figure F.20 How effective is surgical management of tubal ectopic pregnancy compared with medical management? Cost effectiveness literature review

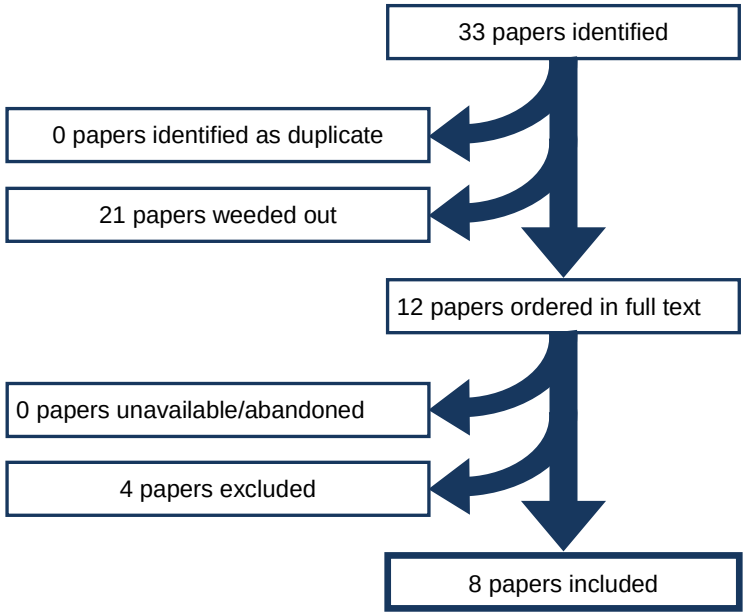


Figure F.21 What is the effectiveness of laparotomy compared with laparoscopic techniques for managing tubal ectopic pregnancy?

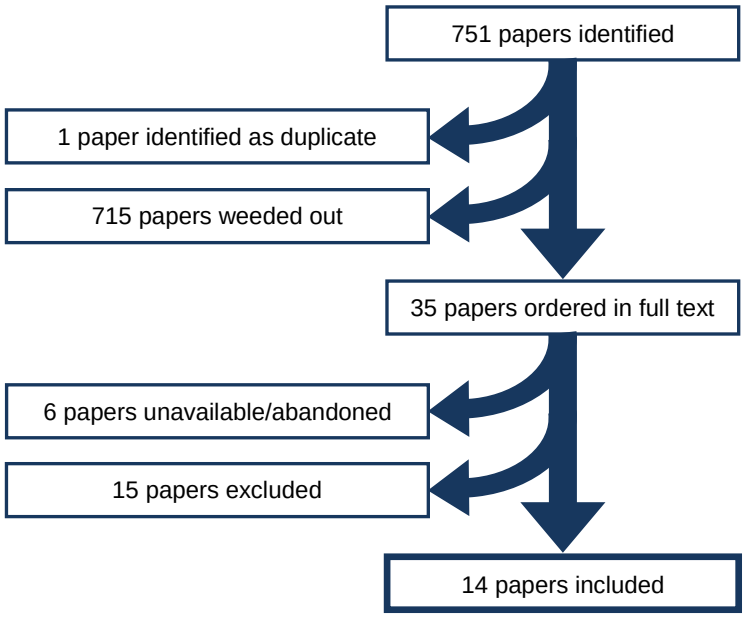


Figure F.22 What is the effectiveness of laparotomy compared with laparoscopic techniques for managing tubal ectopic pregnancy? Cost effectiveness literature review

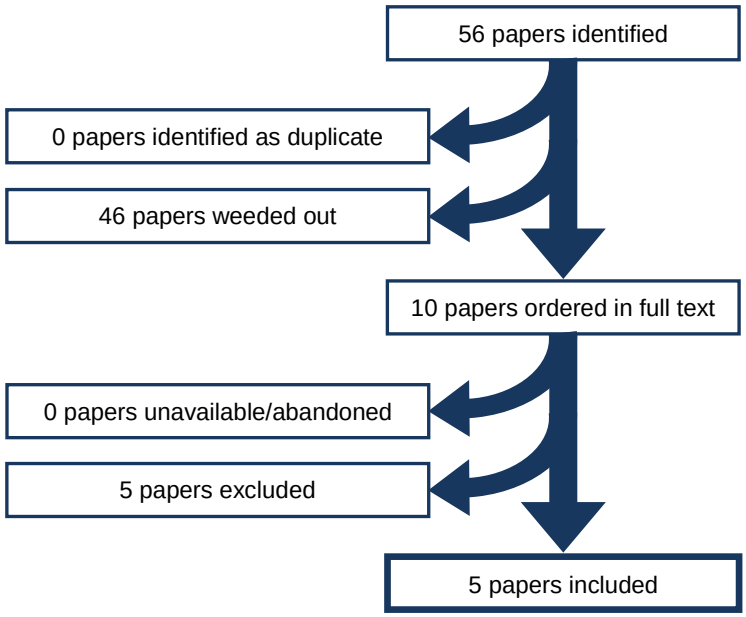


Figure F.23 What is the effectiveness of salpingectomy compared with salpingotomy in improving outcomes in women with tubal ectopic pregnancy?

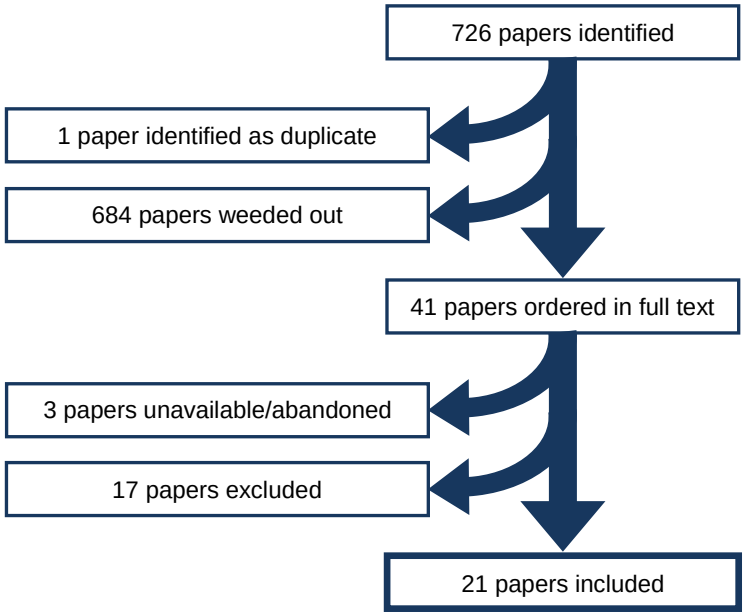
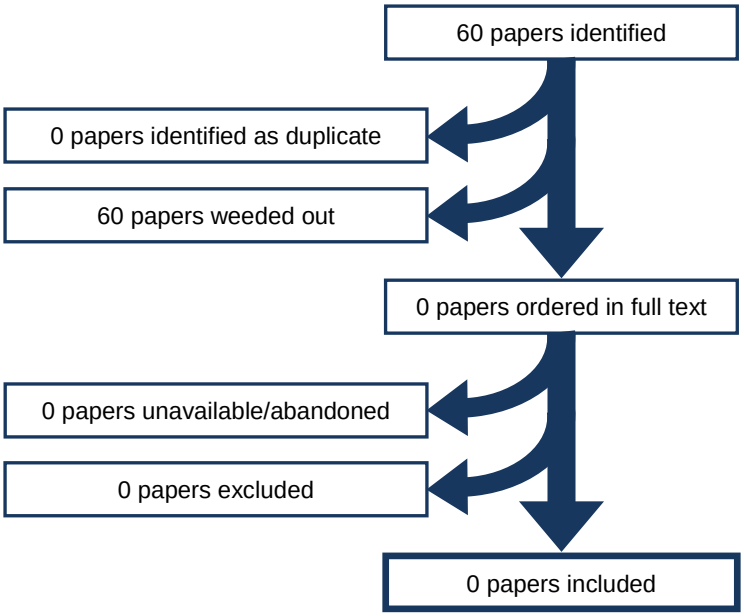


Figure F.24 What is the effectiveness of salpingectomy compared with salpingotomy in improving outcomes in women with tubal ectopic pregnancy? Cost effectiveness literature review



Chapter 9 Anti-D rhesus prophylaxis

Figure F.25 Should anti-D rhesus prophylaxis be given to women with a threatened miscarriage, miscarriage or ectopic pregnancy in the first trimester?

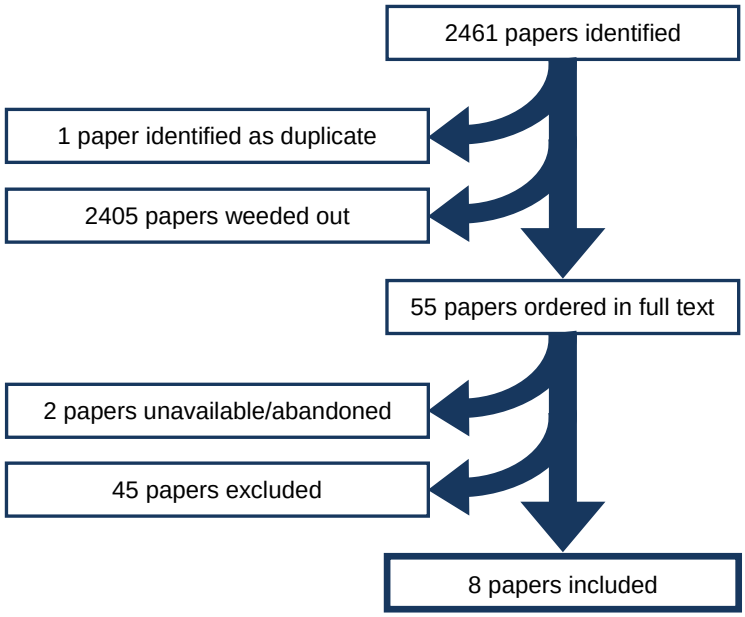
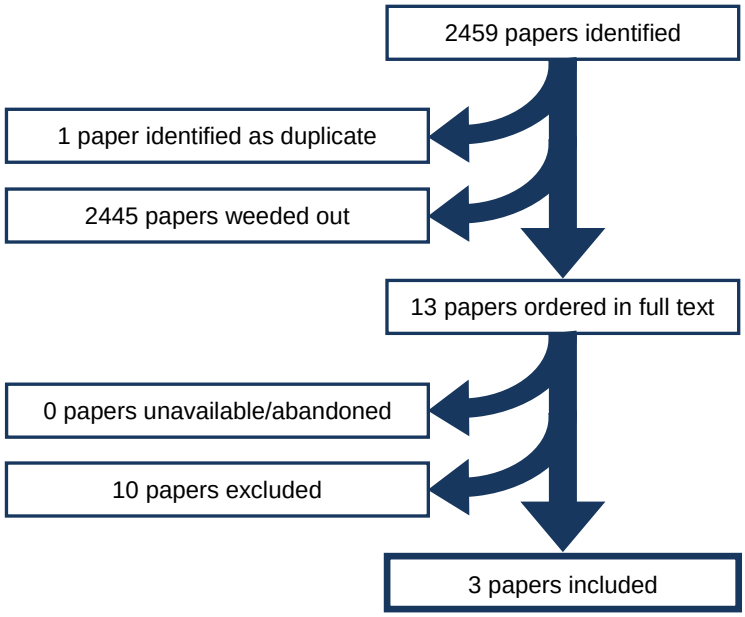


Figure F.26 What is the appropriate dose of anti-D that should be administered to women with a threatened miscarriage, miscarriage or ectopic pregnancy in the first trimester?



Appendix G Excluded studies

Chapter 4 Emotional support and information giving

Psychological and emotional support

Table G.1 What interventions are the most effective for improving women's psychological and/or emotional health following pain, bleeding or pregnancy loss, in the first trimester of pregnancy?

Bibliographic information	Reason for exclusion
Adolfsson,A., Women's well-being improves after missed miscarriage with more active support and application of Swanson's Caring Theory, Psychology Research and Behavior Management, 4, 1-9, 2011	Second report of an included study
Carrera,L., ez-Domingo,J., Montanana,V., Monleon,Sancho J., Minguez,J., Monleon,J., Depression in women suffering perinatal loss, International Journal of Gynaecology and Obstetrics, 62, 149-153, 1998	Unclear whether population had early miscarriage
e,SilvaA.C.O., Nardi,A.E., Cognitive-behavioral therapy to miscarriage: Results from the use of a grief therapy protocolTerapia cognitivo-comportamental para perda gestacional: Resultados da utilizacao de um protocolo terapeutico para luto, Revista de Psiquiatria Clinica, 38, 122-124, 2011	Population not early miscarriage
Jacobs,J., Harvey,J., Evaluation of an Australian miscarriage support programme, British Journal of Nursing, 9, 22-26, 2000	No comparative data
James,W.H., Control data for evaluating the efficacy of psychotherapy in habitual spontaneous abortion, British Journal of Psychiatry, 109, 81-83, 1963	Not intervention/outcome of interest – aim is to reduce incidence of miscarriage in women with recurrent miscarriage
Johnson,O., Langford,R.W., Proof of life: a protocol for pregnant women who experience pre-20-week perinatal loss, Critical Care Nursing Quarterly, 33, 204-211, 2010	Unclear whether population had early miscarriage
Kersting,A., Kroker,K., Schlicht,S., Baust,K., Wagner,B., Efficacy of cognitive behavioral internet-based therapy in parents after the loss of a child during pregnancy: pilot data from a randomized controlled trial, Archives of Women's Mental Health, 14, 465-477, 2011	Only 50% of study population had early miscarriage
Kersting,A., Kroker,K., Schlicht,S., Wagner,B., Internet-based treatment after pregnancy loss: concept and case study, Journal of Psychosomatic Obstetrics and Gynecology, 32, 72-78, 2011	Single case study
Klein,S., Cumming,G.P., Lee,A.J., Alexander,D.A., Bolsover,D., Evaluating the effectiveness of a web-based intervention to promote mental wellbeing in women and partners following miscarriage, using a modified patient preference trial design: an external pilot, BJOG: An International Journal of Obstetrics & Gynaecology, 119, 762-767, 2012	Only 28% of women eligible were randomised in to the study

Bibliographic information	Reason for exclusion
Knowles,S., A passage through grief--the Western Australian Rural Pregnancy Loss Team, BMJ, 309, 1705-1708, 1994	Not evaluation of intervention - descriptive only
Leppert,P.C., Pahlka,B.S., Grieving characteristics after spontaneous abortion: a management approach, Obstetrics and Gynecology, 64, 119-122, 1984	Not a comparative evaluation of a psychological intervention
Modiba,L., A support programme for mothers with perinatal loss in South Africa... this article was first published in the African Journal of Midwifery and Women's Health 2(1):33-38, British Journal of Midwifery, 16, 246-251, 2008	Population not early miscarriage
Murphy,F.A., Lipp,A., Powles,D.L., Follow-up for improving psychological well being for women after a miscarriage, Cochrane Database of Systematic Reviews, 3, CD008679-, 2012	Not all included studies population of interest. Studies assessed separately and some included
Neugebauer,R., Kline,J., Bleiberg,K., Baxi,L., Markowitz,J.C., Rosing,M., Levin,B., Keith,J., Preliminary open trial of interpersonal counseling for subsyndromal depression following miscarriage, Depression and Anxiety, 24, 219-222, 2007	Preliminary report of a later included study
Nikcevic,A.V., Development and evaluation of a miscarriage follow-up clinic, Journal of Reproductive and Infant Psychology, 21, 207-217, 2003	Secondary publication of an included study
Rajan, Lynda and Oakley, Ann, No Pills for Heartache: The Importance of Social Support for Women Who Suffer Pregnancy Loss, Journal-of-Reproductive-and-Infant-Psychology, 11, Apr-June, 1975	Majority of study population not early miscarriage
Rajan,L., 'Not just me dreaming': parents mourning pregnancy loss, Health Visitor, 65, 354-357, 1992	Majority of study population not early miscarriage
Rowland,A., Goodnight,W.H., Fetal loss: addressing the evaluation and supporting the emotional needs of parents, Journal of Midwifery and Women's Health, 54, 241-248, 2009	Single case study
Sejourne,N., Callahan,S., Chabrol,H., Support following miscarriage: what women want, Journal of Reproductive and Infant Psychology, 28, 403-411, 2010	Not an evaluation of a psychological intervention
Van,P., Breaking the silence of African American women: healing after pregnancy loss, Health Care for Women International, 22, 229-243, 2001	Majority of population not early miscarriage

Chapter 5 Early pregnancy assessment units

Table G.2 What is the clinical and cost effectiveness of early pregnancy assessment units (EPAUs) compared with other models of service provision in improving women's clinical and psychological outcomes?

Bibliographic information	Reason for exclusion
Acharya,G., Morgan,H., Outcome of failed pregnancies managed in an early pregnancy unit, International Journal of Gynaecology and Obstetrics, 74, 211-213, 2001	No outcomes of interest. Surgical and medical management of failed pregnancy were assessed
Akhter,P., Padmanabhan,A., Babiker,W., Sayed,A., Molelekwa,V., Geary,M., Introduction of an early pregnancy assessment unit: audit on the first 6 months of service, Irish Journal of Medical Science, 176, 23-26, 2007	Non comparative study (an audit)
Bourne,T., Condous,G., Rationalising acute gynaecology services: is it time to move away from 'stand-alone' early pregnancy units?, Best Practice and Research in Clinical Obstetrics and Gynaecology, 23, 575-576, 2009	Non-systematic review
Bradley,E., Hamilton-Fairley,D., Managing miscarriage in early pregnancy assessment units, Hospital Medicine (London), 59, 451-456, 1998	Non-systematic review
Draycott,T.J., Read,M.D., The role of early pregnancy assessment clinics, Current Obstetrics and Gynaecology, 6, 148-152, 1996	Non-systematic review
Edey,K., Draycott,T., Akande,V., Early pregnancy assessment units, Clinical Obstetrics and Gynecology, 50, 146-153, 2007	Non-systematic review
Fox,R., Savage,R., Evans,T., Moore,L., Early pregnancy assessment; a role for the gynaecology nurse-practitioner, Journal of Obstetrics and Gynaecology, 19, 615-616, 1999	No outcomes of interest
Haider,Z., Condous,G., Khalid,A., Kirk,E., Mukri,F., Van,Calster B., Timmerman,D., Bourne,T., Impact of the availability of sonography in the acute gynecology unit, Ultrasound in Obstetrics and Gynecology, 28, 207-213, 2006	Wrong comparison - this study is evaluating the effect of the use of transvaginal ultrasound in an acute gynecology unit, not comparing an early pregnancy assessment unit with any other models of care.
Hill,K., Improving services provided in an early pregnancy assessment clinic, Nursing Times, 105, 18-19, 2009	Non-systematic review
Poddar,A., Tyagi,J., Hawkins,E., Opemuyi,I., Standards of care provided by Early Pregnancy Assessment Units (EPAU): A UK-wide survey, Journal of Obstetrics & Gynaecology,J Obstet Gynaecol, 31, 640-644, 2011	A non-comparative survey (excluded for this review but included in the EPAU service provision review)
Rotheray,K.R., Woo,W.W., Graham,C.A., An early pregnancy assessment clinic combined with emergency physician ultrasound reduces admissions, Emergency Medicine Australasia, 22, 194-, 2010	A letter
Shillito,J., Walker,J.J., Early pregnancy assessment units, British Journal of Hospital Medicine, 58, 505-509, 1997	Description of a unit with no comparative data

Bibliographic information	Reason for exclusion
Tunde-Byass,M., Cheung,V., The value of the early pregnancy assessment clinic in the management of early pregnancy complications, International Journal of Gynecology and Obstetrics, 107, S544-, 2009	Conference abstract, original paper is included
Twigg,J., Moshy,R., Walker,J.J., Evans,J., Early pregnancy assessment units in the United Kingdom: An audit of current clinical practice, Journal of Clinical Excellence, 4, 391-402, 2003	Non comparative survey of existing standard of clinical practice, facilities and support service available to EPAUs
Wren,J., Craven,B., A cost-effectiveness study of changing medical practice in early pregnancy, British Journal of Clinical Governance, 4, 148-154, 1999	Poor quality study with no denominators reported
Wren,J., Craven,B., A cost-effectiveness study of changing medical practice in early pregnancy, Journal of Management in Medicine, 11, 372-381, 1997	Poor quality study with no denominators reported

Table G.3 What is the clinical and cost effectiveness of early pregnancy assessment units (EPAUs) compared with other models of service provision in improving women's clinical and psychological outcomes? – Cost effectiveness literature review

Bibliographic information	Reason for exclusion
Condous, G., Ectopic pregnancy--risk factors and diagnosis, Australian Family Physician, 35, 854-857, 2006	This is not an economic evaluation
Wren, J., Craven, B., A cost-effectiveness study of changing medical practice in early pregnancy, Clinical Performance and Quality Health Care, 7, 172-177, 1999	This is a cost analysis and not an economic evaluation. It does not consider the impact on clinical effectiveness of the intervention and has a number of important limitations even as a cost analysis, e.g. no consideration of uncertainty, unit costs poorly described and not sourced

Table G.4 What is the appropriate model for service organisation and delivery of EPAUs?

Bibliographic information	Reason for exclusion
Acharya,G., Morgan,H., Outcome of failed pregnancies managed in an early pregnancy unit, International Journal of Gynaecology and Obstetrics, 74, 211-213, 2001	No outcomes of interest reported - there are no details of the organisation of the EPAU reported
Bourne,T., Condous,G., Rationalising acute gynaecology services: is it time to move away from 'stand-alone' early pregnancy units?, Best Practice and Research in Clinical Obstetrics and Gynaecology, 23, 575-576, 2009	Opinion piece with no data reported
Bradley,E., Hamilton-Fairley,D., Managing miscarriage in early pregnancy assessment units, Hospital Medicine (London), 59, 451-456, 1998	Non-systematic review, with no primary data reported

Bibliographic information	Reason for exclusion
Condous,G., Enough is enough! Time for a new model of care for women with early pregnancy complications, Australian and New Zealand Journal of Obstetrics and Gynaecology, 48, 2-4, 2008	No primary data reported
Draycott,T.J., Read,M.D., The role of early pregnancy assessment clinics, Current Obstetrics and Gynaecology, 6, 148-152, 1996	No reported outcomes of interest
Haider,Z., Condous,G., Khalid,A., Kirk,E., Mukri,F., Van,Calster B., Timmerman,D., Bourne,T., Impact of the availability of sonography in the acute gynecology unit, Ultrasound in Obstetrics and Gynecology, 28, 207-213, 2006	No relevant outcomes reported - clinical outcomes refer to an AGU that women attended prior to be referred to an EPAU
Jones,K., Pearce,C., Organizing an acute gynaecology service: equipment, setup and a brief review of the likely conditions that are managed in the unit. [20 refs], Best Practice and Research in Clinical Obstetrics and Gynaecology, 23, 427-438, 2009	Non-systematic review with no primary data reported
Mongelli,M., Re: Management of women referred to an acute gynecology unit: impact of an ultrasound-based model of care, Ultrasound in Obstetrics and Gynecology, 35, 757-758, 2010	Letter with no primary data reported
Moore,J., Early pregnancy units and problems in early pregnancy, Current Obstetrics and Gynaecology, 16, 327-332, 2006	Non-systematic review with no primary data reported
Nikcevic,A.V., Development and evaluation of a miscarriage follow-up clinic, Journal of Reproductive and Infant Psychology, 21, 207-217, 2003	Wrong intervention - evaluates miscarriage counselling services not assessment in early pregnancy
O'Rourke,D., Wood,S., The early pregnancy assessment project: the effect of cooperative care in the emergency department for management of early pregnancy complications, Australian and New Zealand Journal of Obstetrics and Gynaecology, 49, 110-114, 2009	Wrong setting - this study was evaluating the introduction of an early pregnancy protocol into an Emergency Department
Pearce,C., Easton,K., Management of complications in early pregnancy, Nursing Standard, 19, 56-64, 2005	Review with no primary data reported
Rotheray,K.R., Woo,W.W., Graham,C.A., An early pregnancy assessment clinic combined with emergency physician ultrasound reduces admissions, Emergency Medicine Australasia, 22, 194-, 2010	Letter with no reported outcomes of interest
Tamizian,O., Arulkumaran,S., Bleeding in early pregnancy, Current Obstetrics and Gynaecology, 11, 70-77, 2001	Non-systematic review with no primary data reported
Wan,Y., Edi-Osagie,E., New directions in the provision of acute gynaecology services for non-pregnant women in the UK, International Journal of Gynecology and Obstetrics, #19th FIGO World Congress of Gynecology and Obstetrics Cape Town South Africa. Conference Start, S635-, 2009	Wrong population - assesses services provided for non-pregnant women
Wren,J., Craven,B., A cost-effectiveness study of changing medical practice in early pregnancy, British Journal of Clinical Governance, 4, 148-154, 1999	No reported outcomes of interest

Chapter 6 Diagnosis of ectopic pregnancy and miscarriage

Table G.5 What are the signs and symptoms associated with ectopic pregnancy?

Bibliographic information	Reason for exclusion
Aboud,E., A five-year review of ectopic pregnancy, Clinical and Experimental Obstetrics and Gynecology, 24, 127-129, 1997	The sample for this study represents a sub-sample of a larger study which is included.
Barnhart,K.T., Casanova,B., Sammel,M.D., Timbers,K., Chung,K., Kulp,J.L., Prediction of location of a symptomatic early gestation based solely on clinical presentation, Obstetrics and Gynecology, 112, 1319-1326, 2008	Wrong population - does not report outcomes separately for ectopic pregnancies and miscarriages
Barnhart,K.T., Fay,C.A., Suescum,M., Sammel,M.D., Appleby,D., Shaunik,A., Dean,A.J., Clinical factors affecting the accuracy of ultrasonography in symptomatic first-trimester pregnancy, Obstetrics and Gynecology, 117, 299-306, 2011	Wrong population - symptoms are not reported separately for women with ectopic pregnancy
Ben-Rafael,Z., Carp,H.J., Mashiach,S., Blankstein,J., Serr,D.M., The clinical features and incidence of concurrent intra and extra uterine pregnancies, Acta Europaea Fertilitatis, 16, 199-202, 1985	Wrong population - heterotopic pregnancies excluded by the GDG
Buckley,R.G., King,K.J., Disney,J.D., Gorman,J.D., Klausen,J.H., History and physical examination to estimate the risk of ectopic pregnancy: validation of a clinical prediction model, Annals of Emergency Medicine, 34, 589-594, 1999	Symptoms are not reported separately for participants of this study and another included study, which reports signs and symptoms more comprehensively (Buckley et al. 1998)
Butts,S., Sammel,M., Hummel,A., Chittams,J., Barnhart,K., Risk factors and clinical features of recurrent ectopic pregnancy: a case control study, Fertility and Sterility, 80, 1340-1344, 2003	The same study population is reported in two other included studies
Casanova,B.C., Sammel,M.D., Chittams,J., Timbers,K., Kulp,J.L., Barnhart,K.T., Prediction of outcome in women with symptomatic first-trimester pregnancy: focus on intrauterine rather than ectopic gestation, Journal of Women's Health, 18, 195-200, 2009	The same study population is reported in more detail in other included studies
Gilling-Smith,C., Panay,N., Wadsworth,J., Beard,R.W., Touquet,R., Management of women presenting to the accident and emergency department with lower abdominal pain, Annals of the Royal College of Surgeons of England, 77, 193-197, 1995	No outcomes of interest reported - no specific data reported on signs and symptoms of ectopic pregnancy
Gracia,C.R., Barnhart,K.T., Diagnosing ectopic pregnancy: decision analysis comparing six strategies, Obstetrics and Gynecology, 97, 464-470, 2001	No outcomes of interest reported
Jurkovic,D., Wilkinson,H., Diagnosis and management of ectopic pregnancy, BMJ, 342, 1353-1357, 2011	Non-systematic review with no primary data reported
Masukume,G., Nausea, vomiting, and deaths from ectopic pregnancy... Jarvis S, Nelson-Piercy C. Management of nausea and vomiting in pregnancy. BMJ 2011;342:D3606. (17 June.), BMJ: British Medical Journal (Overseas and Retired Doctors Edition), 343, 172-172, 2011	Letter with no primary data reported
Molinaro,T.A., Barnhart,K.T., Ectopic pregnancies in unusual locations, Seminars in Reproductive Medicine, 25, 123-130, 2007	Discussion piece - not primary research
Qazi,Q., Akhtar,Z., Khan,K., Clinical presetations and complications associated with tubal rupture in patients with tubal ectopic pregnancy, Journal of Postgraduate Medical Institute, 24, 312-317, 2010	Study population does not match the population specified in the protocol - the study was conducted in Pakistan, and 88% of population had

Bibliographic information	Reason for exclusion
	ruptured ectopic pregnancies
Reece,E.A., Petrie,R.H., Sirmans,M.F., Finster,M., Todd,W.D., Combined intrauterine and extrauterine gestations: a review. [62 refs], American Journal of Obstetrics and Gynecology, 146, 323-330, 1983	Wrong population - heterotopic pregnancy excluded by the GDG
Spandorfer,S.D., Barnhart,K.T., Role of previous ectopic pregnancy in altering the presentation of suspected ectopic pregnancy, Journal of Reproductive Medicine, 48, 133-136, 2003	No outcomes of interest reported - does not distinguish risk factors for ectopic pregnancy
Tal,J., Haddad,S., Gordon,N., Timor-Tritsch,I., Heterotopic pregnancy after ovulation induction and assisted reproductive technologies: A literature review from 1971 to 1993, Fertility and Sterility, 66, 1-12, 1996	Wrong population - heterotopic pregnancy excluded by the GDG
Tan,C., Goh,S.H., Anal pain: an unusual presentation of ectopic pregnancy, European Journal of Emergency Medicine, 17, 59-60, 2010	Single case study
Vieira,A.S., Coldibelli,F.A., Laparoscopic management of ectopic pregnany (EP): Retrospective analysis of 51 cases, Journal of Minimally Invasive Gynecology, 17, S158-December, 2010	Abstract
Wieringa-De,WaardM, Bonsel,G.J., Ankum,W.M., Vos,J., Bindels,P.J.E., Threatened miscarriage in general practice: Diagnostic value of history taking and physical examination, British Journal of General Practice, 52, 825-829, 2002	No outcomes of interest reported - no specific data is reported for ectopic pregnancies.

Table G.6 What is the diagnostic value of ultrasound for determining a viable intrauterine pregnancy?

Bibliographic information	Reason for exclusion
Abdallah,Y., Daemen,A., Guha,S., Syed,S., Naji,O., Pexsters,A., Kirk,E., Stalder,C., Gould,D., Ahmed,S., Bottomley,C., Timmerman,D., Bourne,T., Gestational sac and embryonic growth are not useful as criteria to define miscarriage: a multicenter observational study, Ultrasound in Obstetrics and Gynecology, 38, 503-509, 2011	No outcomes of interest reported - evaluates growth of fetus, not threshold for diagnosis of miscarriage
Bae,S., Karnitis,J., Triple ultrasound markers including fetal cardiac activity are related to miscarriage risk, Fertility and Sterility, 96, 1145-1148, 2011	Presence of fetal cardiac activity is not reported in a stratified manner; therefore it is not possible to determine the point of 100% visualisation
Barnhart,K.T., Fay,C.A., Suescum,M., Sammel,M.D., Appleby,D., Shaunik,A., Dean,A.J., Clinical factors affecting the accuracy of ultrasonography in symptomatic first-trimester pregnancy, Obstetrics and Gynecology, 117, 299-306, 2011	No reported outcomes of interest - does not report accuracy of ultrasound stratified by CRL, sac diameter or gestational age
Barnhart,K.T., Fay,C., Suescum,M., Sammel,M.D., Appleby,D., Shaunik,A., Dean,A.J., Clinical Factors Affecting the Accuracy of Ultrasonography in Symptomatic First-Trimester Pregnancy, Obstetrics & Gynecology, 117, -, 2011	No outcomes of interest reported - does not report diagnostic accuracy stratified by any parameter.
Bottomley,C., Daemen,A., Mukri,F., Papageorghiou,A.T., Kirk,E., Pexsters,A., De Moor,B., Timmerman,D., Bourne,T., Assessing first trimester growth: the influence of ethnic background and maternal age, Human Reproduction, 24, 284-290, 2009	No outcomes of interest reported - evaluates growth of fetus, not visualisation of cardiac activity
Bottomley,C., Van,Belle,V, Mukri,F., Kirk,E., Van,Huffel S.,	No outcomes of interest - this study

Bibliographic information	Reason for exclusion
Timmerman,D., Bourne,T., The optimal timing of an ultrasound scan to assess the location and viability of an early pregnancy, Human Reproduction, 24, 1811-1817, 2009	does not report visualisation of a heart beart stratified by gestational age, crown rump length or mean gestational sac diameter. In addition, it is not reported whether those women who were diagnosed with a miscarriage on one scan were followed up and given a repeat scan to definitively confirm this diagnosis
Bottomley,C., Van Belle,V., Pexsters,A., Papageorghiou,A.T., Mukri,F., Kirk,E., Van Huffel,S., Timmerman,D., Bourne,T., A model and scoring system to predict outcome of intrauterine pregnancies of uncertain viability, Ultrasound in Obstetrics and Gynecology, 37, 588-595, 2011	Study evaluates the use of a model with multiple variables, not the use of CRL or gestation sac diameter thresholds on ultrasound
Brigham,S.A., Conlon,C., Farquharson,R.G., A longitudinal study of pregnancy outcome following idiopathic recurrent miscarriage, Human Reproduction, 14, 2868-2871, 1999	No outcomes of interest reported - visualisation of cardiac activity is not reported with sufficient accuracy to be able to determine the point of 100% visualisation in later viable fetuses
Bromley,B., Harlow,B.L., Laboda,L.A., Benacerraf,B.R., Small sac size in the first trimester: a predictor of poor fetal outcome, Radiology, 178, 375-377, 1991	No outcomes of interest reported - this study is assessing prognosis not diagnosis - all foetuses have cardiac activity at point of ultrasound
Burger,I.M., Filly,R.A., Value of "minimum menstrual age" in determining early pregnancy failure, Journal of Ultrasound in Medicine, 30, 1553-1559, 2011	Insufficient detail is to provided to report the point of 100% accuracy in visualisation
Clifford,K., Rai,R., Regan,L., Future pregnancy outcome in unexplained recurrent first trimester miscarriage, Human Reproduction, 12, 387-389, 1997	No outcomes of interest reported - does not report point of visualisation of fetal heartbeat
Enk,L., Wikland,M., Hammarberg,K., Lindblom,B., The value of endovaginal sonography and urinary human chorionic gonadotropin tests for differentiation between intrauterine and ectopic pregnancy, Journal of Clinical Ultrasound, 18, 73-78, 1990	No outcomes of interest reported - stratifies by hCG level only and does not report ultrasound accuracy at different crown-rump lengths or gestation sac sizes
Eriksen,P.S., Philipsen,T., Prognosis in threatened abortion evaluated by hormone assays and ultrasound scanning, Obstetrics and Gynecology, 55, 435-438, 1980	Wrong population - includes women with 6-20 weeks gestation and does not stratify visualisation of cardiac activity by any parameter
Ismail,A.A., Kishk,S.M., Empty gestational sacs diagnosed by abdominal real-time ultrasonography, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 42, 205-209, 1991	Study is not conducted in a developed country; visualisation of cardiac activity is not reported
Jain,K.A., Hamper,U.M., Sanders,R.C., Comparison of transvaginal and transabdominal sonography in the detection of early pregnancy and its complications, AJR, American Journal of Roentgenology. 151, 1139-1143, 1988	No outcomes of interest reported - does not report visualisation of cardiac activity stratified by crown-rump length or gestation sac size
Jeve,Y., Rana,R., Bhide,A., Thangaratinam,S., Accuracy of first-trimester ultrasound in the diagnosis of early embryonic demise: a systematic review, Ultrasound in Obstetrics and Gynecology, 38, 489-496, 2011	All included studies have been appraised for inclusion separately
Kaur,A., Transvaginal ultrasonography in first trimester of pregnancy and its comparison with transabdominal ultrasonography, Journal of	This study is a comparison of the features of an embryo that can be

Bibliographic information	Reason for exclusion
Pharmacy and Bioallied Sciences, 3, 329-338, 2011	visualised on TVU and TAU - it does not evaluate any outcomes of interest
Lautmann,K., Cordina,M., Elson,J., Johns,J., Schramm-Gajraj,K., Ross,J.A., Clinical use of a model to predict the viability of early intrauterine pregnancies when no embryo is visible on ultrasound, Human Reproduction, 26, 2957-2963, 2011	Study evaluates a model with multiple variables and not thresholds of CRL or sac diameter; women with an initially diagnosis of miscarriage at first scan were excluded from the study population, and therefore not followed up to confirm diagnosis (re-runs)
Madazli,R., Tunali,S., Idil,M., Aksu,M.F., Benefits of transvaginal sonographic assessment of early pregnancy, Marmara Medical Journal, 14, 223-226, 2001	Women in whom fetal cardiac activity was not visualised on the initial scan were not followed up any further; also does not report visualisation stratified by any measure of age or size
Nyberg,D.A., Laing,F.C., Filly,R.A., Threatened abortion: sonographic distinction of normal and abnormal gestation sacs, Radiology, 158, 397-400, 1986	No outcomes of interest - study does not report the point of 100% accuracy stratified by CRL or sac diameter, it merely dichotomises into above and below 25 mm. Some miscarriages were also diagnosed on the basis of curettage findings
Nyberg,D.A., Mack,L.A., Harvey,D., Wang,K., Value of the yolk sac in evaluating early pregnancies, Journal of Ultrasound in Medicine, 7, 129-135, 1988	No outcomes of interest reported - reports visualisation of a yolk sac, not detection of cardiac activity
Nyberg,D.A., Mack,L.A., Laing,F.C., Patten,R.M., Distinguishing normal from abnormal gestational sac growth in early pregnancy, Journal of Ultrasound in Medicine, 6, 23-27, 1987	No outcomes of interest - does not report visualisation of cardiac activity; therefore point at which all viable pregnancies should have a visible heartbeat cannot be determined
Papaioannou,G.I., Syngelaki,A., Maiz,N., Ross,J.A., Nicolaides,K.H., Ultrasonographic prediction of early miscarriage, Human Reproduction, 26, 1685-1692, 2011	No outcomes of interest reported - study is evaluating factors that predict miscarriage in a fetus previously shown to be viable.
Papaioannou,G.I., Syngelaki,A., Poon,L.C., Ross,J.A., Nicolaides,K.H., Normal ranges of embryonic length, embryonic heart rate, gestational sac diameter and yolk sac diameter at 6-10 weeks, Fetal Diagnosis and Therapy, 28, 207-219, 2010	No reported outcomes of interest - study does not evaluate assessment of viability stratified by any parameter
Pexsters,A., Luts,J., Van Schoubroeck, D., Bottomley,C., Van Calster, B., Van Huffel, S., Abdallah,Y., D'Hooghe,T., Lees,C., Timmerman,D., Bourne,T., Clinical implications of intra- and interobserver reproducibility of transvaginal sonographic measurement of gestational sac and crown-rump length at 6-9 weeks' gestation, Ultrasound in Obstetrics and Gynecology, 38, 510-515, 2011	Wrong comparison - evaluating variability in ultrasound measurements, not the point at which miscarriage can be reliably diagnosed
Rowland,J., Heazell,A., Melvin,C., Hill,S., Auscultation of the fetal heart in early pregnancy, Archives of Gynecology and Obstetrics, 283 Suppl 1, 9-11, 2011	Women with a 'diagnosed' miscarriage were excluded from the study population, not followed up to ensure that they were not a viable

Bibliographic information	Reason for exclusion
	pregnancy
Scott,R.F., Featherstone,T., Hussey,J.K., Ultrasound of the empty gestation sac in threatened abortion, Clinical Radiology, 38, 127-130, 1987	Determination of viability is not reported with sufficient stratification to be able to determine the point of 100% accuracy - the study simply reports that all viable gestations were less than 26 mm. Also, does not report whether transvaginal or transabdominal ultrasound was used.
Tan,S., Ipek,A., Pektas,M.K., Arifoglu,M., Teber,M.A., Karaoglanoglu,M., Irregular yolk sac shape: is it really associated with an increased risk of spontaneous abortion?, Journal of Ultrasound in Medicine, 30, 31-36, 2011	Only included women in whom fetal cardiac activity was already visible
Tannirandorn,Y., Sangsawang,S., Manotaya,S., Uerpairojkit,B., Samritpradit,P., Charoenvidhya,D., Fetal loss in threatened abortion after embryonic/fetal heart activity, International Journal of Gynaecology and Obstetrics, 81, 263-266, 2003	Wrong population - developing country setting; all participants had visible cardiac activity, so the study reports prognosis by heart rate;
Tongsong,T., Wanapirak,C., Srisomboon,J., Sirichotiyakul,S., Polsrisuthikul,T., Pongsatha,S., Transvaginal ultrasound in threatened abortions with empty gestational sacs, International Journal of Gynaecology and Obstetrics, 46, 297-301, 1994	Wrong population - developing country setting; no relevant outcomes - does not report presence of cardiac activity
Varelas,F.K., Prapas,N.M., Liang,R.I., Prapas,I.M., Makedos,G.A., Yolk sac size and embryonic heart rate as prognostic factors of first trimester pregnancy outcome, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 138, 10-13, 2008	No outcomes of interest reported - all participants had visible cardiac activity, therefore reports prognosis by heart rate
Yegul,N.T., Filly,R.A., Further observations on the empty "amnion sign", Journal of Clinical Ultrasound, 38, 113-117, 2010	No outcomes of interest reported - does not report presence or absence of cardiac activity
Yegul,N.T., Filly,R.A., The expanded amnion sign: evidence of early embryonic death, Journal of Ultrasound in Medicine, 28, 1331-1335, 2009	No outcomes of interest reported - cardiac activity was never visualised in the embryos

Table G.7 What is the accuracy of transvaginal ultrasound compared with transabdominal ultrasound for diagnosing ectopic pregnancy?

Bibliographic information	Reason for exclusion
Ahmed,A.A., Tom,B.D., Calabrese,P., Ectopic pregnancy diagnosis and the pseudo-sac, Fertility and Sterility, 81, 1225-1228, 2004	All examinations were performed by transvaginal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Aleem,F.A., DeFazio,M., Gintautas,J., Endovaginal sonography for the early diagnosis of intrauterine and ectopic pregnancies, Human Reproduction, 5, 755-758, 1990	Diagnostic accuracy of transabodominal ultrasound was not reported
Alhamdan,D., Bignardi,T., Condous,G., Recognising gestational trophoblastic disease, Best Practice and Research in Clinical Obstetrics and Gynaecology, 23, 565-573, 2009	Non-systematic review
Al-Suleiman,S.A., Khwaja,S.S., Ectopic pregnancy, Journal of	Study conducted in a developing

Bibliographic information	Reason for exclusion
Obstetrics and Gynaecology, 12, 254-257, 1992	country
Atri,M., Valenti,D.A., Bret,P.M., Gillett,P., Effect of transvaginal sonography on the use of invasive procedures for evaluating patients with a clinical diagnosis of ectopic pregnancy, Journal of Clinical Ultrasound, 31, 1-8, 2003	A retrospective study in two different eras with two different study samples
Bottomley,C., Van,Belle,V, Mukri,F., Kirk,E., Van,Huffel S., Timmerman,D., Bourne,T., The optimal timing of an ultrasound scan to assess the location and viability of an early pregnancy, Human Reproduction, 24, 1811-1817, 2009	All examinations were performed by transvaginal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Condous,G., Okaro,E., Khalid,A., Lu,C., Van,Huffel S., Timmerman,D., Bourne,T., The accuracy of transvaginal ultrasonography for the diagnosis of ectopic pregnancy prior to surgery, Human Reproduction, 20, 1404-1409, 2005	All examinations were performed by transvaginal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Jurkovic,D., Wilkinson,H., Diagnosis and management of ectopic pregnancy, BMJ, 342, 1353-1357, 2011	Non-systematic review
Kirk,E., Papageorghiou,A.T., Condous,G., Tan,L., Bora,S., Bourne,T., The diagnostic effectiveness of an initial transvaginal scan in detecting ectopic pregnancy, Human Reproduction, 22, 2824-2828, 2007	All examinations were performed by transvaginal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Pelosi,M.A., The value of pelvic ultrasound in the diagnosis of ectopic pregnancy, Diagnostic Gynecology and Obstetrics, 3, 337-346, 1981	All examinations were performed by transabdominal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Romero,R., Kadar,N., Castro,D., Jeanty,P., Hobbins,J.C., DeCherney,A.H., The value of adnexal sonographic findings in the diagnosis of ectopic pregnancy, American Journal of Obstetrics and Gynecology, 158, 52-55, 1988	All examinations were performed by transabdominal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Russell,S.A., Filly,R.A., Damato,N., Sonographic diagnosis of ectopic pregnancy with endovaginal probes: what really has changed?, Journal of Ultrasound in Medicine, 12, 145-151, 1993	The risk of ectopic pregnancy in presence of adnexal mass and fluid were evaluated. No diagnostic accuracy of transvaginal versus transabominal ultrasound in ectopic pregnancy reported
Sivalingam,V.N., Duncan,W.C., Kirk,E., Shephard,L.A., Horne,A.W., Diagnosis and management of ectopic pregnancy, Journal of Family Planning and Reproductive Health Care, 37, 231-240, 2011	Non-systematic review
Thorburn,J.E.K., Janson,P.O., Lindstedt,G., Early diagnosis of ectopic pregnancy. A review of 328 cases of a five-year period, Acta Obstetricia et Gynecologica Scandinavica, 62, 543-547, 1983	All examinations were performed by transabdominal ultrasound. No comparison made between transvaginal and transabdominal ultrasound
Tongsong,T., Wanapirak,C., Siriwattanapa,P., Pongsuthirak,P., Sonographic evaluation of clinical suspicion for ectopic pregnancy, Asia-Oceania Journal of Obstetrics and Gynaecology, 18, 115-120, 1992	All examinations were performed by transabdominal ultrasound. No comparison made between transvaginal and transabdominal

Bibliographic information	Reason for exclusion
	ultrasound

Table G.8 What is the diagnostic accuracy of two or more hCG measurements for determining an ectopic pregnancy in women with pain and bleeding and pregnancy of unknown location?

