

# Oral misoprostol for induction of labour (Review)

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Oral misoprostol for induction of labour (Review)

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[Intervention Review]

# Oral misoprostol for induction of labour

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## ABSTRACT

### Background

Misoprostol is an orally active prostaglandin. In most countries misoprostol is not licensed for labour induction, but its use is common because it is cheap and heat stable.

### Objectives

To assess the use of oral misoprostol (OM) for labour induction in women with a viable fetus.

### Search strategy

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (May 2008).

### Selection criteria

Randomised trials comparing OM versus placebo or other methods, given to women with a viable fetus for labour induction.

### Data collection and analysis

Two review authors independently assessed trial data, using centrally-designed data sheets.

### Main results

In seven trials comparing OM with placebo (669 participants), women using OM were more likely to deliver vaginally within 24 hours (risk ratio (RR) 0.16, 95% confidence interval (CI) 0.05 to 0.49), needed less oxytocin (RR 0.35, 95% CI 0.28 to 0.44) and had a lower caesarean section rate (RR 0.61, 95% CI 0.41 to 0.93).

In ten trials comparing OM with vaginal dinoprostone (3368 participants), women given OM were less likely to need a caesarean section (RR 0.87, 95% CI 0.77 to 0.98). There was some evidence that they had slower inductions, but there were no other significant differences.

Eight trials (1026 participants) compared OM with intravenous oxytocin. The only difference was an increase in meconium-stained liquor in women with ruptured membranes with OM (RR 1.72, 95% CI 1.08 to 2.74).

Twenty-six trials (5096 participants) compared oral and vaginal misoprostol and found no difference in the primary outcomes. However there were fewer babies born with a low Apgar score in the OM group (RR 0.65, 95% CI 0.44 to 0.97). There was evidence of less uterine hyperstimulation with OM, but heterogeneity makes these outcomes difficult to interpret.

### Authors' conclusions

OM as an induction agent is effective at achieving vaginal delivery. It is more effective than placebo, as effective as vaginal misoprostol and results in fewer caesarean sections than vaginal dinoprostone.

Where misoprostol remains unlicensed for the induction of labour, many practitioners will prefer the legal protection of using a licensed product like dinoprostone. If using OM, clinicians should use a dose of 20 to 25 mcg in solution. Given that safety is the primary concern, the oral regimens are recommended over vaginal regimens. This is especially important in situations where the risk of ascending infection is high and the lack of staff means that women cannot be intensely monitored.

## PLAIN LANGUAGE SUMMARY

### Oral misoprostol for induction of labour

Oral misoprostol appears to be effective at inducing labour, but there is still not enough data to assess its safety.

Induction of labour (getting labour started artificially) is common when giving birth poses a lesser risk to the pregnant woman or her unborn child than continuing the pregnancy. Prostaglandins are hormones naturally present in the uterus (womb) that cause contractions in labour. Some prostaglandin products registered for use in pregnancy can be unstable at room temperature, and are expensive. Oral misoprostol, although only registered in a few countries for use in pregnancy, is a cheap and stable prostaglandin analogue, but high doses could be dangerous. This review of 56 trials (11,590 participants) found that oral misoprostol appears to be at least as effective as current methods of induction, and with lower caesarean section rates. Misoprostol appears to be safer when given orally than vaginally.

## BACKGROUND

This review is one of a series of reviews of methods of labour induction using a standardised protocol. For more detailed information on the rationale for this methodological approach, please refer to the currently published 'generic' protocol ([Hofmeyr 2000](#)). The generic protocol describes how a number of standardised reviews will be combined to compare various methods of preparing the cervix of the uterus and inducing labour.

Induction of labour is a common clinical situation. The reasons for an induction are either clinical (post-term pregnancy, prelabour rupture of membranes, hypertensive disorders) or social (parents' and clinicians' convenience).

Prostaglandins have been widely used for labour induction, particularly if the cervix is not 'favourable' ([Keirse 1993](#)). Prostaglandin E2 (PGE2 or dinoprostone) appears to be the prostaglandin of choice when used vaginally in the form of gel, tablets or pessaries. Unfortunately, vaginal PGE2 preparations are expensive and unstable at room temperature.

Oral administration of prostaglandins is less effective ([Keirse 1989](#)) and has been virtually abandoned, mainly due to gastrointestinal

side effects. However, interest in oral prostaglandins has increased with the introduction of a new synthetic prostaglandin E1 analogue - misoprostol. This drug is used mainly for the prevention and treatment of nonsteroidal anti-inflammatory drug-induced ulcers of the digestive tract. It is relatively cheap and stable at room temperature. Used for this indication, oral misoprostol is usually given in two to four doses of 200 micrograms (mcg) per day and the time to maximum concentration is 10 to 20 minutes (versus 60 to 80 minutes in case of vaginal administration, [Abdel-Aleem 2003](#)). Side effects are dose dependent and are mainly confined to the digestive tract, such as diarrhoea and nausea ([Garris 1989](#)).

Uterine contractions induced by misoprostol are often strong enough to expel products of conception in early pregnancy. Widespread use of misoprostol in Brazil for termination of pregnancy ([Costa 1993](#)) resulted in the identification of teratogenic effects including abnormalities of extremities (clubfoot, agenesis of the feet and hands, syndactyly, constriction rings) and Mobius sequence (loss of function of the motor cranial nerves, especially VI, VII and XII) ([Fonseca 1991](#); [Gonzales 1999](#); [Pastuszak 1998](#)). These defects affect less than 1% of exposed fetuses ([Philip 2002](#)). Maternal death from uterine rupture at 16 weeks' gestation after



self-medication with misoprostol has been reported (Costa 1993).

Randomised trials, which have evaluated the effectiveness of a vaginally administered misoprostol for labour induction with a viable fetus, have been reviewed for *The Cochrane Library* (Hofmeyr 2003). Oral use is particularly attractive because of easy and non-invasive administration, possibly on an outpatient basis. However, there are inherent risks of such an approach. An overdose, causing uterine hyperstimulation and precipitate labour, may be life-threatening for both mother and fetus. It is therefore, important that oral misoprostol is evaluated in a systematic fashion to assess if it can be recommended for routine clinical practice.

Despite having been widely studied for several reproductive health indications, misoprostol's licence has never been extended. This is thought to be due to the manufacturer's concerns about potential adverse publicity generated by the powerful US anti-abortion lobby. Off-label drug use is common in obstetrics, and includes many drugs which would be considered mandatory in everyday practice (e.g. corticosteroids to prevent neonatal respiratory distress syndrome after premature labour and oxytocin 10 international units intramuscularly to prevent postpartum haemorrhage). Despite this, many practitioners are concerned about the potential legal consequences of using an off-label drug should a serious adverse event occur, especially if an effective licensed alternative is available (Weeks 2005). Now that the patent for misoprostol has expired, generic misoprostol products licensed for reproductive health indications have become available in various parts of the world such as Brazil, France and Egypt. The arrival of licensed products will ease the medico-legal concerns of those wishing to use misoprostol for induction of labour.

## OBJECTIVES

To determine, from randomised controlled trials, the effectiveness and safety of oral misoprostol for third trimester induction of labour.

## METHODS

### Criteria for considering studies for this review

#### Types of studies

Clinical trials comparing oral misoprostol for labour induction with placebo/no treatment or other methods for labour induction. This review includes only induction methods listed above oral misoprostol on a predefined list of methods of labour induction (*see 'Methods'*). We have included only trials that have some form of random allocation to the study groups and report at least one

of the pre-stated outcomes. We have also included studies that compare various oral misoprostol regimens.

In this review we make no distinction between cervical ripening and induction of labour if the aim was to achieve vaginal birth as safely as possible. However, we excluded the studies if the primary aim of intervention was to 'facilitate' spontaneous onset of labour over a long period of time (for example, oral misoprostol every other day between 40 and 42 weeks' gestation).

#### Types of participants

Pregnant women due for third trimester induction of labour who carry a viable fetus.

#### Types of interventions

Oral misoprostol compared with placebo/no treatment or six other methods for labour induction placed above oral misoprostol on a predefined list (*see 'Methods'*):

1. placebo/no treatment;
2. vaginal prostaglandin E<sub>2</sub>;
3. intracervical prostaglandin E<sub>2</sub>;
4. oxytocin alone;
5. amniotomy alone;
6. amniotomy + oxytocin;
7. vaginal misoprostol.

We will not discuss any of the comparisons listed above without relevant trials in this review. For the details of this selection strategy, please refer to the section: 'Methods'.

In previously published versions of this review, we proposed to compare low-, medium- and high-dose regimens. We defined low-dose regimens as less than 50 micrograms (mcg), medium-dose as 50 to 100 mcg inclusive and high-dose as more than 100 mcg. These arbitrary groups proved impractical because most trials used either 25 mcg, 50 mcg or 100 mcg doses. In order to study dose-related effects, we decided to group regimens into: (i) 0 to 25 mcg, (ii) 26 to 50 mcg, (iii) 51 to 199 mcg and (iv) 200 mcg or more. We acknowledge that this change has been driven to some extent by the trials' data and is therefore a potential source of bias. Also, the same dose can be given at varying intervals (usually between two and six hours) and these differences could influence the primary outcomes. 'Low-dose' regimens with two-hourly administration may result in a higher cumulative dose over 24 hours than 'high-dose' regimens. However, plasma half-life of oral misoprostol is short (20 to 40 minutes) and, therefore, it would appear that dose is more important than frequency. Consequently, at least at this point in time, we have not planned analyses based on frequency of administration.

#### Types of outcome measures

Two authors of labour induction reviews (Justus Hofmeyr and Zarko Alfrevic) prespecified the clinically relevant outcomes for

trials of methods of cervical ripening/labour induction. After discussion a consensus has been reached by all registered Cochrane Pregnancy and Childbirth Group review authors with an interest in labour induction.

We chose five primary outcomes as being most representative of the clinically important measures of ineffectiveness and complications:

- (1) vaginal delivery not achieved within 24 hours (includes all caesarean sections);
- (2) uterine hyperstimulation with fetal heart rate (FHR) changes;
- (3) caesarean section;
- (4) serious neonatal morbidity or perinatal death (e.g. seizures, birth asphyxia defined by trialists, neonatal encephalopathy, disability in childhood);
- (5) serious maternal morbidity or death (e.g. uterine rupture, admission to intensive care unit, septicaemia).

Perinatal and maternal morbidity and mortality are composite outcomes. This is not an ideal solution because some components are clearly less severe than others. It is possible for one intervention to cause more deaths but fewer babies with severe morbidity. However, in the context of labour induction at term this is unlikely. All these events will be rare, and a modest change in their incidence will be easier to detect if composite outcomes are presented. We will explore the incidence of individual components as secondary outcomes.

Secondary outcomes relate to measures of clinical ineffectiveness, complications and satisfaction.

Measures of ineffectiveness:

- (6) cervix unfavourable/unchanged after 12 to 24 hours;
- (7) oxytocin augmentation.

Complications:

- (8) uterine hyperstimulation without FHR changes;
- (9) uterine rupture;
- (10) epidural analgesia;
- (11) instrumental vaginal delivery;
- (12) meconium-stained liquor;
- (13) Apgar score less than seven at five minutes;
- (14) neonatal intensive care unit admission;
- (15) neonatal encephalopathy;
- (16) perinatal death;
- (17) disability in childhood;
- (18) maternal side effects (all);
- (19) maternal nausea;
- (20) maternal vomiting;
- (21) maternal diarrhoea;
- (22) other maternal side effects;
- (23) postpartum haemorrhage (as defined by the trial authors);
- (24) serious maternal complications (e.g. intensive care unit admission, septicaemia but excluding uterine rupture);
- (25) maternal death.

Measures of satisfaction:

- (26) woman not satisfied;

- (27) caregiver not satisfied.

'Uterine rupture' includes all clinically significant ruptures of unscarred or scarred uteri. We have excluded asymptomatic scar dehiscence noted incidentally at the time of surgery.

While we have sought all of the above outcomes, only those with data appear in the analysis tables.

The terminology of uterine hyperstimulation is problematic (Curtis 1987). In the reviews we use the term 'uterine hyperstimulation without FHR changes' to include uterine tachysystole (more than five contractions per 10 minutes for at least 20 minutes) and uterine hypersystole/hypertonus (a contraction lasting two minutes or more) and 'uterine hyperstimulation with FHR changes' to denote uterine hyperstimulation syndrome (tachysystole or hypersystole with fetal heart rate changes such as persistent decelerations, tachycardia or decreased short-term variability).

Outcomes are included in the analysis if data were available according to original allocation and reasonable measures were taken to minimise observer bias.

Only outcomes with available data appear in the analysis tables. We have, nevertheless, extracted and reported data on outcomes that were not prestated above. However, we have clearly labelled them as such ('not prespecified'). In order to minimise the risk of bias, we have based the conclusions solely on the prestated outcomes.

## Search methods for identification of studies

### Electronic searches

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register by contacting the Trials Search Co-ordinator (May 2008).

The Cochrane Pregnancy and Childbirth Group's Trials Register is maintained by the Trials Search Co-ordinator and contains trials identified from:

1. quarterly searches of the Cochrane Central Register of Controlled Trials (CENTRAL);
2. weekly searches of MEDLINE;
3. handsearches of 30 journals and the proceedings of major conferences;
4. weekly current awareness alerts for a further 44 journals plus monthly BioMed Central email alerts.

Details of the search strategies for CENTRAL and MEDLINE, the list of handsearched journals and conference proceedings, and the list of journals reviewed via the current awareness service can be found in the 'Specialized Register' section within the editorial information about the [Cochrane Pregnancy and Childbirth Group](#).

Trials identified through the searching activities described above are each assigned to a review topic (or topics). The Trials Search Co-ordinator searches the register for each review using the topic list rather than keywords.

We performed the original search simultaneously for all reviews of methods of inducing labour, as outlined in the generic protocol for these reviews (Hofmeyr 2000).

We did not apply any language restrictions.

## Data collection and analysis

The Cochrane Pregnancy and Childbirth Group, in collaboration with the Royal College of Obstetricians and Gynaecology (United Kingdom) Clinical Effectiveness Support Unit, developed a strategy to deal with the large volume and complexity of trial data relating to labour induction. Many methods have been studied, in many different categories of women undergoing labour induction. Most trials are intervention-driven, comparing two or more methods in various categories of women. Clinicians and patients need the data arranged by category of woman, to be able to choose which method is best for a particular clinical scenario. To extract these data from several hundred trial reports in a single step would have been very difficult. We therefore developed a two-stage method of data extraction. We carried out the initial data extraction in a series of primary reviews arranged by methods of labour induction, following a standardised methodology. We then intend to 'transfer' the data from the primary reviews into a series of secondary reviews, arranged by category of woman (clinical scenario).

To avoid duplication of data in the primary reviews, we have listed the labour induction methods in a specific order, from one to 25. Each primary review includes comparisons between one of the methods (from two to 25) with only those methods above it on the list. We will add methods identified in the future to the end of the list. The current list is as follows:

1. placebo/no treatment;
2. vaginal prostaglandin E2 (Kelly 2003);
3. intracervical prostaglandin E2 (Boulvain 2008);
4. intravenous oxytocin (Kelly 2001a);
5. amniotomy (Bricker 2000);
6. intravenous oxytocin with amniotomy (Howarth 2001);
7. vaginal misoprostol (Hofmeyr 2003);
8. oral misoprostol (Alfirevic 2006);
9. mechanical methods including extra-amniotic Foley catheter (Boulvain 2001);
10. membrane sweeping (Boulvain 2005);
11. extra-amniotic prostaglandins (Hutton 2001);
12. intravenous prostaglandins (Luckas 2000);
13. oral prostaglandins, excluding misoprostol (French 2001);
14. mifepristone (Neilson 2000);
15. oestrogens with or without amniotomy (Thomas 2001);
16. corticosteroids (Kavanagh 2006a);
17. relaxin (Kelly 2001b);
18. hyaluronidase (Kavanagh 2006b);
19. castor oil, bath and/or enema (Kelly 2001c);

20. acupuncture (Smith 2004);
21. breast stimulation (Kavanagh 2005);
22. sexual intercourse (Kavanagh 2001);
23. homoeopathic methods (Smith 2003);
24. nitric oxide (Kelly 2008);
25. buccal or sublingual misoprostol (Muzonzini 2004);
26. hypnosis.

Thus, this review of oral misoprostol (8) will include only comparisons with placebo/no treatment (1), vaginal prostaglandin E2 (2), intracervical prostaglandin E2 (3), oxytocin (4), amniotomy (5, 6) and vaginal misoprostol (7).

We will analyse the primary reviews by the following subgroups:

1. previous caesarean section or not;
2. nulliparity or multiparity;
3. membranes intact or ruptured;
4. cervix favourable, unfavourable or undefined (an unfavourable cervix has a Bishop Score of 3 or less).

Initially, we extracted the trials included in the primary reviews from a set of trials covering all interventions used in induction of labour (*see* above for details of search strategy). We conducted the data extraction process centrally. This was co-ordinated from the Clinical Effectiveness Support Unit (CESU) at the Royal College of Obstetricians and Gynaecologists, UK, in co-operation with The Pregnancy and Childbirth Group of The Cochrane Collaboration. This process allowed standardisation of the data extraction process across all the reviews.

Due to the large number of trials, double-data extraction was not feasible, and we therefore assessed agreement among the three data extractors on a random sample of trials. Also, the contact author double-checked all data extraction forms done centrally. We stopped the process of centralised data extraction in summer 2000. Currently, one of the review authors performs data extraction using centrally developed data forms. The second review author checked data extracted for accuracy without formal double-data extraction/entry.

We have included individual outcome data in the analysis if they meet the prestated criteria in 'Types of outcome measures'. We have processed included trial data as described in the Cochrane Collaboration Handbook (Clarke 1999). We have analysed data extracted from the trials on an intention-to-treat basis (when this was not done in the original report, we have performed re-analysis if possible). Where data are missing, we have sought clarification from the original authors. Once missing data become available, we will include them in the analyses.

Once we have extracted the data, they are entered onto the Review Manager software (RevMan 2008), checked for accuracy, and analysed as above using the Review Manager software. For dichotomous data, we have calculated risk ratio and 95% confidence intervals, and in the absence of heterogeneity, we have pooled results using a fixed-effect model.

We have limited primary analysis to the prespecified outcomes and subgroup analyses. When we have undertaken analysis of addi-

tional outcomes or sub-groups, we have clearly identified these as such (post-hoc analysis) to avoid drawing unjustified conclusions. Assessment of selection bias examines the process involved in the generation of the random sequence and the method of allocation concealment. These are judged as adequate or inadequate using the criteria described in the [Risk of bias in included studies](#). In the presence of significant heterogeneity, we have planned a sensitivity analysis based on the quality of allocation concealment (adequate versus inadequate) and dosage. For the primary analyses, this process is aided by grouping the included trials according to dosage and, for those exhibiting heterogeneity, by quality. We have undertaken formal analysis of interaction using the interaction test.

The need for formal quality scoring in meta-analysis is still debated ([Moher 1998](#)). In this Cochrane review, we use only the quality of randomisation for sensitivity analysis. For those trials in which the quality of allocation concealment is unclear, the quality is assumed to be inadequate for the purposes of the analysis. We have not undertaken more formal scoring of quality, as there were no planned exclusions based on quality.

The issue of sample-size calculations (power calculations) in the context of systematic reviews and meta-analysis is controversial. If one believes that meta-analyses are, by definition, secondary ('post-hoc') analyses, then an a priori sample-size calculation makes little sense. However, we believe that planning of a systematic review

should follow the same rules that apply to the planning of a randomised study. Sample size is an important part of this process. It gives an estimate of the number of participants that need to be studied in order to detect clinically important differences between groups. If clinically important differences are detected with a smaller number of participants, it could be a chance finding or unexpectedly large effect of an intervention. More importantly, if statistical significance is not found with small sample size, clinically significant differences cannot be ruled out.

We suggest that a difference of more than 30% (risk ratio 0.7) in any of the prespecified outcomes would be clinically significant. Standard sample-size calculation (80% power, alpha 0.05) using Epi Info 5 shows that around 1300 women need to be studied for a difference in caesarean section of 6% (20% to 14%) to become statistically significant ([Table 1](#)). Obviously, if the baseline rate of primary outcome (caesarean section, not achieving vaginal delivery) is around 30%, the risk ratio of 0.7 means a larger difference in absolute terms (30% to 21%). This difference will become statistically significant if 778 women are studied ([Table 01](#)). For rare primary outcomes with the baseline of 1% or less (perinatal and maternal mortality and morbidity and clinically important hyperstimulation), much larger numbers are needed. The risk ratio of 0.7 will become statistically significant if more than 30,000 women are studied ([Table 1](#)).

**Table 1. Sample size calculation**

| Outcomes  | Baseline rate | ? Important change | Rel. Risk | Total sample size |
|---|---------------|--------------------|-----------|-------------------|
| Failure to achieve vaginal delivery within 24 hours | 30%           | 21%                | 0.7       | 778               |
| Caesarean section                                   | 10%           | 7%                 | 0.7       | 1,294             |
| Hyperstimulation                                    | 1%            | 0.7%               | 0.7       | 30,716            |
| Perinatal mortality and morbidity                   | 0.5%          | 0.35%              | 0.7       | 61,686            |
| Uterine rupture in women with previous CS           | 0.5%          | 0.35%              | 0.7       | 61,686            |
| Maternal death or serious morbidity                 | 0.2%          | 0.14%              | 0.7       | 154,598           |

## Description of studies

See: [Characteristics of included studies](#); [Characteristics of excluded studies](#); [Characteristics of studies awaiting classification](#); [Characteristics of ongoing studies](#).

## RESULTS

## Included studies

We have included 56 trials in the current review, containing a total of 11,590 women. Only 160 women in three studies had undergone previous caesarean section (Carlan 2001 (V50); How 2001 (V25); Patil 2005).

## Placebo as control

Six studies compared oral misoprostol with placebo. Two studies used initial 50 mcg doses (Cheung 2006; Levy 2007); two studies used initial 100 mcg doses (Hoffman 2001; Lo 2003); and two used 200 mcg doses (Beigi 2003; Ngai 1996). In Cheung 2006, women were randomised three ways: to placebo, 50 mcg or 100 mcg misoprostol. As 50 mcg is the most commonly recommended dose for oral misoprostol, we chose to include only the outcomes for the placebo versus 50 mcg dose. We have also included the outcomes for the 50mcg versus 100 mcg doses in that section of the review. The participants all had ruptured membranes at term except in Beigi 2003, where women with intact membranes were also included.

## Dinoprostone as control

In 10 studies, the comparison was with the prostaglandin dinoprostone administered vaginally (Dallenbach 2003; Dodd 2006; Gherman 2001a; Hofmeyr 2001; le Roux 2002 (V50); Majoko 2002 (V50); Matonhodze 2003; Moodley 2003; Shetty 2004; Tessier 1997). The studies included only women with intact membranes, except for Hofmeyr 2001, which also included women with ruptured membranes. The initial dosage of misoprostol was 50 mcg or less in all studies except for Shetty 2004, where 100 mcg was used. In Majoko 2002 (V50), the initial dose was 10 mcg and each successive four-hourly dose was doubled to a maximum of 400 mcg. In the studies by Dallenbach 2003, Hofmeyr 2001 and Matonhodze 2003, women received 20 mcg oral misoprostol (dissolved in water) two-hourly for two doses and then 40 mcg two-hourly. Doses could also be given in labour if contractions slowed. In the studies by Moodley 2003 and Dodd 2006, women received 20 mcg of oral solution two-hourly. A third arm of the Moodley 2003 study, where women received an initial 25 mcg of vaginal misoprostol followed by 20 mcg oral misoprostol, is not included in this review.

Oral misoprostol was compared with intracervical dinoprostone in the studies by Bartha 2000 and Patil 2005 (both 200 mcg dose), as well as Langenegger 2005 and Sheela 2007 (V25) (50 mcg dose). All four studies included only women with intact membranes.

## Oxytocin as control

Eight studies compared oral misoprostol with oxytocin. In six, the women had ruptured membranes at term (Al-Hussaini 2003; Butt 1999; Crane 2003; Dodd 2006a; Mozurkewich 2003; Ngai 2000), whilst in the other two trials women with intact membranes were also included (Nigam 2004; Wing 2004). In most trials the dose

was 100 mcg. However, in Dodd 2006a (abstract form only), an hourly dose of titrated oral solution starting with 5 mcg was used; in Butt 1999 and Nigam 2004, 50 mcg was used; and in Crane 2003, 75 mcg was used.

## Vaginal misoprostol as control

The most common comparison in this review is with vaginal misoprostol (26 studies). The figure in brackets after the study reference indicates the initial dosage of vaginal misoprostol used in the comparison. In 14 studies the participants had intact membranes (Adair 1998 (V50); Bennett 1998 (V50); Carlan 2001 (V50); Fisher 2001 (V50); Kwon 2001 (V50); le Roux 2002 (V50); Majoko 2002 (V50); Nop'koon 2003 (V50); Paungmora 2004 (V50); Pongsatha 2005 (V50); Sheela 2007 (V25); Shetty 2001 (V50); Shetty 2003 (V25); Wing 1999 (V25)) and in one study they had ruptured membranes (Puga 2001 (V50)). Eight studies included women with both intact and ruptured membranes (Cheng 2008 (V25); Colon 2005 (V25); Dyar 2000 (V50); Hall 2002 (V25); Pais'wong 2008 (V25); Toppozada 1997 (V100); Uludag 2005 (V50); Wing 2000 (V25)), whilst in two studies the membrane status was not clarified (Adam 2005 (V50); Schneider 2004 (V25)). Most trials used a 50 mcg dose of oral misoprostol (12 studies), but two used 25 mcg (Cheng 2008 (V25); How 2001 (V25)), eight used 100 mcg (Hall 2002 (V25); Paungmora 2004 (V50); Pongsatha 2005 (V50); Puga 2001 (V50); Shetty 2003 (V25); Toppozada 1997 (V100); Uludag 2005 (V50); Wing 2000 (V25)) and two used 200 mcg (Adair 1998 (V50); Carlan 2001 (V50)). In Majoko 2002 (V50), the initial dose was 10 mcg and each successive four-hourly dose was doubled, to a maximum of 400 mcg. In Colon 2005 (V25), the initial dose was 50 mcg, but increased to 100 mcg for subsequent doses. The dosage of vaginal misoprostol varied from 25 mcg to 100 mcg. The initial dose of vaginal misoprostol is stated in mcg after the year of article publication.

Two studies (Carlan 2001 (V50); How 2001 (V25)) included women who had previous caesarean sections (131 and 27 respectively).

## Other comparisons

There were several other randomised trials comparing different oral misoprostol protocols. Two studies compared 50 mcg and 100 mcg doses (Cheung 2006; Shetty 2002) and two studies by the same team examined frequency of dosaging. They initially compared 50 mcg given four-hourly or six-hourly (Pongsatha 2001) and then conducted a similar study comparing 100 mcg three-hourly and six-hourly (Pongsatha 2002). In this review, we have grouped together the dosage frequency studies with dosage subgroups.

One study compared a regimen of oral misoprostol 25 mcg given three-hourly until in labour (with oxytocin only if contractions settled) with a regimen of two oral misoprostol tablets followed by



routine oxytocin (De 2006). Another examined two management policies for women with ruptured membranes at term (Shetty 2002a). One group received oral misoprostol 50 mcg four-hourly at recruitment and the other had conservative management for 24 hours followed by PGE2 1 to 2 mg six-hourly.

## Excluded studies

Three exclusions are potentially controversial. We have excluded the study by Windrim 1997 because 138 women in the control group were induced with four different methods (intracervical dinoprostone, vaginal dinoprostone, oxytocin, vaginal misoprostol). We felt that these methods are too different to be compared to oral misoprostol as one intervention. Ascher-Walsh 2000 used oral misoprostol to achieve spontaneous onset of labour, i.e. oral misoprostol or placebo were given in three-day intervals between 40 and 42 weeks of pregnancy. This review with its clinical outcomes concentrates on methods to achieve vaginal delivery as quickly as possible, so we decided to exclude this trial. Finally, the study by Rasheed 2007 (V50) included data on 25 women who were not randomised. These women were undergoing induction of labour with oral misoprostol (their normal unit induction method) just before the trial started. We therefore included their data with the oral misoprostol arm within the data set from the 285 women who were in the randomised group. The additional data has resulted in an uneven balance between the groups (165 versus 145), and the data derived from those randomised alone are not retrievable from the manuscript.

We excluded the study by Kadanali 1996 because it used vaginal misoprostol followed by oral administration. This study is, therefore, included in the Cochrane review of vaginal misoprostol by Hofmeyr 2003. The study by Neto 1988 concentrated on the uterine effects of oral and vaginal misoprostol. Five women received oral misoprostol in the dose of 200 mcg four-hourly, five women received 400 mcg four-hourly and five women received a single 200 mcg tablet vaginally. The reported outcomes included initiation, dynamics and duration of uterine contractions. Clinical outcomes were not reported and we have therefore excluded the study.

As reported above, the study by Moodley 2003 had three arms. We have included outcomes from the groups treated with oral misoprostol and vaginal dinoprostone in this review, but not from the third group, where women received a mixture of oral and vaginal misoprostol.

We have excluded the study by Elhassan 2007 (V50) because it provides no usable data. There are minimal outcomes and it is unclear whether the figures in the table are percentages or numbers. Furthermore, the mode of delivery totals do not add up to either 100% or 50 participants. The data appear to be unreliable, so the single outcome remaining (meconium stained liquor) has not been used pending further information from the authors.

Several studies are still ongoing or have not been not been reported fully yet (Atkinson 2000; Bonebrake 2001; Delaney 2001;

Gherman 2002; Goedken 2000; Pearson 2002; Saldivar 2001; Young 2001).

## Risk of bias in included studies

### Randomisation

Of the studies we included, 37 (Adair 1998 (V50); Bartha 2000; Bennett 1998 (V50); Butt 1999; Carlan 2001 (V50); Cheng 2008 (V25); Cheung 2006; Colon 2005 (V25); Crane 2003; Dodd 2006; Dodd 2006a; Fisher 2001 (V50); Gherman 2001a; Hall 2002 (V25); Hoffman 2001; Hofmeyr 2001; How 2001 (V25); Kwon 2001 (V50); Langenegger 2005; le Roux 2002 (V50); Levy 2007; Majoko 2002 (V50); Matonhodze 2003; Moodley 2003; Ngai 1996; Ngai 2000; Nop'koon 2003 (V50); Pais'wong 2008 (V25); Patil 2005; Shetty 2001 (V50); Shetty 2002; Shetty 2002a; Shetty 2003 (V25); Shetty 2004; Uludag 2005 (V50); Wing 1999 (V25); Wing 2000 (V25)) used the sealed envelope method and scored A. Mozurkewich 2003 used centralised internet randomisation and also scored A. The method of randomisation in the 17 trials by Adam 2005 (V50); Al-Hussaini 2003; Beigi 2003; De 2006; Dyar 2000 (V50); Lo 2003; Lyons 2001; Nigam 2004; Paungmora 2004 (V50); Pongsatha 2001; Pongsatha 2002; Pongsatha 2005 (V50); Puga 2001 (V50); Schneider 2004 (V25); Sheela 2007 (V25); Tessier 1997; Toppozada 1997 (V100) was unclear. These trials were given score B pending further clarification from the authors.

### Blinding

Of the studies we included, 13 (Adair 1998 (V50); Beigi 2003; Bennett 1998 (V50); Cheung 2006; Dodd 2006; Dodd 2006a; Hoffman 2001; How 2001 (V25); Lo 2003; Lyons 2001; Ngai 1996; Pais'wong 2008 (V25); Tessier 1997) used placebo in combination with other methods of labour induction. The treatment was not blinded in other trials. Under those circumstances, there is a real possibility of bias, both in clinical decision making and assessment of outcomes. A clinician with a prior belief that oral misoprostol is effective and safe might be less likely to perform a caesarean section in case of fetal distress or slow labour. On the other hand, a clinician who is anxious about possible risks of the new treatment may be more likely to intervene.

## Effects of interventions

### (I) Comparison with placebo (analyses I to 9)

Seven trials with 669 participating women in total compared oral misoprostol with placebo. Women using misoprostol were more likely to give birth within 24 hours (although this was only assessed in one trial of 86 women (risk ratio (RR) 0.16, 95% confidence

interval (CI) 0.05 to 0.49). Oral misoprostol was also associated with lower caesarean section (CS) rates (RR 0.61, 95% CI 0.41 to 0.93), and less oxytocin augmentation (RR 0.35, 95% CI 0.28 to 0.44). There were no other clinically important differences in prespecified outcomes, including measures of uterine hyperstimulation. Most of the women studied had ruptured membranes, and analysis confined to this subgroup demonstrated similar findings to the overall analysis.

In the subgroup of all primiparae with ruptured membranes, there were only two small studies. The two significant results were an increase in uterine hyperstimulation without fetal heart rate (FHR) changes (RR 13.0, 95% CI 1.77 to 95.73) and a decrease in the need for oxytocin augmentation (RR 0.41, 95% CI 0.29 to 0.60).

## **(2) Comparison with vaginal dinoprostone (analyses 10 to 19)**

A total of 3368 women have been randomised to oral misoprostol or vaginal dinoprostone in ten trials. The most common dose of misoprostol used in these studies was 20 mcg oral solution given two-hourly. A significant decrease was seen in CS rate in those treated with oral misoprostol (21% versus 26%; RR 0.87, 95% CI 0.77 to 0.98). Although the difference in the number of women not achieving vaginal delivery within 24 hours was not statistically significant (RR 1.09, 95% CI 0.99 to 1.20), there were more women with an unchanged cervix after 12 to 24 hours in this group (RR 1.41, 95% CI 1.01 to 1.96). There were no other statistically significant differences between the groups in any of the outcomes, including hyperstimulation rates and frequency of meconium-stained liquor.

Seven trials ( $n = 2481$ ) provided the data for a subgroup of women with intact membranes. The data were similar for the overall results, with women induced with misoprostol having fewer CSs (RR 0.81, 95% CI 0.70 to 0.93), but slower labours with increased rates of unchanged cervix after 12 to 24 hours (RR 1.51, 95% CI 1.03 to 2.20). There were no other significant differences.

Only two trials provided the data for women with ruptured membranes and there was only data for two outcomes. The number of women who did not achieve vaginal delivery within 24 hours was reduced in the misoprostol group (RR 0.60, 95% CI 0.37 to 0.97), i.e. induction with oral misoprostol achieved vaginal delivery within the first 24 hours more frequently compared with vaginal dinoprostone. There were no other significant differences between the groups.

## **(3) Comparison with intracervical prostaglandin E2 (analyses 20 and 21)**

This comparison was found in four trials, involving 681 women randomised to oral misoprostol or intracervical dinoprostone. The trials included only women with intact membranes and used doses of 50 mcg (two trials, 291 women) and 200 mcg (two trials, 390 women). The only statistically significant differences between the

two groups were for uterine hyperstimulation with and without FHR changes which were significantly higher in those treated with misoprostol (RR 3.57, 95% CI 1.11 to 11.54 and RR 17.00, 95% CI 1.00 to 290.42 respectively). Conversely, more women in the oral misoprostol group achieved vaginal delivery within 24 hours (51% versus 41%), but the difference was not statistically significant (RR 0.81, 95% CI 0.65 to 1.00). There were no other differences between the groups.

## **(4) Comparison with intravenous oxytocin (analyses 30 to 39)**

Eight trials including 1026 women have compared oral misoprostol with intravenous oxytocin. Five studies used 100 mcg (818 women), two studies used 50 mcg (178 women) and one used 20 mcg solution (30 women). Meconium staining of the liquor was seen more frequently in the misoprostol group (RR 1.72, 95% CI 1.08 to 2.74), but this was not reflected in significant differences in any adverse fetal or neonatal outcomes. There was no difference in the rate of uterine hyperstimulation syndrome. This result showed heterogeneity which was completely due to the trial by [Crane 2003](#), which used a dose of 75 mcg four-hourly. That study found significantly less hyperstimulation with misoprostol, whilst the remainder found no difference. There were no other statistically significant differences between the oral misoprostol and intravenous oxytocin groups (except for oxytocin use, which was naturally higher in the oxytocin group).

In six of the trials (758 women) there were outcome data for women with ruptured membranes. In this subgroup, the percentage of women with meconium-stained liquor (and the risk ratio) was similar to that in the overall results, but the reduced numbers meant that the difference was not statistically significant (RR 1.71, 95% CI 0.91 to 3.23).

There were no data reported for the subgroup of women with intact membranes.

## **(5) Comparison with vaginal misoprostol (analyses 40 to 54)**

This was the most commonly studied comparison, with 26 trials and 5096 randomised participants.

When all the data are considered together, the only statistically significant difference without heterogeneity was a reduction in the Apgars of less than seven at five minutes in the oral misoprostol group (RR 0.65, 95% CI 0.44 to 0.97). The reduction in this adverse outcome is seen with all doses, but only becomes statistically significant when all of the 11 studies are combined.

The rate of uterine hyperstimulation without FHR changes was reduced with the use of oral misoprostol (RR 0.58, 95% CI 0.35 to 0.96), but again there was significant heterogeneity between the studies. The interaction test found that this could not be explained by the dosage of oral misoprostol or trial quality.

Oral misoprostol also resulted in more frequent use of oxytocin (RR 1.19, 95% CI 1.06 to 1.34), but again there was significant

heterogeneity between the trial results. The interaction test showed this to be significantly associated with dosage of oral misoprostol ( $P < 0.001$ ), but not trial quality. The increase in oxytocin use was only seen in the low-dose subgroups.

In four outcomes there was no difference seen in the pooled data, but significant heterogeneity was seen between the studies, making the data very difficult to interpret. These outcomes were: the rate of hyperstimulation with FHR changes, vaginal delivery not achieved within 24 hours, nausea and vomiting. The data were explored both visually and with the aid of the interaction test. In the data on uterine hyperstimulation with FHR changes, there was a clear positive relationship seen between the dosage of oral misoprostol and rate of hyperstimulation. With the 25 and 50 mcg dosages, there is a lower hyperstimulation rate whilst it is higher in those given 200 mcg. Data exploration revealed no likely causes of heterogeneity in the other three outcomes.

No uterine ruptures were reported in the women who had previous caesarean sections.

#### **Intact membranes (analyses 41, 49 and 53)**

Fifteen of the 23 trials gave data for women with intact membranes. As with the overall data, there was no difference in any of the primary outcomes. There was, however, an increase in the need for oxytocin stimulation with oral regimens (RR 1.30, 95% CI 1.14 to 1.47). There was heterogeneity between the trials with a strong dosage effect (interaction test  $P < 0.001$ ). The increase in oxytocin requirement was only seen in the trials that used lower oral doses (50 and 100 mcg).

Only five trials reported uterine hyperstimulation without FHR changes as an outcome, but all trials showed a reduction in hyperstimulation with oral doses giving an overall RR of 0.31 (95% CI 0.20 to 0.48) with no heterogeneity. This was despite two of the trials using an oral dosage of 100 mcg (Paungmora 2004 (V50); Pongsatha 2005 (V50)). In contrast, there were 13 trials that reported uterine hyperstimulation with FHR changes and this showed no significant change in hyperstimulation in the oral misoprostol group (RR 0.84, 95% CI 0.45 to 1.55). However, there was significant heterogeneity in the results, with a significant association with dosage (interaction test  $P = 0.04$ ). The 200 mcg subgroup had a significantly higher rate of uterine hyperstimulation with FHR changes (RR 1.61, 95% CI 1.07 to 2.43), whilst no difference was seen in the lower dosage groups.

In those given oral misoprostol, there was an increase in meconium stained liquor (RR 1.30, 95% CI 1.02 to 1.64) with no heterogeneity being detected between trials.

All other outcomes show no significant difference between oral and vaginal misoprostol.

#### **Ruptured membranes (analysis 42)**

Only one trial reported women with ruptured membranes as a subgroup (Puga 2001 (V50)). The only two reported outcomes

(caesarean section and uterine hyperstimulation) showed no significant difference between oral and vaginal routes.

#### **Primiparae (analyses 48 to 50)**

Only two trials reported outcomes for this subgroup. An increase in number of women who did not deliver vaginally within 24 hours was seen in the trial by Wing 1999 (V25), in which a 50 mcg dose was used in primips with intact membranes and an unfavourable cervix (RR 1.25, 95% CI 1.01 to 1.55).

#### **Multiparae (analyses 52 to 54)**

Only two trials analysed this subgroup of women separately (Hall 2002 (V25); Topozada 1997 (V100)) and they found no difference in the six reported outcomes.

#### **(6) Oral misoprostol 50 mcg versus 100 mcg (analyses 60 and 61)**

Two studies containing 317 women addressed the relationship between the dose and effect (Cheung 2006; Shetty 2002). There were no significant differences between the 50 mcg and 100 mcg oral doses in any of the 11 outcomes assessed.

#### **(7) Oral misoprostol 50 mcg, three to four-hourly versus six-hourly (analyses 70 and 71)**

Two trials compared the outcomes when women were given oral tablets either three to four-hourly or six-hourly. One study with 89 women (Pongsatha 2001) compared 50 mcg oral regimen four- or six-hourly whilst the other, with 133 women (Pongsatha 2002), compared 100 mcg given orally three- or six-hourly. There were no differences in any of the outcomes studied when the data were combined.

#### **(8) Oral misoprostol three-hourly versus oral misoprostol x two then routine oxytocin**

One study compared the use of oral misoprostol 25 mcg used three-hourly until in labour with a policy of two oral misoprostol doses (25 mcg) followed by routine oxytocin (De 2006). There were no significant differences in any of the 10 outcomes.

#### **(9) Oral misoprostol versus delayed vaginal prostaglandins**

Another small study of 61 women compared two policies for dealing with ruptured membranes at term. One group had immediate oral misoprostol (50 mcg) whilst the other waited for 24 hours and then had vaginal prostaglandins (1 mg or 2 mg depending on Bishop Score). The only statistically significant outcome was in the 'vaginal delivery not achieved in 24 hours' outcome, which was reduced in the immediate oral misoprostol group (RR 0.52, 95% CI 0.32 to 0.83).



## DISCUSSION

### Efficacy compared to other induction agents

Oral misoprostol is more effective than placebo and equivalent to intravenous oxytocin for the induction of labour in women. In the comparisons with oxytocin infusions, there seems to be a higher rate of meconium staining at all dosages, but this was not associated with any adverse effect on the fetus. It is possible that the meconium staining could be a direct effect of the misoprostol on the fetal gut. Gastrointestinal stimulation leading to diarrhoea is a well-described side effect of oral misoprostol in adults, and small amounts of misoprostol in the fetus could lead to the expulsion of meconium and hence meconium-stained liquor. This effect is also seen with vaginal misoprostol, but it appears to be smaller. This may be due to the lower peak serum concentrations that occur following vaginal administration.

Compared with vaginal dinoprostone, oral misoprostol at a dose of 20 mcg two-hourly reduces the need for caesarean section, but this reduction comes at the 'cost' of a slightly slower induction. An increase in the number of women in whom 'vaginal delivery was not achieved within 24 hours' (which was of borderline significance) includes both women who have a prolonged induction and who underwent emergency caesarean section (CS). Given that the rates of CS are consistently decreased with oral misoprostol, and that the number of women with an unchanged cervix after 12 to 24 hours is increased, the overall picture is of a longer induction period with oral misoprostol. Given that the primary aim of induction is for the woman to have an uncomplicated vaginal delivery rather than a rapid delivery, most would consider that this is a price worth paying.

There have been concerns in the past about uterine hyperstimulation with oral misoprostol. In studies where most women were given 20 mcg two-hourly, the hyperstimulation rates were the same as for vaginal dinoprostone (i.e. around 5% overall; 3.5% have FHR abnormalities).

There were fewer studies comparing oral misoprostol and intracervical dinoprostone, but these found that the oral misoprostol (at doses of 50 and 100 mcg) resulted in stronger contractions than the dinoprostone. This led to higher rates of hyperstimulation and a more rapid labour, but with no effect on fetal outcomes.

Whilst no increase in adverse fetal outcomes was seen in these studies, this meta-analysis contains too few studies to exclude a difference in adverse outcomes which are rare (*see* additional [Table 1](#) for numbers needed). However, the comparable safety data on vaginal dinoprostone are also limited. There are 11,000 participants in the trials in this review, which compares favourably with the Cochrane review of the current standard treatment vaginal dinoprostone (PGE<sub>2</sub>) with 10,000 women ([Kelly 2003](#)). Indeed conclusion of the review of vaginal dinoprostone states that there is "not enough evidence to measure the effectiveness and safety

of prostaglandins [dinoprostone] to ripen the cervix (neck of the uterus) and bring on labour" ([Kelly 2003](#)).

### Should misoprostol be used orally or vaginally?

The large variety of doses of both oral and vaginal misoprostol used in the direct comparisons make it very difficult to interpret these data. The only consistent finding is a reduction in low Apgar score at five minutes in those given oral misoprostol, but there is no corresponding reduction in special baby care unit admission. The cause of this improved outcome in those given oral misoprostol is not clear, but it may relate to the hyperstimulation rates which were generally lower in those given low-dose oral misoprostol. The relative acceptability of the oral and vaginal routes also need to be considered alongside this clinical data. Satisfaction was only considered in one study of 200 women ([Colon 2005 \(V25\)](#)), and in this study only two women (one in each group) expressed dissatisfaction. However, other clinical studies comparing oral and vaginal misoprostol have found increased satisfaction with the oral route.

In summary, there is some evidence that the oral route may result in improved clinical outcomes over the vaginal route. Given the likely greater acceptability for women using an oral route, it is the authors' opinion that the oral route should be preferred over the vaginal route.

### What is the optimal dose of oral misoprostol?

The comparison with vaginal misoprostol is complicated by the wide variation in dosages used for both vaginal and oral misoprostol. Hence a comparison between 50 mcg oral misoprostol and 100 mcg vaginal misoprostol may give very different outcomes to a comparison between 200 mcg oral misoprostol and 25 mcg vaginal misoprostol. This is especially important given that both efficacy and side effects are a function of the ability of misoprostol to produce effective uterine contractions. The optimal dose will have to balance the desire for short induction to delivery interval with impact of strong, effective uterine contractions on the fetal wellbeing and uterine muscle integrity.

An attempt to assess the effect of dose on effectiveness and safety has been made with the subgroup analyses by various doses of oral misoprostol. This has resulted in multiple subgroup analyses with a high potential for spurious results (type I error). To protect against this, we have analysed further the subgroups with significant heterogeneity within the results. We have used the interaction test (a form of chi-squared test) to assess the association with dosage. We chose uterine hyperstimulation without FHR changes as the outcome most closely representing a bioassay of misoprostol activity. The relative strength of various misoprostol dosages given vaginally and orally is best seen in the graph for outcome 40.08, where similar hyperstimulation rates are seen when the dose of

oral misoprostol is about double that of the vaginal doses. Similarly, the use of the same doses orally and vaginally results in lower hyperstimulation rates in the oral group. This suggests that equivalent biological activity is seen when the dose of oral misoprostol is about double that of the vaginal dose. Given that the Cochrane review of vaginal misoprostol suggests a dosage of 25 mcg vaginal misoprostol, it might be expected that the optimal dose (i.e. that which is equivalent to vaginal dinoprostone) would be 50 mcg. In the comparison with vaginal dinoprostone, most trials used oral misoprostol dosages of 20 to 25 mcg and it is the trials using this dose that have shown the reduction in CS rate (graph 10.03). The results in the uterine hyperstimulation outcome graph are too heterogeneous to tell which dose is biologically equivalent to dinoprostone (graph 10.08). Overall, therefore, the results of this review suggest that the optimal dosage of oral misoprostol is 20 to 25 mcg given two-hourly.

Obtaining a misoprostol dosage of 25 mcg tablets by cutting a 200 mcg tablet into eighths is difficult and imprecise. To get around this, the studies that used 20 to 25 mcg have generally dissolved the 200 mcg tablet in 200 ml water and administered 20 ml. Bioassays suggest that misoprostol remains active for at least 24 hours in this form (Matonhodze 2005). Whilst this will undoubtedly produce a more precise dose, there are ongoing issues around the storage of the unused solution. In view of the lack of good information about the stability of misoprostol in solution and the risks involved in having unused solution sitting around in containers on a labour ward, the best advice would be to discard any unused solution after administering each dose. It is hoped that 25 mcg misoprostol tablets that can be used orally may soon become available.

## Risks of induction

Some observational studies have reported a high uterine rupture rate when vaginal misoprostol was given to women who have had previous caesarean sections. There is less evidence for oral misoprostol, but there were rupture rates of 10% (one of 10) and 9.7% (four of 41) in two studies that used oral misoprostol for induction (Aslan 2004; Gherman 2001a). Whilst the lack of ruptures in the 158 women in this review's randomised trials who underwent induction is encouraging (Carlan 2001 (V50); How 2001 (V25)), it would take a trial of over 60,000 women to evaluate whether there was an increase in the 0.5% background scar rupture rate in women undergoing a trial of vaginal delivery (Table 1).

There is no consensus on what constitutes an acceptable risk of labour induction in the absence of life threatening conditions for mother and baby. It is likely that most parents and clinicians would not be prepared to accept a 0.5% to 1% increase in serious adverse outcomes. In fact, it is likely that women would be prepared to spend more time on delivery suite if this means a safer labour, but there is a noticeable lack of data on this. Indeed, most studies in this review did not assess women's views or satisfaction rates.

Currently available data are nowhere near large enough to address the issue of safety of either the induction process (Table 1) or the long-term follow up of babies exposed to misoprostol. It is important to reiterate here that 'no evidence of difference' in this Cochrane review does not mean 'evidence of no difference'. In other words, when even more randomised data become available, small but important clinical differences between various regimens may become apparent, i.e. statistically significant.

Trials or meta-analyses that have adequate power to address the issue of rare adverse fetal outcomes will need to include an excess of 30,000 women. Until the logistics and financial resources are available to conduct such studies, alternative ways must be found of assessing the risk. Registries of women using oral misoprostol for induction may be a way of achieving this.

## AUTHORS' CONCLUSIONS

### Implications for practice

Oral misoprostol as an induction agent is effective at achieving vaginal delivery. It is more effective than placebo and, when used at a dosage of 20 mcg two-hourly, results in fewer caesarean sections than the current gold standard, vaginal dinoprostone. For women with ruptured membranes, it has similar efficacy to oxytocin. Oral misoprostol 20 to 50 mcg is as effective as vaginal misoprostol.

There had been concerns about high rates of hyperstimulation with oral misoprostol, despite the fact that this had never been shown to cause any increase in adverse fetal outcomes. With low doses of misoprostol, this does not appear to be a problem. Rates of hyperstimulation are equivalent to both placebo and the current gold standard, vaginal dinoprostone, and may be lower compared with vaginal misoprostol.

Although there were no reported uterine ruptures in the 160 women in this review who were induced with misoprostol having had a previous CS, observational studies suggest that the uterine rupture rate is high with misoprostol, even when used in low doses. We therefore continue to recommend that it should not be used for women with previous caesarean section scars.

In deciding whether to change to oral misoprostol from dinoprostone, practitioners will need to balance the advantages of low-dose oral misoprostol (reduced CS rate, low cost, heat stability and oral administration) against the problems resulting from the lack of a 25 mcg oral formulation (inaccuracies in dosage and the risks of making up the dosage oneself). If using oral misoprostol, clinicians should use a dose of 20 to 25 mcg in solution and report serious adverse outcomes. Given that the primary consideration should be safety of induction, the oral regimens (using a maximum of 50 mcg) are recommended over vaginal regimens. This is especially important in situations where the risk of ascending

infection is high and staffing levels mean that women undergoing induction cannot be intensely monitored (i.e. having one-to-one care and electronic fetal monitoring).

## Implications for research

Methodologically sound clinical trials continue to be a priority, both in developing and industrialised countries. Ideally, these trials should be blinded and should evaluate different regimens of both oral and vaginal administration. Unblinded studies are prone to biased reporting of outcomes such as randomisation (induction) to delivery interval, uterine hyperstimulation, fetal distress and maternal side effects. Also, in unblinded trials the threshold to perform CS may vary according to the clinician's prior beliefs on the safety of misoprostol. On the other hand, administration of vaginal placebo may increase the number of vaginal examinations, influence clinical decision making and introduce bias in the assessment of women's and clinicians' views.

Any proposed dose regimen includes a trade-off between rapid delivery and uterine hyperstimulation. Qualitative studies are re-

quired to assess how much emphasis women place on a short labour compared with increased perinatal risks that may be associated with shorter labours. Given that this trade-off may vary depending on personality and culture, a flexible approach to dosage may be appropriate.

