



Utvärdering av att ta det första läkemedlet (mifepriston) utanför vårdinrättning vid medicinsk abort/ Evaluation of taking mifepristone at home during a medical abortion
Rapport 363 (2023)

Bilaga 2 Exkluderade artiklar och artiklar med oacceptabelt hög risk för bias/ Appendix 2 Excluded studies and studies with unacceptable high risk of bias

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This list consists of articles not included in SBU's report. It has two parts.

Excluded studies

This part consists of articles considered relevant in terms of abstract, but the full-text articles were considered to be irrelevant to the research question and other inclusion criteria, after assessment.

Studies with unacceptable high risk of bias

This part consists of articles that were relevant in terms of abstract and full text, but after quality assessment considered to be studies with unacceptable high risk of bias.

Excluded studies

Reference	Main reason for exclusion
Non-author. Medical abortion at home in India. <i>International Perspectives on Sexual & Reproductive Health</i> . 2010;36(1):4-.	Not relevant study design
No-author. Medical termination of pregnancy. <i>Primary Care Women's Health Journal</i> . 2012;4(4):188-.	Not relevant study design
Aiken ARA, Digol I, Trussell J, Gomperts R. Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland. <i>Bmj</i> . 2017;357;j2011.	Not relevant comparison
Aiken ARA, Romanova EP, Morber JR, Gomperts R. Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study. <i>Lancet Reg Health Am</i> . 2022;10.	Not relevant study design
Akin A, Dabash R, Dilbaz B, Aktun H, Dursun P, Kiran S, et al. Increasing women's choices in medical abortion: a study of misoprostol 400 microg swallowed immediately or held sublingually following 200 mg mifepristone. <i>Eur J Contracept Reprod Health Care</i> . 2009;14(3):169-75.	Not relevant intervention
Alam A, Bracken H, Johnston HB, Raghavan S, Islam N, Winikoff B, et al. Acceptability and feasibility of mifepristone-misoprostol for menstrual regulation in Bangladesh. <i>Int Perspect Sex Reprod Health</i> . 2013;39(2):79-87.	Not relevant intervention
Andersen KL, Fjerstad M, Basnett I, Neupane S, Acre V, Sharma S, et al. Determination of medical abortion success by women and community health volunteers in Nepal using a symptom checklist. <i>BMC Pregnancy Childbirth</i> . 2018;18(1):161.	Not relevant intervention
Anger HA, Raymond EG, Grant M, Haskell S, Boraas C, Tocce K, et al. Clinical and service delivery implications of omitting ultrasound before medication abortion provided via direct-to-patient telemedicine and mail in the U.S. <i>Contraception</i> . 2021;104(6):659-65.	Not relevant comparison
Basu R, Gundlach T, Tasker M. Mifepristone and misoprostol for medical termination of pregnancy: the effectiveness of a flexible regimen. <i>J Fam Plann Reprod Health Care</i> . 2003;29(3):139-41.	Not relevant comparison