Bibliographic information	Reason for exclusion
Achiron,R., Schejter,E., Zakut,H., Combined pelvic sonography and serum beta hCG, versus laparoscopy for the diagnosis of stable patient suspected of ectopic pregnancy, Clinical and Experimental Obstetrics and Gynecology, 14, 15-22, 1987	Wrong test - used an hCG threshold, not the rate of change of serial hCG measurements
Achiron,R., Schwartz,S., Zakut,H., Diagnostic value of ultrasound scanning and beta-human chorionic gonadotropin in stable patients suspected of ectopic pregnancy, Israel Journal of Medical Sciences, 22, 594-596, 1986	Wrong test - does not assess the rate of change of hCG
Adoni,A., Milwidsky,A., Hurwitz,A., Palti,Z., Declining beta-HCG levels: an indicator for expectant approach in ectopic pregnancy, International Journal of Fertility, 31, 40-42, 1986	No relevant outcomes - patterns of hCG are evaluated for the choice of management approach, not for the diagnosis of pregnancy outcome.
Alhamdan,D., Bignardi,T., Casikar,I., Riemke,J., Condous,G., Pre-treatment human chorionic gonadotrophin (hCG) ratio in the management of non-tubal ectopic pregnancy, Ceylon Medical Journal, 56, 70-71, 2011	Single case report
Altay,M.M., Yaz,H., Haberal,A., The assessment of the gestational sac diameter, crown-rump length, progesterone and fetal heart rate measurements at the 10th gestational week to predict the spontaneous abortion risk, Journal of Obstetrics and Gynaecology Research, 35, 287-292, 2009	Wrong population - excludes women with pain and bleeding; only reports diagnostic accuracy of progesterone
Ankum,W.M., van,derVeenF, Hamerlynck,J.V.T.H., Lammes,F.B., Suspected ectopic pregnancy: What to do when human chorionic gonadotropin levels are below the discriminatory zone, Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 40, 525-528, 1995	Wrong test - reports diagnostic accuracy of an algorithm that evaluates hCG thresholds, not the rate of change of hCG
Ankum,W.M., van,derVeenF, Hamerlynck,Th, Lammes,F.B., Transvaginal sonography and human chorionic gonadotrophin measurements in suspected ectopic pregnancy: A detailed analysis of a diagnostic approach, Human Reproduction, 8, 1307-1311, 1993	Wrong test - reports diagnostic accuracy of hCG levels and ranges, not rate of change of hCG
Atri,M., Chow,C.M., Kintzen,G., Gillett,P., Aldis,A.A., Thibodeau,M., Reinhold,C., Bret,P.M., Expectant treatment of ectopic pregnancies: Clinical and sonographic predictors, American Journal of Roentgenology, 176, 123-127, 2001	Wrong test - ultrasound was used for diagnosis of ectopic pregnancy. Serial hCG tests were used only as a predictor of the success of expectant management of ectopic pregnancy.
Banerjee,S., Aslam,N., Zosmer,N., Woelfer,B., Jurkovic,D., The expectant management of women with early pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 14, 231-236, 1999	Wrong test - reports serum hCG level, not rate of change of hCG.
Barnhart,K., Mennuti,M.T., Benjamin,I., Jacobson,S., Goodman,D., Coutifaris,C., Prompt diagnosis of ectopic pregnancy in an emergency department setting, Obstetrics and Gynecology, 84, 1010-1015, 1994	Wrong test - diagnostic accuracy is reported of the entire diagnostic algorithm, where the majority of women are diagnosed using an hCG

Bibliographic information	Reason for exclusion
	threshold. Women do not receive an ultrasound first, and therefore may not have pregnancies of unknown location.
Barnhart,K.T., Casanova,B., Sammel,M.D., Timbers,K., Chung,K., Kulp,J.L., Prediction of location of a symptomatic early gestation based solely on clinical presentation, Obstetrics and Gynecology, 112, 1319-1326, 2008	Wrong test - model included hCG level only, not the pattern of change in hCG.
Barnhart,K.T., Simhan,H., Kamelle,S.A., Diagnostic accuracy of ultrasound above and below the beta-hCG discriminatory zone, Obstetrics and Gynecology, 94, 583-587, 1999	Wrong test - reports diagnostic accuracy of ultrasound in conjunction with an hCG discriminatory zone only
Bignardi,T., Condous,G., Alhamdan,D., Kirk,E., Van,CalsterB, Van,HuffelS, Timmerman,D., Bourne,T., The hCG ratio can predict the ultimate viability of the intrauterine pregnancies of uncertain viability in the pregnancy of unknown location population, Human Reproduction, 23, -1967, 2008	Wrong population - the study participants all have an intrauterine pregancy of uncertain viability
Bignardi,T., Condous,G., Kirk,E., Van,CalsterB, Van,HuffelS, Timmerman,D., Bourne,T., Viability of intrauterine pregnancy in women with pregnancy of unknown location: prediction using human chorionic gonadotropin ratio vs. progesterone, Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 35, 656-661, 2010	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the presenting population (PUL) for this review
Cacciatore,B., Early diagnosis of ectopic pregnancy by ultrasonography and quantitative determinations of serum hCG, Acta Obstetricia et Gynecologica Scandinavica, 70, 633-638, 1991	Wrong test - primarily focuses on ultrasound; uses discriminatory zone of hCG only
Cacciatore,B., Stenman,U.H., stalo,P., Diagnosis of ectopic pregnancy by vaginal ultrasonography in combination with a discriminatory serum hCG level of 1000 IU/l (IRP), British Journal of Obstetrics and Gynaecology, 97, 904-908, 1990	Wrong test - reports diagnostic accuracy of ultrasound in conjunction with an hCG discriminatory zone
Catania,V., Murgia,F., Non invasive diagnosis and therapy of ectopic pregnancy, Giornale Italiano di Ostetricia e Ginecologia, 15, 513-515, 1993	No relevant outcomes reported - evaluates hCG declines following treatment with methotrexate, not the use of hCG levels for diagnosis
Chambers,S.E., Muir,B.B., Haddad,N.G., Ultrasound evaluation of ectopic pregnancy including correlation with human chorionic gonadotrophin levels, British Journal of Radiology, 63, 246-250, 1990	Wrong test - reports diagnostic accuracy of a single hCG discriminatory zone
Chung,K., Chandavarkar,U., Opper,N., Barnhart,K., Reevaluating the role of dilation and curettage in the diagnosis of pregnancy of unknown location, Fertility and Sterility, 96, 659-662, 2011	Only 60% of the population had a PUL on ultrasound, and 55% did not have two hCG measurements. All women had an immediate D&C; therefore did not receive the gold standard of diagnosis.
Condous,G., Kirk,E., Lu,C., Van,Huffel S., Gevaert,O., De,Moor B., De,Smet F., Timmerman,D., Bourne,T., Diagnostic accuracy of varying discriminatory zones for the prediction of ectopic pregnancy in women with a pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 26, 770-775, 2005	Wrong test - evaluates the use of hCG discriminatory zones, not the rate of change of hCG
Condous,G., Kirk,E., Van,CalsterB, Van,HuffelS, Timmerman,D., Bourne,T., Failing pregnancies of unknown location: A prospective evaluation of the human chorionic gonadotrophin ratio, BJOG: An	No relevant reported outcomes - reports diagnostic accuracy for diagnosis of a failing pregnancy of

Bibliographic information	Reason for exclusion
International Journal of Obstetrics and Gynaecology, 113, 521-527, 2006	unknown location
Condous,G., Okaro,E., Khalid,A., Bourne,T., Do we need to follow up complete miscarriages with serum human chorionic gonadotrophin levels?, BJOG: An International Journal of Obstetrics and Gynaecology, 112, 827-829, 2005	Wrong population - this study only includes women diagnosed with a complete miscarriage
Condous,G., Okaro,E., Khalid,A., Lu,C., Van,HuffelS, Timmerman,D., Bourne,T., A prospective evaluation of a single-visit strategy to manage pregnancies of unknown location, Human Reproduction, #20, 1398-1403, 2005	Wrong test - evaluates a single visit strategy and therefore does not use serial hCG measurements
Condous,G., Van,CalsterB, Kirk,E., Haider,Z., Timmerman,D., Van,HuffelS, Bourne,T., Clinical information does not improve the performance of mathematical models in predicting the outcome of pregnancies of unknown location, Fertility and Sterility, 88, 572-580, 2007	Wrong test - the model in this paper is model M4 plus bleeding. M4 has been reported in other included studies.
Condous,G., Van,CalsterB, Kirk,E., Timmerman,D., Van,HuffelS, Bourne,T., Prospective cross-validation of three methods of predicting failing pregnancies of unknown location, Human Reproduction, 22, 1156-1160, 2007	No relevant reported outcomes - diagnostic accuracy is only reported for the diagnosis of failing pregnancies of unknown location
Day,A., Sawyer,E., Mavrelos,D., Tailor,A., Helmy,S., Jurkovic,D., Use of serum progesterone measurements to reduce need for follow-up in women with pregnancies of unknown location, Ultrasound in Obstetrics and Gynecology, 33, 704-710, 2009	Wrong test - reports the use of progesterone in conjunction with a single hCG threshold, not the rate of change of hCG
El,BishryG, Ganta,S., The role of single serum progesterone measurement in conjunction with betahCG in the management of suspected ectopic pregnancy, Journal of Obstetrics and Gynaecology, 28, 413-417, 2008	Wrong test - reports diagnostic accuracy of progesterone
Elson,J., Salim,R., Tailor,A., Banerjee,S., Zosmer,N., Jurkovic,D., Prediction of early pregnancy viability in the absence of an ultrasonically detectable embryo, Ultrasound in Obstetrics and Gynecology, 21, 57-61, 2003	Wrong population - participants have intrauterine gestation sac visualised, therefore there are no ectopic pregnancies.
Eriksen,B.C., Eik-Nes,S.H., Prognostic value of ultrasound, HCG and progesterone in threatened abortion, Journal of Clinical Ultrasound, 14, 3-9, 1986	Wrong population - excludes women with ectopic pregnancies
Falco,P., Zagonari,S., Gabrielli,S., Bevini,M., Pilu,G., Bovicelli,L., Sonography of pregnancies with first-trimester bleeding and a small intrauterine gestational sac without a demonstrable embryo, Ultrasound in Obstetrics and Gynecology, 21, 62-65, 2003	Wrong test - reports diagnostic accuracy of hCG level not rate of change
Florio,P., Severi,F.M., Bocchi,C., Luisi,S., Mazzini,M., Danero,S., Torricelli,M., Petraglia,F., Single serum activin a testing to predict ectopic pregnancy, Journal of Clinical Endocrinology and Metabolism, 92, 1748-1753, 2007	Wrong test - reports accuracy of single hCG and progesterone levels only
Gevaert,O., De,SmetF, Kirk,E., Van,CalsterB, Bourne,T., Van,HuffelS, Moreau,Y., Timmerman,D., De,MoorB, Condous,G., Predicting the outcome of pregnancies of unknown location: Bayesian networks with expert prior information compared to logistic regression, Human Reproduction, 21, 1824-1831, 2006	Wrong test - model uses progesterone in addition to hCG to diagnose ectopic pregnancy
Gochis,P., Hasenyager,C., Aiman,J., A semiquantitative human chorionic gonadotropin assay for the detection of ectopic pregnancy, Obstetrics and Gynecology, 71, 652-656, 1988	No relevant outcomes - reports diagnostic accuracy of an hCG test on serum samples of known

Bibliographic information	Reason for exclusion
	concentration, not for the diagnosis of pregnancy outcome.
Gracia,C.R., Barnhart,K.T., Diagnosing ectopic pregnancy: decision analysis comparing six strategies, Obstetrics and Gynecology, 97, 464-470, 2001	Wrong population - modelling and results are based on a hypothetical cohort only
Graczykowski,J.W., Seifer,D.B., Diagnosis of acute and persistent ectopic pregnancy, Clinical Obstetrics and Gynecology, 42, 9-22, 1999	Non-systematic review.
Guerriero,S., Mais,V., Ajossa,S., Paoletti,A.M., Risalvato,A., Melis,G.B., The screening of embryonic viability in early asymptomatic pregnancy by a single endosonographic scan associated with plasma human chorionic gonadotropin determination, Journal of Assisted Reproduction and Genetics, 11, 346-352, 1994	Wrong population - participants were asymptomatic, those with bleeding or ectopic pregnancy were excluded
Hahlin,M., Thorburn,J., Bryman,I., The expectant management of early pregnancies of uncertain site, Human Reproduction, 10, 1223-1227, 1995	Wrong outcome - reports hormonal predictors of spontaneous resolution of pregnancy, in a sub-set of women selected for expectant management
Hajenius,P.J., Mol,B.W., Ankum,W.M., van,derVeenF, Bossuyt,P.M., Lammes,F.B., Suspected ectopic pregnancy: expectant management in patients with negative sonographic findings and low serum hCG concentrations, Early pregnancy : biology and medicine : the official journal of the Society for the Investigation of Early Pregnancy, 1, 258-262, 1995	Wrong test - reports diagnostic accuracy of an algorithm that evaluates hCG thresholds, not the rate of change of hCG
Jakiel,G., Wieczorek,P., Bokiniec,M., Bakalczuk,S., Ectopic pregnancy diagnosis in very high risk patients, Ginekologia Polska, 69, 575-579, 1998	Wrong test - this study uses a positive or negative hCG test, not the results of serial measurements
Kadar,N., Romero,R., Observations on the log human chorionic gonadotropin-time relationship in early pregnancy and its practical implications, American Journal of Obstetrics and Gynecology, 157, 73-78, 1987	Wrong population - Case-control study including only ectopic pregnancies and viable intrauterine gestations, therefore the study participants do not match the presenting population
Kaplan,B.C., Dart,R.G., Moskos,M., Kuligowska,E., Chun,B., Adel,Hamid M., Northern,K., Schmidt,J., Kharwadkar,A., Ectopic pregnancy: prospective study with improved diagnostic accuracy, Annals of Emergency Medicine, 28, 10-17, 1996	Wrong test - reports use of an hCG threshold, not the rate of change of hCG
Karri,K., Harris,C.P., Successful laparoscopic management of ectopic pregnancy in a district general hospital, Journal of Obstetrics and Gynaecology, 25, 769-771, 2005	No relevant outcomes - includes confirmed ectopic pregnancies only, therefore diagnostic accuracy cannot be calculated
Kim,D.S., Chung,S.R., Park,M.I., Kim,Y.P., Comparative review of diagnostic accuracy in tubal pregnancy: a 14-year survey of 1040 cases, Obstetrics and Gynecology, 70, 547-554, 1987	Wrong test - does not report the use of serial quantitative hCG measurements
Kirk,E., Condous,G., Van,Calster B., Van,Huffel S., Timmerman,D., Bourne,T., Rationalizing the follow-up of pregnancies of unknown location, Human Reproduction, 22, 1744-1750, 2007	Not a diagnostic accuracy study - unclear that all false negatives are reported, and participants are not diagnosed with the gold standard of laparoscopy
Koh,G.H., Yeo,G.S., Diagnosis of ectopic pregnancy--why we need a protocol, Singapore Medical Journal, 38, 369-374, 1997	Wrong study design - this is an audit of a protocol, not a diagnostic accuracy study.

Bibliographic information	Reason for exclusion
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, JPMA - Journal of the Pakistan Medical Association, 44, 45-47, 1994	Wrong test - single serum hCG only
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, Materia Medica Polona, 25, 149-152, 1993	Wrong test - single serum hCG only
Lautmann,K., Cordina,M., Elson,J., Johns,J., Schramm-Gajraj,K., Ross,J.A., Clinical use of a model to predict the viability of early intrauterine pregnancies when no embryo is visible on ultrasound, Human Reproduction, 26, 2957-2963, 2011	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the presenting population (PUL) for this review
Ledger,W.L., Sweeting,V.M., Chatterjee,S., Rapid diagnosis of early ectopic pregnancy in an emergency gynaecology service--are measurements of progesterone, intact and free beta human chorionic gonadotrophin helpful?, Human Reproduction, 9, 157-160, 1994	Wrong test - uses a single value of hCG and progesterone
Letterie,G.S., Hibbert,M., Serial serum human chorionic gonadotropin (hCG) levels in ectopic pregnancy and first trimester miscarriage, Archives of Gynecology and Obstetrics, 263, 168-169, 2000	No relevant outcomes - no reporting of diagnostic accuracy
Letterie,G.S., Hibbert,M.L., Ramirez,E.J., Expectant management of abnormal concentrations of human chorionic gonadotropin during the first trimester of pregnancy, Gynecologic and Obstetric Investigation, 31, 176-178, 1991	No relevant reported outcomes - examines hCG decline in women pre-selected for expectant management, not diagnosis of ectopic pregnancy
Leung,A., Wong,F., Chang,A., The evaluation of a pregnancy test (Tandem ICON) in the management of ectopic pregnancy, Australian and New Zealand Journal of Obstetrics and Gynaecology, 27, 224-225, 1987	Wrong test - this study uses urinary hCG tests, not a serum hCG test
Lindblom,B., Hahlin,M., blom,P., Serial human chorionic gonadotropin determinations by fluoroimmunoassay for differentiation between intrauterine and ectopic gestation, American Journal of Obstetrics and Gynecology, 161, 397-400, 1989	Serial hCG is only used for diagnosing a small proportion of women, who are not the correct presenting population
Mateer,J.R., Aiman,E.J., Brown,M.H., Olson,D.W., Ultrasonographic examination by emergency physicians of patients at risk for ectopic pregnancy, Academic Emergency Medicine, 2, 867-873, 1995	Wrong test - uses hCG discriminatory zone, not the rate of change of hCG
Mol,B.W.J., Hajenius,P.J., Ankum,W.M., Bossuyt,P.M.M., Van,VeenVeenF, Screening for ectopic pregnancy in symptom-free women at increased risk, Obstetrics and Gynecology, 89, 704-707, 1997	Wrong population because participants were symptom-free; evaluates use of an algorithm incorporating hCG thresholds not rate of change
Mol,B.W.J., Hajenius,P.J., Engelsbel,S., Ankum,W.M., van,derVeenF, Hemrika,D.J., Bossuyt,P.M.M., Are gestational age and endometrial thickness alternatives for serum human chorionic gonadotropin as criteria for the diagnosis of ectopic pregnancy?, Fertility and Sterility, 72, 643-645, 1999	Wrong test - does not report diagnostic accuracy of serial serum hCG measurements
Ozates,B., Caglar,G.S., Kalyoncu,S., Yildiz,Y., Aktan,A., Mollamahmutoglu,L., The assessment of anticardiolipin antibodies in ectopic pregnancies, Gazzetta Medica Italiana Archivio per le Scienze Mediche, 165, 221-225, 2006	Wrong population - women are presenting for an elective abortion, not due to pain and bleeding. Diagnostic accuracy measures are reported for IgM only.

Bibliographic information	Reason for exclusion
Pittaway,D.E., Wentz,A.C., Maxson,W.S., Herbert,C., Daniell,J., Fleischer,A.C., The efficacy of early pregnancy monitoring with serial chorionic gonadotropin determinations and real-time sonography in an infertility population, Fertility and Sterility, 44, 190-194, 1985	Wrong population - women were asymptomatic
Plante,B.J., Blume,J.D., Lambert-Messerlian,G., Shackelton,R., Canick,J., Phipps,M.G., A multiple marker model to predict pregnancy viability when progesterone is indeterminate, Journal of Reproductive Medicine, 53, 243-249, 2008	Wrong test - this paper reports diagnostic accuracy of hCG level, not the rate of change of hCG. It also reports diagnostic accuracy for diagnosing a viable pregnancy, not an ectopic.
Popp,L.W., Colditz,A., Gaetje,R., Diagnosis of intrauterine and ectopic pregnancy at 5-7 postmenstrual weeks, International Journal of Gynaecology and Obstetrics, 44, 33-38, 1994	Wrong test - evaluates hCG levels, not the rate of change of hCG
Rode,L., Daugaard,G., Fenger,M., Hilsted,L., Krag,MollerL, Raaberg,L., Ottesen,B., Serum-hCG: Still a problematic marker, Acta Obstetricia et Gynecologica Scandinavica, 82, -200, 2003	Wrong study design - case report of two patients
Romero,R., Kadar,N., Copel,J.A., The value of serial human chorionic gonadotropin testing as a diagnostic tool in ectopic pregnancy, American Journal of Obstetrics and Gynecology, 155, 392-394, 1986	Case-control study including only ectopic pregnancies and viable intrauterine gestations, therefore the study participants do not match the presenting population for the review question
Santiago-San,JuanF, Casals,M.E., Karunungan,E., Mochizuki,M., The use of human chorionic gonadotropin and ultrasound in the early diagnosis of ectopic pregnancy: A prospective study, ICMR Annals, 7, -250, 1987	Wrong test - this study uses a urinary hCG test
Sauer,M.V., Anderson,R.E., Vermesh,M., Stone,B.A., Paulson,R.J., Spontaneously resorbing ectopic pregnancy: preservation of human chorionic gonadotropin bioactivity despite declining steroid hormone levels, American Journal of Obstetrics and Gynecology, 161, 1673-1676, 1989	No relevant reported outcomes - reports means only
Schmidt,T., Rein,D.T., Foth,D., Eibach,H.W., Kurbacher,C.M., Mallmann,P., Romer,T., Prognostic value of repeated serum CA 125 measurements in first trimester pregnancy, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 97, 168-173, 2001	No relevant outcomes - reports means only
Schutten,B.T., Bagger,P.V., Monberg,J., Vesth,N., Two highly sensitive methods of HCG determination in women with subacute ectopic pregnancy, Acta Obstetricia et Gynecologica Scandinavica, 66, 267-268, 1987	Wrong comparison - this is comparing qualitative results of two different hCG tests, not the diagnostic accuracy of serial measurements
Shaunik,A., Kulp,J., Appleby,D.H., Sammel,M.D., Barnhart,K.T., Utility of dilation and curettage in the diagnosis of pregnancy of unknown location, American Journal of Obstetrics and Gynecology, 204, 130-130, 2011	Study population does not match the presenting population for this review, because only non-viable PULs are included
Spitzer,M., Pinto,A.B.M., Dasgupta,R., Benjamin,F., Early diagnosis of ectopic pregnancy: Can we do it accurately using a biochemical profile?, Journal of Women's Health and Gender-Based Medicine, 9, 537-Based, 2000	Wrong test - diagnostic accuracy is only reported for CPK/progesterone ratio
Stabile,I., Campbell,S., Grudzinskas,J.G., Ultrasound and circulating placental protein measurements in complications of early pregnancy,	Wrong test - reports diagnostic accuracy of hCG level not rate of

Bibliographic information	Reason for exclusion
British Journal of Obstetrics and Gynaecology, 96, 1182-1191, 1989	change
Sterzik,K., Rosenbusch,B., Benz,R., Serum specific protein 1 and beta-human chorionic gonadotropin concentrations in patients with suspected ectopic pregnancies, International Journal of Gynaecology and Obstetrics, 28, 253-256, 1989	Wrong test - single measurement of hCG and progesterone
Timor-Tritsch,Ilan, Goldstein,Steven, Pinpointing extrauterine pregnancy, Contemporary OB/GYN, 56, 42-50, 2011	Discussion of management protocol with no primary data reported
Valley,V.T., Mateer,J.R., Aiman,E.J., Thoma,M.E., Phelan,M.B., Serum progesterone and endovaginal sonography by emergency physicians in the evaluation of ectopic pregnancy, Academic Emergency Medicine, 5, 309-313, 1998	Wrong test - reports diagnostic accuracy of progesterone only
Weckstein,L.N., Boucher,A.R., Tucker,H., Gibson,D., Rettenmaier,M.A., Accurate diagnosis of early ectopic pregnancy, Obstetrics and Gynecology, 65, 393-397, 1985	Wrong test - not serial or quantitative hCG
Weerasinghe,D.S.L., Strand,L., Cooke,R., Flower,J., Hutton,J.D., A sensitive qualitative pregnancy test (ICON) and ultrasound in the diagnosis of ectopic pregnancy, New Zealand Medical Journal, 102, 549-551, 1989	Wrong test - single qualitative hCG assay
Westergaard,J.G., Teisner,B., Sinosich,M.J., Madsen,L.T., Grudzinskas,J.G., Does ultrasound examination render biochemical tests obsolete in the prediction of early pregnancy failure?, British Journal of Obstetrics and Gynaecology, 92, 77-83, 1985	Wrong test - diagnostic accuracy is not reported for the change in hCG, only for single levels
Zakut,H., Achiron,R., Schejter,E., Ectopic pregnancy management by a non invasive protocol, Clinical and Experimental Obstetrics and Gynecology, 12, 3-8, 1985	Wrong test - does not assess the rate of change of hCG

Table G.9 What is the diagnostic accuracy of two or more hCG measurements plus progesterone for determining an ectopic pregnancy in women with pain and bleeding and pregnancy of unknown location?

Bibliographic information	Reason for exclusion
Achiron,R., Schwartz,S., Zakut,H., Diagnostic value of ultrasound scanning and beta-human chorionic gonadotropin in stable patients suspected of ectopic pregnancy, Israel Journal of Medical Sciences, 22, 594-596, 1986	Wrong test - does not assess the rate of change of hCG
Adoni,A., Milwidsky,A., Hurwitz,A., Palti,Z., Declining beta-HCG levels: an indicator for expectant approach in ectopic pregnancy, International Journal of Fertility, 31, 40-42, 1986	No relevant outcomes - patterns of hCG are evaluated for the choice of management approach, not for the diagnosis of pregnancy outcome.
Alhamdan,D., Bignardi,T., Casikar,I., Riemke,J., Condous,G., Pre-treatment human chorionic gonadotrophin (hCG) ratio in the management of non-tubal ectopic pregnancy, Ceylon Medical Journal, 56, 70-71, 2011	Single case report
Altay,M.M., Yaz,H., Haberal,A., The assessment of the gestational sac diameter, crown-rump length, progesterone and fetal heart rate measurements at the 10th gestational week to predict the spontaneous abortion risk, Journal of Obstetrics and Gynaecology Research, 35, 287-292, 2009	Wrong population - excludes women with pain and bleeding; and only reports diagnostic accuracy of progesterone
Banerjee,S., Aslam,N., Zosmer,N., Woelfer,B., Jurkovic,D., The	Wrong test - model incorporates

Bibliographic information	Reason for exclusion
expectant management of women with early pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 14, 231-236, 1999	serum hCG level, not rate of change of hCG.
Barnhart,K.T., Casanova,B., Sammel,M.D., Timbers,K., Chung,K., Kulp,J.L., Prediction of location of a symptomatic early gestation based solely on clinical presentation, Obstetrics and Gynecology, 112, 1319-1326, 2008	Wrong test - model included hCG level only, not the pattern of change in hCG; progesterone measurements are not reported
Bignardi,T., Condous,G., Kirk,E., Van Calster,B., Van Huffel,S., Timmerman,D., Bourne,T., Viability of intrauterine pregnancy in women with pregnancy of unknown location: prediction using human chorionic gonadotropin ratio vs. progesterone, Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 35, 656-661, 2010	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the presenting population (PUL) for this review
Buck,R.H., Joubert,S.M., Norman,R.J., Serum progesterone in the diagnosis of ectopic pregnancy: a valuable diagnostic test?, Fertility and Sterility, 50, 752-755, 1988	Wrong test - reports diagnostic accuracy of progesterone alone
Cacciatore,B., Early diagnosis of ectopic pregnancy by ultrasonography and quantitative determinations of serum hCG, Acta Obstetricia et Gynecologica Scandinavica, 70, 633-638, 1991	Wrong test - no progesterone
Catania,V., Murgia,F., Non invasive diagnosis and therapy of ectopic pregnancy, Giornale Italiano di Ostetricia e Ginecologia, 15, 513-515, 1993	Evaluates hCG declines following treatment with methotrexate, not the use of hCG levels for diagnosis
Chung,K., Chandavarkar,U., Opper,N., Barnhart,K., Reevaluating the role of dilation and curettage in the diagnosis of pregnancy of unknown location, Fertility and Sterility, 96, 659-662, 2011	Wrong test - no progesterone measurement was reported
Condous,G., Kirk,E., Lu,C., Van Huffel, S., Gevaert,O., De,Moor B., De,Smet F., Timmerman,D., Bourne,T., Diagnostic accuracy of varying discriminatory zones for the prediction of ectopic pregnancy in women with a pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 26, 770-775, 2005	Wrong population - participants were asymptomatic, those with bleeding or ectopic pregnancy were excluded
Condous,G., Okaro,E., Khalid,A., Bourne,T., Do we need to follow up complete miscarriages with serum human chorionic gonadotrophin levels?, BJOG: An International Journal of Obstetrics and Gynaecology, 112, 827-829, 2005	Wrong population - this study only includes women diagnosed with a complete miscarriage
Condous,G., Okaro,E., Khalid,A., Lu,C., Van Huffel,S., Timmerman,D., Bourne,T., A prospective evaluation of a single-visit strategy to manage pregnancies of unknown location, Human Reproduction, #20, 1398-1403, 2005	Wrong test - evaluates a single visit strategy and therefore does not use serial hCG measurements
Condous,G., Van Calster,B., Kirk,E., Haider,Z., Timmerman,D., Van Huffel,S., Bourne,T., Prediction of ectopic pregnancy in women with a pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 29, 680-687, 2007	Wrong test - model M4 does not incorporate progesterone
Condous,G., Van Calster,B., Kirk,E., Timmerman,D., Van Huffel,S., Bourne,T., Prospective cross-validation of three methods of predicting failing pregnancies of unknown location, Human Reproduction, 22, 1156-1160, 2007	No relevant outcomes reported - diagnostic accuracy is only reported for the diagnosis of failing pregnancies of unknown location
Dart,R., Ramanujam,P., Dart,L., Progesterone as a predictor of ectopic pregnancy when the ultrasound is indeterminate, American Journal of Emergency Medicine, 20, 575-579, 2002	Wrong test - reports diagnostic accuracy of progesterone only, not in conjunction with hCG
Day,A., Sawyer,E., Mavrelos,D., Tailor,A., Helmy,S., Jurkovic,D., Use of serum progesterone measurements to reduce need for follow-up in	Wrong test - reports the use of progesterone in conjunction with a

Bibliographic information	Reason for exclusion
women with pregnancies of unknown location, Ultrasound in Obstetrics and Gynecology, 33, 704-710, 2009	single hCG threshold, not the rate of change of hCG
El Bishry,G., Ganta,S., The role of single serum progesterone measurement in conjunction with betahCG in the management of suspected ectopic pregnancy, Journal of Obstetrics and Gynaecology, 28, 413-417, 2008	Wrong test - reports diagnostic accuracy of progesterone only, not all women had a serial hCG measurement
Elson,J., Salim,R., Tailor,A., Banerjee,S., Zosmer,N., Jurkovic,D., Prediction of early pregnancy viability in the absence of an ultrasonically detectable embryo, Ultrasound in Obstetrics and Gynecology, 21, 57-61, 2003	Wrong population - participants all have intrauterine gestation sac visualised
Eriksen,B.C., Eik-Nes,S.H., Prognostic value of ultrasound, HCG and progesterone in threatened abortion, Journal of Clinical Ultrasound, 14, 3-9, 1986	Excludes women with ectopic pregnancies
Florio,P., Severi,F.M., Bocchi,C., Luisi,S., Mazzini,M., Danero,S., Torricelli,M., Petraglia,F., Single serum activin a testing to predict ectopic pregnancy, Journal of Clinical Endocrinology and Metabolism, 92, 1748-1753, 2007	Wrong test - reports accuracy of single hCG and progesterone levels only
Gracia,C.R., Barnhart,K.T., Diagnosing ectopic pregnancy: decision analysis comparing six strategies, Obstetrics and Gynecology, 97, 464-470, 2001	Modelling and results are based on a hypothetical cohort only
Graczykowski,J.W., Seifer,D.B., Diagnosis of acute and persistent ectopic pregnancy, Clinical Obstetrics and Gynecology, 42, 9-22, 1999	Non-systematic review.
Hahlin,M., Thorburn,J., Bryman,I., The expectant management of early pregnancies of uncertain site, Human Reproduction, 10, 1223-1227, 1995	Wrong outcome - reports hormonal predictors of spontaneous resolution of pregnancy, in a sub-set of women selected for expectant management
Jakiel,G., Wieczorek,P., Bokiniec,M., Bakalczuk,S., Ectopic pregnancy diagnosis in very high risk patients, Ginekologia Polska, 69, 575-579, 1998	Wrong test - this study uses a positive or negative hCG test, not the results of serial measurements
Katsikis,I., Rousso,D., Farmakiotis,D., Kourtis,A., amanti-Kandarakis,E., Panidis,D., Receiver operator characteristics and diagnostic value of progesterone and CA-125 in the prediction of ectopic and abortive intrauterine gestations, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 125, 226-232, 2006	Wrong test - reports diagnostic accuracy of progesterone and CA-125 only
Kirk,E., Condous,G., Van Calster,B., Van Huffel,S., Timmerman,D., Bourne,T., Rationalizing the follow-up of pregnancies of unknown location, Human Reproduction, 22, 1744-1750, 2007	Wrong test - model does not incorporate progesterone
Koh,G.H., Yeo,G.S., Diagnosis of ectopic pregnancy--why we need a protocol, Singapore Medical Journal, 38, 369-374, 1997	This is an audit of a protocol, not a diagnostic accuracy study.
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, JPMA - Journal of the Pakistan Medical Association, 44, 45-47, 1994	Wrong test - single serum hCG and progesterone
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, Materia Medica Polona, 25, 149-152, 1993	Wrong test - single serum hCG and progesterone
Lautmann,K., Cordina,M., Elson,J., Johns,J., Schramm-Gajraj,K., Ross,J.A., Clinical use of a model to predict the viability of early intrauterine pregnancies when no embryo is visible on ultrasound,	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability;

Bibliographic information	Reason for exclusion
Human Reproduction, 26, 2957-2963, 2011	therefore does not match the presenting population (PUL) for this review
Ledger,W.L., Sweeting,V.M., Chatterjee,S., Rapid diagnosis of early ectopic pregnancy in an emergency gynaecology service--are measurements of progesterone, intact and free beta human chorionic gonadotrophin helpful?, Human Reproduction, 9, 157-160, 1994	Wrong test - uses a single value of hCG and progesterone
Lindblom,B., Hahlin,M., Lindblom,P., Serial human chorionic gonadotropin determinations by fluoroimmunoassay for differentiation between intrauterine and ectopic gestation, American Journal of Obstetrics and Gynecology, 161, 397-400, 1989	The use of progesterone is not reported. Serial hCG is only used for diagnosing a small proportion of women, who are not the correct presenting population.
Long,C.A., Lincoln,S.R., Whitworth,N.S., Cowan,B.D., Serum progesterone predicts abnormal gestations in clomiphene citrate conception cycles as well as in spontaneous conception cycles, Fertility and Sterility, 61, 838-842, 1994	Wrong test - reports diagnostic accuracy of progesterone alone
McCord,M.L., Muram,D., Buster,J.E., Arheart,K.L., Stovall,T.G., Carson,S.A., Single serum progesterone as a screen for ectopic pregnancy: Exchanging specificity and sensitivity to obtain optimal test performance, Fertility and Sterility, 66, 513-516, 1996	Wrong test - reports diagnostic accuracy of progesterone only, not in conjunction with hCG
Ozates,B., Caglar,G.S., Kalyoncu,S., Yildiz,Y., Aktan,A., Mollamahmutoglu,L., The assessment of anticardiolipin antibodies in ectopic pregnancies, Gazzetta Medica Italiana Archivio per le Scienze Mediche, 165, 221-225, 2006	Wrong population - women are presenting for an elective abortion, not due to pain and bleeding. Wrong test - diagnostic accuracy is only reported for IgM.
Plante,B.J., Blume,J.D., Lambert-Messerlian,G., Shackelton,R., Canick,J., Phipps,M.G., A multiple marker model to predict pregnancy viability when progesterone is indeterminate, Journal of Reproductive Medicine, 53, 243-249, 2008	Wrong test - this paper reports diagnostic accuracy of a model incorporating hCG level, not the rate of change of hCG. It also reports diagnostic accuracy for diagnosing a viable pregnancy, not an ectopic.
Rode,L., Daugaard,G., Fenger,M., Hilsted,L., Krag,MollerL, Raaberg,L., Ottesen,B., Serum-hCG: Still a problematic marker, Acta Obstetricia et Gynecologica Scandinavica, 82, -200, 2003	This paper is a case report of two patients, not a diagnostic accuracy study
Santiago-San,JuanF, Casals,M.E., Karunungan,E., Mochizuki,M., The use of human chorionic gonadotropin and ultrasound in the early diagnosis of ectopic pregnancy: A prospective study, ICMR Annals, 7, -250, 1987	Wrong test - this study uses a urinary hCG test
Sauer,M.V., Anderson,R.E., Vermesh,M., Stone,B.A., Paulson,R.J., Spontaneously resorbing ectopic pregnancy: preservation of human chorionic gonadotropin bioactivity despite declining steroid hormone levels, American Journal of Obstetrics and Gynecology, 161, 1673-1676, 1989	Reports means only, no measures of diagnostic accuracy
Shaunik,A., Kulp,J., Appleby,D.H., Sammel,M.D., Barnhart,K.T., Utility of dilation and curettage in the diagnosis of pregnancy of unknown location, American Journal of Obstetrics and Gynecology, 204, 130-130, 2011	Wrong test - the use of progesterone is not reported
Spitzer,M., Pinto,A.B.M., Dasgupta,R., Benjamin,F., Early diagnosis of ectopic pregnancy: Can we do it accurately using a biochemical profile?, Journal of Women's Health and Gender-Based Medicine, 9,	Wrong test - diagnostic accuracy is only reported for CPK/progesterone ratio

Bibliographic information	Reason for exclusion
537-Based, 2000	
Sterzik,K., Rosenbusch,B., Benz,R., Serum specific protein 1 and beta-human chorionic gonadotropin concentrations in patients with suspected ectopic pregnancies, International Journal of Gynaecology and Obstetrics, 28, 253-256, 1989	Wrong test - single measurement of hCG and progesterone
Stewart,B.K., Nazar-Stewart,V., Toivola,B., Biochemical discrimination of pathologic pregnancy from early, normal intrauterine gestation in symptomatic patients, American Journal of Clinical Pathology, 103, 386-390, 1995	Diagnostic accuracy of progesterone is reported separately, not in conjunction with hCG ratio
Stovall,T.G., Ling,F.W., Cope,B.J., Buster,J.E., Preventing ruptured ectopic pregnancy with a single serum progesterone, American Journal of Obstetrics and Gynecology, 160, 1425-1428, 1989	Wrong test - does not report diagnostic accuracy of progesterone in conjunction with serial serum hCG
Thorburn,J., Bryman,I., Hahlin,M., Lindblom,B., Differential diagnosis of early human pregnancies: impact of different diagnostic measures, Gynecologic and Obstetric Investigation, 33, 216-220, 1992	Diagnostic accuracy of progesterone is not reported
Timor-Tritsch,I., Goldstein,S., Pinpointing extrauterine pregnancy, Contemporary OB/GYN, 56, 42-50, 2011	Discussion of management protocol with no primary data reported
Valley,V.T., Mateer,J.R., Aiman,E.J., Thoma,M.E., Phelan,M.B., Serum progesterone and endovaginal sonography by emergency physicians in the evaluation of ectopic pregnancy, Academic Emergency Medicine, 5, 309-313, 1998	Wrong test - reports diagnostic accuracy of progesterone alone
Westergaard,J.G., Teisner,B., Sinosich,M.J., Madsen,L.T., Grudzinskas,J.G., Does ultrasound examination render biochemical tests obsolete in the prediction of early pregnancy failure?, British Journal of Obstetrics and Gynaecology, 92, 77-83, 1985	Wrong test - diagnostic accuracy is not reported for the change in hCG, only for single levels of hCG and progesterone

Table G.10 What is the diagnostic accuracy of two or more hCG measurements for determining a viable intrauterine pregnancy in women with pain and bleeding and pregnancy of unknown location?