Only large, pragmatic trials with adequate sample size or large registries will be able to address the risks of uterine hyperstimulation, uterine rupture, serious neonatal and maternal morbidity, and long-term safety. The contact author would be happy to collect the information on serious adverse outcomes associated with the use of oral misoprostol (maternal and perinatal deaths, uterine rupture) and report them, with permission, in future updates of this review.

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Kavanagh J, Kelly AJ, Thomas J. Sexual intercourse for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2001, Issue 2. [DOI: 10.1002/14651858.CD003093]

**Kavanagh 2005**

Kavanagh J, Kelly AJ, Thomas J. Breast stimulation for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2005, Issue 3. [DOI: 10.1002/14651858.CD003392.pub2]

**Kavanagh 2006a**

Kavanagh J, Kelly AJ, Thomas J. Corticosteroids for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2006, Issue 2. [DOI: 10.1002/14651858.CD003100.pub2]

**Kavanagh 2006b**

Kavanagh J, Kelly AJ, Thomas J. Hyaluronidase for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2006, Issue 2. [DOI: 10.1002/14651858.CD003097.pub2]

**Keirse 1989**

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**Keirse 1993**

Keirse MJNC. Prostaglandins in preinduction cervical ripening: meta-analysis of worldwide clinical experience. *Journal of Reproductive Medicine* 1993;**38**:89–98.

**Kelly 2001a**

Kelly AJ, Tan B. Intravenous oxytocin alone for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2001, Issue 3. [DOI: 10.1002/14651858.CD003246]

**Kelly 2001b**

Kelly AJ, Kavanagh J, Thomas J. Relaxin for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2001, Issue 2. [DOI: 10.1002/14651858.CD003103]

**Kelly 2001c**

Kelly AJ, Kavanagh J, Thomas J. Castor oil, bath and/or enema for cervical priming and induction of labour. *Cochrane Database of Systematic Reviews* 2001, Issue 2. [DOI: 10.1002/14651858.CD003099]

**Kelly 2003**

Kelly AJ, Kavanagh J, Thomas J. Vaginal prostaglandin (PGE2 and PGF2a) for induction of labour at term. *Cochrane Database of Systematic Reviews* 2003, Issue 4. [DOI: 10.1002/14651858.CD003101]

**Kelly 2008**

Kelly AJ, Kavanagh J. Nitric oxide donors for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2008, Issue 1. [Art. No.: CD006901. DOI: 10.1002/14651858.CD006901]

**Luckas 2000**

Luckas M, Bricker L. Intravenous prostaglandin for induction of labour. *Cochrane Database of Systematic Reviews* 2000, Issue 4. [DOI: 10.1002/14651858.CD002864]

**Matonhodze 2005**

Matonhodze BB. *Induction of labour in an under-resourced environment*. Johannesburg, South Africa: University of Witwatersrand, 2005.

**Moher 1998**

Moher D, Pham B, Jones A, Cook DJ, Jadad AR, Moher M, et al. Does quality of reports of randomised trials affect estimates of intervention efficacy reported in meta-analysis. *Lancet* 1998;**352**:609–13.

**Muzonzini 2004**

Muzonzini G, Hofmeyr GJ. Buccal or sublingual misoprostol for cervical ripening and induction of labour. *Cochrane Database of Systematic Reviews* 2004, Issue 4. [DOI: 10.1002/14651858.CD004221.pub2]

**Neilson 2000**

Neilson JP. Mifepristone for induction of labour. *Cochrane Database of Systematic Reviews* 2000, Issue 4. [DOI: 10.1002/14651858.CD002865]

**Pastuszek 1998**

Pastuszek AL, Schuler L, Speck-Martins CE, Coelho KFA, Cordello S, Vargas F, et al. Use of misoprostol during pregnancy and Mobius' syndrome in infants. *New England Journal of Medicine* 1998;**338**: 1881–5.

**Philip 2002**

Philip NM, Shannon C, Winikoff B. Misoprostol and teratogenicity: reviewing the evidence. *Critical Issues in Reproductive Health*. New York: Population Council, 2002.

**RevMan 2008**

The Cochrane Collaboration. Review Manager (RevMan). 5.0. Copenhagen, The Nordic Cochrane Centre: The Cochrane Collaboration, 2008.

**Smith 2003**

Smith CA. Homoeopathy for induction of labour. *Cochrane Database of Systematic Reviews* 2003, Issue 4. [DOI: 10.1002/14651858.CD003399]

**Smith 2004**

Smith CA, Crowther CA. Acupuncture for induction of labour. *Cochrane Database of Systematic Reviews* 2004, Issue 1. [DOI: 10.1002/14651858.CD002962.pub2]

**Thomas 2001**

Thomas J, Kelly AJ, Kavanagh J. Oestrogens alone or with amniotomy for cervical ripening or induction of labour. *Cochrane Database of Systematic Reviews* 2001, Issue 4. [DOI: 10.1002/14651858.CD003393]

**Weeks 2005**

Weeks AD, Fiala C, Safar P. Misoprostol and the debate over off-label drug use. *BJOG: an international journal of obstetrics and gynaecology* 2005;**112**:269–72.

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Alfirevic Z. Oral misoprostol for induction of labour. *The Cochrane Database of Systematic Reviews* 2001, Issue 2. [Art. No.: CD001338. DOI: 10.1002/14651858.CD001338]

\* Indicates the major publication for the study

## CHARACTERISTICS OF STUDIES

### Characteristics of included studies [ordered by study ID]

#### Adair 1998 (V50)

|                         |  |              |
|-------------------------|--|--------------|
| Methods                 | Sequentially numbered opaque envelopes.  |              |
| Participants            | 178 women with intact membranes and unfavourable cervix (BS < 7). Each woman had either medical or obstetric complication requiring delivery.  |              |
| Interventions           | Oral misoprostol 200 micrograms and 1/2 tablet placebo vaginally or oral placebo tablet and a 1/2 tablet of 100 micrograms misoprostol (50 micrograms) vaginally. Doses were repeated every 6 hours (maximum 3) or until labour was established. |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.  |              |
| Notes                   | No postrandomisation exclusions.   |              |
| <i>Risk of bias</i>     |  |              |
| Item                    | Authors' judgement   | Description  |
| Allocation concealment? | Yes  | A - Adequate |

#### Adam 2005 (V50)

|                            |  |                    |
|----------------------------|--|--------------------|
| Methods                    | “Randomized”, but method not specified.                    |                    |
| Participants               | 80 women with singleton pregnancies and BS < 5.            |                    |
| Interventions              | Oral or vaginal misoprostol 50 mcg 6-hourly (max 4 doses). |                    |
| Outcomes                   | Brief maternal and fetal outcomes.                         |                    |
| Notes                      | Short report only - few details.                           |                    |
| <i><b>Risk of bias</b></i> |  |                    |
| <b>Item</b>                | <b>Authors’ judgement</b>                                  | <b>Description</b> |
| Allocation concealment?    | Unclear  | B - Unclear        |

**Al-Hussaini 2003**

|                         |   |             |
|-------------------------|---|-------------|
| Methods                 | Methods state that “women were randomised” - no further details.              |             |
| Participants            | 130 women with ruptured membranes for over 24 hours at greater than 37 weeks. |             |
| Interventions           | Oral misoprostol 100 mcg 6-hourly x 2 or iv oxytocin.                         |             |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.                           |             |
| Notes                   |   |             |
| <i>Risk of bias</i>     |   |             |
| Item                    | Authors' judgement  | Description |
| Allocation concealment? | Unclear   | B - Unclear |

**Bartha 2000**

Birth 2000

|                         |  |              |
|-------------------------|--|--------------|
| Methods                 | Sequentially-numbered, opaque, sealed envelopes.   |              |
| Participants            | 200 women with intact membranes and unfavourable cervix (BS < 6).  |              |
| Interventions           | 200 mcg of oral misoprostol as a single dose or 0.5 mg dinoprostone intracervically every 6 hours (maximum 4 doses). |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.<br>Uterine activity.   |              |
| Notes                   | No postrandomisation exclusions.   |              |
| <i>Risk of bias</i>     |  |              |
| Item                    | Authors' judgement   | Description  |
| Allocation concealment? | Yes  | A - Adequate |

**Beigi 2003**

|              |  |  |
|--------------|--|--|
| Methods      | “Pharmacy prepared and distributed the medication according to the schedule”; study described as double-blind. |  |
| Participants | 160 women requiring induction at term; 50 had ruptured membranes and 79 were nulliparous.                      |  |

**Beigi 2003** (Continued)

|                         |   |             |
|-------------------------|---|-------------|
| Interventions           | Oral misoprostol 200 mcg or placebo as a single dose followed 12 hours later by iv oxytocin if not in labour. |             |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.   |             |
| Notes                   | 4 women were excluded after randomisation.  |             |
| <i>Risk of bias</i>     |   |             |
| Item                    | Authors' judgement  | Description |
| Allocation concealment? | Unclear   | B - Unclear |

**Bennett 1998 (V50)**

|                         |   |              |
|-------------------------|---|--------------|
| Methods                 | Sequentially-numbered, sealed envelopes stratified according to BS to the low or high group.                                      |              |
| Participants            | 206 women with intact membranes.  |              |
| Interventions           | Either 50 mcg oral tablet with vaginal placebo or oral placebo with 50 mcg vaginal tablet.<br>Medication was given every 4 hours. |              |
| Outcomes                | Labour and delivery outcomes.<br>Uterine activity.<br>Neonatal outcomes.<br>Maternal side effects.                                |              |
| Notes                   | No postrandomisation exclusions.  |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Butt 1999**

|              |  |  |
|--------------|--|--|
| Methods      | Sequentially-numbered, opaque, sealed envelopes.<br>Stratification by parity (nulliparous, multiparous). |  |
| Participants | 108 women with PROM at term. 72 women were nulliparous and 57 had BS < 7.                                |  |

**Butt 1999** (Continued)

|                         |  |              |
|-------------------------|--|--------------|
| Interventions           | Oral misoprostol 50 mcg every 4 hours or intravenous oxytocin.           |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.<br>Uterine activity. |              |
| Notes                   | No postrandomisation exclusions.   |              |
| <i>Risk of bias</i>     |  |              |
| Item                    | Authors' judgement   | Description  |
| Allocation concealment? | Yes  | A - Adequate |

**Carlan 2001 (V50)**

|                         |  |              |
|-------------------------|--|--------------|
| Methods                 | Sequentially-numbered, opaque envelopes in blocks of 50.   |              |
| Participants            | 1004 women with indications for induction and intact membranes and BS < 7 at over 24 weeks' gestation. 598 women were nulliparous. 131 had previous caesarean sections.                    |              |
| Interventions           | Oral misoprostol 200 mcg every 6 hours for 2 doses, then 300 mcg every 6 hours for 4 doses or vaginal misoprostol 50 mcg every 6 hours for 2 doses then 100 mcg every 6 hours for 4 doses. |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.  |              |
| Notes                   | No postrandomisation exclusions.   |              |
| <i>Risk of bias</i>     |  |              |
| Item                    | Authors' judgement   | Description  |
| Allocation concealment? | Yes  | A - Adequate |

**Cheng 2008 (V25)**

|              |  |  |
|--------------|--|--|
| Methods      | Sequentially-numbered, opaque envelopes containing allocation. Unblinded.                                    |  |
| Participants | 220 women of 34-42 weeks with BS < 7. Indication was post-term pregnancy in 54%, 10% had ruptured membranes. |  |

**Cheng 2008 (V25)** *(Continued)*

|               |  |
|---------------|--|
| Interventions | Vaginal misoprostol 25 mcg 4-hourly versus titrated oral misoprostol solution (200 mcg in 200 ml). The solution was given hourly with 20 mcg for 4 doses, then 40 mcg and 60 mcg until adequate contractions occurred. If the contractions became inadequate, the misoprostol solution could be restarted at 10 mcg increasing to 20 and 40 mcg. |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.  |
| Notes         | 13 women who underwent caesarean section without medical indication or who had epidural analgesia were excluded.   |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Cheung 2006**

|               |   |
|---------------|---|
| Methods       | Sequentially-numbered, opaque envelopes containing powder of misoprostol or placebo.                                  |
| Participants  | 98 women with ruptured membrane for under 6 hours at term with no labour pain.  |
| Interventions | 3 groups - oral placebo vs oral misoprostol 50 mcg vs oral misoprostol 100 mcg, all given 4-hourly for up to 6 doses. |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |
| Notes         | Double blind study. 2 case report forms lost so excluded from the study.  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Colon 2005 (V25)**

|              |  |
|--------------|--|
| Methods      | Sequentially numbered, opaque envelopes.                               |
| Participants | 204 women at 32-42 weeks with BS < 6 and ruptured or intact membranes. |

**Colon 2005 (V25)** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Interventions           | Oral misoprostol 50 mcg (x 1) then 100 mcg (x 3) all given 4-hourly or vaginal misoprostol 25 mcg 4-hourly x 4 max. |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.   |              |
| Notes                   | 8 post-randomisation exclusions who “did not meet entry criteria”.  |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors’ judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Crane 2003**

|                            |  |                    |
|----------------------------|--|--------------------|
| Methods                    | Sequentially-numbered, opaque envelopes.                                 |                    |
| Participants               | 105 women at term with ruptured membranes and uncomplicated pregnancies. |                    |
| Interventions              | Oral misoprostol 75 mcg 4-hourly or iv oxytocin infusion.                |                    |
| Outcomes                   | Labour and delivery outcomes.<br>Neonatal outcomes.                      |                    |
| Notes                      |  |                    |
| <i><b>Risk of bias</b></i> |  |                    |
| <b>Item</b>                | <b>Authors' judgement</b>  | <b>Description</b> |
| Allocation concealment?    | Yes  | A - Adequate       |

**Dallenbach 2003**

|               |  |  |
|---------------|--|--|
| Methods       | Sequentially-numbered, opaque envelopes in randomly-sized blocks.  |  |
| Participants  | 202 women with healthy fetuses at term and with unfavourable cervixes (BS $\leq$ 6).   |  |
| Interventions | Dinoprostone gel 2 mg 6 hours apart or titrated oral misoprostol (20 mcg every 2 hrs x 2 then 40 mcg every 2 hrs x 10 until 3 contractions every 10 mins, max dose 475 mcg). |  |

**Dallenbach 2003** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.<br>Maternal side effects. |              |
| Notes                   | 2 exclusions.   |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**De 2006**

|                         |  |             |
|-------------------------|--|-------------|
| Methods                 | Unclear.   |             |
| Participants            | 200 women over 34 weeks with a BS > 5. Previous CS or parity > 2 excluded.   |             |
| Interventions           | Oral misoprostol 25 mcg 3-hourly until contracting 3 in 10 (median 3 doses). Oxytocin after only if contractions settled or oral misoprostol 25 mcg 3-hourly x 2 followed by routine oxytocin. |             |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.<br>Maternal side effects.  |             |
| Notes                   | No exclusions. No CTGs used.   |             |
| <i>Risk of bias</i>     |  |             |
| Item                    | Authors' judgement   | Description |
| Allocation concealment? | Unclear  | B - Unclear |

**Dodd 2006**

|               |  |  |
|---------------|--|--|
| Methods       | Double blind with identical treatment packs sequentially numbered in variable blocks, stratified for parity and centre.                            |  |
| Participants  | 741 women at term with intact membranes and BS < 7.  |  |
| Interventions | Oral misoprostol 20 mcg solution 2-hourly (max x 6) or vaginal dinoprostone 1 mg (primips) or 2 mg (parous) 6-hourly (max x 2), each with placebo. |  |



**Dodd 2006** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.<br>Maternal side effects. |              |
| Notes                   | Analysed by intention to treat.   |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Dodd 2006a**

|                            |  |                    |
|----------------------------|--|--------------------|
| Methods                    | Double blind placebo controlled - but no further details.  |                    |
| Participants               | 30 women at term having had artificial or spontaneous rupture of membranes.  |                    |
| Interventions              | Oral misoprostol solution given hourly (initially 5 mcg then 10 mcg and 20 mcg - maximum not specified), or iv oxytocin infusion. Both groups also got placebos. |                    |
| Outcomes                   | Only primary outcome data given.   |                    |
| Notes                      | Abstract. The numbers given only as percentages.   |                    |
| <i><b>Risk of bias</b></i> |  |                    |
| <b>Item</b>                | <b>Authors' judgement</b>  | <b>Description</b> |
| Allocation concealment?    | Yes  | A - Adequate       |

**Dyar 2000 (V50)**

|               |  |  |
|---------------|--|--|
| Methods       | Unclear.   |  |
| Participants  | 153 women with unfavourable cervix (BS < 7).   |  |
| Interventions | Vaginal or oral misoprostol, 50 mcg every 4 hours for a maximum of 6 doses. Oral dose was increased to 100 mcg after 2 doses if there was no significant response. |  |
| Outcomes      | Time-to-delivery interval.<br>Tachysystole, hyperstimulation. Caesarean section.   |  |

**Dyar 2000 (V50)** (Continued)

|                         |  |             |
|-------------------------|--|-------------|
| Notes                   | Abstract. The numbers given only as percentages. |             |
| <i>Risk of bias</i>     |  |             |
| Item                    | Authors' judgement                               | Description |
| Allocation concealment? | Unclear  | B - Unclear |

**Fisher 2001 (V50)**

|                         |  |              |
|-------------------------|--|--------------|
| Methods                 | Sealed-opaque envelopes.   |              |
| Participants            | 124 women (76 primips) with intact membranes at any gestation (mean 41 weeks, range 33-36, IUGR and vaginal bleeding excluded), all with BS < 9. |              |
| Interventions           | Oral misoprostol 50 mcg every 3 hours for 48 hours or vaginal misoprostol 50 mcg every 6 hours for 48 hours.                                     |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.  |              |
| Notes                   | 2 exclusions.  |              |
| <i>Risk of bias</i>     |  |              |
| Item                    | Authors' judgement   | Description  |
| Allocation concealment? | Yes  | A - Adequate |

**Gherman 2001**

|               |   |  |
|---------------|---|--|
| Methods       | Sequentially-numbered, opaque envelopes.  |  |
| Participants  | 60 women over 24 weeks' gestation (mean 39 weeks) with BS ≤ 6 and intact membranes. 82% and 73% were nulliparous in the 2 groups. |  |
| Interventions | Oral misoprostol 50 mcg 4-hourly x 6 or PGE2 tablets (melted and mixed in surgical lubricant) 2 mg 4-hourly x 6.                  |  |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |  |
| Notes         | 2 exclusions. Abstract states PGE2 dose of 4 mg, method section has 2 mg.   |  |

**Gherman 2001** (Continued)

| <i>Risk of bias</i>     |                    |              |
|-------------------------|--------------------|--------------|
| Item                    | Authors' judgement | Description  |
| Allocation concealment? | Yes                | A - Adequate |

**Hall 2002 (V25)**

|                         |   |              |
|-------------------------|---|--------------|
| Methods                 | Sequentially-numbered, opaque envelopes.  |              |
| Participants            | 107 women at term with BS < 5. 28 had ruptured membranes and 69 were nulliparous.   |              |
| Interventions           | Oral misoprostol 100 mcg followed after 3-4 hours by 200 mcg repeated every 3-4 hours until in labour; or vaginal misoprostol 25 mcg followed after 3-4 hours by 50 mcg repeated every 3-4 hours until in labour. |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.   |              |
| Notes                   | No exclusions.  |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Hoffman 2001**

|                     |  |             |
|---------------------|--|-------------|
| Methods             | Sequentially-numbered, opaque envelopes containing drug or placebo.  |             |
| Participants        | 103 women without complications at term with ruptured membranes. 43 were nulliparous.                                |             |
| Interventions       | Oral misoprostol 100 mcg or placebo 6-hourly for 2 doses followed by dinoprostone gel 1 mg 6-hourly until in labour. |             |
| Outcomes            | Labour and delivery outcomes.<br>Neonatal outcomes.  |             |
| Notes               | 7 post-randomisation exclusions. Placebo looked and tasted different to misoprostol.                                 |             |
| <i>Risk of bias</i> |  |             |
| Item                | Authors' judgement   | Description |

**Hoffman 2001** (Continued)

|                         |     |              |
|-------------------------|-----|--------------|
| Allocation concealment? | Yes | A - Adequate |
|-------------------------|-----|--------------|

**Hofmeyr 2001**

|               |   |
|---------------|---|
| Methods       | Sequentially-numbered, opaque envelopes.  |
| Participants  | 695 women in whom the decision has been made to induce labour with dinoprostone regardless of membrane and cervical status. Women with previous caesarean section, twins and breech presentation were excluded.   |
| Interventions | <p>Titrated oral misoprostol versus vaginal dinoprostone 2 mg. Oral misoprostol was administered as solution (200 mcg tablet dissolved in 200 mls of water). Initial 2-3 doses were 20 mcg increased to 40 mcg every 2 hours. Further doses were not given if contractions were judged to be clinically adequate.</p> <p>Vaginal dinoprostone was given as a 2 mg gel followed by another dose 6 hours later.</p> <p>In both groups oxytocin was started if there was no response after 24 hours.</p> |
| Outcomes      | <p>Labour and delivery outcomes.</p> <p>Neonatal outcomes.</p> <p>Maternal side effects.</p>  |
| Notes         | 5 women lost to follow up.  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**How 2001 (V25)**

|               |  |
|---------------|--|
| Methods       | Sequentially-numbered, opaque envelopes.   |
| Participants  | 330 women with singleton pregnancies at over 32 weeks and with BS of < 6 (intact and ruptured membranes included). Women with more than 1 previous CS excluded - 27 women had 1 previous CS. |
| Interventions | 3 groups, blinded to operator and patient. Miso 25 mcg pv and 25 mcg po OR miso 25 mcg pv and placebo po or miso 25 mcg po with placebo pv. All doses given 4-hourly up to 12 doses.         |
| Outcomes      | <p>Labour and delivery outcomes.</p> <p>Neonatal outcomes.</p> <p>Maternal side effects.</p>   |
| Notes         | The combined oral and vaginal group was not considered in this review.   |

**How 2001 (V25)** *(Continued)*

| <i><b>Risk of bias</b></i> |                           |                    |
|----------------------------|---------------------------|--------------------|
| <b>Item</b>                | <b>Authors' judgement</b> | <b>Description</b> |
| Allocation concealment?    | Yes                       | A - Adequate       |

**Kwon 2001 (V50)**

|                         |   |              |
|-------------------------|---|--------------|
| Methods                 | Sequentially-numbered, opaque envelopes.  |              |
| Participants            | 167 women at term with intact membranes who were unsuitable for amniotomy.            |              |
| Interventions           | Oral or vaginal misoprostol, both 50 mcg 6-hourly, max 8 doses.                       |              |
| Outcomes                | Labour and delivery outcomes.<br>Minimal neonatal outcomes.<br>Maternal side effects. |              |
| Notes                   | 7 women excluded.   |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Langenegger 2005**

|                     |  |
|---------------------|--|
| Methods             | Sequentially-numbered, opaque envelopes.   |
| Participants        | 200 women with “indications for induction” at over 34 weeks with intact membranes. Previous CS excluded.   |
| Interventions       | Oral misoprostol 50 mcg 4-hourly (max x 6) or intracervical dinoprostone 0.5 mg 6-hourly (max x 4). Dosages could be repeated after a 24-hour rest period. |
| Outcomes            | Labour and delivery outcomes.<br>Data on hyperstimulation given at numerous points, no totals available.   |
| Notes               | 9 women excluded.  |
| <i>Risk of bias</i> |  |

**Langenegger 2005** (Continued)

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**le Roux 2002 (V50)**

|               |  |  |
|---------------|--|--|
| Methods       | Sequentially-numbered, sealed opaque envelopes.  |  |
| Participants  | 573 women with singleton pregnancies at over 34 weeks and intact membranes and BS < 7.   |  |
| Interventions | 3 groups. Oral misoprostol 50 mcg 6-hourly (max x 4) or vaginal misoprostol 50 mcg 6-hourly (max x 4) or dinoprostone gel 1 mg 6-hourly (max x 2). |  |
| Outcomes      | Labour and delivery outcomes.<br>Minimal neonatal outcomes.  |  |
| Notes         | 93 women (16%) had protocol violations and were excluded from the analysis.  |  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Levy 2007**

|               |  |  |
|---------------|--|--|
| Methods       | Double-blind study: "coded drug boxes, prepared by pharmacy".  |  |
| Participants  | 130 women at term with ruptured membranes for under 4 hours, no contractions and BS < 6.                             |  |
| Interventions | Oral misoprostol 50 mcg or placebo, each 4-hourly (max x 3). All given oxytocin at 12 hours if not in active labour. |  |
| Outcomes      | Labour and delivery outcomes. No neonatal outcomes.  |  |
| Notes         | No exclusions.   |  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Lo 2003**

|                            |  |             |
|----------------------------|--|-------------|
| Methods                    | “Identical placebos”.  |             |
| Participants               | 102 nulliparous women at term with ruptured membranes and cervixes less than 2 cm dilated. |             |
| Interventions              | Oral misoprostol 100 mcg or placebo given 4-hourly for 2 doses only or placebo.            |             |
| Outcomes                   | Labour and delivery outcomes.<br>Minimal neonatal outcomes.                                |             |
| Notes                      |  |             |
| <i><b>Risk of bias</b></i> |  |             |
| Item                       | Authors’ judgement   | Description |
| Allocation concealment?    | Unclear  | B - Unclear |

**Lyons 2001**

|                         |  |             |
|-------------------------|--|-------------|
| Methods                 | Unclear.   |             |
| Participants            | 40 women at 40-42 weeks with intact membranes and BS < 6 (parity unclear). |             |
| Interventions           | Oral misoprostol 100 mcg or placebo every 24 hours for 3 days.             |             |
| Outcomes                | Minimal outcomes reported.   |             |
| Notes                   | Abstract form only.  |             |
| <i>Risk of bias</i>     |  |             |
| Item                    | Authors' judgement   | Description |
| Allocation concealment? | Unclear  | B - Unclear |

**Majoko 2002 (V50)**

|               |  |  |
|---------------|--|--|
| Methods       | Sequentially-numbered, opaque envelopes.   |  |
| Participants  | 406 women with singleton pregnancies at over 36 weeks with intact membranes.   |  |
| Interventions | 4 groups. Miso 50 mcg pv 8-hourly x 2 or PGE2 gel 3 mg pv 8-hourly x 2 or graduated oral miso (10, 20, 40, 80, 160, 90) increased every 4 hours or extra-amniotic PGF2a with Foley balloon catheter. |  |

**Majoko 2002 (V50)** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Outcomes                | CS, oxytocin augmentation, uterine rupture, mec. liquor and NICU admission only.  |              |
| Notes                   | Membrane status not specified in paper, but clarified with author. Error with randomisation codes meant that intention to randomise 2:1 in favour of misoprostol was not achieved. Data on catheter with extra-amniotic PGF2a in mechanical methods review. |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Matonhodze 2003**

|                         |   |              |
|-------------------------|---|--------------|
| Methods                 | Sequentially-numbered, sealed opaque envelopes.   |              |
| Participants            | 526 women with singleton pregnancies of over 34 weeks and intact membranes.   |              |
| Interventions           | 3 groups. Titrated oral misoprostol 20 mcg 2-hourly x 3 then 40 mcg 2-hourly (could be continued in labour if contractions slowed) or dinoprostone gel 2 mg 6-hourly (max x 2) followed by iv oxytocin or Foley catheter with 50 ml bulb for 24 hours followed by titrated oral misoprostol if not in labour. |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes. Maternal side effects.  |              |
| Notes                   |   |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Moodley 2003**

|               |   |  |
|---------------|---|--|
| Methods       | Sequentially-numbered, opaque envelopes.  |  |
| Participants  | 400 women with indication for induction at any gestation, alive or dead and with any membrane status.   |  |
| Interventions | 3 groups. Oral miso 20 mcg 2-hourly (max x 4) or dinoprostone 1 mg 6-hourly (max x 3), or vaginal miso 25 mcg x 1 followed by oral misoprostol 20 mcg 2-hourly (max x 3). |  |



**Moodley 2003** (Continued)

|                            |   |              |
|----------------------------|---|--------------|
| Outcomes                   | Labour and delivery outcomes.<br>Neonatal outcomes.                   |              |
| Notes                      | Combined oral and vaginal misoprostol group not included in analysis. |              |
| <i><b>Risk of bias</b></i> |   |              |
| Item                       | Authors' judgement  | Description  |
| Allocation concealment?    | Yes   | A - Adequate |

**Mozurkewich 2003**

|                            |  |                    |
|----------------------------|--|--------------------|
| Methods                    | Multicentre study with central randomisation via internet site.                                  |                    |
| Participants               | 306 nulliparous women at term with ruptured membranes.   |                    |
| Interventions              | Oral misoprostol 100 mcg 6-hourly x 2 followed by iv oxytocin or immediate iv oxytocin.          |                    |
| Outcomes                   | Labour and delivery outcomes including randomisation to delivery interval.<br>Neonatal outcomes. |                    |
| Notes                      | 1 post-randomisation exclusion.  |                    |
| <i><b>Risk of bias</b></i> |  |                    |
| <b>Item</b>                | <b>Authors' judgement</b>  | <b>Description</b> |
| Allocation concealment?    | Yes  | A - Adequate       |

**Ngai 1996**

|               |  |  |
|---------------|--|--|
| Methods       | Randomisation was by the sealed envelope method. The stratification was by parity (nulliparas, multiparas).  |  |
| Participants  | 82 women with a singleton pregnancy at term and prelabour spontaneous rupture of membranes confirmed by speculum examination. All women had a reactive non-stress test on admission. |  |
| Interventions | 200 mcg oral misoprostol powder or placebo (vitamin B6).<br>If no response after 12 hours labour was induced with oxytocin.  |  |
| Outcomes      | Changes in the BS, need for oxytocin for induction, interval from recruitment to onset of uterine activity and delivery, mode of delivery, neonatal outcome.                         |  |

**Ngai 1996** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Notes                   | 2 women excluded from the primary analysis (one breech and one without baseline cervical assessment). |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Ngai 2000**

|                         |   |              |
|-------------------------|---|--------------|
| Methods                 | Randomisation was by sealed envelopes.  |              |
| Participants            | 86 women with term PROM not in labour after 12 hours.   |              |
| Interventions           | Oral misoprostol 100 mcg every 4 hours (max 3 doses) or intravenous oxytocin.                       |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.<br>Uterine activity.                            |              |
| Notes                   | 6 women excluded from the primary analysis (one breech and 5 without baseline cervical assessment). |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Nigam 2004**

|                     |  |
|---------------------|--|
| Methods             | Randomisation method not stated.   |
| Participants        | 70 women at term with need for induction, membrane status not defined.   |
| Interventions       | Oral misoprostol 50 mcg 4-hourly or i.v. oxytocin 2 mU/ml in increasing doses.   |
| Outcomes            | CS and vaginal delivery not achieved in 24 hours, meconium-stained liquor, NICU admission and neonatal encephalopathy. |
| Notes               |  |
| <i>Risk of bias</i> |  |

**Nigam 2004** (Continued)

| Item                    | Authors' judgement | Description |
|-------------------------|--------------------|-------------|
| Allocation concealment? | Unclear            | B - Unclear |

**Nop'koon 2003 (V50)**

|               |   |
|---------------|---|
| Methods       | Randomisation in sequentially-numbered envelopes.   |
| Participants  | 106 women at term with intact membranes and BS $\leq$ 4. 46 were nulliparous.   |
| Interventions | Oral misoprostol 50 mcg 4-hourly x 6, or vaginal misoprostol 50 mcg (in 2 ml of 1% carboxy methyl cellulose) repeated 4-hourly x 6. (If remained unfavourable for ARM then dinoprostone allowed after a rest period). |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |
| Notes         | No exclusions.  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Pais'wong 2008 (V25)**

|               |   |
|---------------|---|
| Methods       | Double-blind randomised study. Medication kept in opaque packets. Unclear whether the randomisation envelopes were sequentially numbered or whether a envelope was randomly picked from a selection of 4 ("randomised in blocks of 4"). |
| Participants  | 146 women at term with singleton pregnancies, intact membranes and a BS $<$ 7. Women with an estimated fetal weight of $>$ 4 kg, previous CS or parity $>$ 5 excluded.  |
| Interventions | A single dose of 50 mcg oral misoprostol and vitamin B6 placebo vaginally or 25 mcg vaginal misoprostol with vitamin B6 oral placebo. The single dose of either was followed by intravenous oxytocin 6 hours later.                     |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |
| Notes         | No exclusions.  |

***Risk of bias***

**Pais'wong 2008 (V25)** (Continued)

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Patil 2005**

|               |   |  |
|---------------|---|--|
| Methods       | Randomisation in sequentially-numbered envelopes - number generation not specified.                 |  |
| Participants  | 190 women (all parities) with intact membranes and BS < 7. Included 2 women with a single CS each.  |  |
| Interventions | Oral misoprostol 200mcg 8-hourly (max x 3) or intracervical dinoprostone 0.5 mg 8-hourly (max x 3). |  |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |  |
| Notes         | No exclusions.  |  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Paungmora 2004 (V50)**

|               |   |  |
|---------------|---|--|
| Methods       | Computer-generated numbers, but allocation unclear.   |  |
| Participants  | 153 women of all parities at term with intact membranes and BS < 7.                           |  |
| Interventions | Oral misoprostol 100 mcg 6-hourly (max x 8) or vaginal misoprostol 50 mcg 6-hourly (max x 8). |  |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |  |
| Notes         | 2 excluded when found to be breech after randomisation.                                       |  |

***Risk of bias***

| Item                    | Authors' judgement | Description |
|-------------------------|--------------------|-------------|
| Allocation concealment? | Unclear            | B - Unclear |

**Pongsatha 2001**

|                            |  |             |
|----------------------------|--|-------------|
| Methods                    | Unclear.   |             |
| Participants               | 89 women at over 34 weeks with intact membranes and unfavourable cervixes (BS < 4). 58 were primiparous. |             |
| Interventions              | Oral misoprostol 50 mcg every 4 or 6 hours until labour/SROM/ARM possible. Both max 48 hours.            |             |
| Outcomes                   | Labour and delivery outcomes.  |             |
| Notes                      |  |             |
| <i><b>Risk of bias</b></i> |  |             |
| Item                       | Authors' judgement   | Description |
| Allocation concealment?    | Unclear  | B - Unclear |

**Pongsatha 2002**

|                            |   |             |
|----------------------------|---|-------------|
| Methods                    | Unclear.  |             |
| Participants               | 133 women at over 34 weeks with intact membranes and unfavourable cervixes (BS < 4). 33 were primiparous. |             |
| Interventions              | Oral misoprostol 100 mcg every 3 hours for max 8 doses or every 6 hours for max 4 doses.                  |             |
| Outcomes                   | Labour and delivery outcomes.   |             |
| Notes                      |   |             |
| <i><b>Risk of bias</b></i> |   |             |
| Item                       | Authors' judgement  | Description |
| Allocation concealment?    | Unclear   | B - Unclear |

**Pongsatha 2005 (V50)**

|               |   |  |
|---------------|---|--|
| Methods       | Unclear. Paper states "blocked randomisation" only.   |  |
| Participants  | 166 women of all parities of 34-42 weeks with intact membranes and BS < 5.                    |  |
| Interventions | Oral misoprostol 100 mcg 3-hourly (max x 8) or vaginal misoprostol 50 mcg 4-hourly (max x 6). |  |

**Pongsatha 2005 (V50)** (Continued)

|                         |   |             |
|-------------------------|---|-------------|
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes. |             |
| Notes                   | No exclusions.                                      |             |
| <i>Risk of bias</i>     |   |             |
| Item                    | Authors' judgement                                  | Description |
| Allocation concealment? | Unclear   | B - Unclear |

**Puga 2001 (V50)**

|                         |  |             |
|-------------------------|--|-------------|
| Methods                 | Unclear.   |             |
| Participants            | 270 women over 35 weeks with ruptured membranes (parity unclear).  |             |
| Interventions           | Oral misoprostol 100 mcg (3 doses, interval not stated) or vaginal misoprostol 50 mcg (3 doses - interval not stated). |             |
| Outcomes                | CS and uterine hyperstimulation rates only.  |             |
| Notes                   | Abstract form only.  |             |
| <i>Risk of bias</i>     |  |             |
| Item                    | Authors' judgement   | Description |
| Allocation concealment? | Unclear  | B - Unclear |

**Schneider 2004 (V25)**

|                            |   |
|----------------------------|---|
| Methods                    | Unclear.  |
| Participants               | 311 women with “medical and obstetrical complications”. No other details. |
| Interventions              | Oral misoprostol 50 mcg 4-hourly or vaginal misoprostol 25 mcg 4-hourly.  |
| Outcomes                   | CS rate and neonatal encephalopathy only.                                 |
| Notes                      | Abstract only.  |
| <i><b>Risk of bias</b></i> |   |

**Schneider 2004 (V25)** (Continued)

| Item                    | Authors' judgement | Description |
|-------------------------|--------------------|-------------|
| Allocation concealment? | Unclear            | B - Unclear |

**Sheela 2007 (V25)**

|               |   |
|---------------|---|
| Methods       | Participants were "randomised". No other details available.   |
| Participants  | 150 women at term with a singleton fetus and a BS < 5 were included. All women had intact membranes.  |
| Interventions | 3 groups: Oral misoprostol 50 mcg 6-hourly (max x 5), vaginal misoprostol 25 mcg 6-hourly (max x 5) or intracervical dinoprostone gel 0.5 mcg 12-hourly (max x 3). Once in active labour, the prostaglandins were stopped and replaced with amniotomy and intravenous oxytocin. |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.   |
| Notes         | No post-randomisation exclusions.   |

***Risk of bias***

| Item                    | Authors' judgement | Description |
|-------------------------|--------------------|-------------|
| Allocation concealment? | Unclear            | B - Unclear |

**Shetty 2001 (V50)**

|               |   |
|---------------|---|
| Methods       | Randomisation in sequentially-numbered envelopes.                                 |
| Participants  | 245 women at term with BS < 8 (149 were nulliparous, 116 had BS < 4).             |
| Interventions | Oral or vaginal misoprostol 50 mcg 4-hourly (max 5 doses).                        |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.                               |
| Notes         | Status of membranes at recruitment never mentioned, but intact membranes implied. |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Shetty 2002**

|                            |  |                    |
|----------------------------|--|--------------------|
| Methods                    | Randomisation in sealed, opaque envelopes.                                 |                    |
| Participants               | 251 women at term with intact membranes and BS < 7 (168 were nulliparous). |                    |
| Interventions              | Oral misoprostol 50 or 100 mcg 4-hourly (max 5 doses).                     |                    |
| Outcomes                   | Labour and delivery outcomes.<br>Neonatal outcomes.                        |                    |
| Notes                      |  |                    |
| <i><b>Risk of bias</b></i> |  |                    |
| <b>Item</b>                | <b>Authors' judgement</b>  | <b>Description</b> |
| Allocation concealment?    | Yes  | A - Adequate       |

**Shetty 2002a**

|                         |   |              |
|-------------------------|---|--------------|
| Methods                 | Computerised randomisation in sealed, opaque envelopes.   |              |
| Participants            | 61 women of all parities at term with ruptured membranes and no sign of labour.   |              |
| Interventions           | Oral misoprostol 50 mcg 4-hourly (max x 5) given at recruitment, or conservative management for 24 hours followed by PGE2 1-2 mg 6-hourly (max x 3) until BS > 7 when given oxytocin. |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.   |              |
| Notes                   | No exclusions. Note PGE2 use delayed for 24 hours.  |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Shetty 2003 (V25)**

|              |  |  |
|--------------|--|--|
| Methods      | Sequentially-numbered, opaque envelopes.                                 |  |
| Participants | 101 women at term with intact membranes and BS < 8. 57 were nulliparous. |  |



**Shetty 2003 (V25)** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Interventions           | Oral misoprostol 100 mcg every 4 hours (max 5 doses) or vaginal misoprostol 25 mcg every 4 hours (max 5 doses). |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.   |              |
| Notes                   |   |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors' judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Shetty 2004**

|                            |   |              |
|----------------------------|---|--------------|
| Methods                    | Sequentially-numbered, opaque envelopes.  |              |
| Participants               | 200 women at > 36 weeks with intact membranes and BS < 8.                           |              |
| Interventions              | Oral misoprostol 100 mcg 4-hourly (max x 5) or vaginal PGE2 gel 3 mg (max 5 doses). |              |
| Outcomes                   | Labour and delivery outcomes.<br>Neonatal outcomes.                                 |              |
| Notes                      |   |              |
| <i><b>Risk of bias</b></i> |   |              |
| Item                       | Authors' judgement  | Description  |
| Allocation concealment?    | Yes   | A - Adequate |

**Tessier 1997**

|               |  |  |
|---------------|--|--|
| Methods       | Unclear. Both oral tablets and vaginal gel placebo controlled.   |  |
| Participants  | 267 women with an indication for induction of labour.  |  |
| Interventions | Vaginal PGE2 gel (2 mg) or 50 micrograms of oral misoprostol every 6 hours for maximum of 4 doses. Each woman received also a placebo gel or tablet. |  |
| Outcomes      | Induction-to-delivery interval, uterine hyperstimulation, fetal distress in labour, caesarean delivery.  |  |

**Tessier 1997** (Continued)

|                         |  |             |
|-------------------------|--|-------------|
| Notes                   | Abstract only. The data are presented as percentages. The numbers used in the review were calculated from the percentages published in the abstract. |             |
| <i>Risk of bias</i>     |  |             |
| Item                    | Authors' judgement   | Description |
| Allocation concealment? | Unclear  | B - Unclear |

**Toppozada 1997 (V100)**

|                         |   |             |
|-------------------------|---|-------------|
| Methods                 | The exact method of randomisation is not given - women were randomly selected and assigned to one of two equal groups according to a computer-generated table.  |             |
| Participants            | 40 women with singleton pregnancy and a live fetus at 37-42 weeks of gestation scheduled for induction of labour because of diabetes, hypertension or post-term pregnancy. Cervix was unfavourable in all women (BS <= 4). Status of membranes (ruptured or intact) is not given.   |             |
| Interventions           | <p>One group (n = 20) received oral misoprostol (100 mcg). If there was no response within 3 hours, the majority of women were given 200 mcg of oral misoprostol. The total permitted dose was 1000 mcg. The mean total dose was 510 mcg (SD = 137.27 mcg).</p> <p>In the vaginal misoprostol group (n = 20) initial dose was 100 mcg, followed by an assessment 3 hours later. If the response was judged to be adequate, additional 100 mcg were given every 3 hours until cervix was more than 5 cm dilated. If there was no response to the first vaginal tablet, another 100 mcg were given vaginally 3 hours later. If there was no response after the second dose, the third dose was doubled (200 mcg). Maximum permitted dose was 1000 mcg. The mean total dose in this group was 385 mcg (SD = 142.44 mcg).</p> |             |
| Outcomes                | Interval from onset of induction to onset of contractions and to delivery, changes in the BS, CTG abnormalities including uterine tachysystole and hypertonus, mode of delivery, duration of the third stage, maternal side effects.  |             |
| Notes                   | A positive response was defined as three uterine contractions per 10 minutes each lasting 45 seconds and inducing changes in the BS.  |             |
| <i>Risk of bias</i>     |   |             |
| Item                    | Authors' judgement  | Description |
| Allocation concealment? | Unclear   | B - Unclear |

**Uludag 2005 (V50)**

|               |  |
|---------------|--|
| Methods       | Sequentially-numbered cards in sealed envelopes drawn from box - even numbers allocated vaginal, odd numbers allocated oral misoprostol. |
| Participants  | 99 women at 32-42 weeks with BS < 6. Both intact and ruptured membranes included.  |
| Interventions | Oral misoprostol 100 mcg or vaginal misoprostol 50 mcg - both given 4-hourly to a maximum of 6 doses.                                    |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.  |
| Notes         | No post-randomisation exclusions.  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Wing 1999 (V25)**

|               |  |
|---------------|--|
| Methods       | Sequentially-numbered, sealed envelopes.   |
| Participants  | 220 women with intact membranes and unfavourable cervix.   |
| Interventions | Oral misoprostol was given 50 mcg every 4 hours to a maximum dose of 300 mcg.<br>Vaginal misoprostol was given 25 mcg every four hours to a maximum dose of 150 mcg. |
| Outcomes      | Labour and delivery outcomes.<br>Neonatal outcomes.  |
| Notes         | No post-randomisation exclusions.  |

***Risk of bias***

| Item                    | Authors' judgement | Description  |
|-------------------------|--------------------|--------------|
| Allocation concealment? | Yes                | A - Adequate |

**Wing 2000 (V25)**

|         |  |
|---------|--|
| Methods | Sequentially-numbered, sealed envelopes. |
|---------|--|

**Wing 2000 (V25)** (Continued)

|                         |   |              |
|-------------------------|---|--------------|
| Participants            | 236 women with indication for labour induction and cervix with BS < 8.  |              |
| Interventions           | Misoprostol was given either orally (100 mcg 4-hourly, max 6 doses) or vaginally (25 mcg every 4 hours, max 6 doses). |              |
| Outcomes                | Labour and delivery outcomes.<br>Neonatal outcomes.   |              |
| Notes                   | Two women excluded from primary analysis (1 woman had “serial” induction and 1 requested removal from the study.      |              |
| <i>Risk of bias</i>     |   |              |
| Item                    | Authors’ judgement  | Description  |
| Allocation concealment? | Yes   | A - Adequate |

**Wing 2004**

|                            |  |                    |
|----------------------------|--|--------------------|
| Methods                    | Sequentially-numbered, sealed envelopes.   |                    |
| Participants               | 200 women at any gestation with favourable cervixes (BS > 6) and intact or recently ruptured membranes (less than 24 hours). |                    |
| Interventions              | Oral misoprostol 100 mcg 4-hourly (max x 6) or iv oxytocin infusion (“standard regimen”).                                    |                    |
| Outcomes                   | Labour and delivery outcomes.<br>Neonatal outcomes.  |                    |
| Notes                      | 2 women in misoprostol group accidentally received extra-amniotic saline.  |                    |
| <i><b>Risk of bias</b></i> |  |                    |
| <b>Item</b>                | <b>Authors’ judgement</b>  | <b>Description</b> |
| Allocation concealment?    | Yes  | A - Adequate       |

ARM: artificial rupture of membranes

BS: Bishop score

CS: caesarean section

CTG: cardiotocography

FHR: fetal heart rate

hr: hour

hrs: hours

IUGR: intrauterine growth restriction

iv: intravenous  
max: maximum  
mcg: micrograms  
mU/ml: milliunits per millilitre  
mec: meconium  
NICU: Neonatal intensive care unit  
PGE2: prostaglandin cream  
po: oral administration ('per oram')  
pv: vaginal administration ('per vaginum')  
SD: standard deviation  
SROM: spontaneous rupture of membranes

### Characteristics of excluded studies *[ordered by study ID]*

|                    |   |
|--------------------|---|
| Ascher-Walsh 2000  | This study compared outpatient cervical ripening regimens at 40-41 weeks' gestation. 100 mcg oral misoprostol, 200 mcg oral misoprostol or placebo were given every 3 days until 42 weeks. At 42 weeks labour was induced either with oxytocin or vaginal dinoprostone.<br>This protocol differs substantially from the standard protocols, i.e. its primary aim is to achieve spontaneous onset of labour. The aim of the protocols included in this review is to achieve vaginal delivery quickly and safely. |
| Hassan 2005        | Not a randomised trial - alternate women allocated to each group.   |
| Kadanali 1996      | In this study, the initial dose of misoprostol (100 mcg) was administered vaginally followed by oral administration (100 mcg every 2 hours). This study is included in the Cochrane review on vaginal misoprostol.  |
| Neto 1988          | In this study, 15 women were divided in three groups: (i) oral misoprostol (400 mcg every 4 hours), (ii) oral misoprostol (200 mcg every 4 hours) and (iii) vaginal misoprostol (200 mcg once). The authors reported only outcomes related to the uterine activity, i.e. administration to contractions interval and strength and duration of uterine contractions.   |
| Rasheed 2007 (V50) | This study of 310 women included 25 non-randomised women in one arm. These women were using the unit's standard protocol (which was the same as the oral misoprostol arm study protocol) at the start of the study and so their data were included in the results. There is no analysis available without the inclusion of these non-randomised participants.   |
| Thigpen 2004       | Abstract only. Vaginal misoprostol compared with oral misoprostol combined with transcervical Foley catheter. Study to be included in mechanical methods review.  |
| Windrim 1997       | The control group in this study was managed according to the hospital's established induction protocol. This meant that women in the control group were induced either with intracervical dinoprostone (0.5 mg) or intravaginal dinoprostone 1 mg every 6 hours, or intravaginal dinoprostone 2 mg every 6 hours, or dilute oxytocin infusion. The exact numbers of women per method were not reported. In addition, 11 women in the  |

PROM: prelabour rupture of membranes

**Characteristics of studies awaiting classification** *[ordered by study ID]***Atkinson 2000**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Bonebrake 2001**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Butler 2004**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Delaney 2001**

|              |  |
|--------------|--|
| Methods      |  |
| Participants |  |

**Delaney 2001** *(Continued)*

|               |  |
|---------------|--|
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Elhassan 2007 (V50)**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         |  |

**Getgan 2003**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         |  |

**Goedken 2000**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Kipikasa 2005**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         |  |

**Pearson 2002**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Saldivar 2001**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Sitthiwattanawong 1999**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         |  |



**Tuipae 1999**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         |  |

**Vijitrawiwat 2003**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         |  |

**Young 2001**

|               |  |
|---------------|--|
| Methods       |  |
| Participants  |  |
| Interventions |  |
| Outcomes      |  |
| Notes         | Awaiting more data as available as abstract only at present. |

**Characteristics of ongoing studies** *[ordered by study ID]***Gherman 2002**

|                     |  |
|---------------------|--|
| Trial name or title | Trial name not known   |
| Methods             |  |
| Participants        | Interim report on first 75 women published in abstract form. |

**Gherman 2002** (Continued)

|                     |   |
|---------------------|---|
| Interventions       | Oral misoprostol 50 mcg or 100 mcg given 4-hourly for a maximum of 6 doses. |
| Outcomes            | Unclear.  |
| Starting date       |   |
| Contact information |   |
| Notes               |   |