Beardsworth KM, Doshi U, Raymond E, Baldwin MK. Miles and days until medical abortion via TelAbortion versus clinic in Oregon and Washington, USA. <i>BMJ sex.</i> 2022;48(e1):e38-e43.	Not relevant outcome
Bhuiyan SN, Burkhart MC. Maternal and public health benefits of menstrual regulation in Chittagong. <i>Int J Gynaecol Obstet.</i> 1982;20(2):105-9.	Not relevant intervention
Blum J, Karki C, Tamang A, Shochet T, Shrestha A, Tuladhar H, et al. Feasibility of a hospital outpatient day procedure for medication abortion at 13-18weeks gestation: Findings from Nepal[.]. <i>Contraception.</i> 2019;100(6):451-6.	Not relevant comparison
Blum J, Ngoc NT, Nga NT, Raghavan S, Winikoff B. Medical abortion with misoprostol only vs. mifepristone plus misoprostol: results from a randomized controlled trial. <i>Contraception.</i> 2009;80(2):195-.	Not relevant comparison
Cameron S, Glasier A, Dewart H, Johnstone A. Women's experiences of the final stage of early medical abortion at home: results of a pilot survey. <i>J Fam Plann Reprod Health Care.</i> 2010;36(4):213-6.	Not relevant intervention
Cameron ST, Glasier A, Johnstone A, Dewart H, Campbell A. Can women determine the success of early medical termination of pregnancy themselves? <i>Contraception.</i> 2015;91(1):6-11.	Not relevant intervention
Cavet S, Fiala C, Scemama A, Partouche H. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care.</i> 2017;22(3):207-11.	Not relevant intervention
Cheng Y, Boerma C, Peck L, Botfield JR, Estoesta J, McGeechan K. Telehealth sexual and reproductive health care during the COVID-19 pandemic. <i>Medical Journal of Australia.</i> 2021;215(8):371-2. Available from: https://doi.org/10.5694/mja2.51219 .	Not relevant study design
Chong E, Shochet T, Raymond E, Platais I, Anger HA, Raidoo S, et al. Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic. <i>Contraception.</i> 2021;104(1):43-8.	Not relevant comparison
Chuni N, Chandrashekar TS. Early pregnancy termination with a simplified mifepristone: Medical abortion outpatient regimen. <i>Kathmandu Univ.</i> 2009;7(27):209-12.	Not relevant comparison
Clark S, Ellertson C, Winikoff B. Is medical abortion acceptable to all American women: the impact of sociodemographic characteristics on the acceptability of mifepristone-misoprostol abortion. <i>J Am Med Womens Assoc.</i> 2000;55(3 Suppl):177-82.	Not relevant intervention

Constant D, Harries J, Malaba T, Myer L, Patel M, Petro G, et al. Clinical Outcomes and Women's Experiences before and after the Introduction of Mifepristone into Second-Trimester Medical Abortion Services in South Africa. PLoS ONE. 2016;11(9):e0161843.	Not relevant comparison
Coyaji K, Elul B, Krishna U, Otiv S, Ambardekar S, Bopardikar A, et al. Mifepristone abortion outside the urban research hospital setting in India. Lancet. 2001;357(9250):120-2.	Not relevant intervention
Coyaji K, Elul B, Krishna U, Otiv S, Ambardekar S, Bopardikar A, et al. Mifepristone-misoprostol abortion: a trial in rural and urban Maharashtra, India. Contraception. 2002;66(1):33-40.	Not relevant intervention
Dabash R, Chong E, Bracken H, Tsereteli T, Abrahamyan R, Hajri S, et al. A randomized controlled trial comparing repeat doses of 400 mcg sublingual to buccal misoprostol after mifepristone for termination of pregnancy 13-21 weeks. Contraception. 2017;95(5):515-. Available from: https://doi.org/10.1016/j.contraception.2017.02.004 .	Other reason
Daniel S, Raifman S, Kaller S, Grossman D. Characteristics of patients having telemedicine versus in-person informed consent visits before abortion in Utah. Contraception. 2020;101(1):56-61.	Not relevant intervention
Downing SG, Cashman C, Russell DB. Ten years on: a review of medical terminations of pregnancy performed in a sexual health clinic. Sex Health. 2017;14(3):208-12.	Not relevant intervention
Ellertson C, Elul B, Winikoff B. Can women use medical abortion without medical supervision? Reproductive Health Matters. 1997(9):149-61.	Not relevant study design
Endler M, Beets L, Gemzell Danielsson K, Gomperts R. Safety and acceptability of medical abortion through telemedicine after 9 weeks of gestation: a population-based cohort study. Bjog. 2019;126(5):609-18.	Not relevant comparison
Ennis M, Renner R, Guilbert E, Norman WV, Pymar H, Kean L, et al. Provision of first-trimester medication abortion in 2019: Results from the Canadian abortion provider survey. Contraception. 2022; 113:19-25.	Not relevant population
Fiala C, Winikoff B, Helstrom L, Hellborg M, Gemzell-Danielsson K. Acceptability of home-use of misoprostol in medical abortion. Contraception. 2004;70(5):387-92.	Not relevant intervention
Fiol V, Rieppi L, Aguirre R, Nozar M, Gorgoroso M, Coppola F, et al. The role of medical abortion in the implementation of the law on voluntary termination of pregnancy in Uruguay. Int J Gynaecol Obstet. 2016;134(S1):S12-S5.	Not relevant outcome