Bibliographic information	Reason for exclusion
Achiron,R., Schejter,E., Zakut,H., Combined pelvic sonography and serum beta hCG, versus laparoscopy for the diagnosis of stable patient suspected of ectopic pregnancy, Clinical and Experimental Obstetrics and Gynecology, 14, 15-22, 1987	Wrong test - used an hCG threshold, not the rate of change of serial hCG measurements
Achiron,R., Schwartz,S., Zakut,H., Diagnostic value of ultrasound scanning and beta-human chorionic gonadotropin in stable patients suspected of ectopic pregnancy, Israel Journal of Medical Sciences, 22, 594-596, 1986	Wrong test - does not assess the rate of change of hCG
Adoni,A., Milwidsky,A., Hurwitz,A., Palti,Z., Declining beta-HCG levels: an indicator for expectant approach in ectopic pregnancy, International Journal of Fertility, 31, 40-42, 1986	No relevant outcomes reported - patterns of hCG are evaluated for the choice of management approach, not for the diagnosis of pregnancy outcome.
Alhamdan,D., Bignardi,T., Casikar,I., Riemke,J., Condous,G., Pre-treatment human chorionic gonadotrophin (hCG) ratio in the management of non-tubal ectopic pregnancy, Ceylon Medical Journal, 56, 70-71, 2011	Single case report

Bibliographic information	Reason for exclusion
Altay,M.M., Yaz,H., Haberal,A., The assessment of the gestational sac diameter, crown-rump length, progesterone and fetal heart rate measurements at the 10th gestational week to predict the spontaneous abortion risk, Journal of Obstetrics and Gynaecology Research, 35, 287-292, 2009	Wrong population - excludes women with pain and bleeding; only reports diagnostic accuracy of progesterone
Ankum,W.M., van,derVeenF, Hamerlynck,J.V.T.H., Lammes,F.B., Suspected ectopic pregnancy: What to do when human chorionic gonadotropin levels are below the discriminatory zone, Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 40, 525-528, 1995	Wrong test - reports diagnostic accuracy of an algorithm that evaluates hCG thresholds, not the rate of change of hCG
Ankum,W.M., van,derVeenF, Hamerlynck,Th, Lammes,F.B., Transvaginal sonography and human chorionic gonadotrophin measurements in suspected ectopic pregnancy: A detailed analysis of a diagnostic approach, Human Reproduction, 8, 1307-1311, 1993	Wrong test - reports diagnostic accuracy of hCG levels and ranges, not rate of change of hCG
Atri,M., Chow,C.M., Kintzen,G., Gillett,P., Aldis,A.A., Thibodeau,M., Reinhold,C., Bret,P.M., Expectant treatment of ectopic pregnancies: Clinical and sonographic predictors, American Journal of Roentgenology, 176, 123-127, 2001	No relevant outcomes reported - serial hCG tests were used only as a predictor of the success of expectant management of ectopic pregnancy.
Banerjee,S., Aslam,N., Zosmer,N., Woelfer,B., Jurkovic,D., The expectant management of women with early pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 14, 231-236, 1999	Wrong test - reports serum hCG level, not rate of change of hCG.
Barnhart,K., Mennuti,M.T., Benjamin,I., Jacobson,S., Goodman,D., Coutifaris,C., Prompt diagnosis of ectopic pregnancy in an emergency department setting, Obstetrics and Gynecology, 84, 1010-1015, 1994	Wrong test - algorithm is for diagnosing ectopic pregnancy, not viable intrauterine pregnancy.
Barnhart,K.T., Casanova,B., Sammel,M.D., Timbers,K., Chung,K., Kulp,J.L., Prediction of location of a symptomatic early gestation based solely on clinical presentation, Obstetrics and Gynecology, 112, 1319-1326, 2008	Wrong test - model included hCG level only, not the pattern of change in hCG.
Barnhart,K.T., Sammel,M.D., Appleby,D., Rausch,M., Molinaro,T., Van,Calster B., Kirk,E., Condous,G., Van,Huffel S., Timmerman,D., Bourne,T., Does a prediction model for pregnancy of unknown location developed in the UK validate on a US population?, Human Reproduction, 25, 2434-2440, 2010	Both viable and non-viable intrauterine pregnancies are included in the "IUP" group
Barnhart,K.T., Simhan,H., Kamelle,S.A., Diagnostic accuracy of ultrasound above and below the beta-hCG discriminatory zone, Obstetrics and Gynecology, 94, 583-587, 1999	Wrong test - reports diagnostic accuracy of ultrasound in conjunction with an hCG discriminatory zone only
Bignardi,T., Condous,G., Alhamdan,D., Kirk,E., Van,CalsterB, Van,HuffelS, Timmerman,D., Bourne,T., The hCG ratio can predict the ultimate viability of the intrauterine pregnancies of uncertain viability in the pregnancy of unknown location population, Human Reproduction, 23, -1967, 2008	Wrong population - the study participants all have intrauterine pregnancies
Bignardi,T., Condous,G., Kirk,E., Van,CalsterB, Van,HuffelS, Timmerman,D., Bourne,T., Viability of intrauterine pregnancy in women with pregnancy of unknown location: prediction using human chorionic gonadotropin ratio vs. progesterone, Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 35, 656-661, 2010	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the presenting population (PUL) for this review
Cacciatore,B., Early diagnosis of ectopic pregnancy by ultrasonography and quantitative determinations of serum hCG, Acta	Wrong test - primarily focuses on ultrasound and uses discriminatory

Bibliographic information	Reason for exclusion
Obstetricia et Gynecologica Scandinavica, 70, 633-638, 1991	zone of hCG only
Cacciatore,B., Stenman,U.H., stalo,P., Diagnosis of ectopic pregnancy by vaginal ultrasonography in combination with a discriminatory serum hCG level of 1000 IU/l (IRP), British Journal of Obstetrics and Gynaecology, 97, 904-908, 1990	Wrong test - reports diagnostic accuracy of ultrasound in conjunction with an hCG discriminatory zone
Catania,V., Murgia,F., Non invasive diagnosis and therapy of ectopic pregnancy, Giornale Italiano di Ostetricia e Ginecologia, 15, 513-515, 1993	No relevant outcomes reported - evaluates hCG declines following treatment with methotrexate, not the use of hCG levels for diagnosis
Chambers,S.E., Muir,B.B., Haddad,N.G., Ultrasound evaluation of ectopic pregnancy including correlation with human chorionic gonadotrophin levels, British Journal of Radiology, 63, 246-250, 1990	Wrong test - reports diagnostic accuracy of a single hCG discriminatory zone
Chung,K., Chandavarkar,U., Opper,N., Barnhart,K., Reevaluating the role of dilation and curettage in the diagnosis of pregnancy of unknown location, Fertility and Sterility, 96, 659-662, 2011	All of the study population underwent D&C for suspected EP; therefore there was no gold standard diagnosis of any potentially viable IUP
Condous,G., Kirk,E., Lu,C., Van Huffel S., Gevaert,O., De,Moor B., De,Smet F., Timmerman,D., Bourne,T., Diagnostic accuracy of varying discriminatory zones for the prediction of ectopic pregnancy in women with a pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 26, 770-775, 2005	Wrong test - evaluates the use of hCG discriminatory zones, not the rate of change of hCG
Condous,G., Kirk,E., Van,CalsterB, Van,HuffelS, Timmerman,D., Bourne,T., Failing pregnancies of unknown location: A prospective evaluation of the human chorionic gonadotrophin ratio, BJOG: An International Journal of Obstetrics and Gynaecology, 113, 521-527, 2006	No relevant outcomes reported - reports diagnostic accuracy for diagnosis of a failing pregnancy of unknown location
Condous,G., Okaro,E., Khalid,A., Bourne,T., Do we need to follow up complete miscarriages with serum human chorionic gonadotrophin levels?, BJOG: An International Journal of Obstetrics and Gynaecology, 112, 827-829, 2005	Wrong population - this study only includes women diagnosed with a complete miscarriage
Condous,G., Okaro,E., Khalid,A., Lu,C., Van Huffel,S., Timmerman,D., Bourne,T., A prospective evaluation of a single-visit strategy to manage pregnancies of unknown location, Human Reproduction, #20, 1398-1403, 2005	Wrong test - evaluates a single visit strategy and therefore does not use serial hCG measurements
Condous,G., Okaro,E., Khalid,A., Timmerman,D., Lu,C., Zhou,Y., Van,HuffelS, Bourne,T., The use of a new logistic regression model for predicting the outcome of pregnancies of unknown location, Human Reproduction, #19, -1910, 2004	Both viable and non-viable intrauterine pregnancies are included in the "IUP" group, and cannot be distinguished
Condous,G., Van Calster,B., Kirk,E., Haider,Z., Timmerman,D., Van,HuffelS, Bourne,T., Clinical information does not improve the performance of mathematical models in predicting the outcome of pregnancies of unknown location, Fertility and Sterility, 88, 572-580, 2007	Diagnostic accuracy of M4 has been reported other included studies (Condous et al. 2007; Barnhart et al. 2010). The model in this paper is simply model M4 plus bleeding.
Condous,G., Van Calster,B., Kirk,E., Haider,Z., Timmerman,D., Van,HuffelS, Bourne,T., Prediction of ectopic pregnancy in women with a pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 29, 680-687, 2007	Both viable and non-viable intrauterine pregnancies are included in the "IUP" group
Condous,G., Van Calster,B., Kirk,E., Timmerman,D., Van,HuffelS, Bourne,T., Prospective cross-validation of three methods of predicting	No relevant outcomes reported - diagnostic accuracy is only reported

Bibliographic information	Reason for exclusion
failing pregnancies of unknown location, Human Reproduction, 22, 1156-1160, 2007	for the diagnosis of failing pregnancies of unknown location
Day,A., Sawyer,E., Mavrelos,D., Tailor,A., Helmy,S., Jurkovic,D., Use of serum progesterone measurements to reduce need for follow-up in women with pregnancies of unknown location, Ultrasound in Obstetrics and Gynecology, 33, 704-710, 2009	Wrong test - reports the use of progesterone in conjunction with a single hCG threshold, not the rate of change of hCG
El Bishry,G., Ganta,S., The role of single serum progesterone measurement in conjunction with betahCG in the management of suspected ectopic pregnancy, Journal of Obstetrics and Gynaecology, 28, 413-417, 2008	Wrong test - reports diagnostic accuracy of progesterone
Elson,J., Salim,R., Tailor,A., Banerjee,S., Zosmer,N., Jurkovic,D., Prediction of early pregnancy viability in the absence of an ultrasonically detectable embryo, Ultrasound in Obstetrics and Gynecology, 21, 57-61, 2003	Wrong population - participants all have intrauterine gestation sac visualised, therefore do not have PUL. Diagnostic accuracy of hCG levels, not pattern of change, are reported
Eriksen,B.C., Eik-Nes,S.H., Prognostic value of ultrasound, HCG and progesterone in threatened abortion, Journal of Clinical Ultrasound, 14, 3-9, 1986	Wrong test - uses single value of both hCG and progesterone
Falco,P., Zagonari,S., Gabrielli,S., Bevini,M., Pilu,G., Bovicelli,L., Sonography of pregnancies with first-trimester bleeding and a small intrauterine gestational sac without a demonstrable embryo, Ultrasound in Obstetrics and Gynecology, 21, 62-65, 2003	Wrong test - reports diagnostic accuracy of hCG level not rate of change
Florio,P., Severi,F.M., Bocchi,C., Luisi,S., Mazzini,M., Danero,S., Torricelli,M., Petraglia,F., Single serum activin a testing to predict ectopic pregnancy, Journal of Clinical Endocrinology and Metabolism, 92, 1748-1753, 2007	Wrong test - reports accuracy of single hCG and progesterone levels only
Gevaert,O., De,SmetF, Kirk,E., Van,CalsterB, Bourne,T., Van,HuffelS, Moreau,Y., Timmerman,D., De,MoorB, Condous,G., Predicting the outcome of pregnancies of unknown location: Bayesian networks with expert prior information compared to logistic regression, Human Reproduction, 21, 1824-1831, 2006	Wrong test - model incorporates progesterone
Gochis,P., Hasenyager,C., Aiman,J., A semiquantitative human chorionic gonadotropin assay for the detection of ectopic pregnancy, Obstetrics and Gynecology, 71, 652-656, 1988	Wrong population - reports diagnostic accuracy of an hCG test on serum samples of known concentration, not for the diagnosis of pregnancy outcome.
Gracia,C.R., Barnhart,K.T., Diagnosing ectopic pregnancy: decision analysis comparing six strategies, Obstetrics and Gynecology, 97, 464-470, 2001	Wrong population - modelling and results are based on a hypothetical cohort only
Graczykowski,J.W., Seifer,D.B., Diagnosis of acute and persistent ectopic pregnancy, Clinical Obstetrics and Gynecology, 42, 9-22, 1999	Non-systematic review.
Guerriero,S., Mais,V., Ajossa,S., Paoletti,A.M., Risalvato,A., Melis,G.B., The screening of embryonic viability in early asymptomatic pregnancy by a single endosonographic scan associated with plasma human chorionic gonadotropin determination, Journal of Assisted Reproduction and Genetics, 11, 346-352, 1994	Wrong population - participants were asymptomatic, those with bleeding were excluded
Hahlin,M., Thorburn,J., Bryman,I., The expectant management of early pregnancies of uncertain site, Human Reproduction, 10, 1223-1227,	Wrong outcome - reports hormonal predictors of spontaneous resolution

Bibliographic information	Reason for exclusion
1995	of pregnancy, in a sub-set of women selected for expectant management
Hajenius,P.J., Mol,B.W., Ankum,W.M., van der Veen,F., Bossuyt,P.M., Lammes,F.B., Suspected ectopic pregnancy: expectant management in patients with negative sonographic findings and low serum hCG concentrations, Early pregnancy : biology and medicine : the official journal of the Society for the Investigation of Early Pregnancy, 1, 258-262, 1995	Wrong test - reports diagnostic accuracy of an algorithm that evaluates hCG thresholds, not the rate of change of hCG
Jakiel,G., Wieczorek,P., Bokiniec,M., Bakalczuk,S., Ectopic pregnancy diagnosis in very high risk patients, Ginekologia Polska, 69, 575-579, 1998	Wrong test - this study uses a positive or negative hCG test, not the results of serial measurements
Kadar,N., Romero,R., Observations on the log human chorionic gonadotropin-time relationship in early pregnancy and its practical implications, American Journal of Obstetrics and Gynecology, 157, 73-78, 1987	Case-control study including only ectopic pregnancies and viable intrauterine gestations, therefore the study participants do not match the presenting population for the review question
Kaplan,B.C., Dart,R.G., Moskos,M., Kuligowska,E., Chun,B., Adel,Hamid M., Northern,K., Schmidt,J., Kharwadkar,A., Ectopic pregnancy: prospective study with improved diagnostic accuracy, Annals of Emergency Medicine, 28, 10-17, 1996	Wrong test - reports use of an hCG threshold, not the rate of change of hCG
Karri,K., Harris,C.P., Successful laparoscopic management of ectopic pregnancy in a district general hospital, Journal of Obstetrics and Gynaecology, 25, 769-771, 2005	Wrong population - includes confirmed ectopic pregnancies only
Kim,D.S., Chung,S.R., Park,M.I., Kim,Y.P., Comparative review of diagnostic accuracy in tubal pregnancy: a 14-year survey of 1040 cases, Obstetrics and Gynecology, 70, 547-554, 1987	Wrong test - does not report the use of serial quantitative hCG measurements
Kirk,E., Condous,G., Van,Calster B., Van,Huffel S., Timmerman,D., Bourne,T., Rationalizing the follow-up of pregnancies of unknown location, Human Reproduction, 22, 1744-1750, 2007	Viable and non-viable intrauterine pregnancies are not distinguishable
Koh,G.H., Yeo,G.S., Diagnosis of ectopic pregnancy--why we need a protocol, Singapore Medical Journal, 38, 369-374, 1997	This is an audit of a protocol, not a diagnostic accuracy study.
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, JPMA - Journal of the Pakistan Medical Association, 44, 45-47, 1994	Wrong test - single serum hCG only
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, Materia Medica Polona, 25, 149-152, 1993	Wrong test - single serum hCG only
Lautmann,K., Cordina,M., Elson,J., Johns,J., Schramm-Gajraj,K., Ross,J.A., Clinical use of a model to predict the viability of early intrauterine pregnancies when no embryo is visible on ultrasound, Human Reproduction, 26, 2957-2963, 2011	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the presenting population (PUL) for this review
Ledger,W.L., Sweeting,V.M., Chatterjee,S., Rapid diagnosis of early ectopic pregnancy in an emergency gynaecology service--are measurements of progesterone, intact and free beta human chorionic gonadotrophin helpful?, Human Reproduction, 9, 157-160, 1994	Wrong test - uses a single value of hCG and progesterone
Letterie,G.S., Hibbert,M., Serial serum human chorionic gonadotropin (hCG) levels in ectopic pregnancy and first trimester miscarriage,	Wrong population - this study only includes ectopic pregnancies and

Bibliographic information	Reason for exclusion
Archives of Gynecology and Obstetrics, 263, 168-169, 2000	miscarriages
Letterie,G.S., Hibbert,M.L., Ramirez,E.J., Expectant management of abnormal concentrations of human chorionic gonadotropin during the first trimester of pregnancy, Gynecologic and Obstetric Investigation, 31, 176-178, 1991	No relevant outcomes - examines hCG decline in women pre-selected for expectant management, not diagnosis of ectopic pregnancy
Leung,A., Wong,F., Chang,A., The evaluation of a pregnancy test (Tandem ICON) in the management of ectopic pregnancy, Australian and New Zealand Journal of Obstetrics and Gynaecology, 27, 224-225, 1987	Wrong test - this study uses urinary hCG tests, not a serum hCG test
Lindblom,B., Hahlin,M., Lindblom,P., Serial human chorionic gonadotropin determinations by fluoroimmunoassay for differentiation between intrauterine and ectopic gestation, American Journal of Obstetrics and Gynecology, 161, 397-400, 1989	Serial hCG is only used for diagnosing a small proportion of women, who are not the correct presenting population
Mateer,J.R., Aiman,E.J., Brown,M.H., Olson,D.W., Ultrasonographic examination by emergency physicians of patients at risk for ectopic pregnancy, Academic Emergency Medicine, 2, 867-873, 1995	Wrong test - uses hCG discriminatory zone, not the rate of change of hCG
Mol,B.W.J., Hajenius,P.J., Ankum,W.M., Bossuyt,P.M.M., Van dder Veen,F., Screening for ectopic pregnancy in symptom-free women at increased risk, Obstetrics and Gynecology, 89, 704-707, 1997	Wrong population because participants were symptom-free; evaluates use of an algorithm incorporating hCG thresholds not rate of change
Mol,B.W.J., Hajenius,P.J., Engelsbel,S., Ankum,W.M., van der Veen,F., Hemrika,D.J., Bossuyt,P.M.M., Are gestational age and endometrial thickness alternatives for serum human chorionic gonadotropin as criteria for the diagnosis of ectopic pregnancy?, Fertility and Sterility, 72, 643-645, 1999	Wrong test - does not report diagnostic accuracy of serial serum hCG measurements
Ozates,B., Caglar,G.S., Kalyoncu,S., Yildiz,Y., Aktan,A., Mollamahmutoglu,L., The assessment of anticardiolipin antibodies in ectopic pregnancies, Gazzetta Medica Italiana Archivio per le Scienze Mediche, 165, 221-225, 2006	Wrong population - women are presenting for an elective abortion, not due to pain and bleeding. Diagnostic accuracy measures are reported for IgM only.
Pittaway,D.E., Wentz,A.C., Maxson,W.S., Herbert,C., Daniell,J., Fleischer,A.C., The efficacy of early pregnancy monitoring with serial chorionic gonadotropin determinations and real-time sonography in an infertility population, Fertility and Sterility, 44, 190-194, 1985	Wrong population - women were asymptomatic
Plante,B.J., Blume,J.D., Lambert-Messerlian,G., Shackelton,R., Canick,J., Phipps,M.G., A multiple marker model to predict pregnancy viability when progesterone is indeterminate, Journal of Reproductive Medicine, 53, 243-249, 2008	Wrong test - this paper reports diagnostic accuracy of hCG level, not the rate of change of hCG.
Popp,L.W., Colditz,A., Gaetje,R., Diagnosis of intrauterine and ectopic pregnancy at 5-7 postmenstrual weeks, International Journal of Gynaecology and Obstetrics, 44, 33-38, 1994	Wrong test - evaluates hCG levels, not the rate of change of hCG
Rode,L., Daugaard,G., Fenger,M., Hilsted,L., Krag,MollerL, Raaberg,L., Ottesen,B., Serum-hCG: Still a problematic marker, Acta Obstetricia et Gynecologica Scandinavica, 82, -200, 2003	This paper is a case report of two patients, not a diagnostic accuracy study
Romero,R., Kadar,N., Copel,J.A., Jeanty,P., DeCherney,A.H., Hobbins,J.C., The value of serial human chorionic gonadotropin testing as a diagnostic tool in ectopic pregnancy, American Journal of Obstetrics and Gynecology, 155, 392-394, 1986	Case-control study including only ectopic pregnancies and viable intrauterine gestations, therefore the study participants do not match the presenting population for the review

Bibliographic information	Reason for exclusion
	question
Santiago-San,JuanF, Casals,M.E., Karunungan,E., Mochizuki,M., The use of human chorionic gonadotropin and ultrasound in the early diagnosis of ectopic pregnancy: A prospective study, ICMR Annals, 7, -250, 1987	Wrong test - this study uses a urinary hCG test
Sauer,M.V., Anderson,R.E., Vermesh,M., Stone,B.A., Paulson,R.J., Spontaneously resorbing ectopic pregnancy: preservation of human chorionic gonadotropin bioactivity despite declining steroid hormone levels, American Journal of Obstetrics and Gynecology, 161, 1673-1676, 1989	No relevant reported outcomes - reports means only, no measures of diagnostic accuracy
Schmidt,T., Rein,D.T., Foth,D., Eibach,H.W., Kurbacher,C.M., Mallmann,P., Romer,T., Prognostic value of repeated serum CA 125 measurements in first trimester pregnancy, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 97, 168-173, 2001	No relevant outcomes - reports means only
Schutten,B.T., Bagger,P.V., Monberg,J., Vesth,N., Two highly sensitive methods of HCG determination in women with subacute ectopic pregnancy, Acta Obstetricia et Gynecologica Scandinavica, 66, 267-268, 1987	Wrong comparison - this is comparing qualitative results of two different hCG tests, not the diagnostic accuracy of serial measurements
Shaunik,A., Kulp,J., Appleby,D.H., Sammel,M.D., Barnhart,K.T., Utility of dilation and curettage in the diagnosis of pregnancy of unknown location, American Journal of Obstetrics and Gynecology, 204, 130-130, 2011	Study population does not match the presenting population for this review, because only non-viable PULs are included
Spitzer,M., Pinto,A.B.M., Dasgupta,R., Benjamin,F., Early diagnosis of ectopic pregnancy: Can we do it accurately using a biochemical profile?, Journal of Women's Health and Gender-Based Medicine, 9, 537-Based, 2000	Wrong test - diagnostic accuracy is only reported for CPK/progesterone ratio
Stabile,I., Campbell,S., Grudzinskas,J.G., Ultrasound and circulating placental protein measurements in complications of early pregnancy, British Journal of Obstetrics and Gynaecology, 96, 1182-1191, 1989	Wrong test - reports diagnostic accuracy of hCG level not rate of change
Sterzik,K., Rosenbusch,B., Benz,R., Serum specific protein 1 and beta-human chorionic gonadotropin concentrations in patients with suspected ectopic pregnancies, International Journal of Gynaecology and Obstetrics, 28, 253-256, 1989	Wrong test - single measurement of hCG and progesterone
Thorburn,J., Bryman,I., Hahlin,M., Lindblom,B., Differential diagnosis of early human pregnancies: impact of different diagnostic measures, Gynecologic and Obstetric Investigation, 33, 216-220, 1992	No false negatives - in 29/54 participants receiving a dilation and curettage, the diagnosis was not miscarriage; therefore the authors did not diagnosis miscarriage with the gold standard, and hence may have terminated viable intrauterine pregnancies inadvertently.
Valley,V.T., Mateer,J.R., Aiman,E.J., Thoma,M.E., Phelan,M.B., Serum progesterone and endovaginal sonography by emergency physicians in the evaluation of ectopic pregnancy, Academic Emergency Medicine, 5, 309-313, 1998	Wrong test - reports diagnostic accuracy of progesterone only
Weckstein,L.N., Boucher,A.R., Tucker,H., Gibson,D., Rettenmaier,M.A., Accurate diagnosis of early ectopic pregnancy, Obstetrics and Gynecology, 65, 393-397, 1985	Wrong test - not serial or quantitative hCG
Weerasinghe,D.S.L., Strand,L., Cooke,R., Flower,J., Hutton,J.D., A	Wrong test - single qualitative hCG

Bibliographic information	Reason for exclusion
sensitive qualitative pregnancy test (ICON) and ultrasound in the diagnosis of ectopic pregnancy, New Zealand Medical Journal, 102, 549-551, 1989	assay
Westergaard,J.G., Teisner,B., Sinosich,M.J., Madsen,L.T., Grudzinskas,J.G., Does ultrasound examination render biochemical tests obsolete in the prediction of early pregnancy failure?, British Journal of Obstetrics and Gynaecology, 92, 77-83, 1985	Wrong test - diagnostic accuracy is not reported for the change in hCG, only for single levels
Zakut,H., Achiron,R., Schejter,E., Ectopic pregnancy management by a non invasive protocol, Clinical and Experimental Obstetrics and Gynecology, 12, 3-8, 1985	Wrong test - does not assess the rate of change of hCG

Table G.11 What is the diagnostic accuracy of two or more hCG measurements plus progesterone for determining a viable intrauterine pregnancy in women with pain and bleeding and pregnancy of unknown location?

Bibliographic information	Reason for exclusion
Achiron,R., Schwartz,S., Zakut,H., Diagnostic value of ultrasound scanning and beta-human chorionic gonadotropin in stable patients suspected of ectopic pregnancy, Israel Journal of Medical Sciences, 22, 594-596, 1986	Wrong test - does not assess the rate of change of hCG
Adoni,A., Milwidsky,A., Hurwitz,A., Palti,Z., Declining beta-HCG levels: an indicator for expectant approach in ectopic pregnancy, International Journal of Fertility, 31, 40-42, 1986	No relevant outcomes reported - patterns of hCG are evaluated for the choice of management approach, not for the diagnosis of pregnancy outcome.
Alhamdan,D., Bignardi,T., Casikar,I., Riemke,J., Condous,G., Pre-treatment human chorionic gonadotrophin (hCG) ratio in the management of non-tubal ectopic pregnancy, Ceylon Medical Journal, 56, 70-71, 2011	Single case report
Altay,M.M., Yaz,H., Haberal,A., The assessment of the gestational sac diameter, crown-rump length, progesterone and fetal heart rate measurements at the 10th gestational week to predict the spontaneous abortion risk, Journal of Obstetrics and Gynaecology Research, 35, 287-292, 2009	Wrong population - excludes women with pain and bleeding; only reports diagnostic accuracy of progesterone
Banerjee,S., Aslam,N., Zosmer,N., Woelfer,B., Jurkovic,D., The expectant management of women with early pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 14, 231-236, 1999	Wrong test - model incorporates serum hCG level, not rate of change of hCG.
Barnhart,K.T., Casanova,B., Sammel,M.D., Timbers,K., Chung,K., Kulp,J.L., Prediction of location of a symptomatic early gestation based solely on clinical presentation, Obstetrics and Gynecology, 112, 1319-1326, 2008	Wrong test - model included hCG level only, not the pattern of change in hCG; progesterone measurements are not reported
Bignardi,T., Condous,G., Kirk,E., Van Calster,B., Van Huffel,S., Timmerman,D., Bourne,T., Viability of intrauterine pregnancy in women with pregnancy of unknown location: prediction using human chorionic gonadotropin ratio vs. progesterone, Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 35, 656-661, 2010	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the presenting population (PUL) for this review
Buck,R.H., Joubert,S.M., Norman,R.J., Serum progesterone in the diagnosis of ectopic pregnancy: a valuable diagnostic test?, Fertility	Wrong test - reports diagnostic accuracy of progesterone alone

Bibliographic information	Reason for exclusion
and Sterility, 50, 752-755, 1988	
Cacciatore,B., Early diagnosis of ectopic pregnancy by ultrasonography and quantitative determinations of serum hCG, Acta Obstetricia et Gynecologica Scandinavica, 70, 633-638, 1991	Wrong test - uses discriminatory zone of hCG only; no progesterone
Catania,V., Murgia,F., Non invasive diagnosis and therapy of ectopic pregnancy, Giornale Italiano di Ostetricia e Ginecologia, 15, 513-515, 1993	No relevant outcomes reported - evaluates hCG declines following treatment with methotrexate, not the use of hCG levels for diagnosis
Chung,K., Chandavarkar,U., Opper,N., Barnhart,K., Reevaluating the role of dilation and curettage in the diagnosis of pregnancy of unknown location, Fertility and Sterility, 96, 659-662, 2011	Progesterone was not measured and all of the study population underwent D&C for suspected EP; therefore there was no gold standard diagnosis of any potentially viable IUP.
Condous,G., Okaro,E., Khalid,A., Bourne,T., Do we need to follow up complete miscarriages with serum human chorionic gonadotrophin levels?, BJOG: An International Journal of Obstetrics and Gynaecology, 112, 827-829, 2005	Wrong population - this study only includes women diagnosed with a complete miscarriage
Condous,G., Okaro,E., Khalid,A., Lu,C., Van Huffel,S., Timmerman,D., Bourne,T., A prospective evaluation of a single-visit strategy to manage pregnancies of unknown location, Human Reproduction, #20, 1398-1403, 2005	Wrong test - evaluates a single visit strategy and therefore does not use serial hCG measurements
Condous,G., Okaro,E., Khalid,A., Timmerman,D., Lu,C., Zhou,Y., Van Huffel,S., Bourne,T., The use of a new logistic regression model for predicting the outcome of pregnancies of unknown location, Human Reproduction, #19, -1910, 2004	Both viable and non-viable intrauterine pregnancies are included in the "IUP" group, and cannot be distinguished
Condous,G., Van Calster,B., Kirk,E., Haider,Z., Timmerman,D., Van Huffel,S., Bourne,T., Prediction of ectopic pregnancy in women with a pregnancy of unknown location, Ultrasound in Obstetrics and Gynecology, 29, 680-687, 2007	Wrong test - model M4 does not incorporate progesterone; viable and non-viable intrauterine pregnancies cannot be distinguished
Condous,G., Van Calster,B., Kirk,E., Timmerman,D., Van Huffel,S., Bourne,T., Prospective cross-validation of three methods of predicting failing pregnancies of unknown location, Human Reproduction, 22, 1156-1160, 2007	No relevant outcomes reported - diagnostic accuracy is only reported for the diagnosis of failing pregnancies of unknown location
Dart,R., Ramanujam,P., Dart,L., Progesterone as a predictor of ectopic pregnancy when the ultrasound is indeterminate, American Journal of Emergency Medicine, 20, 575-579, 2002	Wrong test - reports diagnostic accuracy of progesterone only, not in conjunction with hCG
Day,A., Sawyer,E., Mavrelos,D., Tailor,A., Helmy,S., Jurkovic,D., Use of serum progesterone measurements to reduce need for follow-up in women with pregnancies of unknown location, Ultrasound in Obstetrics and Gynecology, 33, 704-710, 2009	Wrong test - reports the use of progesterone in conjunction with a single hCG threshold, not the rate of change of hCG
El Bishry,G., Ganta,S., The role of single serum progesterone measurement in conjunction with betahCG in the management of suspected ectopic pregnancy, Journal of Obstetrics and Gynaecology, 28, 413-417, 2008	Wrong test - reports diagnostic accuracy of progesterone only, not all women had a serial hCG measurement
Elson,J., Salim,R., Tailor,A., Banerjee,S., Zosmer,N., Jurkovic,D., Prediction of early pregnancy viability in the absence of an ultrasonically detectable embryo, Ultrasound in Obstetrics and Gynecology, 21, 57-61, 2003	Wrong population - participants all have intrauterine gestation sac visualised

Bibliographic information	Reason for exclusion
Eriksen,B.C., Eik-Nes,S.H., Prognostic value of ultrasound, HCG and progesterone in threatened abortion, Journal of Clinical Ultrasound, 14, 3-9, 1986	Wrong test - uses single value of hCG; excludes women with ectopic pregnancies
Florio,P., Severi,F.M., Bocchi,C., Luisi,S., Mazzini,M., Danero,S., Torricelli,M., Petraglia,F., Single serum activin a testing to predict ectopic pregnancy, Journal of Clinical Endocrinology and Metabolism, 92, 1748-1753, 2007	Wrong test - reports accuracy of single hCG and progesterone levels only
Gevaert,O., De Smet,F., Kirk,E., Van Calster,B., Bourne,T., Van Huffel,S., Moreau,Y., Timmerman,D., De Moor,B., Condous,G., Predicting the outcome of pregnancies of unknown location: Bayesian networks with expert prior information compared to logistic regression, Human Reproduction, 21, 1824-1831, 2006	Diagnostic accuracy for the diagnosis of viable intrauterine pregnancies is not reported
Gracia,C.R., Barnhart,K.T., Diagnosing ectopic pregnancy: decision analysis comparing six strategies, Obstetrics and Gynecology, 97, 464-470, 2001	Wrong population - modelling and results are based on a hypothetical cohort only
Graczykowski,J.W., Seifer,D.B., Diagnosis of acute and persistent ectopic pregnancy, Clinical Obstetrics and Gynecology, 42, 9-22, 1999	Non-systematic review.
Guerriero,S., Mais,V., Ajossa,S., Paoletti,A.M., Risalvato,A., Melis,G.B., The screening of embryonic viability in early asymptomatic pregnancy by a single endosonographic scan associated with plasma human chorionic gonadotropin determination, Journal of Assisted Reproduction and Genetics, 11, 346-352, 1994	Wrong population - participants were asymptomatic, those with bleeding were excluded
Hahlin,M., Thorburn,J., Bryman,I., The expectant management of early pregnancies of uncertain site, Human Reproduction, 10, 1223-1227, 1995	Wrong outcome - reports hormonal predictors of spontaneous resolution of pregnancy, in a sub-set of women selected for expectant management
Jakiel,G., Wieczorek,P., Bokiniec,M., Bakalczuk,S., Ectopic pregnancy diagnosis in very high risk patients, Ginekologia Polska, 69, 575-579, 1998	Wrong test - this study uses a positive or negative hCG test, not the results of serial measurements
Katsikis,I., Rousso,D., Farmakiotis,D., Kourtis,A., amanti-Kandarakis,E., Panidis,D., Receiver operator characteristics and diagnostic value of progesterone and CA-125 in the prediction of ectopic and abortive intrauterine gestations, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 125, 226-232, 2006	Wrong test - reports diagnostic accuracy of progesterone and CA-125 only
Kirk,E., Condous,G., Van Calster, B., Van Huffel, S., Timmerman,D., Bourne,T., Rationalizing the follow-up of pregnancies of unknown location, Human Reproduction, 22, 1744-1750, 2007	Wrong test - model does not incorporate progesterone.
Koh,G.H., Yeo,G.S., Diagnosis of ectopic pregnancy--why we need a protocol, Singapore Medical Journal, 38, 369-374, 1997	This is an audit of a protocol, not a diagnostic accuracy study.
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, JPMA - Journal of the Pakistan Medical Association, 44, 45-47, 1994	Wrong test - single serum hCG and progesterone
Kuscu,E., Vicdan,K., Turhan,N.O., Oguz,S., Zorlu,G., Gokmen,O., The hormonal profile in ectopic pregnancies, Materia Medica Polona, 25, 149-152, 1993	Wrong test - single serum hCG and progesterone
Lautmann,K., Cordina,M., Elson,J., Johns,J., Schramm-Gajraj,K., Ross,J.A., Clinical use of a model to predict the viability of early intrauterine pregnancies when no embryo is visible on ultrasound,	Wrong study population - only includes women with an intrauterine pregnancy of uncertain viability; therefore does not match the

Bibliographic information	Reason for exclusion
Human Reproduction, 26, 2957-2963, 2011	presenting population (PUL) for this review
Ledger,W.L., Sweeting,V.M., Chatterjee,S., Rapid diagnosis of early ectopic pregnancy in an emergency gynaecology service--are measurements of progesterone, intact and free beta human chorionic gonadotrophin helpful?, Human Reproduction, 9, 157-160, 1994	Wrong test - uses a single value of hCG and progesterone
Lindblom,B., Hahlin,M., Lindblom,P., Serial human chorionic gonadotropin determinations by fluoroimmunoassay for differentiation between intrauterine and ectopic gestation, American Journal of Obstetrics and Gynecology, 161, 397-400, 1989	The use of progesterone is not reported. Serial hCG is only used for diagnosing a small proportion of women, who are not the correct presenting population.
Long,C.A., Lincoln,S.R., Whitworth,N.S., Cowan,B.D., Serum progesterone predicts abnormal gestations in clomiphene citrate conception cycles as well as in spontaneous conception cycles, Fertility and Sterility, 61, 838-842, 1994	Wrong test - reports diagnostic accuracy of progesterone alone
McCord,M.L., Muram,D., Buster,J.E., Arheart,K.L., Stovall,T.G., Carson,S.A., Single serum progesterone as a screen for ectopic pregnancy: Exchanging specificity and sensitivity to obtain optimal test performance, Fertility and Sterility, 66, 513-516, 1996	Wrong test - reports diagnostic accuracy of progesterone only, not in conjunction with hCG
Ozates,B., Caglar,G.S., Kalyoncu,S., Yildiz,Y., Aktan,A., Mollamahmutoglu,L., The assessment of anticardiolipin antibodies in ectopic pregnancies, Gazzetta Medica Italiana Archivio per le Scienze Mediche, 165, 221-225, 2006	Wrong population - women are presenting for an elective abortion, not due to pain and bleeding. No diagnostic accuracy measures are reported for hCG and progesterone, only for IgM.
Plante,B.J., Blume,J.D., Lambert-Messerlian,G., Shackelton,R., Canick,J., Phipps,M.G., A multiple marker model to predict pregnancy viability when progesterone is indeterminate, Journal of Reproductive Medicine, 53, 243-249, 2008	Wrong test - this paper reports diagnostic accuracy of a model incorporating hCG level, not the rate of change of hCG.
Rode,L., Daugaard,G., Fenger,M., Hilsted,L., Krag Moller,L., Raaberg,L., Ottesen,B., Serum-hCG: Still a problematic marker, Acta Obstetricia et Gynecologica Scandinavica, 82, -200, 2003	This paper is a case report of two patients, not a diagnostic accuracy study
Santiago-San,JuanF, Casals,M.E., Karunungan,E., Mochizuki,M., The use of human chorionic gonadotropin and ultrasound in the early diagnosis of ectopic pregnancy: A prospective study, ICMR Annals, 7, -250, 1987	Wrong test - this study uses a urinary hCG test
Sauer,M.V., Anderson,R.E., Vermesh,M., Stone,B.A., Paulson,R.J., Spontaneously resorbing ectopic pregnancy: preservation of human chorionic gonadotropin bioactivity despite declining steroid hormone levels, American Journal of Obstetrics and Gynecology, 161, 1673-1676, 1989	Reports means only, no measures of diagnostic accuracy
Shaunik,A., Kulp,J., Appleby,D.H., Sammel,M.D., Barnhart,K.T., Utility of dilation and curettage in the diagnosis of pregnancy of unknown location, American Journal of Obstetrics and Gynecology, 204, 130-130, 2011	Wrong test - the use of progesterone is not reported
Spitzer,M., Pinto,A.B.M., Dasgupta,R., Benjamin,F., Early diagnosis of ectopic pregnancy: Can we do it accurately using a biochemical profile?, Journal of Women's Health and Gender-Based Medicine, 9, 537-Based, 2000	Wrong test - diagnostic accuracy is only reported for CPK/progesterone ratio
Sterzik,K., Rosenbusch,B., Benz,R., Serum specific protein 1 and beta-	Wrong test - single measurement of

Bibliographic information	Reason for exclusion
human chorionic gonadotropin concentrations in patients with suspected ectopic pregnancies, International Journal of Gynaecology and Obstetrics, 28, 253-256, 1989	hCG and progesterone
Stewart,B.K., Nazar-Stewart,V., Toivola,B., Biochemical discrimination of pathologic pregnancy from early, normal intrauterine gestation in symptomatic patients, American Journal of Clinical Pathology, 103, 386-390, 1995	No relevant outcomes reported - diagnostic accuracy is reported for progesterone separately, not in conjunction with serial hCG
Stovall,T.G., Ling,F.W., Cope,B.J., Buster,J.E., Preventing ruptured ectopic pregnancy with a single serum progesterone, American Journal of Obstetrics and Gynecology, 160, 1425-1428, 1989	Wrong test - does not report diagnostic accuracy of progesterone in conjunction with serial serum hCG
Thorburn,J., Bryman,I., Hahlin,M., Lindblom,B., Differential diagnosis of early human pregnancies: impact of different diagnostic measures, Gynecologic and Obstetric Investigation, 33, 216-220, 1992	No relevant outcomes reported - does not report diagnostic accuracy for progesterone
Valley,V.T., Mateer,J.R., Aiman,E.J., Thoma,M.E., Phelan,M.B., Serum progesterone and endovaginal sonography by emergency physicians in the evaluation of ectopic pregnancy, Academic Emergency Medicine, 5, 309-313, 1998	Wrong test - reports diagnostic accuracy of progesterone alone
Westergaard,J.G., Teisner,B., Sinosich,M.J., Madsen,L.T., Grudzinskas,J.G., Does ultrasound examination render biochemical tests obsolete in the prediction of early pregnancy failure?, British Journal of Obstetrics and Gynaecology, 92, 77-83, 1985	Wrong test - diagnostic accuracy is not reported for the change in hCG, only for single levels of hCG and progesterone

Chapter 7 Management of threatened miscarriage and miscarriage

Table G.12 What is the effectiveness of progesterone in improving outcomes in women with threatened miscarriage?

Bibliographic information	Reason for exclusion
Adelusi,B., Dada,O.A., Use of circulating progesterone and estradiol levels to predict outcome of pregnancy in cases of threatened abortion, East African Medical Journal, 60, 323-327, 1983	Wrong intervention. No outcomes of interest
Berle,P., Budenz,M., Michaelis,J., Is hormonal therapy still justified in imminent abortion?, Zeitschrift fur Geburtshilfe und Perinatologie, Vol.184, pp.353-358, 1980., -358, 1980	Non English paper
Burton,E.R., Wachtel,E.G., A clinical trial and cytological assessment of enol luteovis in the treatment of threatened and recurrent abortion, Journal of Obstetrics and Gynaecology of the British Commonwealth, 74, 533-536, 1967	Population consisted of women with history of recurrent miscarriage and threatened miscarriage. Control group consisted of healthy pregnant women
Camilleri,A.P., Gauci,N.M., Progesterone depot in threatened abortion, Obstetrics and Gynecology, 38, 893-895, 1971	Before and after observational study with no new outcomes reported. The reported outcomes are already reported by an RCT included in our review
Check,J.H., Chase,J.S., Nowroozi,K., Wu,C.H., Adelson,H.G., Progesterone therapy to decrease first-trimester spontaneous abortions in previous aborters, International Journal of Fertility, 32, 192-193, 197	Prophylactic progesterone therapy in healthy women with history of miscarriage
Cortes-Prieto,J., Oriol,BoschA, Arencibia,RochaJ, Allylestrenol: Three years of experience with gestanon in threatened abortion and premature labor, Clinical Therapeutics, 3, 200-208, 1980	Non RCT trial with a mixed population (women with history of recurrent miscarriage). Reported outcomes were already reported by an RCT included in our review
Czajkowski,K., Sienko,J., Mogilinski,M., Bros,M., Szczecina,R., Czajkowska,A., Uteroplacental circulation in early pregnancy complicated by threatened abortion supplemented with vaginal micronized progesterone or oral dydrogesterone, Fertility and Sterility, 87, 613-618, 2007	No outcomes of interest
DalzieL,D., Clinical use of medroxyprogesterone in recurrent and threatened abortion, Applied Therapeutics, 3, 439-442, 1961	The population consisted of healthy pregnant women with a history of miscarriage
Devaseelan,P., Fogarty,P.P., Regan,L., Human chorionic gonadotrophin for threatened miscarriage, Cochrane Database of Systematic Reviews, -, 2010	Wrong intervention; effectiveness of HCG in the treatment of miscarriages investigated
Ginsburg,E.S., Progestogen supplementation: Its use in recurrent pregnancy loss and dysfunctional bleeding, Sexuality, Reproduction and Menopause, 9, 17-23, 2011	Non-systematic review
Govaerts-Videtzky,M., Martin,L., Hubinont,P.O., A double-blind study of progestogen treatment in spontaneous abortion. (Preliminary report), Journal of Obstetrics and Gynaecology of the British Commonwealth, 72, 1034-, 1965	A study protocol (preliminary report)
Haas,D.M., Ramsey,P.S., Progestogen for preventing miscarriage, Cochrane Database of Systematic Reviews, -, 2009	Prophylactic progesterone given to women with history of recurrent

Bibliographic information	Reason for exclusion
	miscarriage
Kalinka,J., Radwan,M., The impact of dydrogesterone supplementation on serum cytokine profile in women with threatened abortion, American Journal of Reproductive Immunology, 55, 115-121, 2006	Small observational study, the control group consisted of healthy pregnant women. The reported outcome is already reported by an RCT included in our review
Kalinka,J., Szekeres-Bartho,J., The impact of dydrogesterone supplementation on hormonal profile and progesterone-induced blocking factor concentrations in women with threatened abortion, American Journal of Reproductive Immunology, 53, 166-171, 2005	Small observational study, the control group consisted of healthy pregnant women. The reported outcome is already reported by an RCT included in our review
Lim,D.C.E., Cheng,L.N.C. Lisa, Ho,K.K.W., Wong,F.W.S., Combined oestrogen and progesterone for preventing miscarriage, Cochrane Database of Systematic Reviews, -, 2011	A study protocol with the wrong intervention
Macdonald,R.R., Does treatment with progesterone prevent miscarriage?. [29 refs], British Journal of Obstetrics and Gynaecology, 96, 257-260, 1989	Non-systematic review
Paszkowski,T., Renaissance of the clinical applications of a progesterone Renesans zastosowan klinicznych progesterone, Ginekologia i Poloznictwo, 19, 41-47, 2011	Non-systematic review
Qureshi,N.S., Treatment options for threatened miscarriage, Maturitas, 65 Suppl 1, S35-S41, 2009	Non-systematic review
Shearman,R.P., Garrett,W.J., Double-blind study of effect of 17-hydroxyprogesterone caproate on abortion rate, British Medical Journal, 1, 292-295, 1963	No outcomes of interest
Sotiriadis,A., Makrydimas,G., Physiology should be supported with evidence in progesterone administration for threatened miscarriage, American Journal of Reproductive Immunology, 54, 240-, 2005	A letter
Sotiriadis,A., Papatheodorou,S., Makrydimas,G., Threatened miscarriage: Evaluation and management, British Medical Journal, 329, 152-155, 2004	Nine studies are included in this review; 4 studies are with wrong intervention, 4 studies are excluded for other reasons and are detailed in this excluded studies table and one study is included in our review
Szabo,I., Szilagyi,A., Management of threatened abortion, Early pregnancy : biology and medicine : the official journal of the Society for the Investigation of Early Pregnancy, 2, 233-240, 1996	Non-systematic review
Tognoni,G., Ferrario,L., Inzalaco,M., Crosignani,P.G., Progestagens in threatened abortion, Lancet, 2, 1242-1243, 1980	A letter
Wahabi,H.A., Althagafi,N.F., Elawad,M., Al Zeidan,R.A., Progestogen for treating threatened miscarriage. [Update of Cochrane Database Syst Rev. 2007;(3):CD005943; PMID: 17636813], Cochrane Database of Systematic Reviews, 3, CD005943-, 2011	The four included studies in the systematic review are included in our review as separate papers
Wahabi,H.A., Fayed,A.A., Esmaeil,S.A., Al Zeidan,R.A., Progestogen for treating threatened miscarriage. [Update of Cochrane Database Syst Rev. 2011;(3):CD005943; PMID: 21412891], Cochrane Database of Systematic Reviews, 12, CD005943-, 2011	The four included studies in the systematic review are included in our review as separate papers
Wahabi,H.A., Althagafi,N.F., Elawad,M., Al Zeidan,R.A., Progestogen for treating threatened miscarriage, Cochrane Database of Systematic	Two included studies in the systematic review are already

Bibliographic information	Reason for exclusion
Reviews, -, 2011	included in our review
Walch,K., Hefler,L., Nagele,F., Oral dydrogesterone treatment during the first trimester of pregnancy: the prevention of miscarriage study (PROMIS). A double-blind, prospectively randomized, placebo-controlled, parallel group trial, Journal of Maternal-Fetal and Neonatal Medicine, 18, 265-269, 2005	The study population comprised healthy pregnant women with history of miscarriage
Wang,H.I., Yang,M.J., Chang,C.M., Chen,L.H., Chen,C.Y., Oxytocin antagonist successfully prevents from threatened abortion in 15 weeks' gestation, Taiwanese Journal of Obstetrics and Gynecology, 50, 220-222, 2011	Single case study

Table G.13 How effective is expectant management of miscarriage compared with active treatment for improving women's clinical and psychological outcomes?

Bibliographic information	Reason for exclusion
Bagratee,J.S., Khullar,V., Regan,L., Moodley,J., Kagoro,H., A randomized controlled trial comparing medical and expectant management of first trimester miscarriage, Human Reproduction, 19, 266-271, 2004	Wrong comparator - placebo treatment is not the same as expectant management
Blohm,F., Friden,B.E., Milsom,I., Platz-Christensen,J.J., Nielsen,S., A randomised double blind trial comparing misoprostol or placebo in the management of early miscarriage, BJOG: An International Journal of Obstetrics and Gynaecology, 112, 1090-1095, 2005	Wrong comparator - placebo treatment is not the same as expectant management
Bui,Q., Management options for early incomplete miscarriage, American Family Physician, 83, 258-260, 2011	Summary of a Cochrane review that has already been appraised for inclusion in full text
Butler,C., Kelsberg,G., St. Anna,L., How long is expectant management safe in first-trimester miscarriage?, Journal of Family Practice, 54, 889-890, 2005	All relevant included RCTs have been included and analysed separately
Geyman,J.P., Expectant, medical, or surgical treatment of spontaneous abortion in first trimester of pregnancy? A pooled quantitative literature evaluation, Journal of the American Board of Family Practice, 12, 55-64, 1999	Review contains non RCTs. Two relevant included RCTs have been included and analysed separately
Graziosi,G.C.M., Mol,B.W., Ankum,W.M., Bruinse,H.W., Management of early pregnancy loss, International Journal of Gynecology and Obstetrics, 86, 337-346, 2004	Relevant included studies have been included and analysed separately
Gronlund,L., Gronlund,A.L., Clevin,L., Andersen,B., Palmgren,N., Lidegaard,O., Spontaneous abortion: expectant management, medical treatment or surgical evacuation, Acta Obstetricia et Gynecologica Scandinavica, 81, 781-782, 2002	Not a randomised controlled trial
Mahmood,T.A., Shehata,K.I., Thong,K.J., A randomized study of conservative management versus surgical uterine evacuation for incomplete miscarriage (interim analysis), International Journal of Gynecology and Obstetrics, 70, 68-69, 2000	Abstract only
McCreight,B.S., Perinatal loss: a qualitative study in Northern Ireland, Omega: Journal of Death and Dying, 57, 1-19, 2008	Wrong population - included women with late pregnancy loss. No relevant outcomes reported.
Nanda,K., Peloggia,A., Grimes,D.A., Lopez,L. M., Nanda,G., Expectant	All included studies relevant to this

Bibliographic information	Reason for exclusion
care versus surgical treatment for miscarriage, Cochrane Database of Systematic Reviews, -, 2009	review question were appraised for inclusion individually
Nanda,K., Peloggia,A., Grimes,D. A., Lopez,L.M., Nanda,G., Expectant care versus surgical treatment for miscarriage, Cochrane Database of Systematic Reviews, -, 2010	All included studies relevant to this review question have been included and analysed separately (except one in German and one reported as an abstract only)
Neilson,J.P., Gyte,G.M., Hickey,M., Vazquez,J.C., Dou,L., Medical treatments for incomplete miscarriage (less than 24 weeks). [187 refs], Cochrane Database of Systematic Reviews, CD007223-, 2010	Abstract only
Neilson,J.P., Hickey,M., Vazquez,J., Medical treatment for early fetal death (less than 24 weeks). [102 refs], Cochrane Database of Systematic Reviews, 3, CD002253-, 2006	Only one relevant included study, which has been included and analysed separately
Nielsen,S., Hahlin,M., Expectant management of first-trimester miscarriage, Problems in early pregnancy - advances in diagnosis and management, 265-276p. 1997., -276p, None	Book chapter reporting data from trials already included in the review
Paton,F., Wood,R., Grief in miscarriage patients and satisfaction with care in a London hospital, Journal of Reproductive and Infant Psychology, 17, 301-301, 1999	Non-comparative study - only included women undergoing surgical management
Pauleta,J.R., Clode,N., Graca,L.M., Expectant management of incomplete abortion in the first trimester, International Journal of Gynaecology and Obstetrics, 106, 35-38, 2009	Observational study
Petrou,S., McIntosh,E., Women's preferences for attributes of first-trimester miscarriage management: a stated preference discrete-choice experiment, Value in Health, 12, 551-559, 2009	Predictive model for health economic analysis. The same population is also reported in another qualitative paper included in this review (Smith 2006)
Sotiriadis,A., Makrydimas,G., Papatheodorou,S., Ioannidis,J.P., Expectant, medical, or surgical management of first-trimester miscarriage: a meta-analysis. [42 refs], Obstetrics and Gynecology, 105, 1104-1113, 2005	Any relevant included studies have been included and analysed separately
Tam,W.H., Lau,W.C., Cheung,L.P., Yuen,P.M., Chung,T.K., Intrauterine adhesions after conservative and surgical management of spontaneous abortion, Journal of the American Association of Gynecologic Laparoscopists, 9, 182-185, 2002	Wrong population - women who were managed "expectantly" were already diagnosed with a complete miscarriage when the study started and were not randomised.
Thong,K.J., Mahmood,T.A., A randomised study of conservative management versus evacuation of the uterus for first trimester miscarriage, Health Bulletin, 55, 277, 1997-, 1997	Abstract only
Wallace,R.R., Goodman,S., Freedman,L.R., Dalton,V.K., Harris,L.H., Counseling women with early pregnancy failure: Utilizing evidence, preserving preference, Patient education and counseling, 81, 454-461, 2010	Non-systematic review
Wieringa-de Waard, M., Ankum,W.M., Bonsel,G.J., Vos,J., Biewenga,P., Bindels,P.J., The natural course of spontaneous miscarriage: analysis of signs and symptoms in 188 expectantly managed women, British Journal of General Practice, 53, 704-708, 2003	Subgroup analysis of one arm of an RCT already included. No reported outcomes of interest.
Wieringa-de Waard, M., Bindels,P.J., Vos,J., Bonsel,G.J., Stalmeier,P.F., Ankum,W.M., Patient preferences for expectant	Very low response rate (57%), with

Bibliographic information	Reason for exclusion
management vs. surgical evacuation in first-trimester uncomplicated miscarriage, Journal of Clinical Epidemiology, 57, 167-173, 2004	poor reporting of outcomes.
Wijesinghe,P.S., Padumadasa,G.S., Palihawadana,T.S., Marleen,F.S., A trial of expectant management in incomplete miscarriage, Ceylon Medical Journal, 56, 10-13, 2011	Study was not conducted in a developed country

Table G.14 How effective is surgical management of miscarriage compared with medical management for improving women's clinical and psychological outcomes?