## DATA AND ANALYSES

### Comparison 1. Oral misoprostol versus placebo (1): all women

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size         |
|---|----------------|---------------------|----------------------------------|---------------------|
| 1 Vaginal delivery not achieved in 24 hours     | 1              | 96                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.16 [0.05, 0.49]   |
| 1.1 100 mcg                                     | 1              | 96                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.16 [0.05, 0.49]   |
| 2 Uterine hyperstimulation with FHR changes     | 7              | 669                 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.71 [0.84, 8.68]   |
| 2.1 50 mcg                                      | 2              | 195                 | Risk Ratio (M-H, Fixed, 95% CI)  | 5.15 [0.25, 105.31] |
| 2.2 100 mcg                                     | 3              | 238                 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.20 [0.54, 8.87]   |
| 2.3 200 mcg                                     | 2              | 236                 | Risk Ratio (M-H, Fixed, 95% CI)  | 3.15 [0.13, 75.08]  |
| 3 Caesarean section                             | 6              | 629                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.61 [0.41, 0.93]   |
| 3.1 50 mcg                                      | 2              | 195                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.57 [0.17, 1.88]   |
| 3.3 100 mcg                                     | 2              | 198                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.75 [0.40, 1.40]   |
| 3.4 200 mcg                                     | 2              | 236                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.52 [0.28, 0.97]   |
| 4 Serious neonatal morbidity or perinatal death | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 4.1 200 mcg                                     | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 5 Serious maternal morbidity or death           | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 5.1 200 mcg                                     | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 6 Epidural analgesia                            | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.67 [0.44, 1.01]   |
| 6.1 100 mcg                                     | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.67 [0.44, 1.01]   |
| 7 Oxytocin augmentation                         | 6              | 535                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.35 [0.28, 0.44]   |
| 7.2 50 mcg                                      | 3              | 197                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.41 [0.29, 0.59]   |
| 7.3 100 mcg                                     | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.41 [0.29, 0.60]   |
| 7.4 200 mcg                                     | 2              | 236                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.26 [0.16, 0.40]   |
| 8 Uterine hyperstimulation without FHR changes  | 4              | 484                 | Risk Ratio (M-H, Random, 95% CI) | 4.78 [0.73, 31.23]  |
| 8.2 50 mcg                                      | 1              | 130                 | Risk Ratio (M-H, Random, 95% CI) | 2.06 [0.39, 10.87]  |
| 8.3 100 mcg                                     | 2              | 198                 | Risk Ratio (M-H, Random, 95% CI) | 13.0 [1.77, 95.73]  |
| 8.4 200 mcg                                     | 1              | 156                 | Risk Ratio (M-H, Random, 95% CI) | Not estimable       |
| 10 Epidural                                     | 1              | 130                 | Odds Ratio (M-H, Fixed, 95% CI)  | 0.47 [0.17, 1.26]   |
| 10.1 50 mcg                                     | 1              | 130                 | Odds Ratio (M-H, Fixed, 95% CI)  | 0.47 [0.17, 1.26]   |
| 11 Instrumental vaginal delivery                | 5              | 379                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.65 [0.37, 1.17]   |
| 11.2 50 mcg                                     | 3              | 197                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.0 [0.30, 3.32]    |
| 11.3 100 mcg                                    | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.4 [0.13, 1.19]    |
| 11.4 200 mcg                                    | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.74 [0.31, 1.74]   |
| 12 Meconium-stained liquor                      | 3              | 261                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.91 [0.44, 1.87]   |
| 12.2 50 mcg                                     | 1              | 65                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.21, 4.45]   |
| 12.3 100 mcg                                    | 1              | 40                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.98 [0.31, 3.11]   |
| 12.4 200 mcg                                    | 1              | 156                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.83 [0.27, 2.62]   |
| 13 Apgar score < 7 at 5 minutes                 | 3              | 332                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.73 [0.24, 2.26]   |
| 13.1 100 mcg                                    | 1              | 96                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.35 [0.04, 3.22]   |
| 13.2 200 mcg                                    | 2              | 236                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.01 [0.26, 3.95]   |

|   |   |     |                                 |                    |
|---|---|-----|---------------------------------|--------------------|
| 14 Neonatal intensive care unit admission | 4 | 434 | Risk Ratio (M-H, Fixed, 95% CI) | 0.73 [0.37, 1.44]  |
| 14.1 100 mcg                              | 2 | 198 | Risk Ratio (M-H, Fixed, 95% CI) | 0.78 [0.36, 1.68]  |
| 14.2 200 mcg                              | 2 | 236 | Risk Ratio (M-H, Fixed, 95% CI) | 0.61 [0.15, 2.52]  |
| 16 Perinatal death                        | 1 | 80  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 16.1 200 mcg                              | 1 | 80  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 19 Nausea                                 | 1 | 156 | Risk Ratio (M-H, Fixed, 95% CI) | 5.0 [0.24, 102.49] |
| 19.1 200 mcg                              | 1 | 156 | Risk Ratio (M-H, Fixed, 95% CI) | 5.0 [0.24, 102.49] |
| 20 Vomiting                               | 2 | 236 | Risk Ratio (M-H, Fixed, 95% CI) | 1.70 [0.42, 6.93]  |
| 20.1 200 mcg                              | 2 | 236 | Risk Ratio (M-H, Fixed, 95% CI) | 1.70 [0.42, 6.93]  |

### Comparison 2. Oral misoprostol versus placebo (1): all women with intact membranes

| Outcome or subgroup title                   | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Uterine hyperstimulation with FHR changes | 1              | 40                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.61 [0.06, 6.21] |
| 2 Meconium-stained liquor                   | 1              | 40                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.98 [0.31, 3.11] |

### Comparison 3. Oral misoprostol versus placebo (1): all women with ruptured membranes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size        |
|---|----------------|---------------------|----------------------------------|--------------------|
| 1 Vaginal delivery not achieved in 24 hours     | 1              | 96                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.16 [0.05, 0.49]  |
| 2 Uterine hyperstimulation with FHR changes     | 5              | 473                 | Risk Ratio (M-H, Fixed, 95% CI)  | 4.62 [1.01, 21.19] |
| 3 Caesarean section                             | 6              | 475                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.71 [0.41, 1.23]  |
| 4 Serious neonatal morbidity or perinatal death | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 5 Serious maternal morbidity or death           | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 6 Epidural analgesia                            | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.67 [0.44, 1.01]  |
| 7 Oxytocin augmentation                         | 4              | 377                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.39 [0.30, 0.50]  |
| 8 Uterine hyperstimulation without FHR changes  | 5              | 395                 | Risk Ratio (M-H, Random, 95% CI) | 4.78 [0.73, 31.23] |
| 9 Meconium-stained liquor                       | 1              | 65                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.21, 4.45]  |
| 9.2 50 mcg                                      | 1              | 65                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.21, 4.45]  |
| 9.3 100 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 9.4 200 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 10 Epidural                                     | 1              | 130                 | Odds Ratio (M-H, Fixed, 95% CI)  | 0.47 [0.17, 1.26]  |
| 11 Instrumental vaginal delivery                | 4              | 377                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.65 [0.37, 1.17]  |
| 13 Apgar score < 7 at 5 minutes                 | 2              | 176                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.52 [0.10, 2.78]  |
| 14 Neonatal intensive care unit admission       | 3              | 278                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.70 [0.34, 1.43]  |

|                    |   |    |                                 |                    |
|--------------------|---|----|---------------------------------|--------------------|
| 16 Perinatal death | 1 | 80 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 20 Vomiting        | 1 | 80 | Risk Ratio (M-H, Fixed, 95% CI) | 2.10 [0.20, 22.27] |

### Comparison 9. Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method              | Effect size        |
|--|----------------|---------------------|---------------------------------|--------------------|
| 1 Uterine hyperstimulation without FHR changes | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 13.0 [1.77, 95.73] |
| 2 Uterine hyperstimulation with FHR changes    | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 7.0 [0.37, 132.17] |
| 3 Caesarean section                            | 2              | 172                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.80 [0.39, 1.64]  |
| 4 Serious maternal morbidity or death          | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 5 Epidural analgesia                           | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.67 [0.44, 1.01]  |
| 6 Oxytocin augmentation                        | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.41 [0.29, 0.60]  |
| 7 Uterine hyperstimulation with FHR changes    | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 7.0 [0.37, 132.17] |
| 8 Caesarean section                            | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.91 [0.42, 1.95]  |
| 9 Instrumental vaginal delivery                | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.4 [0.13, 1.19]   |
| 10 Neonatal intensive care unit admission      | 1              | 102                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |

### Comparison 10. Oral misoprostol versus vaginal PG (2): all women

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size        |
|---|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved within 24 hours | 6              | 2480                | Risk Ratio (M-H, Fixed, 95% CI) | 1.09 [0.99, 1.20]  |
| 1.1 25 mcg                                      | 5              | 2280                | Risk Ratio (M-H, Fixed, 95% CI) | 1.09 [0.99, 1.21]  |
| 1.2 50 mcg                                      | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 1.3 100 mcg                                     | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.03 [0.83, 1.29]  |
| 2 Uterine hyperstimulation with FHR changes     | 7              | 2453                | Risk Ratio (M-H, Fixed, 95% CI) | 0.82 [0.55, 1.21]  |
| 2.1 25 mcg                                      | 4              | 1928                | Risk Ratio (M-H, Fixed, 95% CI) | 0.85 [0.54, 1.35]  |
| 2.2 50 mcg                                      | 2              | 325                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.56 [0.24, 1.30]  |
| 2.3 100 mcg                                     | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 5.0 [0.24, 102.85] |
| 3 Caesarean section                             | 10             | 3368                | Risk Ratio (M-H, Fixed, 95% CI) | 0.87 [0.77, 0.98]  |
| 3.1 25 mcg                                      | 6              | 2483                | Risk Ratio (M-H, Fixed, 95% CI) | 0.81 [0.70, 0.94]  |
| 3.2 50 mcg                                      | 3              | 685                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.06 [0.83, 1.35]  |
| 3.3 100 mcg                                     | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.93 [0.58, 1.48]  |
| 4 Serious neonatal morbidity or perinatal death | 2              | 1008                | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 4.1 25 mcg                                      | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 4.2 50 mcg                                      | 1              | 267                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |

|   |   |      |                                  |                    |
|---|---|------|----------------------------------|--------------------|
| 5 Serious maternal morbidity or death             | 3 | 1703 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 5.1 25 mcg  | 2 | 1436 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 5.2 50 mcg  | 1 | 267  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 6 Cervix unfavourable/unchanged after 12-24 hours | 2 | 930  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.41 [1.01, 1.96]  |
| 6.1 25 mcg  | 2 | 930  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.41 [1.01, 1.96]  |
| 6.2 50 mcg  | 0 | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 7 Oxytocin augmentation                           | 7 | 2209 | Risk Ratio (M-H, Random, 95% CI) | 1.05 [0.85, 1.30]  |
| 7.1 25 mcg  | 4 | 1591 | Risk Ratio (M-H, Random, 95% CI) | 0.89 [0.66, 1.20]  |
| 7.2 50 mcg  | 2 | 418  | Risk Ratio (M-H, Random, 95% CI) | 1.36 [0.78, 2.39]  |
| 7.3 100 mcg                                       | 1 | 200  | Risk Ratio (M-H, Random, 95% CI) | 1.28 [0.98, 1.66]  |
| 8 Uterine hyperstimulation without FHR changes    | 6 | 2157 | Risk Ratio (M-H, Random, 95% CI) | 1.14 [0.45, 2.88]  |
| 8.1 25 mcg  | 4 | 1899 | Risk Ratio (M-H, Random, 95% CI) | 0.90 [0.31, 2.62]  |
| 8.2 50 mcg  | 1 | 58   | Risk Ratio (M-H, Random, 95% CI) | 2.14 [0.21, 22.35] |
| 8.3 100 mcg                                       | 1 | 200  | Risk Ratio (M-H, Random, 95% CI) | 7.0 [0.37, 133.78] |
| 9 Ruptured uterus                                 | 7 | 2842 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 9.1 25 mcg  | 6 | 2482 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 9.2 50 mcg  | 1 | 360  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 10 Epidural analgesia                             | 2 | 799  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.08 [0.98, 1.19]  |
| 10.1 25 mcg                                       | 1 | 741  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.98, 1.22]  |
| 10.2 50 mcg                                       | 1 | 58   | Risk Ratio (M-H, Fixed, 95% CI)  | 0.95 [0.76, 1.18]  |
| 11 Instrumental vaginal delivery                  | 5 | 2385 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.00 [0.83, 1.21]  |
| 11.1 25 mcg                                       | 4 | 1985 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.95 [0.75, 1.20]  |
| 11.2 50 mcg                                       | 1 | 200  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.12 [0.71, 1.75]  |
| 11.3 100 mcg                                      | 1 | 200  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.12 [0.71, 1.75]  |
| 12 Meconium-stained liquor                        | 7 | 2409 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.02 [0.80, 1.29]  |
| 12.1 25 mcg                                       | 4 | 1591 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.10 [0.82, 1.46]  |
| 12.2 50 mcg                                       | 3 | 618  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.90 [0.51, 1.59]  |
| 12.3 100 mcg                                      | 1 | 200  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.81 [0.41, 1.60]  |
| 13 Apgar score < 7 at 5 minutes                   | 5 | 2038 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.65 [0.37, 1.13]  |
| 13.1 25 mcg                                       | 4 | 1980 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.65 [0.37, 1.13]  |
| 13.2 50 mcg                                       | 1 | 58   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 14 Neonatal intensive care unit admission         | 8 | 3039 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.87 [0.63, 1.19]  |
| 14.1 25 mcg                                       | 6 | 2479 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.87 [0.61, 1.25]  |
| 14.2 50 mcg                                       | 1 | 360  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.5 [0.11, 2.32]   |
| 14.3 100 mcg                                      | 1 | 200  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.0 [0.47, 2.12]   |
| 15 Neonatal encephalopathy                        | 2 | 1101 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 15.1 25 mcg                                       | 1 | 741  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 15.2 50 mcg                                       | 1 | 360  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16 Perinatal death                                | 5 | 2249 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.60 [0.08, 4.50]  |
| 16.1 25 mcg                                       | 4 | 1982 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.60 [0.08, 4.50]  |
| 16.2 50 mcg                                       | 1 | 267  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 18 Maternal side effects (all)                    | 4 | 1948 | Risk Ratio (M-H, Random, 95% CI) | 1.04 [0.86, 1.26]  |
| 18.1 25 mcg                                       | 4 | 1948 | Risk Ratio (M-H, Random, 95% CI) | 1.04 [0.86, 1.26]  |
| 18.2 50 mcg                                       | 0 | 0    | Risk Ratio (M-H, Random, 95% CI) | Not estimable      |
| 19 Nausea   | 3 | 1101 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.62, 1.34]  |
| 19.1 25 mcg                                       | 2 | 1043 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.89 [0.60, 1.32]  |
| 19.2 50 mcg                                       | 1 | 58   | Risk Ratio (M-H, Fixed, 95% CI)  | 2.14 [0.21, 22.35] |
| 20 Vomiting                                       | 3 | 1632 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.11 [0.79, 1.54]  |

|   |   |      |                                  |                   |
|---|---|------|----------------------------------|-------------------|
| 20.1 25 mcg   | 2 | 1432 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.05 [0.71, 1.56] |
| 20.2 50 mcg   | 1 | 200  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.27 [0.68, 2.35] |
| 21 Diarrhoea  | 2 | 1056 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.78 [0.36, 1.68] |
| 21.1 25 mcg   | 2 | 1056 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.78 [0.36, 1.68] |
| 21.2 50 mcg   | 0 | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 22 Shivering  | 2 | 891  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.05 [0.81, 1.37] |
| 22.1 25 mcg   | 2 | 891  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.05 [0.81, 1.37] |
| 22.2 50 mcg   | 0 | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 23 Postpartum haemorrhage   | 4 | 1982 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.77, 1.10] |
| 23.1 25 mcg   | 4 | 1982 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.77, 1.10] |
| 23.2 50 mcg   | 0 | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 24 Serious maternal complications   | 1 | 692  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 24.1 25 mcg   | 1 | 692  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 24.2 50 mcg   | 0 | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 25 Hyperpyrexia   | 1 | 741  | Odds Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 25.1 25 mcg   | 1 | 741  | Odds Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 31 Oxytocin augmentation<br>(subgroup by quality)                           | 6 | 1468 | Risk Ratio (M-H, Random, 95% CI) | 1.02 [0.77, 1.35] |
| 31.1 High quality   | 6 | 1468 | Risk Ratio (M-H, Random, 95% CI) | 1.02 [0.77, 1.35] |
| 31.2 Poor/unknown quality   | 0 | 0    | Risk Ratio (M-H, Random, 95% CI) | Not estimable     |
| 32 Uterine hyperstimulation<br>without FHR changes<br>(subgroup by quality) | 5 | 1416 | Risk Ratio (M-H, Random, 95% CI) | 1.63 [0.75, 3.55] |
| 32.1 High quality   | 5 | 1416 | Risk Ratio (M-H, Random, 95% CI) | 1.63 [0.75, 3.55] |
| 32.2 Poor/unknown quality   | 0 | 0    | Risk Ratio (M-H, Random, 95% CI) | Not estimable     |

#### Comparison 11. Oral misoprostol versus vaginal PG (2): all women with intact membranes

| Outcome or subgroup title                         | No. of studies | No. of participants | Statistical method               | Effect size       |
|---|----------------|---------------------|----------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours   | 5              | 2018                | Risk Ratio (M-H, Fixed, 95% CI)  | 1.10 [1.00, 1.22] |
| 2 Uterine hyperstimulation with FHR changes       | 5              | 1543                | Risk Ratio (M-H, Fixed, 95% CI)  | 1.08 [0.55, 2.10] |
| 3 Caesarean section                               | 7              | 2481                | Risk Ratio (M-H, Fixed, 95% CI)  | 0.81 [0.70, 0.93] |
| 4 Serious neonatal morbidity or perinatal death   | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 4.1 25 mcg  | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5 Serious maternal morbidity or death             | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5.1 25 mcg  | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 6 Cervix unfavourable/unchanged after 12-24 hours | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.51 [1.03, 2.20] |
| 6.1 25 mcg  | 1              | 741                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.51 [1.03, 2.20] |
| 7 Oxytocin augmentation                           | 6              | 1913                | Risk Ratio (M-H, Random, 95% CI) | 1.11 [0.91, 1.36] |
| 8 Uterine hyperstimulation without FHR changes    | 3              | 999                 | Risk Ratio (M-H, Random, 95% CI) | 1.11 [0.13, 9.23] |
| 9 Ruptured uterus                                 | 4              | 1655                | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |

|   |   |      |                                  |                   |
|---|---|------|----------------------------------|-------------------|
| 10 Epidural analgesia                     | 2 | 799  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.08 [0.98, 1.19] |
| 11 Instrumental vaginal delivery          | 3 | 1293 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.84, 1.40] |
| 12 Meconium-stained liquor                | 6 | 1913 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.05 [0.80, 1.38] |
| 13 Apgar score < 7 at 5 minutes           | 3 | 1147 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.58 [0.25, 1.37] |
| 14 Neonatal intensive care unit admission | 5 | 1852 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.07 [0.67, 1.70] |
| 15 Neonatal encephalopathy                | 2 | 1101 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 16 Perinatal death                        | 2 | 1091 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.33 [0.01, 8.03] |
| 17 Maternal side effects (all)            | 2 | 1057 | Risk Ratio (M-H, Random, 95% CI) | 0.94 [0.68, 1.30] |
| 18 Nausea                                 | 3 | 1101 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.62, 1.34] |
| 19 Vomiting                               | 2 | 941  | Risk Ratio (M-H, Random, 95% CI) | 0.80 [0.27, 2.39] |
| 20 Diarrhoea                              | 2 | 1056 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.78 [0.36, 1.68] |
| 21 Hyperpyrexia                           | 1 | 741  | Odds Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 21.1 25 mcg                               | 1 | 741  | Odds Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 22 Postpartum haemorrhage                 | 2 | 1090 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.85 [0.67, 1.07] |
| 23 Serious maternal complications         | 0 | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |

#### Comparison 12. Oral misoprostol versus vaginal PG (2): all women with ruptured membranes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 2              | 168                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.60 [0.37, 0.97] |
| 3 Caesarean section                             | 1              | 125                 | Risk Ratio (M-H, Fixed, 95% CI) | 2.05 [0.81, 5.20] |

#### Comparison 13. Oral misoprostol versus vaginal PG (2): all women with unfavourable cervixes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 137                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.98 [0.70, 1.37] |

#### Comparison 14. Oral misoprostol versus vaginal PG (2): all women with favourable cervixes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 63                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.94 [0.71, 1.25] |



**Comparison 18. Oral misoprostol versus vaginal PG (2): all primiparae**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size       |
|---|----------------|---------------------|----------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 2              | 453                 | Risk Ratio (M-H, Random, 95% CI) | 0.88 [0.61, 1.27] |
| 2 Uterine hyperstimulation with FHR changes     | 1              | 171                 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.7 [0.29, 25.44] |
| 3 Caesarean section                             | 1              | 334                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.87 [0.62, 1.24] |

**Comparison 19. Oral misoprostol versus vaginal PG (2): all multiparae**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size       |
|---|----------------|---------------------|----------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 2              | 437                 | Risk Ratio (M-H, Random, 95% CI) | 1.24 [0.86, 1.79] |
| 2 Uterine hyperstimulation with FHR changes     | 1              | 96                  | Risk Ratio (M-H, Fixed, 95% CI)  | 3.0 [0.13, 71.85] |
| 3 Caesarean section                             | 1              | 356                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.62 [0.31, 1.23] |

**Comparison 20. Oral misoprostol versus intracervical PG (3): all women**

| Outcome or subgroup title                         | No. of studies | No. of participants | Statistical method              | Effect size        |
|---|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved within 24 hours   | 2              | 391                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.81 [0.65, 1.00]  |
| 1.2 50 mcg  | 1              | 191                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.89 [0.67, 1.19]  |
| 1.4 200 mcg                                       | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.72 [0.52, 1.00]  |
| 2 Uterine hyperstimulation with FHR changes       | 3              | 490                 | Risk Ratio (M-H, Fixed, 95% CI) | 3.57 [1.11, 11.54] |
| 2.1 50 mcg  | 1              | 100                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.0 [0.06, 15.55]  |
| 2.3 200 mcg                                       | 2              | 390                 | Risk Ratio (M-H, Fixed, 95% CI) | 4.6 [1.19, 17.80]  |
| 3 Caesarean section                               | 4              | 681                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.85 [0.62, 1.16]  |
| 3.2 50 mcg  | 2              | 291                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.92 [0.58, 1.47]  |
| 3.4 200 mcg                                       | 2              | 390                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.79 [0.52, 1.22]  |
| 4 Serious neonatal morbidity or perinatal death   | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 4.1 200 mcg                                       | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 5 Serious maternal morbidity or death             | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 5.1 200 mcg                                       | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 6 Cervix unfavourable/unchanged after 12-24 hours | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.67 [0.43, 1.03]  |

|  |   |     |                                  |                     |
|--|---|-----|----------------------------------|---------------------|
| 6.1 200 mcg                                    | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.67 [0.43, 1.03]   |
| 7 Oxytocin augmentation                        | 3 | 491 | Risk Ratio (M-H, Random, 95% CI) | 0.83 [0.64, 1.08]   |
| 7.2 50 mcg                                     | 2 | 291 | Risk Ratio (M-H, Random, 95% CI) | 1.02 [0.60, 1.72]   |
| 7.4 200 mcg                                    | 1 | 200 | Risk Ratio (M-H, Random, 95% CI) | 0.76 [0.61, 0.96]   |
| 8 Uterine hyperstimulation without FHR changes | 1 | 190 | Risk Ratio (M-H, Fixed, 95% CI)  | 17.0 [1.00, 290.42] |
| 8.1 200 mcg                                    | 1 | 190 | Risk Ratio (M-H, Fixed, 95% CI)  | 17.0 [1.00, 290.42] |
| 9 Uterine rupture                              | 3 | 581 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 9.2 50 mcg                                     | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 9.4 200 mcg                                    | 2 | 390 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 11 Instrumental vaginal delivery               | 2 | 390 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.63, 1.49]   |
| 11.1 200 mcg                                   | 2 | 390 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.63, 1.49]   |
| 12 Meconium-stained liquor                     | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.55 [0.98, 2.46]   |
| 12.2 50 mcg                                    | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.71 [0.86, 3.40]   |
| 12.4 200 mcg                                   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.43 [0.77, 2.67]   |
| 13 Apgar score < 7 at 5 minutes                | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.20 [0.01, 4.07]   |
| 13.2 50 mcg                                    | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.20 [0.01, 4.07]   |
| 13.4 200 mcg                                   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 14 Neonatal intensive care unit admission      | 3 | 491 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.51, 2.36]   |
| 14.2 50 mcg                                    | 2 | 291 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 14.4 200 mcg                                   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.51, 2.36]   |
| 15 Neonatal encephalopathy                     | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 15.2 50 mcg                                    | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 15.4 200 mcg                                   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 16 Perinatal death                             | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 16.2 50 mcg                                    | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 16.4 200 mcg                                   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 18 Maternal side-effects (all)                 | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.5 [0.05, 5.43]    |
| 18.1 200 mcg                                   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.5 [0.05, 5.43]    |
| 25 Maternal death                              | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 25.1 50 mcg                                    | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 31 Oxytocin augmentation (subgroup by quality) | 2 | 391 | Risk Ratio (M-H, Random, 95% CI) | 0.94 [0.50, 1.77]   |
| 31.1 High quality                              | 2 | 391 | Risk Ratio (M-H, Random, 95% CI) | 0.94 [0.50, 1.77]   |
| 31.2 Unknown/poor quality                      | 0 | 0   | Risk Ratio (M-H, Random, 95% CI) | Not estimable       |

## Comparison 21. Oral misoprostol versus intracervical PG (3): all women with intact membranes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 2              | 391                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.81 [0.65, 1.00] |
| 1.2 50 mcg                                      | 1              | 191                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.89 [0.67, 1.19] |
| 1.4 200 mcg                                     | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.72 [0.52, 1.00] |
| 2 Uterine hyperstimulation with FHR changes     | 2              | 390                 | Risk Ratio (M-H, Fixed, 95% CI) | 4.6 [1.19, 17.80] |
| 2.1 200 mcg                                     | 2              | 390                 | Risk Ratio (M-H, Fixed, 95% CI) | 4.6 [1.19, 17.80] |
| 3 Caesarean section                             | 3              | 581                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.87 [0.62, 1.20] |

|   |   |     |                                  |                     |
|---|---|-----|----------------------------------|---------------------|
| 3.2 50 mcg  | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.99 [0.59, 1.66]   |
| 3.4 200 mcg                                       | 2 | 390 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.79 [0.52, 1.22]   |
| 4 Serious neonatal morbidity or perinatal death   | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 4.1 200 mcg                                       | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 5 Serious maternal morbidity or death             | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 5.1 200 mcg                                       | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 6 Cervix unfavourable/unchanged after 12-24 hours | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.67 [0.43, 1.03]   |
| 6.1 200 mcg                                       | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.67 [0.43, 1.03]   |
| 7 Oxytocin augmentation                           | 2 | 391 | Risk Ratio (M-H, Random, 95% CI) | 0.94 [0.50, 1.77]   |
| 7.1 200 mcg                                       | 1 | 200 | Risk Ratio (M-H, Random, 95% CI) | 0.76 [0.61, 0.96]   |
| 7.2 50 mcg  | 1 | 191 | Risk Ratio (M-H, Random, 95% CI) | 1.48 [0.64, 3.47]   |
| 8 Uterine rupture                                 | 3 | 581 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 8.1 200 mcg                                       | 2 | 390 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 8.2 50 mcg  | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 9 Instrumental vaginal delivery                   | 3 | 392 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.63, 1.49]   |
| 9.1 200 mcg                                       | 3 | 392 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.63, 1.49]   |
| 10 Meconium-stained liquor                        | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.55 [0.98, 2.46]   |
| 10.1 200 mcg                                      | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.43 [0.77, 2.67]   |
| 10.2 50 mcg                                       | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.71 [0.86, 3.40]   |
| 11 Uterine hyperstimulation without FHR changes   | 1 | 190 | Risk Ratio (M-H, Fixed, 95% CI)  | 17.0 [1.00, 290.42] |
| 11.1 200 mcg                                      | 1 | 190 | Risk Ratio (M-H, Fixed, 95% CI)  | 17.0 [1.00, 290.42] |
| 12 Apgar score < 7 at 5 minutes                   | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.20 [0.01, 4.07]   |
| 12.1 200 mcg                                      | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 12.2 50 mcg                                       | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.20 [0.01, 4.07]   |
| 13 Neonatal intensive care unit admission         | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.51, 2.36]   |
| 13.1 200 mcg                                      | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.51, 2.36]   |
| 13.2 50 mcg                                       | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 14 Neonatal encephalopathy                        | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 14.1 200 mcg                                      | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 14.2 50 mcg                                       | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 15 Perinatal death                                | 2 | 391 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 15.1 200 mcg                                      | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 15.2 50 mcg                                       | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 16 Maternal side effects (all)                    | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.5 [0.05, 5.43]    |
| 16.1 200 mcg                                      | 1 | 200 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.5 [0.05, 5.43]    |
| 17 Maternal death                                 | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |
| 17.1 50 mcg                                       | 1 | 191 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable       |

### Comparison 30. Oral misoprostol versus oxytocin (4): all women

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size        |
|---|----------------|---------------------|----------------------------------|--------------------|
| 1 Vaginal delivery not achieved in 24 hours     | 5              | 533                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.17 [0.77, 1.80]  |
| 1.1 25 mcg                                      | 1              | 30                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.71 [0.30, 1.68]  |
| 1.2 50 mcg                                      | 1              | 70                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 1.3 100 mcg                                     | 3              | 433                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.31 [0.81, 2.14]  |
| 2 Uterine hyperstimulation with FHR changes     | 7              | 947                 | Risk Ratio (M-H, Random, 95% CI) | 1.30 [0.43, 3.91]  |
| 2.1 25 mcg                                      | 1              | 30                  | Risk Ratio (M-H, Random, 95% CI) | Not estimable      |
| 2.2 50 mcg                                      | 1              | 108                 | Risk Ratio (M-H, Random, 95% CI) | 0.96 [0.25, 3.66]  |
| 2.3 100 mcg                                     | 5              | 809                 | Risk Ratio (M-H, Random, 95% CI) | 1.54 [0.35, 6.75]  |
| 3 Caesarean section                             | 8              | 1026                | Risk Ratio (M-H, Fixed, 95% CI)  | 0.93 [0.69, 1.26]  |
| 3.1 25 mcg                                      | 1              | 30                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.57 [0.22, 1.50]  |
| 3.2 50 mcg                                      | 2              | 178                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.17 [0.51, 2.68]  |
| 3.3 100 mcg                                     | 5              | 818                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.94 [0.66, 1.33]  |
| 4 Serious neonatal morbidity or perinatal death | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 4.1 100 mcg                                     | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 5 Serious maternal morbidity or death           | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 5.1 100 mcg                                     | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 7 Oxytocin augmentation                         | 1              | 105                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.52 [0.39, 0.69]  |
| 7.1 100 mcg                                     | 1              | 105                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.52 [0.39, 0.69]  |
| 8 Uterine hyperstimulation without FHR changes  | 4              | 731                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.59, 1.42]  |
| 8.1 100 mcg                                     | 4              | 731                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.59, 1.42]  |
| 9 Uterine rupture                               | 2              | 303                 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.41 [0.10, 58.33] |
| 9.1 100 mcg                                     | 2              | 303                 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.41 [0.10, 58.33] |
| 10 Epidural analgesia                           | 3              | 518                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.98 [0.89, 1.08]  |
| 10.1 25 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 10.2 50 mcg                                     | 1              | 108                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.82 [0.53, 1.25]  |
| 10.3 100 mcg                                    | 2              | 410                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.01 [0.91, 1.11]  |
| 11 Instrumental vaginal delivery                | 4              | 598                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.95 [0.66, 1.35]  |
| 11.1 25 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 11.2 50 mcg                                     | 1              | 108                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.96 [0.48, 1.95]  |
| 11.3 100 mcg                                    | 3              | 490                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.94 [0.62, 1.42]  |
| 12 Meconium-stained liquor                      | 6              | 916                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.72 [1.08, 2.74]  |
| 12.1 25 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 12.2 50 mcg                                     | 2              | 178                 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.06 [0.60, 7.06]  |
| 12.3 100 mcg                                    | 4              | 738                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.67 [1.01, 2.76]  |
| 13 Apgar score < 7 at 5 minutes                 | 4              | 716                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.38 [0.42, 4.58]  |
| 13.1 25 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 13.2 50 mcg                                     | 1              | 108                 | Risk Ratio (M-H, Fixed, 95% CI)  | 4.82 [0.24, 98.13] |
| 13.3 100 mcg                                    | 3              | 608                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.95 [0.24, 3.80]  |
| 14 Neonatal intensive care unit admission       | 6              | 866                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.23 [0.85, 1.77]  |
| 14.1 25 mcg                                     | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |

|  |   |     |                                  |                    |
|--|---|-----|----------------------------------|--------------------|
| 14.2 50 mcg  | 2 | 178 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.20 [0.51, 2.82]  |
| 14.3 100 mcg   | 4 | 688 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.23 [0.82, 1.85]  |
| 15 Neonatal encephalopathy   | 3 | 283 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 15.1 25 mcg  | 0 | 0   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 15.2 50 mcg  | 2 | 178 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 15.3 100 mcg   | 1 | 105 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16 Perinatal death   | 3 | 493 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.76 [0.11, 67.13] |
| 16.1 25 mcg  | 0 | 0   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16.2 50 mcg  | 1 | 108 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16.3 100 mcg   | 2 | 385 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.76 [0.11, 67.13] |
| 19 Nausea  | 2 | 235 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.90 [0.37, 2.22]  |
| 19.1 100 mcg   | 2 | 235 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.90 [0.37, 2.22]  |
| 20 Vomiting  | 2 | 235 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.17 [0.43, 3.18]  |
| 20.1 100 mcg   | 2 | 235 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.17 [0.43, 3.18]  |
| 21 Diarrhoea   | 1 | 105 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 21.1 100 mcg   | 1 | 105 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 23 Postpartum haemorrhage  | 2 | 410 | Risk Ratio (M-H, Random, 95% CI) | 0.89 [0.06, 13.31] |
| 23.1 100 mcg   | 2 | 410 | Risk Ratio (M-H, Random, 95% CI) | 0.89 [0.06, 13.31] |
| 31 Uterine hyperstimulation with FHR changes (subgroup by quality) | 6 | 917 | Risk Ratio (M-H, Random, 95% CI) | 1.30 [0.43, 3.91]  |
| 31.1 High quality  | 1 | 130 | Risk Ratio (M-H, Random, 95% CI) | 5.0 [0.60, 41.63]  |
| 31.2 Unknown/poor quality  | 5 | 787 | Risk Ratio (M-H, Random, 95% CI) | 1.03 [0.31, 3.45]  |
| 32 Postpartum haemorrhage (subgroup by quality)                    | 2 | 410 | Risk Ratio (M-H, Random, 95% CI) | 0.89 [0.06, 13.31] |
| 32.1 High quality  | 2 | 410 | Risk Ratio (M-H, Random, 95% CI) | 0.89 [0.06, 13.31] |

### Comparison 32. Oral misoprostol versus oxytocin (4): all women with ruptured membranes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size       |
|---|----------------|---------------------|----------------------------------|-------------------|
| 1 Vaginal delivery not achieved in 24 hours     | 3              | 265                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.95 [0.56, 1.64] |
| 2 Uterine hyperstimulation with FHR changes     | 6              | 749                 | Risk Ratio (M-H, Random, 95% CI) | 1.00 [0.33, 3.05] |
| 3 Caesarean section                             | 6              | 758                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.66, 1.28] |
| 4 Serious neonatal morbidity or perinatal death | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5 Serious maternal morbidity or death           | 1              | 80                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 7 Oxytocin augmentation                         | 1              | 105                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.52 [0.39, 0.69] |
| 8 Uterine hyperstimulation without FHR changes  | 3              | 533                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.92 [0.59, 1.44] |
| 9 Uterine rupture                               | 1              | 105                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 10 Epidural analgesia                           | 3              | 518                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.98 [0.89, 1.08] |
| 11 Instrumental vaginal delivery                | 4              | 598                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.95 [0.66, 1.35] |
| 12 Meconium-stained liquor                      | 4              | 648                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.71 [0.91, 3.23] |
| 13 Apgar score < 7 at 5 minutes                 | 3              | 518                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.38 [0.42, 4.58] |

|   |   |     |                                  |                    |
|---|---|-----|----------------------------------|--------------------|
| 14 Neonatal intensive care unit admission | 4 | 598 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.34 [0.89, 2.03]  |
| 15 Neonatal encephalopathy                | 2 | 213 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16 Perinatal death                        | 3 | 493 | Risk Ratio (M-H, Fixed, 95% CI)  | 2.76 [0.11, 67.13] |
| 19 Nausea                                 | 2 | 235 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.90 [0.37, 2.22]  |
| 20 Vomiting                               | 2 | 235 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.17 [0.43, 3.18]  |
| 21 Diarrhoea                              | 1 | 105 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 23 Postpartum haemorrhage                 | 2 | 410 | Risk Ratio (M-H, Random, 95% CI) | 0.89 [0.06, 13.31] |

### Comparison 36. Oral misoprostol versus oxytocin (4): all primiparae

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method              | Effect size        |
|--|----------------|---------------------|---------------------------------|--------------------|
| 1 Uterine hyperstimulation with FHR changes    | 1              | 303                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.57 [0.82, 3.01]  |
| 2 Caesarean section                            | 2              | 362                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.01 [0.67, 1.52]  |
| 3 Uterine hyperstimulation without FHR changes | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.22 [0.60, 2.50]  |
| 4 Epidural analgesia                           | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.02 [0.92, 1.13]  |
| 5 Instrumental vaginal delivery                | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.87 [0.46, 1.62]  |
| 6 Meconium-stained liquor                      | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.84 [0.71, 4.77]  |
| 7 Apgar score < 7 at 5 minutes                 | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.38 [0.23, 8.13]  |
| 8 Neonatal intensive care unit admission       | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.63 [0.96, 2.78]  |
| 9 Perinatal death                              | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 2.76 [0.11, 67.13] |
| 10 Postpartum haemorrhage                      | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.31 [0.08, 1.11]  |

### Comparison 38. Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method              | Effect size        |
|--|----------------|---------------------|---------------------------------|--------------------|
| 1 Uterine hyperstimulation with FHR changes    | 1              | 303                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.57 [0.82, 3.01]  |
| 2 Caesarean section                            | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.01 [0.65, 1.59]  |
| 3 Uterine hyperstimulation without FHR changes | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.22 [0.60, 2.50]  |
| 4 Epidural analgesia                           | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.02 [0.92, 1.13]  |
| 5 Instrumental vaginal delivery                | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.87 [0.46, 1.62]  |
| 6 Meconium-stained liquor                      | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.84 [0.71, 4.77]  |
| 7 Apgar score < 7 at 5 minutes                 | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.38 [0.23, 8.13]  |
| 8 Neonatal intensive care unit admission       | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.63 [0.96, 2.78]  |
| 9 Perinatal death                              | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 2.76 [0.11, 67.13] |
| 10 Postpartum haemorrhage                      | 1              | 305                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.31 [0.08, 1.11]  |

### Comparison 39. Oral misoprostol versus oxytocin (4): all multiparae

| Outcome or subgroup title | No. of studies | No. of participants | Statistical method              | Effect size       |
|---------------------------|----------------|---------------------|---------------------------------|-------------------|
| 1 Caesarean section       | 1              | 141                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.74 [0.15, 3.54] |

### Comparison 40. Oral versus vaginal misoprostol (7): all women

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size       |
|---|----------------|---------------------|----------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 10             | 1841                | Risk Ratio (M-H, Random, 95% CI) | 1.05 [0.76, 1.45] |
| 1.1 25 mcg                                      | 2              | 427                 | Risk Ratio (M-H, Random, 95% CI) | 0.51 [0.03, 9.68] |
| 1.2 50 mcg                                      | 5              | 901                 | Risk Ratio (M-H, Random, 95% CI) | 1.22 [0.84, 1.79] |
| 1.3 100 mcg                                     | 2              | 335                 | Risk Ratio (M-H, Random, 95% CI) | 1.02 [0.54, 1.95] |
| 1.4 200 mcg                                     | 1              | 178                 | Risk Ratio (M-H, Random, 95% CI) | 1.03 [0.64, 1.67] |
| 2 Uterine hyperstimulation with FHR changes     | 21             | 4405                | Risk Ratio (M-H, Random, 95% CI) | 0.68 [0.43, 1.08] |
| 2.1 25 mcg                                      | 2              | 427                 | Risk Ratio (M-H, Random, 95% CI) | 0.17 [0.03, 1.08] |
| 2.2 50 mcg                                      | 10             | 1666                | Risk Ratio (M-H, Random, 95% CI) | 0.39 [0.21, 0.71] |
| 2.3 100 mcg                                     | 8              | 1130                | Risk Ratio (M-H, Random, 95% CI) | 1.05 [0.62, 1.80] |
| 2.4 200 mcg                                     | 2              | 1182                | Risk Ratio (M-H, Random, 95% CI) | 1.61 [1.07, 2.43] |
| 3 Caesarean section                             | 25             | 5096                | Risk Ratio (M-H, Fixed, 95% CI)  | 0.93 [0.84, 1.03] |
| 3.1 25 mcg                                      | 1              | 207                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.23 [0.08, 0.67] |
| 3.2 50 mcg                                      | 14             | 2537                | Risk Ratio (M-H, Fixed, 95% CI)  | 0.89 [0.77, 1.02] |
| 3.3 100 mcg                                     | 9              | 1170                | Risk Ratio (M-H, Fixed, 95% CI)  | 0.82 [0.65, 1.05] |
| 3.4 200 mcg                                     | 2              | 1182                | Risk Ratio (M-H, Fixed, 95% CI)  | 1.22 [1.00, 1.48] |
| 4 Serious neonatal morbidity or perinatal death | 7              | 1152                | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 4.1 25 mcg                                      | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 4.2 50 mcg                                      | 4              | 783                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 4.3 100 mcg                                     | 2              | 191                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 4.4 200 mcg                                     | 1              | 178                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5 Serious maternal morbidity or death           | 6              | 1001                | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5.1 25 mcg                                      | 0              | 0                   | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5.2 50 mcg                                      | 4              | 783                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5.3 100 mcg                                     | 1              | 40                  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5.4 200 mcg                                     | 1              | 178                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 7 Oxytocin augmentation                         | 22             | 4557                | Risk Ratio (M-H, Random, 95% CI) | 1.19 [1.06, 1.34] |
| 7.1 25 mcg                                      | 2              | 427                 | Risk Ratio (M-H, Random, 95% CI) | 0.64 [0.06, 7.03] |
| 7.2 50 mcg                                      | 12             | 2088                | Risk Ratio (M-H, Random, 95% CI) | 1.43 [1.09, 1.88] |
| 7.3 100 mcg                                     | 7              | 860                 | Risk Ratio (M-H, Random, 95% CI) | 1.06 [0.89, 1.27] |
| 7.4 200 mcg                                     | 2              | 1182                | Risk Ratio (M-H, Random, 95% CI) | 1.01 [0.93, 1.09] |
| 8 Uterine hyperstimulation without FHR changes  | 9              | 1420                | Risk Ratio (M-H, Random, 95% CI) | 0.58 [0.35, 0.96] |
| 8.1 25 mcg                                      | 2              | 427                 | Risk Ratio (M-H, Random, 95% CI) | 0.36 [0.22, 0.59] |



|   |    |      |                                  |                    |
|---|----|------|----------------------------------|--------------------|
| 8.2 50 mcg                                | 3  | 476  | Risk Ratio (M-H, Random, 95% CI) | 0.65 [0.25, 1.65]  |
| 8.3 100 mcg                               | 4  | 517  | Risk Ratio (M-H, Random, 95% CI) | 0.70 [0.28, 1.76]  |
| 9 Uterine rupture                         | 4  | 1625 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 9.1 25 mcg                                | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 9.2 50 mcg                                | 3  | 621  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 9.3 200 mcg                               | 1  | 1004 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 10 Epidural analgesia                     | 4  | 1659 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.03 [0.96, 1.11]  |
| 10.1 25 mcg                               | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 10.2 50 mcg                               | 3  | 655  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.06 [0.95, 1.19]  |
| 10.3 200 mcg                              | 1  | 1004 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.01 [0.91, 1.11]  |
| 11 Instrumental vaginal delivery          | 12 | 2531 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.08 [0.89, 1.31]  |
| 11.1 25 mcg                               | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 11.2 50 mcg                               | 7  | 1113 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.16 [0.88, 1.53]  |
| 11.3 100 mcg                              | 4  | 414  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.42 [0.89, 2.25]  |
| 11.4 200 mcg                              | 1  | 1004 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.85 [0.61, 1.18]  |
| 12 Meconium-stained liquor                | 17 | 2762 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.21 [0.99, 1.47]  |
| 12.1 25 mcg                               | 1  | 220  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.45 [0.71, 2.99]  |
| 12.2 50 mcg                               | 9  | 1682 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.24 [0.95, 1.62]  |
| 12.3 100 mcg                              | 7  | 860  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.11 [0.80, 1.53]  |
| 13 Apgar score < 7 at 5 minutes           | 14 | 3270 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.65 [0.44, 0.97]  |
| 13.1 25 mcg                               | 2  | 427  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.40 [0.13, 1.17]  |
| 13.2 50 mcg                               | 7  | 1221 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.53 [0.17, 1.64]  |
| 13.3 100 mcg                              | 3  | 440  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.42 [0.12, 1.48]  |
| 13.4 200 mcg                              | 2  | 1182 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.83 [0.51, 1.37]  |
| 14 Neonatal intensive care unit admission | 16 | 3699 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.02 [0.85, 1.22]  |
| 14.1 25 mcg                               | 2  | 427  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.66 [0.27, 1.64]  |
| 14.2 50 mcg                               | 7  | 1396 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.04 [0.79, 1.37]  |
| 14.3 100 mcg                              | 6  | 694  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.86 [0.60, 1.22]  |
| 14.4 200 mcg                              | 2  | 1182 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.22 [0.85, 1.75]  |
| 15 Neonatal encephalopathy                | 5  | 1014 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.33 [0.01, 8.10]  |
| 15.1 25 mcg                               | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 15.2 50 mcg                               | 4  | 907  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.33 [0.01, 8.10]  |
| 15.3 100 mcg                              | 1  | 107  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16 Perinatal death                        | 8  | 1334 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16.1 25 mcg                               | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16.2 50 mcg                               | 4  | 797  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16.3 100 mcg                              | 4  | 359  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 16.4 200 mcg                              | 1  | 178  | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 18 Maternal side effects (all)            | 3  | 447  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.89 [0.53, 1.50]  |
| 18.1 25 mcg                               | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 18.2 50 mcg                               | 1  | 173  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.87 [0.49, 1.55]  |
| 18.3 100 mcg                              | 2  | 274  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.97 [0.29, 3.21]  |
| 19 Nausea                                 | 4  | 876  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.06 [0.76, 1.48]  |
| 19.1 25 mcg                               | 2  | 427  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.66 [0.76, 3.66]  |
| 19.2 50 mcg                               | 2  | 449  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.94 [0.65, 1.35]  |
| 20 Vomiting                               | 6  | 1115 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.16 [0.78, 1.72]  |
| 20.1 25 mcg                               | 2  | 427  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.62 [0.70, 3.74]  |
| 20.2 50 mcg                               | 3  | 537  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.91 [0.57, 1.46]  |
| 20.3 100 mcg                              | 1  | 151  | Risk Ratio (M-H, Fixed, 95% CI)  | 3.04 [0.63, 14.59] |
| 21 Diarrhoea                              | 10 | 1702 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.63 [0.87, 3.06]  |
| 21.1 25 mcg                               | 2  | 427  | Risk Ratio (M-H, Fixed, 95% CI)  | 3.08 [0.63, 14.99] |



|  |    |      |                                  |                    |
|--|----|------|----------------------------------|--------------------|
| 21.2 50 mcg  | 5  | 888  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.35 [0.59, 3.05]  |
| 21.3 100 mcg   | 3  | 387  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.57 [0.42, 5.85]  |
| 23 Postpartum haemorrhage  | 7  | 930  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.61 [0.36, 1.05]  |
| 23.1 25 mcg  | 1  | 220  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.0 [0.21, 4.85]   |
| 23.2 50 mcg  | 2  | 350  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.70 [0.35, 1.37]  |
| 23.3 100 mcg   | 4  | 360  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.37 [0.12, 1.13]  |
| 26 Woman not satisfied   | 1  | 204  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.19 [0.08, 18.82] |
| 26.1 25 mcg  | 0  | 0    | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable      |
| 26.2 50 mcg  | 1  | 204  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.19 [0.08, 18.82] |
| 28 Shivering   | 2  | 411  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.98 [0.44, 2.19]  |
| 28.1 25 mcg  | 1  | 207  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.05 [0.07, 16.56] |
| 28.2 50 mcg  | 1  | 204  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.98 [0.42, 2.25]  |
| 31 Vaginal delivery not achieved within 24 hours (subgroup by quality) | 8  | 1430 | Risk Ratio (M-H, Random, 95% CI) | 1.27 [0.94, 1.71]  |
| 31.1 High quality  | 8  | 1430 | Risk Ratio (M-H, Random, 95% CI) | 1.27 [0.94, 1.71]  |
| 31.2 Unknown/poor quality  | 0  | 0    | Risk Ratio (M-H, Random, 95% CI) | Not estimable      |
| 32 Uterine hyperstimulation with FHR changes (subgroup by quality)     | 14 | 3330 | Risk Ratio (M-H, Random, 95% CI) | 0.83 [0.51, 1.35]  |
| 32.1 High quality  | 12 | 2907 | Risk Ratio (M-H, Random, 95% CI) | 0.86 [0.48, 1.53]  |
| 32.2 Unknown/poor quality  | 2  | 423  | Risk Ratio (M-H, Random, 95% CI) | 0.69 [0.19, 2.55]  |
| 33 Oxytocin augmentation (subgroup by quality)                         | 14 | 3402 | Risk Ratio (M-H, Random, 95% CI) | 1.28 [1.11, 1.48]  |
| 33.1 High quality  | 14 | 3402 | Risk Ratio (M-H, Random, 95% CI) | 1.28 [1.11, 1.48]  |
| 33.2 Unknown/poor quality  | 0  | 0    | Risk Ratio (M-H, Random, 95% CI) | Not estimable      |

#### Comparison 41. Oral versus vaginal misoprostol (7): all women with intact membranes

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method               | Effect size       |
|---|----------------|---------------------|----------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 6              | 976                 | Risk Ratio (M-H, Random, 95% CI) | 1.28 [0.93, 1.77] |
| 1.1 50 mcg                                      | 4              | 697                 | Risk Ratio (M-H, Random, 95% CI) | 1.34 [0.84, 2.15] |
| 1.2 100 mcg                                     | 1              | 101                 | Risk Ratio (M-H, Random, 95% CI) | 1.43 [1.01, 2.01] |
| 1.3 200mcg                                      | 1              | 178                 | Risk Ratio (M-H, Random, 95% CI) | 1.03 [0.64, 1.67] |
| 2 Uterine hyperstimulation with FHR changes     | 12             | 2811                | Risk Ratio (M-H, Random, 95% CI) | 0.84 [0.45, 1.55] |
| 2.1 50 mcg                                      | 7              | 1209                | Risk Ratio (M-H, Random, 95% CI) | 0.41 [0.14, 1.15] |
| 2.2 100 mcg                                     | 4              | 420                 | Risk Ratio (M-H, Random, 95% CI) | 0.27 [0.06, 1.30] |
| 2.3 200 mcg                                     | 2              | 1182                | Risk Ratio (M-H, Random, 95% CI) | 1.61 [1.07, 2.43] |
| 3 Caesarean section                             | 15             | 3306                | Risk Ratio (M-H, Fixed, 95% CI)  | 1.01 [0.89, 1.15] |
| 4 Serious neonatal morbidity or perinatal death | 4              | 755                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 5 Serious maternal morbidity or death           | 3              | 604                 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 7 Oxytocin augmentation                         | 14             | 3308                | Risk Ratio (M-H, Random, 95% CI) | 1.30 [1.14, 1.47] |
| 7.1 50 mcg                                      | 10             | 1706                | Risk Ratio (M-H, Random, 95% CI) | 1.38 [1.24, 1.54] |

|  |    |      |                                  |                   |
|--|----|------|----------------------------------|-------------------|
| 7.2 100 mcg                                    | 4  | 420  | Risk Ratio (M-H, Random, 95% CI) | 1.28 [1.04, 1.56] |
| 7.3 200 mcg                                    | 2  | 1182 | Risk Ratio (M-H, Random, 95% CI) | 1.01 [0.93, 1.09] |
| 8 Uterine hyperstimulation without FHR changes | 5  | 795  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.31 [0.20, 0.48] |
| 9 Uterine rupture                              | 4  | 1625 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 10 Epidural analgesia                          | 3  | 1455 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.04 [0.95, 1.13] |
| 11 Instrumental vaginal delivery               | 8  | 2100 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.09 [0.89, 1.33] |
| 12 Meconium-stained liquor                     | 10 | 1816 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.30 [1.02, 1.64] |
| 13 Apgar score < 7 at 5 minutes                | 7  | 2119 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.80 [0.50, 1.29] |
| 14 Neonatal intensive care unit admission      | 10 | 2626 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.13 [0.90, 1.41] |
| 15 Neonatal encephalopathy                     | 3  | 611  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.33 [0.01, 8.10] |
| 16 Perinatal death                             | 7  | 1128 | Risk Ratio (M-H, Fixed, 95% CI)  | Not estimable     |
| 18 Maternal side effects (all)                 | 1  | 173  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.87 [0.49, 1.55] |
| 19 Nausea                                      | 1  | 245  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.98 [0.65, 1.47] |
| 20 Vomiting                                    | 3  | 484  | Risk Ratio (M-H, Random, 95% CI) | 1.31 [0.41, 4.17] |
| 21 Diarrhoea                                   | 6  | 847  | Risk Ratio (M-H, Fixed, 95% CI)  | 1.43 [0.68, 3.01] |
| 23 Postpartum haemorrhage                      | 4  | 465  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.36 [0.13, 1.05] |

#### Comparison 42. Oral versus vaginal misoprostol (7): all women with ruptured membranes

| Outcome or subgroup title                   | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 2 Uterine hyperstimulation with FHR changes | 1              | 270                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.27 [0.71, 2.29] |
| 3 Caesarean section                         | 1              | 270                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.97 [0.49, 1.91] |