Foster DG, Jackson RA, Cosby K, Weitz TA, Darney PD, Drey EA. Predictors of delay in each step leading to an abortion. <i>Contraception</i> . 2008;77(4):289-93.	Not relevant intervention
Garnsey C, Wollum A, Garduno Huerta S, Uribe OL, Keefe-Oates B, Baum SE. Factors influencing abortion decisions, delays, and experiences with abortion accompaniment in Mexico among women living outside Mexico City: results from a cross-sectional study. <i>Sex</i> . 2021;29(3):2038359.	Not relevant intervention
Gatter M, Cleland K, Nucatola DL. Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days. <i>Contraception</i> . 2015;91(4):269-73.	Not relevant intervention
Gaudu S, Crost M, Esterle L. Results of a 4-year study on 15,447 medical abortions provided by privately practicing general practitioners and gynecologists in France. <i>Contraception</i> . 2013;87(1):45-50.	Not relevant intervention
Gerdtts C, Jayaweera RT, Kristianingrum IA, Khan Z, Hudaya I. Effect of a smartphone intervention on self-managed medication abortion experiences among safe-abortion hotline clients in Indonesia: A randomized controlled trial. <i>Int J Gynaecol Obstet</i> . 2020;149(1):48-55.	Not relevant comparison
Gomperts R, Petow SA, Jelinska K, Steen L, Gemzell-Danielsson K, Kleiverda G. Regional differences in surgical intervention following medical termination of pregnancy provided by telemedicine. <i>Acta Obstet Gynecol Scand</i> . 2012;91(2):226-31.	Not relevant comparison
Gomperts R, van der Vleuten K, Jelinska K, da Costa CV, Gemzell-Danielsson K, Kleiverda G. Provision of medical abortion using telemedicine in Brazil. <i>Contraception</i> . 2014;89(2):129-33.	Not relevant comparison
Goodyear-Smith F, Knowles A, Masters J. First trimester medical termination of pregnancy: an alternative for New Zealand women. <i>Aust N Z J Obstet Gynaecol</i> . 2006;46(3):193-8.	Not relevant comparison
Goyal V, Brooks IHM, Wallace R, Dermish AI, Kumar B, Schutt-Aine A, et al. Medication abortion use among low-income and rural Texans before and during state-imposed restrictions and after FDA-updated labeling. <i>Am J Obstet Gynecol</i> . 2020;223(2): 236.e1-e8.	Not relevant comparison
Grossman D, Grindlay K. Safety of Medical Abortion Provided Through Telemedicine Compared With In Person. <i>Obstet Gynecol</i> . 2017;130(4):778-82.	Not relevant intervention
Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and acceptability of medical abortion provided through telemedicine. <i>Obstet Gynecol</i> . 2011;118(2 Pt 1):296-303.	Not relevant intervention