Bibliographic information	Reason for exclusion
Ankum,W.M., Wieringa-de Waard, M., Bindels,P.J., Management of spontaneous miscarriage in the first trimester: an example of putting informed shared decision making into practice. [26 refs], BMJ, 322, 1343-1346, 2001	The included studies in this review have been included and analysed separately.
Bique,C., Usta, M., Debora,B., Chong,E., Westheimer,E., Winikoff,B., Comparison of misoprostol and manual vacuum aspiration for the treatment of incomplete abortion, International Journal of Gynaecology and Obstetrics, 98, 222-226, 2007	Incorrect population - self-reported induced abortion rate of 49-50% in current pregnancy
Bui,Q., Management options for early incomplete miscarriage, American Family Physician, 83, 258-260, 2011	Summary of a Cochrane review that has already been appraised for inclusion in full text
Chung,T.K.H., Cheung,L.P., Haines,C.J., Spontaneous abortion: A randomized controlled trial of misoprostol versus routine surgical evacuation, Acta Obstetricia et Gynecologica Scandinavica, 76, 72, 1997-, 1997	This trial is reported in more detail in another included paper (Chung et al. 1999).
Chung,T.K.H., Cheung,L.P., Lee,D.T.S., Haines,C.J., Spontaneous abortion: a randomized controlled trial of misoprostol versus routine uterine curettage, British Journal of Obstetrics and Gynaecology, Vol.105 Suppl 17, pp.127, 1998., -, -32676	This trial is reported in more detail in another included paper (Chung et al. 1999).
Clevin,L., Munk,T., Hansen,T.R., Spontaneous abortion, medical versus surgical management, Ugeskrift for laeger, 163, 2136-2139, 2001	The paper is in Danish, with insufficient detail reported in the English abstract.
Erratum: Medical management of missed abortion: A randomized clinical trial (Obstetrics and Gynecology (2002) 99 (563-566)), Obstetrics and Gynecology, 100, 175-, 2002	Erratum is not relevant to any included paper.
Geyman,J.P., Oliver,L.M., Sullivan,S.D., Expectant, medical, or surgical treatment of spontaneous abortion in first trimester of pregnancy? A pooled quantitative literature evaluation, Journal of the American Board of Family Practice, 12, 55-64, 1999	The included studies in this review have been included and analysed separately.
Graziosi,G.C.M., Mol,B.W., Ankum,W.M., Bruinse,H.W., Management of early pregnancy loss, International Journal of Gynecology and Obstetrics, 86, 337-346, 2004	The included studies in this review have been included and analysed separately.
Hausler,M.C.H., Koroschetz,F., Tamussino,K., Walcher,W., Complete first trimester spontaneous abortion managed with or without curretage - A prospective, randomised trial. <Original> Ist eine curettage nach abortus completus noch zeitgemass? Eine prospektiv randomisierte studie, Geburtshilfe Und Frauenheilkunde, 57, 396-399, 1997	The paper is in German, with insufficient detail reported in the English abstract.
Hinshaw,K., Rispin,R., Smith,N., Templeton,A., Medical vs surgical	Preliminary summary of another

Bibliographic information	Reason for exclusion
management in first trimester miscarriage: a prospective, pragmatic random allocation trial, Journal of Obstetrics and Gynaecology, 13, 404-405, 1993	included trial (Hinshaw, H.K.S. 1997) that reports no additional relevant outcomes.
Hughes,J., Ryan,M., Hinshaw,K., Henshaw,R., Rispin,R., Templeton,A., The costs of treating miscarriage: a comparison of medical and surgical management, British Journal of Obstetrics and Gynaecology, 103, 1217-1221, 1996	Outcomes are not reported separately for randomised and non-randomised women
Johnson,N., Priestnall,M., Marsay,T., Ballard,P., Watters,J., A randomised trial evaluating pain and bleeding after a first trimester miscarriage treated surgically or medically, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 72, 213-215, 1997	Incorrect population - participants include an unreported number of women with complete miscarriages
Murphy,F.A., Lipp,A., Powles,D.L., Follow-up for improving psychological well being for women after a miscarriage, Cochrane Database of Systematic Reviews, -, 2010	No outcomes reported (protocol only)
Neilson,J.P., Gyte,G.M., Hickey,M., Vazquez,J.C., Dou,L., Medical treatments for incomplete miscarriage (less than 24 weeks). [187 refs], Cochrane Database of Systematic Reviews, CD007223-, 2010	The included studies in this review have been included and analysed separately.
Neilson,J.P., Hickey,M., Vazquez,J., Medical treatment for early fetal death (less than 24 weeks). [102 refs], Cochrane Database of Systematic Reviews, 3, CD002253-, 2006	The included studies in this review have been included and analysed separately.
Neilson,J.P., Hickey,M., Vazquez,J.C., Medical treatment for early fetal death (less than 24 weeks), Cochrane Database of Systematic Reviews, -, 2009	The included studies in this review have been included and analysed separately.
Paraskevaides,E., Prendiville,W., Stuart,B., Scanaill,S.N., Walsh,D., McGuinness,N., Afrasiabi,M., Daly,S., Medical evacuation of first trimester (twelve weeks gestation) incomplete abortion and missed abortion, Journal of Gynecologic Surgery, 8, 159-163, 1992	No outcomes of interest reported for both medical and surgical groups.
Paton,F., Wood,R., Grief in miscarriage patients and satisfaction with care in a London hospital, Journal of Reproductive and Infant Psychology, 17, 301-301, 1999	Non-comparative study - examines surgical management only, with no comparison to medical management.
Scott,L., Medical management in the community as an option for first trimester miscarriage, Nursing Times, 106, 17-19, 2010	Does not report a comparison of surgical and medical management
Shaikh,Z.A.N., Comparison between misoprostol alone and misoprostol with manual vacuum aspiration for the treatment of missed and incomplete miscarriage, BJOG: an international journal of obstetrics and gynaecology, 115, 83, 2008-, 2008	Poster abstract with insufficient detail reported.
Sotiriadis,A., Makrydimas,G., Papatheodorou,S., Ioannidis,J.P., Expectant, medical, or surgical management of first-trimester miscarriage: a meta-analysis. [42 refs], Obstetrics and Gynecology, 105, 1104-1113, 2005	The included studies in this review have been included and analysed separately, with the exception of one non-randomised trial.
Tam,W.H., Lau,W.C., Cheung,L.P., Yuen,P.M., Chung,T.K., Intrauterine adhesions after conservative and surgical management of spontaneous abortion, Journal of the American Association of Gynecologic Laparoscopists, 9, 182-185, 2002	No outcomes of interest reported
Wallace,R.R., Goodman,S., Freedman,L.R., Dalton,V.K., Harris,L.H., Counseling women with early pregnancy failure: Utilizing evidence, preserving preference, Patient education and counseling, 81, 454-461, 2010	Non-systematic review

Bibliographic information	Reason for exclusion
Weeks,A., Alia,G., Blum,J., Winikoff,B., Ekwaru,P., Durocher,J., Mirembe,F., A randomized trial of misoprostol compared with manual vacuum aspiration for incomplete abortion, Obstetrics and Gynecology, 106, 540-547, 2005	Incomplete reporting of outcomes - loss to follow-up was 39% for the primary outcome of treatment success, and all other outcomes reported at follow-up.
Zalanyi,S., Vaginal misoprostol alone is effective in the treatment of missed abortion, British Journal of Obstetrics and Gynaecology, 105, 1026-1028, 1998	Incorrect study design - not a randomised controlled trial
Zhang,J., Gilles,J., Barnhart,K., Creinin,M., Westhoff,C., Frederick,M.M., Medical management with misoprostol for early pregnancy failure: a multicenter, randomized equivalence trial [abstract], Fertility and Sterility, Vol.82 Suppl 2, pp.S53-S54, 2004., -S54, 2004	This trial is reported in more detail in another included paper (Zhang et al. 2005).

Table G.15 Management of miscarriage – cost effectiveness literature review

Bibliographic information	Reason for exclusion
Petrou,S., McIntosh,E., Women's preferences for attributes of first-trimester miscarriage management: a stated preference discrete-choice experiment, Value in Health, 12, 551-559, 2009	Not an economic evaluation of the intervention

Table G.16 What is the most appropriate dose of misoprostol and mifepristone to provide for managing miscarriage?

Bibliographic information	Reason for exclusion
Al-Bdour,A.N., Akasheh,H., Al-Jayousi,T., Missed abortion: Termination using single-dose versus two doses of vaginal misoprostol tablets, Pakistan Journal of Medical Sciences, 23, 920-923, 2007	Incorrect study design - not a randomised controlled trial
Cabrol,D., Dubois,C., Cronje,H., Gonnet,J.M., Guillot,M., Maria,B., Moodley,J., Oury,J.F., Thoulon,J.M., Treisser,A., Induction of labor with mifepristone (RU 486) in intrauterine fetal death, American Journal of Obstetrics and Gynecology, 163, 540-542, 1990	Wrong population - inclusion criteria is over 16 weeks gestation
Chung,T.K.H., Cheung,L.P., Leung,T.Y., Haines,C.J., Chang,A.M.Z., Misoprostol in the management of spontaneous abortion, British Journal of Obstetrics and Gynaecology, 102, 832-835, 1995	Incorrect study design - not a randomised controlled trial
Creinin,M.D., Pymar,H.C., Schwartz,J.L., Mifepristone 100 mg in abortion regimens, Obstetrics and Gynecology, 98, 434-439, 2001	Wrong population - participants are women presenting for an elective abortion
Diop,A., Raghavan,S., Rakotovao,J.P., Comendant,R., Blumenthal,P.D., Winikoff,B., Two routes of administration for misoprostol in the treatment of incomplete abortion: a randomized clinical trial, Contraception, 79, 456-462, 2009	Wrong population, not comparable to UK: 29-32% of population suspected to have induced their current miscarriage; minority had ultrasound for diagnosis of miscarriage or confirmation of treatment success.
Erratum: Medical management of missed abortion: A randomized clinical trial (Obstetrics and Gynecology (2002) 99 (563-566)), Obstetrics and Gynecology, 100, 175-, 2002	Erratum is not relevant to any included study
Fang,A., Chen,Q., Zheng,W., Li,Y., Chen,R., Termination of Missed	50% loss to follow-up in one arm of

Bibliographic information	Reason for exclusion
Abortion in A Combined Procedure: A Randomized Controlled Trial, Journal of Reproduction and Contraception, #20, 45-49, 2009	the trial.
Geels,Y.P., de Gouberville,M.C., Visser,L., van Asten,H.A., Comparing vaginal and sublingual administration of misoprostol for labour induction in women with intra-uterine fetal death, Tropical Doctor, 40, 77-80, 2010	Wrong population - women are presenting with still births, not first trimester miscarriages
Gronlund,A., Gronlund,L., Clevin,L., Andersen,B., Palmgren,N., Lidegaard,O., Management of missed abortion: comparison of medical treatment with either mifepristone + misoprostol or misoprostol alone with surgical evacuation. A multi-center trial in Copenhagen county, Denmark, Acta Obstetricia et Gynecologica Scandinavica, 81, 1060-1065, 2002	Incorrect study design - not a randomised controlled trial
Heard,M.J., Stewart,G.M., Buster,J.E., Carson,S.A., Miller,H.J., Outpatient management of missed abortion with vaginal misoprostol [abstract], Obstetrics and Gynecology, 99, 20S, 2002-, 2002	Abstract only - insufficient results and methodological details reported
Herabutya,Y., Prasertsawat,P., Misoprostol in the management of missed abortion, International Journal of Gynaecology and Obstetrics, 56, 263-266, 1997	Wrong intervention - all women automatically received surgery 24 hours after drug administration, therefore outcomes of medical treatment cannot be assessed
Jamnansiri,C. Kovavisarach,E. Intravaglnal 600 and 800 micrograms misoprostol for termination of eariy pregnancy failure, Thai Journal of Obstetrics and Gynaecology, 15, 268, 2003-, 2003	Abstract only - the same trial is reported in more detail in another included study (Kovavisarach and Jamnansiri, 2005)
Kleinhaus,K., Teal,S., A randomized trial of oral and vaginal misoprostol to manage delivery in cases of fetal death, Obstetrics and Gynecology, 101, 1353-1354, 2003	Incorrect study design - not a randomised controlled trial
Kushwah,D.S., Kushwah,B., Salman,M.T., Verma,V.K., Acceptability and safety profile of oral and sublingual misoprostol for uterine evacuation following early fetal demise, Indian Journal of Pharmacology, 43, 306-310, 2011	The same trial is already reported in another included study (Kushwah & Singh, 2009), and this paper does not report any additional outcomes
Lipp,A., Medical treatments for incomplete miscarriage (less than 24 weeks), International Journal of Evidence-Based Healthcare, 9, 71-72, 2011	Short summary of a systematic review that was already appraised for inclusion in full
Machtinger,R., Stockheim,D., Goldenberg,M., Soriano,D., Atlas,M., Seidman,D.S., A randomized prospective study of misoprostol alone or combined with mifepristone for treatment of first trimester spontaneous abortion [abstract], Fertil Steril, 78, S64, 2002-, 2002	Abstract only, with insufficient methodological detail; includes women with blighted ovum and spontaneous miscarriage and does not report outcomes separately
Neilson,J.P., Gyte,G.M., Hickey,M., Vazquez,J.C., Dou,L., Medical treatments for incomplete miscarriage (less than 24 weeks). [187 refs], Cochrane Database of Systematic Reviews, CD007223-, 2010	All relevant included studies have been included and analysed separately.
Neilson,J.P., Hickey,M., Vazquez,J., Medical treatment for early fetal death (less than 24 weeks). [102 refs], Cochrane Database of Systematic Reviews, 3, CD002253-, 2006	All relevant included studies have been included and analysed separately.
Phupong,V., Taneepanichskul,S., Kriengsinyot,R., Sriyirojana,N., Blanchard,K., Winikoff,B., Comparative study between single dose 600 microg and repeated dose of oral misoprostol for treatment of incomplete abortion, Contraception, 70, 307-311, 2004	This study population is reported as part of a larger trial included in the review
Sathapanachai,U., Intravaginal 400 micrograms misoprostol for	Abstract only - the same trial is

Bibliographic information	Reason for exclusion
pregnancy termination in cases of blighted ovum, Thai Journal of Obstetrics and Gynaecology, 12, 363, 2000-, 2000	reported in more detail in another included study
Srikhao,N., Tannirandorn,Y., A comparison of vaginal misoprostol 800 microg versus 400 microg for anembryonic pregnancy: a randomized comparative trial, Journal of the Medical Association of Thailand, 88 Suppl 2, S41-S47, 2005	Wrong population - mean gestational age is over 14 weeks
Suchonwanit,P., Comparative study between vaginal misoprostol 200 mg and 400 mg in first trimester intrauterine fetal death and anembryonic gestation, Thai Journal of Obstetrics and Gynaecology, 11, 263, 1999-, 1999	Abstract only - insufficient results and methodological details reported
Zalanyi,S., Vaginal misoprostol alone is effective in the treatment of missed abortion, British Journal of Obstetrics and Gynaecology, 105, 1026-1028, 1998	Incorrect study design - not a randomised controlled trial

Table G.17 What is the effectiveness of surgical management of miscarriage in an outpatient (office) setting compared with any other setting for improving women's clinical and psychological outcomes?

Bibliographic information	Reason for exclusion
Allison,J.L., Sherwood,R.S., Schust,D.J., Management of first trimester pregnancy loss can be safely moved into the office, Revue Obstetricale et Gynecologique, 4, 5-14, 2011	Non-systematic review
Calvache,A.J., gado Noguera,M.F., Giraldo,A., Salamanca,N., Anaesthesia for evacuation of incomplete miscarriage, Cochrane Database of Systematic Reviews, -, 2010	Different settings and anaesthesia were not evaluated
Common treatments for miscarriage, American Family Physician, 84, 85-86, 2011	Opinion paper
Creinin,M.D., Schwartz,J.L., Guido,R.S., Pymar,H.C., Early pregnancy failure--current management concepts. [55 refs], Obstetrical and Gynecological Survey, 56, 105-113, 2001	Non-systematic review
Gazvani,R., Honey,E., MacLennan,F.M., Templeton,A., Manual vacuum aspiration (MVA) in the management of first trimester pregnancy loss, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 112, 197-200, 2004	No outcomes of interest. MVA under systemic or patient controlled anaesthesia was evaluated.
Harris,L.H., Dalton,V.K., Johnson,T.R.B., Surgical management of early pregnancy failure: history, politics, and safe, cost-effective care, American Journal of Obstetrics and Gynecology, #196, 445-445e5, 2007	Non-systematic review
Kulier,R., Kapp,N., Gulmezoglu,M.A., Hofmeyr,J.G., Cheng,L., Campana,A., Medical methods for first trimester abortion, Cochrane Database of Systematic Reviews, -, 2011	Wrong population (women undergoing medical abortion)
Levine,K., Cameron,S.T., Women's preferences for method of abortion and management of miscarriage, Journal of Family Planning and Reproductive Health Care, 35, 233-235, 2009	No outcomes of interest. Women's preference in regard to medical and surgical management was assessed
Mancuso,V., Poudyal,J., Kishore,S., Padyha,S., Darney,P., Manual vacuum aspiration and contraceptive counseling in the outpatient setting for the treatment of incomplete abortion: A prospective cohort study in Kathmandu, Nepal, Journal of Gynecologic Techniques, 4, 61-65, 1998	Developing country

Bibliographic information	Reason for exclusion
Milingos,D.S., Mathur,M., Smith,N.C., Ashok,P.W., Manual vacuum aspiration: a safe alternative for the surgical management of early pregnancy loss, BJOG: An International Journal of Obstetrics and Gynaecology, 116, 1268-1271, 2009	Non comparative study
Prine,L.W., MacNaughton,H., Office management of early pregnancy loss. [Summary for patients in Am Fam Physician. 2011 Jul 1;84(1):85-6; PMID: 21766759], American Family Physician, 84, 75-82, 2011	Non-systematic review
Rogo,K., Manual vacuum aspiration saves lives, Planned Parenthood Challenges, 32-33, 1993	Opinion paper
Tasnim,N., Mahmud,G., Fatima,S., Sultana,M., Manual vacuum aspiration: A safe and cost-effective substitute of Electric vacuum aspiration for the surgical management of early pregnancy loss, Journal of the Pakistan Medical Association, 61, 149-153, 2011	Developing country
Tuncalp,O., Gulmezoglu,M. A., Souza,P.J., Surgical procedures for evacuating incomplete miscarriage, Cochrane Database of Systematic Reviews, -, 2010	Wrong comparison - this study is evaluating the safety and effectiveness of different surgical uterine evacuation methods, not the setting of the procedures. Of the two included studies, the authors of the systematic review report that in one trial the procedures were carried out in the same outpatient operating theatre and in the other trial no setting was specified.

Chapter 8 Management of ectopic pregnancy

Table G.18 How effective is surgical management of tubal ectopic pregnancy compared with medical management for improving women's clinical and psychological outcomes?

Bibliographic information	Reason for exclusion
abi-Isama,L., Bolaji,I., Fawzy,M., Presentation and management of ectopic pregnancy at Diana Princess of Wales Hospital, United Kngdom, International Journal of Gynecology and Obstetrics, #19th FIGO World Congress of Gynecology and Obstetrics Cape Town South Africa. Conference Start, S533-, 2009	No outcomes of interest
Alexander,J.M., Rouse,D.J., Varner,E., Austin,J.M.,Jr., Treatment of the small unruptured ectopic pregnancy: a cost analysis of methotrexate versus laparoscopy, Obstetrics and Gynecology, 88, 123-127, 1996	Non randomised study
Bonatz,G., Lehmann-Willenbrock,E., Kunstmann,P., Semm,I., Hedderich,J., Semm,K., Management of patients with persistent beta-hCG values following laparoscopic surgical and local drug treatment for ectopic pregnancy, International Journal of Gynaecology and Obstetrics, 47, 33-38, 1994	Non randomised retrospective study
Capmas,P., Bouyer,J., Fernandez,H., Conservative surgery versus methotrexate therapy in ectopic pregnancy: A randomized trial, Gynecological Surgery, vol. 7 (#19th Annual Congress of the European Society for Gynaecological Endoscopy, ESGE Barcelona Spain), S80-, 2010	Short conference abstract
Catania,V., Murgia,F., Non invasive diagnosis and therapy of ectopic pregnancy, Giornale Italiano di Ostetricia e Ginecologia, 15, 513-515, 1993	Non-systematic review
Dalkalitsis,N., Stefos,T., Kaponis,A., Tsanadis,G., Paschopoulos,M., Dousias,V., Reproductive outcome in patients treated by oral methotrexate or laparoscopic salpingotomy for the management of tubal ectopic pregnancy, Clinical and Experimental Obstetrics and Gynecology, 33, 90-92, 2006	Non randomised study
Egarter,C., Fitz,R., Spona,J., Grunberger,W., Wagenbichler,P., Haidbauer,R., Baumgarten,K., Beck,A., Leodolter,S., Kiss,H., [Treatment of tubal pregnancy with prostaglandins: a multicenter study], Geburtshilfe und Frauenheilkunde, 49, 808-812, 1989	Non-English paper
Elito,Jr, Han,K.K., Camano,L., Tubal patency following surgical and clinical treatment of ectopic pregnancy, Sao Paulo Medical Journal, 124, 264-266, 2006	Non RCT
El-Sherbiny,M.T., El-Gharieb,I.H., Mera,I.M., Methotrexate versus laparoscopic surgery for the management of unruptured tubal pregnancy, Middle East Fertility Society Journal, 8, 256-262, 2003	Study from developing country
Fernandez,H., Capmas,P., Gervaise,A., Lucot,J.P., Bouyer,J., Conservative surgery and methotrexate versus methotrexate therapy alone in ectopic pregnancy: A randomized trial, Journal of Minimally Invasive Gynecology, 17, S9-S10, 2010	Conference abstract
Fernandez,H., Lelaidier,C., Baton,C., Bourget,P., Frydman,R., Return of reproductive performance after expectant management and local treatment for ectopic pregnancy, Human Reproduction, 6, 1474-1477, 1991	Wrong intervention

Bibliographic information	Reason for exclusion
Ferrero,S., Bentivoglio,G., Seventy-five ectopic pregnancies. Medical and surgical management, Minerva Ginecologica, 54, 471-482, 2002	Observational study
Hordnes,K., Reproductive outcome after treatment of ectopic pregnancy with local injection of hypertonic glucose, Acta Obstetricia et Gynecologica Scandinavica, 76, 703-705, 1997	Non RCT, wrong intervention
Husslein,P., Fitz,R., Pateisky,N., Egarter,C., Prostaglandin injection for termination of tubal pregnancy: preliminary results, American Journal of Perinatology, 6, 117-120, 1989	Non randomised trial
Kjer,J.J., Vejtorp,M., Modern treatment of unruptured ectopic pregnancy, Acta Obstetricia et Gynecologica Scandinavica, 73, 3-4, 1994	Non-systematic review
Leach,R.E., Ory,S.J., Modern management of ectopic pregnancy. [129 refs], Journal of Reproductive Medicine, 34, 324-338, 1989	Narrative review
Lewis-Bliehall,C., Rogers,R.G., Kammerer-Doak,D.N., Conway,S.C., Amaya,C., Byrn,F., Medical vs. Surgical treatment of ectopic pregnancy. The University of New Mexico's six-year experience, Journal of Reproductive Medicine, 46, 983-988, 2001	Non randomised study
Li,Y., Pan,C., Chang,W., Wang,P., Laparoscopy-aided medical or surgical treatment for tubal pregnancy..., Journal of Obstetrics and Gynaecology Research, 35, 832-832, 2009	A letter
Lindblom,B., Hahlin,M., Lundorff,P., Thorburn,J., Treatment of tubal pregnancy by laparoscope-guided injection of prostaglandin F2 alpha, Fertility and Sterility, 54, 404-408, 1990	Non comparative study
Mol,F., Mol,B.W., Ankum,W.M., van,der,V, Hajenius,P.J., Current evidence on surgery, systemic methotrexate and expectant management in the treatment of tubal ectopic pregnancy: a systematic review and meta-analysis. [73 refs], Human Reproduction Update, 14, 309-319, 2008	Five included studies in this systematic review are appraised and already included in our review and the rest of the included studies in this review have non relevant intervention
Nieuwkerk,P.T., Hajenius,P.J., van,der,V, Ankum,W.M., Wijker,W., Bossuyt,P.M., Systemic methotrexate therapy versus laparoscopic salpingostomy in tubal pregnancy. Part II. Patient preferences for systemic methotrexate, Fertility and Sterility, 70, 518-522, 1998	Observational study. Data were collected from women who were participated in a clinical trial
Ory,S.J., New options for diagnosis and treatment of ectopic pregnancy, Journal of the American Medical Association, 267, 534-537, 1992	Non-systematic e review
O'Shea,R.T., Thompson,G.R., Harding,A., Intra-amniotic methotrexate versus CO2 laser laparoscopic salpingotomy in the management of tubal ectopic pregnancy--a prospective randomized trial, Fertility and Sterility, 62, 876-878, 1994	Non-systematic review
Porpora,M.G., Oliva,M.M., De,Cristofaro A., Montanino,G., Cosmi,E.V., Comparison of local injection of methotrexate and linear salpingostomy in the conservative laparoscopic treatment of ectopic pregnancy, Journal of the American Association of Gynecologic Laparoscopists, 3, 271-276, 1996	Non randomised study
Rahimi,M., What is the optimal management for ectopic pregnancies in uncommon locations? More medical or surgical treatment? That is the question?, International Journal of Gynecology and Obstetrics, #19th FIGO World Congress of Gynecology and Obstetrics Cape Town	Non-systematic review

Bibliographic information	Reason for exclusion
South Africa. Conference Start, S540-, 2009	
Russell,C.S., Calhoun,B., Management of ectopic pregnancy at a military medical center, Military Medicine, 167, 129-131, 2002	Retrospective study
Sau,M., Sau,A.K., Roberts,J.K., Goldthorp,W., Treatment of unruptured ectopic pregnancy with methotrexate. A UK experience, Acta Obstetricia et Gynecologica Scandinavica, 79, 790-792, 2000	Non-systematic review
Sauer,M.V., Gorrill,M.J., Rodi,I.A., Yeko,T.R., Greenberg,L.H., Bustillo,M., Gunning,J.E., Buster,J.E., Nonsurgical management of unruptured ectopic pregnancy: an extended clinical trial, Fertility and Sterility, 48, 752-755, 1987	Non randomised study with wrong intervention
Stovall,T.G., Ling,F.W., Buster,J.E., Outpatient chemotherapy of unruptured ectopic pregnancy, Fertility and Sterility, 51, 435-438, 1989	Non RCT
Tulandi,T., Management of ectopic pregnancy: Surgical and non-surgical approaches, Current Obstetrics and Gynaecology, 5, 137-141, 1995	Non-systematic review
Tulandi,T., Medical and surgical treatment of ectopic pregnancy. [21 refs], Current Opinion in Obstetrics and Gynecology, 6, 149-152, 1994	Non-systematic review
Yao,M., Tulandi,T., Practical and current management of tubal and nontubal ectopic pregnancies, Current Problems in Obstetrics, Gynecology and Fertility, 23, 94-107, 2000	Non-systematic review
Yao,M., Tulandi,T., Surgical and medical management of tubal and non-tubal ectopic pregnancies. [36 refs], Current Opinion in Obstetrics and Gynecology, 10, 371-374, 1998	Wrong population. Non tubal pregnany are included

Table G.19 How effective is surgical management of tubal ectopic pregnancy compared with medical management? Cost effectiveness literature review

Bibliographic information	Reason for exclusion
Centre for Reviews and Dissemination, An economic evaluation of laparoscopy and open surgery in the treatment of tubal pregnancy (Structured abstract), NHS Economic Evaluation Database (NHSEED), -, 1997	Have original article
Hidlebaugh,D., O'Mara,P., Clinical and financial analyses of ectopic pregnancy management at a large health plan, Journal of the American Association of Gynecologic Laparoscopists, 4, 207-213, 1997	Very basic and limited cost analysis on small patient numbers
Mol,F., Mol,B.W., Ankum,W.M., van,der,V, Hajenius,P.J., Current evidence on surgery, systemic methotrexate and expectant management in the treatment of tubal ectopic pregnancy: a systematic review and meta-analysis. [73 refs], Human Reproduction Update, 14, 309-319, 2008	Review article, not an economic evaluation
Seror,V., Gelfucci,F., Gerbaud,L., Pouly,J.L., Fernandez,H., Job-Spira,N., Bouyer,J., Coste,J., Care pathways for ectopic pregnancy: a population-based cost-effectiveness analysis, Fertility and Sterility, 87, 737-748, 2007	Not an economic evaluation of different treatment alternatives

Table G.20 What is the effectiveness of laparotomy compared with laparoscopic techniques for managing tubal ectopic pregnancy?

Bibliographic information	Reason for exclusion
Baumann,R., Magos,A.L., Turnbull,S.A., Prospective comparison of videopelviscopy with laparotomy for ectopic pregnancy, Obstetrical and Gynecological Survey, 47, 488-489, 1992	The same study and outcomes are reported in more detail in another included study
Centre for Reviews and Dissemination., Laparoscopy versus laparotomy for ectopic pregnancy: a systematic review (Provisional abstract), Database of Abstracts of Reviews of Effects, -, 2010	Protocol only - abstract and full text have not yet been published
Clasen,K., Camus,M., Tournaye,H., Devroey,P., Ectopic pregnancy: let's cut! Strict laparoscopic approach to 194 consecutive cases and review of literature on alternatives, Human Reproduction, 12, 596-601, 1997	Small sample size (n=3) in comparison treatment group
De Waart,M., De Blok,S., Hemrika,D.J., Complications of laparoscopic treatment of tubal ectopic pregnancies, Gynaecological Endoscopy, 3, 173-175, 1994	Outcomes cannot be separated for laparotomy and laparoscopy, because intention-to-treat analysis was not done: conversions to laparotomy were included in laparotomy group
Hajenius,P.J., Mol,F., Mol,B.W., Bossuyt,P.M.M., Ankum,W.M., Van der Veen,F., Interventions for tubal ectopic pregnancy, Cochrane Database of Systematic Reviews, -, 2009	The included studies in this review have been included and analysed separately
Lundorff,P., Hahlin,M., Kallfelt,B., Thorburn,J., Lindblom,B., Adhesion formation after laparoscopic surgery in tubal pregnancy: a randomized trial versus laparotomy, Fertility and Sterility, 55, 911-915, 1991	No outcomes of interest reported
Lundorff,P., Hahlin,M., Kallfelt,B., Thorburn,J., Lindblom,B., Adhesion formation after laparoscopic surgery in tubal pregnancy: A randomized trial versus laparotomy, Obstet Gynecol Surv, 47, 191-193, 1992	No outcomes of interest reported
Nager,C.W., Wujek,J.J., Kettal,L.M., Chin,H.G., Murphy,A.A., Operative laparoscopy (OL) vs laparotomy for the management of ectopic pregnancy: A randomized prospective trial (Abstract), Fertility and Sterility, Vol.54, pp.S42, 1990., -, None	A short summary of another included study
Odejinmi,F., Sangrithi,M., Olowu,O., Operative laparoscopy as the mainstay method in management of hemodynamically unstable patients with ectopic pregnancy, Journal of Minimally Invasive Gynecology, 18, 179-183, 2011	Outcomes for women receiving laparotomy vs. laparoscopy are only reported for 5 women who were admitted to the ICU
Oelsner,G., Goldenberg,M., Admon,D., Pansky,M., Tur-Kaspa,I., Rabinovitch,O., Carp,H.J., Mashiach,S., Salpingectomy by operative laparoscopy and subsequent reproductive performance, Human Reproduction, 9, 83-86, 1994	Retrospective study
Olofsson,J.I., Poromaa,I.S., Ottander,U., Kjellberg,L., Damber,M.G., Clinical and pregnancy outcome following ectopic pregnancy; a prospective study comparing expectancy, surgery and systemic methotrexate treatment, Acta Obstetricia et Gynecologica Scandinavica, 80, 744-749, 2001	Wrong intervention and comparator - no sub-group analysis of laparotomy versus laparoscopy
Popp,L.W., Colditz,A., Gaetje,R., Management of early ectopic pregnancy, International Journal of Gynaecology and Obstetrics, 44, 239-244, 1994	Incomplete reporting of outcomes - 67% of women from one arm have missing data
Xiang,X.D., Tang,Y.Q., Mao,J.F., A comparison of laparoscopic surgery and laparotomy in the treatment of ectopic pregnancy,	Retrospective study

Bibliographic information	Reason for exclusion
Singapore Medical Journal, 40, 88-90, 1999	
Yuen,P.M., Rogers,M.S., Chang,A., A review of laparoscopy and laparotomy in the management of tubal pregnancy, Hong Kong Medical Journal, 3, 153-157, 1997	Retrospective study
Zouves,C., Urman,B., Gomel,V., Laparoscopic surgical treatment of tubal pregnancy. A safe, effective alternative to laparotomy, Journal of Reproductive Medicine, 37, 205-209, 1992	Retrospective study

Table G.21 What is the effectiveness of laparotomy compared with laparoscopic techniques for managing tubal ectopic pregnancy? Cost effectiveness literature review

Bibliographic information	Reason for exclusion
Bernard,A., Aho,S., Charvet-Protat,S., Durieux,P., Evaluation of laparoscopy in intestinal surgery and gynecological surgery and its economic implications (Three reports) (Structured abstract), Health Technology Assessment Database, -, 2010	Structured abstract of review article - not an economic evaluation
Centre for Reviews and Dissemination, An economic evaluation of single dose systemic methotrexate and laparoscopic surgery for the treatment of unruptured ectopic pregnancy (Structured abstract), NHS Economic Evaluation Database (NHSEED), -, 2001	Have the original article as included study
Centre for Reviews and Dissemination, Salpingo-oophorectomy: clinical and financial analysis of laparoscopic and open techniques (Structured abstract), NHS Economic Evaluation Database (NHSEED), -, 1994	Not the intervention of interest
Creinin,M.D., Washington,A.E., Cost of ectopic pregnancy management: Surgery versus methotrexate, Fertility and Sterility, 60, 963-969, 1993	Not relevant to comparison of surgical techniques and included in the review of mtx v surgery
Xiang,X.D., A comparison of laparoscopic surgery and laparotomy in the treatment of ectopic pregnancy (Brief record), Singapore Medical Journal, 40, 88-90, 1999	Not an economic evaluation

Table G.22 What is the effectiveness of salpingectomy compared with salpingotomy in improving outcomes in women with tubal ectopic pregnancy?

Bibliographic information	Reason for exclusion
Badawy,S.Z., Taymour,E., el,Shaykh M., Dorwitt,D., Gaudino,S., Finnerty,J.F., Kruger,P.S., Conservative surgical treatment of tubal pregnancy: factors affecting future fertility, International Journal of Fertility, 31, 187-192, 1986	Small sample size (n<10) in one treatment group
Clausen,I., Conservative versus radical surgery for tubal pregnancy. A review. [44 refs], Acta Obstetricia et Gynecologica Scandinavica, 75, 8-12, 1996	Incorrect study design - not a systematic review of RCTs
Hajenius,P.J., Mol,B.W., Ankum,W.M., van der Veen,F., Bossuyt,P.M., Lammes,F.B., Clearance curves of serum human chorionic gonadotrophin for the diagnosis of persistent trophoblast, Human Reproduction, 10, 683-687, 1995	The study population is part of a larger population reported in more detail in another included study
Hajenius,P.J., Mol,F., Mol,B.W., Bossuyt,P.M.M., Ankum,W.M., van	Wrong intervention and comparator -

Bibliographic information	Reason for exclusion
der Veen,F., Interventions for tubal ectopic pregnancy, Cochrane Database of Systematic Reviews, -, 2009	does not report a comparison of salpingectomy and salpingo(s)tomy
Hochstein,E.R., Baranyai,J., Tubal pregnancy: relationship of conservative and radical management and follicular salpingitis upon reproductive outcome, Australian and New Zealand Journal of Obstetrics and Gynaecology, 30, 343-346, 1990	Small sample size (n<10) in one treatment group
Kazandi,M., Turan,V., Ectopic pregnancy; risk factors and comparison of intervention success rates in tubal ectopic pregnancy, Clinical and Experimental Obstetrics and Gynecology, 38, 67-70, 2011	Outcomes are reported for salpingostomy arm only
Lee,S.Y., Yan,J.S., Liu,H.S., Yin,C.S., Reproductive performance following ectopic pregnancy, Chinese Medical Journal [Taipei], 48, 278-283, 1991	Wrong comparator - over 50% of women who received conservative tubal surgery did not receive a salpingo(s)tomy; outcomes are not reported separately.
Mitchell,D.E., McSwain,H.F., Peterson,H.B., Fertility after ectopic pregnancy, American Journal of Obstetrics and Gynecology, 161, 576-580, 1989	High loss to follow-up - 79% of the women who had surgery for ectopic pregnancy were lost to follow-up
Mohamed,H., Maiti,S., Phillips,G., Laparoscopic management of ectopic pregnancy: A 5-year experience, Journal of Obstetrics and Gynaecology, 22, 411-414, 2002	Outcomes not reported separately for both salpingectomy and salpingotomy
Mol,B.W.J., Hajenius,P.J., Engelsbel,S., Ankum,W.M., Hemrika,D.J., van der Veen,F., Bossuyt,P.M.M., Is conservative surgery for tubal pregnancy preferable to salpingectomy? An economic analysis, British Journal of Obstetrics and Gynaecology, 104, 834-839, 1997	The same study population is reported in more detail in another included study
Mol,F., Strandell,A., Jurkovic,D., Yalcinkaya,T., Verhoeve,H.R., Koks,C.A., van der Linden,P.J., Graziosi,G.C., Thurkow,A.L., Hoek,A., Hogstrom,L., Klinte,I., Nilsson,K., van Mello,N.M., Ankum,W.M., van der Veen,F., Mol,B.W., Hajenius,P.J., European Surgery in Ectopic Pregnancy study group., The ESEP study: salpingostomy versus salpingectomy for tubal ectopic pregnancy; the impact on future fertility: a randomised controlled trial, BMC Women's Health, 8, 11-, 2008	Protocol for a randomised controlled trial, with no outcomes reported
Paavonen,J., Varjonen-Toivonen,M., Komulainen,M., Heinonen,P.K., Diagnosis and management of tubal pregnancy: effect on fertility outcome, International Journal of Gynaecology and Obstetrics, 23, 129-133, 1985	High loss to follow-up - 38% of women who received treatment for ectopic pregnancy were lost to follow-up
Popp,L.W., Colditz,A., Gaetje,R., Management of early ectopic pregnancy, International Journal of Gynaecology and Obstetrics, 44, 239-244, 1994	High loss to follow-up - 67% of women in one group have missing data
Sewell,C.A., Anderson,J.R., Update on trends for inpatient surgical management of tubal ectopic pregnancy in Maryland, Southern Medical Journal, 104, 488-494, 2011	Study does not report any outcomes of interest separately for salpingectomy and salpingotomy
Tulandi,T., Treatment of tubal ectopic pregnancy (EP) by salpingostomy (SS) or salpingectomy (SE) (ABSTRACT), Fertility and Sterility, Vol.54, S42-, 1990	Abstract only - population is reported in more detail in another included study
Uotila,J., Heinonen,P.K., Punnonen,R., Reproductive outcome after multiple ectopic pregnancies, International Journal of Fertility, 34, 102-105, 1989	Wrong comparator - over 50% of women who received conservative tubal surgery did not receive a salpingo(s)tomy; outcomes are not reported separately.

Bibliographic information	Reason for exclusion
Varma,R., Gupta,J., Tubal ectopic pregnancy, Clinical Evidence, 2009, 2009., -, 2009	All relevant included studies have been included and analysed separately

Chapter 9 Anti-D rhesus prophylaxis

Table G.23 Should anti-D rhesus prophylaxis be given to women with a threatened miscarriage, miscarriage or ectopic pregnancy in the first trimester?