#### Comparison 48. Oral versus vaginal misoprostol (7): all primiparae

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 106                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.25 [1.01, 1.55] |
| 3 Caesarean section                             | 2              | 85                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.89 [0.76, 4.71] |
| 4 Serious neonatal morbidity or perinatal death | 2              | 122                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 5 Serious maternal morbidity or death           | 2              | 122                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 11 Instrumental vaginal delivery                | 1              | 16                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.43 [0.06, 3.28] |
| 16 Perinatal death                              | 2              | 122                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |

**Comparison 49. Oral versus vaginal misoprostol (7): all primiparae with intact membranes**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 106                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.25 [1.01, 1.55] |
| 4 Serious neonatal morbidity or perinatal death | 1              | 106                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 5 Serious maternal morbidity or death           | 1              | 106                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 16 Perinatal death                              | 1              | 106                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |

**Comparison 50. Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 106                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.25 [1.01, 1.55] |
| 3 Caesarean section                             | 2              | 85                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.89 [0.76, 4.71] |
| 4 Serious neonatal morbidity or perinatal death | 2              | 122                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 5 Serious maternal morbidity or death           | 2              | 122                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 11 Instrumental vaginal delivery                | 1              | 16                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.43 [0.06, 3.28] |
| 16 Perinatal death                              | 2              | 122                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |

**Comparison 52. Oral versus vaginal misoprostol (7): all multiparae**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size        |
|---|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 114                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.41 [0.94, 2.11]  |
| 3 Caesarean section                             | 2              | 62                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.42 [0.11, 1.65]  |
| 4 Serious neonatal morbidity or perinatal death | 2              | 138                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 5 Serious maternal morbidity or death           | 2              | 138                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 11 Instrumental vaginal delivery                | 1              | 24                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.85 [0.06, 12.01] |
| 16 Perinatal death                              | 2              | 138                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |

**Comparison 53. Oral versus vaginal misoprostol (7): all multiparae with intact membranes**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 114                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.41 [0.94, 2.11] |

**Comparison 54. Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size        |
|---|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 114                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.41 [0.94, 2.11]  |
| 3 Caesarean section                             | 1              | 24                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.85 [0.06, 12.01] |
| 4 Serious neonatal morbidity or perinatal death | 2              | 138                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 5 Serious maternal morbidity or death           | 2              | 138                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 11 Instrumental vaginal delivery                | 1              | 24                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.85 [0.06, 12.01] |
| 16 Perinatal death                              | 2              | 138                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |

**Comparison 60. Oral misoprostol 50 mcg versus 100 mcg: all women**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size        |
|---|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.16 [0.95, 1.40]  |
| 2 Uterine hyperstimulation with FHR changes     | 2              | 317                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.20 [0.01, 4.09]  |
| 3 Caesarean section                             | 2              | 317                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.12 [0.73, 1.70]  |
| 4 Uterine hyperstimulation without FHR changes  | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.2 [0.01, 4.01]   |
| 7 Oxytocin augmentation                         | 2              | 317                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.15 [0.90, 1.46]  |
| 10 Epidural analgesia                           | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.93 [0.66, 1.30]  |
| 11 Instrumental vaginal delivery                | 2              | 317                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.91 [0.59, 1.38]  |
| 12 Meconium-stained liquor                      | 2              | 317                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.16 [0.71, 1.90]  |
| 13 Apgar score < 7 at 5 minutes                 | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.99 [0.06, 15.69] |
| 14 Neonatal intensive care unit admission       | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.79 [0.39, 1.63]  |
| 19 Nausea                                       | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.05 [0.71, 1.55]  |
| 21 Diarrhoea                                    | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |

**Comparison 61. Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes**

| Outcome or subgroup title                       | No. of studies | No. of participants | Statistical method              | Effect size        |
|---|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved within 24 hours | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.16 [0.95, 1.40]  |
| 2 Uterine hyperstimulation with FHR changes     | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.20 [0.01, 4.09]  |
| 3 Caesarean section                             | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.17 [0.75, 1.81]  |
| 7 Oxytocin augmentation                         | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.17 [0.91, 1.50]  |
| 10 Epidural analgesia                           | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.93 [0.66, 1.30]  |
| 11 Instrumental vaginal delivery                | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.85 [0.55, 1.30]  |
| 12 Meconium-stained liquor                      | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.08 [0.65, 1.79]  |
| 13 Apgar score < 7 at 5 minutes                 | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.99 [0.06, 15.69] |
| 14 Neonatal intensive care unit admission       | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.79 [0.39, 1.63]  |
| 19 Nausea                                       | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.05 [0.71, 1.55]  |
| 21 Diarrhoea                                    | 1              | 251                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |

**Comparison 62. Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes**

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method              | Effect size        |
|--|----------------|---------------------|---------------------------------|--------------------|
| 2 Uterine hyperstimulation with FHR changes    | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 3 Caesarean section                            | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.75 [0.18, 3.09]  |
| 4 Uterine hyperstimulation without FHR changes | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.2 [0.01, 4.01]   |
| 7 Oxytocin augmentation                        | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.0 [0.43, 2.35]   |
| 11 Instrumental vaginal delivery               | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | 5.0 [0.25, 100.32] |
| 12 Meconium-stained liquor                     | 1              | 66                  | Risk Ratio (M-H, Fixed, 95% CI) | 3.0 [0.33, 27.38]  |

**Comparison 70. Oral misoprostol 3/4-hourly versus 6-hourly: all women**

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method               | Effect size       |
|--|----------------|---------------------|----------------------------------|-------------------|
| 2 Uterine hyperstimulation with FHR changes    | 2              | 222                 | Risk Ratio (M-H, Random, 95% CI) | 0.54 [0.07, 4.30] |
| 2.1 50 micograms                               | 2              | 222                 | Risk Ratio (M-H, Random, 95% CI) | 0.54 [0.07, 4.30] |
| 3 Caesarean section                            | 2              | 222                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.41 [0.71, 2.80] |
| 7 Oxytocin augmentation                        | 2              | 222                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.82 [0.63, 1.07] |
| 8 Uterine hyperstimulation without FHR changes | 1              | 133                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.43 [0.25, 8.31] |

|                                  |   |     |                                 |                    |
|----------------------------------|---|-----|---------------------------------|--------------------|
| 11 Instrumental vaginal delivery | 2 | 222 | Risk Ratio (M-H, Fixed, 95% CI) | 0.61 [0.23, 1.61]  |
| 12 Meconium-stained liquor       | 1 | 89  | Risk Ratio (M-H, Fixed, 95% CI) | 3.20 [0.13, 76.60] |
| 19 Nausea                        | 2 | 222 | Risk Ratio (M-H, Fixed, 95% CI) | 0.23 [0.04, 1.31]  |
| 21 Diarrhoea                     | 1 | 89  | Risk Ratio (M-H, Fixed, 95% CI) | 0.36 [0.01, 8.51]  |

#### Comparison 71. Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method               | Effect size        |
|--|----------------|---------------------|----------------------------------|--------------------|
| 2 Uterine hyperstimulation with FHR changes    | 2              | 222                 | Risk Ratio (M-H, Random, 95% CI) | 0.54 [0.07, 4.30]  |
| 3 Caesarean section                            | 2              | 222                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.41 [0.71, 2.80]  |
| 7 Oxytocin augmentation                        | 2              | 222                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.82 [0.63, 1.07]  |
| 8 Uterine hyperstimulation without FHR changes | 1              | 133                 | Risk Ratio (M-H, Fixed, 95% CI)  | 1.43 [0.25, 8.31]  |
| 11 Instrumental vaginal delivery               | 2              | 222                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.61 [0.23, 1.61]  |
| 12 Meconium-stained liquor                     | 1              | 89                  | Risk Ratio (M-H, Fixed, 95% CI)  | 3.20 [0.13, 76.60] |
| 19 Nausea                                      | 2              | 222                 | Risk Ratio (M-H, Fixed, 95% CI)  | 0.23 [0.04, 1.31]  |
| 21 Diarrhoea                                   | 1              | 89                  | Risk Ratio (M-H, Fixed, 95% CI)  | 0.36 [0.01, 8.51]  |

#### Comparison 80. Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method              | Effect size       |
|--|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved in 24 hours    | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.89 [0.56, 1.42] |
| 2 Uterine hyperstimulation with FHR changes    | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 3 Caesarean section                            | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.87 [0.44, 1.73] |
| 8 Uterine hyperstimulation without FHR changes | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.0 [0.06, 15.77] |
| 11 Instrumental vaginal delivery               | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.33 [0.31, 5.81] |
| 13 Apgar score < 7 at 5 minutes                | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 14 Neonatal intensive care unit admission      | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.0 [0.06, 15.77] |
| 16 Postpartum haemorrhage                      | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 19 Diarrhoea                                   | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable     |
| 20 Vomiting                                    | 1              | 200                 | Risk Ratio (M-H, Fixed, 95% CI) | 1.33 [0.31, 5.81] |

### Comparison 81. Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all primiparae

| Outcome or subgroup title                   | No. of studies | No. of participants | Statistical method              | Effect size       |
|---|----------------|---------------------|---------------------------------|-------------------|
| 1 Vaginal delivery not achieved in 24 hours | 1              | 153                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.93 [0.59, 1.47] |
| 3 Caesarean section                         | 1              | 153                 | Risk Ratio (M-H, Fixed, 95% CI) | 0.95 [0.48, 1.89] |

### Comparison 90. Oral misoprostol versus delayed vaginal prostaglandins: all women with ruptured membranes

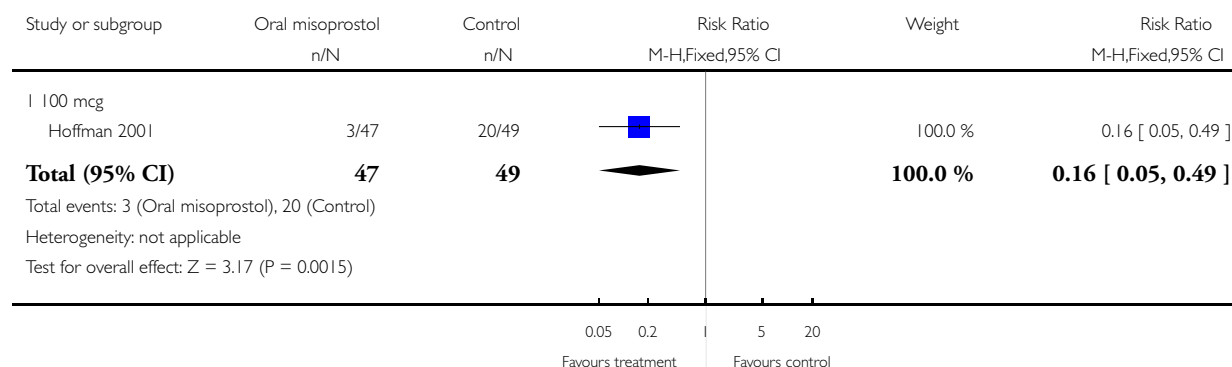
| Outcome or subgroup title                      | No. of studies | No. of participants | Statistical method              | Effect size        |
|--|----------------|---------------------|---------------------------------|--------------------|
| 1 Vaginal delivery not achieved in 24 hours    | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.52 [0.32, 0.83]  |
| 1.1 50 mcg                                     | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.52 [0.32, 0.83]  |
| 2 Uterine hyperstimulation with FHR changes    | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 2.1 50 mcg                                     | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 3 Caesarean section                            | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.03 [0.33, 3.21]  |
| 3.1 50 mcg                                     | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.03 [0.33, 3.21]  |
| 7 Oxytocin augmentation                        | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.81 [0.44, 1.49]  |
| 7.1 50 mcg                                     | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.81 [0.44, 1.49]  |
| 8 Uterine hyperstimulation without FHR changes | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.03 [0.16, 6.87]  |
| 8.1 50 mcg                                     | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.03 [0.16, 6.87]  |
| 11 Instrumental vaginal delivery               | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.26 [0.61, 2.60]  |
| 11.1 50 mcg                                    | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 1.26 [0.61, 2.60]  |
| 13 Apgar score < 7 at 5 minutes                | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 13.1 50 mcg                                    | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | Not estimable      |
| 14 Neonatal intensive care unit admission      | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 3.10 [0.13, 73.16] |
| 14.1 50 mcg                                    | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 3.10 [0.13, 73.16] |
| 19 Nausea                                      | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.69 [0.22, 2.20]  |
| 19.1 50 mcg                                    | 1              | 61                  | Risk Ratio (M-H, Fixed, 95% CI) | 0.69 [0.22, 2.20]  |

### Analysis 1.1. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 1 Vaginal delivery not achieved in 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 1 Vaginal delivery not achieved in 24 hours

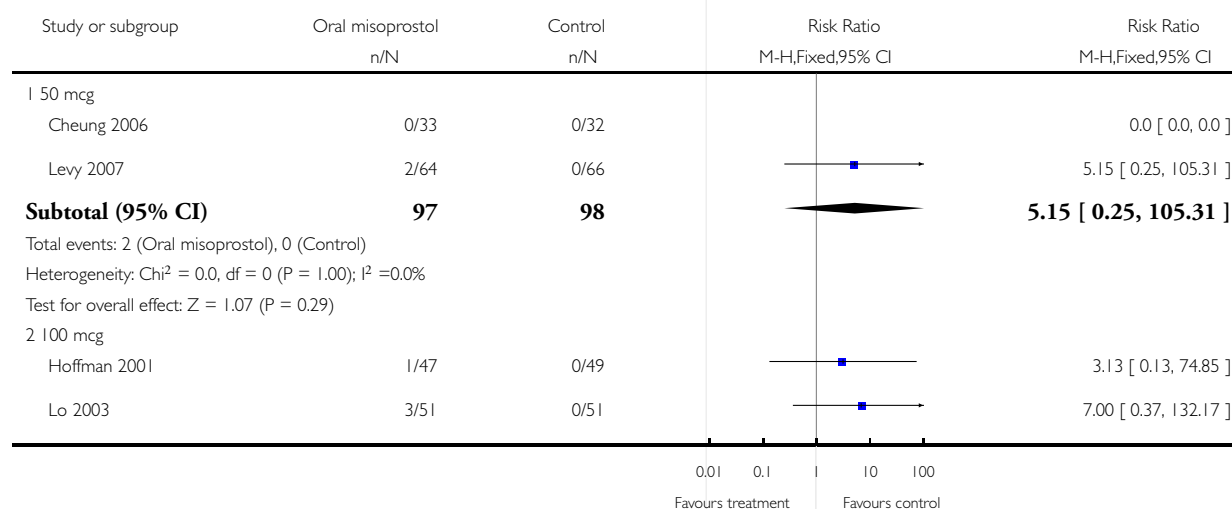


### Analysis 1.2. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

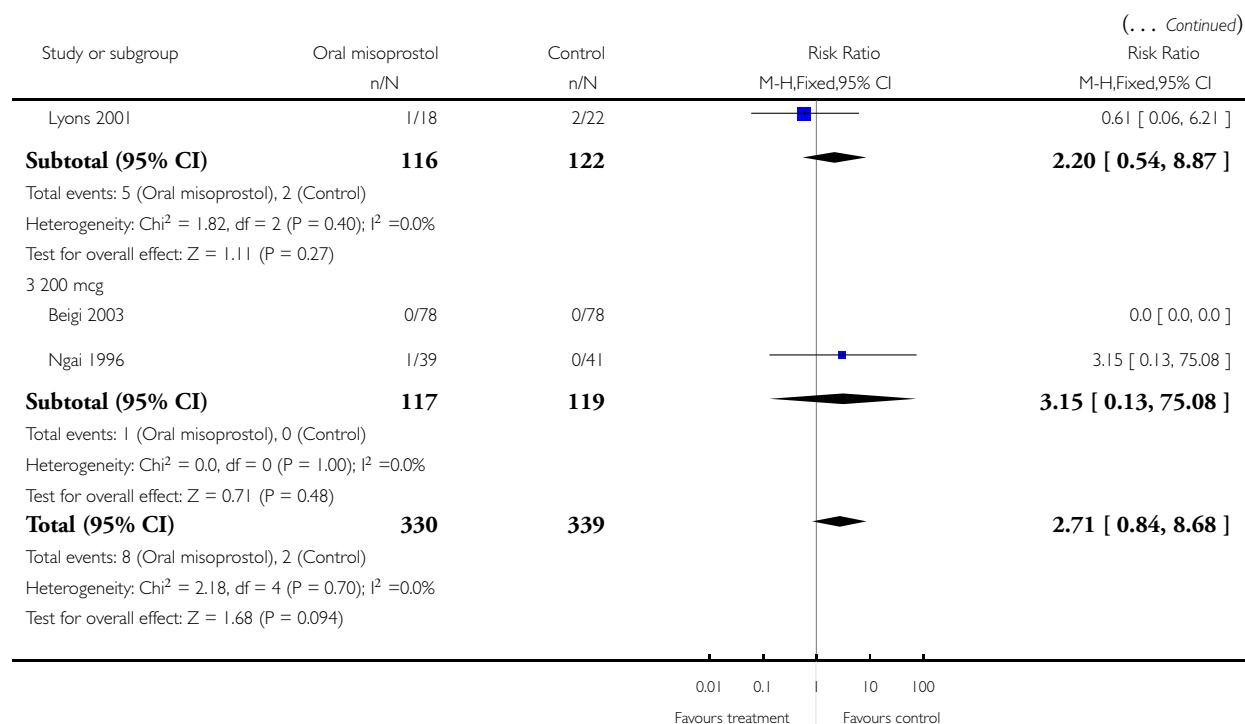
Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 2 Uterine hyperstimulation with FHR changes



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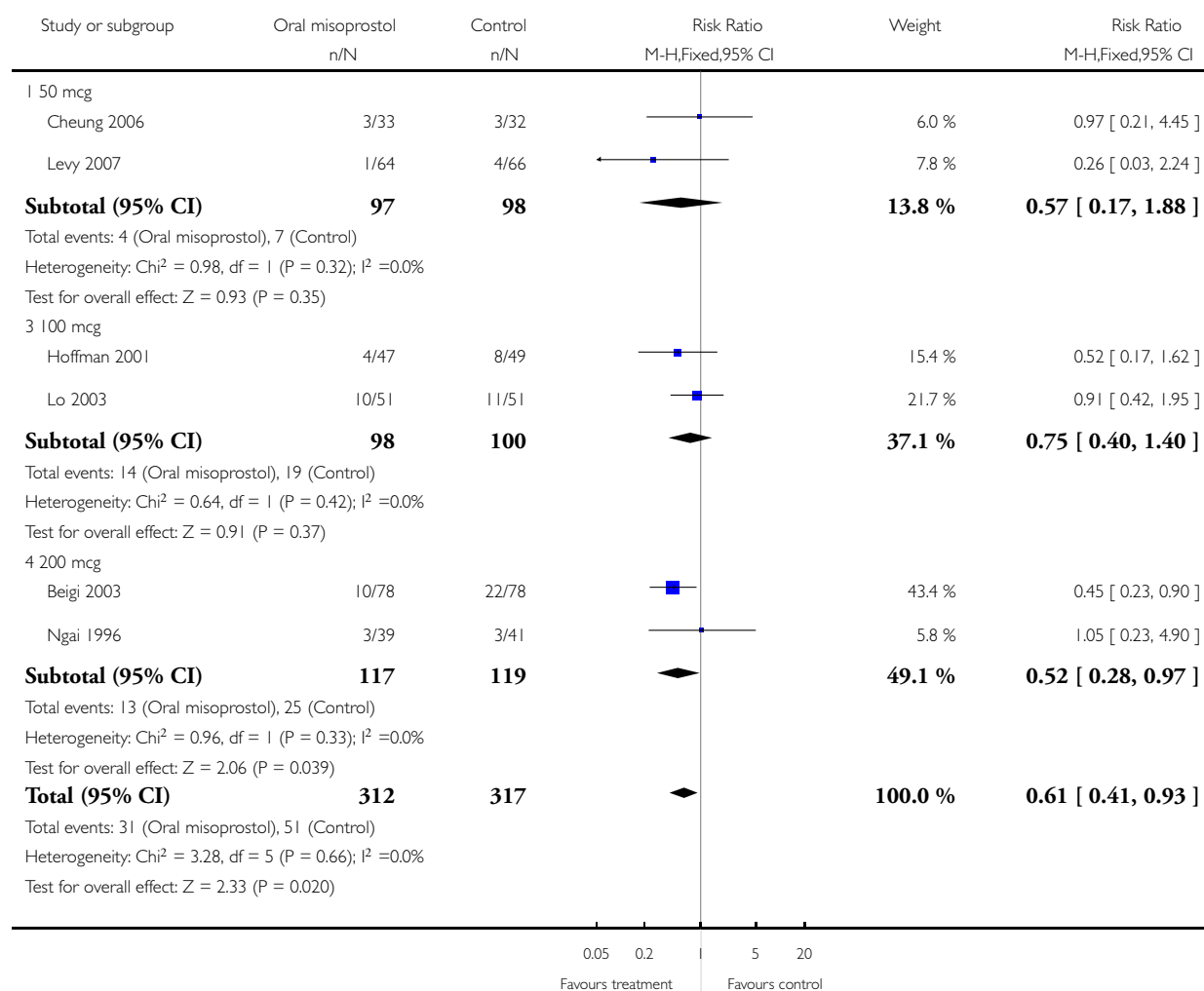


### Analysis 1.3. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 3 Caesarean section

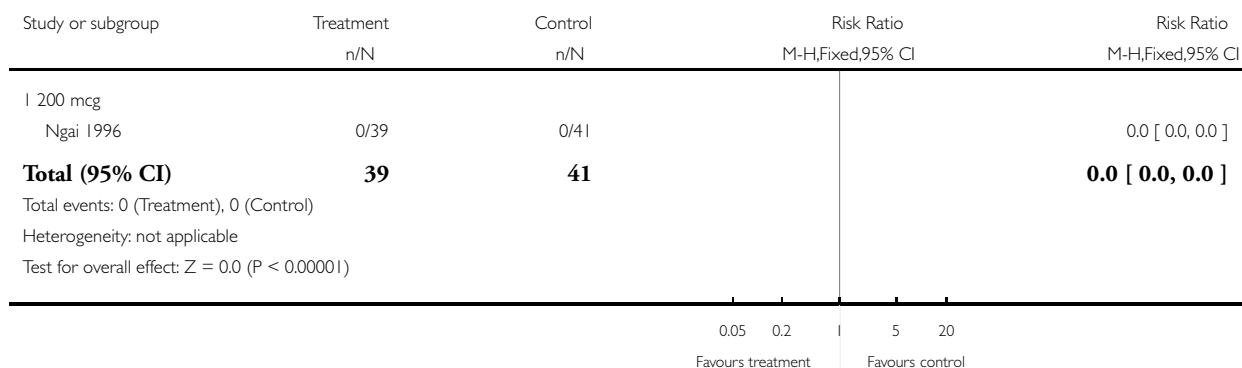


#### Analysis 1.4. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 4 Serious neonatal morbidity or perinatal death

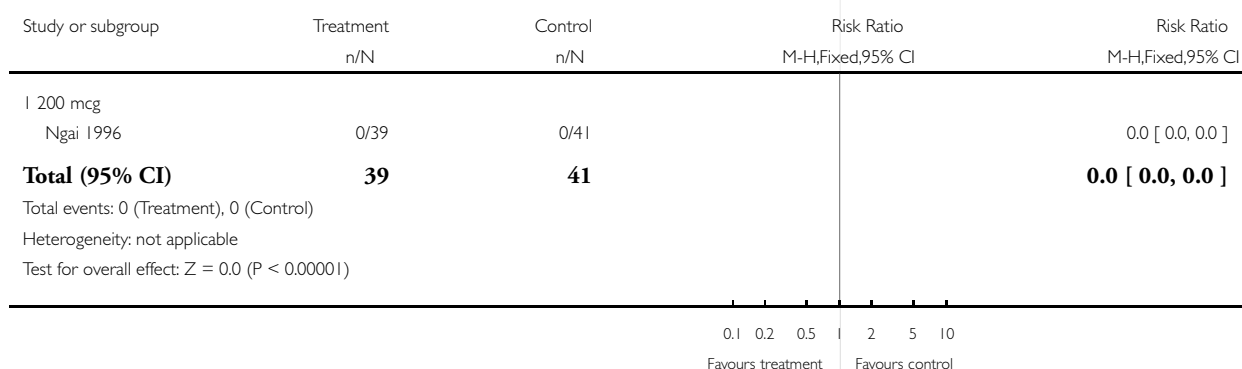


#### Analysis 1.5. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 5 Serious maternal morbidity or death

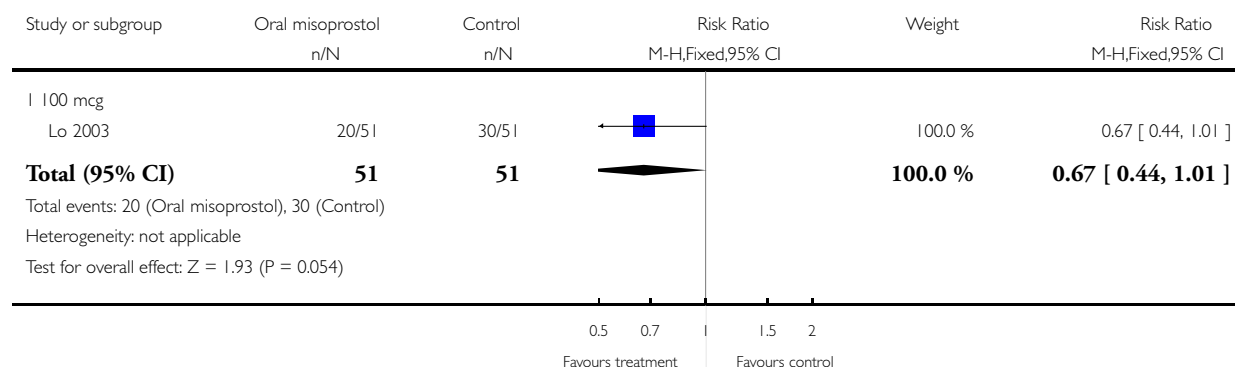


### Analysis 1.6. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 6 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 6 Epidural analgesia

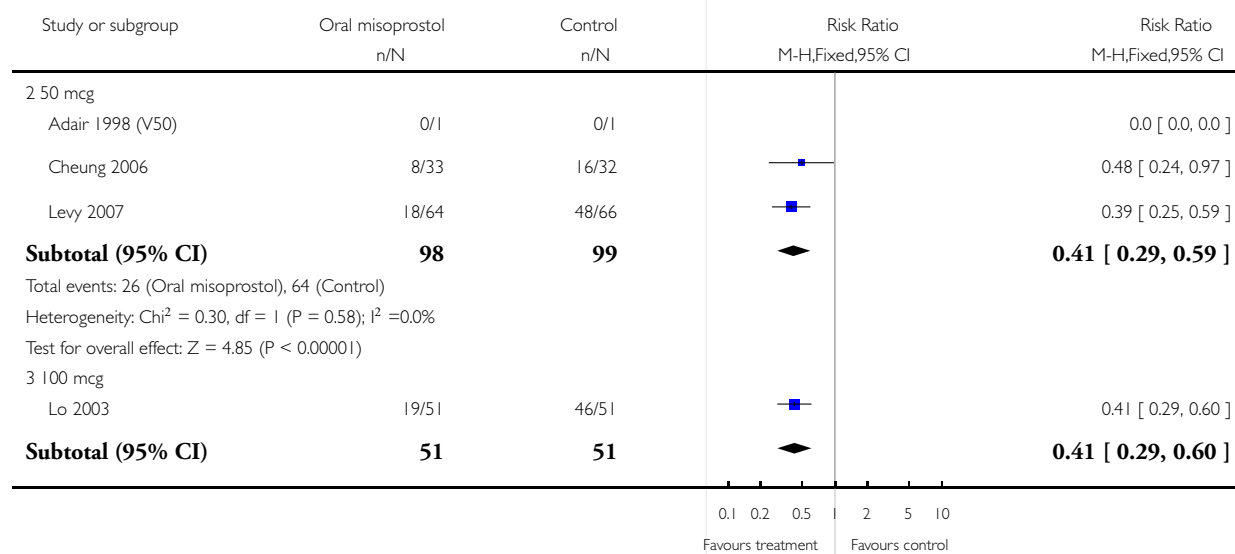


### Analysis 1.7. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 7 Oxytocin augmentation.

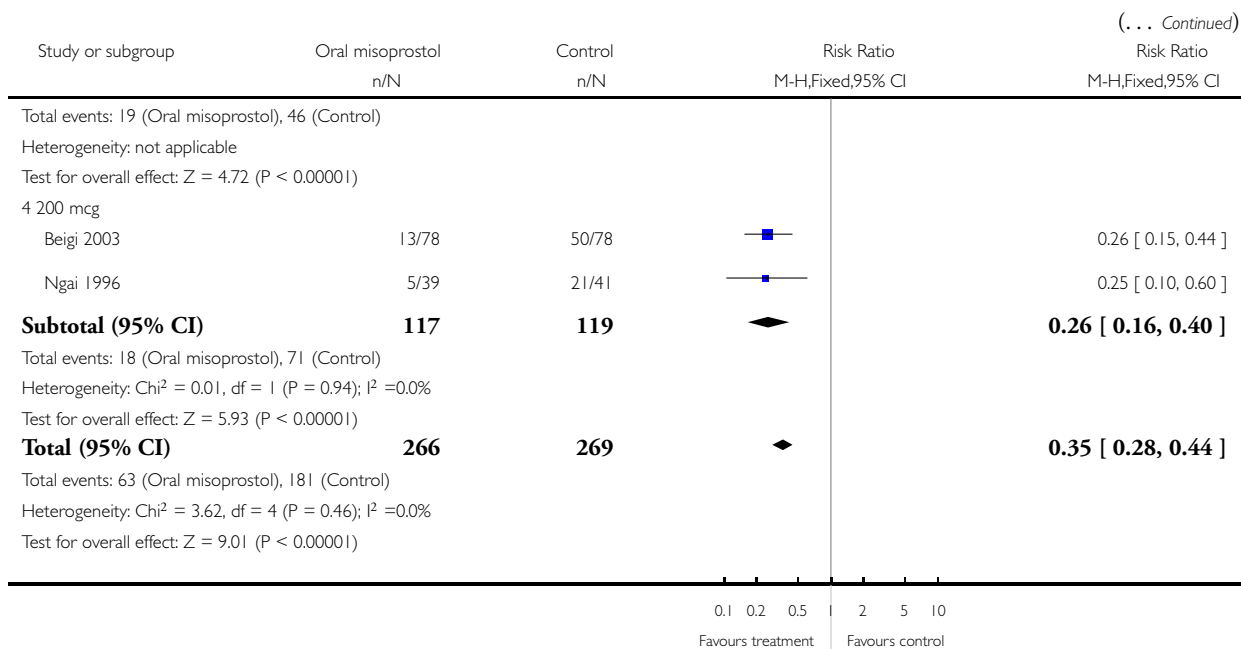
Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 7 Oxytocin augmentation



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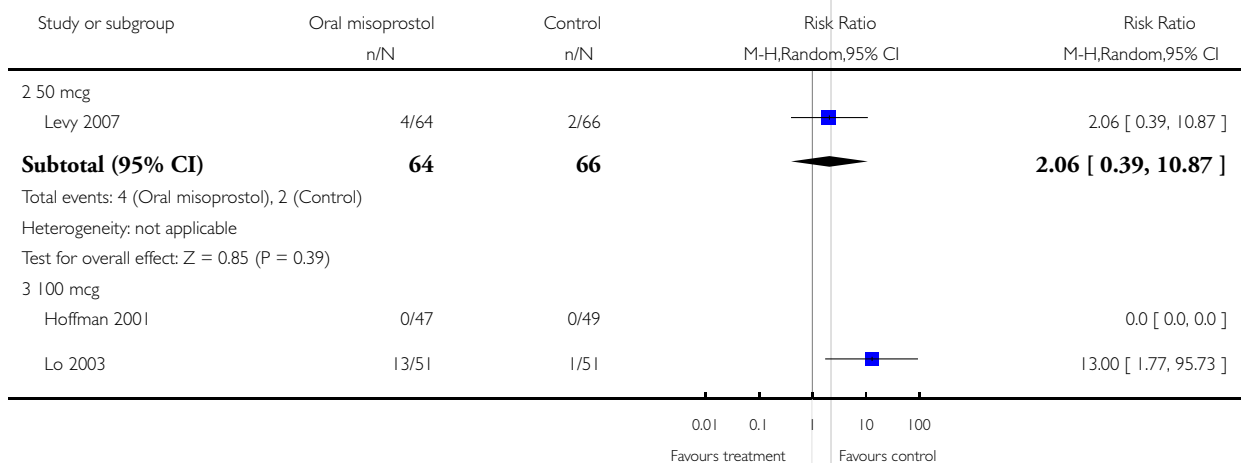


### Analysis 1.8. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 8 Uterine hyperstimulation without FHR changes.

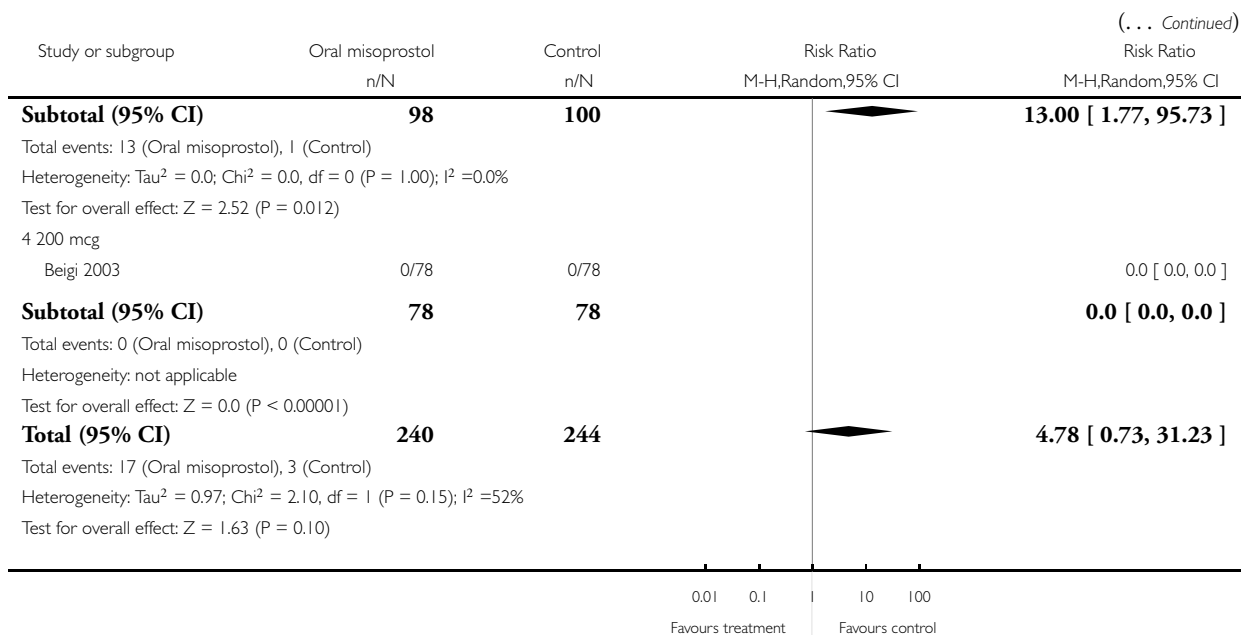
Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 8 Uterine hyperstimulation without FHR changes



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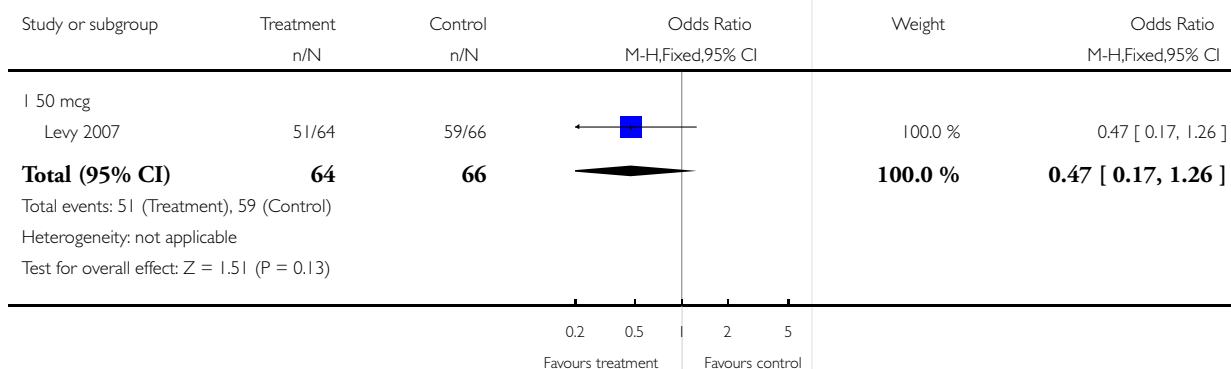


### Analysis 1.10. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 10 Epidural.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 10 Epidural

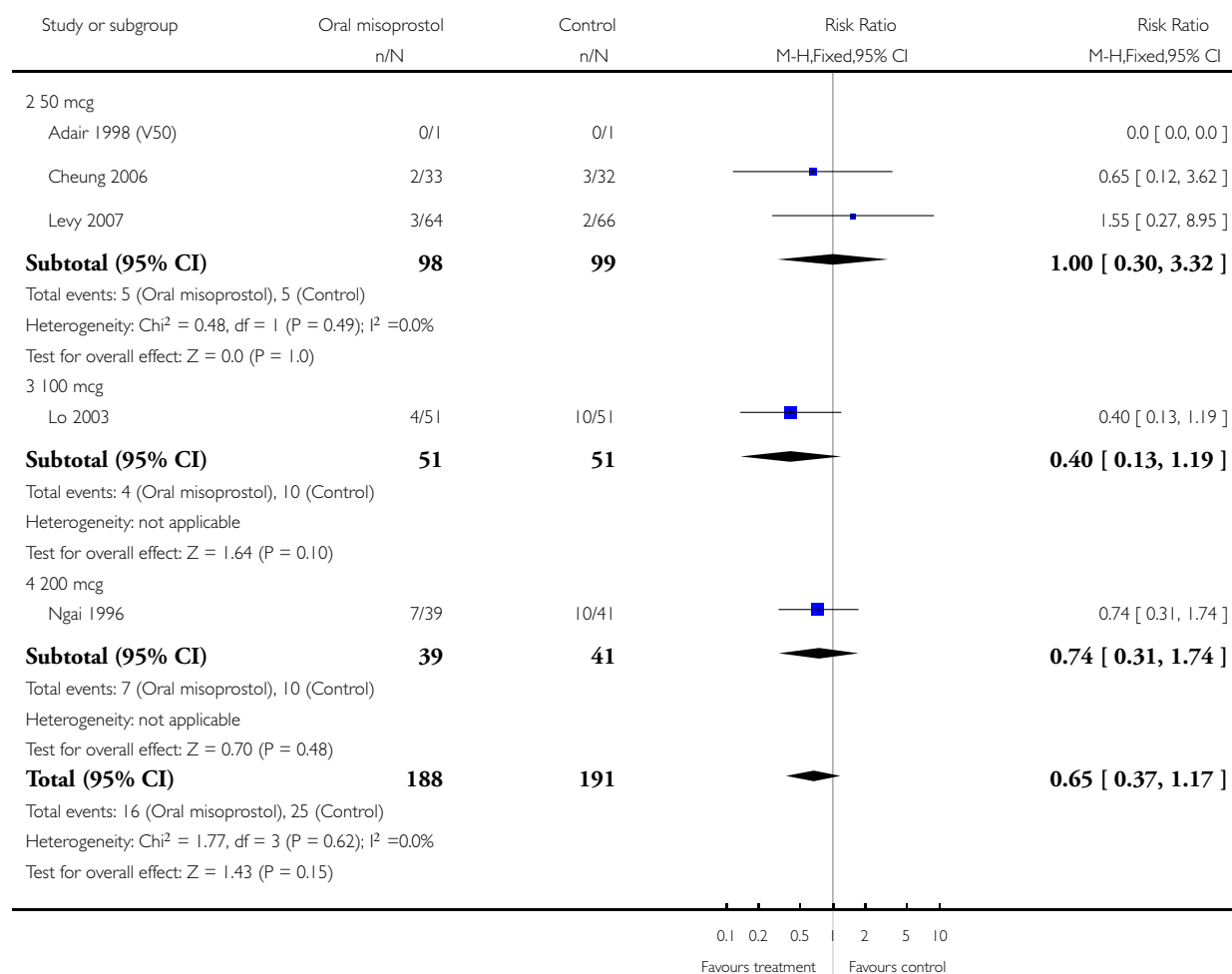


# **Analysis 1.11. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 11 Instrumental vaginal delivery

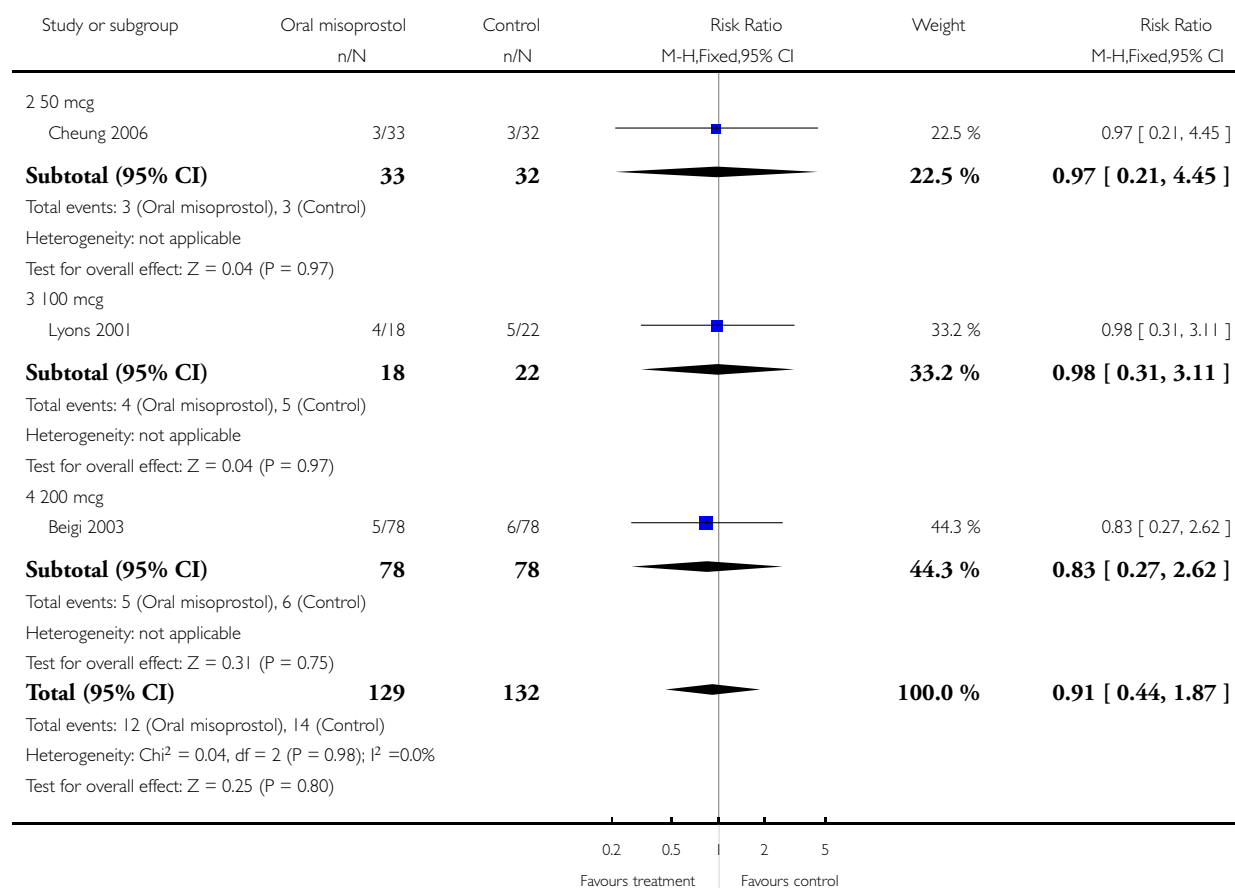


## Analysis 1.12. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 12 Meconium-stained liquor



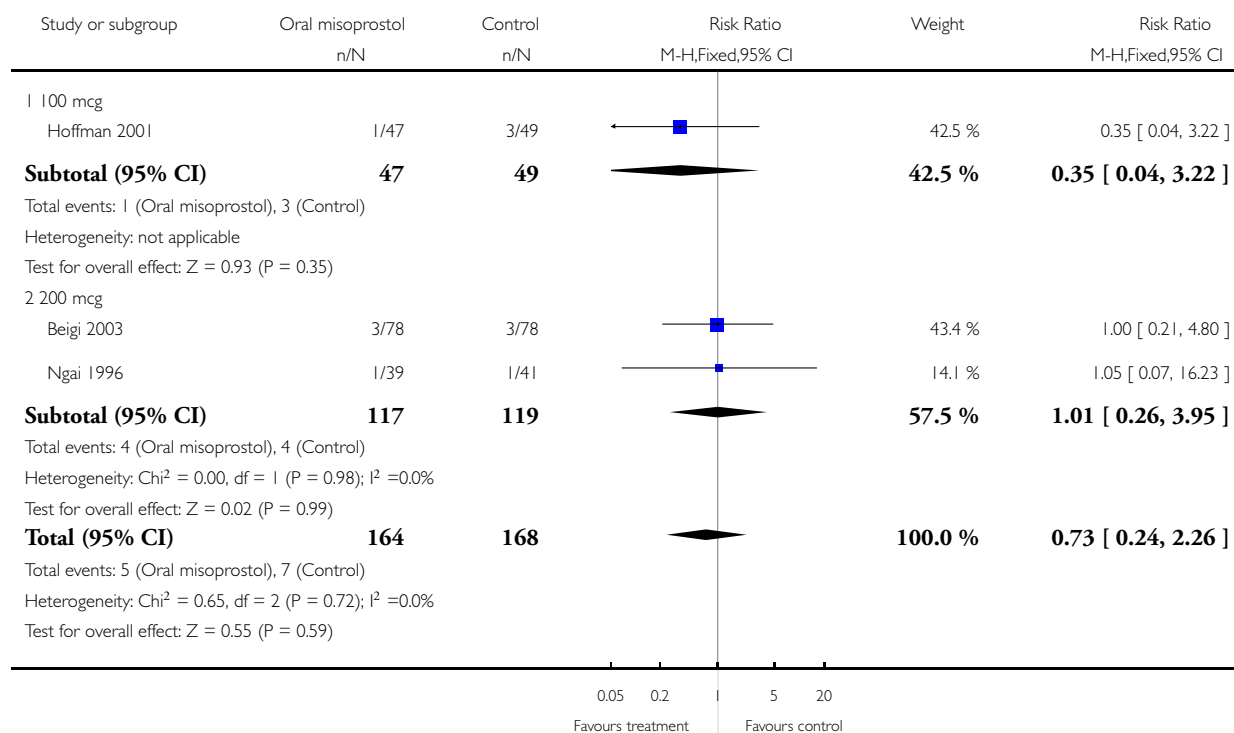


### Analysis 1.13. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 13 Apgar score < 7 at 5 minutes

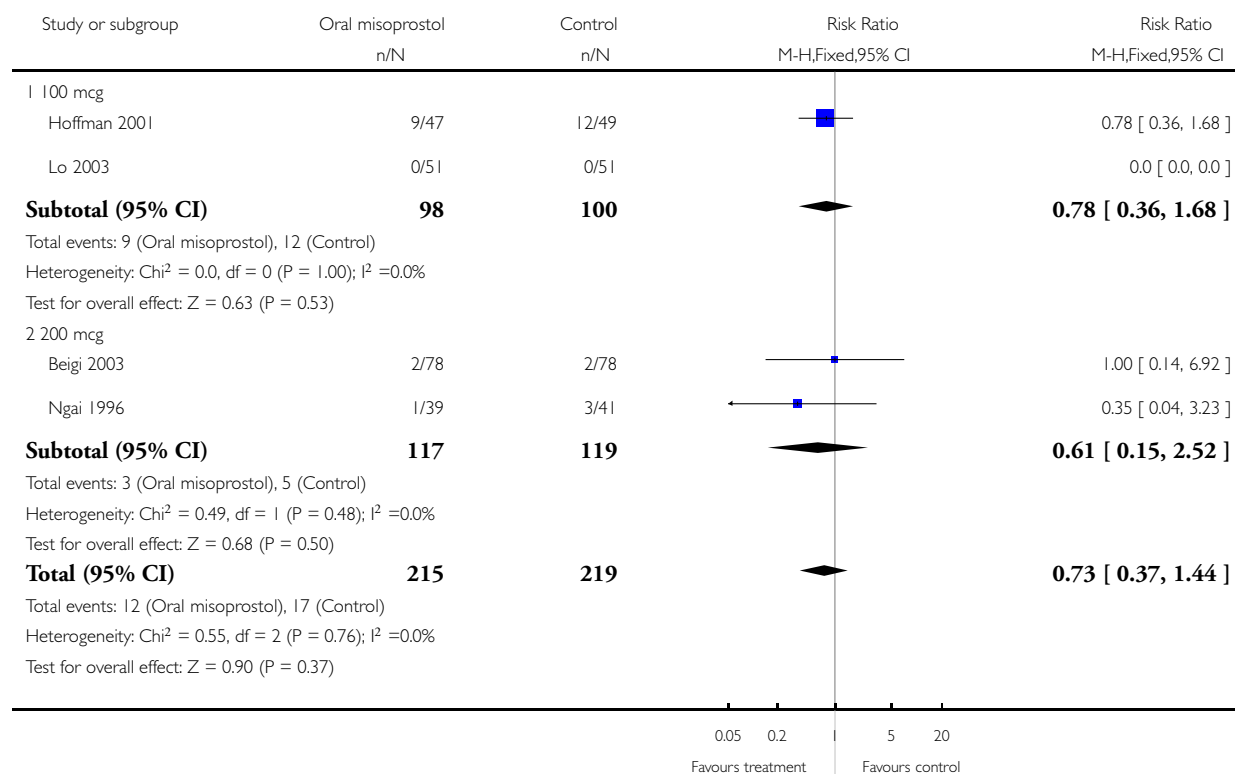


# **Analysis 1.14. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 14 Neonatal intensive care unit admission

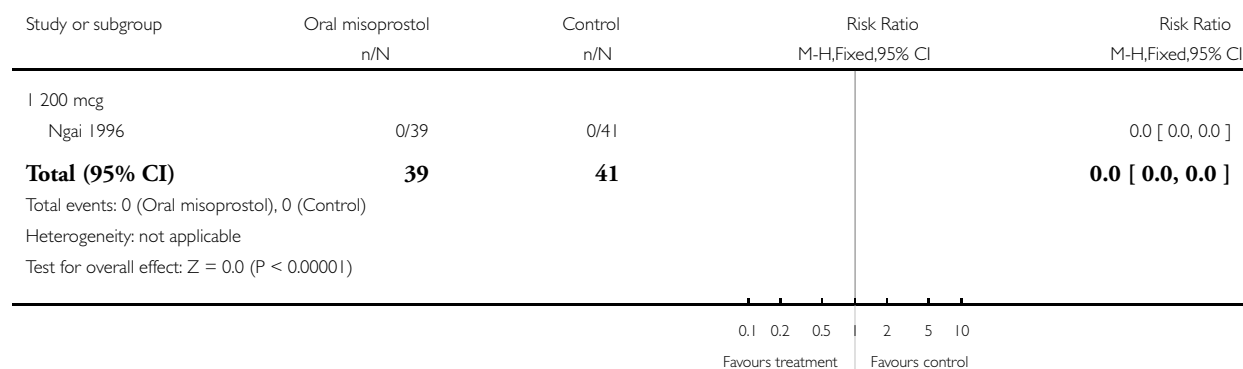


### Analysis 1.16. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 16 Perinatal death

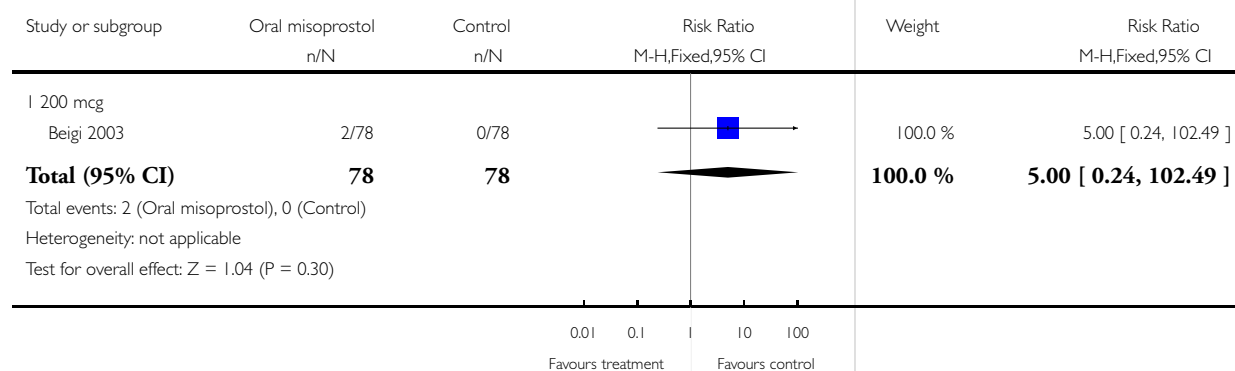


### Analysis 1.19. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 19 Nausea

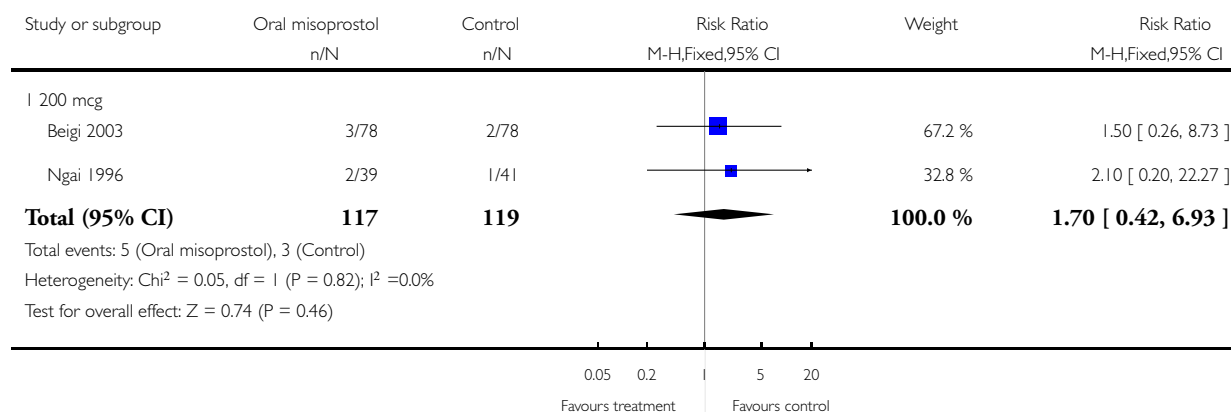


## Analysis 1.20. Comparison 1 Oral misoprostol versus placebo (1): all women, Outcome 20 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 1 Oral misoprostol versus placebo (1): all women