Grossman D, Raifman S, Morris N, Arena A, Bachrach L, Beaman J, et al. Mail-order pharmacy dispensing of mifepristone for medication abortion after in-person clinical assessment. <i>Contraception</i> . 2022;107:36-41.	Not relevant comparison
Grossman DA, Grindlay K, Buchacker T, Potter JE, Schmertmann CP. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. <i>Am J Public Health</i> . 2013;103(1):73-8.	Not relevant comparison
Haimov-Kochman R, Arbel R, Sciaky-Tamir Y, Brzezinski A, Laufer N, Yagel S. Risk factors for unsuccessful medical abortion with mifepristone and misoprostol. <i>Acta Obstet Gynecol Scand</i> . 2007;86(4):462-6.	Not relevant intervention
Harper C, Ellertson C, Winikoff B. Could American women use mifepristone-misoprostol pills safely with less medical supervision? <i>Contraception</i> . 2002;65(2):133-42.	Not relevant study design
Harris LH, Grossman D. Complications of Unsafe and Self-Managed Abortion. <i>N Engl J Med</i> . 2020;382(11):1029-40.	Not relevant study design
Hassoun D, Perin I, Hien H, Demars HH. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynecol Reprod Biol</i> . 2016;197:174-8.	Not relevant comparison
Hawkins JE, Glasier A, Hall S, Regan L, group RTc-ew. Early medical abortion by telemedicine in the United Kingdom: a costing analysis. <i>Bjog</i> . 2021;28:28.	Not relevant outcome
Hedqvist M, Brodin L, Tyden T, Larsson M. Women's experiences of having an early medical abortion at home. <i>Sex Reprod Healthc</i> . 2016;9:48-54.	Not relevant comparison
Henderson JT, Hwang AC, Harper CC, Stewart FH. Safety of mifepristone abortions in clinical use. <i>Contraception</i> . 2005;72(3):175-8.	Not relevant intervention
Hill NC, Ferguson J, MacKenzie IZ. The efficacy of oral Mifepristone (RU 38,486) with a prostaglandin E1 analog vaginal pessary for the termination of early pregnancy: complications and patient acceptability. <i>Am J Obstet Gynecol</i> . 1990;162(2):414-7.	Not relevant intervention
Hsia JK, Lohr PA, Taylor J, Creinin MD. Medical abortion with mifepristone and vaginal misoprostol between 64 and 70days' gestation. <i>Contraception</i> . 2019;100(3):178-81.	Not relevant intervention
Hyland P, Raymond EG, Chong E. A direct-to-patient telemedicine abortion service in Australia: Retrospective analysis of the first 18 months. <i>Aust N Z J Obstet Gynaecol</i> . 2018;58(3):335-40.	Not relevant comparison

Jorgensen H, Qvigstad E, Jerve F, Melseth E, Eskild A, Nielsen CS. [Induced abortion at home]. <i>Tidsskr Nor Laegeforen</i> . 2007;127(18):2367-70.	Not relevant intervention
Kanchanamalai K, Chitra TV, Sowmiyasree G. Efficacy of mifepristone and misoprostol in late first trimester medical abortion, missed abortion and blighted ovum. <i>Indian Journal of Public Health Research and Development</i> . 2015;6(3):1-3.	Not relevant comparison
Kapp N, Andersen K, Griffin R, Handayani AP, Schellekens M, Gomperts R. Medical abortion at 13 or more weeks gestation provided through telemedicine: A retrospective review of services. <i>Contracept X</i> . 2021;3:100057.	Not relevant comparison
Kawonga M, Blanchard K, Cooper D, Cullingworth L, Dickson K, Harrison T, et al. Integrating medical abortion into safe abortion services: experience from three pilot sites in South Africa. <i>J Fam Plann Reprod Health Care</i> . 2008;34(3):159-64.	Not relevant intervention
Kerestes C, Delafield R, Elia J, Chong E, Kaneshiro B, Soon R. "It was close enough, but it wasn't close enough": A qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care. <i>Contraception</i> . 2021;104(1):67-72.	Not relevant study design
Kerestes C, Murayama S, Tyson J, Natavio M, Seamon E, Raidoo S, et al. Provision of medication abortion in Hawai'i during COVID-19: Practical experience with multiple care delivery models. <i>Contraception</i> . 2021;104(1):49-53.	Not relevant comparison
Kohn JE, Snow JL, Grossman D, Thompson TA, Seymour JW, Simons HR. Introduction of telemedicine for medication abortion: Changes in service delivery patterns in two U.S. states. <i>Contraception</i> . 2021;103(3):151-6.	Not relevant intervention
Kohn JE, Snow JL, Simons HR, Seymour JW, Thompson TA, Grossman D. Medication Abortion Provided Through Telemedicine in Four U.S. States. <i>Obstet Gynecol</i> . 2019;134(2):343-50.	Not relevant intervention
Kohn JE, Snow JL, Simons HR, Seymour JW, Thompson TA, Grossman D. Safety and effectiveness of medication abortion provided via telemedicine at Planned Parenthood in four U.S. states. <i>Contraception</i> . 2019;99(5):317-. Available from: https://doi.org/10.1016/j.contraception.2019.03.008 .	Other reason
Kumar M, Schulte-Hillen C, De Plecker E, Van Haver A, Marques SG, Daly M, et al. Catalyst for change: Lessons learned from overcoming barriers to providing safe abortion care in Medecins Sans Frontieres projects. <i>Perspect Sex Reprod Health</i> . 2022;23:23.	Not relevant intervention