Bibliographic information	Reason for exclusion
Adams,M.M., Gustafson,J., Epidemiology of Rh hemolytic disease of the newborn, United States, 1960-1979, Progress in Clinical and Biological Research, 70, 213-217, 1981	Wrong population - reports incidence of sensitisation in all pregnant women with no discussion of causal event
Al-Joudi,F.S., Ahmed Al-Salih,S.A., Incidence of Rhesus isoimmunization in Rhesus-negative mothers in Ramadi, Iraq, in the mid-1990s. [11 refs], Eastern Mediterranean Health Journal, 6, 1122-1125, 2000	Wrong population - this study is evaluating isoimmunisation during pregancy and after delivery, not following an ectopic or miscarriage
Ascari,W.Q., Abortion and maternal Rh immunization. [32 refs], Clinical Obstetrics and Gynecology, 14, 625-634, 1971	Review with no primary data reported
Bishop,G.J., Krieger,V.I., The timing of Rhesus immunization and the prevention of antibody response using anti-Rh immune globulin, Australian and New Zealand Journal of Obstetrics and Gynaecology, 9, 228-231, 1969	Wrong population - women are post-delivery
Bliss,R.T., Schwartz,G.A., Minimal risk of Rh sensitization in induced abortions, Abdominal Surgery, 20, 35-36, 1978	Wrong population - includes both Rh- and Rh+ women. Does not report rates of sensitisation
Boggs,T.R.,Jr., Survival rates in Rh sensitizations: 140 interrupted versus 141 uninterrupted pregnancies, Pediatrics, 33, 758-762, 1964	No reported outcomes of interest - evaluates management of erythroblastotic infants
Bowman,J.M., Suppression of Rh isoimmunization. A review, Obstetrics and Gynecology, 52, 385-393, 1978	Non-systematic review
Clarke,C.A., Prevention of Rh haemolytic disease, Nursing Mirror and Midwives Journal, 139, 57-59, 1974	Non-systematic review
Clemens,K., Walsh,R.J., The frequency of immunization of Rh-negative women by Rh antigens, Medical Journal of Australia, 2, 707-709, 1954	Wrong population - includes all Rh- pregnant women
Conti,M., Early legal abortion and Rh isoimmunization, Clinical and Experimental Obstetrics and Gynecology, 7, 168-172, 1980	Small sample size (n=6)
Crowle,P.M., An analysis of the efficiency of a Rhesus haemolytic disease prophylaxis programme, British Journal of Preventive and Social Medicine, 28, 101-103, 1974	Wrong population - postpartum women receiving anti-D
Davey,M.G., Prevention of rhesus immunization in Australia. The first seven years, Medical Journal of Australia, 2, 263-267, 1975	No reported outcomes of interest - does not report incidence of sensitisation after ectopic pregnancy or miscarriage
Dayton,V.D., Anderson,D.S., Crosson,J.T., Cruikshank,S.H., A case of Rh isoimmunization: should threatened first-trimester abortion be an indication for Rh immune globulin prophylaxis?, American Journal of Obstetrics and Gynecology, 163, 63-64, 1990	Single case report
Dudok de Wit, C., Borst-Eilers,E., Weerdt,C.M., Kloosterman,G.J., Prevention of rhesus immunization. A controlled clinical trial with a comparatively low dose of anti-D immunoglobulin, BMJ, 4, 477-479, 1968	Wrong population - population are women who have delivered an Rh+ baby, not women who have had an ectopic pregnancy or miscarriage
Duerbeck,N.B., Seeds,J.W., Rhesus immunization in pregnancy: a	Non-systematic review

Bibliographic information	Reason for exclusion
review. [71 refs], Obstetrical and Gynecological Survey, 48, 801-810, 1993	
Dutta,R.N., Incidence of Rh iso-immunisation in pregnant women and erythroblastosis foetalis, Journal of the Indian Medical Association, 56, 267-269, 1971	Wrong population - reports incidence of sensitisation in all pregnant women, with no reference to miscarriage or ectopic pregnancy
Edwards,R.F., The place for anti-D gamma globulin in abortion, Australian and New Zealand Journal of Obstetrics and Gynaecology, 10, 96-98, 1970	No reported outcomes of interest - does not report rate of sensitisation
Fiala,C., Fux,M., Gemzell,Danielsson K., Rh-prophylaxis in early abortion. [39 refs], Acta Obstetricia et Gynecologica Scandinavica, 82, 892-903, 2003	Non-systematic review
Fung Kee,F.K., Eason,E., Crane,J., Armson,A., De La Ronde, S., Farine,D., Keenan-Lindsay,L., Leduc,L., Reid,G.J., Aerde,J.V., Wilson,R.D., Davies,G., Desilets,V.A., Summers,A., Wyatt,P., Young,D.C., Maternal-Fetal Medicine Committee,Genetics Committee., Prevention of Rh alloimmunization, Journal of Obstetrics and Gynaecology Canada: JOGC, 25, 765-773, 2003	Guideline - not primary research
Gellen,J., Kovacs,Z., Szontagh,F.E., Boda,D., Surgical termination of pregnancy as a cause of rhesus sensitization, BMJ, 2, 1471-1472, 1965	No reported outcomes of interest - does not report sensitisation
Ghosh,S., Murphy,W.G., Implementation of the rhesus prevention programme: a prospective study, Scottish Medical Journal, 39, 147-149, 1994	Wrong population - women are not having a miscarriage or ectopic pregnancy
Gupte,S.C., Kulkarni,S.S., Incidence of Rh immunization between 1981 and 1992, National Medical Journal of India, 7, 65-66, 1994	Wrong population - incidence of sensitisation is reported for all pregnant women, with ectopic pregnancies and miscarriages not reported separately
Hannafin,B., Lovecchio,F., Blackburn,P., Do Rh-negative women with first trimester spontaneous abortions need Rh immune globulin?. [22 refs], American Journal of Emergency Medicine, 24, 487-489, 2006	Not a systematic review of RCTs - relevant included studies have been included and analysed separately
Hartwell,E.A., Use of Rh immune globulin: ASCP practice parameter. American Society of Clinical Pathologists. [90 refs], American Journal of Clinical Pathology, 110, 281-292, 1998	Not primary research; no data reported
Hollan,S.R., Szelenyi,J.G., Soter,V.N., Hasitz,M., Therapeutic abortion as a possible source of Rh immunization, Acta Medica Academiae Scientiarum Hungaricae, 27, 337-340, 1970	No reported outcomes of interest - does not report rate of sensitisation
Jabara,S., Barnhart,K.T., Is Rh immune globulin needed in early first-trimester abortion? A review. [19 refs], American Journal of Obstetrics and Gynecology, 188, 623-627, 2003	Not a systematic review of RCTs - all relevant included studies have been included and analysed separately
Judelsohn,R.G., Berger,G.S., Wallace,R.B., Tiller,M.J., Rh-immune globulin in induced abortion: utilization in a high-risk population, American Journal of Obstetrics and Gynecology, 114, 1031-1034, 1972	No reported outcomes of interest - reports % of women give Rh prophylaxis, but there is no follow-up to determine sensitisation in those who did not receive it
Judelsohn,R.G., Townsend,M.K., Branch,B.N., Optimal utilization of Rh immunoglobulin in induced abortion, Obstetrics and Gynecology, 42, 827-830, 1973	No reported outcomes of interest - reports % of women give Rh prophylaxis, but there is no follow-up to determine sensitisation in those

Bibliographic information	Reason for exclusion
	who did not receive it
Katz,J., Marcus,R.G., The risk of Rh isoimmunization in ruptured tubal pregnancy, BMJ, 3, 667-669, 1972	No reported outcomes of interest - does not report rates of sensitisation
Katz,J., Transplacental passage of fetal red cells in abortion; increased incidence after curettage and effect of oxytocic drugs, BMJ, 4, 84-86, 1969	No reported outcomes of interest - does not report rates of sensitisation
Kulkarni,R.R., Gupte,S.C., Mehta,P., Mehta,A.C., Bhatia,H.M., Foetal cell leak (FCL) studies in spontaneous & induced abortion, Indian Journal of Medical Research, 78, 824-827, 1983	No reported outcomes of interest - reports incidence of fetal cell leak in both Rh- and Rh+ women, and does not report sensitisation rates
Kulkarni,S.V., Gupte,S.C., Bhatia,H.M., Efficacy of prophylactic anti-D immunoglobin injections, Indian Journal of Medical Research, 85, 181-183, 1987	Wrong population - women have delivered Rh+ infants
Kuller,J.A., Laifer,S.A., Portney,D.L., Rulin,M.C., The frequency of transplacental hemorrhage in patients with threatened abortions, Gynecologic and Obstetric Investigation, 37, 229-231, 1994	No reported outcomes of interest - reports incidence of transplacental haemorrhage in both Rh- and Rh+ women, and does not report sensitisation rates
Leong,M., Duby,S., Kinch,R.A., Fetal-maternal transfusion following early abortion, Obstetrics and Gynecology, 54, 424-426, 1979	No reported outcomes of interest - reports presence of fetal cells in circulation, not rates of sensitisation
Litwak,O., Taswell,H.F., Banner,E.A., Keith,L., Fetal erythrocytes in maternal circulation after spontaneous abortion, JAMA, 214, 531-534, 1970	Wrong population with no outcomes of interest - reports presence of fetal erythrocytes in maternal circulation and does not report whether they were Rh-
Matthews,C.D., Matthews,A.E., Transplacental haemorrhage in spontaneous and induced abortion, Lancet, 1, 694-695, 1969	No reported outcomes of interest - reports presence of fetal cells only, not sensitisation rates
McSweeney,E., Kirkham,J., Vinall,P., Flanagan,P., An audit of anti-D sensitisation in Yorkshire, British Journal of Obstetrics and Gynaecology, 105, 1091-1094, 1998	No reported outcomes of interest - reports potential sensitising events only
Mukerjee,G., Mukerjee,K., A comparative study of placental transmission of foetal erythrocyte in maternal circulation between spontaneous abortion and pregnancy termination cases, Journal of Obstetrics and Gynaecology of India, 25, 751-754, 1975	No reported outcomes of interest
Prevention of Rh-haemolytic disease: results of the clinical trial. A combined study from centres in England and Baltimore, BMJ, 2, 907-914, 1966	Wrong population and intervention - population is women who have delivered, receiving post-partum intervention
Queenan,J.T., Role of Rh o (D) immune globulin in induced abortions, Clinical Obstetrics and Gynecology, 14, 235-244, 1971	Non-systematic review
Scott,J.R., Beer,A.E., Guy,L.R., Liesch,M., Elbert,G., Pathogenesis of Rh immunization in primigravidas. Fetomaternal versus maternofetal bleeding, Obstetrics and Gynecology, 49, 9-14, 1977	Wrong population - all cases of sensitisation among women who have delivered
Voigt,J.C., Britt,R.P., Feto-maternal haemorrhage in therapeutic abortion, BMJ, 4, 395-396, 1969	No reported outcomes of interest - reports fetal-maternal haemorrhage; also not solely Rh- women and no

Bibliographic information	Reason for exclusion
	gestational age reported
Von Stein,G.A., Munsick,R.A., Stiver,K., Ryder,K., Fetomaternal hemorrhage in threatened abortion, Obstetrics and Gynecology, 79, 383-386, 1992	No reported outcomes of interest - study does not report rates of sensitisation
White,C.A., Visscher,R.D., Visscher,H.C., Wade,M.E., Rho (D) immune prophylaxis. A double-blind cooperative study, Obstetrics and Gynecology, 36, 341-346, 1970	Wrong population - women do not have miscarriages or ectopic pregnancies
Whitehouse,W.L., Rhesus isoimmunization and therapeutic abortion, BMJ, 2, 759-760, 1969	Case report

Table G.24 What is the appropriate dose of anti-D that should be administered to women with a threatened miscarriage, miscarriage or ectopic pregnancy in the first trimester?

Bibliographic information	Reason for exclusion
Bishop,G.J., Krieger,V.I., Tait,M., Walsh,C., Clinical trial of one millilitre injections of RH0 (D) immune globulin (human) in the prevention of Rh immunization: preliminary report, Medical Journal of Australia, 1, 1122-1127, 1968	Wrong population - postpartum women
Bishop,G.J., Krieger,V.I., Will some cases of Rh immunization occur despite administration of adequate amounts of anti-Rh o (D) IgG?, Annali di Ostetricia, Ginecologia, Medicina Perinatale, 92, 447-450, 1970	Wrong population - women are not having a miscarriage or ectopic pregnancy
Borner,P., Deicher,H., Successful prophylaxis of Rh immunization using small doses of intravenous anti-D IgG, Annali di Ostetricia, Ginecologia, Medicina Perinatale, 92, 453-454, 1970	Wrong population - women have not had an ectopic pregnancy or miscarriage
Buchanan,D.I., Bell,R.E., Beck,R.P., Taylor,W.C., Use of different doses of anti-Rh IgG in the prevention of Rh isoimmunisation, Lancet, 2, 288-290, 1969	Wrong population - women are given anti-D during a late, viable pregnancy
Clarke,C.A., Finn,R., Lehane,D., McConnell,R.B., Sheppard,P.M., Woodrow,J.C., Dose of anti-D gamma-globulin in prevention of Rh-haemolytic disease of the newborn, BMJ, 1, 213-214, 1966	Wrong population - participants are men
Gjode,P., Moulvad,I., Tier Hansen,J., Jorgensen,J., Low dose rhesus immunoprophylaxis after early induced abortions, Acta Obstetricia et Gynecologica Scandinavica, 61, 105-106, 1982	Non-comparative study
Hamilton,E.G., High-titer anti-D plasma for the prevention of Rh isoimmunization, Obstetrics and Gynecology, 36, 331-340, 1970	Wrong population - women do not have an ectopic pregnancy or miscarriage
Kulkarni,S.V., Gupte,S.C., Bhatia,H.M., Efficacy of prophylactic anti-D immunoglobin injections, Indian Journal of Medical Research, 85, 181-183, 1987	Wrong population - women have delivered Rh+ infants
Massi,G.B., Mello,G., Curiel,P., Carapella,E., Low dosage anti-D immunoglobulin in the prevention of rhesus isoimmunization, Journal of Obstetrics and Gynaecology of the British Commonwealth, 81, 87-89, 1974	Wrong population - women are receiving anti-D following delivery
Robertson,P.W., Cooke,B.R., Preventive of immunization in women at greatest risk using anti-Rh (D) gamma globulin, Medical Journal of Australia, 1, 1184-1185, 1969	Wrong population - women are given anti-D following delivery

Appendix H Evidence tables

For evidence tables, please see separate document.

Appendix I GRADE tables

The GRADE tables in this section provide further detail about the quality assessment for the studies included in the review. Each table in the appendix corresponds to a summary GRADE table in the main text. For example, table I.4.1 would correspond to summary GRADE table 4.1 in the full guideline text.

Chapter 4 Emotional support and information giving

Psychological and emotional support

Counselling sessions

Table I.4.1 GRADE findings for comparison of one psychological counselling session with no psychological counselling session

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	
Anxiety at 3 weeks (measured with: Hospital Anxiety and Depression Scale)										
1 study (Séjourné et al., 2010)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Mean length of counselling sessions = 37 min (SD = 14.38), given within 4 days post-miscarriage. Two weeks after session women received a follow-up telephone call	Mean 7.21 (SD 3.02) n = 50	Mean 9.06 (SD 3.95) n = 52	MD 1.85 lower (3.21 lower to 0.49 lower)	Moderate

Quality assessment							Number of women		Effect	
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	**Quality**
Anxiety at 7 weeks (measured with: Hospital Anxiety and Depression Scale)										
1 study (Nikcevic et al, 2007)	randomised trial	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	50-minute psychological counselling session with a psychologist, given 5 weeks post-miscarriage	Mean 7.2 (SD 5.2) n = 33	Mean 6.7 (SD 4.1) n = 33	MD 0.5 higher (1.76 lower to 2.76 higher)	High
Anxiety at 10 weeks (measured with: Hospital Anxiety and Depression Scale)										
1 study (Séjourné et al., 2010)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Mean length of counselling sessions = 37 min (SD = 14.38), given within 4 days post-miscarriage. Two weeks after session women received a follow-up telephone call	Mean 6.22 (SD 3.52) n = 45	Mean 7.16 (SD 4.25) n = 37	MD 0.94 lower (2.65 lower to 0.77 higher)	Moderate

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	
Anxiety at 4 months (measured with: Hospital Anxiety and Depression Scale)										
2 studies (Lee et al., 1996, Nikcevic et al., 2007)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	60-min psychological debriefing session with female psychologist within 2 weeks post-miscarriage, in woman's home (Lee et al., 1996) 50-min psychological counselling session with a psychologist, given 5 weeks post-miscarriage (Nikcevic et al., 2007)	Mean 7.4 (SD 5.9) n = 21 Mean 5.6 (SD 4.5) n = 33	Mean 8.1 (SD 6.2) n = 18 Mean 7 (SD 4.4) n = 33	MD 1.23 lower (3.1 lower to 0.64 higher)	High

Quality assessment							Number of women		Effect	
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	**Quality**
Anxiety at 6 months (measured with: Hospital Anxiety and Depression Scale)										
1 study (Séjourné et al., 2010)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Mean length of counselling sessions = 37 min (SD = 14.38), given within 4 days post-miscarriage. Two weeks after session women received a follow-up telephone call	Mean 5.33 (SD 3.42) n = 33	Mean 6.5 (SD 3.49) n = 34	MD 1.17 lower (2.82 lower to 0.48 higher)	Moderate

Quality assessment							Number of women		Effect	
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	**Quality**
Depression at 3 weeks (measured with: Hospital Anxiety and Depression Scale)										
1 study (Séjourné et al., 2010)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Mean length of counselling sessions = 37 min (SD = 14.38), given within 4 days post-miscarriage. Two weeks after session women received a follow-up telephone call	Mean 3.93 (SD 3.38) n = 50	Mean 5.08 (SD 3.6) n = 52	MD 1.15 lower (2.5 lower to 0.2 higher)	Moderate
Depression at 7 weeks (measured with: Hospital Anxiety and Depression Scale)										
1 study (Nikcevic et al, 2007)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	50-minute psychological counselling session with a psychologist, given 5 weeks post-miscarriage	Mean 4.1 (SD 4.2) n = 33	Mean 3.34 (SD 2.9) n = 33	MD 0.7 higher (1.04 lower to 2.44 higher)	High

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	
Depression at 10 weeks (measured with: Hospital Anxiety and Depression Scale)										
1 study (Séjourné et al., 2010)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Mean length of counselling sessions = 37 min (SD = 14.38), given within 4 days post-miscarriage. Two weeks after session women received a telephone follow-up call	Mean 3.0 (SD 2.46) n = 45	Mean 3.48 (SD 3.2) n = 37	MD 0.48 lower (1.74 lower to 0.78 higher)	Moderate

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	
Depression at 4 months (measured with: Hospital Anxiety and Depression Scale)										
2 studies (Lee et al., 1996, Nikcevic et al., 2007)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	60-min psychological debriefing session with female psychologist within 2 weeks post-miscarriage, in woman's home (Lee et al., 1996) 50-min psychological counselling session with a psychologist, given 5 weeks post-miscarriage (Nikcevic et al., 2007)	Mean 3.2 (SD 4.2) n = 21 Mean 2.8 (SD 4.1) n = 33	Mean 4.8 (SD 7) n = 18 Mean 3.7 (SD 3.7) n = 33	MD 1.04 lower (2.72 lower to 0.63 higher)	High

Quality assessment							Number of women		Effect	
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**One psychological counselling session** **Mean (SD)**	**No psychological counselling** **Mean (SD)**	**Absolute** **(95% CI)**	**Quality**
Depression at 6 months (measured with: Hospital Anxiety and Depression Scale)										
1study (Séjourné et al., 2010)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Mean length of counselling sessions = 37 min (SD = 14.38), given within 4 days post-miscarriage. Two weeks after session women received a telephone follow-up call	Mean 2.24 (SD 2.79) n = 33	Mean 2.44 (SD 2.5) n = 34	MD 0.2 lower (1.47 lower to 1.07 higher)	Moderate

CI confidence interval, MD mean difference, n number, SD standard deviation

Hospital Anxiety and Depression Scale: better = lower values [score of 11 was threshold for 'caseness' in Nikcevic et al., 2007 and Lee et al., 1996]

[1] Alternate "randomisation" was used

Table I.4.3 GRADE findings for comparison of three psychological counselling sessions with no psychological counselling session

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**Three counselling sessions**	**No psychological counselling**	**Absolute (95% CI)**	
Anxiety at 6 weeks (measured with: Profile of Mood States)										
1 study (Swanson, 1999)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Three 1-hour counselling sessions with principal investigator or research associate 1, 5, 11 weeks after study enrolment. Mean time from miscarriage to enrolment = 7.86 days ± 7.5	Mean 10 (SD 5.4) n = 43	Mean 11.5 (SD 7.3) n = 40	MD 1.5 lower (4.28 lower to 1.28 higher)	High
Anxiety at 4 months (measured with: Profile of Mood States)										
1 study (Swanson, 1999)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Three 1-hour counselling sessions with principal investigator or research associate 1, 5, 11 weeks after study enrolment. Mean time from miscarriage to enrolment = 7.86 days ± 7.5	Mean 10.9 (SD 6.8) n = 43	Mean 11.0 (SD 7.3) n = 40	MD 0.1 lower (3.14 lower to 2.94 higher)	High

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**Three counselling sessions**	**No psychological counselling**	**Absolute (95% CI)**	
Anxiety at 12 months (measured with: Profile of Mood States)										
1 study (Swanson, 1999)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Three 1-hour counselling sessions with principal investigator or research associate 1, 5, 11 weeks after study enrolment. Mean time from miscarriage to enrolment = 7.86 days ± 7.5	Mean 8.7 (SD 5.6) n = 43	Mean 9.3 (SD 7.3) n = 40	MD 0.6 lower (3.41 lower to 2.21 higher)	High
Depression at 6 weeks (measured with: Profile of Mood States)										
1 study (Swanson, 1999)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Three 1-hour counselling sessions with principal investigator or research associate 1, 5, 11 weeks after study enrolment. Mean time from miscarriage to enrolment = 7.86 days ± 7.5	Mean 12.1 (SD 11) n = 43	Mean 14.8 (SD 12.7) n = 40	MD 2.7 lower (7.83 lower to 2.43 higher)	High

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**Three counselling sessions**	**No psychological counselling**	**Absolute (95% CI)**	
Depression at 4 months (measured with: Profile of Mood States)										
1 study (Swanson, 1999)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Three 1-hour counselling sessions with principal investigator or research associate 1, 5, 11 weeks after study enrolment. Mean time from miscarriage to enrolment = 7.86 days ± 7.5	Mean 9.8 (SD 8.7) n = 43	Mean 12.6 (SD 13.7) n = 40	MD 2.8 lower (7.78 lower to 2.18 higher)	High
Depression at 12 months (measured with: Profile of Mood States)										
1 study (Swanson, 1999)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Three 1-hour counselling sessions with principal investigator or research associate 1, 5, 11 weeks after study enrolment. Mean time from miscarriage to enrolment = 7.86 days ± 7.5	Mean 8.4 (SD 9.3) n = 43	Mean 11.4 (SD 14.5) n = 40	MD 3 lower (8.28 lower to 2.28 higher)	High

CI confidence interval, MD mean difference, n number, SD standard deviation

Profile of Mood States scale: better = lower values

Table I.4.4 GRADE findings for comparison of a maximum of six psychological counselling sessions with treatment as usual

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of intervention**	**Maximum of six counselling sessions**	**Treatment as usual**	**Absolute (95% CI)**	
Depression at 9 weeks (measured with: Hamilton Rating Scale for Depression-17 item)										
1 study (Neugebauer et al., 2006)	randomised trial	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	First session = 1 hour, remaining sessions = 30 minutes. All sessions with psychiatric social worker or psychotherapist. Timing of sessions post-miscarriage not reported	Mean 11.6 (SD 8.2) n = 10	Mean 12.9 (SD 8.3) n = 9	MD 1.3 lower (8.73 lower to 6.13 higher)	Very low

CI confidence interval, MD mean difference, n number, SD standard deviation

Hamilton Rating Scale for Depression (HAM-D-17): better = lower values

[1] Selection bias: Groups were not comparable at baseline. 80% of women in intervention group and 44% of women in control group were Hispanic. Authors report that combined HAM-D-17 score for Hispanic women post-intervention was significantly higher than for non-Hispanic women. Baseline HAM-D-17 scores not reported by ethnicity. However authors reported two trial arms did not differ significantly on mean HAM-D-17 scores at baseline. Performance bias: Women receiving intervention could have any number of counselling sessions up to a total of six sessions. Women in either group could seek other mental health care during course of the trial (sought other mental health care: intervention = 1/10, control = 0/9)

[2] Small sample size

Structured midwifery follow-up

Table I.4.5 GRADE findings for comparison of structured midwifery follow up with standard midwifery follow up

Quality assessment							Number of women		Effect	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Structured follow up reduction change score (95% CI)**	**Standard follow up reduction change score (95% CI)**	**Absolute (95% CI)**	
Grief at 4 months (measured with: Perinatal Grief Scale – Swedish short version)										
1study (Adolfsson et al., 2006)	randomised trial	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	60-min structured conversation with midwife versus 30-min standard follow-up visit with midwife 21-28 days post-miscarriage	23.5 (11.6 to 35.5) n = 43	17.5 (7.7 to 27.3) n = 45	Change score - 6 *P* = 0.43	Low

CI confidence interval, n number, *P* probability

Perinatal Grief Scale (total score): better = lower values

[1] Attrition bias: study required 50 women in each group to detect a 50% difference between groups but losses to follow-up resulted in > 50 women in each group at endpoint

[2] Grief outcome, rather than anxiety or depression as specified in review protocol

Chapter 5 Early pregnancy assessment units

Clinical and cost effectiveness of early pregnancy assessment units

Table I.5.1 GRADE findings for comparison of before and after the opening of an early pregnancy assessment unit (EPAU) or acute gynaecology unit (AGU)

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Before EPAU/AGU opened**	**After EPAU/AGU opened**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Length of stay in emergency department (minutes)											
1 study (Brownlea et al. 2005)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Median 136	Median 107	Not calculable (NC)	Median 29 higher (CI NC) *P* < 0.001	Low
Re-presentation to emergency department											
1 study (Brownlea et al. 2005)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	14/87 (16%)	6/85 (7%)	2.28 (0.92 to 5.65)	90 more per 1000 (from 6 fewer to 328 more)*	Very low
1 study (Tunde-Byass, & Cheung, 2009)	observational study	no serious limitations	no serious inconsistency	serious[2]	no serious imprecision	none	431/1514 (28.5%)	384/1603 (24%)	1.19 (1.06 to 1.34)	46 more per 1000 (from 14 more to 81 more)	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Before EPAU/AGU opened**	**After EPAU/AGU opened**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Duration of stay for women requiring no treatment (hours)											
1 study (Bigrigg et al., 1991)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 36 (range 12 to 72)	Mean 2	NC	MD 34 higher (CI NC)	Low
Duration of hospital stay for women requiring evacuation of the uterus (hours)											
1 study (Bigrigg et al., 1991)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 72 (range 36 to 60)	Mean 24	NC	MD 48 higher (CI NC)	Low
Length of stay as inpatient (hours)											
1 study (Bignardi et al., 2010)	observational study	no serious limitations	no serious inconsistency	serious[3]	no serious imprecision	none	Mean 13.9	Mean 4.6	NC	MD 9.3 higher (CI NC) *P* = 0.011	Very low
Length of stay as outpatient (hours)											
1 study (Bignardi et al., 2010)	observational study	no serious limitations	no serious inconsistency	serious[3]	no serious imprecision	none	Mean 4.1	Mean 0.75	NC	MD 3.35 higher (CI NC) *P* = 0.0001	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Before EPAU/AGU opened**	**After EPAU/AGU opened**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Proportion of women requiring hospital admission											
1 study (Brownlea et al., 2005)	observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[4]	none	37/88 (42%)	29/81 (36%)	1.17 (0.80 to 1.72)*	61 more per 1000 (from 72 fewer to 258 more)*	Very low
1 study (Bignardi et al., 2010)	observational study	no serious limitations	no serious inconsistency	serious[3]	no serious imprecision	none	48/133 (36.1%)	11/157 (7%)	5.15 (2.79 to 9.51)	291 more per 1000 (from 125 more to 596 more)*	Very low
Proportion of women who re-presented to emergency department with further pain and bleeding											
1 study (Brownlea et al., 2005)	observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[4]	none	14/88 (16%)	6/81 (7%)	2.14 (0.90 to 5.21)*	84 more per 1000 (from 7 fewer to 312 more)* *P* = 0.6	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Before EPAU/AGU opened**	**After EPAU/AGU opened**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Proportion of women discharged within 3 hours from emergency department											
1 study (Brownlea et al., 2005)	observational study	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30/51 (60%)	44/52 (86%)	0.69 (0.25 to 0.88)*	262 fewer per 1000 (from102 fewer to 635 fewer)* *P* < 0.0001	Very low

AGU acute gynaecology unit, CI confidence interval, EPAU early pregnancy assessment unit, NC not calculable, *P* probability

* NCC calculation

1 Small study with low statistical power; it was estimated that 229 women per group would have been required to determine whether the observed difference in re-presentation rates was significant at the 5% level

2 Women < 20 weeks gestations attended the clinic

3 Only two third of women in the study were pregnant

4 Wide CI

5 There was no follow-up process for discharged women

Model for service organisation and delivery of EPAUs

All findings are reported in Table 5.2 in the full guideline.

Chapter 6 Diagnosis of ectopic pregnancy and miscarriage

Signs and symptoms of ectopic pregnancy

All findings are reported in Table 6.1 in the full guideline.

Ultrasound for determining a viable intrauterine pregnancy

Table I.6.2 GRADE findings for evaluation of ultrasound for determining a viable intrauterine pregnancy

Quality assessment							Summary of findings		
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Type of ultrasound scan (transvaginal [TVU] or transabdominal [TAU])**	**Number of women scanned for fetal cardiac activity, and stratified by fetal size/ age (Total study participants)**	**Threshold at which 100% of fetuses that later proved to be viable can be identified**	**Quality**
Visualisation of cardiac activity by crown–rump length / mm									
1 study (Rempen, 1990)	prospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	5-MHz TVU	292 (363)	3	High
1 study (Pennell et al., 1991)	prospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	5-MHz/3.5-MHz TAU 5-MHz/7.5-MHz TVU	175 (175)	TAU: 9 TVU: 5	High
1 study (Hassan et al., 2009)	prospective observational study	serious[1,2]	no serious inconsistency	no serious indirectness	no serious imprecision	TVU	1174 (1174)	6.0	Moderate
1 study (Abaid et al., 2007)	retrospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	8-MHz TVU	179 (179)	3.5	Moderate

Quality assessment							Summary of findings		
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Type of ultrasound scan (transvaginal [TVU] or transabdominal [TAU])	Number of women scanned for fetal cardiac activity, and stratified by fetal size/ age (Total study participants)	Threshold at which 100% of fetuses that later proved to be viable can be identified	Quality
1 study (Brown et al., 1990)	partially retrospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	5-MHz TVU	375 (375)	5	Moderate
1 study (Abdallah et al., 2011)	prospective observational study	no serious limitations	no serious inconsistency	serious[3]	serious[4]	6-12-MHz TVU	179 (1060)	5.3	Low
1 study (Levi et al., 1990)	retrospective observational study	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	6.5-MHz TVU	71 (71)	4.0	Low
1 study (Goldstein, 1992)	prospective observational study	serious[5]	no serious inconsistency	serious[6]	no serious imprecision	5-MHz/7.5-MHz TVU	96 (96)	4	Low
Visualisation of cardiac activity by gestation sac diameter / mm									
1 study (Rempen, 1990)	prospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	5-MHz TVU	354 (363)	18.3*	High
1 study (Abdallah et al., 2011)	prospective observational study	no serious limitations	no serious inconsistency	serious[3]	no serious imprecision	6-12-MHz TVU	462[†] (1060)	21	Moderate
							419[†] (1060)	21	

Quality assessment							Summary of findings		
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Type of ultrasound scan (transvaginal [TVU] or transabdominal [TAU])**	**Number of women scanned for fetal cardiac activity, and stratified by fetal size/ age (Total study participants)**	**Threshold at which 100% of fetuses that later proved to be viable can be identified**	**Quality**
1 study (Bree et al., 1989)	prospective observational study	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	7-MHz TVU	53 (53)	> 9	Moderate
1 study (Rowling et al., 1999)	prospective observational study	no serious limitations	no serious inconsistency	serious[7]	serious[8]	9-5-MHz TVU	39 (39)	13	Low
1 study (Levi et al., 1988)	retrospective observational study	serious[1]	no serious inconsistency	no serious indirectness	serious[8]	6.5-MHz TVU	35 (62)	16	Very low
1 study (de Crespigny, 1988)	prospective observational study	serious[9]	no serious inconsistency	serious[7,10]	no serious imprecision	5-MHz TVU	353 (353)	> 12	Low
1 study (Steinkampf et al., 1997)	retrospective observational study	serious[1]	no serious inconsistency	serious[11]	no serious imprecision	5-MHz TVU	82 (82)	19‡	Very low
1 study (Cacciatore et al., 1990)	prospective observational study	serious[1]	no serious inconsistency	serious[11]	serious[8]	5-MHz/6.5-MHz TVU	20 (22)	> 18§	Very low

Quality assessment							Summary of findings		
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Type of ultrasound scan (transvaginal [TVU] or transabdominal [TAU])	Number of women scanned for fetal cardiac activity, and stratified by fetal size/ age (Total study participants)	Threshold at which 100% of fetuses that later proved to be viable can be identified	Quality
Visualisation of cardiac activity by gestational or menstrual age (days)									
1 study (Rempen, 1990)	prospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	5-MHz TVU	252 (363)	46 (menstrual age)	High
1 study (Bree et al., 1989)	prospective observational study	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	7-MHz TVU	53 (53)	> 40 (gestational age)	Moderate
1 study (Steinkampf et al., 1997)	retrospective observational study	serious[1]	no serious inconsistency	serious[11]	no serious imprecision	5-MHz TVU	82 (82)	45.5‡ (gestational age)	Very low
1 study (Ferrazzi et al., 1993)	retrospective observational study	serious[12,13]	no serious inconsistency	serious[14]	no serious imprecision	5-MHz TAU/ 5-MHz TVU	76 (598)	TAU: 37 TVU: 35 (menstrual age)	Very low
1 study (Cacciatore et al., 1990)	prospective observational study	serious[1]	no serious inconsistency	serious[11]	serious[8]	5-MHz/6.5-MHz TVU	20 (22)	> 43§ (gestational age)	Very low

CRL crown–rump length, mean gestational sac diameter, IUP intrauterine pregnancy, IVF in-vitro fertilisation, TAU transabdominal ultrasound, TVU transvaginal ultrasound

* Chorionic cavity diameter

† 462 scans showed a gestation sac without a visible embryo or yolk sac. 419 scans showed a gestation sac with a yolk sac, but without a visible embryo.

‡ Point of 99% probability of visualisation

§ Point of "reliable detection"

1 Exclusion criteria, and any exclusions from the study, are not reported

2 Poster presentation, therefore methodology is poorly reported

3 In three out of the four study centres, only women with a MSD of < 20 mm or CRL < 6 mm were included; outcomes for women above these thresholds are unknown.
4 Small sample size (N = 24) of women who had measurements that could contribute to the threshold of interest, i.e. women who were later proved to have a viable IUP and had CRL measured.
5 Unclear how long the clinicians waited before intervening in the case of a miscarriage, and therefore whether women received the gold standard of diagnosis
6 None of the participants had a history of vaginal bleeding
7 Participants are those who had no fetal cardiac activity visualised on a previous transabdominal ultrasound scan
8 Small sample size (N ≤ 50)
9 Dilatation and curettage was performed when miscarriage was diagnosed clinically, however criteria for diagnosis is not reported
10 Women with sac diameter < 1.0 cm or > 2.0 cm are not included in the study population
11 Participants were all presenting as part of an IVF programme
12 Poor reporting of inclusion criteria
13 Criteria for judging a "continuing pregnancy" are not reported
14 Participants were presenting for early termination of pregnancy or genetic counselling

Accuracy of imaging techniques for diagnosis of an ectopic pregnancy

Table I.6.3 GRADE findings for accuracy of diagnosing ectopic pregnancy using transvaginal or transabdominal ultrasound

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirect-ness	Imprecision	Other considerat-ions		Sensitivity	Specificity	Positive predictive value	Negative predictive value	Positive likelihood ratio	Negative likelihood ratio	
Transvaginal ultrasound														
1 study (Shapiro et al., 1988)	Prospect-ive study	serious[1,2]	no serious inconsistency	serious[3]	serious[4]	None	25	90 (78 to 100)*	33 (20 to 86)*	90 (78 to 100)*	33 (20 to 86)*	1.36 (0.60 to 3.06)*	0.27 (0.05 to 2.17)*	Very low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirect-ness	Imprecision	Other considerat-ions		Sensitivity	Specificity	Positive predictive value	Negative predictive value	Positive likelihood ratio	Negative likelihood ratio	
1 study (Thorsen et al., 1990)	Prospect-ive study	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	None	193	38 (26 to 50)*	100 (100 to 100)*	100 (100 to 100)*	78 (72 to 84)*	infinity *	0.6 (0.50 to 0.75) *	Moder-ate
1 study (Kivikoski et al., 1990)	Prospect-ive study	serious[5]	no serious inconsistency	no serious indirectness	serious[4]	None	34	72 (56 to 90)*	100 (100 to 100)*	100 (100 to 100)*	53 (28 to 78)*	infinity *	0.26 (0.14 to 0.50)	Low
Transabdominal ultrasound														
1 study (Shapiro et al., 1988)	Prospect-ive study	serious[1,2,]	no serious inconsistency	serious[3]	serious[4]	None	25	50 (29 to 70)*	Not calcul able (NC)	NC	NC	NC	NC	Very low
1 study (Thorsen et al., 1990)	Prospect-ive study	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	None	193	21 (11 to 32)*	100 (100 to 100)*	100 (100 to 100) *	73 (67 to 80)*	infinity *	0.7* (0.67 to 0.89)	Moder-ate
1 study (Kivikoski et al., 1990)	Prospect-ive study	serious[5]	no serious inconsistency	no serious indirectness	serious[4]	None	34	44 (25 to 63)*	100 (100 to 100)*	100 (100 to 100)*	31 (12 to 51)*	infinity *	0.55 (0.39 to 77)*	Low

* NCC calculation

[1] Exclusion criteria not reported
[2] No information about the type of surgery that was used as reference standard is given
[3] Diagnosis accuracy of transabdominal not fully reported
[4] Small sample size
[5] In most cases the ultrasonographer was not blinded to the result of the prior ultrasound

Diagnostic accuracy of human chorionic gonadotrophin (hCG) measurements alone for determining ectopic pregnancy

Table I.6.5 GRADE findings for the diagnosis of ectopic pregnancy using two or more hCG measurements

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
% change in serum hCG in 48 hours: decline, or rise of < 50 %														
1 study (Mol et al., 1998)	prospective study	serious[1]	no serious inconsistency	serious[2,3]	no serious imprecision	none	195	68.4 (53.6 to 83.2)*	11.5 (6.5 to 16.5)*	15.8 (10.2 to 21.3)*	60.0 (42.5 to 77.5)*	0.77 (0.62 to 0.97)*	2.75 (1.45 to 5.22)*	Low
% change in serum hCG in 48 hours: decline, or rise of < 63 %														
1 study (Daus et al., 1989)	retrospective study	serious[4]	no serious inconsistency	serious[5]	no serious imprecision	none	357	93.6 (86.6 to 100)*	18.4 (14.1 to 22.7)*	14.8 (10.8 to 18.9)*	95.0 (89.5 to 100)*	1.15 (1.05 to 1.26)*	0.35 (0.11 to 1.06)*	Very low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
% change in serum hCG in 48 hours: decline, or rise of < 66 %														
1 study (Dart et al., 1999)	retrospective study	serious[6]	no serious inconsistency	no serious indirectness	no serious imprecision	none	307	81.8 (68.7 to 95.0)*	16.8 (12.4 to 21.2)*	10.6 (6.8 to 14.4)*	88.5 (79.8 to 97.2)*	0.98 (0.83 to 1.16)*	1.08 (0.50 to 2.34)*	Low
% change in serum hCG in 48 hours: between a decline of 36-47% and a rise of 35%														
1 study (Morse et al., 2012)	retrospective study	serious[4,6]	no serious inconsistency	serious[2]	no serious imprecision	none	1005	83.2 (77.7 to 88.8)	70.8 (67.7 to 73.9)	38.2 (33.4 to 43.0)	95.1 (93.4 to 96.8)	not reported (NR)	NR	Very low
% change in serum hCG in 48 hours: between a decline of 36-47% and a rise of 53%														
1 study (Morse et al., 2012)	retrospective study	serious[4,6]	no serious inconsistency	serious[2]	no serious imprecision	none	1005	91.1 (86.8 to 95.3)	66.6 (63.4 to 69.8)	37.1 (32.6 to 41.7)	97.2 (95.8 to 98.5)	NR	NR	Very low
% change in serum hCG in 48 hours: between a decline of 36-47% and a rise of 71%														
1 study (Morse et al., 2012)	retrospective study	serious[4,6]	no serious inconsistency	serious[2]	no serious imprecision	none	1005	92.2 (88.2 to 96.2)	62.8 (59.5 to 66.1)	35.0 (30.6 to 39.3)	97.4 (96.0 to 98.7)	NR	NR	Very low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
Rate of change of log hCG: < 0.11														
1 study (Stewart et al., 1995)	retrospective study	serious[4,7,8]	no serious inconsistency	serious[5]	no serious imprecision	none	36[†]	89.7 (81.8 to 97.5)*	37.3 (25.0 to 49.6)*	58.4 (48.2 to 68.7)*	78.6 (63.4 to 93.8)*	1.43 (1.15 to 1.77)*	0.28 (0.12 to 0.63)[‡]	Very low
Rate of change of log hCG: < 0.14														
1 study (Stewart et al., 1995)	retrospective study	serious[4,7,8]	no serious inconsistency	serious[5]	no serious imprecision	none	36[†]	98.3 (94.9 to 100)*	22.0 (11.5 to 32.6)*	55.3 (45.7 to 64.9)*	92.9 (79.4 to 100)*	1.26 (1.10 to 1.45)*	0.08 (0.01 to 0.58)*	Very Low
Abnormal hCG score														
1 study (Hahlin et al., 1991)	prospective study	serious[1]	no serious inconsistency	serious[2,9]	no serious imprecision	none	307	88.7 (83.8 to 93.6)*	47.3 (39.3 to 55.3)*	64.4 (58.0 to 70.7)*	79.6 (71.1 to 88.0)*	1.68 (1.43 to 1.98)*	0.24 (0.15 to 0.38)*	Low
1 study (Thorburn et al., 1992)	prospective study	serious[1, 10]	no serious inconsistency	serious[2, 11]	no serious imprecision	none	261	81.1 (73.0 to 89.2)*	43.9 (36.4 to 51.3)*	43.2 (35.7 to 50.7)*	81.5 (73.6 to 89.5)*	1.44 (1.22 to 1.71)*	0.43 (0.27 to 0.68)*	Low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
Model M1: using probability thresholds														
1 study (Condous et al., 2004)	prospective study	serious[1]	no serious inconsistency	serious[2,12]	no serious imprecision	none	196	83.3 (62.3 to 100) ‡	88.0 (83.4 to 92.7) ‡	31.3 (15.2 to 47.3) ‡	98.8 (97.1 to 100) ‡	6.97 (4.37 to 11.11)*	0.19 (0.05 to 0.67)*	Low
Model M1: using costs 1, 1 and 4														
1 study (Condous et al., 2004)	prospective study	serious[1]	no serious inconsistency	serious[2,12]	no serious imprecision	none	196	83.3 (62.3 to 100) ‡	86.4 (81.5 to 91.4) ‡	28.6 (13.6 to 43.5) ‡	98.8 (97.1 to 100) ‡	6.13 (3.94 to 9.56)*	0.19 (0.05 to 0.68)*	Low
1 study (Condous et al., 2007)	prospective study	serious[1,6]	no serious inconsistency	serious[2,12]	no serious imprecision	none	173	73.3 (51.0 to 95.7) ‡	87.3 (82.2 to 92.5) ‡	35.5 (18.6 to 52.3) ‡	97.2 (94.5 to 99.9) ‡	5.79 (3.48 to 9.66) ‡	0.31 (0.13 to 0.71) ‡	Low
Model M1: using costs 1, 1 and 5														
1 study (Condous et al., 2004)	prospective study	serious[1]	no serious inconsistency	serious[2,12]	no serious imprecision	none	196	91.7 (76.0 to 100) ‡	84.2 (79.0 to 89.5) ‡	27.5 (13.7 to 41.3) ‡	99.4 (98.1 to 100) ‡	5.82 (4.00 to 8.46)*	0.10 (0.02 to 0.65)*	Low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
Model M4														
1 study (Condous et al., 2007)	prospective study	serious[1,6]	no serious inconsistency	serious[2, 12]	no serious imprecision	none	173	80.0 (59.8 to 100) ‡	88.6 (83.7 to 93.6) ‡	40.0 (22.5 to 57.5) ‡	97.9 (95.6 to 100) ‡	7.02 (4.25 to 11.61) ‡	0.23 (0.08 to 0.62) ‡	Low
1 study (Barnhart et al., 2010)	retrospective study (2 included cohorts: UK and adjusted USA)	serious[4,6]	no serious inconsistency	serious[2, 12]	no serious imprecision	none	431	80.8 (65.6 to 95.9) ‡	88.9 (85.8 to 92.0) ‡	31.8 (20.6 to 43.1) ‡	98.6 (97.4 to 99.8) ‡	7.27 (5.21 to 10.14)*	0.22 (0.10 to 0.48)*	Very low
		serious[4,6]	no serious inconsistency	serious[13]	no serious imprecision	none	544	54.8 (45.2 to 64.4) ‡	87.7 (84.7 to 90.8) ‡	51.4 (42.1 to 60.7) ‡	89.2 (86.2 to 92.1) ‡	4.47 (3.29 to 6.06)*	0.52 (0.46 to 0.64)*	Very low

CI confidence interval, hCG β-human chorionic gonadotrophin, IU international unit, NR not reported, PUL pregnancy of unknown location

* Calculated by NCC-WCH technical team

† There were 36 women who received multiple hCG measurements, leading to a total of 117 pairs of hCG measurement used for the diagnostic accuracy calculations

‡ Confidence intervals calculated by NCC technical team

1 Unclear whether those performing the reference test were blinded to the results of the index test

2 Not all participants presented with pain and bleeding

3 Only included women with hCG < 1500 IU/l

4 Unclear that the authors were blinded to final diagnosis when interpreting the results of the index test

5 Not reported whether ultrasound was done, and hence whether these women had true PUL

6 Not all women had their diagnosis verified with the gold standard of laparoscopy
7 Inclusion criterion is "symptoms suggestive of ectopic pregnancy", which is not defined further
8 Women had varying numbers of hCG measurements taken, all of which contributed to calculations of diagnostic accuracy; the numbers used are very poorly reported
9 Only included women with hCG of 100-4000 IU/l
10 hCG score is not defined
11 Unclear that ultrasound criteria restricted participants to those with a true PUL
12 Model was designed and tested on a specific inner city population, therefore may not be generalisable
13 USA population were found to be significantly different to UK population

Diagnostic accuracy of hCG measurements plus progesterone for determining ectopic pregnancy

Table I.6.6 GRADE findings for the diagnosis of ectopic pregnancy using two or more hCG measurements plus progesterone

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
Abnormal hCG score and progesterone concentration <30nmol/l														
1 study (Hahlin et al., 1991)	prospective study	serious[1,2]	no serious inconsistency	serious[3,4]	no serious imprecision	none	307	71.7 (64.7 to 78.7)*	58.8 (50.9 to 66.7)*	65.1 (58.1 to 72.2)*	65.9 (57.8 to 74.0)*	1.74 (1.40 to 2.16)*	0.48 (0.36 to 0.64)*	Low
Bayesian model (parameter prior model)														
1 study (Gevaert et al., 2006)	Retrospective study	serious[5,6]	no serious inconsistency	serious[4,7]	serious[8]	none	257	77 (Not calculable [NC])	83 (NC)	NC	NC	4.5 (NC)	0.28 (NC)	Very low

CI confidence interval, hCG β-human chorionic gonadotrophin, IU international unit, NC not calculable

*Calculated by NCC-WCH technical team

1 Unclear whether those performing the reference test were blinded to the results of the index test

2 Did not report which progesterone measurement was used to judge against threshold

3 Only included women with hCG 100-4000 IU/l

4 Not all participants presented with pain and bleeding

5 Unclear that the authors were blinded to final diagnosis when interpreting the results of the index test

6 Not all women had their diagnosis verified with the gold standard of laparoscopy

7 Model was designed and tested on a specific inner city population, therefore may not be generalisable

8 Confidence intervals around diagnostic accuracy measures are not reported and cannot be calculated

Table I.6.7 GRADE findings for the diagnosis of ectopic pregnancy using two or more hCG measurements plus progesterone (Model M3)

Quality assessment							**Number of women**	**Measure of diagnostic accuracy**	**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**		**Area under the ROC curve (95% CI)**	
Model M3									
1 study (Condous et al., 2004)	Pros-pective study	serious[1]	no serious inconsistency	serious[2, 3]	no serious imprecision	none	195	Test set: 0.836 (0.693 to 0.979) (Other diagnostic accuracy measures not reported and not calculable)	Low

CI confidence interval, hCG β-human chorionic gonadotrophin, ROC receiver operating characteristic

1 Unclear whether those performing the reference test were blinded to the results of the index test

2 Not all participants presented with pain and bleeding

3 Model was designed and tested on a specific inner city population, therefore may not be generalisable

Diagnostic accuracy of hCG measurements alone for determining viable intrauterine pregnancy

Table I.6.8 GRADE findings for the diagnosis of viable intrauterine pregnancy using two or more hCG measurements