Outcome: 20 Vomiting

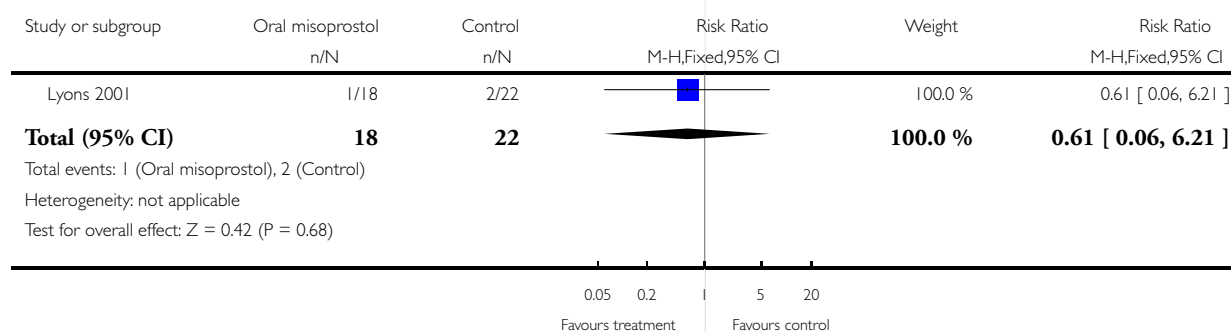


## Analysis 2.1. Comparison 2 Oral misoprostol versus placebo (1): all women with intact membranes, Outcome 1 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 2 Oral misoprostol versus placebo (1): all women with intact membranes

Outcome: 1 Uterine hyperstimulation with FHR changes

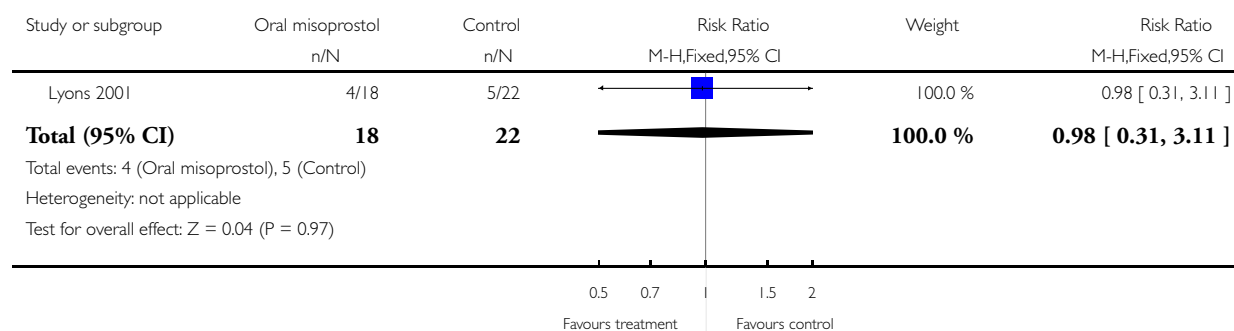


## Analysis 2.2. Comparison 2 Oral misoprostol versus placebo (1): all women with intact membranes, Outcome 2 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 2 Oral misoprostol versus placebo (1): all women with intact membranes

Outcome: 2 Meconium-stained liquor

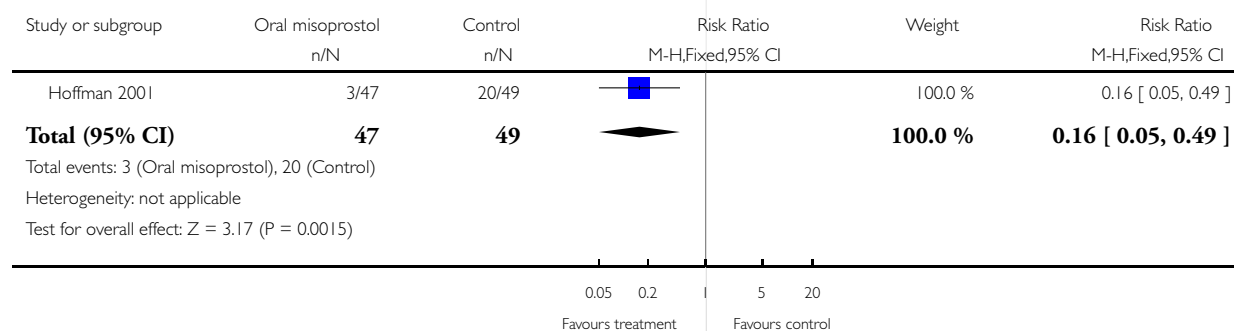


## Analysis 3.1. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 1 Vaginal delivery not achieved in 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 1 Vaginal delivery not achieved in 24 hours

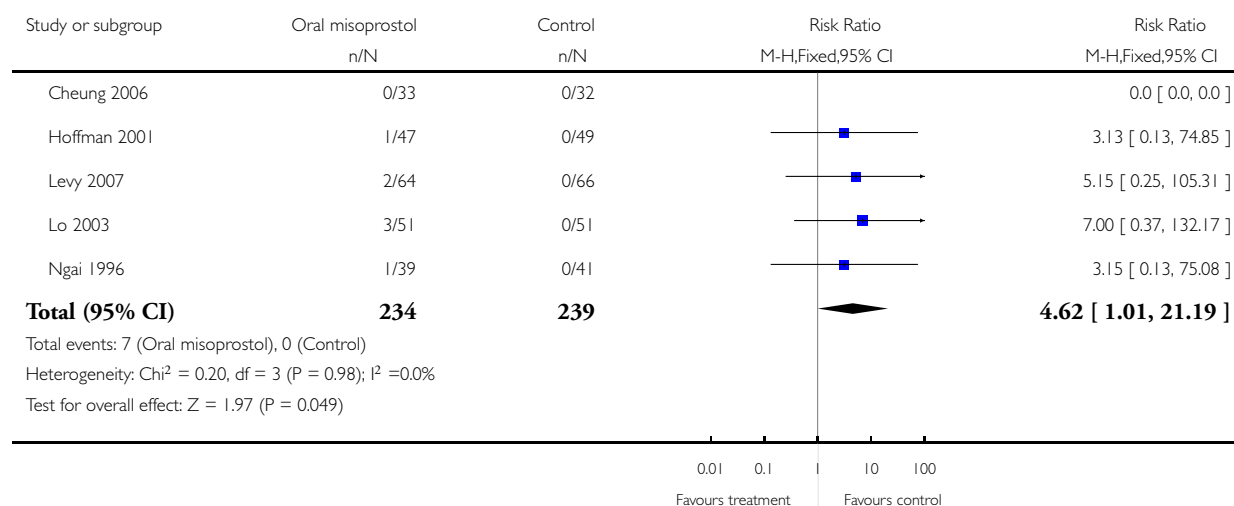


### Analysis 3.2. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

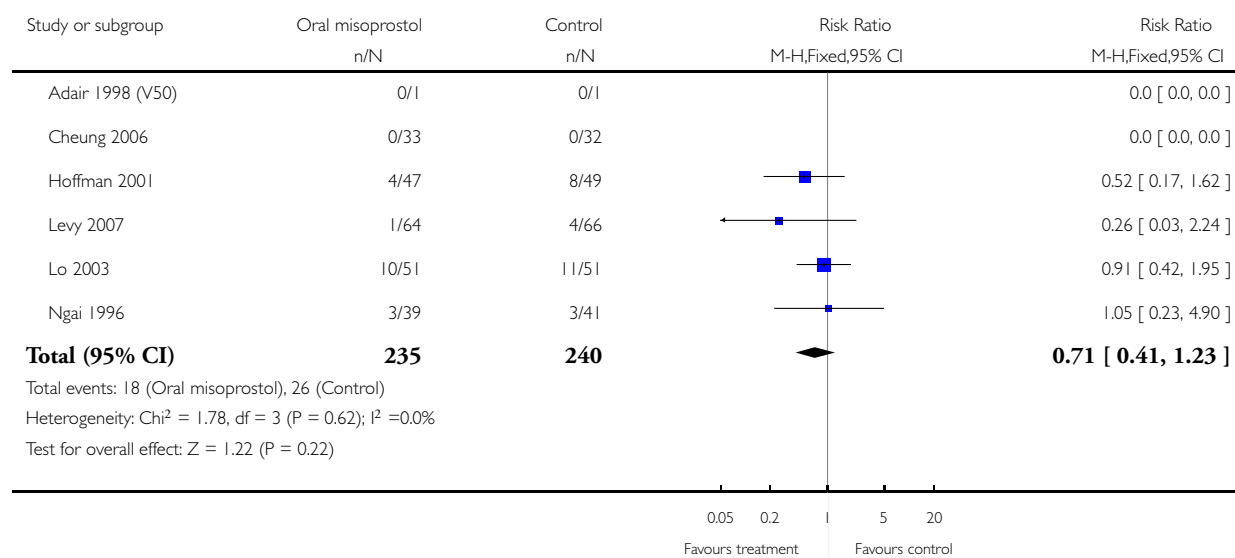


### Analysis 3.3. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 3 Caesarean section

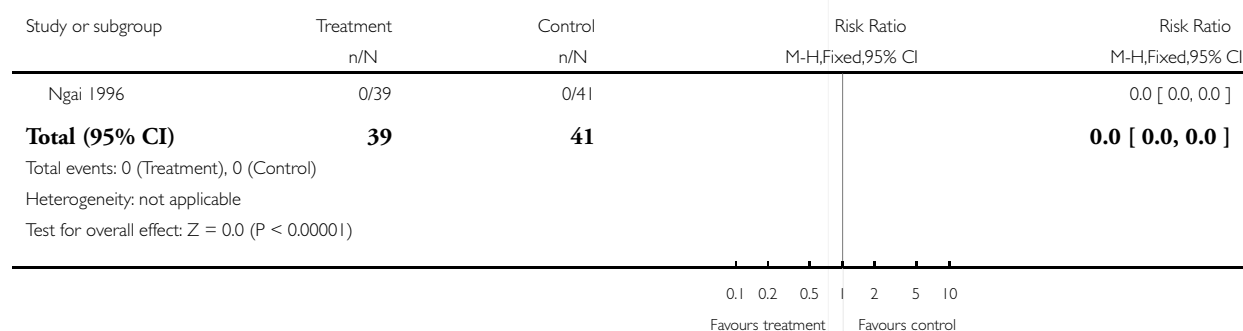


### Analysis 3.4. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 4 Serious neonatal morbidity or perinatal death

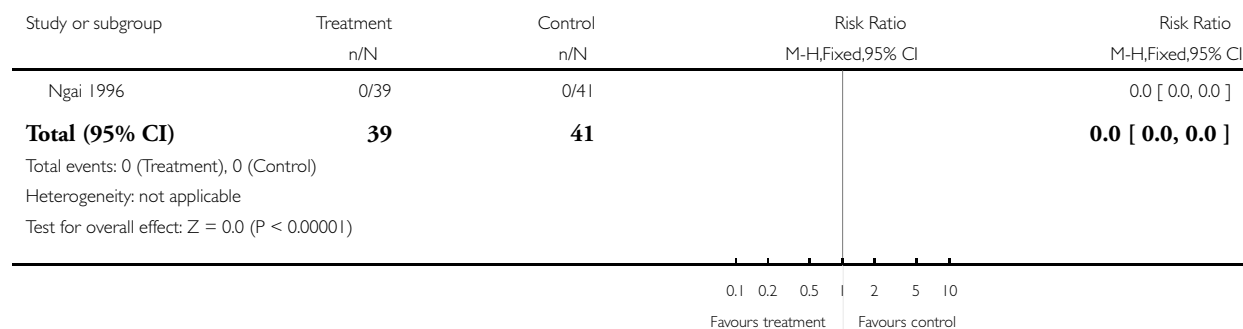


### Analysis 3.5. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 5 Serious maternal morbidity or death

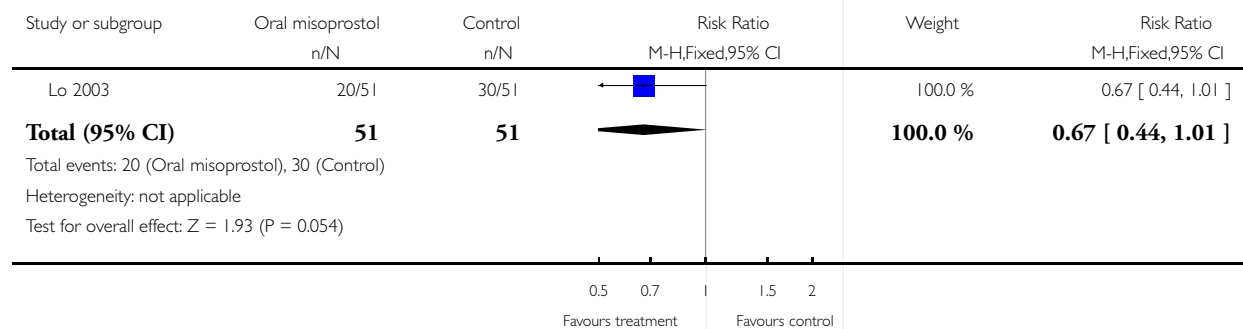


### Analysis 3.6. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 6 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 6 Epidural analgesia



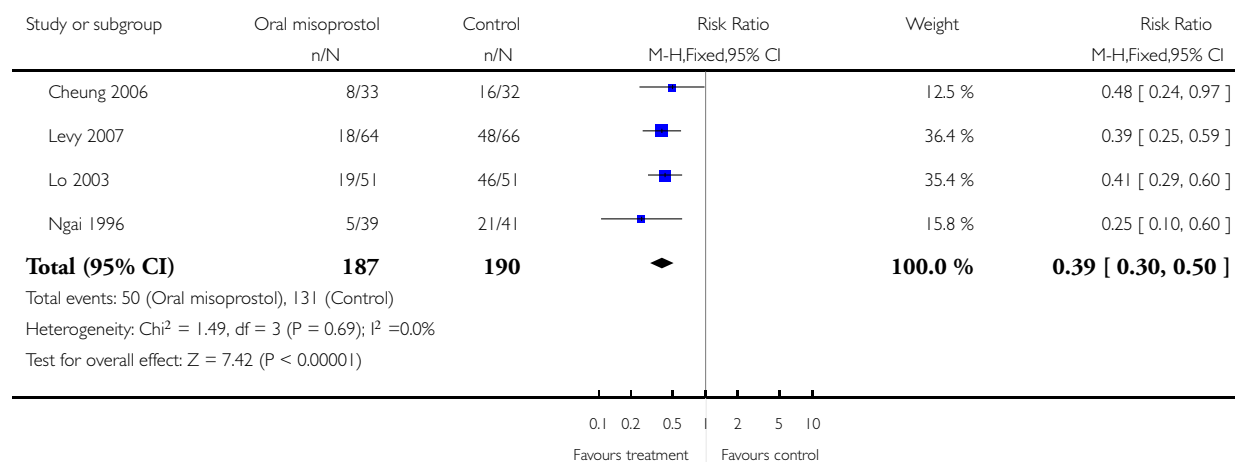


### Analysis 3.7. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 7 Oxytocin augmentation

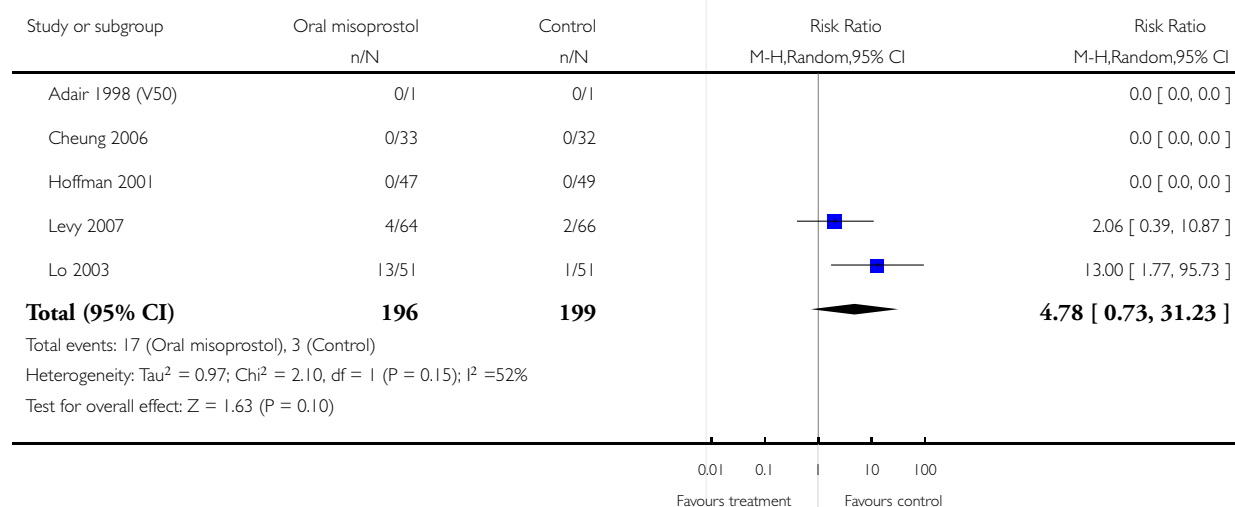


### Analysis 3.8. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 8 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 8 Uterine hyperstimulation without FHR changes

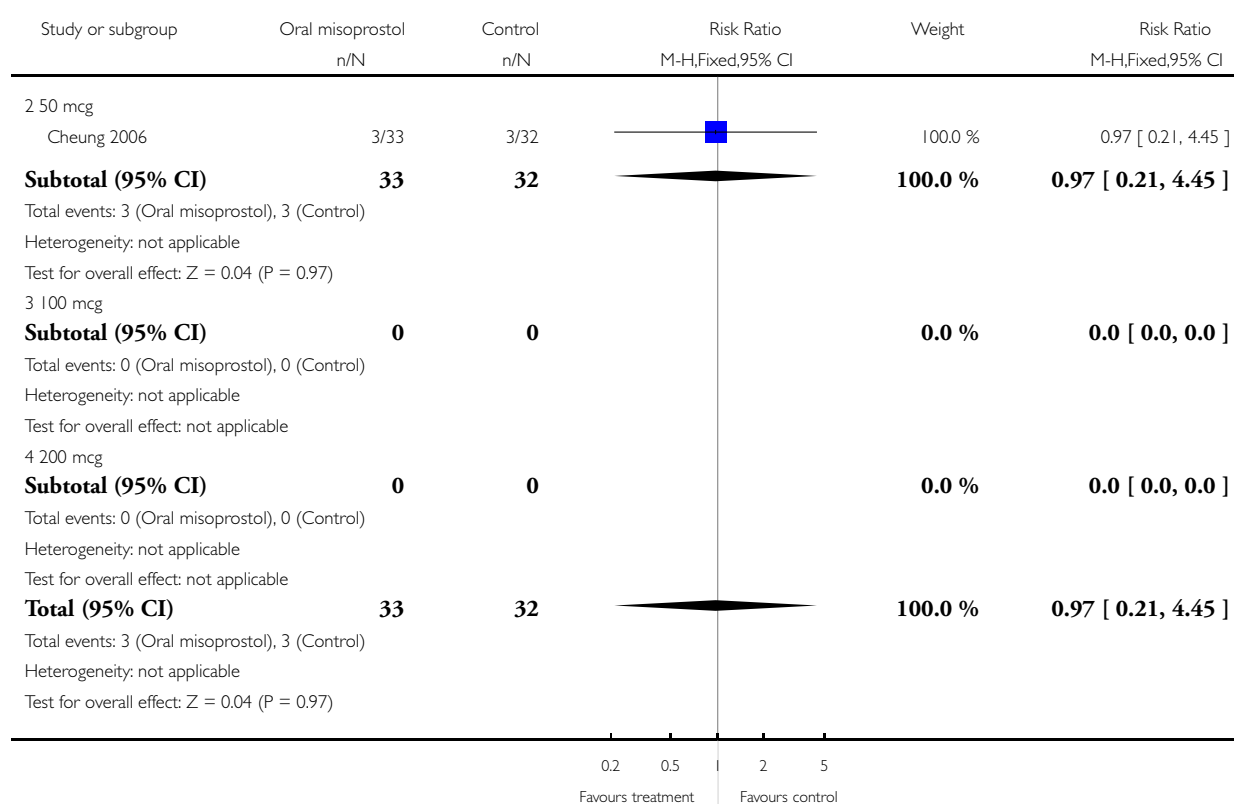


### Analysis 3.9. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 9 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 9 Meconium-stained liquor

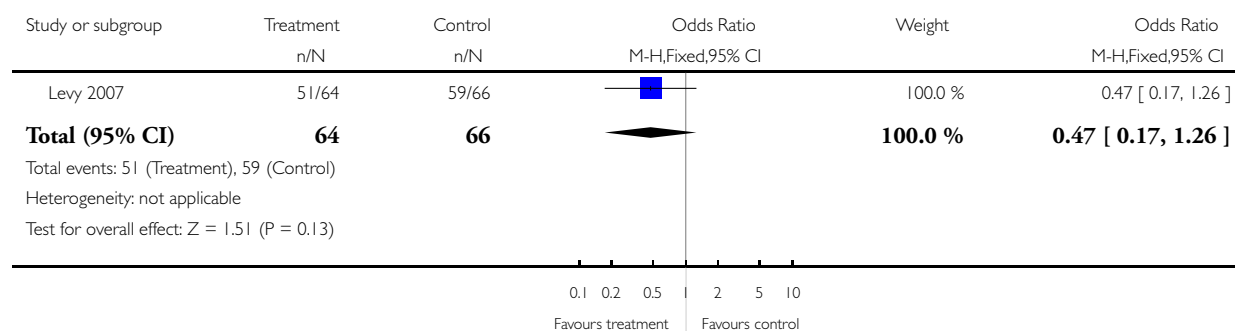


### Analysis 3.10. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 10 Epidural.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 10 Epidural

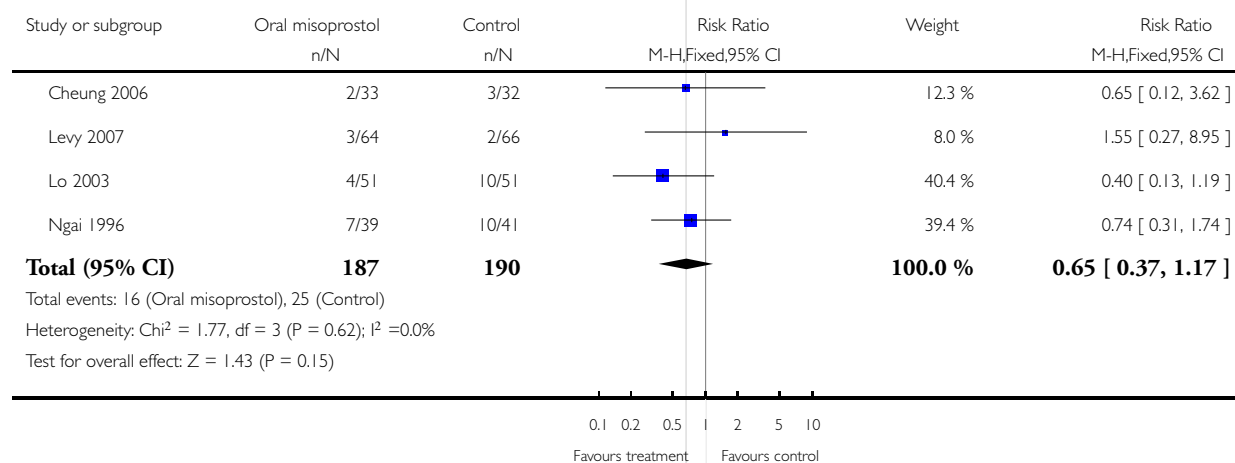


### Analysis 3.11. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 11 Instrumental vaginal delivery

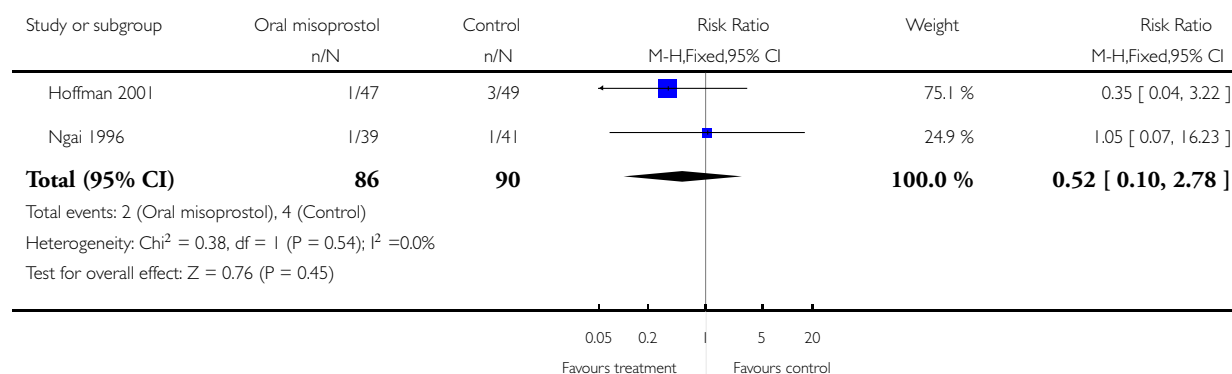


### Analysis 3.13. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 13 Apgar score < 7 at 5 minutes

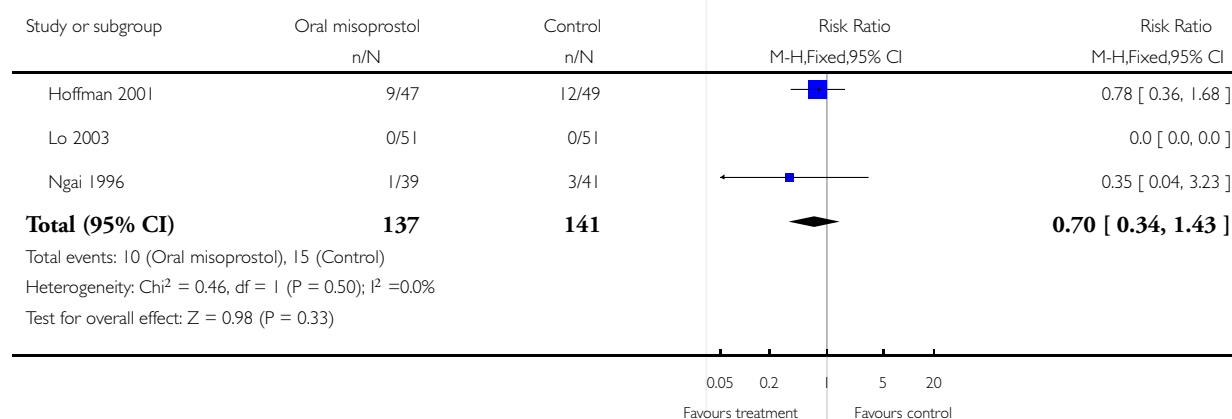


### Analysis 3.14. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 14 Neonatal intensive care unit admission.

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 14 Neonatal intensive care unit admission

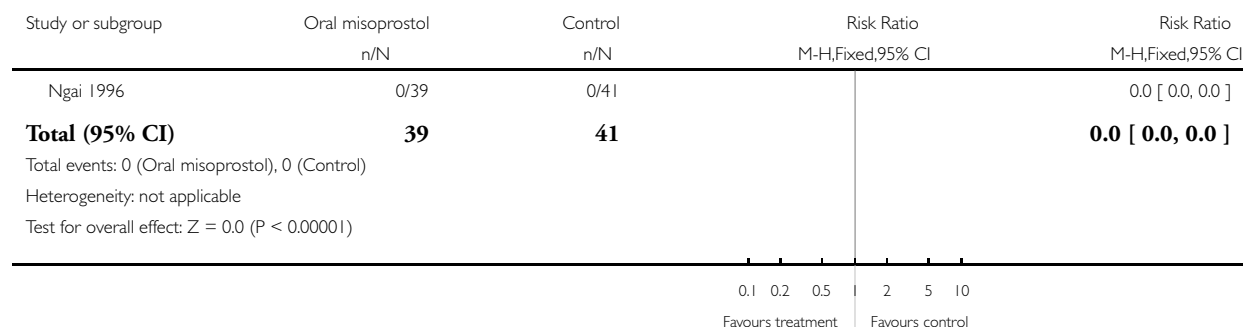


**Analysis 3.16. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 16 Perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 16 Perinatal death

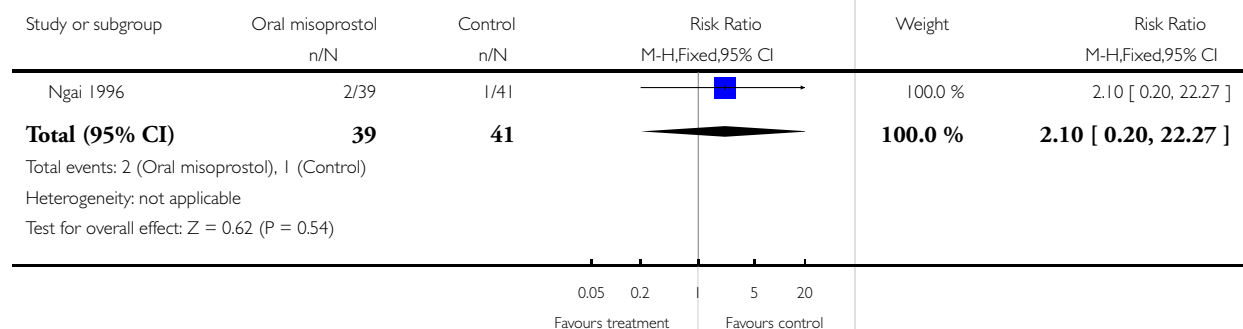


**Analysis 3.20. Comparison 3 Oral misoprostol versus placebo (1): all women with ruptured membranes, Outcome 20 Vomiting.**

Review: Oral misoprostol for induction of labour

Comparison: 3 Oral misoprostol versus placebo (1): all women with ruptured membranes

Outcome: 20 Vomiting

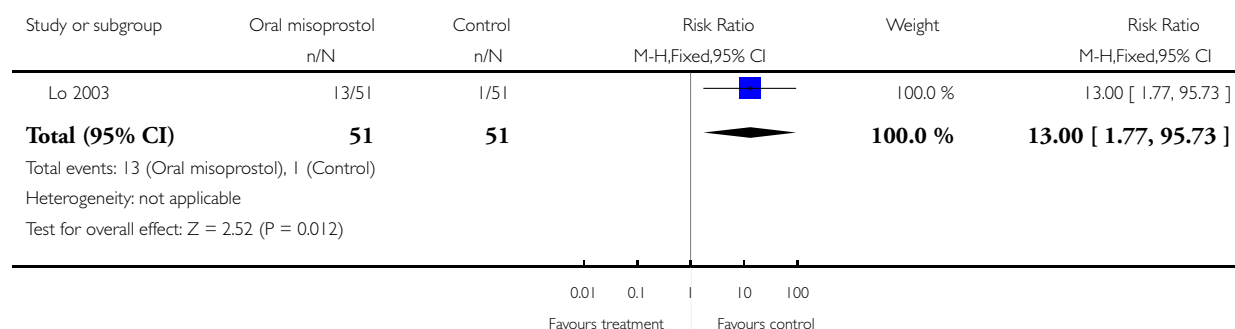


### Analysis 9.1. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 1 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 1 Uterine hyperstimulation without FHR changes

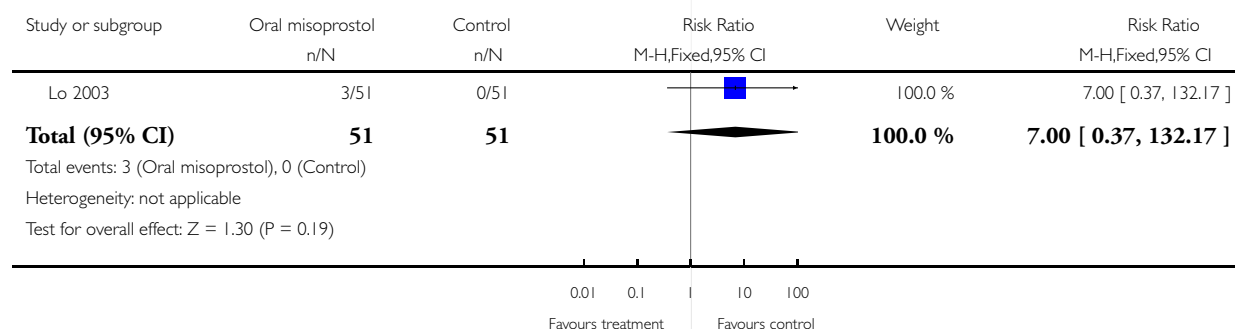


### Analysis 9.2. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

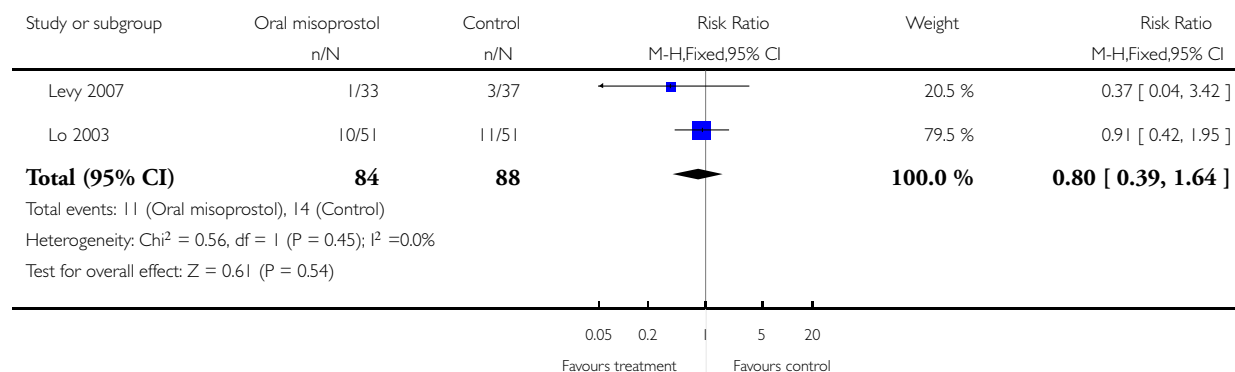


### Analysis 9.3. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 3 Caesarean section

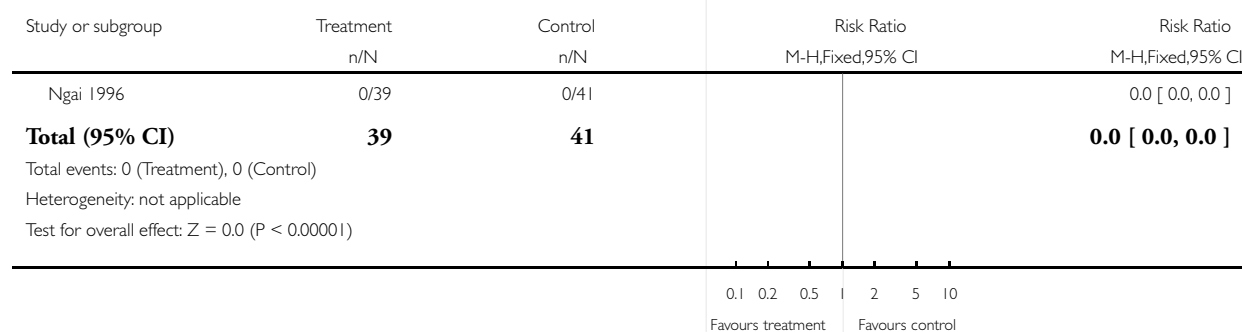


### Analysis 9.4. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 4 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 4 Serious maternal morbidity or death

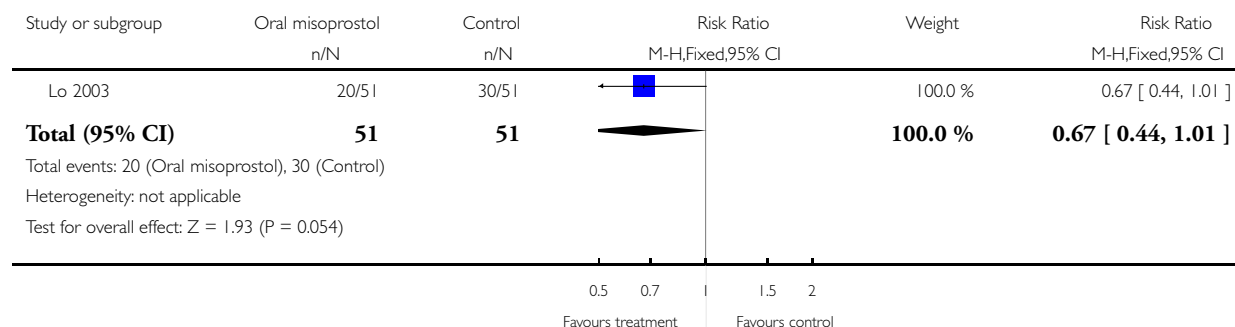


### Analysis 9.5. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 5 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 5 Epidural analgesia

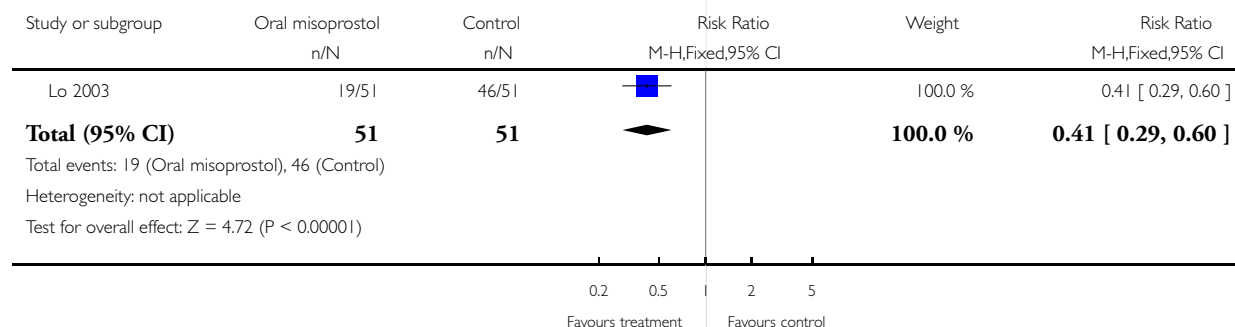


### Analysis 9.6. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 6 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 6 Oxytocin augmentation



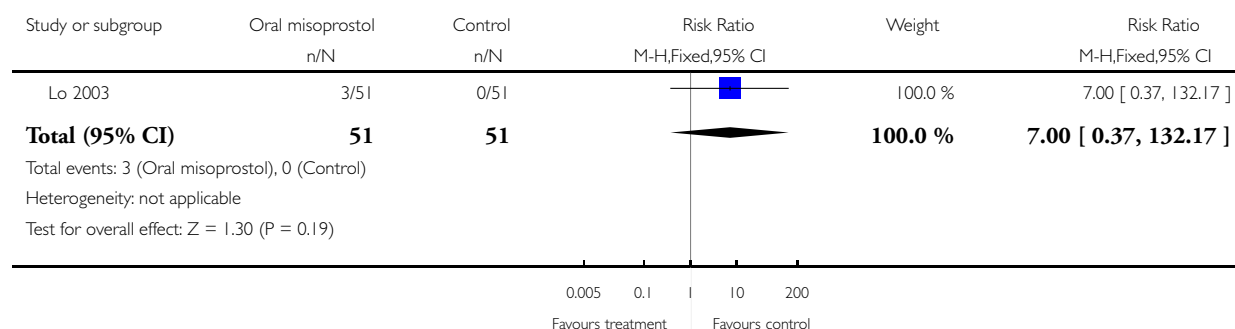


**Analysis 9.7. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 7 Uterine hyperstimulation with FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 7 Uterine hyperstimulation with FHR changes

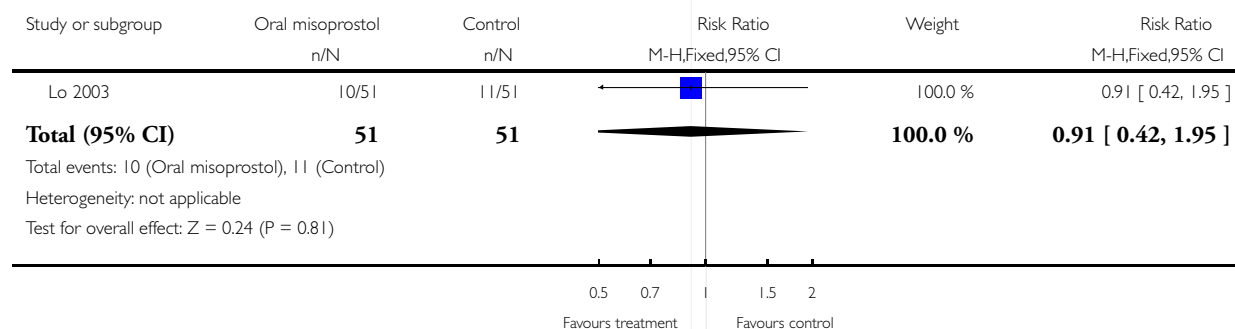


**Analysis 9.8. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 8 Caesarean section.**

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 8 Caesarean section

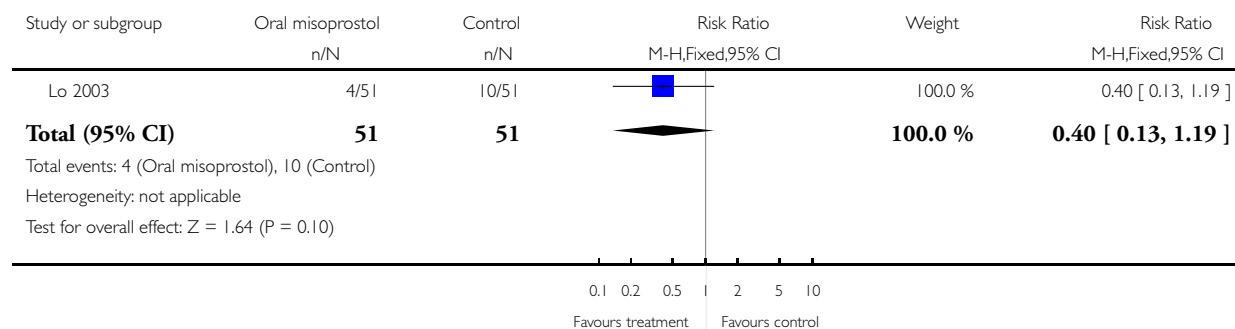


**Analysis 9.9. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 9 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 9 Instrumental vaginal delivery

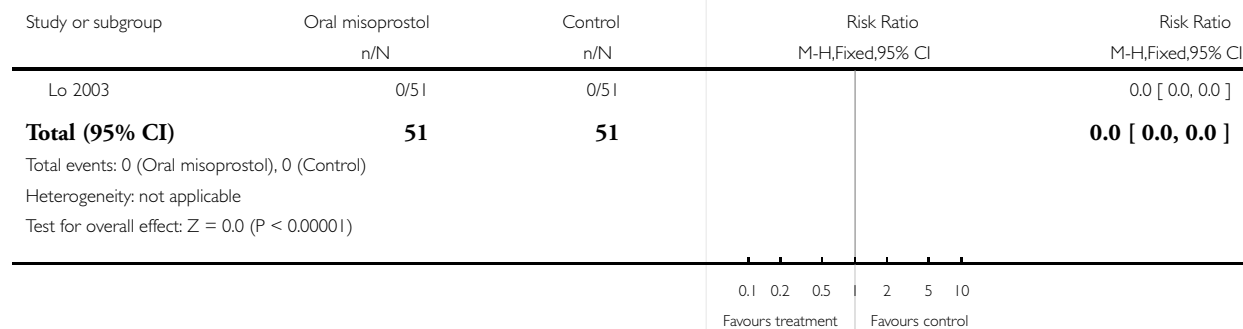


**Analysis 9.10. Comparison 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes, Outcome 10 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 9 Oral misoprostol versus placebo (1): all primiparae with ruptured membranes