<p>Kumar U, Pollard L, Campbell L, Yurdakul S, Douiri A. Long-acting reversible contraceptive (LARC) use six months post-abortion: benefits of specialist follow-up. <i>European journal of contraception & reproductive health care</i>. 2016;21:119-. Available from: https://doi.org/10.3109/13625187.2015.1135897.</p>	Other reason
<p>Leeman L, Asaria S, Espey E, Ogburn J, Gopman S, Barnett S. Can mifepristone medication abortion be successfully integrated into medical practices that do not offer surgical abortion? <i>Contraception</i>. 2007;76(2):96-100.</p>	Not relevant intervention
<p>Lohr PA, Wade J, Riley L, Fitzgibbon A, Furedi A. Women's opinions on the home management of early medical abortion in the UK. <i>J Fam Plann Reprod Health Care</i>. 2010;36(1):21-5.</p>	Not relevant intervention
<p>Lowy A, Ojo R, Stegeman A, Vellacott I. Meeting women's need for a flexible abortion service: retrospective study of a specialist day-care unit. <i>J Public Health Med</i>. 1998;20(4):449-54.</p>	Not relevant comparison
<p>Mahlck CG, Backstrom T. Follow-up after early medical abortion: Comparing clinical assessment with self-assessment in a rural hospital in northern Norway. <i>Eur J Obstet Gynecol Reprod Biol</i>. 2017;213:1-3. Available from: https://doi.org/https://dx.doi.org/10.1016/j.ejogrb.2017.03.034.</p>	Not relevant intervention
<p>Mallaury V, Steve N, Genevieve V, Olivier B, Florence B, Aubert A. Impact of the COVID-19 pandemic and the emergency measures on abortion care taken during this period in a French region (Provence Alpes Cote d'Azur). <i>J Gynecol Obstet Hum Reprod</i>. 2022;51(10):102478.</p>	Not relevant outcome
<p>Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: A cross-sectional evaluation. <i>Contraception</i>. 2021;104(1):61-6.</p>	Not relevant study design
<p>Mezela I, Van Pachterbeke C, Jani JC, Badr DA. Effectiveness and acceptability of "at home" versus "at hospital" early medical abortion - A lesson from the COVID-19 pandemic: A retrospective cohort study. <i>Eur J Obstet Gynecol Reprod Biol</i>. 2021; 267:150-4.</p>	Not relevant comparison
<p>Miani C. Medical abortion ratios and gender equality in Europe: an ecological correlation study. <i>Sex</i>. 2021;29(1):1985814.</p>	Not relevant comparison
<p>Moore AM, Stillman M, Shekhar C, Kalyanwala S, Acharya R, Singh S, et al. Provision of medical methods of abortion in facilities in India in 2015: A six state comparison. <i>Glob Public Health</i>. 2019;14(12):1757-69..</p>	Not relevant study design