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
% change in serum human chorionic gonadotrophin (hCG) in 48 hours: rise > 35%														
1 study (Morse et al., 2012)	retrospective study	serious[5]	no serious inconsistency	serious[3]	no serious imprecision	none	1005	92.3 (89.0 to 95.6)	94.0 (92.3 to 95.7)	84.2 (79.9 to 88.4)	97.2 (96.0 to 98.4)	NC	NC	Very low
% change in serum hCG in 48 hours: rise > 50 %														
1 study (Mol et al., 1998)	prospective study	serious[1,2]	no serious inconsistency	serious[3,4]	no serious imprec-ision	none	195	93.3 (80.7 to 100)*	91.1 (87.0 to 95.3)*	46.7 (28.8 to 64.5)*	99.4 (98.2 to 100)*	10.50 (6.45 to 17.09)*	0.07 (0.01 to 0.49)*	Low
% change in serum hCG in 48 hours: rise > 53%														
1 study (Morse et al., 2012)	retrospective study	serious[5]	no serious inconsistency	serious[3]	no serious imprecision	none	1005	82.6 (78.0 to 87.3)	97.2 (96.0 to 98.4)	91.1 (87.4 to 94.7)	94.2 (92.5 to 95.8)	NC	NC	Very low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
% change in serum hCG in 48 hours: rise > 63 %														
1 study (Daus et al., 1989)	retrospective study	serious[2,5,6]	no serious inconsistency	serious[7]	no serious imprecision	none	357	87.1 (78.8 to 95.40)*	98.0 (96.4 to 99.6)*	90.0 (82.4 to 97.6)*	97.3 (95.5 to 99.2)*	42.82 (19.28 to 95.09)*	0.13 (0.07 to 0.25)*	Very low
% change in serum hCG in 48 hours: rise >66 %														
1 study (Dart et al., 1999)	retrospective study	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	307	75.5 (63.9 to 87.1)*	95.3 (92.7 to 97.9)*	76.9 (65.5 to 88.4)*	94.9 (92.2 to 97.6)*	15.97 (9.01 to 28.34)*	0.26 (0.16 to 0.41)*	Low
% change in serum hCG in 48 hours: rise > 71%														
1 study (Morse et al., 2012)	retrospective study	serious[5]	no serious inconsistency	serious[3]	no serious imprecision	none	1005	72.6 (67.1 to 78.1)	98.1 (97.1 to 99.1)	93.1 (89.5 to 96.6)	91.2 (89.2 to 93.1)	NC	NC	Very low
Rate of change of log hCG: > 0.11														
1 study (Stewart et al., 1995)	retrospective study	serious[5,8,9]	no serious inconsistency	serious[7]	no serious imprecision	none	36[†]	80.0 (62.5 to 97.5)[‡]	87.6 (81.1 to 94.2)[‡]	57.1 (38.8 to 75.5)*	95.5 (91.2 to 99.8)*	6.47 (3.65 to 11.47)*	0.23 (0.09 to 0.55)*	Very low

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
Rate of change of log hCG: > 0.14														
1 study (Stewart et al., 1995)	retrospective study	serious[5,8,9]	no serious inconsistency	serious[7]	no serious imprecision	none	36[†]	65.0 (44.1 to 85.9)[‡]	99.0 (97.0 to 100)[‡]	92.9 (79.4 to 100)*	93.2 (88.3 to 98.1)*	63.05 (8.74 to 454.93)*	0.35 (0.19 to 0.64)*	Very low
Normal hCG score														
1 study (Hahlin et al., 1991)	prospective study	serious[1,2]	no serious inconsistency	serious[3, 10]	no serious imprecision	none	307	94.5 (89.3 to 99.7)*	91.9 (88.4 to 95.4)*	78.4 (69.8 to 87.0)*	98.2 (96.4 to 100)*	11.64 (7.54 to 17.98)*	0.06 (0.02 to 0.15)*	Low

CI confidence interval, hCG β-human chorionic gonadotrophin, IU international unit, NC not calculable, PUL pregnancy of unknown location

* Calculated by NCC-WCH technical team

[†] There were 36 women who received multiple hCG measurements, leading to a total of 117 pairs of hCG measurement used for the diagnostic accuracy calculations

[‡] Confidence intervals calculated by NCC-WCH technical team

1 Unclear whether those performing the reference test were blinded to the result of the index test

2 Unclear how long they waited before intervening in the case of a diagnosed miscarriage, and therefore whether all women received diagnosis with a gold standard

3 Not all participants presented with pain and bleeding

4 Only included women with hCG < 1500 IU/l

5 Unclear that the authors were blinded to final diagnosis when interpreting the results of the index test

6 Criteria for classifying a normal intrauterine pregnancy are not defined

7 Not reported whether ultrasound was done and hence whether the women had a true PUL

8 Inclusion criterion is "symptoms suggestive of ectopic pregnancy", which is not defined further

9 Women had varying numbers of hCG measurements taken, all of which contributed to calculations of diagnostic accuracy; the numbers used are very poorly reported

10 Only included women with hCG of 100-4000 IU/l

Diagnostic accuracy of hCG measurements plus progesterone for determining viable intrauterine pregnancy

Table I.6.9 GRADE findings for the diagnosis of viable intrauterine pregnancy using two or more hCG measurements plus progesterone

Quality assessment							Number of women	Measure of diagnostic accuracy						Quality
Number of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations		Sensitivity % (95% CI)	Specificity % (95% CI)	Positive predictive value % (95% CI)	Negative predictive value % (95% CI)	Positive likelihood ratio (95% CI)	Negative likelihood ratio (95% CI)	
Normal hCG score and progesterone > 30 nmol/l														
1 study (Hahlin et al., 1991)	prospective study	serious[1,2,3]	no serious inconsistency	serious[4,5]	no serious imprecision	none	307	93.2 (87.4 to 99.0)*	94.4 (91.5 to 97.4)*	84.0 (76.0 to 91.9)*	97.8 (95.9 to 99.7)*	16.77 (9.85 to 28.54)*	0.07 (0.03 to 0.17)*	Low

CI confidence interval, hCG β-human chorionic gonadotrophin

* Calculated by NCC-WCH technical team

1 Unclear whether those performing the reference test were blinded to the results of the index test

2 Unclear how long they waited before intervening in the case of a diagnosed miscarriage, and therefore whether all women received diagnosis with a gold standard

3 Did not report which progesterone measurement was used to judge against the threshold

4 Only included women with hCG of 100-4000 IU/l

5 Not all participants presented with pain and bleeding

Chapter 7 Management of threatened miscarriage and miscarriage

Progesterone for threatened miscarriage

Table I.7.1 GRADE findings for comparison of progesterone with no treatment or placebo

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Term birth											
1 meta-analysis of 2 studies (El-Zibdeh et al., 2009; Gerhard et al., 1987)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	88/112 (78.6%)	61/86 (70.9%)	RR 1.12 (0.95 to 1.32)	85 more per 1000 (from 35 fewer to 227 more)	Low
Preterm birth											
1 meta-analysis of 2 studies (El-Zibdeh et al., 2009 Pandian, 2009)	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	serious[2]	none	12/182 (6.6%)	9/155 (5.8%)	RR 1.10 (0.48 to 2.52)	6 more per 1000 (from 30 fewer to 88 more)	Low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
1 study (Duan et al., 2010)	observational study	serious[4]	no serious inconsistency	serious[5,6]	no serious imprecision	none	66/532 (12.4%)	2257/21054 (10.7%)	RR 1.16 (0.92 to 1.46)	17 more per 1000 (from 9 fewer to 49 more)	Very low
Miscarriage (any route)											
1 meta-analysis of 4 studies (El-Zibdeh et al., 2009; Gerhard et al., 1987; Palagiano et al., 2004; Pandian, 2009)	randomised trials	serious[1,7]	no serious inconsistency	serious[8]	no serious imprecision	none	31/224 (13.8%)	51/197 (25.9%)	RR 0.53 (0.35 to 0.79)	122 fewer per 1000 (from 54 fewer to168 fewer)	Low
1 study (Omar et al., 2005)	observational study	serious[8]	no serious inconsistency	no serious indirectness	no serious imprecision	none	3/74 (4.1%)	11/80 (13.8%)	RR 0.29 (0.09 to 1.02) *P* = 0.05*	98 fewer per 1000 (from 125 fewer to 3 more)	Very low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Miscarriage in women with vaginal bleeding (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	serious[2]	none	2/29 (6.9%)	6/37 (16.2%)	RR 0.43 (0.09 to 1.95)	92 fewer per 1000 (from 148 fewer to 154 more)	Very low
Miscarriage in women with vaginal spotting (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	serious[2]	none	1/45 (2.2%)	5/43 (11.6%)	RR 0.19 (0.02 to 1.57)	94 fewer per 1000 (from 114 fewer to 66 more)	Very low
Miscarriage in women with fetal heart activity (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	serious[2]	none	1/31 (3.2%)	3/34 (8.8%)	RR 0.37 (0.04 to 3.33)	56 fewer per 1000 (from 85 fewer to 206 more)	Very low
Miscarriage in women with presence of yolk sac (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	serious[2]	none	0/23 (0%)	1/25 (4%)	RR 0.36 (0.02 to 8.45)	26 fewer per 1000 (from 39 fewer to 298 more)	Very low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Miscarriage in women with regular intrauterine gestational sac (stratified analysis)											
1 study (Omar et al., 2005)	observational study	Serious[9]	no serious inconsistency	no serious indirectness	serious[2]	none	2/7 (28.6%)	3/5 (60%)	RR 0.48 (0.12 to 1.88)	312 fewer per 1000 (from 528 fewer to 528 more)	Very low
Miscarriage (oral progesterone)											
1 meta-analysis of 2 studies (El-Zibdeh et al., 2009; Pandian, 2009)	randomised trials	serious[1]	no serious inconsistency	serious[8]	no serious imprecision	none	27/182 (14.8%)	42/155 (27.1%)	RR 0.54 (0.35 to 0.84)	125 fewer per 1000 (from 43 fewer to 176 fewer)	Low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Miscarriage (vaginal progesterone)											
1 meta-analysis of 2 studies (Gerhard et al., 1987; Palagiano et al., 2004)	randomised trials	serious[7]	no serious inconsistency	no serious indirectness	serious[2]	none	4/42 (9.5%)	9/42 (21.4%)	RR 0.47 (0.17 to 1.30)	114 fewer per 1000 (from 178 fewer to 64 more)	Low
Pregnancy rate at 20 weeks											
1 study (Pandian, 2009)	randomised trial	serious[10]	no serious inconsistency	serious[11]	no serious imprecision	none	84/96 (87.5%)	68/95 (71.6%)	RR 1.22 (1.05 to 1.42)	157 more per 1000 (from 36 more to 301 more)	Low
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	no serious imprecision	none	71/74 (95.9%)	69/80 (86.3%)	RR 1.11 (1.01 to 1.23)	95 more per 1000 (from 9 more to 198 more)	Very low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Pregnancy rate at 20 weeks in women with vaginal bleeding (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	serious[2]	none	27/29 (93.1%)	31/37 (83.8%)	RR 1.11 (0.93 to 1.32)	92 more per 1000 (from 59 fewer to 268 more)	Very low
Pregnancy rate at 20 weeks in women with vaginal spotting (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	no serious imprecision	none	44/45 (97.8%)	38/43 (88.4%)	RR 1.11 (0.98 to 1.24)	97 more per 1000 (from 18 fewer to 212 more)	Very low
Pregnancy rate at 20 weeks in women with fetal heart activity (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30/31 (96.8%)	31/34 (91.2%)	RR 1.06 (0.94 to 1.2)	55 more per 1000 (from 55 fewer to 182 more)	Very low
Pregnancy rate at 20 weeks in women with presence of yolk sac (stratified analysis)											
1 study (Omar et al., 2005)	observational study	serious[9]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23/23 (100%)	24/25 (96%)	RR 1.04 (0.93 to 1.16)	38 more per 1000 (from 67 fewer to 154 more)	Very low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Placental abruption											
1 study (Duan et al., 2010)	observational study	serious[4]	no serious inconsistency	serious[5,6]	no serious imprecision	none	5/532 (0.94%)	153/21054 (0.73%)	RR 1.29 (0.53 to 3.14)	2 more per 1000 (from 3 fewer to 16 more)	Very low
Hypertensive disorders in pregnancy											
1 meta-analysis of 2 studies (El-Zibdeh et al., 2009; Pandian, 2009)	randomised trials	serious[1,12]	no serious inconsistency	serious[13]	no serious imprecision	none	19/182 (10.4%)	17/155 (11%)	RR 1.00 (0.54 to 1.88)	0 fewer per 1000 (from 50 fewer to 97 more)	Low
1 study (Duan et al., 2010)	observational study	serious[4]	no serious inconsistency	serious[5,6]	no serious imprecision	none	16/532 (3%)	974/21054 (4.6%)	RR 0.66 (0.41 to 1.08)	16 fewer per 1000 (from 27 fewer to 4 more)*	Very low

Quality assessment							Number of women or mean ± SD		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Progesterone /progestogen**	**No treatment/ placebo**	**Relative (95% CI)**	**Absolute (95% CI)**	
Gestational diabetes											
1 study (Duan et al., 2010)	observational study	serious[4]	no serious inconsistency	serious[3,5,6]	no serious imprecision	none	37/532 (7%)	1141/21054 (5.4%)	RR 1.28 (0.94 to 1.76)	15 more per 1000 (from 3 fewer to 41 more)	Very low
Intrahepatic cholestasis of pregnancy											
1 study (Duan et al., 2010)	observational study	serious[4]	no serious inconsistency	serious[5,6]	no serious imprecision	none	51/532 (9.6%)	1712/21054 (8.1%)	RR 1.18 (0.9 to 1.54)	15 more per 1000 (from 8 fewer to 44 more)	Very low
Pain score at the end of 5 day treatment (mean ± SD)											
1 study (Palagiano et al., 2004)	randomised trial	serious[7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0.4 ± 0.7 n = 25	2.4 ± 0.8 n = 25	not calculable	MD 2.0 lower (2.42 lower to 1.58 lower) *P* < 0.001	Moderate

CI confidence interval, MD mean difference, *P* probability, RR relative risk, SD standard deviation

* *P* = 0.05 calculated by RevMan and *P* = 0.03 reported in the paper

1 Randomisation based on day of attendance at clinic in El-Zibdeh et al., 2009, unclear method of randomisation in Gerhard et al., 1987 and unclear allocation concealment in El-Zibdeh et al., 2009 and Gerhard et al., 1987

2 Wide confidence intervals

3 Unclear allocation concealment

4 Uneven numbers of participants in two groups

5 Comparison group consisted of women with healthy pregnancy
6 Not clear how fetus viability confirmed in treatment group
7 Method of randomisation not reported in Palagiano et al., 2004
8 Fifty percent weight of the meta-analysis is from study where 8% of their population were > 15 weeks gestation
9 Unclear methods of data collection and analysis
10 Blinding of outcome assessor were not clear
11 Eight per cent of study population were > 15 weeks gestation
12 About 80% weight of the meta-analysis is from study where blinding for participants and outcome assessors was not clear
13 About 80% weight of the meta-analysis is from study where 8% of their population were > 15 weeks gestation

Expectant management compared with active treatment of miscarriage

Table I.7.2 GRADE findings for comparison of expectant management with active treatment

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Need for unplanned intervention*											
1 meta-analysis of 6 studies (Ngai et al., 2001; Nielsen & Hahlin, 1995; Nielsen et al., 1999; Shelley et al., 2005; Trinder et al., 2006; Wieringa-de Waard et al., 2002a)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	238/672 (35.4%)	181/1020 (17.7%)	RR 2.28 (1.93 to 2.7)	227 more per 1000 (from 165 more to 302 more)	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Infection (incidence up to 15 days)											
1 meta-analysis of 7 studies (Chipchase & James, 1997; Ngai et al., 2001; Nielsen & Hahlin, 1995; Nielsen et al., 1999; Shelley et al., 2005; Trinder et al., 2006; Wieringa-de Waard et al., 2002a)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/691 (2.5%)	30/1038 (2.9%)	RR 0.82 (0.46 to 1.44)	5 fewer per 1000 (from 16 fewer to 13 more)	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Gastrointestinal side effects (number of events)											
1 study (Ngai et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	12/87 (13.8%)	25/90 (27.8%)	RR 0.5 (0.27 to 0.92)	139 fewer per 1000 (from 22 fewer to 203 fewer)	High
Need for a blood transfusion											
1 meta-analysis of 4 studies (Ngai et al., 2001; Shelley et al., 2005; Trinder et al., 2006; Wieringa-de Waard et al., 2002a)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	8/507 (1.6%)	4/911 (0.4%)	RR 3.39 (1.08 to 10.61)	10 more per 1000 (from 0 more to 42 more)	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Duration of bleeding (days)											
1 study (Trinder et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Median 12 (IQR 7 to 15) n = 398	**Medical:** Median 11 (IQR 7 to 15) n=398 **Surgical:** Median 8 (IQR 4 to 14) n = 402	not calculable (NC)	**Expectant vs. medical** Median 1 higher (CI NC) *P* (NC) **Expectant vs. surgical** Median 4 higher (CI NC) *P* < 0.0001	High
1 meta-analysis of 2 studies (Nielsen & Hahlin, 1995; Nielsen et al., 1999)	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	n = 179	n = 134	NC	MD 0.28 higher (1.64 lower to 2.20 higher)	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
1 study (Ngai et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	Mean 15 (SD not reported (NR)) n = 29	Mean 14.6 (SD NR) n = 30	NC	MD 0.4 higher (CI NC) *P* value NR	Moder-ate
1 study (Wieringa-de Waard et al., 2002a)	randomised trial	no serious limitations	no serious inconsistency	serious[3]	no serious imprecision	none	Median 17 (IQR 10 to 26 n = 64	Median 13 (IQR 9 to 17) n = 58	NC	Median 4 higher (CI NC) *P* = 0.04	Moder-ate
1 study (Chipchase & James, 1997)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	Median 4 (range 0 to 7) n = 19	Median 2 (range 0 to 7) n = 16	NC	Median 2 higher (CI NC) NS (*P* value NR)	Moder-ate
Pain: duration (days)											
1 study (Nielsen & Hahlin, 1995)	randomised trial	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 1.92 (SD 1.47) n = 103	Mean 1.69 (SD 1.46) n = 52	NC	MD 0.230 higher (0.263 lower to 0.723 higher) NS (*P* > 0.03)	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
1 study (Wieringa-de Waard et al., 2002a)	randomised trial	no serious limitations	no serious inconsistency	serious[3]	no serious imprecision	none	Median 14 (IQR 7 to 24) n = 64	Median 11 (IQR 6 to 26) n =5 8	NC	Median 3 higher (CI NC) NS (*P* value not reported)	Moder-ate
1 study (Chipchase & James, 1997)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	Median 0 (range 0 to 5) n = 19	Median 0 (range 0 to 2) n = 16	NC	Median 0 higher (CI NC) NS (*P* value NR)	Moder-ate
1 study (Shelley et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[6,7]	none	Median 3.0 (range 0.0 to 11.0) n = 15	**Medical:** Median 3.0 (range 0.2 to 16.0) n = 11 **Surgical:** Median 2.0 (range 0.2 to 12.0) n = 12	NC	**Expectant vs. medical** Median 0 higher (CI NC) **Expectant vs. surgical** Median 1 higher (CI NC) p values NR	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Pain severity											
1 study (Nielsen et al., 1999)	randomised trial	serious[8]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 62.0 (SD 30.1) n = 62	Mean 66.1 (SD 26.3) n = 60	NC	MD 4.10 lower (12.97 lower to 4.77 higher) NS (*P* value NR)	Moder-ate
1 study (Shelley et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[6,7]	none	Median 3 (range 1 to 7) n = 15	**Medical:** Median 3 (range 1 to 8) n=11 **Surgical:** Median 3 (range 1 to 10) n = 12	NC	Median difference NC (CI NC) NS between 3 groups but *P* values NR	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Unplanned admissions[†]											
1 study (Trinder et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	196/398 (49.2%)	104/800 (13%)	RR 3.79 (3.09 to 4.65)	363 more per 1000 (from 272 more to 475 more)	High
Women's satisfaction											
1 study (Nielsen et al., 1999)	randomised trial	serious[8]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 25.2 (SD 25.6) n = 62	Mean 28.6 (SD 24.8) n = 60	NC	MD 3.40 lower (11.32 lower to 4.52 higher) *P* = 0.174	Moder-ate
1 study (Chipchase & James, 1997)	randomised trial	serious[9]	no serious inconsistency	no serious indirectness	serious[4,10]	none	19/19 (100%)	14/16 (87.5%)	RR 1.14 (0.95 to 1.38)	125 more per 1000 (44 fewer to 388 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
Anxiety											
1 study (Nielsen et al., 1996)	randomised trial	serious[5,11,12]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 57.5 (SD 12.4) n = 58	Mean 57.5 (SD 14.0) n = 28	NC	MD 0.00 higher (5.92 lower to 5.92 higher) *P* > 0.30	Moder-ate
1 study (Wieringa-de Waard et al., 2002b)	randomised trial	no serious limitations	no serious inconsistency	serious[3]	serious[13]	none	Mean/SD NR n = 46	Mean/SD NR n = 36	NC	MD NC (CI NC) *P* = 0.09	Low
1 study (Shelley et al., 2005)	randomised trial	serious[14]	no serious inconsistency	no serious indirectness	serious[6,10]	none	3/15 (20%)	5/22 (22.7%)	RR 0.88 (0.25 to 3.14)	27 fewer per 1000 (171 fewer to 486 more)	Low
Mental health											
1 study (Wieringa-de Waard et al., 2002b)	randomised trial	no serious limitations	no serious inconsistency	serious[3]	serious[13]	none	Mean/SD NR n = 46	Mean/SD NR n = 36	NC	MD 7.4 in favour of expectant (confidence interval NC) *P* = 0.004	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirectness**	**Imprecision**	**Other consider-ations**	**Expectant**	**Active**	**Relative (95% CI)**	**Absolute (95% CI)**	
1 study (Shelley et al., 2005)	randomised trial	serious[14,15]	no serious inconsistency	no serious indirectness	serious[6]	none	Mean 37.1 (SD 13.0) n = 15	Mean 39.3 (SD 14.2) n = 22	NC	MD 2.2 lower (11.54 lower to 7.14 higher)	Low
Live birth rate in a subsequent pregnancy											
1 study (Smith et al., 2009)	randomised trial	no serious limitations	no serious inconsistency	serious[16]	no serious imprecision	none	177/224 (79.0%)	373/465 (80.2%)	RR 0.99 (0.91 to 1.07)	12 fewer per 1000 (from 74 fewer to 55 more)	Moder-ate
Subsequent conception rate											
1 study (Chipchase & James, 1997)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4,10]	none	9/12 (75%)	6/9 (66.7%)	RR 1.13 (0.64 to 1.98)	83 more per 1000 (from 241 fewer to 654 more)	Low
1 study (Blohm et al., 1997)	randomised trial	serious[17]	no serious inconsistency	no serious indirectness	serious[18]	none	Cumulative conception rate: 0.7	Cumulative conception rate: 0.6	NC	NS (*P* value NR)	Low

CI confidence interval, IQR interquartile range, MD mean difference, NC not calculable, NR not reported, NS not significant, *P* probability, RR relative risk, SD standard deviation

*Unplanned interventions include: surgery (including repeat surgery) due to first-line treatment failure, emergency surgery prior to allocated treatment, surgical completion on maternal request, or treatment to deal with a complication of the initial treatment

†Unplanned admission is an admission to hospital during the trial that was not pre-specified in the methodology as part of the management protocol

1 High heterogeneity (>60%)
2 Standard deviation not reported; no results of significance test reported
3 Study included 54.4% of women with a gestational age between 12 and 16 weeks
4 Small sample size (N≤50) and no calculation performed
5 Unclear why patients were randomised in a ratio of 2 to 1, with no sample size calculation reported
6 Small sample size (N≤50)
7 Significance test not reported, and cannot be conducted by the technical team due to type of summary data reported
8 Randomisation and allocation concealment methods not described
9 Unclear how outcome was measured
10 Wide confidence intervals
11 Unclear who administered the questionnaire and in what context it was completed by the women
12 Unclear whether questionnaire is a validated instrument
13 Means only reported in a graph from where it is not possible to extract accurate figures
14 Lack of intention to treat
15 Unclear whether authors are reporting the "mental health" subscale of the SF-36 or whether they have combined the various components of mental health within the SF-36 to give a combined score
16 Population denominators included women who did not want to conceive again and the proportion of such women in each group was not reported
17 Unclear whether women who responded to the questionnaire were significantly different from those who did not
18 Figures are estimates taken from a graph as they were not reported in text. Statistical analysis carried out not described

Surgical management compared with medical management of miscarriage

Table I.7.4 GRADE findings for comparison of medical management with surgical management

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
Need for unplanned intervention*											
1 meta-analysis of 18 studies[†]	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	very strong association[1]	545/2553 (21.3%)	55/2186 (2.5%)	RR 8.13 (6.26 to 10.55)	179 more per 1000 (from 132 more to 240 more)	High
Infection (incidence up to 15 days)											
1 meta-analysis of 7 studies[‡]	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	23/1455 (1.6%)	24/1113 (2.2%)	RR 0.9 (0.51 to 1.57)	2 fewer per 1000 (from 11 fewer to 12 more)	High
Gastro-intestinal side effects (number of events)											
1 meta-analysis of 12 studies[§]	randomised trials	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	994/4358 (22.8%)	260/3346 (7.8%)	RR 2.36 (1.39 to 4.00)	106 more per 1000 (from 30 more to 233 more)	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
Need for a blood transfusion											
1 meta-analysis of 8 studies**	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	15/1353 (1.1%)	8/1063 (0.8%)	RR 1.6 (0.74 to 3.42)	5 more per 1000 (from 2 fewer to 18 more)	High
Duration of bleeding (days)											
1 meta-analysis of 5 studies (Demetroulis et al., 2001; Egarter et al., 1995; Graziosi et al., 2004; Moodliar et al., 2005; Sahin et al., 2001)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	n = 245	n = 241	not calculable (NC)	MD 1.31 higher (0.73 to 1.89 higher) *P* < 0.0001	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
1 study Trinder et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Median 11 (IQR 7-15) n = 398	Median 8 (IQR 4-14) n = 402	NC	Median 3 higher (CI NC) *P* = 0.0004	High
1 study (Davis et al., 2007)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	Median 12 (IQR 9-14) n = 428	Median 10 (IQR 7-12) n = 135	NC	Median 2 higher (CI NC)	Moder-ate
1 study (Dabash et al. 2010)	randomised trial	no serious limitations	no serious inconsistency	serious[4]	no serious imprecision	none	Mean 3.23 (SD NR) n = 327	Mean 2.73 (SD NR) n = 316	NC	MD 0.5 higher (CI NC) *P* < 0.01	Moder-ate
1 study (Taylor et al., 2011)	randomised trial	no serious limitations	no serious inconsistency	serious[5]	no serious imprecision	none	Mean 2.86 (SD NR)	Mean 1.64 (SD NR)	NC	MD 1.22 higher (CI NC) *P* = 0.001	Moder-ate
1 study (Chung et al., 1999)	randomised trial	no serious limitations	no serious inconsistency	serious[6]	serious[7]	none	Mean 9.1 (SD not reported (NR)) n = 321	Mean 9.3 (SD NR) n = 314	NC	MD 0.2 lower (CI NC) *P* = 0.48	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
1 study (Montesinos et al., 2011)	randomised trial	no serious limitations	no serious inconsistency	serious[4]	serious[7]	none	Mean 3.4 (SD NR)	Mean 3.0 (SD NR)	NC	MD 0.4 higher (CI NC) *P* = 0.223	Low
1 study (Dao et al., 2007)	randomised trial	serious[8]	no serious inconsistency	serious[4,5]	serious[7]	none	Mean 3.1 (SD NR) n = 223	Mean 2.9 (SD NR) n = 224	NC	MD 0.2 higher (CI NC) *P* = 0.09	Very low
Pain: duration (days)											
1 study (Demetroulis et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 4.7 (SD 2.4) n = 36	Mean 2.8 (SD 1.6) n = 35	NC	MD 1.9 higher (0.95 to 2.85 higher) *P* < 0.0001	High
1 study (Dabash et al. 2010)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[7]	none	Mean 2.63 (SD NR) n = 327	Mean 2.63 (SD NR) n = 316	NC	MD 0 higher (CI NC) *P* = 0.98	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
1 study (Shelley et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3,9]	none	Median 3.0 (Range 0.2-16.0) n = 11	Median 2.0 (Range 0.2-12.0) n = 12	NC	Median 1 higher (CI NC)	Moder-ate
1 study (Montesinos et al., 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[7]	none	Mean 2.5 (SD NR)	Mean 2.6 (SD NR)	NC	MD 0.1 lower (CI NC) *P* = 0.739	Moder-ate
1 study (Taylor et al., 2011)	randomised trial	no serious limitations	no serious inconsistency	serious[5,10]	serious[7]	none	Mean 1.44 (SD NR)	Mean 1.34 (SD NR)	NC	MD 0.1 higher (CI NC) *P* = 0.44	Low
1 study (Chung et al., 1999)	randomised trial	no serious limitations	no serious inconsistency	serious[6]	serious[7]	none	Mean 0.17 (SD NR) n = 321	Mean 0.25 (SD NR) n = 314	NC	MD 0.08 lower (CI NC) *P* = 0.30	Low
1 study (Dao et al., 2007)	randomised trial	serious[8]	no serious inconsistency	serious[5]	serious[7]	none	Mean 1.4 (SD NR) n = 223	Mean 1.3 (SD NR) n = 224	NC	MD 0.1 higher (CI NC) *P* = 0.08	Very low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
Pain: severity score/10											
1 meta-analysis of 3 studies (Graziosi et al., 2004; Moodliar et al., 2005; Zhang et al., 2005)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	n = 602	n = 263	NC	MD 2.3 higher (1.92 to 2.68 higher) *P* < 0.00001	High
1 study (Shelley et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious [3,9]	none	Median 3 (Range 1-8) n = 11	Median 3 (Range 1-10) n = 12	NC	Median 0 higher (CI NC)	Moder-ate
1 study (Fang et al., 2009)	randomised trial	serious[11,12]	no serious inconsistency	no serious indirectness	serious[3,13]	none	Score < 3: 17/45 (37.8%)	Score < 3: 12/30 (40%)	RR 0.94 (0.53-1.68)	24 fewer per 1000 (from 188 fewer to 272 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
Pain: severity score/7											
1 study (Dao et al., 2007)	randomised trial	no serious limitations	no serious inconsistency	serious[5,10]	no serious imprecision	none	Mean 2.32 (SD NR) n = 223	Mean 2.73 (SD NR) n = 224	NC	MD 0.41 lower (CI NC) *P* = 0.047	Moder-ate
1 study (Shwekerela et al., 2007)	randomised trial	no serious limitations	no serious inconsistency	serious[5,10]	no serious imprecision	none	Mean 3.0 (SD NR) n = 150	Mean 3.5 (SD NR) n = 150	NC	MD 0.5 lower (NC) *P* < 0.001	Moder-ate
Unplanned visits to a medical facility											
1 meta-analysis of 5 studies (Chung et al., 1999; Dabash et al. 2010; Dao et al., 2007; Demetroulis et al., 2001; Zhang et al., 2005)	randomised trials	no serious limitations	serious[2,14]	no serious indirectness	serious[13]	none	148/1375 (10.8%)	42/1026 (4.1%)	RR 1.67 (0.74 to 3.79)	27 more per 1000 (from 11 fewer to 114 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
Unplanned admissions[††]											
1 study (Trinder et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	72/398 (18.1%)	32/402 (7.9%)	RR 2.27 (1.53 to 3.37)	101 more per 1000 (from 42 more to 189 more)	High
Satisfaction: reported incidence											
1 meta-analysis of 9 studies[‡‡]	randomised trials	no serious limitations	serious[2]	serious[15]	no serious imprecision	none	1032/1093 (94.4%)	1024/1076 (95.2%)	RR 0.99 (0.96 to 1.03)	10 fewer per 1000 (from 38 fewer to 29 more)	Low
Social function at 2 weeks: SF-36 score/100 (better indicated by higher values)											
1 meta-analysis of 2 studies (Graziosi et al., 2005a; Harwood & Nansel, 2008)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	n = 525	n = 205	NC	MD 0.69 lower (2.7 lower to 1.32 higher) *P* = 0.50	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
Social function at 2 weeks: SPS score (better indicated by lower values)											
1 study (Lee et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 0.14 (SD 0.26) n = 104	Mean 0.16 (SD 0.29) n = 111	NC	MD 0.02 lower (0.094 lower to 0.054 higher) *P* = 0.93	High
Mental health at 2 weeks: SF-36 score/100 (better indicated by higher values)											
1 meta-analysis of 2 studies (Graziosi et al., 2005a; Shelley et al., 2005)	randomised trials	no serious limitations	serious[16]	serious[17]	no serious imprecision	none	n = 79	n = 66	NC	MD 3.43 lower (8.53 lower to 1.68 higher) *P* = 0.19	Low
Live birth rate in a subsequent pregnancy											
1 meta-analysis of 2 studies (Smith et al., 2009; Tam et al., 2005)	randomised trials	no serious limitations	no serious inconsistency	serious[18,19]	no serious imprecision	none	290/361 (80.3%)	304/365 (83.3%)	RR 0.96 (0.9 to 1.03)	33 fewer per 1000 (from 83 fewer to 25 more)	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsist-ency**	**Indirect-ness**	**Imprecision**	**Other considerat-ions**	**Medical**	**Surgical**	**Relative (95% CI)**	**Absolute (95% CI) & *P* value (if stated)**	
1 study (Graziosi et al., 2005b)	randomised trial	serious[20]	no serious inconsistency	serious[17,21]	serious[13]	none	n = 69	n = 57	RR 0.98 (0.66 to 1.5)	NC	Very low

CI confidence interval, IQR interquartile range, MD mean difference, NC not calculable, NR not reported, *P* probability, RR relative risk, SD standard deviation

* Unplanned interventions include: surgery (including repeat surgery) due to first-line treatment failure, emergency surgery prior to allocated treatment, surgical completion on maternal request, or treatment to deal with a complication of the initial treatment

†18 studies – Chung et al. 1999; Dabash et al. 2010; Dao et al., 2007; de Jonge et al., 1995; Demetroulis et al., 2001; Egarter et al., 1995; Fang et al., 2009; Graziosi et al., 2004; Montesinos et al., 2011; Moodliar et al., 2005; Muffley et al., 2002; Niinimaki et al., 2006; Sahin et al., 2001; Shelley et al., 2005; Shwekerela et al., 2007; Taylor et al., 2011; Trinder et al., 2006; Zhang et al., 2005

‡ 7 studies - Chung et al., 1999; Moodliar et al., 2005; Sahin et al., 2001; Shelley et al., 2005; Shwekerela et al., 2007; Trinder et al., 2006; Zhang et al., 2005;

§ 12 studies - Chung et al., 1999; Dabash et al., 2010; Dao et al., 2007; Demetroulis et al., 2001; Egarter et al., 1995; Graziosi et al., 2004; Montesinos et al., 2011; Moodliar et al., 2005; Shelley et al., 2005; Shwekerela et al., 2007; Taylor et al., 2011; Zhang et al., 2005

** 8 studies - Dabash et al., 2010; Davis et al., 2007; de Jonge et al., 1995; Demetroulis et al., 2001; Graziosi et al., 2004; Muffley et al., 2002; Shelley et al., 2005; Trinder et al., 2006

†† Unplanned admission is an admission to hospital during the trial that was not pre-specified in the methodology as part of the management protocol

‡‡ 9 studies - Dabash et al. 2010; Dao et al., 2007; Demetroulis et al., 2001; Fang et al., 2009; Montesinos et al., 2011; Niinimaki et al., 2006; Sahin et al., 2001; Shwekerela et al., 2007; Taylor et al., 2011

1 High RR (> 5.0)

2 High heterogeneity (I^2 > 60%)

3 Significance test not reported, and cannot be conducted by the technical team due to type of summary data reported

4 This is duration of "light bleeding" only - this is an underrepresentation of the total duration of bleeding women experienced, which could not be calculated from the data

5 Self-reported induced abortion rate >10%

6 Reported "after discharge" - medical arm stays significantly longer in hospital

7 Standard deviation not reported

8 Variable follow-up period

9 Small sample size (N ≤ 50)

10 Local/verbal anaesthesia only in surgical arm

11 Method of assessment not reported

12 Lack of intention-to-treat analysis

13 Wide confidence intervals

14 Variable reporting (i.e. number of women/events, inclusion of admissions)
15 >75% weighting of RR comes from trials where surgical arm did not receive general anaesthesia
16 Unclear whether both are subscales, or one is a summary scale
17 Includes women up to 14 weeks gestation
18 One trial (weight 63% in meta-analysis) includes women not wishing to get pregnant
19 One trial has loss to follow-up of 38%, with respondents significantly older than non-respondents
20 Poorly reported
21 Reports ongoing pregnancy at 12 weeks - outcome of interest is live birth rate

Misoprostol and mifepristone for managing miscarriage

Table I.7.6 GRADE findings for comparison of vaginal misoprostol with placebo for the management of missed miscarriage

Quality assessment							**Number of women or average**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Success of medical treatment											
1 meta-analysis of 2 studies (Blohm et al., 2005; Kovavisarach & Sathapanachai, 2002)	randomised trials	serious[1,2]	serious[3]	serious[4]	serious[5]	400 vaginal Ms	69/91 (75.8%)	37/89 (41.6%)	RR 2.10 (0.97 to 4.53)	457 more per 1000 (from 12 fewer to 1000 more)	Very low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	600 vaginal Ms (repeat after 24 h)	39/45 (86.7%)	11/38 (28.9%)	RR 2.99 (1.8 to 4.99)	576 more per 1000 (from 232 more to 1000 more)	High
1 meta-analysis of 2 studies (Lister et al., 2005; Wood & Brain, 2002)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	800 vaginal Ms (repeat after 24 h)	35/44 (79.5%)	6/42 (14.3%)	RR 5.59 (2.62 to 11.93)	656 more per 1000 (from 237 more to 1000 more)	High
Need for further intervention											
1 study (Blohm et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	400 vaginal Ms	8/57 (14%)	23/51 (45.1%)	RR 0.31 (0.15 to 0.63)	311 fewer per 1000 (from 167 fewer to 383 fewer)	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	600 vaginal Ms (repeat after 24 h)	6/45 (13.3%)	27/38 (71.1%)	RR 0.19 (0.09 to 0.41)	576 fewer per 1000 (from 419 fewer to 647 fewer)	High
1 meta-analysis of 2 studies (Lister et al., 2005; Wood & Brain, 2002)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	800 vaginal Ms (repeat after 24 h)	10/43 (23.3%)	34/41 (82.9%)	RR 0.28 (0.16 to 0.49)	597 fewer per 1000 (from 423 fewer to 697 fewer)	High
Unplanned visits to a medical facility											
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5,6]	800 vaginal Ms (repeat after 24 h)	0/18 (0%)	3/16 (18.8%)	RR 0.13 (0.01 to 2.3)	163 fewer per 1000 (from 186 fewer to 244 more)	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Adverse effects: incidence of nausea and/or vomiting											
1 study (Kovavisarach & Sathapanachai, 2002)	randomised trial	very serious[7,8,9]	no serious inconsistency	no serious indirectness	serious[5]	400 vaginal Ms	2/27 (7.4%)	1/27 (3.7%)	RR 2 (0.19 to 20.77)	37 more per 1000 (from 30 fewer to 732 more)	Very low
Adverse effects: incidence of nausea											
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	serious[5]	600 vaginal Ms (repeat after 24 h)	18/52 (34.6%)	16/52 (30.8%)	RR 1.12 (0.65 to 1.96)	37 more per 1000 (from 108 fewer to 295 more)	Low
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5,6]	800 vaginal Ms (repeat after 24 h)	4/18 (22.2%)	3/16 (18.8%)	RR 1.19 (0.31 to 4.51)	36 more per 1000 (from 129 fewer to 658 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Adverse effects: severity of nausea											
1 study (Blohm et al., 2005)	randomised trial	serious[11]	no serious inconsistency	serious[12]	no serious imprecision	400 vaginal Ms	Mean 17.4 (SD 24.7) n = 64	Mean 14.9 (SD 23.8) n = 62	not calculable (NC)	MD 2.5 higher (5.97 lower to 10.97 higher) *P* = 0.57	Low
Adverse effects: incidence of vomiting											
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	serious[5]	600 vaginal Ms (repeat after 24 h)	8/52 (15.4%)	7/52 (13.5%)	RR 1.14 (0.45 to 2.92)	19 more per 1000 (from 74 fewer to 258 more)	Low
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5,6]	800 vaginal Ms (repeat after 24 h)	1/18 (5.6%)	3/16 (18.8%)	RR 0.3 (0.03 to 2.57)	131 fewer per 1000 (from 182 fewer to 294 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Adverse effects: severity of vomiting											
1 study (Blohm et al., 2005)	randomised trial	serious[11]	no serious inconsistency	serious[12]	no serious imprecision	400 vaginal Ms	Mean 8.1 (SD 20.2) n = 64	Mean 7.3 (SD 21.7) n = 62	NC	MD 0.8 higher (6.53 lower to 8.13 higher) *P* = 0.85	Low
Adverse effects: incidence of diarrhoea											
1 study (Kovavisarach & Sathapanachai, 2002)	randomised trial	very serious[7,8,9]	no serious inconsistency	no serious indirectness	serious[5]	400 vaginal Ms	2/27 (7.4%)	0/27 (0%)	RR 5 (0.25 to 99.51)	NC	Very low
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	serious[5]	600 vaginal Ms (repeat after 24 h)	11/52 (21.2%)	11/52 (21.2%)	RR 1 (0.48 to 2.1)	0 fewer per 1000 (from 110 fewer to 233 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5,6]	800 vaginal Ms (repeat after 24 h)	1/18 (5.6%)	1/16 (6.3%)	RR 0.89 (0.06 to 13.08)	7 fewer per 1000 (from 59 fewer to 755 more)	Moder-ate
Adverse effects: severity of diarrhoea (maximum potential score not reported)											
1 study (Blohm et al., 2005)	randomised trial	serious[11]	no serious inconsistency	serious[12]	no serious imprecision	400 vaginal misoprostol	Mean 7.5 (SD 15.0) n = 64	Mean 8.9 (SD 20.4) n = 62	NC	MD 1.4 lower (7.67 lower to 4.87 higher) *P* = 0.69	Low
Adverse effects: incidence of any gastrointestinal side effects											
1 study (Wood & Brain, 2002)	randomised trial	serious[13]	no serious inconsistency	no serious indirectness	serious[6]	800 vaginal misoprostol (repeat after 24 h)	1/25 (4%)	not reported (NR)	NC	NC	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Adverse effects: incidence of fever											
1 study (Kovavisarach & Sathapanachai, 2002)	randomised trial	very serious[7,8,9]	no serious inconsistency	no serious indirectness	serious[5]	400 vaginal Ms	4/27 (14.8%)	0/27 (0%)	RR 9 (0.51 to 159.43)	NC	Very low
Adverse effects: incidence of infection											
1 study (Blohm et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	serious[12]	serious[5]	400 vaginal Ms	3/64 (4.7%)	0/62 (0%)	RR 6.78 (0.36 to 128.7)	NC	Low
Adverse effects: incidence of pelvic inflammatory disease											
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	serious[5]	600 vaginal Ms (repeat after 24 h)	1/52 (1.9%)	0/52 (0%)	RR 3 (0.13 to 71.99)	NC	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Duration of bleeding (days)											
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	no serious imprecision	600 vaginal Ms (repeat after 24 h)	Mean 11.65 (SD 4.4) n = 52	Mean 10.88 (SD 4.78) n = 52	NC	MD 0.77 higher (1 lower to 2.54 higher)	Moder-ate
Pain: incidence of menstrual cramping											
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5,6]	800 vaginal Ms (repeat after 24 h)	11/18 (61.1%)	5/16 (31.3%)	RR 1.96 (0.87 to 4.42)	300 more per 1000 (from 41 fewer to 1000 more)	Moder-ate
Pain: incidence of lower abdominal pain											
1 study (Kovavisarach & Sathapanachai, 2002)	randomised trial	very serious[7,8,9]	no serious inconsistency	no serious indirectness	no serious imprecision	400 vaginal Ms	20/27 (74.1%)	6/27 (22.2%)	RR 3.33 (1.59 to 6.99)	518 more per 1000 (from 131 more to 1000 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Pain: severity											
1 study (Blohm et al., 2005)	randomised trial	serious[11]	no serious inconsistency	serious[12]	no serious imprecision	400 vaginal Ms	Mean 60.4 (SD 31.0) n = 64	Mean 43.8 (SD 37.1) n = 62	NC	MD 16.6 higher (4.64 to 28.56 higher) *P* < 0.007	Low
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	no serious imprecision	600 vaginal Ms (repeat after 24 h)	Mean 6.0 (SD 2.7) n = 52	Mean 5.4 (SD 2.7) n = 52	NC	MD 0.6 higher (0.44 lower to 1.64 higher)	Moder-ate
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[6,14]	800 vaginal Ms (repeat after 24 h)	Mean 5.6 (SD NR) n = 16	Mean 5.2 (SD NR) n = 16	NC	MD 0.4 higher (CI NC) *P* = 0.806	Moder-ate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micro-grams unless stated)**	**Misoprostol (Ms)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P*value (if stated)**	
Satisfaction: reported incidence											
1 study (Lister et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5,6]	800 vaginal Ms (repeat after 24 h)	14/15 (93.3%)	12/15 (80%)	RR 1.17 (0.88 to 1.55)	136 more per 1000 (from 96 fewer to 440 more)	Moder-ate
Satisfaction: score/10											
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	serious[10]	no serious imprecision	600 vaginal Ms (repeat after 24 h)	Mean 8.9 (SD 1.3) n = 52	Mean 8.7 (SD 1.5) n = 52	NC	MD 0.2 higher (0.34 lower to 0.74 higher)	Moder-ate

CI confidence interval, MD mean difference, Ms misoprostol, NC not calculable, NR not reported, *P* probability, RR relative risk, SD standard deviation

1 One trial in the meta-analysis does not report blinding, or its method of randomisation

2 One trial in the meta-analysis does not report whether the misoprostol was administered by the patient or the physician, and does not report the route of administration of the placebo.