Outcome: 10 Neonatal intensive care unit admission

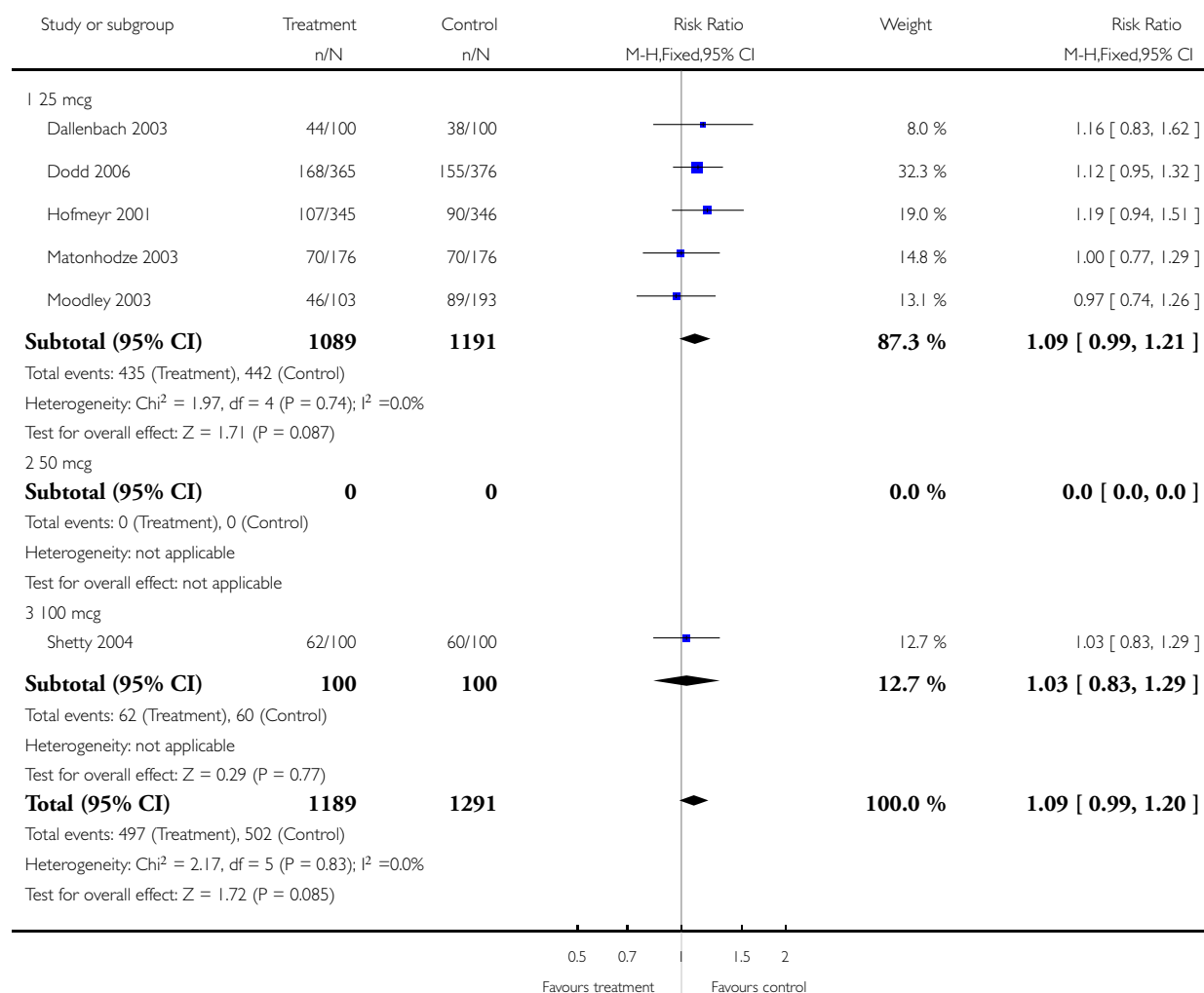


# **Analysis 10.1. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 1 Vaginal delivery not achieved within 24 hours

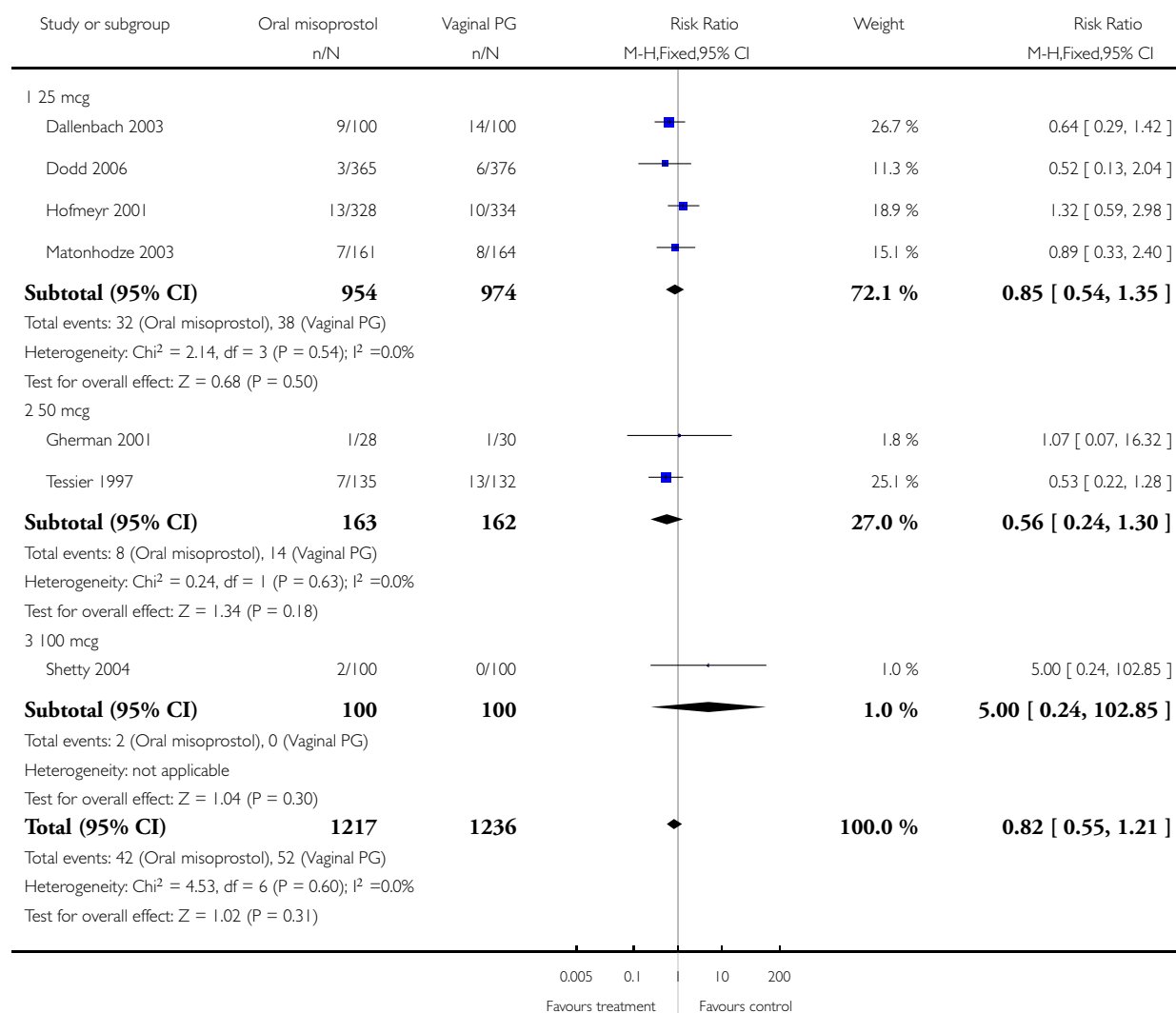


## Analysis 10.2. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 2 Uterine hyperstimulation with FHR changes

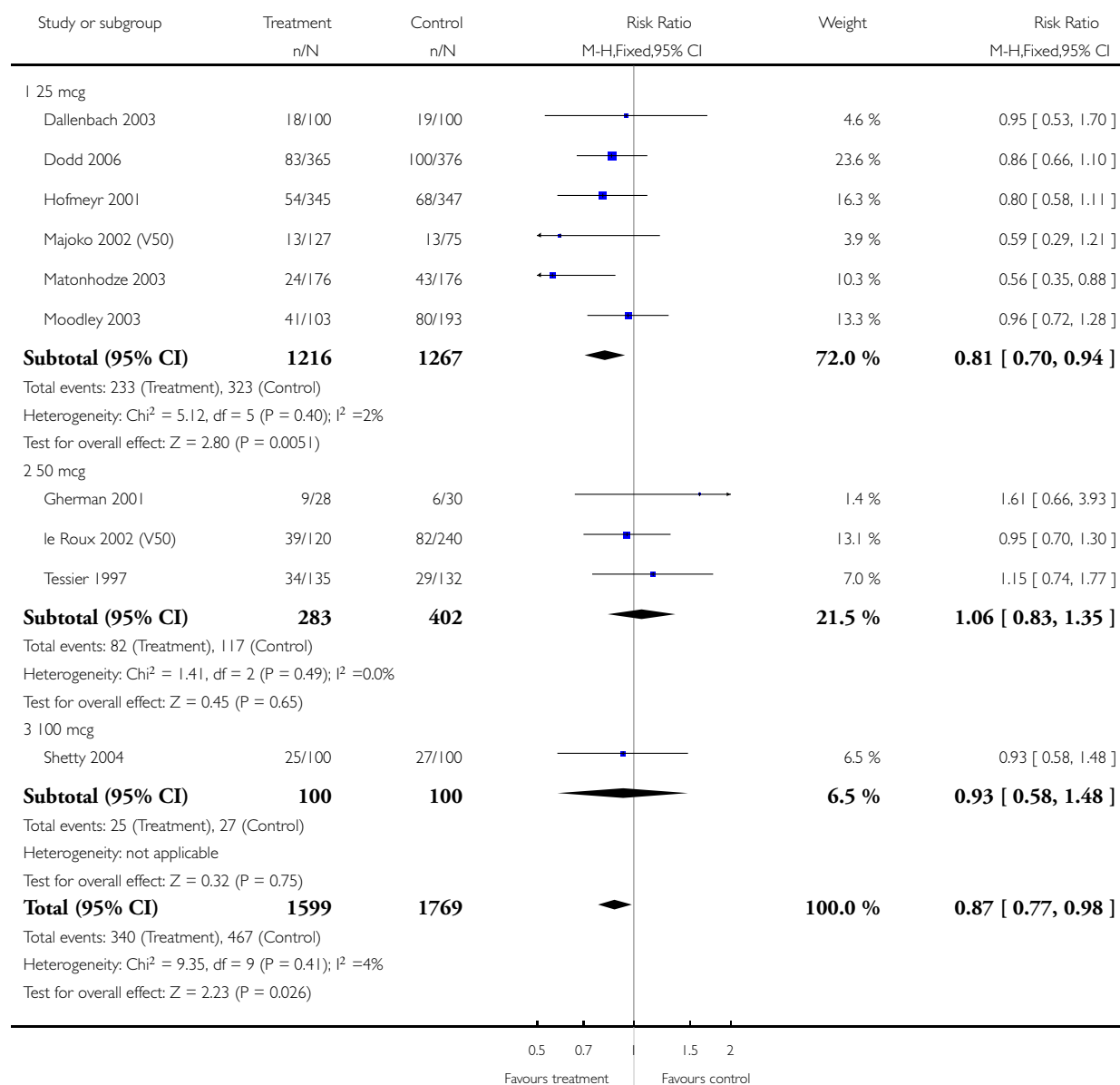


### Analysis 10.3. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 3 Caesarean section



# **Analysis 10.4. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 4 Serious neonatal morbidity or perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 4 Serious neonatal morbidity or perinatal death

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg  |                  |                |                                |                                |
| Dodd 2006   | 0/365            | 0/376          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>365</b>       | <b>376</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Tessier 1997  | 0/135            | 0/132          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>135</b>       | <b>132</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>500</b>       | <b>508</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5 1 2 5 10           |                                |
|   |                  |                | Favours treatment              | Favours control                |

# **Analysis 10.5. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 5 Serious maternal morbidity or death

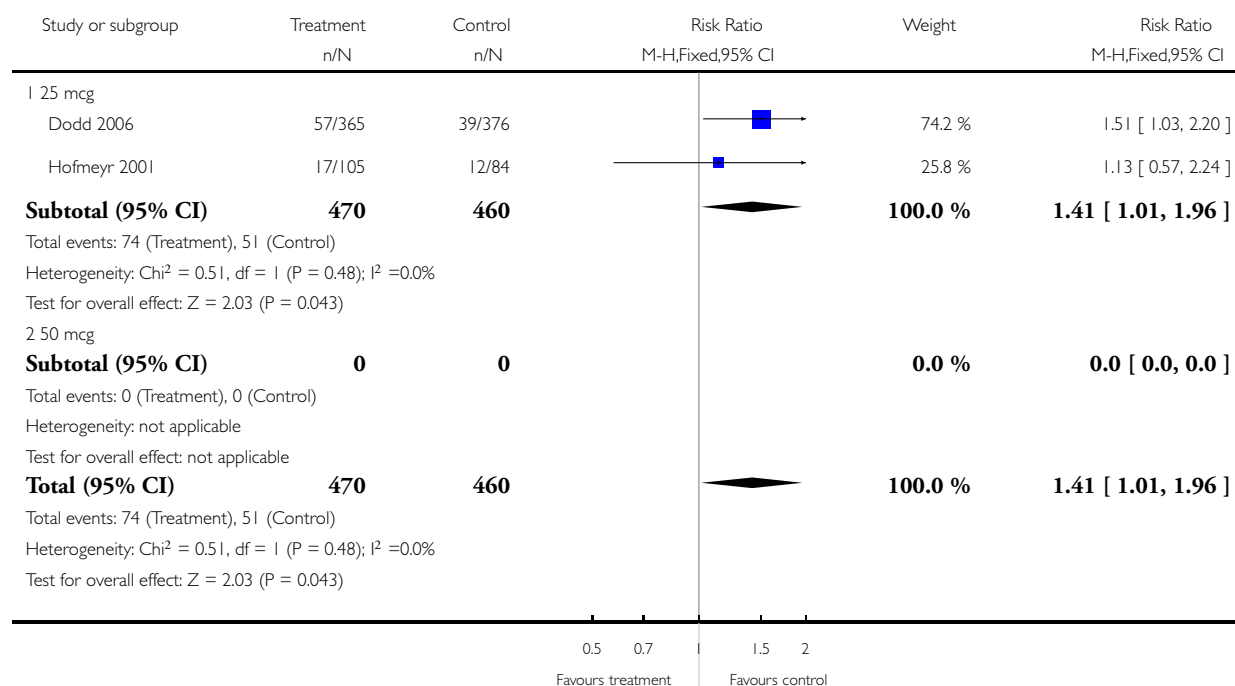
| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg  |                  |                |                                |                                |
| Dodd 2006   | 0/365            | 0/376          |                                | 0.0 [ 0.0, 0.0 ]               |
| Hofmeyr 2001  | 0/346            | 0/349          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>711</b>       | <b>725</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Tessier 1997  | 0/135            | 0/132          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>135</b>       | <b>132</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>846</b>       | <b>857</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|   |                  |                | Favours treatment              | Favours control                |

# **Analysis 10.6. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 6 Cervix unfavourable/unchanged after 12-24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 6 Cervix unfavourable/unchanged after 12-24 hours



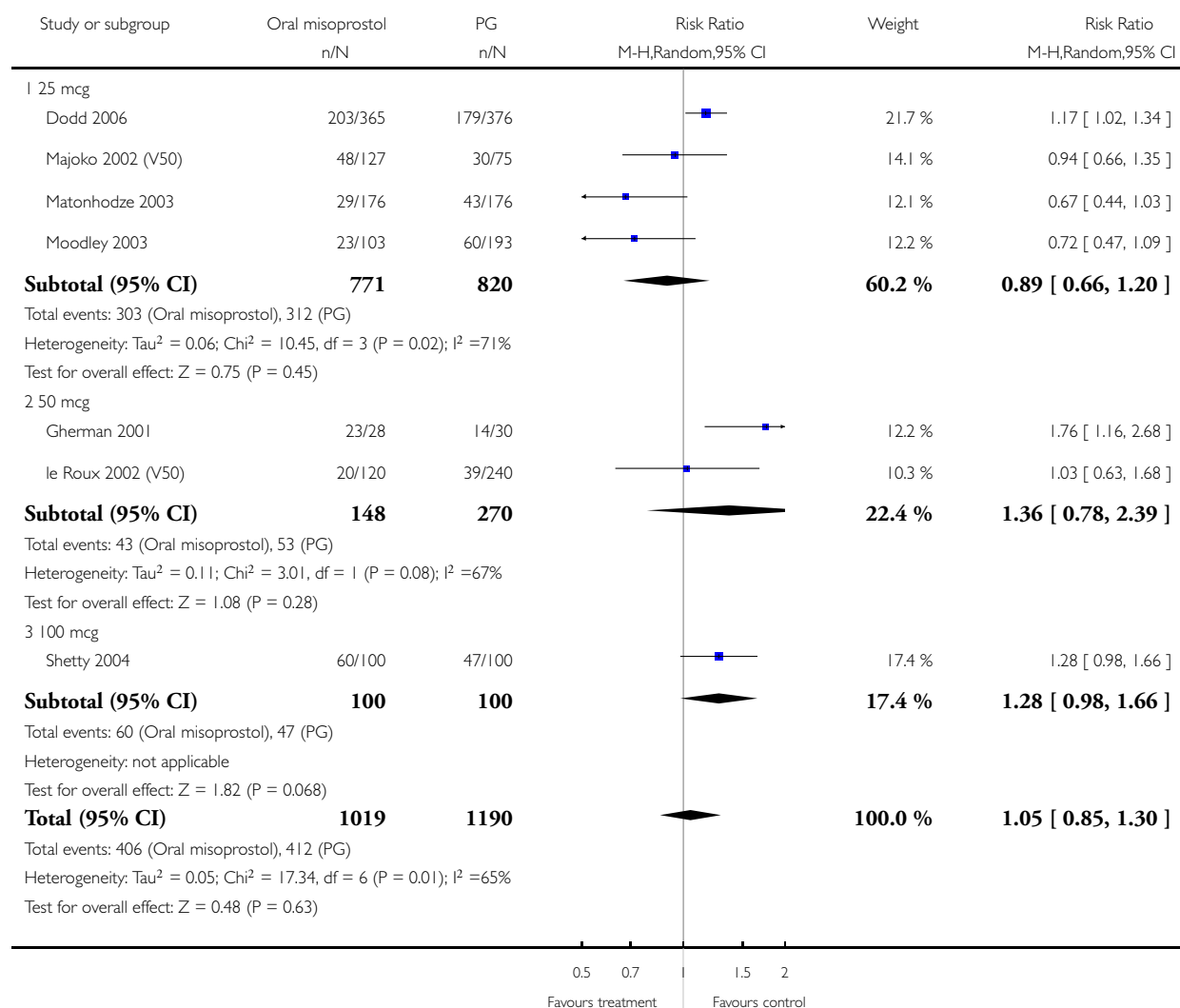


# **Analysis 10.7. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 7 Oxytocin augmentation.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 7 Oxytocin augmentation

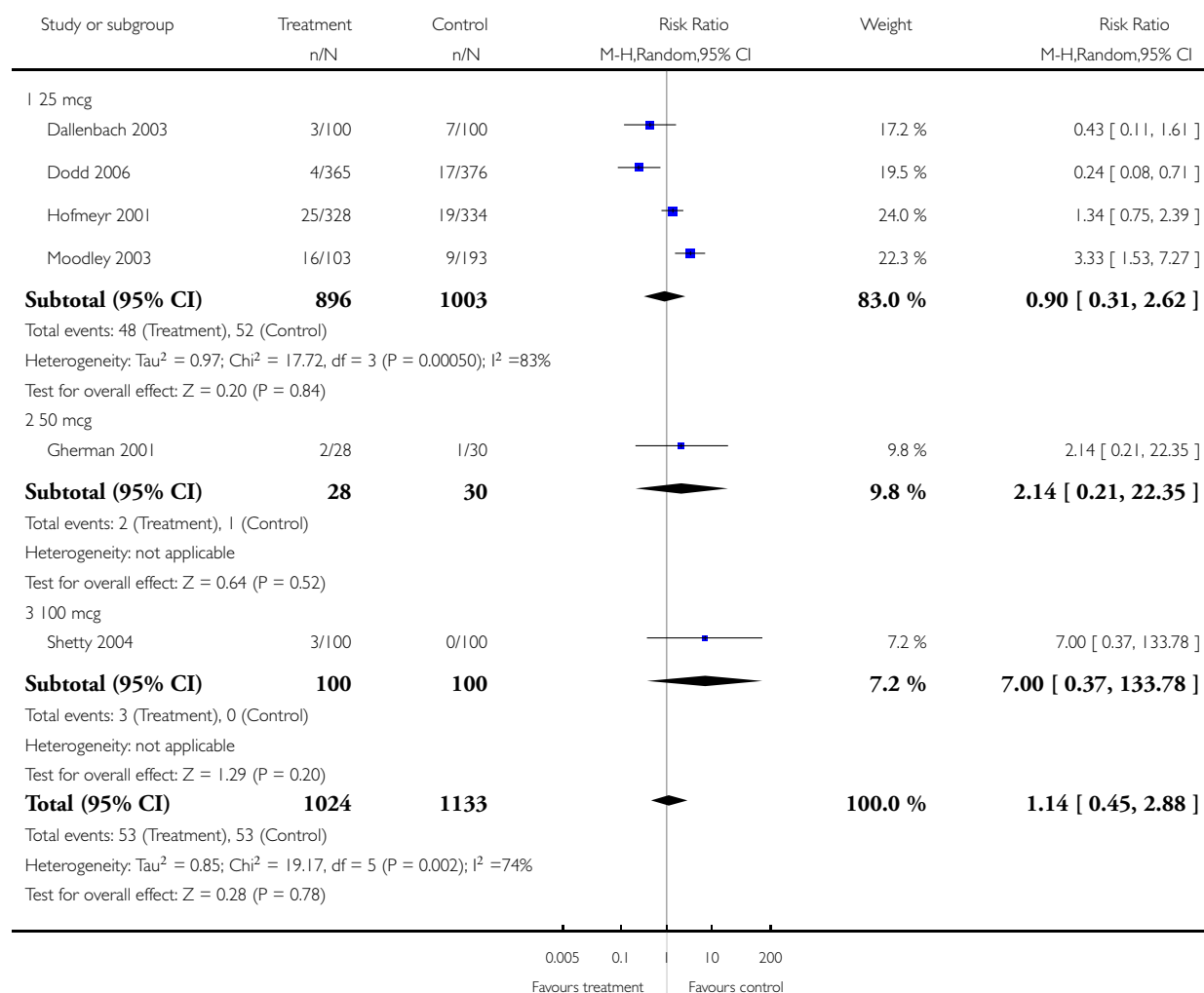


# **Analysis 10.8. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 8 Uterine hyperstimulation without FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 8 Uterine hyperstimulation without FHR changes



### Analysis 10.9. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 9 Ruptured uterus.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 9 Ruptured uterus

| Study or subgroup   | Oral misoprostol<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|-------------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg  |                         |                |                                |                                |
| Dallenbach 2003   | 0/100                   | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| Dodd 2006   | 0/365                   | 0/376          |                                | 0.0 [ 0.0, 0.0 ]               |
| Hofmeyr 2001  | 0/345                   | 0/346          |                                | 0.0 [ 0.0, 0.0 ]               |
| Majoko 2002 (V50)   | 0/127                   | 0/75           |                                | 0.0 [ 0.0, 0.0 ]               |
| Matonhodze 2003   | 0/176                   | 0/176          |                                | 0.0 [ 0.0, 0.0 ]               |
| Moodley 2003  | 0/103                   | 0/193          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>1216</b>             | <b>1266</b>    |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral misoprostol), 0 (Control)                                 |                         |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                         |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                         |                |                                |                                |
| 2 50 mcg  |                         |                |                                |                                |
| le Roux 2002 (V50)  | 0/120                   | 0/240          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>120</b>              | <b>240</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral misoprostol), 0 (Control)                                 |                         |                |                                |                                |
| Heterogeneity: not applicable   |                         |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                         |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>1336</b>             | <b>1506</b>    |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral misoprostol), 0 (Control)                                 |                         |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                         |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                         |                |                                |                                |

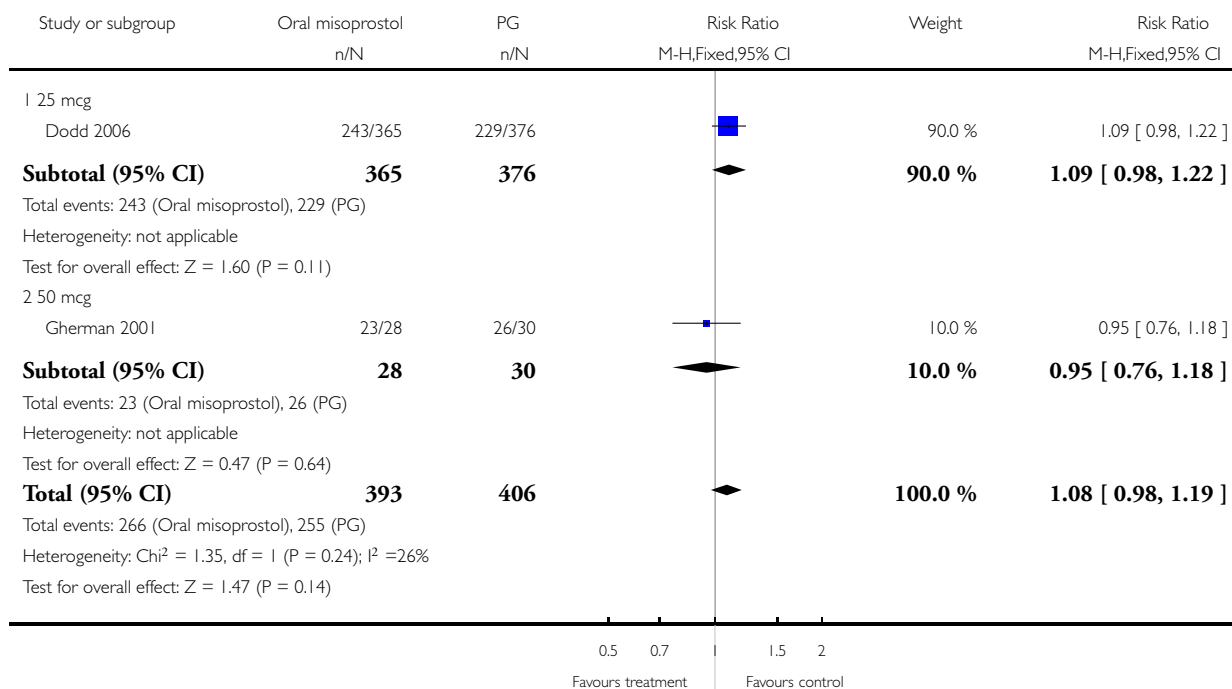
0.1 0.2 0.5 1 2 5 10  
Favours treatment Favours control

# **Analysis 10.10. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 10 Epidural analgesia.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 10 Epidural analgesia

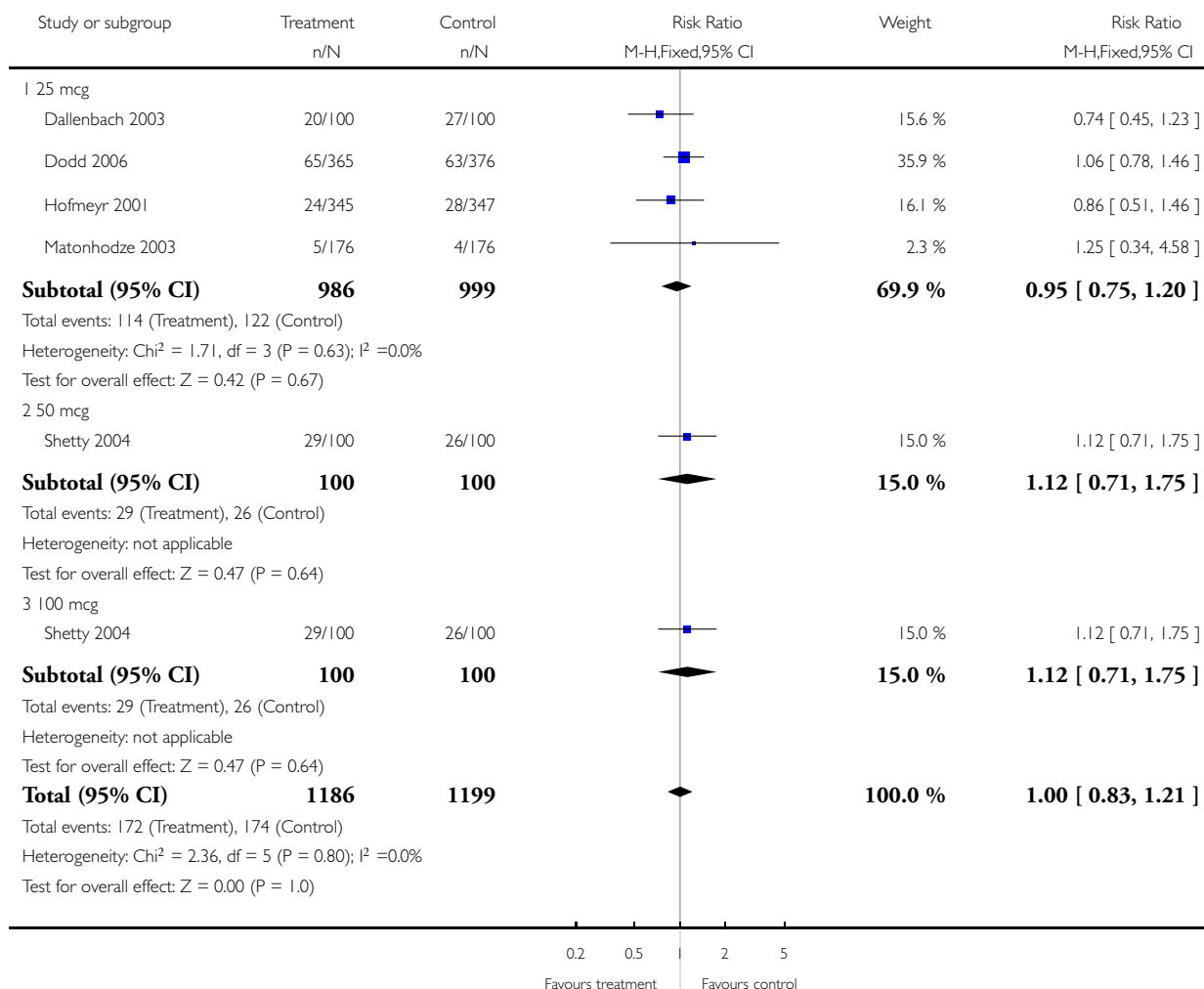


# **Analysis 10.11. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 11 Instrumental vaginal delivery

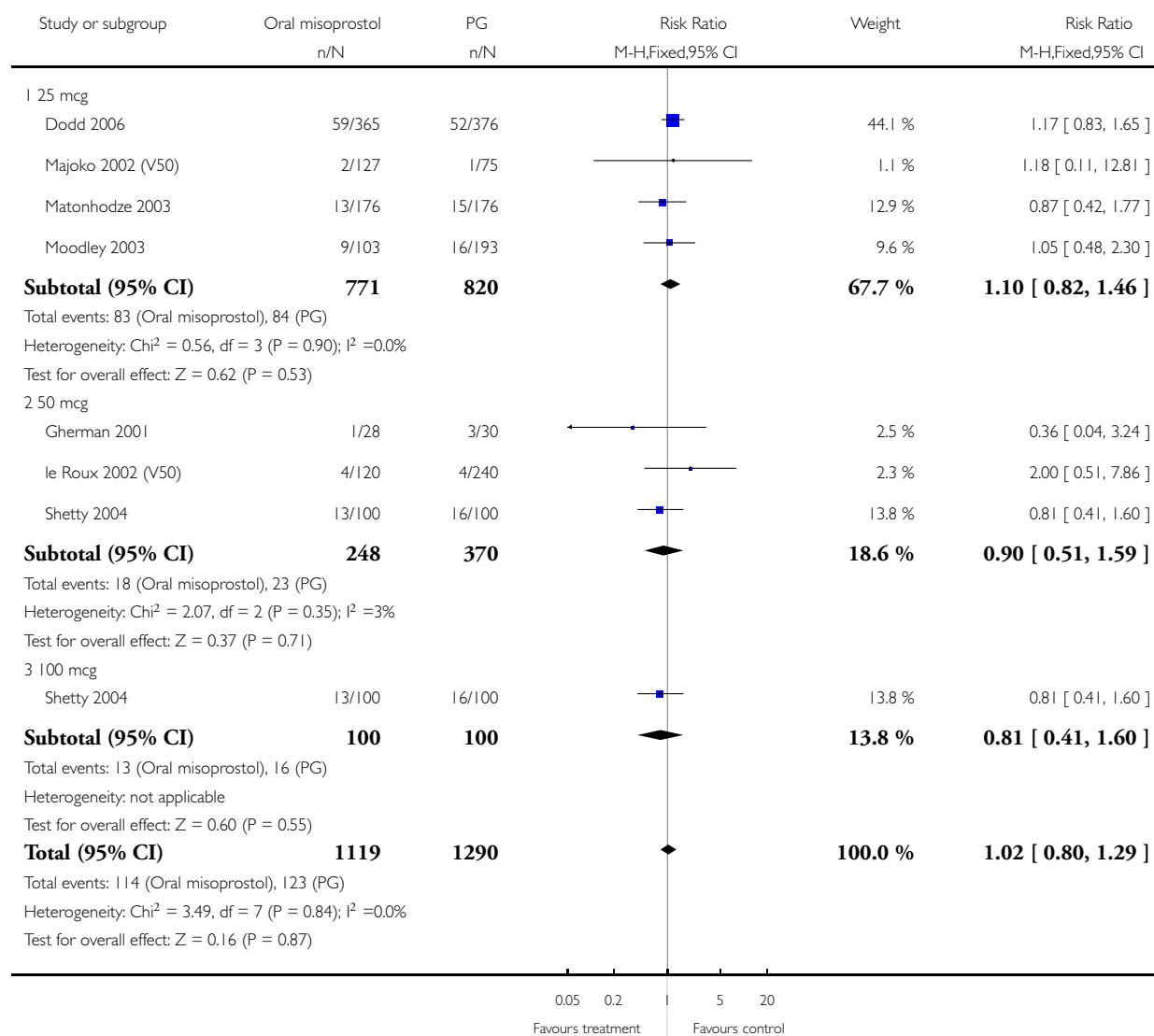


## Analysis 10.12. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 12 Meconium-stained liquor

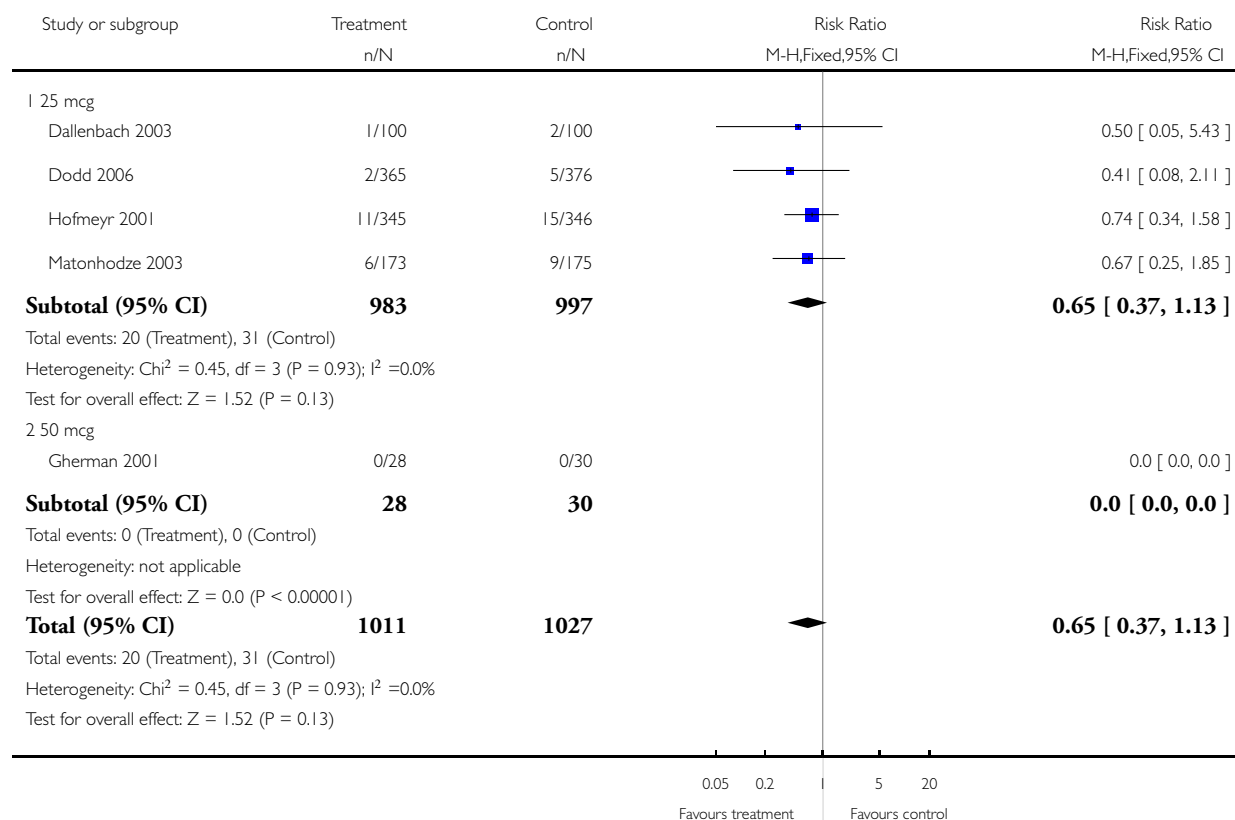


### Analysis 10.13. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 13 Apgar score < 7 at 5 minutes

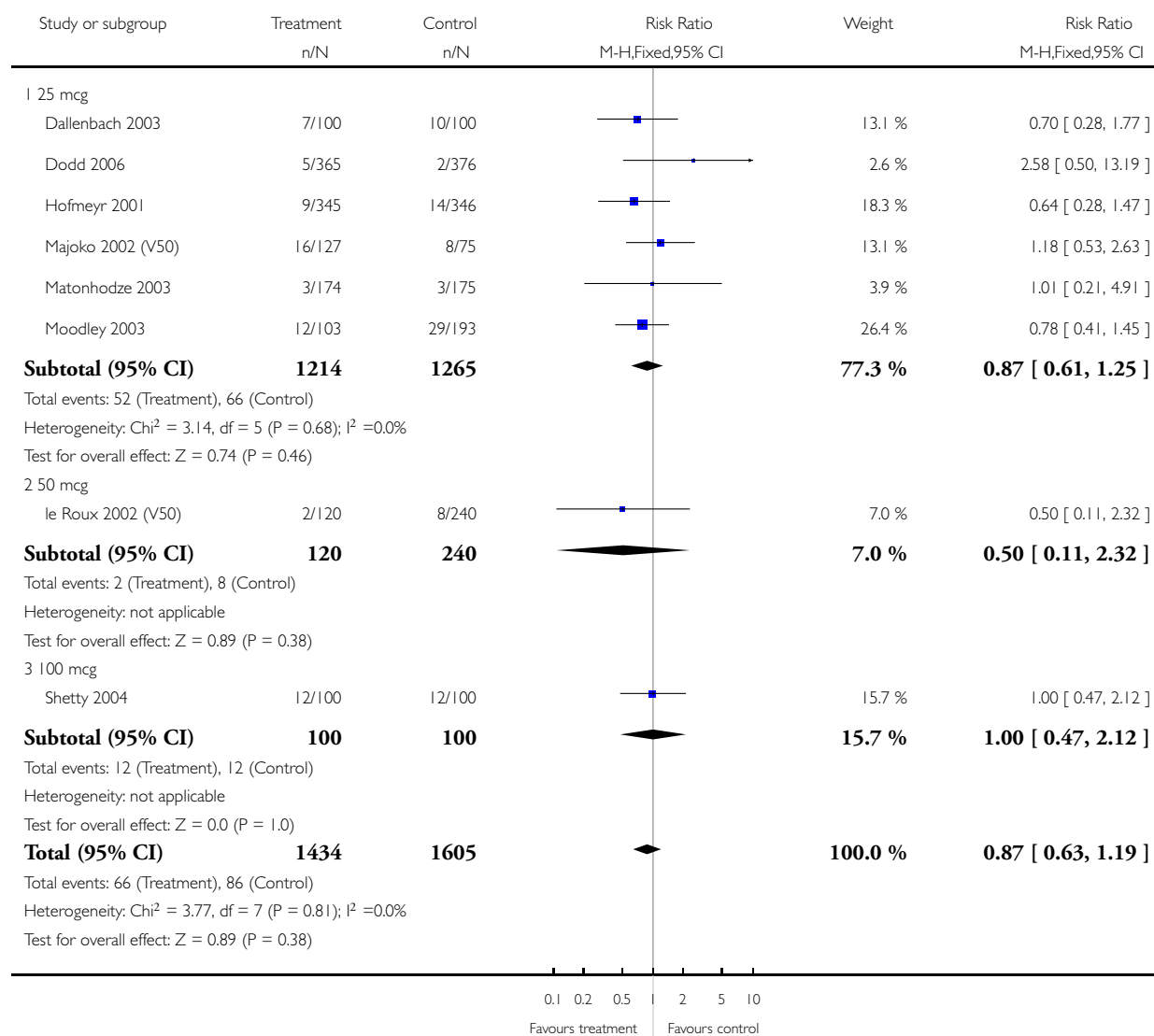


# **Analysis 10.14. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 14 Neonatal intensive care unit admission





# **Analysis 10.15. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 15 Neonatal encephalopathy.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 15 Neonatal encephalopathy

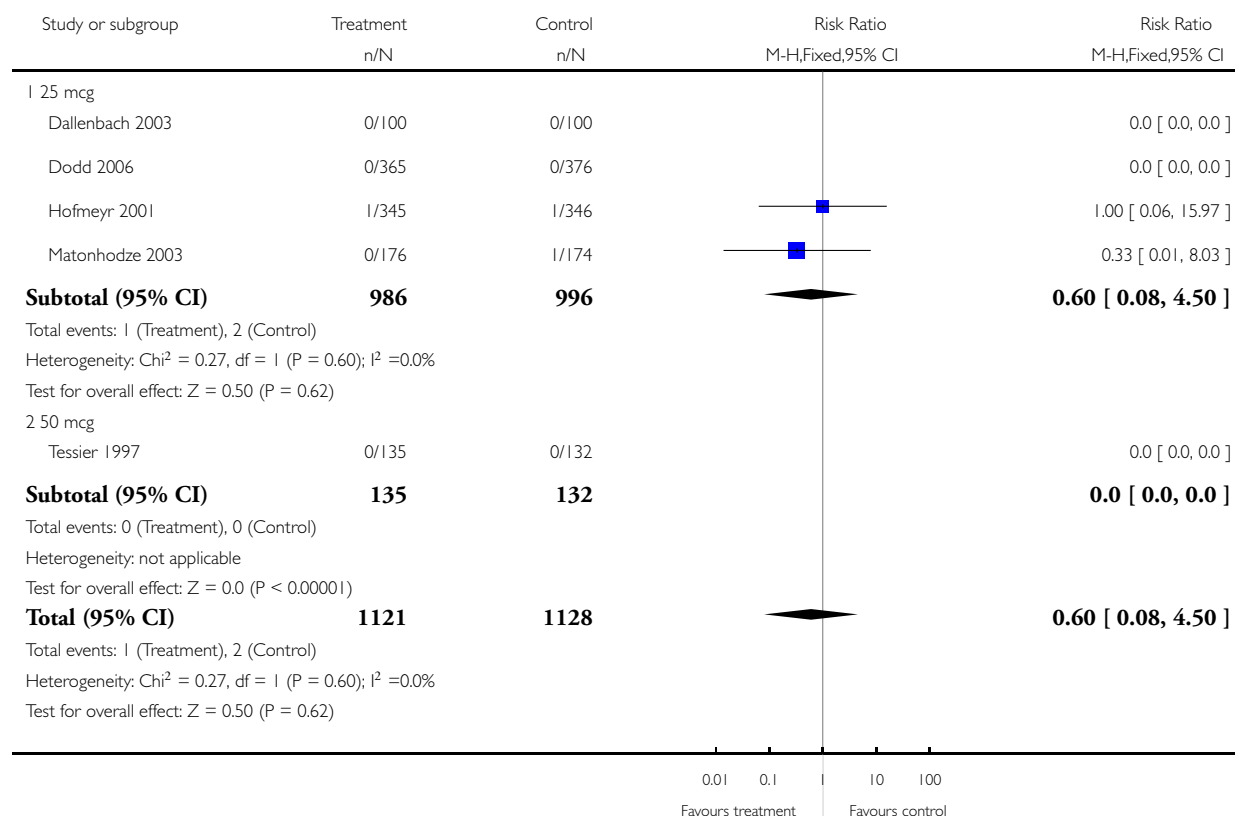
| Study or subgroup   | Oral<br>n/N | Vaginal PG<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|-------------|-------------------|--------------------------------|--------------------------------|
| 1 25 mcg  |             |                   |                                |                                |
| Dodd 2006   | 0/365       | 0/376             |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>365</b>  | <b>376</b>        |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral), 0 (Vaginal PG)  |             |                   |                                |                                |
| Heterogeneity: not applicable   |             |                   |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |             |                   |                                |                                |
| 2 50 mcg  |             |                   |                                |                                |
| le Roux 2002 (V50)  | 0/120       | 0/240             |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>120</b>  | <b>240</b>        |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral), 0 (Vaginal PG)  |             |                   |                                |                                |
| Heterogeneity: not applicable   |             |                   |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |             |                   |                                |                                |
| <b>Total (95% CI)</b>   | <b>485</b>  | <b>616</b>        |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral), 0 (Vaginal PG)  |             |                   |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |             |                   |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |             |                   |                                |                                |
|   |             |                   | 0.1 0.2 0.5   2 5 10           |                                |
|   |             |                   | Favours treatment              | Favours control                |

# **Analysis 10.16. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 16 Perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 16 Perinatal death

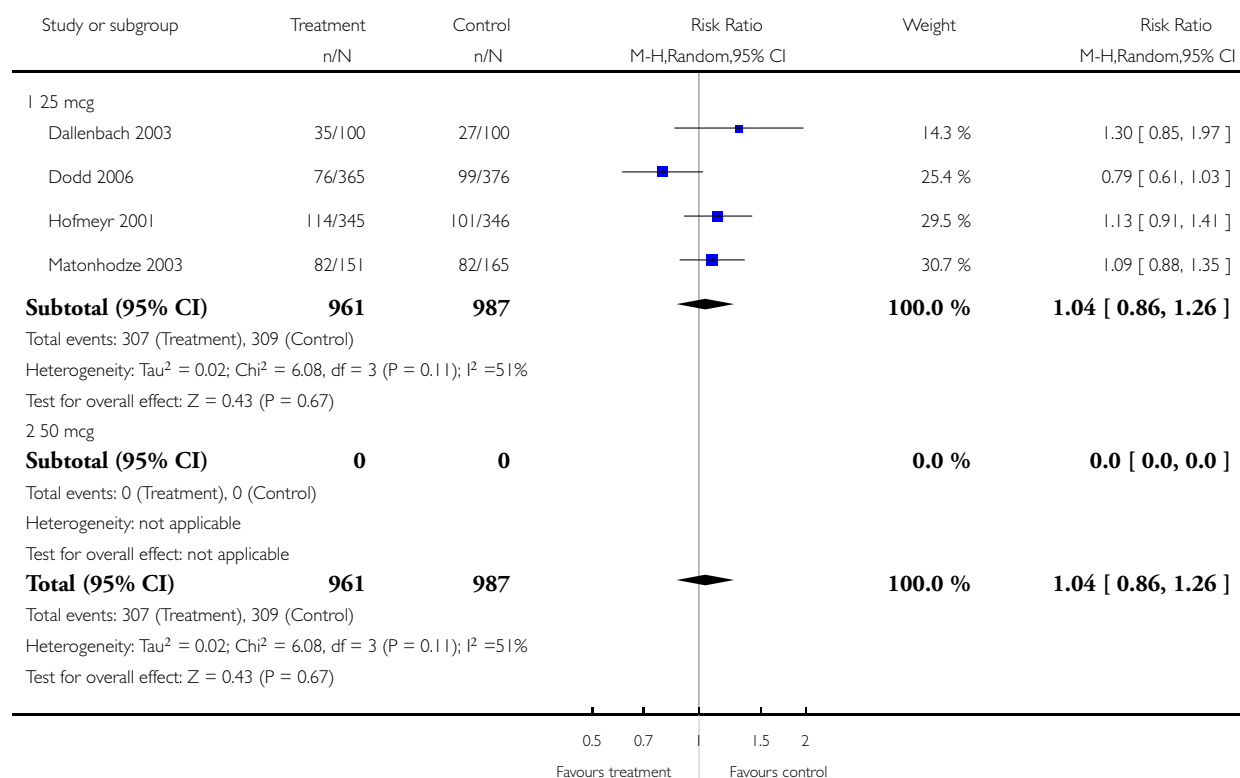


# **Analysis 10.18. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 18 Maternal side effects (all).**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 18 Maternal side effects (all)

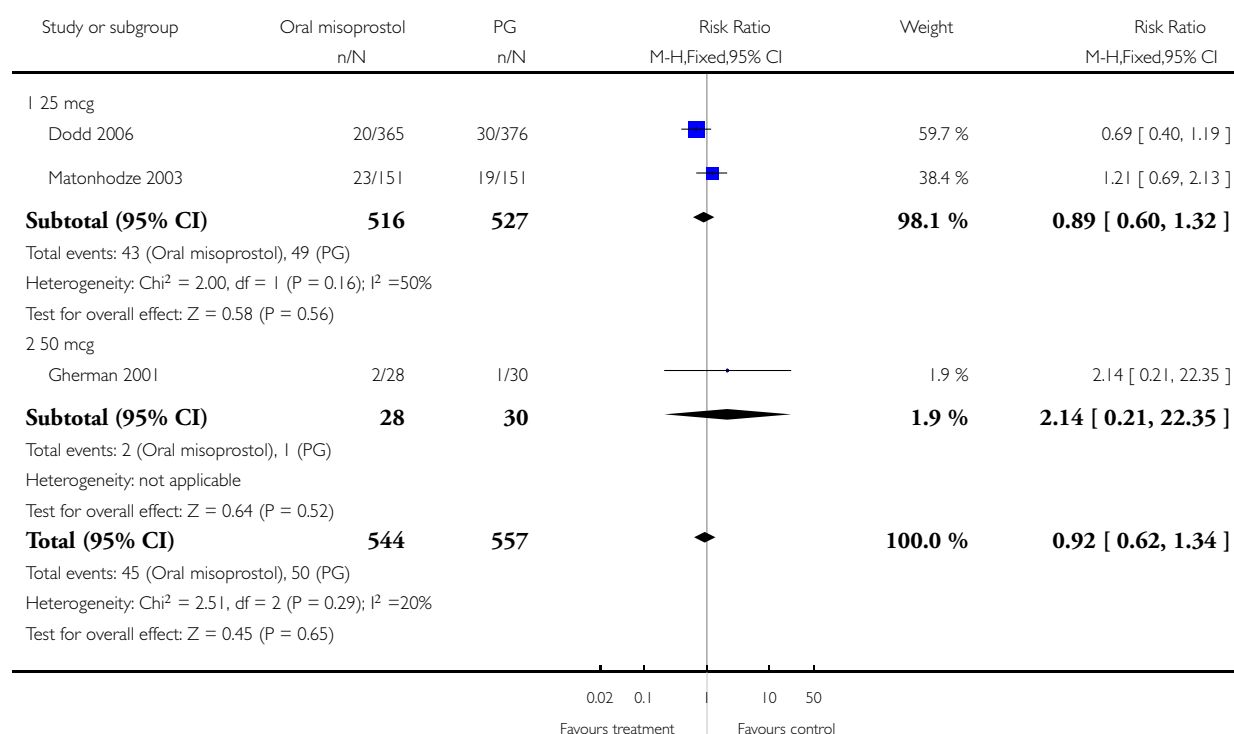


# **Analysis 10.19. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 19 Nausea.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 19 Nausea

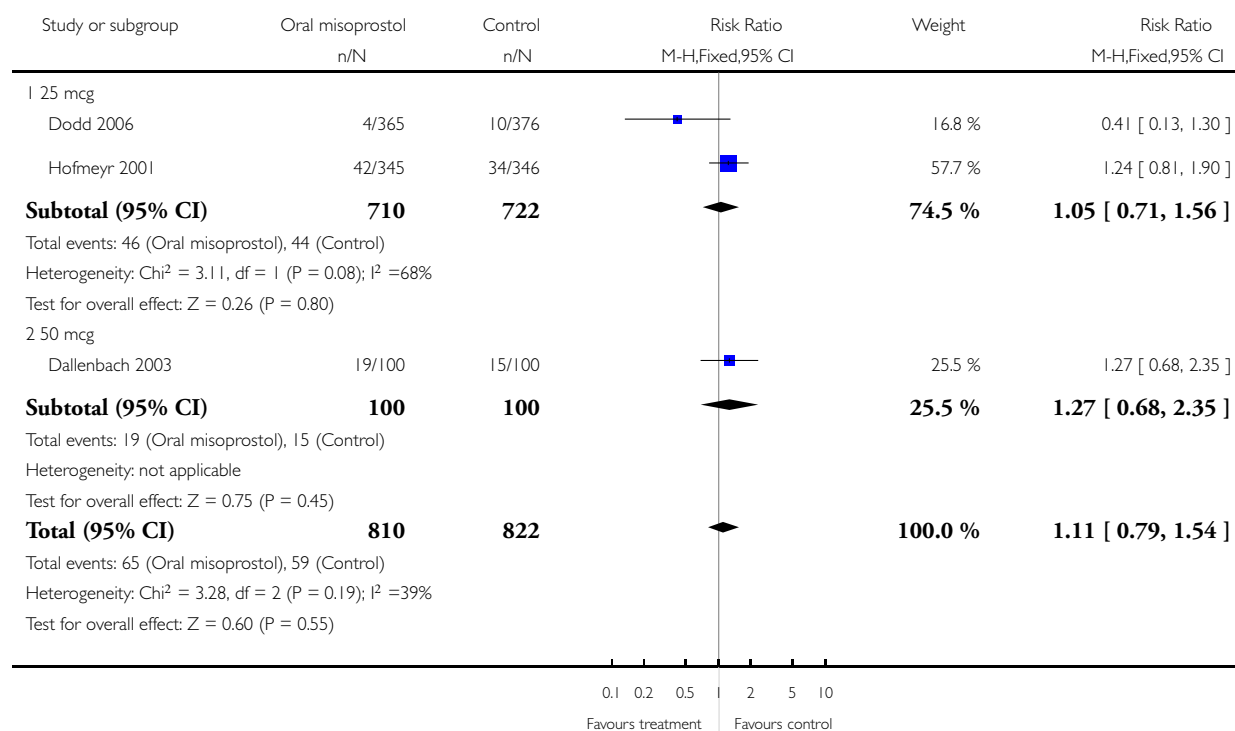


## Analysis 10.20. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 20 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 20 Vomiting