Moseson H, Bullard KA, Cisternas C, Grosso B, Vera V, Gerds C. Effectiveness of self-managed medication abortion between 13 and 24 weeks gestation: A retrospective review of case records from accompaniment groups in Argentina, Chile, and Ecuador. <i>Contraception</i> . 2020;102(2):91-8.	Not relevant comparison
Moseson H, Jayaweera R, Egwuatu I, Grosso B, Kristianingrum IA, Nmezi S, et al. Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls. <i>Lancet Glob Health</i> . 2022;10(1):e105-e13.	Not relevant study design
Moseson H, Jayaweera R, Raifman S, Keefe-Oates B, Filippa S, Motana R, et al. Self-managed medication abortion outcomes: results from a prospective pilot study. <i>Reprod Health</i> . 2020;17(1):164.	Not relevant comparison
Ngoc N, Blum J, Nga N, Raghavan S, Winikoff B. Medical abortion with misoprostol only versus mifepristone plus misoprostol: results from a randomized controlled trial. <i>International journal of gynaecology and obstetrics</i> . 2009;107:S286-. Available from: https://doi.org/10.1016/S0020-7292(09)61046-8 .	Not relevant comparison
Ngoc NTN, Shochet T, Raghavan S, Blum J, Nga NTB, Minh NTH, et al. Mifepristone and misoprostol compared with misoprostol alone for second-trimester abortion: a randomized controlled trial. <i>Obstet Gynecol</i> . 2011;118(3):601-8.	Not relevant comparison
Nivedita K, Shanthini F. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> . 2015;9(1):QC01-4.	Not relevant comparison
Noemie VB, Rozenberg S, Gilles C, Bomboir I, Joris A, Rousseau C, et al. Impact of Covid-lockdown on abortion management at a family planning in Brussels. <i>Eur J Contracept Reprod Health Care</i> . 2022;27(4):278-83.	Not relevant comparison
Oppegaard KS, Qvigstad E, Fiala C, Heikinheimo O, Benson L, Gemzell-Danielsson K. Clinical follow-up compared with self-assessment of outcome after medical abortion: a multicentre, non-inferiority, randomised, controlled trial. <i>Lancet</i> . 2015;385(9969):698-704.	Not relevant intervention
Panda R, Pattanaik T, Panigrahy P, Sahu MC. Scenario of self medication for medical abortion in a tertiary care centre. <i>International Journal of Pharmaceutical Sciences Review and Research</i> . 2016;39(1):63-5.	Not relevant comparison
Park MH, Nguyen TH, Dang AT, Ngo TD. Medical abortion practices among private providers in Vietnam. <i>Int J Women Health</i> . 2013;5:593-8.	Not relevant comparison
Paul M, Iyengar K, Essen B, Gemzell-Danielsson K, Iyengar S, Bring J, et al. Acceptability of home-assessment of outcome after medical	Other reason