3 High heterogeneity ($I^2 > 60\%$)

4 One of the trials in the meta-analysis included 18/126 (14%) women with an open cervical os, and their outcomes are not reported separately

5 Wide confidence intervals

6 Small sample size ($N \leq 50$)

7 Blinding is not reported

8 Method of randomisation not reported

9 Not reported whether the misoprostol was administered by the patient or the physician, and the route of administration of the placebo

10 21/104 (20%) of women had an incomplete miscarriage and their outcomes are not reported separately

11 Maximum potential score not reported
12 18/126 (14%) of women had an open cervical os, and their outcomes are not reported separately
13 Outcome is not reported for the placebo arm of the trial
14 Standard deviation not reported

Table I.7.7 GRADE findings for comparison of mifepristone with placebo for the management of missed miscarriage

Quality assessment							**Number of women**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen**	**Mifepristone (Mf)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 study (Lelaidier et al., 1993)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	600 mg oral Mf	19/23 (82.6%)	2/23 (8.7%)	RR 9.5 (2.49 to 36.19)	739 more per 1000 (from 130 more to 1000 more)	Low
Need for further intervention											
1 study (Lelaidier et al., 1993)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	600 mg oral Mf	6/23 (26.1%)	19/21 (90.5%)	RR 0.29 (0.14 to 0.58)	642 fewer per 1000 (from 380 fewer to 778 fewer)	Low
Adverse effects: incidence of endometritis											
1 study (Lelaidier et al., 1993)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2,3]	600 mg oral Mf	1/23 (4.3%)	1/21 (4.8%)	RR 0.91 (0.06 to 13.69)	4 fewer per 1000 (from 45 fewer to 604 more)	Low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen**	**Mifepristone (Mf)**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Pain: incidence											
1 study (Lelaidier et al., 1993)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2,3]	600 mg oral Mf	12/23 (52.2%)	5/21 (23.8%)	RR 2.19 (0.93 to 5.17)	283 more per 1000 (from 17 fewer to 993 more)	Low

CI confidence interval, Mf mifepristone, *P* probability, RR relative risk

1 No baseline characteristics illustrating comparability of the two arms are reported

2 Small sample size (N ≤ 50)

3 Wide confidence intervals

Table I.7.8 GRADE findings for comparison of mifepristone plus misoprostol with misoprostol only for the management of missed miscarriage

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Incons-istency**	**Indirect-ness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Mifepristone (Mf) + misoprostol (Ms)**	**Ms only**	**Relative (95% CI)**	**Absolute (95% CI)**	
Success of medical treatment											
1 study (Stockheim et al., 2006)	randomised trial	no serious limitations	no serious incons-istency	no serious indirect-ness	serious[1]	Mf + Ms: 600mg oral Mf, followed 48 hours later by 400 oral Ms x 2 Ms only: 400 oral Ms x 2, with a repeat 48 hours later	38/58 (65.5%)	42/57 (73.7%)	RR 0.89 (0.7 to 1.13)	81 fewer per 1000 (from 221 fewer to 96 more)	Moderate
Need for further intervention											
1 study (Stockheim et al., 2006)	randomised trial	no serious limitations	no serious incons-istency	no serious indirect-ness	serious[1]	Mf + Ms: 600mg oral Mf, followed 48 hours later by 400 oral Ms x 2 Ms only: 400 oral Ms x 2, with the same 48 hours later	20/58 (34.5%)	15/57 (26.3%)	RR 1.31 (0.75 to 2.3)	82 more per 1000 (from 66 fewer to 342 more)	Moderate

CI confidence interval, Mf mifepristone, Ms misoprostol, RR relative risk

1 Wide confidence intervals

Table I.7.9 GRADE findings for comparison of vaginal misoprostol in different dosages for the management of missed miscarriage

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms vaginal**	**800 micrograms vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 study (Kovavisarach & Jamnansiri, 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Vaginal misoprostol (Ms) 600 vs. 800	26/57 (45.6%)	39/57 (68.4%)	RR 0.67 (0.48 to 0.93)	226 fewer per 1000 (from 48 fewer to 356 fewer)	High
Adverse effects: incidence of nausea											
1 study (Kovavisarach & Jamnansiri, 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	Vaginal Ms 600 vs. 800	2/57 (3.5%)	7/57 (12.3%)	RR 0.29 (0.06 to 1.32)	87 fewer per 1000 (from 115 fewer to 39 more)	Moderate
Adverse effects: incidence of vomiting											
1 study (Kovavisarach & Jamnansiri, 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Vaginal Ms 600 vs. 800	0/57 (0%)	0/57 (0%)	not calculable (NC)	NC	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms vaginal**	**800 micrograms vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of diarrhoea											
1 study (Kovavisarach & Jamnansiri, 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	Vaginal Ms 600 vs. 800	0/57 (0%)	2/57 (3.5%)	RR 0.2 (0.01 to 4.08)	28 fewer per 1000 (from 35 fewer to 108 more)	Moderate
Adverse effects: incidence of fever											
1 study (Kovavisarach & Jamnansiri, 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	Vaginal Ms 600 vs. 800	10/57 (17.5%)	16/57 (28.1%)	RR 0.62 (0.31 to 1.26)	107 fewer per 1000 (from 194 fewer to 73 more)	Moderate
Pain: incidence											
1 study (Kovavisarach & Jamnansiri, 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Vaginal Ms 600 vs. 800	30/57 (52.6%)	42/57 (73.7%)	RR 0.71 (0.53 to 0.96)	214 fewer per 1000 (from 29 fewer to 346 fewer)	High

CI confidence interval, Ms misoprostol, NC not calculable, *P* probability, RR relative risk

1 Wide confidence intervals

2 No events in either arm

Table I.7.10 GRADE findings for comparison of sublingual misoprostol in different dosages for the management of missed miscarriage

Quality assessment							**Number of women or average**		**Effect**		
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms sublingual**	**600 micrograms + extended course sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	**Quality**
Success of medical treatment											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual misoprostol (Ms) 600 x 3 vs. 600 x 3 + 400 daily for 7 days	83/90 (92.2%)	84/90 (93.3%)	RR 0.99 (0.91 to 1.07)	9 fewer per 1000 (from 84 fewer to 65 more)	Moderate
Adverse effects: incidence of nausea on day 1											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	38/90 (42.2%)	45/90 (50%)	RR 0.84 (0.61 to 1.16)	80 fewer per 1000 (from 195 fewer to 80 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms sublingual**	**600 micrograms + extended course sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of nausea on days 2-9											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	13/86 (15.1%)	18/86 (20.9%)	RR 0.72 (0.38 to 1.38)	59 fewer per 1000 (from 130 fewer to 80 more)	Low
Adverse effects: incidence of vomiting on day 1											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	13/90 (14.4%)	14/90 (15.6%)	RR 0.93 (0.46 to 1.86)	11 fewer per 1000 (from 84 fewer to 134 more)	Low
Adverse effects: incidence of vomiting on days 2-9											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	1/86 (1.2%)	5/86 (5.8%)	RR 0.2 (0.02 to 1.68)	47 fewer per 1000 (from 57 fewer to 40 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms sublingual**	**600 micrograms + extended course sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of diarrhoea on day 1											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	61/90 (67.8%)	63/90 (70%)	RR 0.97 (0.8 to 1.18)	21 fewer per 1000 (from 140 fewer to 126 more)	Moderate
Adverse effects: incidence of diarrhoea on days 2-9											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	19/86 (22.1%)	38/86 (44.2%)	RR 0.5 (0.31 to 0.79)	221 fewer per 1000 (from 93 fewer to 305 fewer)	Moderate
Adverse effects: incidence of fever on day 1											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	52/90 (57.8%)	55/90 (61.1%)	RR 0.95 (0.74 to 1.2)	31 fewer per 1000 (from 159 fewer to 122 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms sublingual**	**600 micrograms + extended course sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of fever on days 2-9											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	0/86 (0%)	0/86 (0%)	not calculable (NC)	NC	Low
Adverse effects: incidence of chills and rigor on day 1											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	10/90 (11.1%)	13/90 (14.4%)	RR 0.77 (0.36 to 1.66)	33 fewer per 1000 (from 92 fewer to 95 more)	Low
Adverse effects: incidence of chills and rigor on days 2-9											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	0/86 (0%)	0/86 (0%)	NC	NC	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms sublingual**	**600 micrograms + extended course sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Duration of bleeding (days)											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	Median 11.5 (Range 5 - 35)	Median 11.0 (Range 6 - 42)	NC	Median 0.5 higher (confidence interval NC) NS (*P* value not reported)	Moderate
Pain: incidence on day 1											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	88/90 (97.8%)	88/90 (97.8%)	RR 1 (0.96 to 1.05)	0 fewer per 1000 (from 39 fewer to 49 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms sublingual**	**600 micrograms + extended course sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Pain: incidence on days 2-9											
1 study (Tang et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual Ms 600 x 3 vs. 600 x 3 + 400 daily for 7 days	66/86 (76.7%)	74/86 (86%)	RR 0.89 (0.77 to 1.03)	95 fewer per 1000 (from 198 fewer to 26 more)	Moderate

CI confidence interval, Ms misoprostol, NC not calculable, NS not significant, *P* probability, RR relative risk, SD standard deviation

1 Lack of blinding

2 Wide confidence intervals

3 No events in either arm

Table I.7.11 GRADE findings for comparison of oral misoprostol with sublingual misoprostol for the management of missed miscarriage

Quality assessment							**Number of women or average**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 study (Ayudhaya et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Oral: 400 misoprostol (Ms) x 6 Sublingual: 400 Ms x 6	17/66 (25.8%)	15/70 (21.4%)	RR 1.2 (0.65 to 2.21)	43 more per 1000 (from 75 fewer to 259 more)	Low
1 study (Kushwah & Singh, 2009)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	200 mg oral mifepristone (Mf), plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	42/50 (84%)	46/50 (92%)	RR 0.91 (0.79 to 1.06)	83 fewer per 1000 (from 193 fewer to 55 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of nausea or vomiting											
1 study (Ayudhaya et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 400 Ms x 6 Sublingual: 400 Ms x 6	3/66 (4.5%)	2/70 (2.9%)	RR 1.59 (0.27 to 9.22)	17 more per 1000 (from 21 fewer to 235 more)	Moderate
Adverse effects: incidence of nausea											
1 study (Kushwah & Singh, 2009)	randomised trial	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	200 mg oral Mf, plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	26/50 (52%)	17/50 (34%)	RR 1.53 (0.96 to 2.44)	180 more per 1000 (from 14 fewer to 490 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of vomiting											
1 study (Kushwah & Singh, 2009)	randomised trial	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	200 mg oral Mf, plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	22/50 (44%)	11/50 (22%)	RR 2 (1.09 to 3.68)	220 more per 1000 (from 20 more to 590 more)	Moderate
Adverse effects: incidence of diarrhoea											
1 study (Ayudhaya et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 400 Ms x 6 Sublingual: 400 Ms x 6	7/66 (10.6%)	6/70 (8.6%)	RR 1.24 (0.44 to 3.49)	21 more per 1000 (from 48 fewer to 213 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Kushwah & Singh, 2009)	randomised trial	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	200 mg oral Mf, plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	28/50 (56%)	24/50 (48%)	RR 1.17 (0.8 to 1.7)	82 more per 1000 (from 96 fewer to 336 more)	Low
Adverse effects: incidence of fever											
1 study (Ayudhaya et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 400 Ms x 6 Sublingual: 400 Ms x 6	2/66 (3%)	15/70 (21.4%)	RR 0.14 (0.03 to 0.59)	184 fewer per 1000 (from 88 fewer to 208 fewer)	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Kushwah & Singh, 2009)	randomised trial	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	200 mg oral Mf, plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	26/50 (52%)	10/50 (20%)	RR 2.6 (1.41 to 4.81)	320 more per 1000 (from 82 more to 762 more)	Moderate
Adverse effects: incidence of chills											
1 study (Ayudhaya et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 400 Ms x 6 Sublingual: 400 Ms x 6	0/66 (0%)	4/70 (5.7%)	RR 0.12 (0.01 to 2.15)	50 fewer per 1000 (from 57 fewer to 66 more)	Moderate
Pain: incidence											
1 study (Ayudhaya et al., 2006)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 400 Ms x 6 Sublingual: 400 Ms x 6	40/66 (60.6%)	47/70 (67.1%)	RR 0.9 (0.7 to 1.16)	67 fewer per 1000 (from 201 fewer to 107 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Kushwah & Singh, 2009)	randomised trial	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	200 mg oral Mf, plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	44/50 (88%)	23/50 (46%)	RR 1.91 (1.39 to 2.63)	419 more per 1000 (from 179 more to 750 more)	Moderate
Satisfaction: reported incidence											
1 study (Kushwah & Singh, 2009)	randomised trial	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	200 mg oral Mf, plus: Oral: 600 Ms Sublingual: 600 Ms (+ 400 Ms x 3 after 12 hours if needed)	36/50 (72%)	46/50 (92%)	RR 0.78 (0.65 to 0.95)	202 fewer per 1000 (from 46 fewer to 322 fewer)	Moderate

CI confidence interval, Mf mifepristone, Ms misoprostol, *P* probability, RR relative risk

1 Lack of blinding

2 Wide confidence intervals

3 Unclear how and when this outcome was assessed

Table I.7.12 GRADE findings for comparison of sublingual misoprostol with vaginal misoprostol for the management of missed miscarriage

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Sublingual**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 meta-analysis of 2 studies (Shah et al., 2010; Tanha et al., 2010)	randomised trials	serious[1,2]	serious[3]	no serious indirectness	serious[4]	Sublingual: 400 x 5/not reported (NR) Vaginal: 400 x 5/NR	104/132 (78.8%)	61/129 (47.3%)	RR 1.4 (0.75 to 2.62)	189 more per 1000 (from 118 fewer to 766 more)	Very low
1 study (Tang et al., 2003)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	35/40 (87.5%)	35/40 (87.5%)	RR 1 (0.85 to 1.18)	0 fewer per 1000 (from 131 fewer to 157 more)	Moderate
Need for further intervention											
1 meta-analysis of 2 studies (Shah et al., 2010; Tanha et al., 2010)	randomised trials	serious[1,2]	serious[3]	no serious indirectness	serious[4]	Sublingual: 400 x 5/NR Vaginal: 400 x 5/NR	28/135 (20.7%)	72/135 (53.3%)	RR 0.49 (0.16 to 1.44)	272 fewer per 1000 (from 448 fewer to 235 more)	Very low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Sublingual**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Tang et al., 2003)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	4/39 (10.3%)	4/39 (10.3%)	RR 1 (0.27 to 3.72)	0 fewer per 1000 (from 75 fewer to 279 more)	Low
Adverse effects: incidence of nausea											
1 study (Shah et al., 2010)	randomised trial	no serious limitations	no serious inconsistency	serious[5]	serious[4,6]	Sublingual: 400 Ms x 5 Vaginal: 400 Ms x 5	5/25 (20%)	1/25 (4%)	RR 5 (0.63 to 39.79)	160 more per 1000 (from 15 fewer to 1552 more)	Low
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	24/40 (60%)	20/40 (50%)	RR 1.2 (0.8 to 1.79)	100 more per 1000 (from 100 fewer to 395 more)	Moderate
Adverse effects: incidence of vomiting											
1 study (Tanha et al., 2010)	randomised trial	serious[7]	no serious inconsistency	no serious indirectness	serious[4]	Sublingual: 400 Ms x NR Vaginal: 400 Ms x NR	22/110 (20%)	13/110 (11.8%)	RR 1.69 (0.9 to 3.19)	82 more per 1000 (from 12 fewer to 259 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Sublingual**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	7/40 (17.5%)	9/40 (22.5%)	RR 0.78 (0.32 to 1.88)	50 fewer per 1000 (from 153 fewer to 198 more)	Moderate
Adverse effects: incidence of diarrhoea											
1 study (Tanha et al., 2010)	randomised trial	serious[7]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 400 Ms x NR Vaginal: 400 Ms x NR	76/110 (69.1%)	40/110 (36.4%)	RR 1.9 (1.44 to 2.51)	327 more per 1000 (from 160 more to 549 more)	Moderate
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	28/40 (70%)	11/40 (27.5%)	RR 2.55 (1.48 to 4.38)	426 more per 1000 (from 132 more to 930 more)	High
Adverse effects: incidence of fever											
1 study (Tanha et al., 2010)	randomised trial	serious[7]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 400 Ms x NR Vaginal: 400 Ms x NR	26/110 (23.6%)	4/110 (3.6%)	RR 6.5 (2.35 to 18.01)	200 more per 1000 (from 49 more to 619 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Sublingual**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	23/40 (57.5%)	19/40 (47.5%)	RR 1.21 (0.79 to 1.84)	100 more per 1000 (from 100 fewer to 399 more)	Moderate
Adverse effects: incidence of chills or shivering											
1 study (Shah et al., 2010)	randomised trial	no serious limitations	no serious inconsistency	serious[5]	serious[4,6]	Sublingual: 400 Ms x 5 Vaginal: 400 Ms x 5	6/25 (24%)	4/25 (16%)	RR 1.5 (0.48 to 4.68)	80 more per 1000 (from 83 fewer to 589 more)	Low
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	6/40 (15%)	3/40 (7.5%)	RR 2 (0.54 to 7.45)	75 more per 1000 (from 34 fewer to 484 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Sublingual**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Duration of bleeding (days)											
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	Median 12.5 (Range 4 – 36) n = 40	Median 12.0 (Range 5 – 79) n = 40	not calculable (NC)	Median 0.5 higher (confidence interval NC) NS (*P* value NR)	High
Pain: incidence of cramps											
1 study (Tanha et al., 2010)	randomised trial	serious[7]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 400 Ms x NR Vaginal: 400 Ms x NR	94/110 (85.5%)	62/110 (56.4%)	RR 1.52 (1.26 to 1.82)	293 more per 1000 (from 147 more to 462 more)	Moderate
Pain: incidence of severe pain											
1 study (Tanha et al., 2010)	randomised trial	serious[7]	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 400 Ms x NR Vaginal: 400 Ms x NR	77/110 (70%)	42/110 (38.2%)	RR 1.83 (1.4 to 2.4)	317 more per 1000 (from 153 more to 535 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Sublingual**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Pain: incidence of lower abdominal pain											
1 study (Tang et al., 2003)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Sublingual: 600 Ms x 3 Vaginal: 600 Ms x 3	40/40 (100%)	40/40 (100%)	NC	NC	High
Satisfaction: reported incidence											
1 meta-analysis of 2 studies (Shah et al., 2010; Tanha et al., 2010)	randomised trials	serious[2]	serious[3]	no serious indirectness	serious[4]	Sublingual: 400 x 5/NR Vaginal: 400 x 5/NR	116/135 (85.9%)	71/135 (52.6%)	RR 1.48 (0.94 to 2.32)	252 more per 1000 (from 32 fewer to 694 more)	Very low

CI confidence interval, Ms misoprostol, NC not calculable, NR not reported, NS not significant, *P* probability, RR relative risk

1 Lack of blinding

2 One trial in the meta-analysis did not report the maximum number of potential doses a woman could receive

3 High heterogeneity ($I^2 > 60\%$)

4 Wide confidence intervals

5 18% of study population have gestational age > 12 weeks

6 Small sample size (≤ 50)

7 Maximum number of potential doses not reported

Table I.7.13 GRADE findings for comparison of oral misoprostol with vaginal misoprostol for the management of missed miscarriage

Quality assessment							**Number of women or average**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 study (Rita et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 400 misoprostol (Ms) x 3 Vaginal: 600 Ms x 2	18/50 (36%)	40/50 (80%)	RR 0.45 (0.3 to 0.67)	440 fewer per 1000 (from 264 fewer to 560 fewer)	Moderate
1 study (Creinin et al., 1997)	randomised trial	serious[1]	no serious inconsistency	serious[2]	very serious[3]	Oral: 400 Ms Vaginal: 800 Ms (repeat after 24 h)	3/12 (25%)	7/8 (87.5%)	RR 0.29 (0.1 to 0.79)	621 fewer per 1000 (from 184 fewer to 788 fewer)	Very low
1 study (Ngoc et al., 2004)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 800 Ms Vaginal: 800 Ms	89/101 (88.1%)	91/99 (91.9%)	RR 0.96 (0.87 to 1.05)	37 fewer per 1000 (from 119 fewer to 46 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Need for further intervention											
1 study (Rita et al., 2006)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 400 Ms x 3 Vaginal: 600 Ms x 2	32/50 (64%)	10/50 (20%)	RR 3.2 (1.77 to 5.78)	440 more per 1000 (from 154 more to 956 more)	Moderate
1 study (Ngoc et al., 2004)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Oral: 800 Ms Vaginal: 800 Ms	11/100 (11%)	7/98 (7.1%)	RR 1.54 (0.62 to 3.81)	39 more per 1000 (from 27 fewer to 201 more)	Low
Admission to a medical facility											
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	very serious[5]	serious[4]	Oral: 800 Ms Vaginal: 800 Ms	0/100 (0%)	2/98 (2%)	RR 0.2 (0.01 to 4.03)	16 fewer per 1000 (from 20 fewer to 62 more)	Very low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of nausea											
1 study (Rita et al., 2006)	randomised trial	serious[6]	no serious inconsistency	no serious indirectness	serious[4]	Oral: 400 Ms x 3 Vaginal: 600 Ms x 2	25/50 (50%)	20/50 (40%)	RR 1.25 (0.81 to 1.94)	100 more per 1000 (from 76 fewer to 376 more)	Low
1 study (Creinin et al., 1997)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	very serious[3,4]	Oral: 400 Ms Vaginal: 800 Ms (repeat after 24 h)	6/12 (50%)	5/8 (62.5%)	RR 0.8 (0.37 to 1.74)	125 fewer per 1000 (from 394 fewer to 463 more)	Very low
Adverse effects: incidence of vomiting											
1 study (Rita et al., 2006)	randomised trial	serious[6]	no serious inconsistency	no serious indirectness	serious[4]	Oral: 400 Ms x 3 Vaginal: 600 Ms x 2	6/50 (12%)	3/50 (6%)	RR 2 (0.53 to 7.56)	60 more per 1000 (from 28 fewer to 394 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Creinin et al., 1997)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	very serious[3,4]	Oral: 400 Ms Vaginal: 800 Ms (repeat after 24 h)	3/12 (25%)	1/8 (12.5%)	RR 2 (0.25 to 15.99)	125 more per 1000 (from 94 fewer to 1874 more)	Very low
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 800 Ms Vaginal: 800 Ms	4/95 (4.2%)	14/95 (14.7%)	RR 0.29 (0.1 to 0.84)	105 fewer per 1000 (from 24 fewer to 133 fewer)	High
Adverse effects: incidence of diarrhoea											
1 study (Rita et al., 2006)	randomised trial	serious[6]	no serious inconsistency	no serious indirectness	serious[4]	Oral: 400 Ms x 3 Vaginal: 600 Ms x 2	5/50 (10%)	5/50 (10%)	RR 1 (0.31 to 3.24)	0 fewer per 1000 (from 69 fewer to 224 more)	Low
1 study (Creinin et al., 1997)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	very serious[3,4]	Oral: 400 Ms Vaginal: 800 Ms (repeat after 24 h)	5/12 (41.7%)	3/8 (37.5%)	RR 1.11 (0.36 to 3.4)	41 more per 1000 (from 240 fewer to 900 more)	Very low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	Oral: 800 Ms Vaginal: 800 Ms	24/95 (25.3%)	23/95 (24.2%)	RR 1.04 (0.64 to 1.71)	10 more per 1000 (from 87 fewer to 172 more)	Moderate
Adverse effects: incidence of hyperpyrexia											
1 study (Rita et al., 2006)	randomised trial	serious[6]	no serious inconsistency	no serious indirectness	serious[4]	Oral: 400 Ms x 3 Vaginal: 600 Ms x 2	2/50 (4%)	2/50 (4%)	RR 1 (0.15 to 6.82)	0 fewer per 1000 (from 34 fewer to 233 more)	Low
Adverse effects: incidence of fever or chills											
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	Oral: 800 Ms Vaginal: 800 Ms	7/95 (7.4%)	7/95 (7.4%)	RR 1 (0.36 to 2.74)	0 fewer per 1000 (from 47 fewer to 128 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Duration of bleeding (days)											
1 study (Creinin et al., 1997)	randomised trial	serious[7]	no serious inconsistency	serious[2]	very serious[3]	Oral: 400 Ms Vaginal: 800 Ms (repeat after 24 h)	not reported (NR)	Mean 10.0 (SD 2.8) n = 7	not calculable (NC)	NC	Very low
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[8]	Oral: 800 Ms Vaginal: 800 Ms	Mean 2.87 (SD NR) n = 95	Mean 2.69 (SD NR) n = 95	NC	MD 0.18 higher (confidence interval NC) NS (*P* value not reported)	Moderate
Pain: incidence											
1 study (Rita et al., 2006)	randomised trial	serious[6]	no serious inconsistency	no serious indirectness	serious[4]	Oral: 400 Ms x 3 Vaginal: 600 Ms x 2	8/50 (16%)	5/50 (10%)	RR 1.6 (0.56 to 4.56)	60 more per 1000 (from 44 fewer to 356 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 800 Ms Vaginal: 800 Ms	84/95 (88.4%)	85/95 (89.5%)	RR 0.99 (0.89 to 1.09)	9 fewer per 1000 (from 98 fewer to 81 more)	High
Pain: severity/10											
1 study (Creinin et al., 1997)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	very serious[3]	Oral: 400 Ms Vaginal: 800 Ms (repeat after 24 h)	Mean 4.0 (SD 3.6) n = 11	Mean 5.9 (SD 2.7) n = 7	NC	MD 1.9 lower (4.82 lower to 1.02 higher) *P* = 0.33	Very low
Satisfaction: reported incidence											
1 study (Ngoc et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 800 Ms Vaginal: 800 Ms	86/100 (86%)	88/98 (89.8%)	RR 0.96 (0.86 to 1.06)	36 fewer per 1000 (from 126 fewer to 54 more)	High

CI confidence interval, MD mean difference, Ms misoprostol, NC not calculable, NS not significant, *P* probability, RR relative risk, SD standard deviation

1 Lack of blinding

2 Two participants (10% of study population) were later identified as not meeting the inclusion criteria for early pregnancy failure

3 Small sample size (N≤ 50)

4 Wide confidence intervals

5 The hospitalised women had been misdiagnosed, and did not in fact have a miscarriage
6 Unclear how and when this outcome was assessed
7 Outcome only reported for one arm of the trial
8 Standard deviation not reported

Table I.7.14 GRADE findings for comparison of vaginal misoprostol with placebo for the management of incomplete miscarriage

Quality assessment							**Number of women or average**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Misoprostol**	**Placebo**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1,2]	600 vaginal misoprostol (Ms) (repeat after 24h)	7/7 (100%)	12/14 (85.7%)	RR 1.12 (0.84 to 1.5)	103 more per 1000 (from 137 fewer to 429 more)	Low
Need for further intervention											
1 study (Blohm et al., 2005)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1,2]	400 vaginal Ms	0/7 (0%)	2/11 (18.2%)	RR 0.3 (0.02 to 5.46)	127 fewer per 1000 (from 178 fewer to 811 more)	Low

1 study (Bagratee et al., 2004)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1,2]	600 vaginal Ms (repeat after 24h)	0/7 (0%)	2/14 (14.3%)	RR 0.38 (0.02 to 6.9)	89 fewer per 1000 (from 140 fewer to 843 more)	Low

CI confidence interval, Ms misoprostol, *P* probability, RR relative risk

1 Small sample size (N ≤ 50)

2 Wide confidence intervals

Table I.7.15 GRADE findings for comparison of oral misoprostol in different dosages for the management of incomplete miscarriage

Quality assessment							**Number of women or average**		**Effect**		
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	**Quality**
Success of medical treatment											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral misoprostol (Ms) 600 vs. 2 x 600	199/236 (84.3%)	195/233 (83.7%)	RR 1.01 (0.94 to 1.09)	8 more per 1000 (from 50 fewer to 75 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Need for further intervention											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Oral Ms 600 vs. 2 x 600	35/234 (15%)	32/227 (14.1%)	RR 1.05 (0.69 to 1.59)	7 more per 1000 (from 44 fewer to 83 more)	Low
Adverse effects: incidence of nausea											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	serious[3]	no serious indirectness	serious[2]	Oral Ms 600 vs. 2 x 600	48/235 (20.4%)	37/228 (16.2%)	RR 1.19 (0.57 to 2.46)	31 more per 1000 (from 70 fewer to 237 more)	Very low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of vomiting											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Oral Ms 600 vs. 2 x 600	25/235 (10.6%)	24/228 (10.5%)	RR 1.01 (0.6 to 1.72)	1 more per 1000 (from 42 fewer to 76 more)	Low
Adverse effects: incidence of diarrhoea											
1 study (Ngoc et al., 2005)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral Ms 600 vs. 2 x 600	51/149 (34.2%)	68/145 (46.9%)	RR 0.73 (0.55 to 0.97)	127 fewer per 1000 (from 14 fewer to 211 fewer)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of fever or chills											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Oral Ms 600 vs. 2 x 600	27/235 (11.5%)	22/228 (9.6%)	RR 1.19 (0.7 to 2.02)	18 more per 1000 (from 29 fewer to 98 more)	Low
Duration of heavy bleeding (days)											
1 study (Ngoc et al., 2005)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral Ms 600 vs. 2 x 600	Mean 0.8 (SD 0.8) n = 149	Mean 0.8 (SD 0.7) n = 145	not calculable (NC)	MD 0 higher (0.17 lower to 0.17 higher) NS (*P* value NR)	Moderate
1 study (Blanchard et al., 2004)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Oral Ms 600 vs. 2 x 600	Mean 1.31 (SD not reported (NR)) N = 86	Mean 1.63 (SD NR) n = 83	NC	MD 0.32 lower (confidence interval NC) *P* = 0.21	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Duration of normal bleeding (days)											
1 study (Ngoc et al., 2005)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral Ms 600 vs. 2 x 600	Mean 1.2 (SD 0.9) n = 149	Mean 1.2 (SD 1.2) n = 145	NC	MD 0 higher (0.24 lower to 0.24 higher) NS (*P* value NR)	Moderate
1 study (Blanchard et al., 2004)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Oral Ms 600 vs. 2 x 600	Mean 2.86 (SD NR) n = 86	Mean 2.76 (SD NR) n = 83	NC	MD 0.1 higher (confidence interval NC) *P* = 0.79	Low
Duration of light bleeding or spotting (days)											
1 study (Ngoc et al., 2005)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral Ms 600 vs. 2 x 600	Mean 2.1 (SD 2.1) n = 149	Mean 1.8 (SD 2.1) n = 145	NC	MD 0.3 higher (0.18 lower to 0.78 higher) NS (*P* value NR)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
1 study (Blanchard et al., 2004)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Oral Ms 600 vs. 2 x 600	Mean 2.94 (SD NR) n = 86	Mean 2.88 (SD NR) n = 83	NC	MD 0.06 higher (confidence interval NC) *P* = 0.89	Low
Pain: incidence											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral Ms 600 vs. 2 x 600	182/235 (77.4%)	183/228 (80.3%)	RR 0.97 (0.88 to 1.06)	24 fewer per 1000 (from 96 fewer to 48 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Pain: severity/7											
1 study (Ngoc et al., 2005)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Oral Ms 600 vs. 2 x 600	Mean 3.7 (SD NR) n = 149	Mean 3.6 (SD NR) n = 145	NC	MD 0.1 higher (confidence interval NC) NS (*P* value NR)	Low
1 study (Blanchard et al., 2004)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	Oral Ms 600 vs. 2 x 600	Mean 3.65 (SD NR) n = 85	Mean 4.09 (SD NR) n = 81	NC	MD 0.44 lower (confidence interval NC) *P* = 0.20	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**600 micrograms oral**	**2 x 600 micrograms oral**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Satisfaction: reported incidence											
1 meta-analysis of 2 studies (Blanchard et al., 2004; Ngoc et al., 2005)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	Oral Ms 600 vs. 2 x 600	211/234 (90.2%)	199/226 (88.1%)	RR 1.02 (0.96 to 1.09)	18 more per 1000 (from 35 fewer to 79 more)	Moderate

CI confidence interval, MD mean difference, Ms misoprostol, NC not calculable, NR not reported, *P* probability, RR relative risk, SD standard deviation

1 Lack of blinding

2 Wide confidence intervals

3 High heterogeneity ($I^2 > 60\%$)

4 Standard deviation not reported

Table I.7.16 GRADE findings for comparison of oral misoprostol with vaginal misoprostol for the management of incomplete miscarriage

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P*-value (if stated)**	
Success of medical treatment											
1 study (Pang et al., 2001)	randomised trial	serious[1]	no serious inconsistency	serious[2]	serious[3]	Oral: 800 misoprostol (Ms) x 2 Vaginal: 800 Ms x 2	67/105 (63.8%)	58/96 (60.4%)	RR 1.06 (0.85 to 1.31)	36 more per 1000 (from 91 fewer to 197 more)	Very low
Need for further intervention											
1 study (Pang et al., 2001)	randomised trial	serious[1]	no serious inconsistency	serious[2]	serious[3]	Oral: 800 Ms x 2 Vaginal: 800 Ms x 2	36/103 (35%)	37/95 (38.9%)	RR 0.9 (0.62 to 1.29)	39 fewer per 1000 (from 148 fewer to 113 more)	Very low
Adverse effects: incidence of nausea											
1 study (Pang et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	serious[3]	Oral: 800Ms x 2 Vaginal: 800 Ms x 2	12/103 (11.7%)	7/95 (7.4%)	RR 1.58 (0.65 to 3.85)	43 more per 1000 (from 26 fewer to 210 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P*-value (if stated)**	
Adverse effects: incidence of vomiting											
1 study (Pang et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	serious[3]	Oral: 800 Ms x 2 Vaginal: 800 Ms x 2	6/103 (5.8%)	2/95 (2.1%)	RR 2.77 (0.57 to 13.38)	37 more per 1000 (from 9 fewer to 261 more)	Low
Adverse effects: incidence of diarrhoea											
1 study (Pang et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	no serious imprecision	Oral: 800 Ms x 2 Vaginal: 800 Ms x 2	62/103 (60.2%)	12/95 (12.6%)	RR 4.77 (2.74 to 8.27)	476 more per 1000 (from 220 more to 918 more)	Moderate
Adverse effects: incidence of fever											
1 study (Pang et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	serious[3]	Oral: 800 Ms x 2 Vaginal: 800 Ms x 2	6/103 (5.8%)	11/95 (11.6%)	RR 0.5 (0.19 to 1.31)	58 fewer per 1000 (from 94 fewer to 36 more)	Low

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Vaginal**	**Relative (95% CI)**	**Absolute (95% CI) and *P*-value (if stated)**	
Duration of bleeding (days)											
1 study (Pang et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	no serious imprecision	Oral: 800 Ms x 2 Vaginal: 800 Ms x 2	Median 8 (Range 0 - 14) n = 97	Median 8 (Range 0 - 14) n = 89	not calculable (NC)	Median 0 higher (confidence intervals NC) NS (*P* value not reported (NR))	Moderate
Pain: duration of pelvic pain (days)											
1 study (Pang et al., 2001)	randomised trial	no serious limitations	no serious inconsistency	serious[2]	no serious imprecision	Oral: 800 Ms x 2 Vaginal: 800 Ms x 2	Median 1 (Range 0 - 14) n = 97	Median 2 (Range 0 - 11) n = 89	NC	Median 1 lower (confidence interval NC) *P* = 0.02	Moderate

CI confidence interval, Ms misoprostol, NC not calculable, *P* probability, RR relative risk

1 Lack of blinding

2 Less than 13% of women in each arm had an open cervical os

3 Wide confidence intervals

Table I.7.17 GRADE findings for comparison of oral misoprostol with sublingual misoprostol for the management of incomplete miscarriage

Quality assessment							**Number of women or average**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Success of medical treatment											
1 study (Paritakul & Phupong, 2011)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 misoprostol (Ms) Sublingual: 600 Ms	28/32 (87.5%)	27/32 (84.4%)	RR 1.04 (0.85 to 1.26)	34 more per 1000 (from 127 fewer to 219 more)	Low
Need for further intervention											
1 study (Paritakul & Phupong, 2011)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 Ms Sublingual: 600 Ms	2/32 (6.3%)	5/32 (15.6%)	RR 0.4 (0.08 to 1.91)	94 fewer per 1000 (from 144 fewer to 142 more)	Low
Adverse effects: incidence of nausea											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 Ms Sublingual: 600 Ms	7/32 (21.9%)	8/32 (25%)	RR 0.88 (0.36 to 2.13)	30 fewer per 1000 (from 160 fewer to 283 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Adverse effects: incidence of vomiting											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	Oral: 600 Ms Sublingual: 600 Ms	0/32 (0%)	0/32 (0%)	not calculable (NC)	NC	Moderate
Adverse effects: incidence of diarrhoea											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 Ms Sublingual: 600 Ms	5/32 (15.6%)	9/32 (28.1%)	RR 0.56 (0.21 to 1.48)	124 fewer per 1000 (from 222 fewer to 135 more)	Moderate
Adverse effects: incidence of fever/chills											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 Ms Sublingual: 600 Ms	9/32 (28.1%)	14/32 (43.8%)	RR 0.64 (0.33 to 1.27)	157 fewer per 1000 (from 293 fewer to 118 more)	Moderate

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Incidence of heavy bleeding											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	Oral: 600 Ms Sublingual: 600 Ms	0/32 (0%)	0/32 (0%)	NC	NC	Moderate
Pain: incidence of pain/cramps											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 Ms Sublingual: 600 Ms	8/32 (25%)	10/32 (31.3%)	RR 0.8 (0.36 to 1.76)	62 fewer per 1000 (from 200 fewer to 237 more)	Moderate
Pain: severity/100											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	Oral: 600 Ms Sublingual: 600 Ms	Mean 22.2 (SD 15.0) n = 32	Mean 29.1 (SD 21.2) n = 32	NC	MD 6.9 lower (15.9 lower to 2.1 higher) (*P* = 0.139)	High

Quality assessment							Number of women or average		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Details of treatment regimen (dose in micrograms unless stated)**	**Oral**	**Sublingual**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value (if stated)**	
Satisfaction: reported incidence											
1 study (Paritakul & Phupong, 2011)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	Oral: 600 Ms Sublingual: 600 Ms	28/32 (87.5%)	27/32 (84.4%)	RR 1.04 (0.85 to 1.26)	34 more per 1000 (from 127 fewer to 219 more)	Moderate

CI confidence interval, MD mean difference, Ms misoprostol, NC not calculable, *P* probability, RR relative risk, SD standard deviation

1 Lack of blinding

2 Wide confidence intervals

3 No events in either arm of the trial

Setting for surgical management of miscarriage

Table I.7.18 GRADE findings for comparison of operating room with office setting for surgical management of miscarriage

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Operating room**	**Office setting**	**Relative (95% CI)**	**Absolute**	
Emergency hospital visit on the same day of treatment											
1 study (Edwards et al., 2007)	Retrospective observational study	serious [8]	no serious inconsistency	no serious indirectness	serious[1]	none	4/88 (4.6%)	3/67 (4.5%)	RR 1.01 (0.26 to 3.95)*	0 per 1000 (from 33 fewer to 132 more)*	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Operating room**	**Office setting**	**Relative (95% CI)**	**Absolute**	
Tissue passed (reported within 48 hours after treatment)											
1 study (Edwards et al., 2007)	Retrospective observational study	serious [8]	no serious inconsistency	no serious indirectness	serious[1]	none	14/79 (17.7%)	16/59 (27.1%)	RR 0.65 (0.35 to 1.22)*	95 fewer per 1000 (from 176 fewer to 60 more)* *P* = 0.19	Very low
Pain severity score (reported within 48 hours after treatment)											
1 study (Edwards et al., 2007)	Retrospective observational study	serious [8]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 2.8 (SD 2.4) (n = 79)	Mean 3.7 (SD 2.3) (n = 62)	not calculable (NC)	*P* = 0.03	Very low
Success rate (within 30 days after treatment)											
1 study (Edwards et al., 2007)	Retrospective observational study	serious[8]	no serious inconsistency	no serious indirectness	no serious imprecision	none	81/83 (97.6%)	59/62 (95.2)	RR 1.02 (0.95 to 1.12)*	19 more per 1000 (from 48 fewer to 114 more)* *P* = 0.43	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Operating room**	**Office setting**	**Relative (95% CI)**	**Absolute**	
Fever (>38°C) following treatment											
1 study (Edwards et al., 2007)	Retrospective observational study	serious [8]	no serious inconsistency	no serious indirectness	serious imprecision[1]	none	4/83 (4.8%)	1/63 (1.6%)	RR 3.03 (0.47 to 19.9)*	32 more per 1000 (from 8 fewer to 300 more)* *P* = 0.29	Very low
Waiting time: from emergency room admission to procedure (hours)											
1 study (Blumenthal et al., 1994)	Quasi experimental study	serious[7]	no serious inconsistency	no serious indirectness	serious[6]	none	Mean 7.18 (SD 4.9)	Mean 3.45 (SD 2.0)	NC	MD 3.73 higher (from 1 higher to 6 higher) *P* < 0.01	Very low
1 study (De Jonge et al., 1994)	Randomised trial	serious [2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 12.63 (range 1.08 – 70.25)	Mean 7.25 (0.25 – 63)	NC	Median 5.38 higher (CI NC) *P* < 0.0003	Moderate
Blood transfusion (number of women)											
1 study (De Jonge et al., 1994)	Randomised trial	serious [2]	no serious inconsistency	no serious indirectness	serious[3]	none	24/68 (32.2%)	13/73 (17.8%)	1.98 (1.11 to 3.57)*	175 more per 1000 (from 18 more to 458 more)* *P* < 0.03	Low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Operating room**	**Office setting**	**Relative (95% CI)**	**Absolute**	
Maximum total satisfaction (defined as maximum score on both satisfaction-related items)											
1 study (Dalton et al., 2006)	Prospective observational study	serious [4]	no serious inconsistency	no serious indirectness	serious [1, 5]	none	26/46 (56%)	51/110 (46%)	1.21 (0.86 to 1.66)*	97 more per 1000 (from 65 fewer to 306 more)* *P* = 0.15	Very low
Post procedure infection											
1 study (Dalton et al., 2006)	Prospective observational study	serious [4]	no serious inconsistency	no serious indirectness	serious [1, 5]	none	1/50 (2%)	2/115 (2%)	1.15 (0.15 to 8.55)*	3 more per 1000 (15 fewer to 131 more)* *P* = 0.99	Very low
Blood loss (millilitres)											
1 study (Dalton et al., 2006)	Prospective observational study	serious [4]	no serious inconsistency	no serious indirectness	serious [5]	none	Mean 311 (SD 344)	Mean 70 (SD 106)	NC	241 higher (171 higher to 310 higher) *P* < 0.001	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Operating room**	**Office setting**	**Relative (95% CI)**	**Absolute**	
Need for re-evacuation											
1 study (Dalton et al., 2006)	Prospective observational study	serious[4]	no serious inconsistency	no serious indirectness	serious [1, 5]	none	1/50 (2%)	4/115 (3%)	0.57 (0.08 to 3.67)*	15 fewer per 1000 (from32 fewer to 93 more)* *P* = 0.68	Very low

CI confidence interval, NC not calculable, *P* probability, RR relative risk, SD standard deviation

* NCC calculation

1. Wide CI
2. Not clear if the assessors were blinded to the randomisation
3. Small size underpowered study based on power/sample size calculation
4. Women in office setting group had lower mean uterine size (wk) compared with women in operating room group (8.18 weeks vs. 8.86 weeks *P* = 0.03)
5. Small study with uneven sample size in two arms (50 vs. 115)
6. Small size study
7. Women in office setting group had lower mean gestational age compared with women in operating room group (8 weeks [SD 2.2] vs. 10 weeks [SD 2.8] *P* < 0.01)
8. Women in office setting group had lower mean uterine size (wk) compared with women in operating room group (7.3 weeks [SD 1.0] vs. 8.1 weeks [SD 1.5] *P* < 0.01)

Chapter 8 Management of ectopic pregnancy

Surgical compared with medical management of ectopic pregnancy

Table I.8.1 GRADE findings for comparison of surgery with systemic methotrexate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Success rate											
1 meta-analysis of 5 studies (Fernandez et al., 1998; Hajenius et al., 1997; Moeller et al., 2009; Saraj et al.,1998; Sowter et al., 2001b)	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	187/215 (87%)	157/198 (79.3%)	RR 1.08 (0.99 to 1.19)*	63 more per 1000 (from 8 fewer to 143 more)*	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Future pregnancy rate											
1 meta-analysis of 2 studies (Dias Pereira et al., 1998; Moeller et al., 2009)	randomised trials	no serious limitations	no serious inconsistency	serious[2]	serious[3]	none	48/92 (52.2%)	50/86 (58.1%)	RR 0.92 (0.71 to 1.18)*	47 fewer per 1000 (from 192 fewer to 87 more)*	Low
Recurrent ectopic pregnancy											
1 meta-analysis of 2 studies (Dias Pereira et al., 1998; Moeller et al., 2009)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	6/92 (6.5%)	3/86 (3.5%)	RR 1.65 (0.48 to 5.7)*	23 more per 1000 (from 18 fewer to 164 more)*	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Resolution time (days)											
1 meta-analysis of 3 studies (Colacurci et al., 1998; Fernandez et al., 1995; Fernandez et al., 1998)	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	n = 84	n = 57	not calculable (NC)	MD 8.8 lower (11.99 to 5.62 lower)* *P* < 0.0001	Moderate
Hospital stay (hours)											
1 study (Fernandez et al., 1998)	randomised trial	serious[4,5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 46 (SD 8.4) n = 49	Mean 24 (SD 1.2) n = 22	NC	MD 22 longer (19.6 longer to 24.4 longer)* *P* < 0.0001	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Need for further intervention											
1 meta-analysis of 3 studies (Fernandez et al., 1998; Hajenius et al., 1997; Moeller et al., 2009)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	8/130 (6.2%)	29/109 (26.6%)	RR 0.26 (0.12 to 0.55)*	197 fewer per 1000 (120 fewer to 234 fewer)*	High
Tubal preservation											
1 study (Hajenius et al., 1997)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	45/49 (91.8%)	46/51 (90.2%)	RR 1.02 (0.9 to 1.15)*	18 more per 1000 (from 90 fewer to 135 more)*	High
Homolateral tubal patency											
1 study (Hajenius et al., 1997)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	23/39 (59%)	23/42 (54.8%)	RR 1.08 (0.74 to 1.57)*	44 more per 1000 (from 142 fewer to 312 more)*	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Pain score 2 days after confirmative laparoscopy											
1 study (Nieuwkerk et al., 1998)	randomised trial	serious [4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 68 (SD 23) n = 34	Mean 79 (SD 21) n = 38	NC	MD 11 lower (21.22 to 0.78 lower)* *P* = NS[†] (as reported in paper)	Moderate
Pain score 2 weeks after confirmative laparoscopy											
1 study (Nieuwkerk et al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 38 (SD 26) n = 35	Mean 51 (SD 33) n = 37	NC	MD 13 lower (26.68 lower to 0.68 higher)* (*P* = 0.06[†])	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Pain score 16 weeks after confirmative laparoscopy											
1 study (Nieuwkerket al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 15 (SD 21) n = 30	Mean 19 (SD 27) n = 34	NC	MD 4 lower (15.78 lower to 7.78 higher)* *P* = NS[†]	Moderate
Depression score 2 weeks after confirmative laparoscopy											
1 study (Nieuwkerket al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 44 (SD 11) n = 35	Mean 49 (SD 12) n = 37	NC	MD 5 lower (10.31 lower to 0.31 higher)* *P* = NS	Moderate
Depression score 16 weeks after confirmative laparoscopy											
1 study (Nieuwkerket al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 33 (SD 12) n = 30	Mean 38 (SD 11) n = 34	NC	MD 5 lower (10.67 lower to 0.67 higher)* *P* = NS	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Systemic methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if stated**	
Overall quality of life score 2 days after confirmative laparoscopy											
1 study (Nieuwkerk et al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 52 (SD 28) n = 34	Mean 67 (SD 20) n = 38	NC	MD 15 lower (26.36 to 3.64 lower)* *P* < 0.05	Moderate
Overall quality of life score 2 weeks after confirmative laparoscopy											
1 study (Nieuwkerk et al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 44 (SD 11) n = 35	Mean 49 (SD 12) n = 37	NC	MD 5 lower (10.31 lower to 0.31 higher)* *P* < 0.05[‡]	Moderate
Overall quality of life score 16 weeks after confirmative laparoscopy											
1 study (Nieuwkerk et al., 1998)	randomised trial	serious[4,6,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 23 (SD 20) n = 30	Mean 27 (SD 20) n = 34	NC	MD 4 lower (5.82 lower to 13.82 higher)* *P* = NS	Moderate

CI confidence interval, MD mean difference, NC not calculable, NS not significant, *P* probability, RR relative risk, SD standard deviation

* NCC calculation

† Women treated with methotrexate had consistently more pain than women treated with surgery at each separate time point following laparoscopy. Based on the NCC calculation the pain difference 2 days following laparoscopy was statistically significant ($P < 0.03$). This was not reported in the paper, however a significant treatment effect was demonstrated between the 2 groups when examined across all time points (2 days, 2 weeks, 4 weeks and 16 weeks; multivariate analysis of variance, $P = 0.02$) with more pain reported by women in the medical group at all time points.