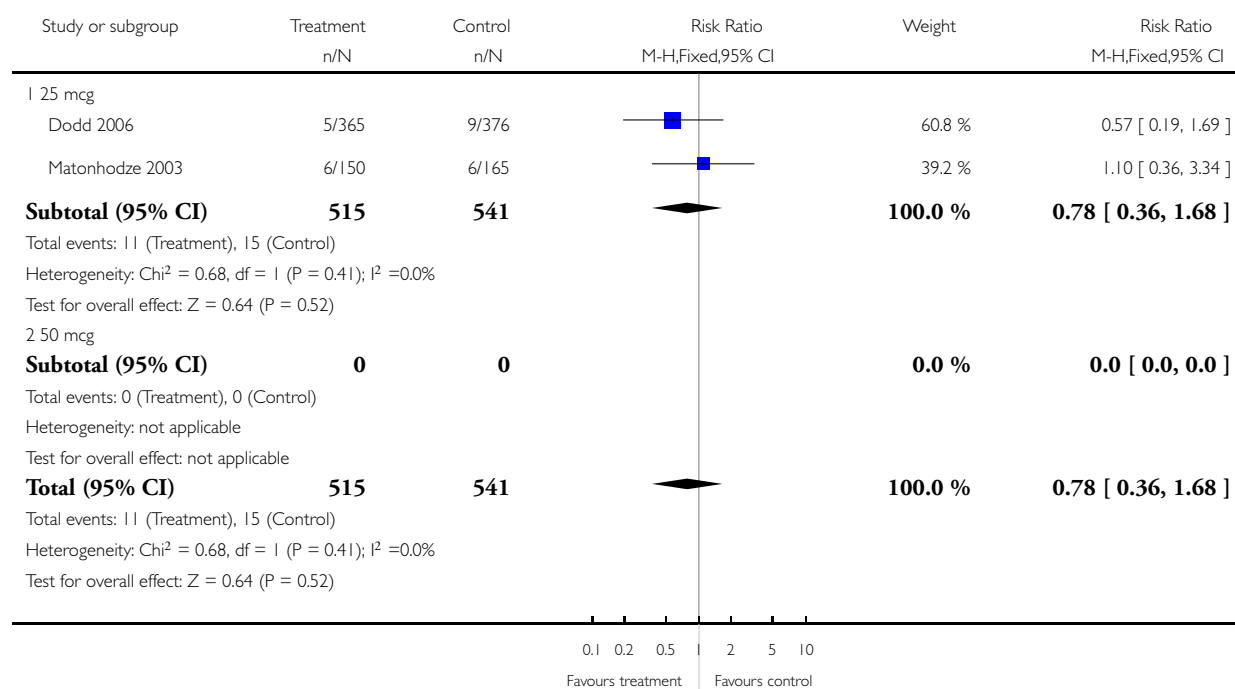


## Analysis 10.21. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 21 Diarrhoea

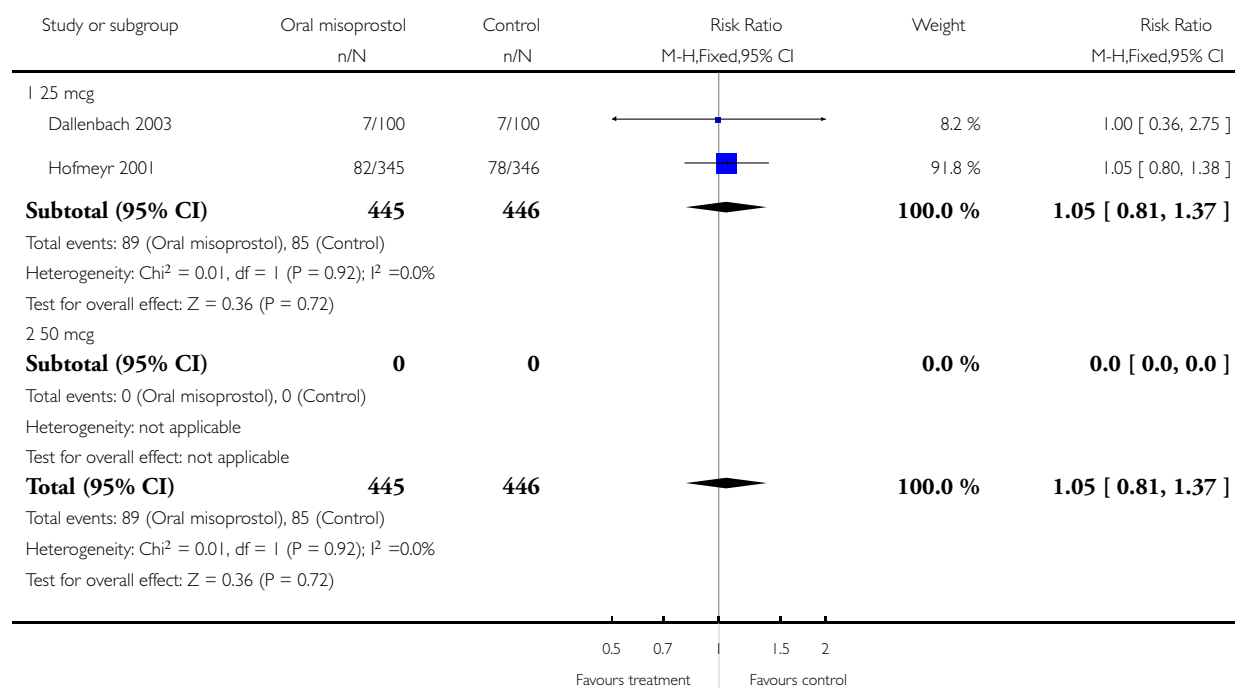


## Analysis 10.22. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 22 Shivering.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 22 Shivering

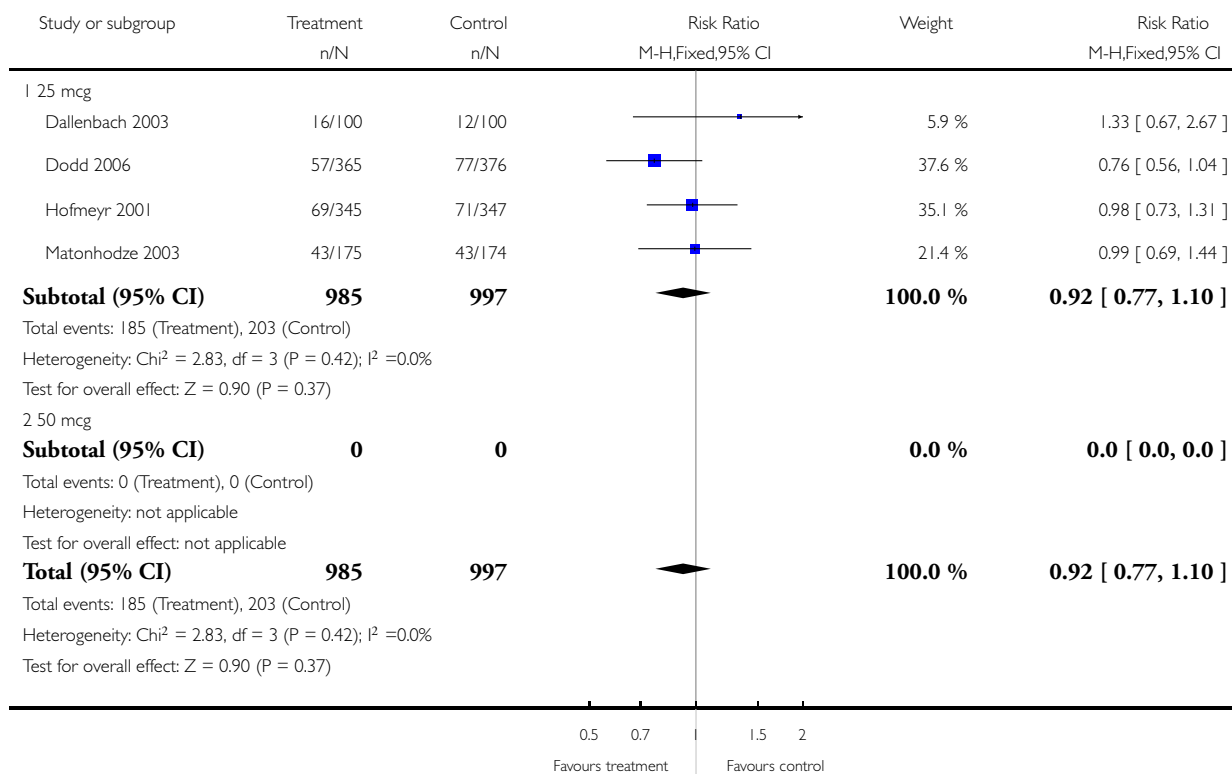


### Analysis 10.23. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 23 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 23 Postpartum haemorrhage





# **Analysis 10.24. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 24 Serious maternal complications.**

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 24 Serious maternal complications

| Study or subgroup                              | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| I 25 mcg                                       |                  |                |                                |                                |
| Hofmeyr 2001                                   | 0/345            | 0/347          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>                       | <b>345</b>       | <b>347</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001) |                  |                |                                |                                |
| I 50 mcg                                       |                  |                |                                |                                |
| <b>Subtotal (95% CI)</b>                       | <b>0</b>         | <b>0</b>       |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: not applicable        |                  |                |                                |                                |
| <b>Total (95% CI)</b>                          | <b>345</b>       | <b>347</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001) |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|  |                  |                | Favours treatment              | Favours control                |

### Analysis 10.25. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 25 Hyperpyrexia.

Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 25 Hyperpyrexia

| Study or subgroup                                    | Oral misoprostol<br>n/N | dinoprostone<br>n/N | Odds Ratio<br>M-H,Fixed,95% CI | Odds Ratio<br>M-H,Fixed,95% CI |
|--|-------------------------|---------------------|--------------------------------|--------------------------------|
| I 25 mcg   |                         |                     |                                |                                |
| Dodd 2006  | 0/365                   | 0/376               |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                                | <b>365</b>              | <b>376</b>          |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Oral misoprostol), 0 (dinoprostone) |                         |                     |                                |                                |
| Heterogeneity: not applicable                        |                         |                     |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)       |                         |                     |                                |                                |

0.1 0.2 0.5 1 2 5 10  
Favours treatment Favours control

### Analysis 10.31. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 31 Oxytocin augmentation (subgroup by quality).

Review: Oral misoprostol for induction of labour

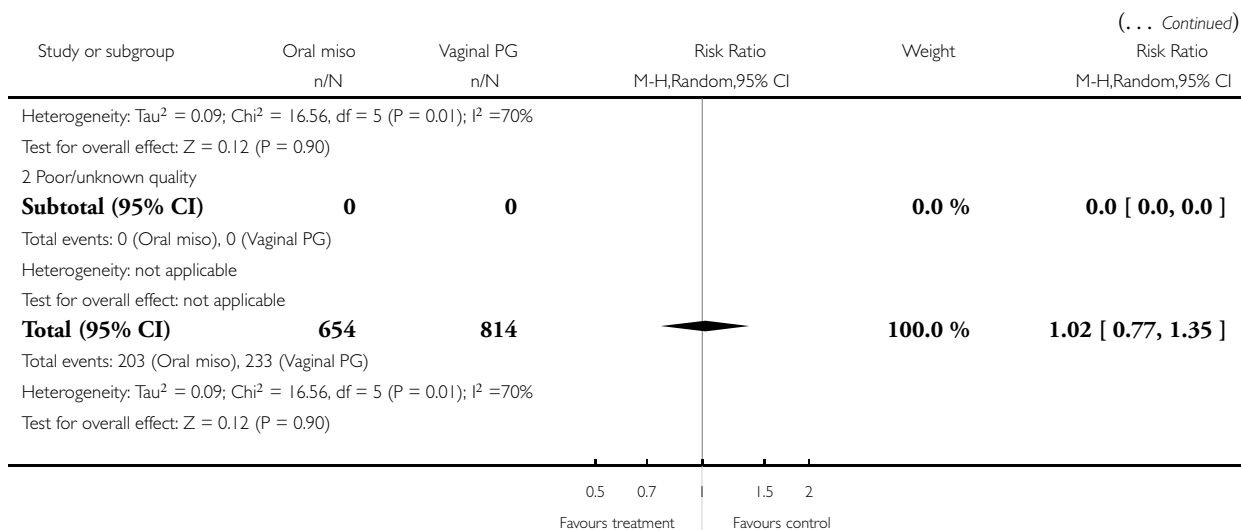
Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 31 Oxytocin augmentation (subgroup by quality)

| Study or subgroup                               | Oral miso<br>n/N | Vaginal PG<br>n/N | Risk Ratio<br>M-H,Random,95% CI | Weight         | Risk Ratio<br>M-H,Random,95% CI |
|---|------------------|-------------------|---------------------------------|----------------|---------------------------------|
| I High quality                                  |                  |                   |                                 |                |                                 |
| Gherman 2001                                    | 23/28            | 14/30             |                                 | 16.0 %         | 1.76 [ 1.16, 2.68 ]             |
| le Roux 2002 (V50)                              | 20/120           | 39/240            |                                 | 14.1 %         | 1.03 [ 0.63, 1.68 ]             |
| Majoko 2002 (V50)                               | 48/127           | 30/75             |                                 | 17.7 %         | 0.94 [ 0.66, 1.35 ]             |
| Matonhodze 2003                                 | 29/176           | 43/176            |                                 | 15.9 %         | 0.67 [ 0.44, 1.03 ]             |
| Moodley 2003                                    | 23/103           | 60/193            |                                 | 16.0 %         | 0.72 [ 0.47, 1.09 ]             |
| Shetty 2004                                     | 60/100           | 47/100            |                                 | 20.2 %         | 1.28 [ 0.98, 1.66 ]             |
| <b>Subtotal (95% CI)</b>                        | <b>654</b>       | <b>814</b>        |                                 | <b>100.0 %</b> | <b>1.02 [ 0.77, 1.35 ]</b>      |
| Total events: 203 (Oral miso), 233 (Vaginal PG) |                  |                   |                                 |                |                                 |

0.5 0.7 1 1.5 2  
Favours treatment Favours control

(Continued ...)

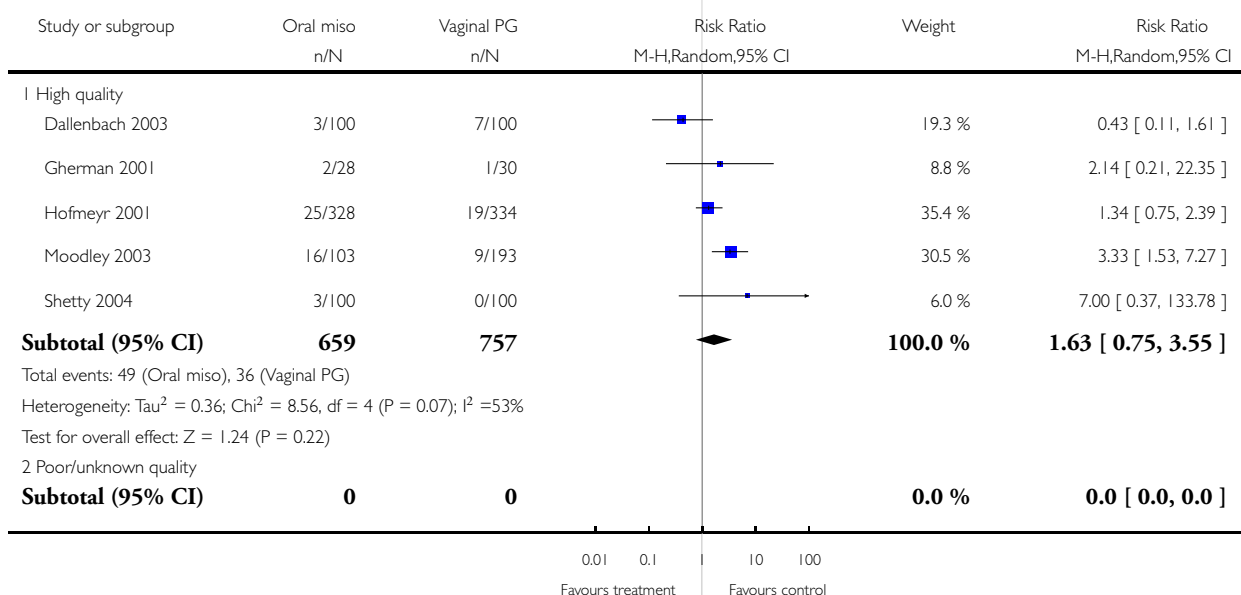


**Analysis 10.32. Comparison 10 Oral misoprostol versus vaginal PG (2): all women, Outcome 32 Uterine hyperstimulation without FHR changes (subgroup by quality).**

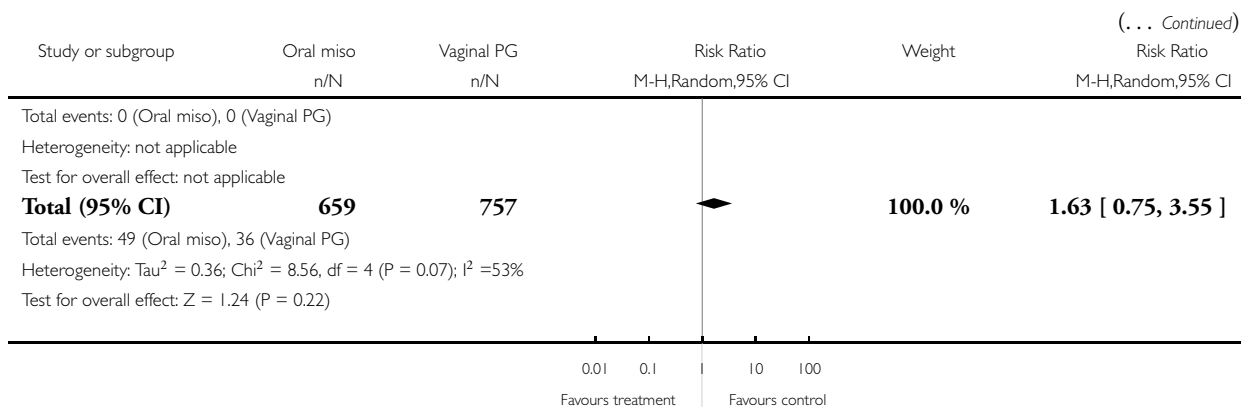
Review: Oral misoprostol for induction of labour

Comparison: 10 Oral misoprostol versus vaginal PG (2): all women

Outcome: 32 Uterine hyperstimulation without FHR changes (subgroup by quality)



(Continued . . .)

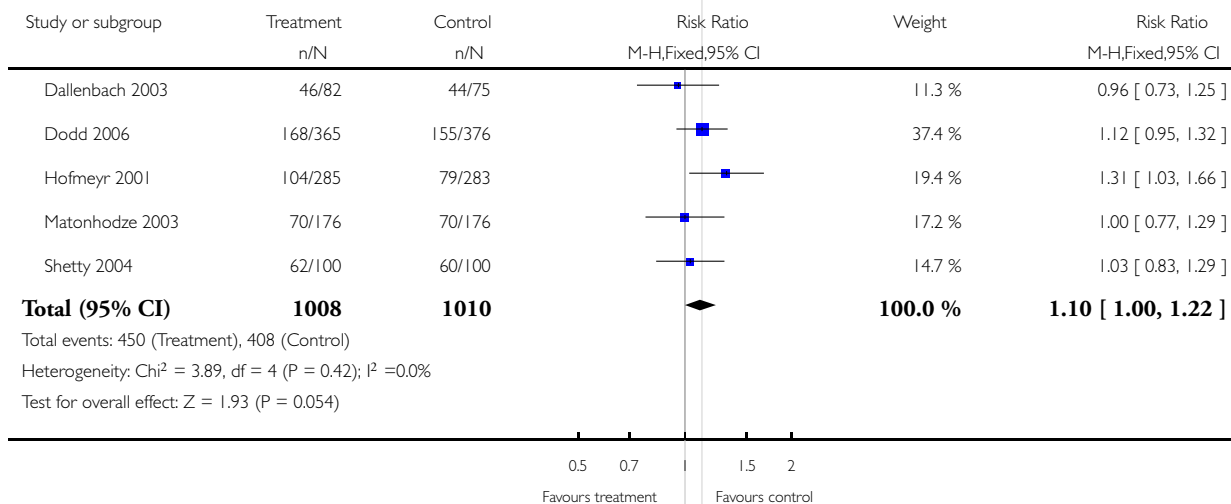


**Analysis 11.1. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours

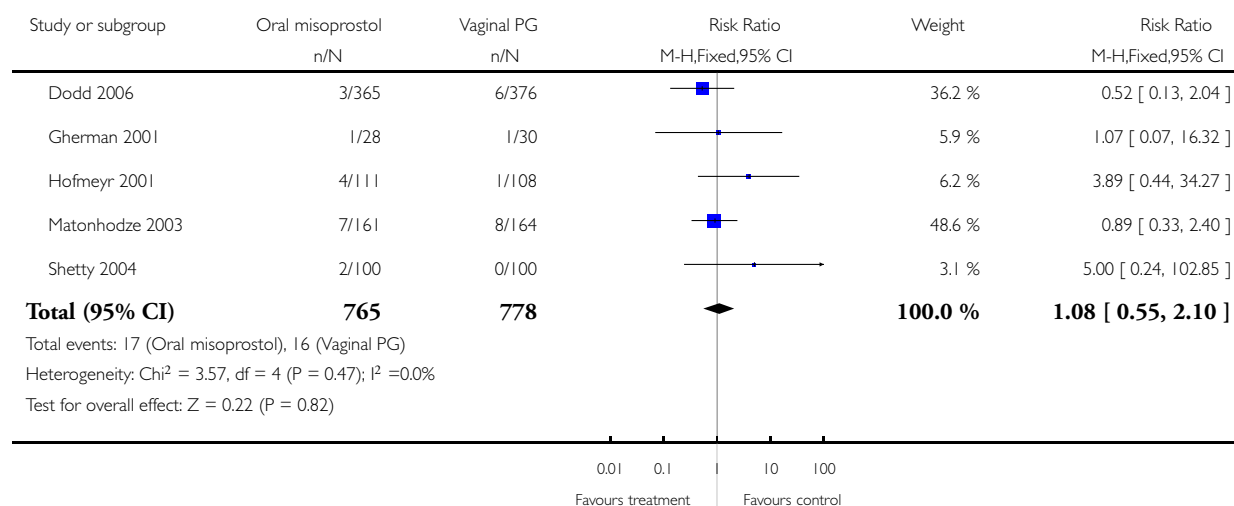


## Analysis 11.2. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

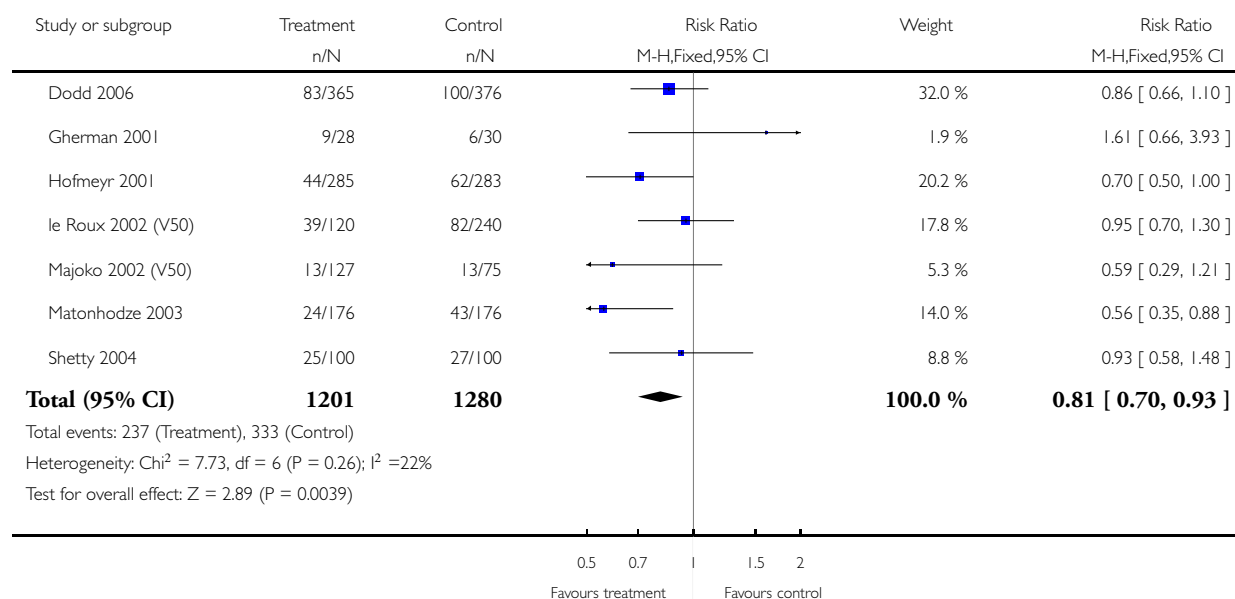


### Analysis 11.3. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 3 Caesarean section

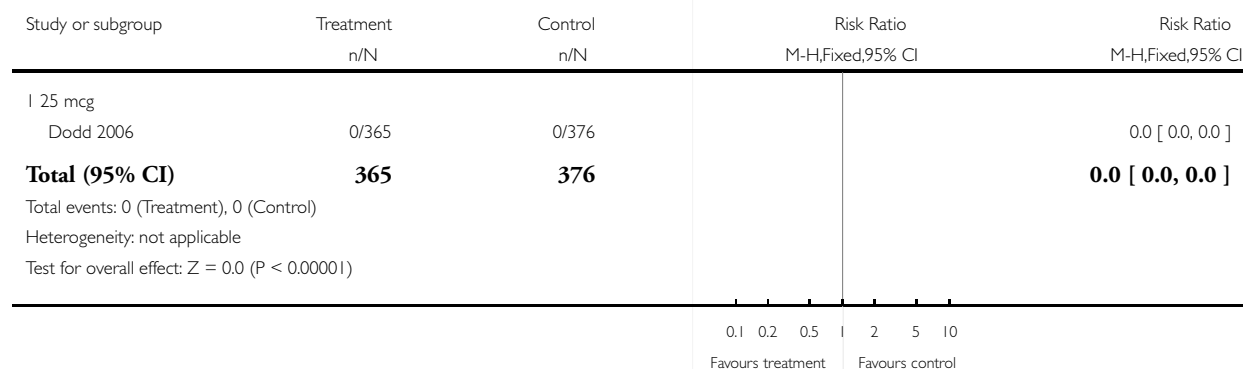


### Analysis 11.4. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 4 Serious neonatal morbidity or perinatal death



**Analysis 11.5. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 5 Serious maternal morbidity or death

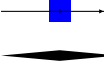

| Study or subgroup                                    | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI    | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|-----------------------------------|--------------------------------|
| I 25 mcg<br>Dodd 2006                                | 0/365            | 0/376          |                                   | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                                | <b>365</b>       | <b>376</b>     |                                   | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)             |                  |                |                                   |                                |
| Heterogeneity: not applicable                        |                  |                |                                   |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ ) |                  |                |                                   |                                |
|  |                  |                | 0.1 0.2 0.5 2 5 10                |                                |
|  |                  |                | Favours treatment Favours control |                                |

**Analysis 11.6. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 6 Cervix unfavourable/unchanged after 12-24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 6 Cervix unfavourable/unchanged after 12-24 hours

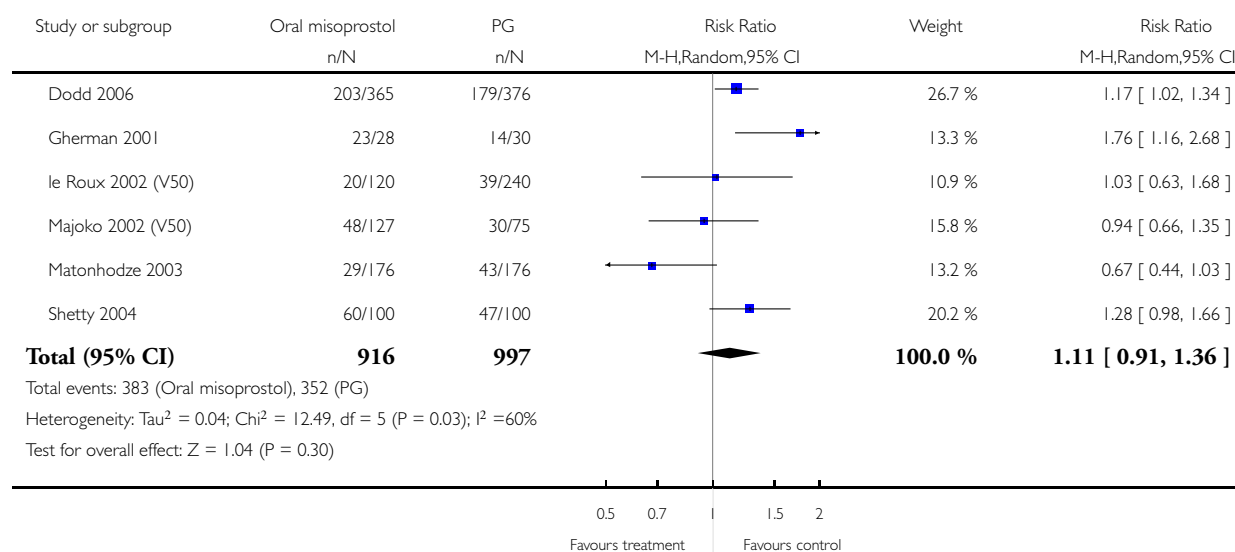
| Study or subgroup                                   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI  | Weight         | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|---|----------------|--------------------------------|
| I 25 mcg<br>Dodd 2006                               | 57/365           | 39/376         |  | 100.0 %        | 1.51 [ 1.03, 2.20 ]            |
| <b>Total (95% CI)</b>                               | <b>365</b>       | <b>376</b>     |  | <b>100.0 %</b> | <b>1.51 [ 1.03, 2.20 ]</b>     |
| Total events: 57 (Treatment), 39 (Control)          |                  |                |   |                |                                |
| Heterogeneity: not applicable                       |                  |                |   |                |                                |
| Test for overall effect: $Z = 2.11$ ( $P = 0.035$ ) |                  |                |   |                |                                |
|   |                  |                | 0.5 0.7 1.5 2   |                |                                |
|   |                  |                | Favours treatment Favours control   |                |                                |

### Analysis 11.7. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 7 Oxytocin augmentation

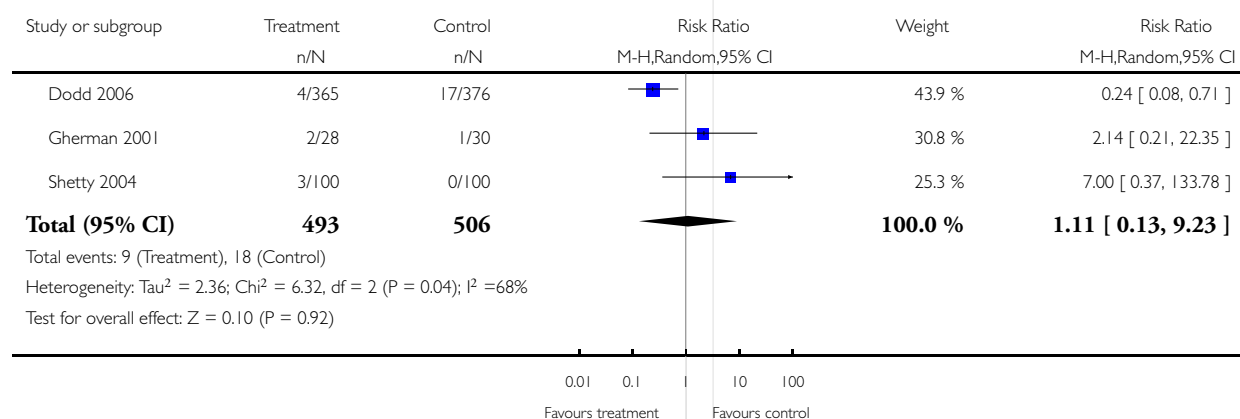


### Analysis 11.8. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 8 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 8 Uterine hyperstimulation without FHR changes



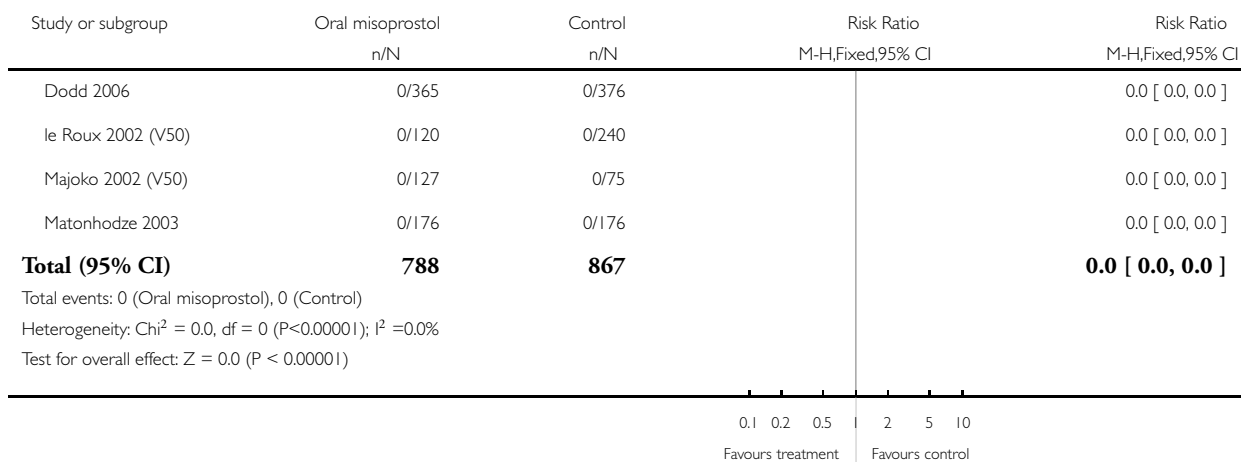


**Analysis 11.9. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 9 Ruptured uterus.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 9 Ruptured uterus

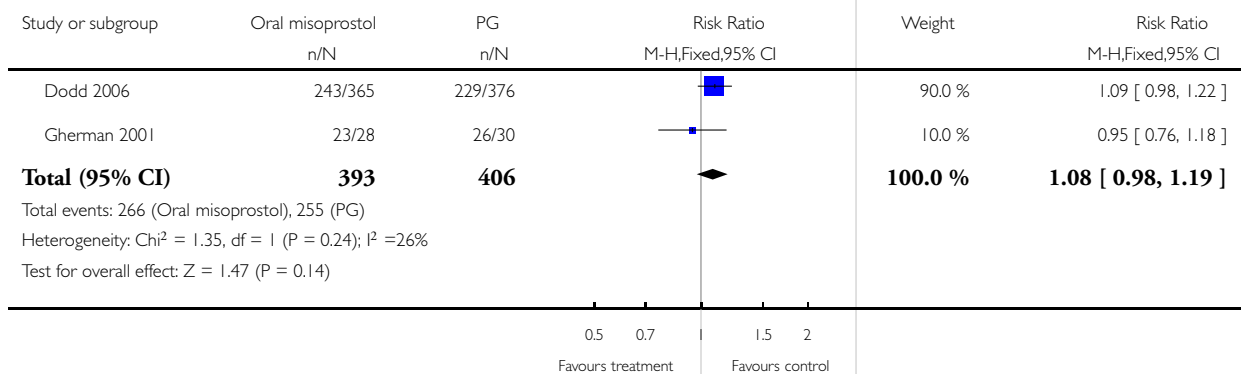


**Analysis 11.10. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 10 Epidural analgesia.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 10 Epidural analgesia

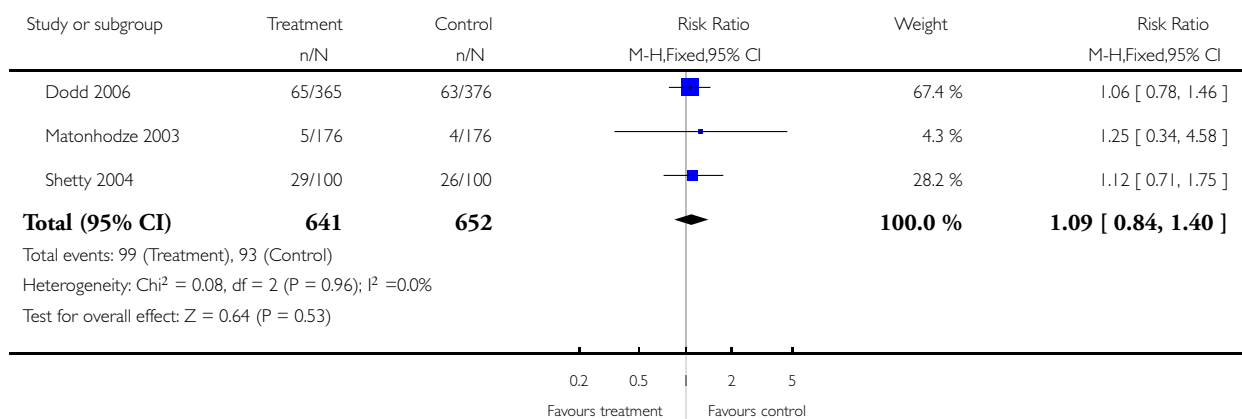


**Analysis 11.11. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 11 Instrumental vaginal delivery

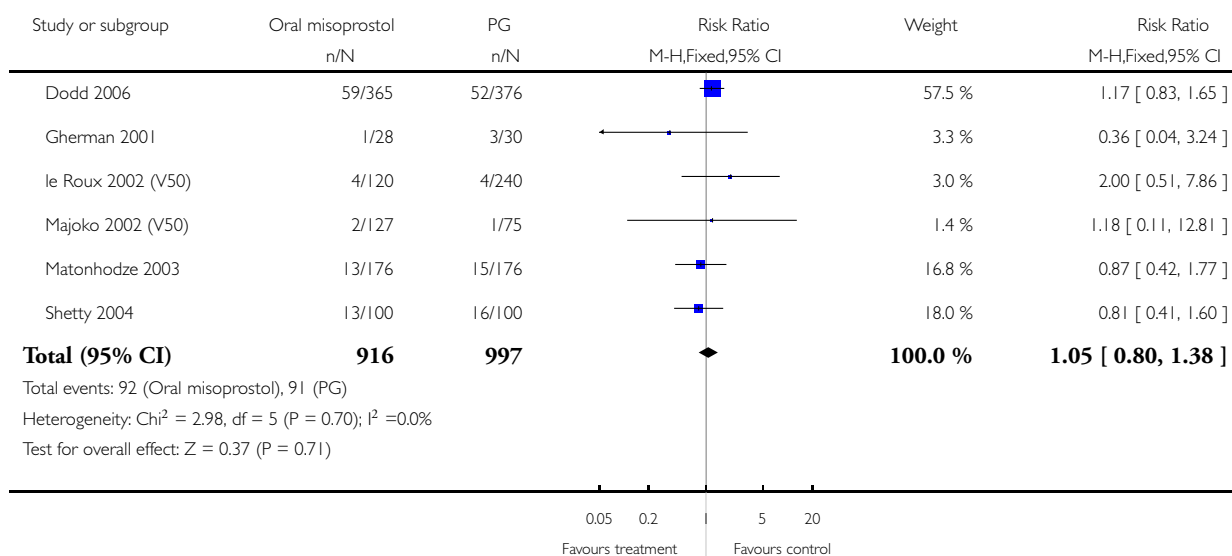


## Analysis 11.12. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 12 Meconium-stained liquor

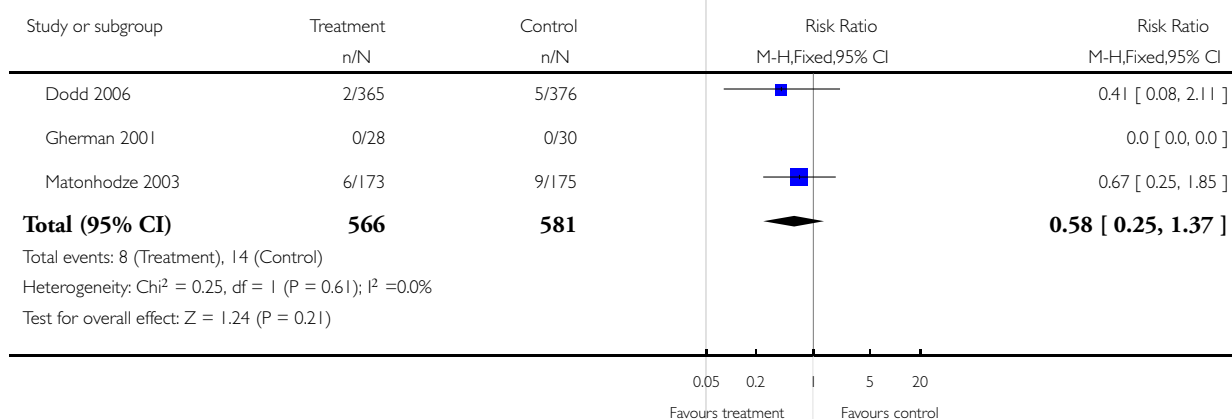


## Analysis 11.13. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 13 Apgar score < 7 at 5 minutes

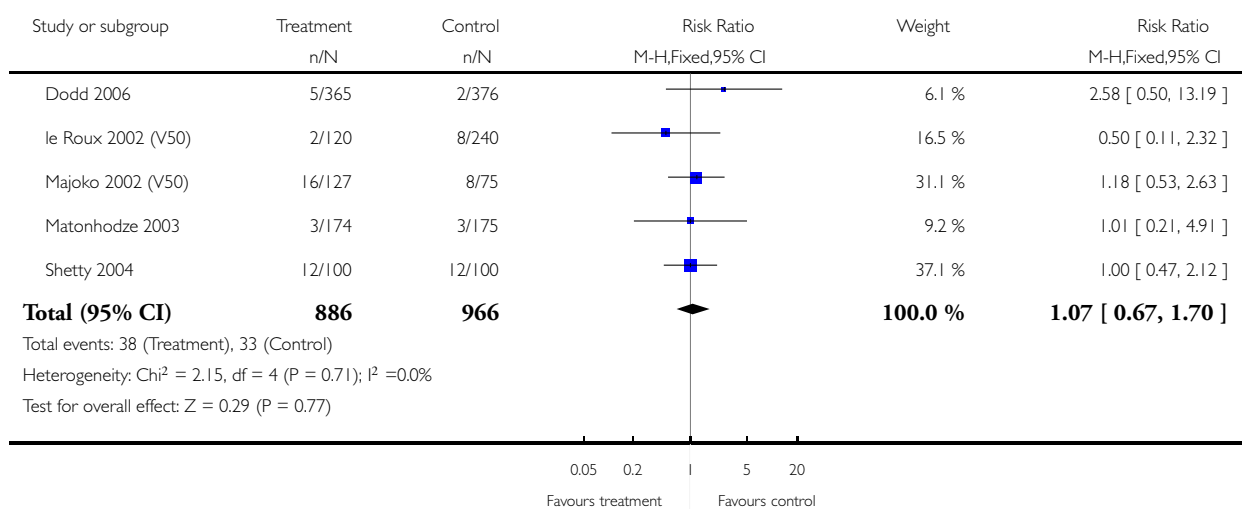


**Analysis 11.14. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 14 Neonatal intensive care unit admission

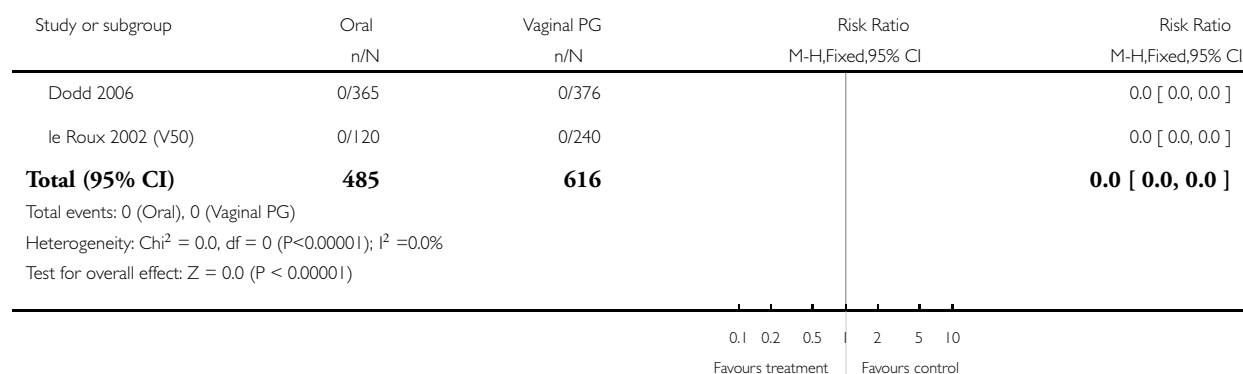


### Analysis 11.15. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 15 Neonatal encephalopathy.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 15 Neonatal encephalopathy

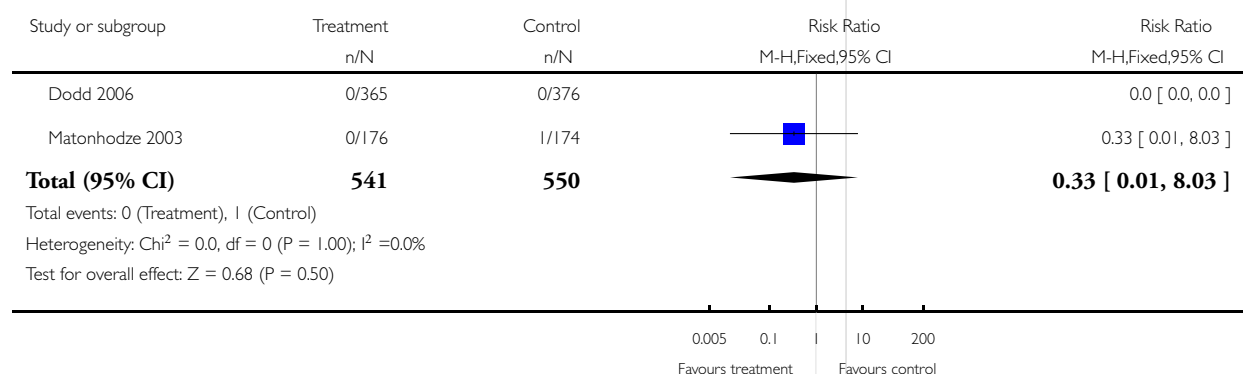


### Analysis 11.16. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 16 Perinatal death

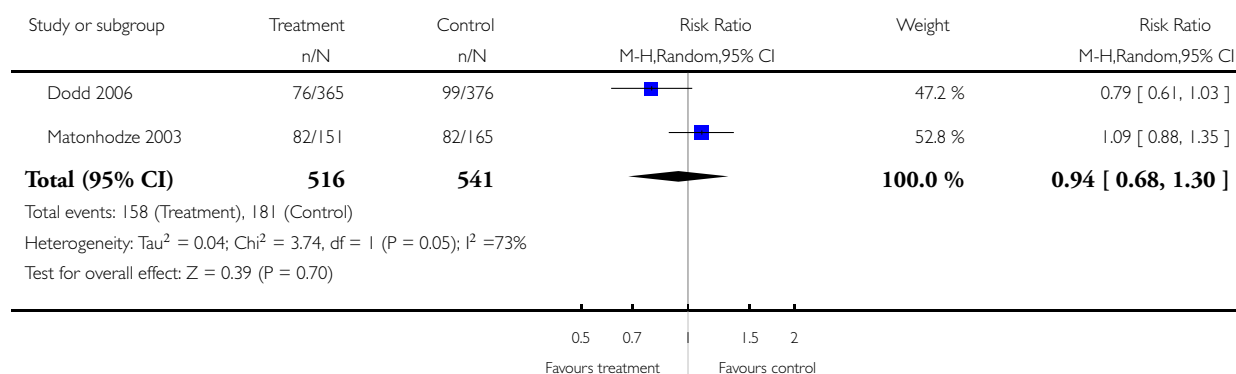


### Analysis 11.17. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 17 Maternal side effects (all).

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 17 Maternal side effects (all)

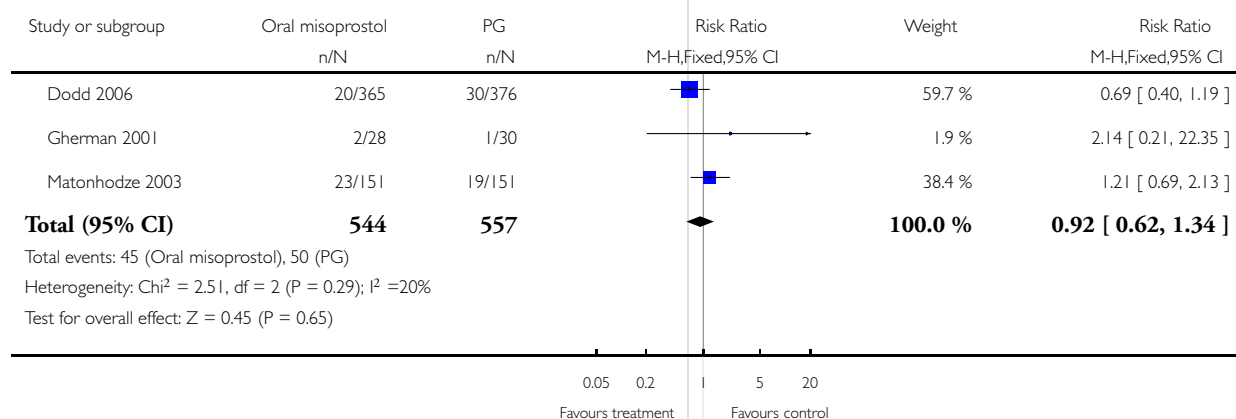


### Analysis 11.18. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 18 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 18 Nausea

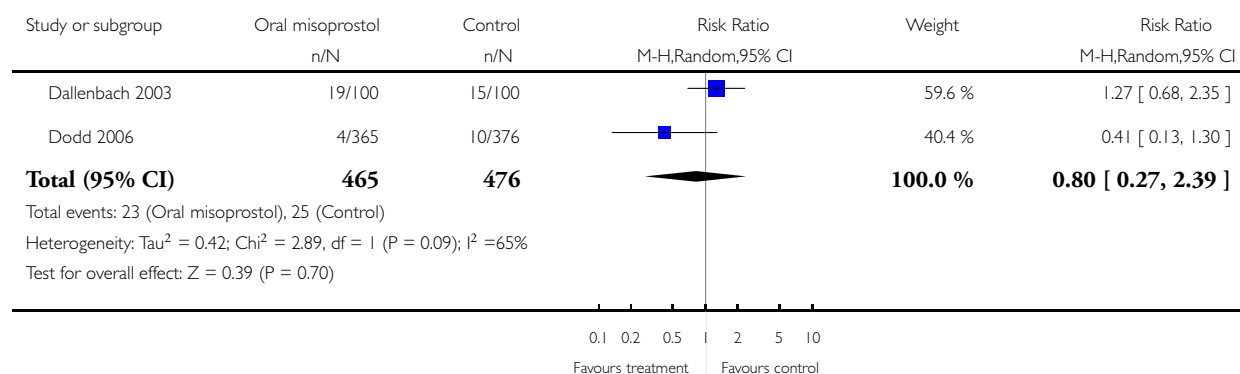


### Analysis 11.19. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 19 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 19 Vomiting

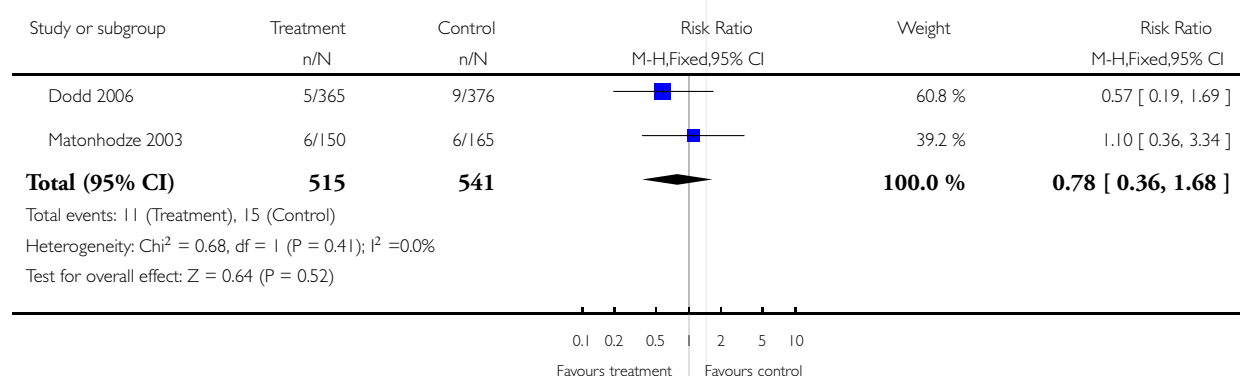


### Analysis 11.20. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 20 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 20 Diarrhoea

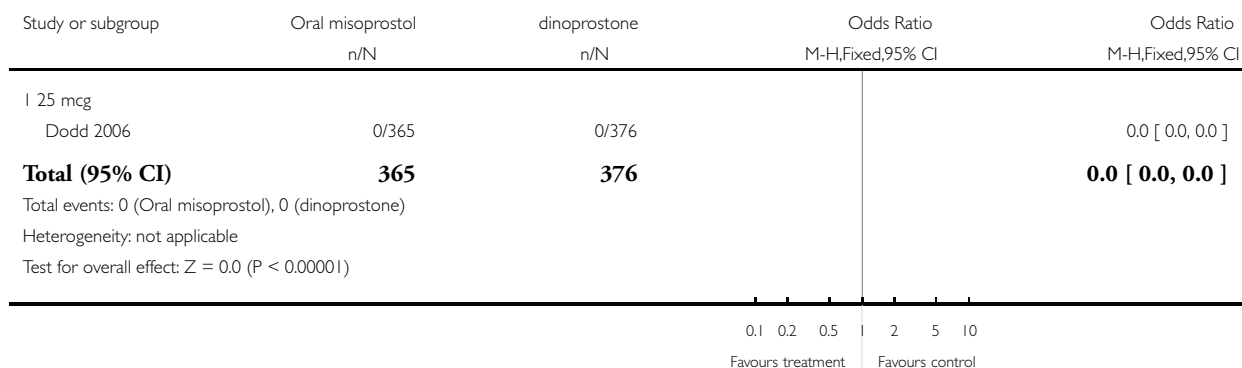


## Analysis 11.21. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 21 Hyperpyrexia.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 21 Hyperpyrexia