abortion in a low-resource setting in Rajasthan, India: a randomized controlled, non-inferiority trial. <i>International journal of gynecology and obstetrics (varpagings)</i> . 2015;131: E591.	
Pena M, Figueroa Flores K, Munoz Ponce M, Facio Serafin D, Camarillo Zavala AM, Ruiz Cruz C, et al. Telemedicine for medical abortion service provision in Mexico: A safety, feasibility, and acceptability study. <i>Contraception</i> . 2022;114:67-73.	Not relevant study design
Perriera LK, Reeves MF, Chen BA, Hohmann HL, Hayes J, Creinin MD. Feasibility of telephone follow-up after medical abortion. <i>Contraception</i> . 2010;81(2):143-9.	Not relevant intervention
Platais I, Tsereteli T, Mastruk G, Kurbanbekova D, Winikoff B. A prospective study of mifepristone and unlimited dosing of sublingual misoprostol for termination of second-trimester pregnancy in Uzbekistan and Ukraine. <i>BMJ sex</i> . 2019;04:04. Available from: https://doi.org/https://dx.doi.org/10.1136/bmjsex-2018-200167 .	Not relevant comparison
Porter Erlank C, Lord J, Church K. Acceptability of no-test medical abortion provided via telemedicine during Covid-19: analysis of patient-reported outcomes. <i>BMJ sex</i> . 2021;47(4):261-8.	Not relevant comparison
Puri MC, Harper CC, Maharjan D, Blum M, Rocca CH. Pharmacy access to medical abortion from trained providers and post-abortion contraception in Nepal. <i>Int J Gynaecol Obstet</i> . 2018;143(2):211-6.	Not relevant study design
Pymar HC, Creinin MD, Schwartz JL. Mifepristone followed on the same day by vaginal misoprostol for early abortion. <i>Contraception</i> . 2001;64(2):87-92.	Not relevant intervention
Raghavan S, Mastruk G, Shochet T, Bannikov V, Posohova S, Zhuk S, et al. Efficacy and acceptability of early mifepristone-misoprostol medical abortion in Ukraine: results of two clinical trials. <i>Eur J Contracept Reprod Health Care</i> . 2013;18(2):112-9.	Not relevant intervention
Ramesh AS, Sadashivaiah K, Simha JS. Medical termination of pregnancy: a study of acceptor characteristics. <i>Bull Eugen Soc</i> . 1981;13(3):85-90.	Not relevant intervention
Ravn P, Rasmussen A, Knudsen UB, Kristiansen FV. An outpatient regimen of combined oral mifepristone 400 mg and misoprostol 400 microg for first-trimester legal medical abortion. <i>Acta Obstet Gynecol Scand</i> . 2005;84(11):1098-102.	Not relevant intervention
Raymond EG, Tan YL, Comendant R, Sagaidac I, Hodorocea S, Grant M, et al. Simplified medical abortion screening: a demonstration project. <i>Contraception</i> . 2018;97(4):292-6.	Not relevant intervention

Raymond EG, Tan YL, Grant M, Benavides E, Reis M, Sacks DN, et al. Self-assessment of medical abortion outcome using symptoms and home pregnancy testing. <i>Contraception</i> . 2018;97(4):324-8.	Not relevant intervention
Reynolds-Wright JJ, Johnstone A, McCabe K, Evans E, Cameron S. Adherence to treatment and prevalence of side effects when medical abortion is delivered via telemedicine: a prospective observational cohort study during COVID-19. <i>BMJ sex</i> . 2021;28:28.	Not relevant study design
Roberts SCM, Upadhyay UD, Liu G, Kerns JL, Ba D, Beam N, et al. Association of Facility Type With Procedural-Related Morbidities and Adverse Events Among Patients Undergoing Induced Abortions. <i>Jama</i> . 2018;319(24):2497-506. Available from: https://doi.org/https://dx.doi.org/10.1001/jama.2018.7675 .	Not relevant intervention
Rocca CH, Puri M, Shrestha P, Blum M, Maharjan D, Grossman D, et al. Effectiveness and safety of early medication abortion provided in pharmacies by auxiliary nurse-midwives: A non-inferiority study in Nepal. <i>PLoS ONE</i> . 2018;13(1):e0191174.	Not relevant intervention
Schaff EA, Eisinger SH, Staalius LS, Franks P, Gore BZ, Poppema S. Low-dose mifepristone 200 mg and vaginal misoprostol for abortion. <i>Contraception</i> . 1999;59(1):1-6.	Not relevant intervention
Schaff EA, Fielding SL, Eisinger SH, Staalius LS, Fuller L. Low-dose mifepristone followed by vaginal misoprostol at 48 hours for abortion up to 63 days. <i>Contraception</i> . 2000;61(1):41-6.	Not relevant comparison
Schaff EA, Fielding SL, Westhoff C. Randomized trial of oral versus vaginal misoprostol at one day after mifepristone for early medical abortion. <i>Contraception</i> . 2001;64(2):81-5.	Not relevant intervention
Schaff EA, Staalius LS, Eisinger SH, Franks P. Vaginal misoprostol administered at home after mifepristone (RU486) for abortion. <i>J</i> . 1997;44(4):353-60.	Not relevant comparison
Seymour JW, Melville C, Thompson TA, Grossman D. Effectiveness and safety of a direct-to-patient telehealth service providing medication abortion targeted at rural and remote populations: Cross-sectional findings from Marie Stopes Australia. <i>Contraception</i> . 2022;115:67-8.	Not relevant comparison
Sharma R, Verma U, Khajuria B. Medical termination of pregnancy with Mifepristone - Misoprostol in rural India. <i>Journal of Clinical and Diagnostic Research</i> . 2008;2(3):901-4.	Not relevant study design
Shochet T, Dragoman M, Blum J, Abbas D, Louie K, Platais I, et al. Could second-trimester medical abortion be offered as a day service? Assessing the feasibility of a 1-day outpatient procedure using pooled data from six clinical studies. <i>Contraception</i> . 2019;99(5):288-92.	Not relevant study design