‡ This was the *P* value reported in the paper. However, an NCC calculation gave a *P* value of 0.07.

1 High heterogeneity ($I^2 > 60\%$)

2 > 74% weighting of RR comes from trials where multi doses of methotrexate are given

3 Wide confidence intervals

4 Unclear if outcome assessors were blinded to the group allocation

5 More women in methotrexate group had a previous ectopic pregnancy ($P < 0.05$)

6 Unclear allocation concealment

7 Method of randomisation not reported

Table I.8.2 GRADE findings for comparison of surgery with local methotrexate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Local methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* - value if reported**	
Success rate											
1 meta-analysis of 2 studies (Fernandez et al., 1995; Fernandez, et al. 1998)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	66/69 (95.7%)	46/49 (93.9%)	RR 1.02 (0.93 to 1.11)*	19 more per 1000 (from 66 fewer to 103 more)*	High
Future pregnancy rate											
1 meta-analysis of 2 studies (Fernandez, et al. 1998; Zilber et al., 1996)	randomised trials	no serious limitations	serious[1]	no serious indirectness	serious[2]	none	16/28 (57.1%)	19/26 (73.1%)	RR 0.77 (0.53 to 1.12)*	168 fewer per 1000 (from 343 fewer to 88 more)*	Low
Recurrent ectopic pregnancy											
1 meta-analysis of 2 studies (Fernandez et al., 1998; Zilber et al., 1996)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	2/38 (5.3%)	0/36 (0%)	RR 2.84 (0.31 to 26.08)*	not calculable (NC)	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Local methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* - value if reported**	
Resolution time (days)											
1 study (Fernandez et al., 1998)	randomised trial	serious[3,4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 13.6 (SD 6.1) n = 49	Mean 28.6 (SD 18.6) n = 51	NC	MD 15 lower (20.38 to 9.62 lower)* *P* < 0.0001	Moderate
1 study (Zilber et al., 1996)	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5]	none	Mean 13.9 (SD not reported [NR]) n = 24	Mean 13.7 (SD NR) n = 24	NC	MD 0.2 higher (CI NC) *P* = NS	Moderate
Hospital stay (hours)											
1 meta-analysis of 3 studies (Fernandez et al., 1995; Fernandez et al., 1998; Zilber et al., 1996)	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	n = 69	n = 71	NC	MD 22 higher (19.3 to 24.7 higher)* *P* < 0.0001	Moderate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Local methotrexate**	**Relative (95% CI)**	**Absolute (95% CI) and *P* - value if reported**	
Need for further intervention											
1 meta-analysis of 2 studies (Fernandez et al., 1998; Zilber et al., 1996)	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	3/75 (4%)	8/75 (10.7%)	RR 0.38 (0.1 to 1.36)*	66 fewer per 1000 (from 96 fewer to 38 more)*	Moderate

CI confidence interval, MD mean difference, NC not calculable, NR not reported, *P* probability, RR relative risk, SD standard deviation

* NCC calculation

1 High heterogeneity ($I^2 > 60\%$)

2 Wide confidence intervals

3 Unclear if outcome assessors were blinded to the group allocation

4 More women in methotrexate group had a previous ectopic pregnancy ($P < 0.05$)

5 SD not reported

Table I.8.3 GRADE findings for comparison of surgery with systemic and local methotrexate

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Surgery**	**Methotrexate (systemic or local)**	**Relative (95% CI)**	**Absolute (95% CI)**	
Future spontaneous ongoing or term pregnancy											
1 study (Fernandez et al., 1998)	randomised trial	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	15/37 (40.5%)**	21/37 (56.8%)†	RR 0.71 (0.44 to 1.16)*	165 fewer per 1000 (from 318 fewer to 91 more)*	Low
Recurrent ectopic pregnancy											
1 study (Fernandez et al., 1998)	randomised trial	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	5/49 (10.2%)	1/51 (2%)	RR 5.2 (0.63 to 42.96)*	82 more per 1000 (from 7 fewer to 823 more)*	Low

CI confidence interval, *P* probability, RR relative risk

* NCC calculation

† Excludes those who did not desire a pregnancy. Lost to follow-up included

1 Unclear if outcome assessors were blinded to the group allocation

2 More women in methotrexate group had a previous ectopic pregnancy ($P < 0.05$)

3 Wide confidence intervals

Laparotomy compared with laparoscopy for ectopic pregnancy

Table I.8.4 GRADE findings for comparison of laparotomy with laparoscopy for the management of tubal ectopic pregnancy

Quality assessment							**Number of women or mean (SD)**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
Subsequent viable intrauterine pregnancy											
1 meta-analysis of 2 studies (Lundorff et al., 1992; Vermesh & Presser, 1992)	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	27/66 (40.9%)	26/61 (42.6%)	RR 0.96 (0.64 to 1.45)	17 fewer per 1000 (from 155 fewer to 191 more)	Low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparos copy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
Subsequent intrauterine pregnancy											
1 meta-analysis of 2 studies (Lundorff et al., 1992; Vermesh & Presser, 1992)	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	35/66 (53%)	35/61 (57.4%)	RR 0.92 (0.68 to 1.26)	43 fewer per 1000 (from 186 fewer to 152 more)	Low
1 study (Chatwani et al., 1992)	observational study	serious[4,5]	no serious inconsistency	no serious indirectness	serious[3]	none	12/35 (34.3%)	9/33 (27.3%)	RR 1.26 (0.61 to 2.59)	70 more per 1000 (from 106 fewer to 433 more)	Very low
1 study (Mehra et al., 1998)	observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	11/25 (44%)	46/86 (53.5%)	RR 0.82 (0.51 to 1.33)	95 fewer per 1000 (from 264 fewer to 179 more)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparos copy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Murphy et al., 1992)	observational study	serious[6]	no serious inconsistency	serious[7]	very serious[3,8]	none	5/10 (50%)	7/8 (87.5%)	RR 0.57 (0.29 to 1.12)	375 fewer per 1000 (from 620 fewer to 105 more)	Very low
Recurrent ectopic pregnancy											
1 meta-analysis of 2 studies (Lundorff et al., 1992; Vermesh & Presser, 1992)	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	9/66 (13.6%)	5/61 (8.2%)	RR 1.66 (0.59 to 4.69)	54 more per 1000 (from 34 fewer to 302 more)	Low
1 study (Mehra et al., 1998)	observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	1/25 (4%)	4/86 (4.7%)	RR 0.86 (0.10 to 7.35)	7 fewer per 1000 (from 42 fewer to 295 more)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Murphy et al., 1992)	observational study	serious[6]	no serious inconsistency	no serious indirectness	very serious[3,8]	none	2/10 (20%)	0/8 (0%)	RR 4.09 (0.22 to 74.78)	200 more per 1000 (from 155 fewer to 510 more)	Very low
Length of hospital stay (days)											
1 meta-analysis of 2 studies (Lundorff et al., 1991; Vermesh et al., 1989)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Means 5.4 and 3.3 (SD 1.5 and 1.1) n = 87	Means 2.2 and 1.4 (SD 0.69 and 0.55) n = 78	not calculable (NC)	MD 2.55 higher (1.28 to 3.83 higher)	Moder-ate
1 study (Baumann et al., 1991)	observational study	serious[9,10]	no serious inconsistency	serious[11]	no serious imprecision	none	Mean 5.2 (SD 1.4) n = 27	Mean 1.7 (SD 1.2) n = 65	NC	MD 3.5 higher (3.05 to 3.95 higher) *P* < 0.001	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Chatwani et al., 1992)	observational study	serious[9]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 4.70 (SD not reported (NR)) n = 61	Mean 1.27 (SD NR) n = 56	NC	MD 3.43 higher (confidence intervals NC) *P* < 0.05	Very low
1 study (El Tabbakh & El Sayes, 2002)	observational study	serious[10]	no serious inconsistency	serious[12]	no serious imprecision	none	Mean 5.25 (SD 3.16) n = 23	Mean 2.14 (SD 1.81) n = 184	NC	MD 3.11 higher (2.24 to 3.98 higher)	Very low
1 study (Federici et al., 1994)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	Mean 7.3 (SD 0.9) n = 7	Mean 2.8 (SD 0.7) n = 23	NC	MD 4.5 higher (3.84 to 5.16 higher) *P* < 0.001	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparos copy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Lo et al., 1999)	observational study	serious[10]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 5.3 (SD NR) n = 164	Mean 2.65 (SD NR) n = 371	NC	MD 2.65 higher (confi-dence intervals NC) *P* = 0.0001	Very low
1 study (Mehra et al., 1998)	observational study	serious[13]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 3.52 (SD 0.51)* n = 25	Mean 1.48 (SD 0.59)* n = 86	NC	MD 2.04 higher (1.80 to 2.27 higher) *P* < 0.05	Very low
1 study (Mol et al., 1997)	observational study	serious[14]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 8.89 (SD 2.33) n = 140	Mean 2.93 (SD 1.08) n = 115	NC	MD 5.96 higher (5.49 to 6.43 higher)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparos copy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Murphy et al., 1992)	observational study	serious[1]	no serious inconsistency	no serious indirectness	serious[15]	none	Mean 26.42 (SD 0.71)* n = 37	Mean 1.08 (SD 0.79)* n = 26	NC	MD 25.34 higher (24.96 to 25.72 higher) *P* < 0.005	Very low
Need for further surgery											
1 meta-analysis of 2 studies (Lundorff et al., 1991; Vermesh et al., 1989)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	3/87 (3.4%)	8/78 (10.3%)	RR 0.34 (0.09 to 1.22)	68 fewer per 1000 (from 93 fewer to 23 more)	Low
1 study (Bauman n et al., 1991)	observational study	serious[9,10]	no serious inconsistency	serious[11]	serious[3]	none	0/27 (0%)	2/65 (3.1%)	RR 0.47 (0.02 to 9.51)	16 fewer per 1000 (from 30 fewer to 262 more)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Federici et al., 1994)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[8]	none	0/7 (0%)	0/23 (0%)	NC	NC	Very low
1 study (Lo et al., 1999)	observational study	serious[10]	no serious inconsistency	no serious indirectness	serious[3]	none	1/164 (0.61%)	3/371 (0.81%)	RR 0.75 (0.08 to 7.20)	2 fewer per 1000 (from 7 fewer to 50 more)	Very low
1 study (Murphy et al., 1992)	observational study	serious[1,10]	no serious inconsistency	no serious indirectness	serious[3]	none	0/37 (0%)	2/26 (7.7%)	RR 0.14 (0.01 to 2.84)	66 fewer per 1000 (from 76 fewer to 142 more)	Very low
Need for methotrexate											
1 study (Lundorff, 1997)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	0/57 (0%)	2/48 (4.2%)	RR 0.17 (0.01 to 3.44)	35 fewer per 1000 (from 41 fewer to 102 more)	Low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Murphy et al., 1992)	observational study	serious[10]	no serious inconsistency	no serious indirectness	serious[3]	none	0/37 (0%)	1/26 (3.8%)	RR 0.24 (0.01 to 5.6)	29 fewer per 1000 (from 38 fewer to 177 more)	Very low
Need for surgery, methotrexate or expectant management											
1 study (Mol et al., 1997)	observational study	serious[9]	no serious inconsistency	serious[16]	no serious imprecision	none	1/140 (0.71%)	18/115 (15.7%)	RR 0.05 (0.006 to 0.34)	149 fewer per 1000 (from 104 fewer to 156 fewer)	Very low
Readmission to hospital											
1 study (Chatwani et al., 1992)	observational study	serious[9]	no serious inconsistency	no serious indirectness	serious[3]	none	1/61 (1.6%)	1/56 (1.8%)	RR 0.92 (0.06 to 14.33)	1 fewer per 1000 (from 17 fewer to 238 more)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Lo et al., 1999)	observational study	serious[10]	no serious inconsistency	no serious indirectness	serious[3]	none	2/164 (1.2%)	8/371 (2.2%)	RR 0.57 (0.12 to 2.63)	9 fewer per 1000 (from 19 fewer to 35 more)	Very low
Abdominal pain											
1 study (Lundorff, 1997)	randomised trial	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	3/57 (5.3%)	1/48 (2.1%)	RR 2.53 (0.27 to 23.50)	32 more per 1000 (from 15 fewer to 469 more)	Low
Thromboembolic disease											
1 study (Mol et al., 1997)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	1/140 (0.71%)	0/115 (0%)	RR 2.47 (0.1 to 60.02)	7 more per 1000 (from 26 fewer to 39 more)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
Respiratory morbidity											
1 study (Mol et al., 1997)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	2/140 (1.4%)	0/115 (0%)	RR 4.11 (0.2 to 84.83)	14 more per 1000 (from 20 fewer to 51 more)	Very low
1 study (Murphy et al., 1992)	observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	1/37 (2.7%)	0/26 (0%)	RR 2.13 (0.09 to 50.36)	27 more per 1000 (from 104 fewer to 138 more)	Very low
Need for a blood transfusion											
1 study (El Tabbakh & El Sayes, 2002)	observational study	serious[10]	no serious inconsistency	serious[12]	no serious imprecision	none	6/23 (26.1%)	13/184 (7.1%)	RR 3.69 (1.56 to 8.77)	190 more per 1000 (from 40 more to 549 more)	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Mol et al., 1997)	observational study	serious[14]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10/140 (7.1%)	1/115 (0.87%)	RR 8.21 (1.07 to 63.22)	63 more per 1000 (from 1 more to 541 more)	Very low
1 study (Murphy et al., 1992)	observational study	serious[1,10]	no serious inconsistency	no serious indirectness	serious[3]	none	2/37 (5.4%)	1/26 (3.8%)	RR 1.41 (0.13 to 14.70)	16 more per 1000 (from 33 fewer to 527 more)	Very low
Intraoperative blood loss (millilitres)											
1 study (Vermesh et al., 1989)	randomised trial	serious[17]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 195 (SD 131.45) n = 30	Mean 79 (SD 98.59) n = 30	NC	MD 116 higher (55.95 to 176.05 higher) *P* < 0.001	Moder-ate

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Bauman n et al., 1991)	observational study	serious[9,10,17]	no serious inconsistency	serious[11]	serious[3]	none	Mean 269.0 (SD 258.90) n = 27	Mean 206.1 (SD 235.0) n = 65	NC	MD 63 higher (47.53 lower to 173.33 higher) NS (*P* value NR)	Very low
1 study (El Tabbakh & El Sayes, 2002)	observational study	serious[10,17]	no serious inconsistency	serious[12]	no serious imprecision	none	Mean 270.7 (SD 138.4) n = 23	Mean 79.6 (SD 96.7) n = 184	NC	MD 191.08 higher (146.61 to 235.55 higher) *P* < 0.0001	Very low

Quality assessment							Number of women or mean (SD)		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerat-ions**	**Laparotomy**	**Laparoscopy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Lo et al., 1999)	observational study	serious[10,17]	no serious inconsistency	no serious indirectness	serious[18]	none	Mean 110.4 (SD NR) n = 164	Mean 129.2 (SD NR) n = 371	NC	MD 18.8 lower (confidence intervals NC) NS (*P* value NR)	Very low
1 study (Mehra et al., 1998)	observational study	serious[12,17]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 150 (SD 44.9) n = 25	Mean 140 (SD 51.9) n = 86	NC	MD 10 higher (12.72 lower to 32.72 higher) NS (*P* value NR)	Very low
1 study (Murphy et al., 1992)	observational study	serious[1,10,19]	no serious inconsistency	no serious indirectness	no serious imprecision	none	Mean 115 (SD 115) n = 36	Mean 62 (SD 61) n = 26	NC	MD 53 higher (3.45 to 102.55 higher) *P* < 0.001	Very low

Length of hospital stay (days)†											
1 study (Rizzuto et al., 2008)	observational study	very serious[10,20]	no serious inconsistency	serious[21]	very serious[8,22]	none	All patients discharged after 3-4 days n = 5	All patients discharged after 1-2 days n = 32	NC	NC	Very low
Need for further surgery†											
1 study (Rizzuto et al., 2008)	observational study	serious[10]	no serious inconsistency	serious[21]	very serious[8]	none	0/5 (0%)	0/32 (0%)	NC	NC	Very low

CI confidence interval, MD mean difference, NC not calculable, NR not reported, NS not significant, *P* probability, RR relative risk, SD standard deviation

* Calculated by the NCC-WCH technical team from data reported in hours in the study

†The results of Rizzuto et al., 2008 are reported separately due to the specific nature of the study population (women with a ruptured ectopic pregnancy and significant haemoperitoneum)

1 Absence of intention-to-treat analysis

2 Variable follow-up period

3 Wide confidence intervals

4 Loss to follow-up not reported

5 Denominator not defined

6 Differential loss to follow-up

7 High risk factors for infertility

8 Small sample size (N ≤ 50)

9 Different proportions of radical surgery

10 Skill of surgeon varied

11 Includes non-tubal ectopic pregnancies

12 40% of the EP were ruptured at the time of presentation, and over 50% of women had haemoperitoneum.

13 Poorly reported

14 Different proportion of tubal rupture in each arm

15 Very high mean length of stay in laparotomy group

16 Includes expectant management

17 Method of assessment not stated
18 Standard deviation not reported
19 Blood loss was estimated
20 Only persistently unstable women received a laparotomy
21 Population is women with significant haemoperitoneum
22 No mean given (only a range); significance test is not reported and cannot be performed

Salpingectomy compared with salpingotomy for ectopic pregnancy

Table I.8.5 GRADE findings for comparison of salpingectomy with salpingotomy for the management of tubal ectopic pregnancy

Quality assessment							Number of women or cumulative probability		Effect		
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	**Quality**
Subsequent live birth or full-term birth											
1 study (Silva et al., 1993)	prospective observational study	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	10/26 (38.5%)	19/60 (31.7%)	RR 1.21 (0.66 to 2.24)	67 more per 1000 (from 108 fewer to 393 more)	Very low
1 study (dela Cruz & Cumming, 1997)	retrospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	21/56 (37.5%)	16/34 (47.1%)	RR 0.8 (0.49 to 1.3)	94 fewer per 1000 (from 240 fewer to 141 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Qual-ity
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingec-tomy**	**Salping-otomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Mol et al., 1998)	retrospective observational study	serious[4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	18/79 (22.8%)	22/56 (39.3%)	RR 0.58 (0.34 to 0.98)	165 fewer per 1000 (from 8 fewer to 259 fewer)	Very low
1 study (Langebrekke et al., 1993)	retrospective observational study	serious[5]	no serious inconsistency	serious[6]	serious[3]	none	18/40 (45%)	38/58 (65.5%)	RR 0.69 (0.46 to 1.01)	203 fewer per 1000 (from 354 fewer to 7 more)	Very low
1 study (Gruft et al., 1994)	retrospective observational study	serious[5,7]	no serious inconsistency	no serious indirectness	serious[3]	none	23/71 (32.4%)	12/44 (27.3%)	RR 1.19 (0.66 to 2.14)	52 more per 1000 (from 93 fewer to 311 more)	Very low
1 study (Bangsgaard et al., 2003)	retrospective observational study	serious[4,7]	no serious inconsistency	no serious indirectness	serious[3]	none	21/68 (30.9%)	88/208 (42.3%)	RR 0.73 (0.49 to 1.08)	114 fewer per 1000 (from 216 fewer to 34 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Ory et al., 1993)	retrospective observational study	serious[7,8]	no serious inconsistency	no serious indirectness	serious[3]	none	29/50 (58%)	17/33 (51.5%)	RR 1.13 (0.75 to 1.69)	67 more per 1000 (from 129 fewer to 355 more)	Very low
1 study (DeCherney & Kase, 1979)	retrospective observational study	serious[9,10]	no serious inconsistency	serious[11]	serious[3]	none	21/50 (42%)	19/48 (39.6%)	RR 1.06 (0.66 to 1.71)	24 more per 1000 (from 135 fewer to 281 more)	Very low
Subsequent intrauterine pregnancy											
1 study (Bouyer et al., 2000)	prospective observational study	serious[12]	no serious inconsistency	no serious indirectness	no serious imprecision	none	18-month cumulative rate (95% CI): 57% (44 to 70) n = 100	18-month cumulative rate (95% CI): 73% (65 to 80) n = 166	Hazard ratio 0.56 (0.39 to 0.81)*	160 fewer per 1000 (confidence interval not calculable [NC])	Very low
1 study (Becker et al., 2011)	prospective observational study	serious[2,5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25/51 (49%)	122/145 (84.1%)	RR 0.58 (0.44 to 0.78)*	353 fewer per 1000 (from 185 fewer to 471 fewer)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Silva et al., 1993)	prospective observational study	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	14/26 (53.8%)	36/60 (60%)	RR 0.9 (0.59 to 1.35)	60 fewer per 1000 (from 246 fewer to 210 more)	Very low
1 study (Langebrekke et al., 1993)	retrospective observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	19/40 (47.5%)	40/58 (69%)	RR 0.69 (0.48 to 1)	214 fewer per 1000 (from 359 fewer to 0 more)	Very low
1 study (dela Cruz & Cumming, 1997)	retrospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	27/56 (48.2%)	23/34 (67.6%)	RR 0.71 (0.5 to 1.02)	196 fewer per 1000 (from 338 fewer to 14 more)	Very low
1 study (Mol et al., 1998)	retrospective observational study	serious[4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	24/79 (30.4%)	30/56 (53.6%)	RR 0.57 (0.38 to 0.86)*	230 fewer per 1000 (from 75 fewer to 332 fewer)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Bangsgaard et al., 2003)	retrospective observational study	serious[4,7]	no serious inconsistency	no serious indirectness	no serious imprecision	none	39/68 (57.4%)	161/208 (77.4%)	RR 0.74 (0.6 to 0.92)	201 fewer per 1000 (from 62 fewer to 310 fewer)	Very low
1 study (Turan, 2011)	retrospective observational study	no serious limitations	no serious inconsistency	serious[13]	serious[3]	none	33/55 (60%)	23/35 (65.7%)	RR 0.91 (0.66 to 1.26)	59 fewer per 1000 (from 223 fewer to 171 more)	Very low
1 study (Tuomivaara & Kauppila, 1988)	retrospective observational study	serious[5]	no serious inconsistency	very serious[14]	no serious imprecision	none	170/237 (71.7%)	59/86 (68.6%)	RR 1.05 (0.89 to 1.23)	34 more per 1000 (from 75 fewer to 158 more)	Very low
1 study (Sherman et al., 1982)	retrospective observational study	serious[5,7]	no serious inconsistency	serious[11]	serious[3]	none	75/104 (72.1%)	39/47 (83%)	RR 0.87 (0.73 to 1.04)*	108 fewer per 1000 (from 224 fewer to 33 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Giambelli et al., 1996)	retrospective observational study	serious[7,9]	no serious inconsistency	no serious indirectness	serious[15]	none	6-month cumulative rate: 62.5% (denominator not reported (NR)	6-month cumulative rate: 53.8% (denominator NR)	NC	87 more per 1000 (confidence interval NC) NS (*P* value not reported [NR])	Very low
1 study (Tulandi & Guralnick, 1991)	retrospective observational study	serious[9]	no serious inconsistency	serious[16]	no serious imprecision	none	24-month cumulative probability: 26% n = 24	24-month cumulative probability: 47% n = 34	NC	210 fewer per 1000 (confidence interval NC) *P* < 0.05	Very low
1 study (Tahseen & Wyldes, 2003)	retrospective observational study	serious[5,9]	no serious inconsistency	serious[16]	serious[3]	none	38/97 (39.2%)	12/25 (48%)	RR 0.82 (0.51 to 1.32)	86 fewer per 1000 (from 235 fewer to 154 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Kuroda et al., 2009)	retrospective observational study	serious[18]	no serious inconsistency	serious[16]	serious[3]	none	17/40 (42.5%)	24/43 (55.8%)	RR 0.76 (0.49 to 1.19)	134 fewer per 1000 (from 285 fewer to 106 more)	Very low
1 study (Colacurci et al., 1998)	retrospective observational study	very serious[1,9,10]	no serious inconsistency	serious[16]	serious[3,17]	none	2/11 (18.2%)	10/26 (38.5%)	RR 0.47 (0.12 to 1.81)	204 fewer per 1000 (from 338 fewer to 312 more)	Very low
Recurrent ectopic pregnancy											
1 study (Bouyer et al., 2000)	prospective observational study	serious[12]	no serious inconsistency	no serious indirectness	serious[3]	none	10/100 (10%)	17/166 (10.2%)	RR 0.98 (0.47 to 2.05)	2 fewer per 1000 (from 54 fewer to 108 more)	Very low
1 study (Becker et al., 2011)	prospective observational study	serious[2,5]	no serious inconsistency	no serious indirectness	serious[3]	none	7/51 (13.7%)	11/145 (7.6%)	RR 1.81 (0.74 to 4.42)	61 more per 1000 (from 20 fewer to 259 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Silva et al., 1993)	prospective observational study	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	2/26 (7.7%)	11/60 (18.3%)	RR 0.42 (0.1 to 1.76)	106 fewer per 1000 (from 165 fewer to 139 more)	Very low
1 study (Langebrekke et al., 1993)	retrospective observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	4/40 (10%)	4/58 (6.9%)	RR 1.45 (0.39 to 5.46)	31 more per 1000 (from 42 fewer to 308 more)	Very low
1 study (dela Cruz & Cumming, 1997)	retrospective observational study	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	10/56 (17.9%)	4/34 (11.8%)	RR 1.52 (0.52 to 4.46)	61 more per 1000 (from 56 fewer to 407 more)	Very low
1 study (Ory et al., 1993)	retrospective observational study	serious[7,8]	no serious inconsistency	no serious indirectness	no serious imprecision	none	3/50 (6%)	8/33 (24.2%)	RR 0.25 (0.07 to 0.87)*	182 fewer per 1000 (from 32 fewer to 225 fewer)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Mol et al., 1998)	retrospective observational study	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	7/79 (8.9%)	5/56 (8.9%)	RR 0.99 (0.33 to 2.97)	1 fewer per 1000 (from 60 fewer to 176 more)	Very low
1 study (Bangsgaard et al., 2003)	retrospective observational study	serious[4,7]	no serious inconsistency	no serious indirectness	serious[3]	none	8/68 (11.8%)	28/208 (13.5%)	RR 0.87 (0.42 to 1.83)	18 fewer per 1000 (from 78 fewer to 112 more)	Very low
1 study (Turan, 2011)	retrospective observational study	no serious limitations	no serious inconsistency	serious[13]	no serious imprecision	none	2/55 (3.6%)	6/35 (17.1%)	RR 0.21 (0.05 to 0.99)	135 fewer per 1000 (from 2 fewer to 163 fewer)	Very low
1 study (Sherman et al., 1982)	retrospective observational study	serious[5,7]	no serious inconsistency	serious[11]	serious[3]	none	6/104 (5.8%)	3/47 (6.4%)	RR 0.9 (0.24 to 3.46)	6 fewer per 1000 (from 49 fewer to 157 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Tuomivaara & Kauppila, 1988)	retrospective observational study	serious[5]	no serious inconsistency	very serious[14]	serious[3]	none	25/237 (10.5%)	10/86 (11.6%)	RR 0.91 (0.45 to 1.81)	10 fewer per 1000 (from 64 fewer to 94 more)	Very low
1 study (Giambelli et al., 1996)	retrospective observational study	serious[7,9]	no serious inconsistency	no serious indirectness	serious[15]	none	6-month cumulative rate: 5.1% (denominator NR)	6-month cumulative rate: 7.8% (denominator NR)	NC	27 fewer per 1000 (confidence interval NC) NS (*P* value NR)	Very low
1 study (DeCherney & Kase, 1979)	retrospective observational study	serious[9,10]	no serious inconsistency	serious[11]	serious[3]	none	6/50 (12%)	9/48 (18.8%)	RR 0.64 (0.25 to 1.66)	68 fewer per 1000 (from 141 fewer to 124 more)	Very low
1 study (Tulandi & Guralnick, 1991)	retrospective observational study	serious[9]	no serious inconsistency	serious[16]	no serious imprecision	none	24-month cumulative probability: 13% n = 24	24-month cumulative probability: 31% n = 34	NC	180 fewer per 1000 (confidence interval NC) *P* < 0.05	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Kuroda et al., 2009)	retrospective observational study	serious[18]	no serious inconsistency	serious[16]	serious[3]	none	7/40 (17.5%)	4/43 (9.3%)	RR 1.88 (0.6 to 5.94)	82 more per 1000 (from 37 fewer to 460 more)	Very low
1 study (Colacurci et al., 1998)	retrospective observational study	very serious[1,9,10]	no serious inconsistency	serious[16]	serious[3,17]	none	1/11 (9.1%)	1/26 (3.8%)	RR 2.36 (0.16 to 34.5)	52 more per 1000 (from 32 fewer to 1000 more)	Very low
Need for further intervention											
1 study (Bouyer et al., 2000)	prospective observational study	serious[19]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1/178 (0.56%)	14/262 (5.3%)	RR 0.11 (0.01 to 0.79)	48 fewer per 1000 (from 11 fewer to 53 fewer)	Very low
1 study (Mol et al., 1997)	prospective observational study	serious[19]	no serious inconsistency	serious[20]	no serious imprecision	none	1/157 (0.64%)	18/98 (18.4%)	RR 0.03 (0 to 0.26)	178 fewer per 1000 (from 136 fewer to 184 fewer)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Parker et al., 1994)	retrospective observational study	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1/103 (0.97%)	6/50 (12%)	RR 0.08 0.01 to 0.65)	110 fewer per 1000 (from 42 fewer to 119 fewer)	Very low
1 study (Mecke et al., 1989)	retrospective observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	0/25 (0%)	14/153 (9.2%)	RR 0.2 (0.01 to 3.32)	73 fewer per 1000 (from 91 fewer to 212 more)	Very low
1 study (Giambelli et al., 1996)	retrospective observational study	serious[21]	no serious inconsistency	no serious indirectness	serious[3]	none	0/59 (0%)	4/55 (7.3%)	RR 0.1 (0.01 to 1.88)	65 fewer per 1000 (from 72 fewer to 64 more)	Very low
Need for a blood transfusion											
1 study (Mol et al., 1997)	prospective observational study	serious[19]	no serious inconsistency	serious[20]	serious[3]	none	10/157 (6.4%)	1/98 (1%)	RR 6.24 (0.81 to 48.01)	53 more per 1000 (from 2 fewer to 480 more)	Very low

Quality assessment							Number of women or cumulative probability		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Salpingectomy**	**Salpingotomy**	**Relative (95% CI)**	**Absolute (95% CI) and *P* value if reported**	
1 study (Colacurci et al., 1998)	retrospective observational study	serious[10]	no serious inconsistency	no serious indirectness	serious[3,17]	none	0/13 (0%)	1/32 (3.1%)	RR 0.79 (0.03 to 18.13)	7 fewer per 1000 (from 30 fewer to 535 more)	Very low
Surgical complications											
1 study (Mol et al., 1997)	prospective observational study	serious[19]	no serious inconsistency	Serious[20]	serious[3]	none	2/157 (1.3%)	3/98 (3.1%)	RR 0.42 (0.07 to 2.45)	18 fewer per 1000 (from 28 fewer to 44 more)	Very low
1 study (Mecke et al., 1989)	retrospective observational study	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	0/25 (0%)	6/153 (3.9%)	RR 0.46 (0.03 to 7.85)	21 fewer per 1000 (from 38 fewer to 269 more)	Very low

CI confidence interval, NC not calculable, NR not reported, NS not significant, *P* probability, RR relative risk

* Significance is altered when other factors influencing fertility are controlled for (using multivariate analysis or stratification)

1 Length of follow-up not reported

2 Intention-to-treat analysis not performed - women receiving salpingectomy for persistent ectopic were analysed in salpingectomy arm

3 Wide confidence intervals

4 Significantly higher incidence of tubal pathology in the salpingectomy group at baseline

5 No baseline characteristics reported to illustrate comparability of treatment groups at baseline

6 Outcome includes pregnancies of >17 weeks

7 High loss to follow-up (>20%)

8 Significantly higher history of infertility in salpingotomy group at baseline
9 Unclear how data was collected
10 Not reported how participants were identified and selected
11 An unknown number of women received surgical treatment for ectopic pregnancy that was not a salpingotomy or salpingectomy
12 Significantly higher history of infertility and previous ectopic pregnancy in salpingectomy group at baseline
13 Study population only includes women 18-28 years old with concerns about infertility; therefore, it represents a specific subgroup of the population of interest for this review
14 Women in the conservative arm received tubal resection, tubal section, ovum expression and no manipulation
15 Denominators for each treatment group are not reported; total sample size for women desiring pregnancy was small (< 50)
16 Not reported whether participants were trying to conceive
17 Small sample size (N ≤ 50)
18 Unclear why only 83/163 women were followed-up
19 Tubal rupture was significantly more common in women undergoing radical surgery than in women undergoing conservative surgery
20 Compares radical and conservative surgery, which are not defined further
21 All women with ruptured ectopic pregnancies received salpingectomy

Chapter 9 Anti-D rhesus prophylaxis

Anti-D rhesus prophylaxis for threatened miscarriage, miscarriage and ectopic pregnancy

Table I.9.1 GRADE findings for series of women receiving no anti-D rhesus prophylaxis (non-comparative data)

Quality assessment							**Number of patients**	**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Test used for antibody detection***		
Incidence of sensitisation at 5-9 months following miscarriage/abortion								
1 study (Katz & Marcus, 1973)	prospective case series	serious[1]	no serious inconsistency	serious[2]	serious[3]	Use of multiple tests reported	1/36[†] (2.8%)	Very low
1 study (Visscher & Visscher, 1972)	prospective case series	no serious limitations	no serious inconsistency	serious[2]	very serious[3]	Enzyme-Coombs screening procedure	0/9 (0%)	Very low

Quality assessment							Number of patients	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Test used for antibody detection***		
1 study (Murray & Barron, 1971)	prospective case series	serious[4]	no serious inconsistency	very serious[2,5,6]	no serious imprecision	Indirect Coombs test	2/96 (2.1%)	Very low
						Enzyme-treated cells	9/96 (9.4%)	
1 study (Murray et al., 1970)	prospective case series	no serious limitations	no serious inconsistency	very serious[2,6]	serious[3]	Indirect Coombs test	1/23 (4.3%)	Very low
						Low's papain	2/23 (8.7%)	
						Papain-treated cells	3/23 (13.0%)	
1 study (Walsh & Lewis, 1970)	prospective case series	no serious limitations	no serious inconsistency	very serious[7,8]	serious[3]	Indirect Coombs test	1/18 (5.6%)	Very low
1 study (Katz & Marcus, 1973)	retrospective case series	serious[1]	no serious inconsistency	serious[9,10]	serious[3]	Use of multiple tests reported	5/25 (20%)	Very low
Evidence of sensitisation in subsequent pregnancy								
1 study (Simonovits et al., 1980)	retrospective case series	no serious limitations	no serious inconsistency	very serious[7,11,12]	no serious imprecision	Indirect Coombs test	3/386 (0.8%)[†]	Very low
						Papain-treated cells	6/386 (1.6%)[†]	

Quality assessment							Number of patients	Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Test used for antibody detection***		
1 study (Visscher & Visscher, 1972)	prospective case series	no serious limitations	no serious inconsistency	serious[2]	very serious[3]	Enzyme-Coombs screening procedure	0/2 (0%)	Very low
Neonatal outcomes in sensitised women: delivery of hydropic infant or baby with hyperbilirubinemia								
1 study (Katz & Marcus, 1973)	retrospective case series	serious[1]	no serious inconsistency	serious[9,10]	very serious[3]	N/A	3/4 (75%)	Very low
Neonatal outcomes in sensitised women: positive direct Coombs test in baby born following subsequent pregnancy								
1 study (Katz & Marcus, 1973)	retrospective case series	no serious limitations	no serious inconsistency	serious[9,10]	very serious[3]	Direct Coombs test	2/3 (66.7%)	Very low

*The indirect Coombs test (also known as the indirect antiglobulin test) is currently the standard test for detecting whether a Rh- woman has antibodies against the Rh D antigen present in her blood, and therefore whether she has been sensitised. Historically, enzyme-treated red blood cells (such as those treated with papain) were used to improve the sensitivity of antibody screening tests and were part of the screen for anti-D. However, tests using treated red blood cells detect a lot of non-specific antibodies in addition to anti-D, and therefore in current practice they are only used in confirmatory tests and reference labs. The direct Coombs test (also known as the direct antiglobulin test) is used to test a baby's blood, and determine whether maternal antibodies have bound to the baby's red blood cells. This can be used to establish whether the baby is suffering from, or is at risk of, haemolytic disease of the newborn.

†The woman had weak antibody titre on admission, and then a titre of 1:4 at 5 months

‡ These are test results from the 2nd to 3rd month of second pregnancy. Test results from month 8-9 have also been reported in the study, but are not reported here.

[1] Unclear what technique was used to test for the presence of antibodies

[2] An unknown proportion of women had pregnancy beyond the first trimester

[3] Small sample size (N≤50)

[4] Of the original study population admitted for abortion, 81/177 (46%) defaulted and were not followed up

[5] 10/96 (10%) of women had not been tested pre-operatively; therefore could have been previously sensitised

[6] An unknown proportion of women were undergoing an elective abortion

[7] The study population was comprised entirely of women undergoing an elective abortion

[8] Unclear at what point in the previous pregnancy the abortion was performed

[9] Unclear if the previous "abortion" was a miscarriage or an elective abortion, and whether it occurred in the first trimester

[10] In 3/5 sensitised women, it cannot be conclusively proved that sensitisation was a result of the abortion/miscarriage; therefore it could have occurred in the current pregnancy

[11] These women are a sub-population of the actual population of interest, because they had to have a second Rh+ pregnancy to be included. Therefore, the possibility of sensitisation during the second pregnancy cannot be excluded.

[12] Unclear at what point during the pregnancy the first abortion occurred and what method was used to terminate the pregnancy

Table I.9.2 GRADE findings for anti-D rhesus prophylaxis compared with no intervention or placebo (comparative data)

Quality assessment							**Number of women**		**Effect**		**Quality**
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Test used for antibody detection***	**Anti-D prophylaxis**	**Placebo / no intervention**	**Relative (95% CI)**	**Absolute (95% CI)**	
Incidence of sensitisation at 4-6 months following miscarriage/abortion											
1 study (Visscher & Visscher, 1972)	randomised trial	serious[1,2]	no serious inconsistency	serious[3]	serious[4]	Enzyme-Coombs screening procedure	0/19 (0%)	0/29 (0%)	Not calculable (NC)	NC	Very low
1 study (Gavin, 1972)	non-randomised trial	serious[5,6]	no serious inconsistency	very serious[7,8]	serious[9]	Indirect Coombs test	0/21 (0%)	2/36 (5.6%)	RR 0.34 (0.02 to 6.69)	37 fewer per 1000 (from 54 fewer to 316 more)	Very low
Evidence of sensitisation in subsequent pregnancy											
1 study (Visscher & Visscher, 1972)	randomised trial	serious[1,2]	no serious inconsistency	serious[3]	very serious[4]	Enzyme-Coombs screening procedure	0/3 (0%)	0/6 (0%)	NC	NC	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Test used for antibody detection***	**Anti-D prophylaxis**	**Placebo / no intervention**	**Relative (95% CI)**	**Absolute (95% CI)**	
1 study (Simonovits et al., 1974)	prospective observational study	serious[10]	no serious inconsistency	very serious[11,12]	serious[9]	**Anti-D:** papain-treated cells **No intervention:** indirect Coombs test and papain-treated cells for one woman; not reported for other	1/96[†] (1.0%)	2/145 (1.4%)	RR 0.76 (0.07 to 8.21)	3 fewer per 1000 (from 13 fewer to 99 more)	Very low

CI confidence interval, NC not calculable, RR relative risk

*The indirect Coombs test (also known as the indirect antiglobulin test) is currently the standard test for detecting whether a Rh- woman has antibodies against the Rh D antigen present in her blood, and therefore whether she has been sensitised. Historically, enzyme-treated red blood cells (such as those treated with papain) were used to improve the sensitivity of antibody screening tests and were part of the screen for anti-D. However, tests using treated red blood cells detect a lot of non-specific antibodies in addition to anti-D, and therefore in current practice they are only used in confirmatory tests and reference labs. The direct Coombs test (also known as the direct antiglobulin test) is used to test a baby's blood, and determine whether maternal antibodies have bound to the baby's red blood cells. This can be used to establish whether the baby is suffering from, or is at risk of, haemolytic disease of the newborn.

†This woman delivered a Rh+ baby at the end of her second pregnancy and tested negative 6 months before birth; therefore she is likely to have been sensitised in her second, full-term pregnancy

1 Method of randomisation not reported

2 Unclear that treatment allocation was concealed

3 An unknown proportion of women had pregnancy beyond the first trimester

4 Small sample size (N≤50)

5 Dose of anti-D not stated

6 Method of treatment allocation is not reported

7 58% of women were undergoing an elective abortion

8 13/57 women had pregnancy >13 weeks; therefore are outside the scope of the guideline

9 Wide confidence intervals

10 Different tests were used for the two groups; and in one woman, the test used is not reported

11 These women are a sub-population of the actual population of interest, because they had to have a second Rh+ pregnancy to be included. Therefore, the possibility of sensitisation during the second pregnancy cannot be excluded.
12 The study population was comprised entirely of women undergoing an elective abortion

Anti-D rhesus prophylaxis – dose

Table I.9.3 GRADE findings for comparison of 50 micrograms and 300 micrograms of anti-D prophylaxis

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**50 micrograms**	**300 micrograms**	**Relative (95% CI)**	**Absolute (95% CI)**	
Detection of Rhesus antibodies at 6 months follow-up											
1 meta-analysis of 2 studies (Keith & Bozorgi, 1977; Stewart et al., 1978)	randomised trials	very serious[1,2,3]	no serious inconsistency	serious[4]	serious[5]	none	0/989 (0%)	0/81 (0%)	NC	NC	Very low

Quality assessment							Number of women		Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**50 micrograms**	**300 micrograms**	**Relative (95% CI)**	**Absolute (95% CI)**	
Adverse drug reaction											
1 meta-analysis of 2 studies (Keith & Bozorgi, 1977; Stewart et al., 1978)	randomised trials	serious[1]	no serious inconsistency	serious[4]	serious[6]	none	1/1218 (0.08%)	0/111 (0%)	RR 0.31 (0.01 to 7.61)	1 more (from 33 fewer to 5 more)*	Very low

CI confidence interval, NC not calculable, RR relative risk

* NCC calculation

1 Method of randomisation not reported for either trial in meta-analysis

2 Loss to follow-up was > 20% in both trials

3 Test used to detect antibodies is not reported in either trial

4 Women are undergoing elective abortion, therefore are not the exact population of interest

5 No events in either arm

6 Wide confidence intervals

Table I.9.4 GRADE findings for comparison of 73, 155 and 499 micrograms of anti-D prophylaxis

Quality assessment							Number of patients			Effect		Quality
Number of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**73 micrograms**	**155 micrograms**	**499 micrograms**	**Relative (95% CI)**	**Absolute**	
Incidence of sensitisation												
1 study (Hensleigh et al., 1977)	Randomised trial	very serious[1,2,3,4]	no serious inconsistency	serious[5]	serious[6,7]	none	0/8	0/83	0/25	NC	NC	Very low
Adverse drug reaction												
1 study (Hensleigh et al., 1977)	Randomised trial	serious[1,3]	no serious inconsistency	serious[5]	serious[6,7]	none	0/8	0/83	0/25	NC	NC	Very low

CI confidence interval, NC not calculable

[1] Method of randomisation not reported

[2] 28% of patients were lost to follow-up

[3] Characteristics of women in each trial arm not reported; therefore not known if the two arms are similar

[4] Denominator for this specific outcome is not reported; therefore the technical team used the last known denominators reported by the trial (at 6 months)

[5] Women are undergoing elective abortion and therefore are not the exact population of interest

[6] No events in any arm of the trial

[7] n<10 for one arm of the trial