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Winikoff B, Dzuba IG, Chong E, Goldberg AB, Lichtenberg ES, Ball C, et al. Extending outpatient medical abortion services through 70 days of gestational age. <i>Obstet Gynecol</i> . 2012;120(5):1070-6.	Not relevant intervention
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Xia W, She S, Lam TH. Medical versus surgical abortion methods for pregnancy in China: A cost-minimization analysis. <i>Gynecologic and Obstetric Investigation</i> . 2011;72(4):257-63. Available from: https://doi.org/10.1159/000328313 .	Not relevant comparison
Ylikorkala O, Alfthan H, Kaariainen M, Rapeli T, Lahteenmaki P. Outpatient therapeutic abortion with mifepristone. <i>Obstet Gynecol</i> . 1989;74(4):653-7.	Not relevant intervention

Studies with unacceptable high risk of bias

Reference	Main reason
Grossman D, Baba CF, Kaller S, Biggs MA, Raifman S, Gurazada T, et al. Medication Abortion With Pharmacist Dispensing of Mifepristone. <i>Obstet Gynecol</i> . 2021;137(4):613-22.	Lack of baseline data for the group that had a previous abortion. Lack of information about the previous abortion.
Louie KS, Chong E, Tsereteli T, Avagyan G, Vardanyan S, Winikoff B. The introduction of first trimester medical abortion in Armenia. <i>Reproductive Health Matters</i> . 2015;22(44):56-66. Available from: https://doi.org/10.1016/S0968-8080(15)43824-8 .	Lack of baseline data for the groups that were compared.

<p>Louie KS, Tsereteli T, Chong E, Aliyeva F, Rzayeva G, Winikoff B. Acceptability and feasibility of mifepristone medical abortion in the early first trimester in Azerbaijan. <i>Eur J Contracept Reprod Health Care</i>. 2014;19(6):457-64. Available from: https://doi.org/https://dx.doi.org/10.3109/13625187.2014.933956.</p>	<p>Lack of baseline data for the groups that were compared.</p>
<p>Thompson TA, Seymour JW, Melville C, Khan Z, Mazza D, Grossman D. An observational study of patient experiences with a direct-to-patient telehealth abortion model in Australia. <i>BMJ sex</i>. 2021;16:16.</p>	<p>A big proportion of those invited to the study denied participation and there was a big difference in the proportions between the groups. Lack of information of gestational length at baseline.</p>
<p>Tsereteli T, Chong E, Louie K, Bokhua Z, Winikoff B. Acceptability and feasibility of 400 mug buccal misoprostol after 200 mg mifepristone for early medical abortion in Georgia. <i>Eur J Contracept Reprod Health Care</i>. 2016;21(5):367-71.</p>	<p>Lack of baseline data for the groups that were compared.</p>