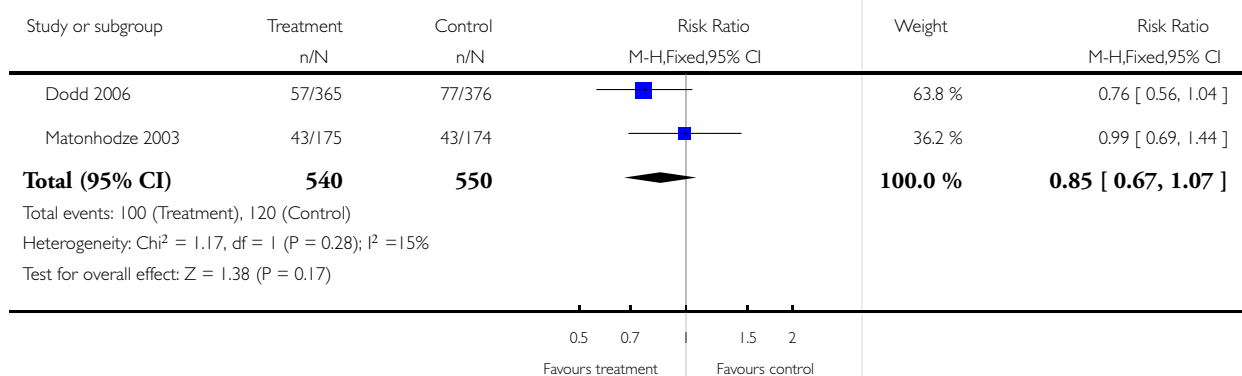


## Analysis 11.22. Comparison 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes, Outcome 22 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 11 Oral misoprostol versus vaginal PG (2): all women with intact membranes

Outcome: 22 Postpartum haemorrhage



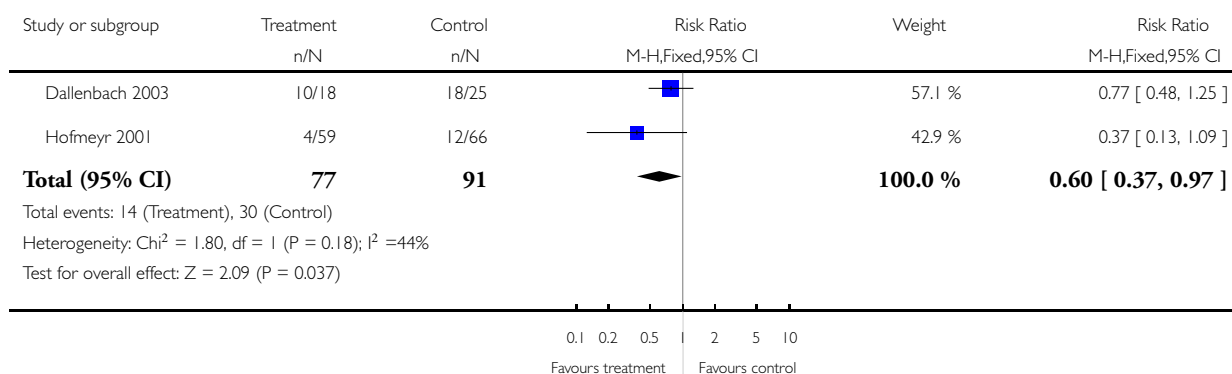


### Analysis 12.1. Comparison 12 Oral misoprostol versus vaginal PG (2): all women with ruptured membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 12 Oral misoprostol versus vaginal PG (2): all women with ruptured membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours

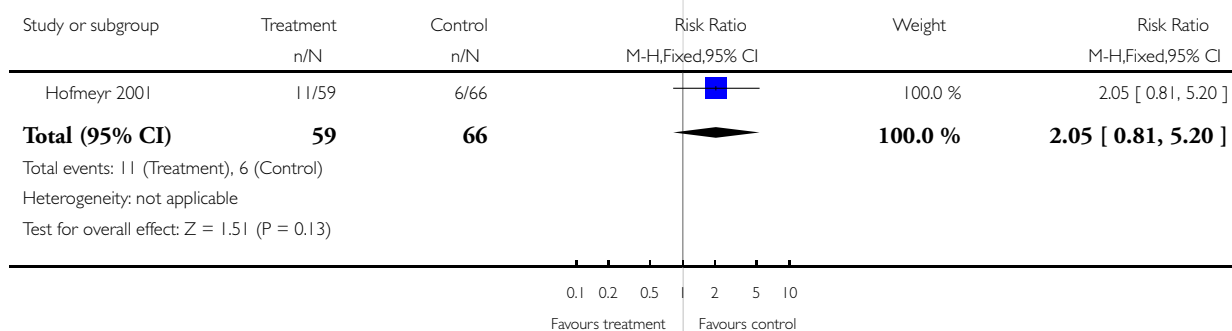


### Analysis 12.3. Comparison 12 Oral misoprostol versus vaginal PG (2): all women with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 12 Oral misoprostol versus vaginal PG (2): all women with ruptured membranes

Outcome: 3 Caesarean section

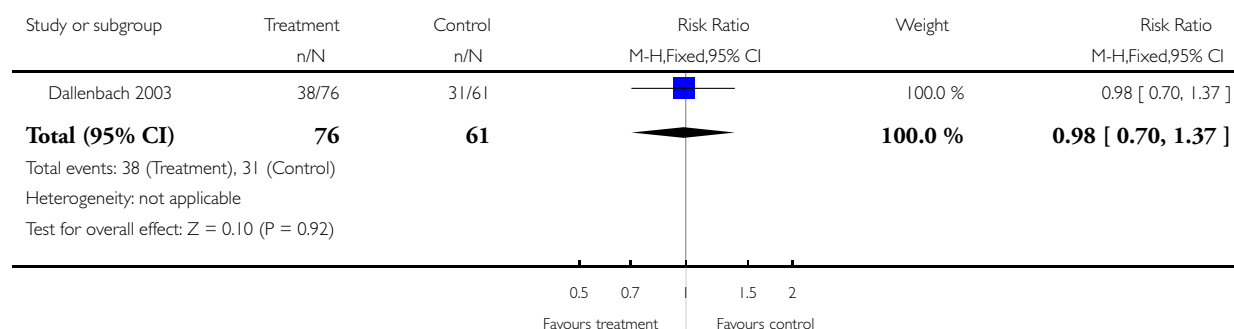


### Analysis 13.1. Comparison 13 Oral misoprostol versus vaginal PG (2): all women with unfavourable cervixes, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 13 Oral misoprostol versus vaginal PG (2): all women with unfavourable cervixes

Outcome: 1 Vaginal delivery not achieved within 24 hours

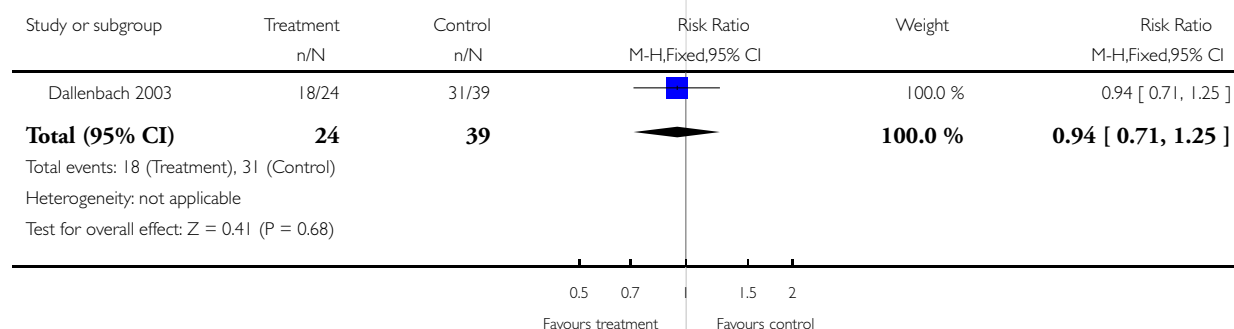


### Analysis 14.1. Comparison 14 Oral misoprostol versus vaginal PG (2): all women with favourable cervixes, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 14 Oral misoprostol versus vaginal PG (2): all women with favourable cervixes

Outcome: 1 Vaginal delivery not achieved within 24 hours

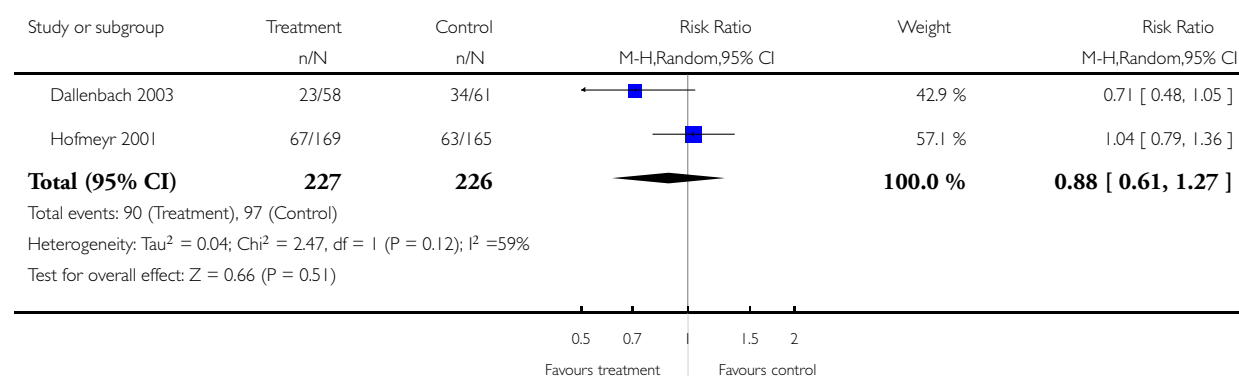


### Analysis 18.1. Comparison 18 Oral misoprostol versus vaginal PG (2): all primiparae, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 18 Oral misoprostol versus vaginal PG (2): all primiparae

Outcome: 1 Vaginal delivery not achieved within 24 hours

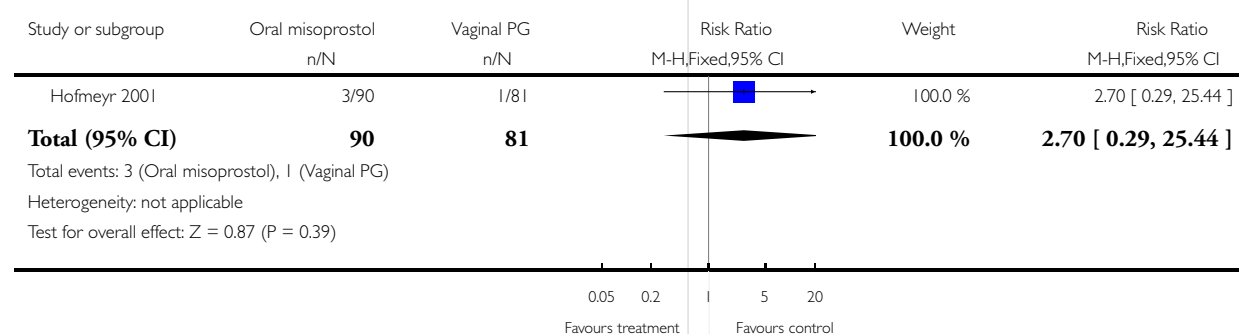


### Analysis 18.2. Comparison 18 Oral misoprostol versus vaginal PG (2): all primiparae, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 18 Oral misoprostol versus vaginal PG (2): all primiparae

Outcome: 2 Uterine hyperstimulation with FHR changes

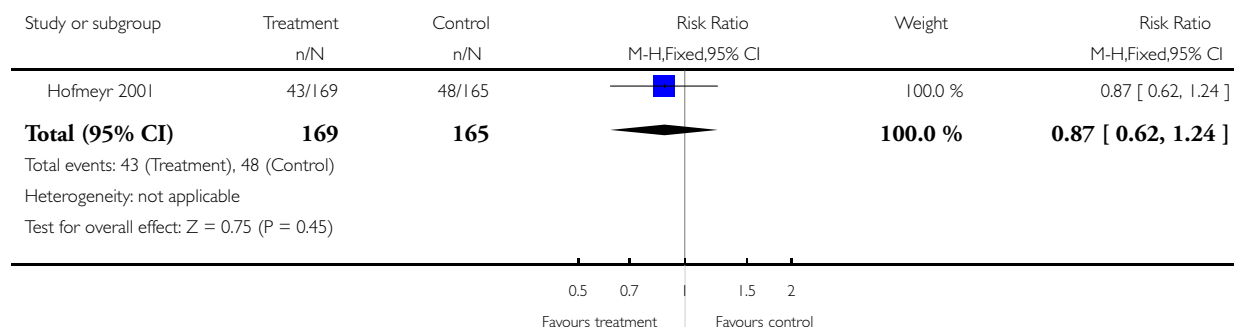


### Analysis 18.3. Comparison 18 Oral misoprostol versus vaginal PG (2): all primiparae, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 18 Oral misoprostol versus vaginal PG (2): all primiparae

Outcome: 3 Caesarean section

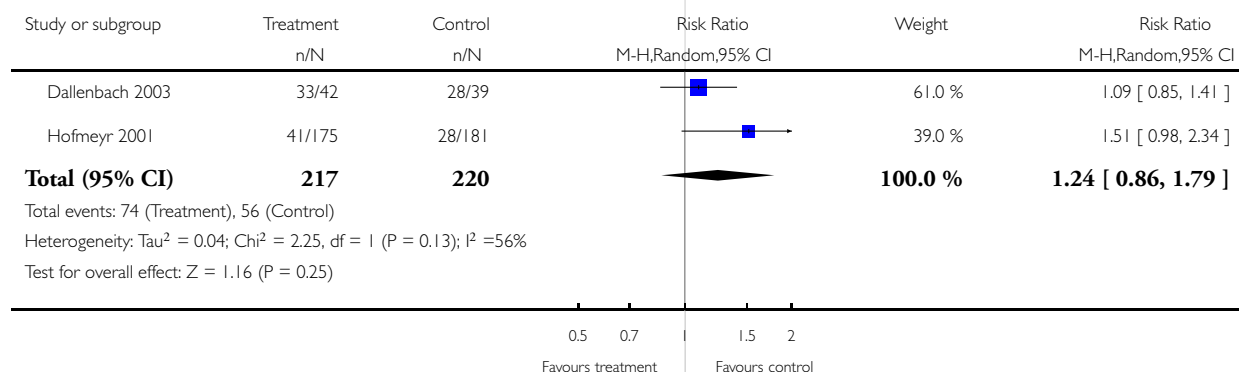


### Analysis 19.1. Comparison 19 Oral misoprostol versus vaginal PG (2): all multiparae, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 19 Oral misoprostol versus vaginal PG (2): all multiparae

Outcome: 1 Vaginal delivery not achieved within 24 hours

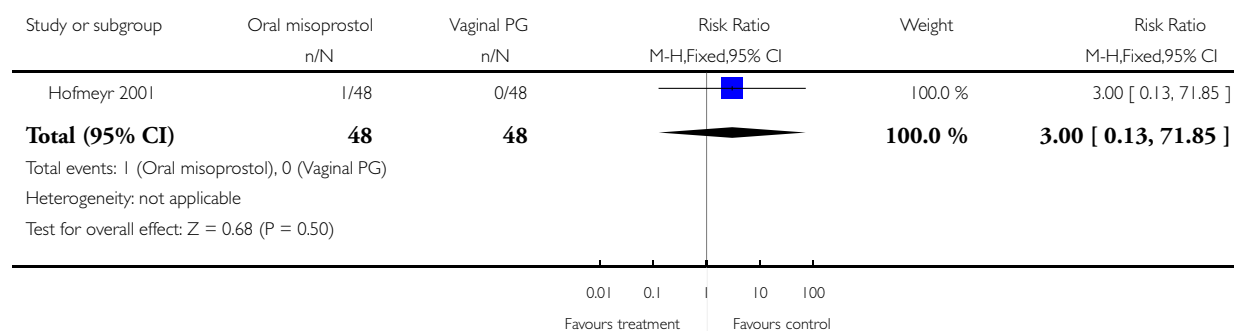


## Analysis 19.2. Comparison 19 Oral misoprostol versus vaginal PG (2): all multiparae, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 19 Oral misoprostol versus vaginal PG (2): all multiparae

Outcome: 2 Uterine hyperstimulation with FHR changes

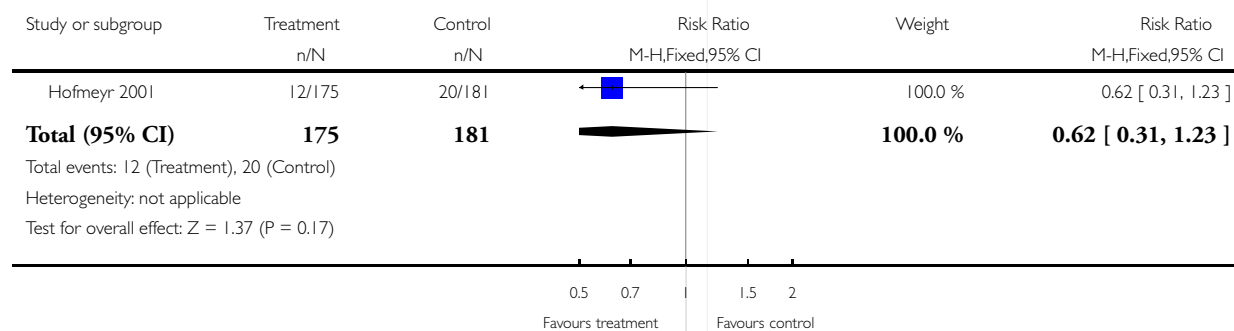


## Analysis 19.3. Comparison 19 Oral misoprostol versus vaginal PG (2): all multiparae, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 19 Oral misoprostol versus vaginal PG (2): all multiparae

Outcome: 3 Caesarean section

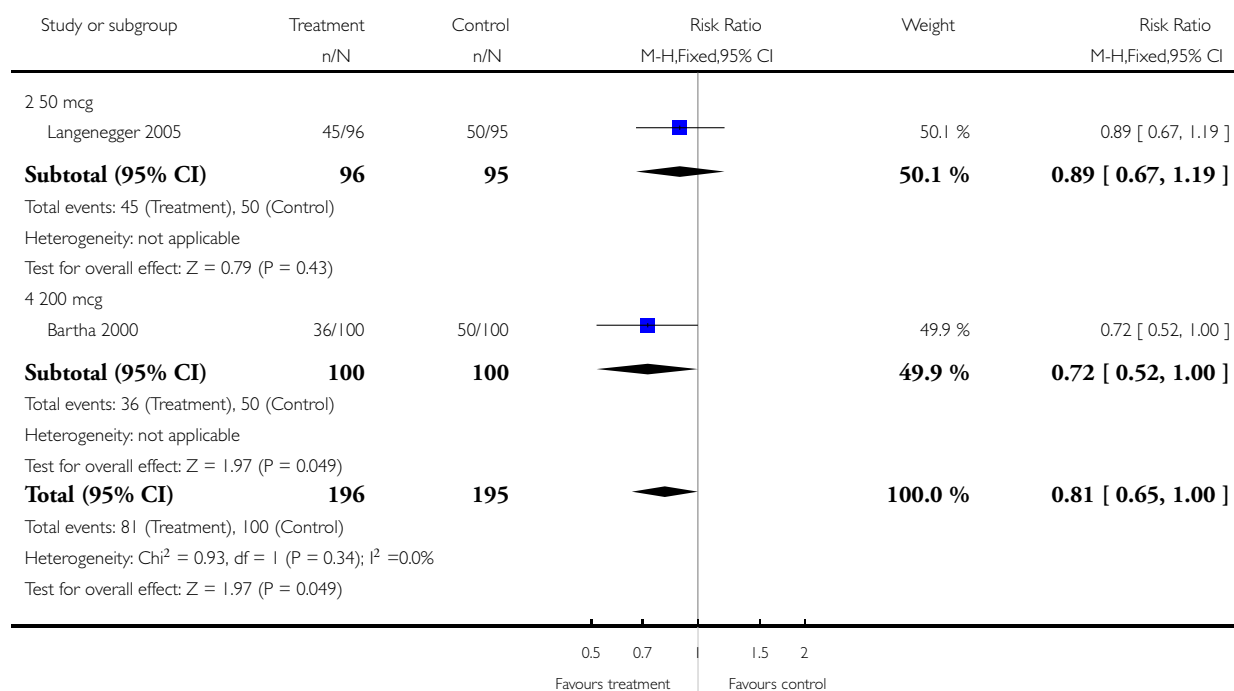


# **Analysis 20.1. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome I Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: I Vaginal delivery not achieved within 24 hours

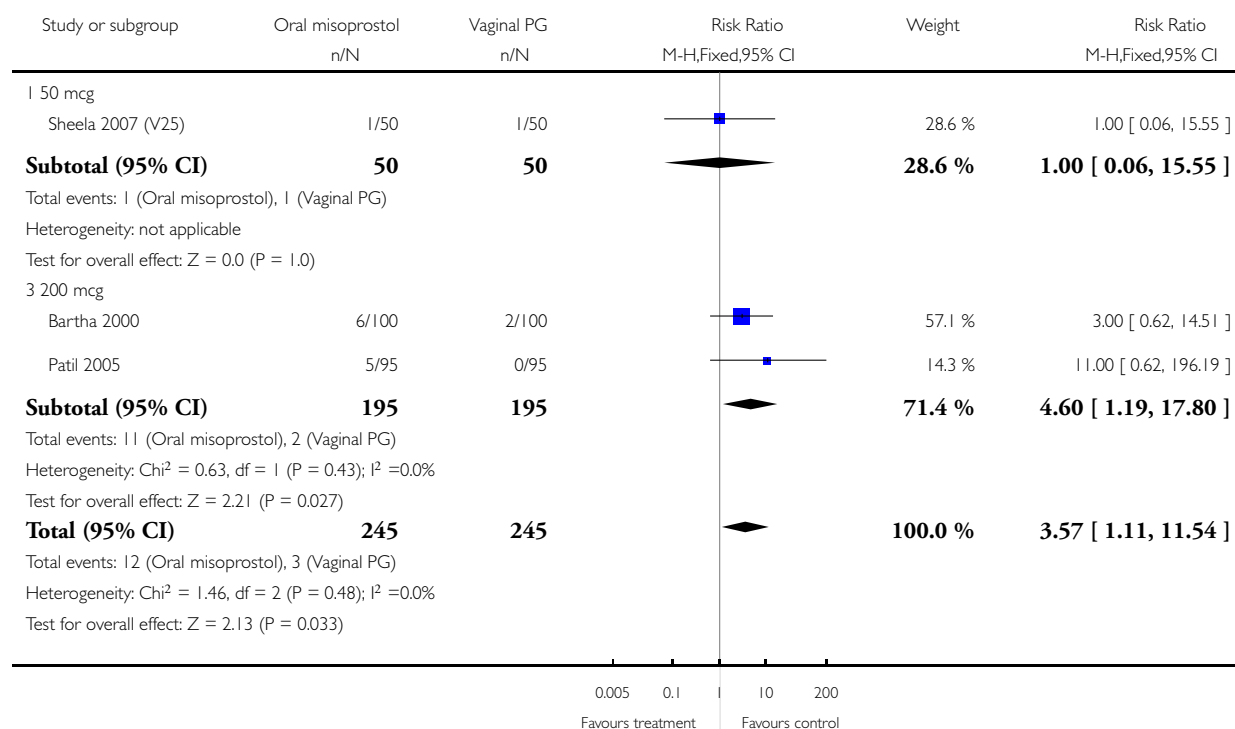


## Analysis 20.2. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 2 Uterine hyperstimulation with FHR changes

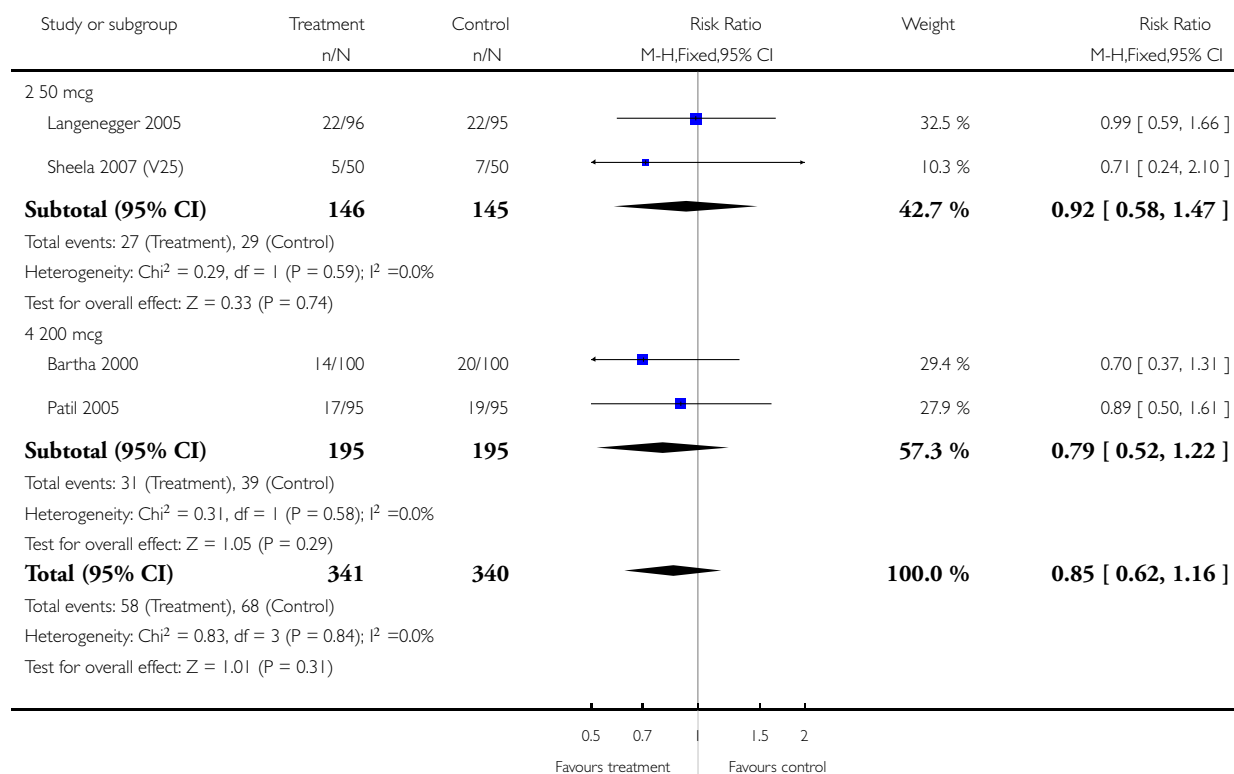


### Analysis 20.3. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 3 Caesarean section





#### Analysis 20.4. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 4 Serious neonatal morbidity or perinatal death

| Study or subgroup                              | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| I 200 mcg<br>Bartha 2000                       | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                          | <b>100</b>       | <b>100</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001) |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|  |                  |                | Favours treatment              | Favours control                |

#### Analysis 20.5. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 5 Serious maternal morbidity or death

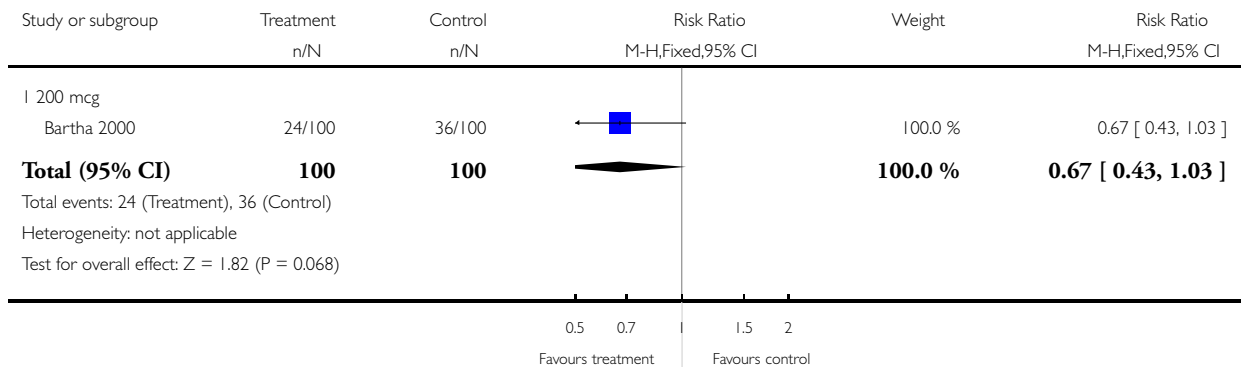
| Study or subgroup                              | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| I 200 mcg<br>Bartha 2000                       | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                          | <b>100</b>       | <b>100</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001) |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|  |                  |                | Favours treatment              | Favours control                |

### Analysis 20.6. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 6 Cervix unfavourable/unchanged after 12-24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 6 Cervix unfavourable/unchanged after 12-24 hours

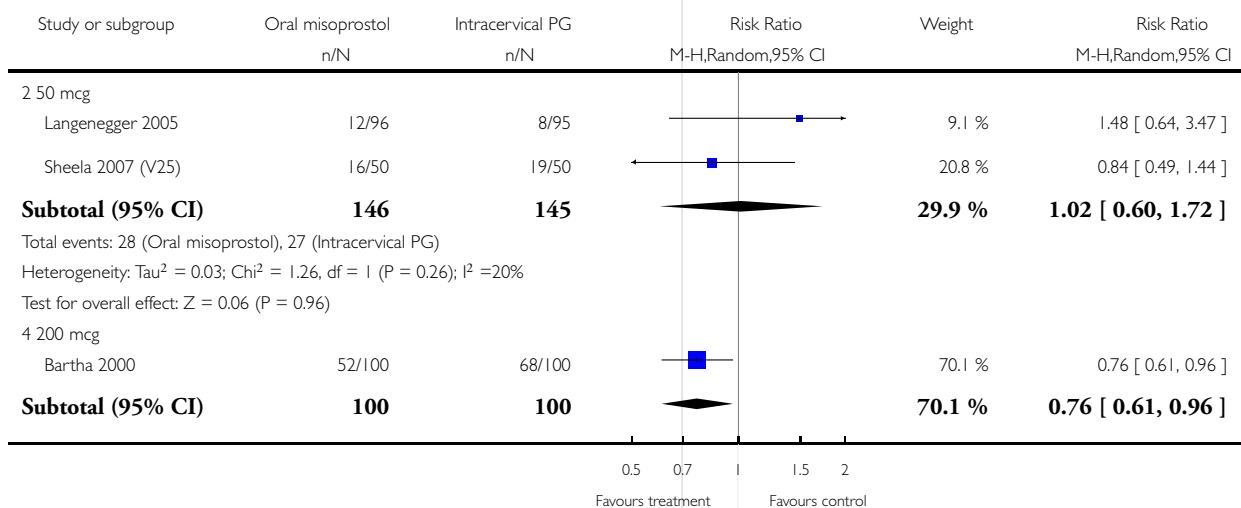


### Analysis 20.7. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 7 Oxytocin augmentation.

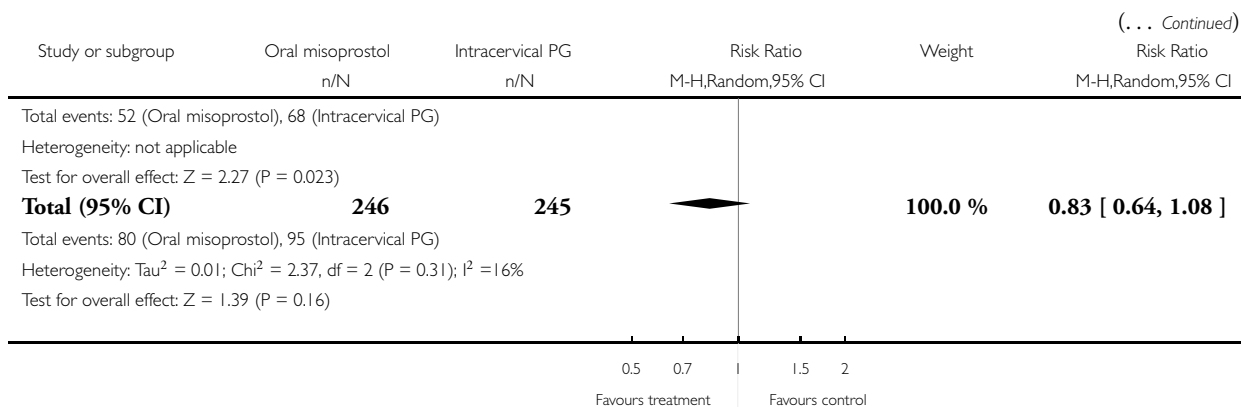
Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 7 Oxytocin augmentation



(Continued ...)

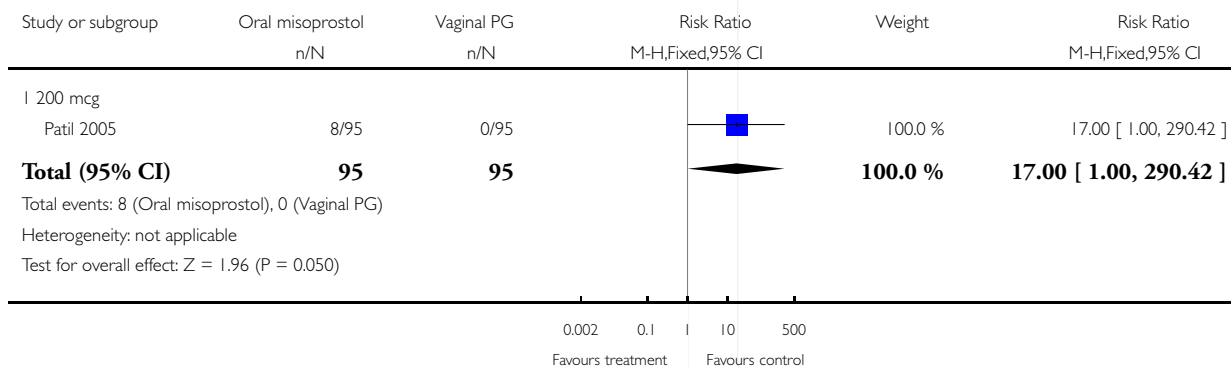


**Analysis 20.8. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 8 Uterine hyperstimulation without FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 8 Uterine hyperstimulation without FHR changes

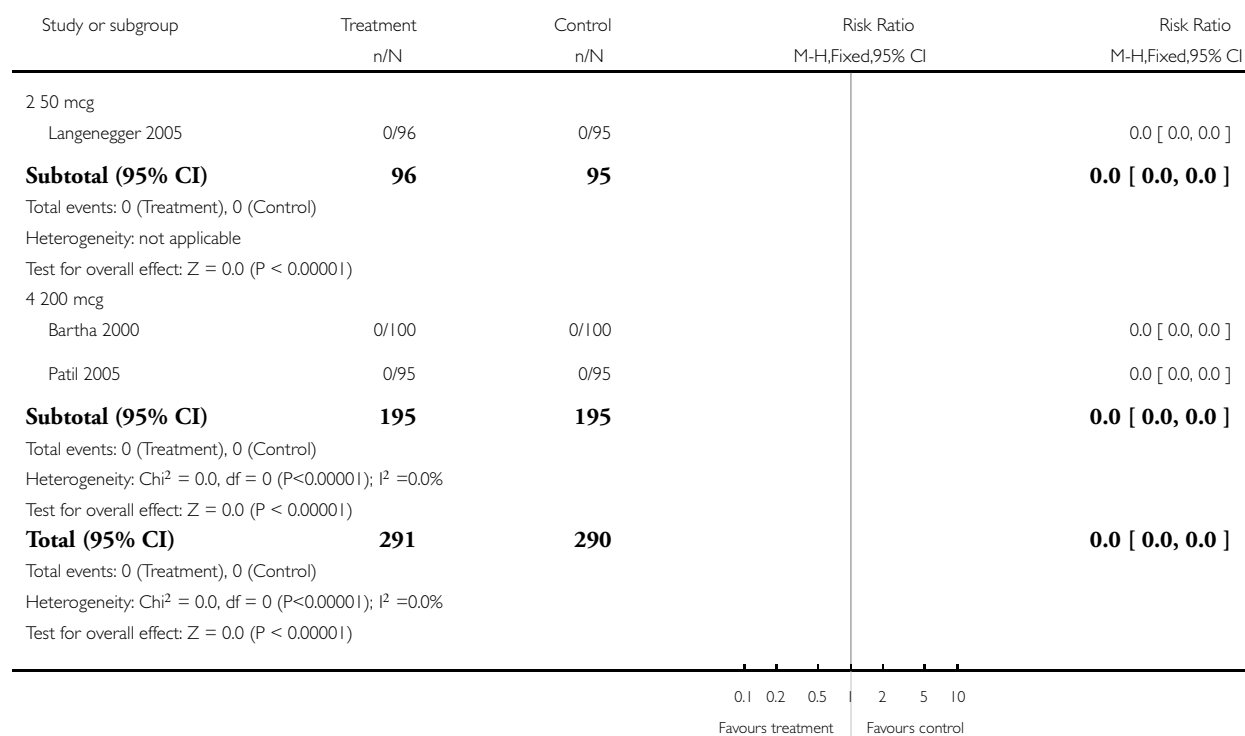


## Analysis 20.9. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 9 Uterine rupture.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 9 Uterine rupture

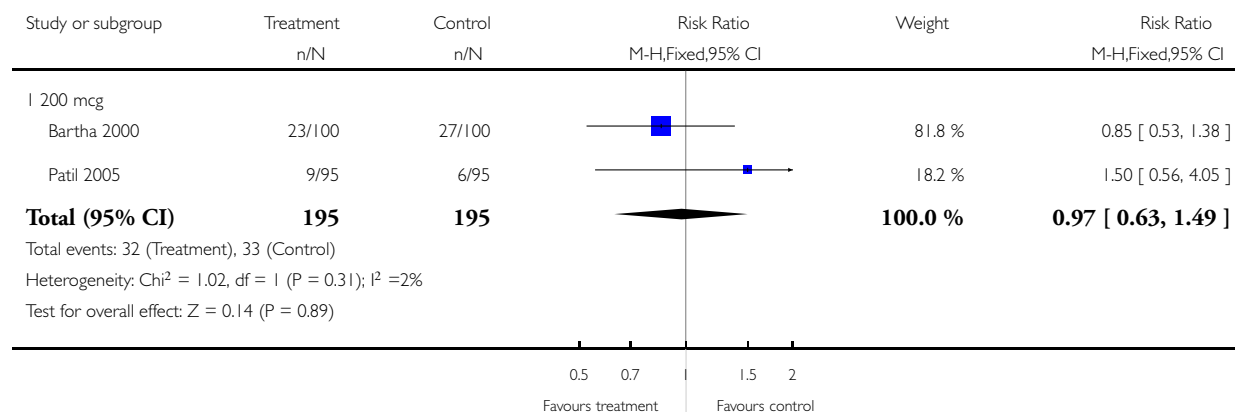


# **Analysis 20.11. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 11 Instrumental vaginal delivery

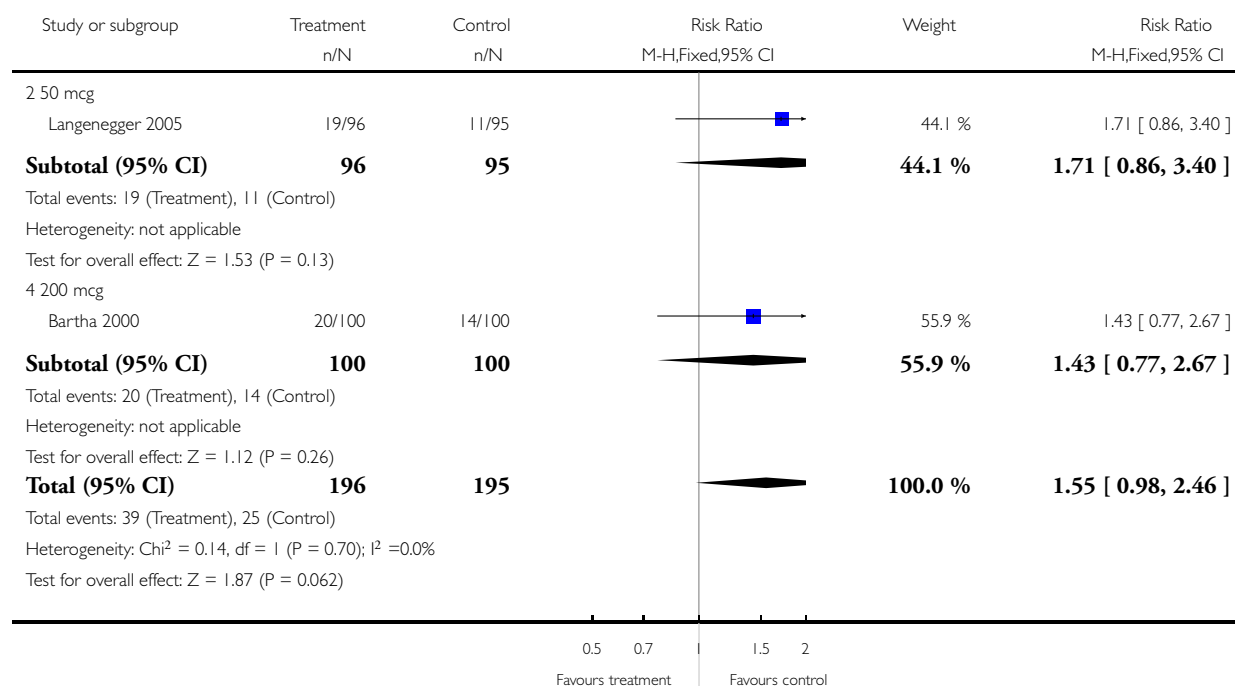


## Analysis 20.12. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 12 Meconium-stained liquor

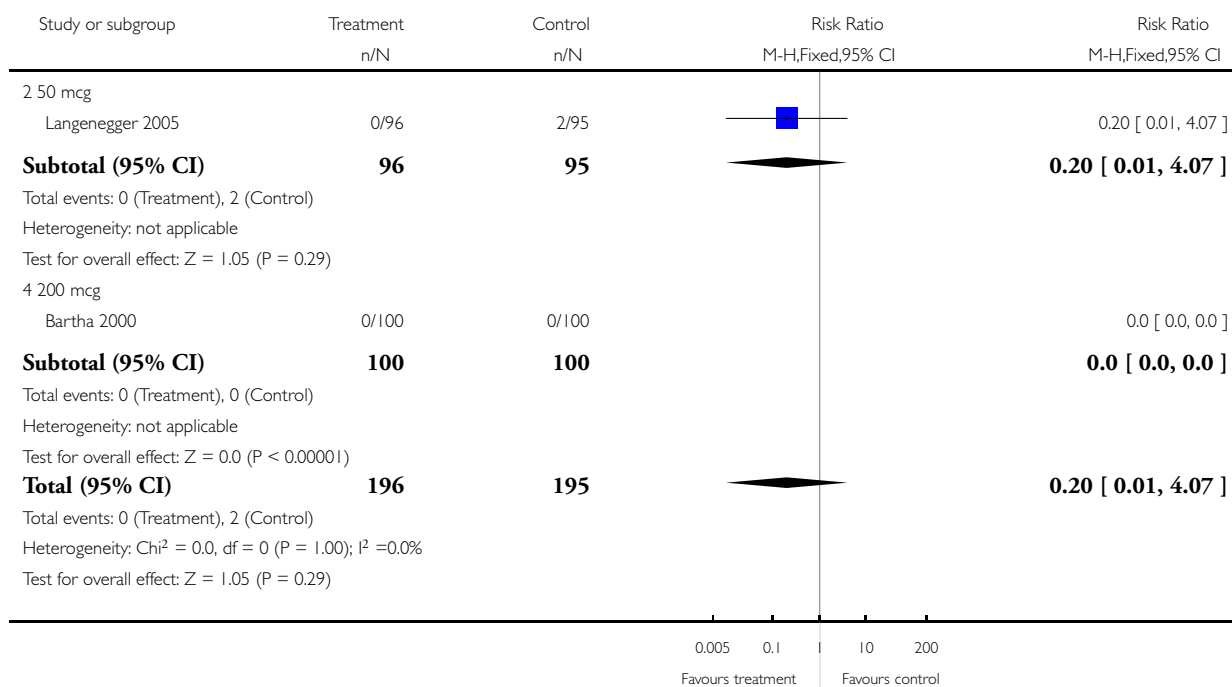


**Analysis 20.13. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 13 Apgar score < 7 at 5 minutes.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 13 Apgar score < 7 at 5 minutes

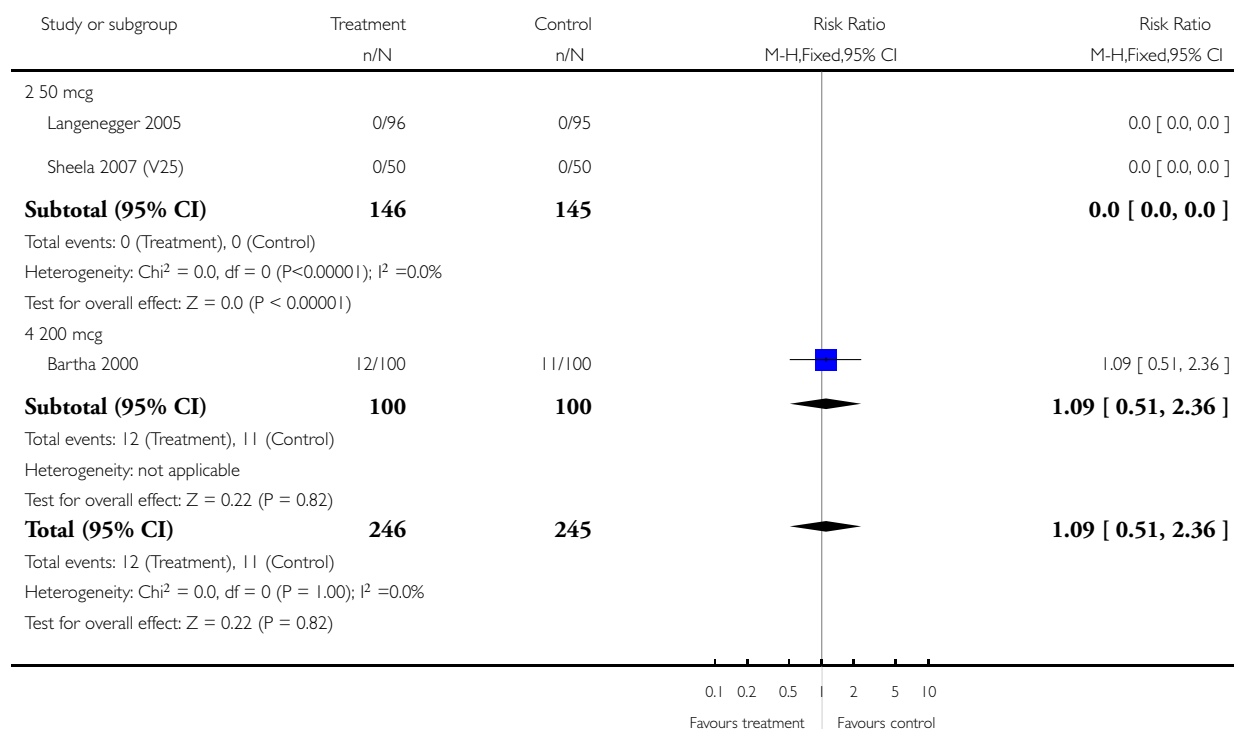


**Analysis 20.14. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 14 Neonatal intensive care unit admission





# **Analysis 20.15. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 15 Neonatal encephalopathy.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 15 Neonatal encephalopathy

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| 2 50 mcg  |                  |                |                                |                                |
| Langenegger 2005  | 0/96             | 0/95           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>96</b>        | <b>95</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 4 200 mcg   |                  |                |                                |                                |
| Bartha 2000   | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>100</b>       | <b>100</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>196</b>       | <b>195</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5 2 5 10             |                                |
|   |                  |                | Favours treatment              | Favours control                |

# **Analysis 20.16. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 16 Perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 16 Perinatal death

| Study or subgroup  | Treatment  | Control    | Risk Ratio       |                         |
|--|------------|------------|------------------|-------------------------|
|  | n/N        | n/N        | M-H,Fixed,95% CI | M-H,Fixed,95% CI        |
| 2.50 mcg   |            |            |                  |                         |
| Langenegger 2005   | 0/96       | 0/95       |                  | 0.0 [ 0.0, 0.0 ]        |
| <b>Subtotal (95% CI)</b>   | <b>96</b>  | <b>95</b>  |                  | <b>0.0 [ 0.0, 0.0 ]</b> |
| Total events: 0 (Treatment), 0 (Control)   |            |            |                  |                         |
| Heterogeneity: not applicable  |            |            |                  |                         |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                   |            |            |                  |                         |
| 4.200 mcg  |            |            |                  |                         |
| Bartha 2000  | 0/100      | 0/100      |                  | 0.0 [ 0.0, 0.0 ]        |
| <b>Subtotal (95% CI)</b>   | <b>100</b> | <b>100</b> |                  | <b>0.0 [ 0.0, 0.0 ]</b> |
| Total events: 0 (Treatment), 0 (Control)   |            |            |                  |                         |
| Heterogeneity: not applicable  |            |            |                  |                         |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                   |            |            |                  |                         |
| <b>Total (95% CI)</b>  | <b>196</b> | <b>195</b> |                  | <b>0.0 [ 0.0, 0.0 ]</b> |
| Total events: 0 (Treatment), 0 (Control)   |            |            |                  |                         |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> = 0.0% |            |            |                  |                         |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                   |            |            |                  |                         |

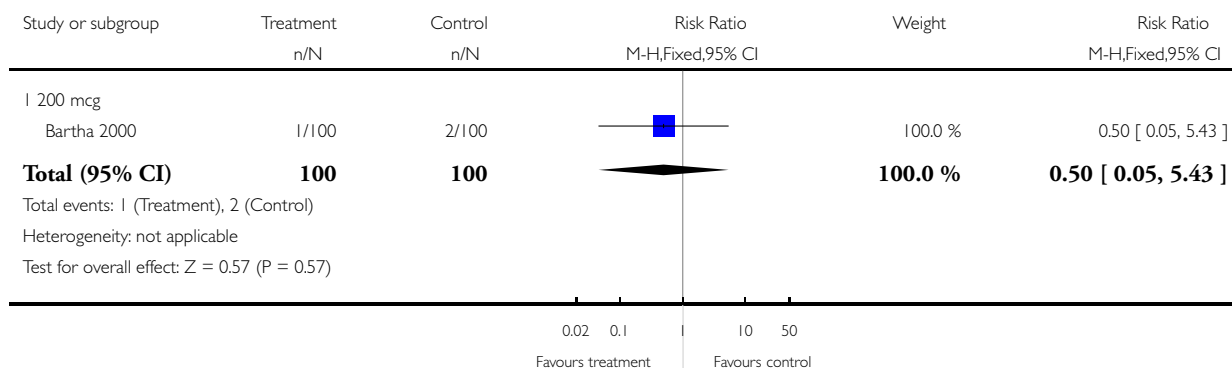
0.1 0.2 0.5 2 5 10  
Favours treatment Favours control

### Analysis 20.18. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 18 Maternal side-effects (all).

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 18 Maternal side-effects (all)

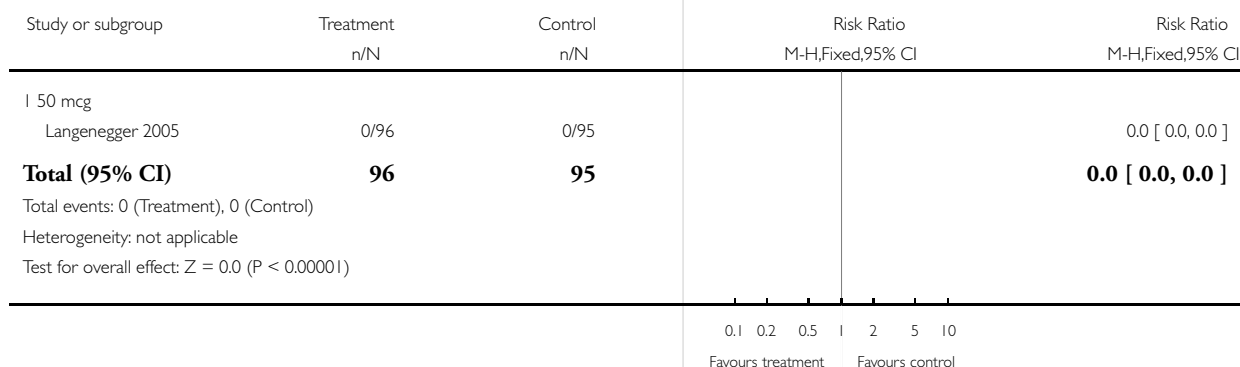


### Analysis 20.25. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 25 Maternal death.

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 25 Maternal death

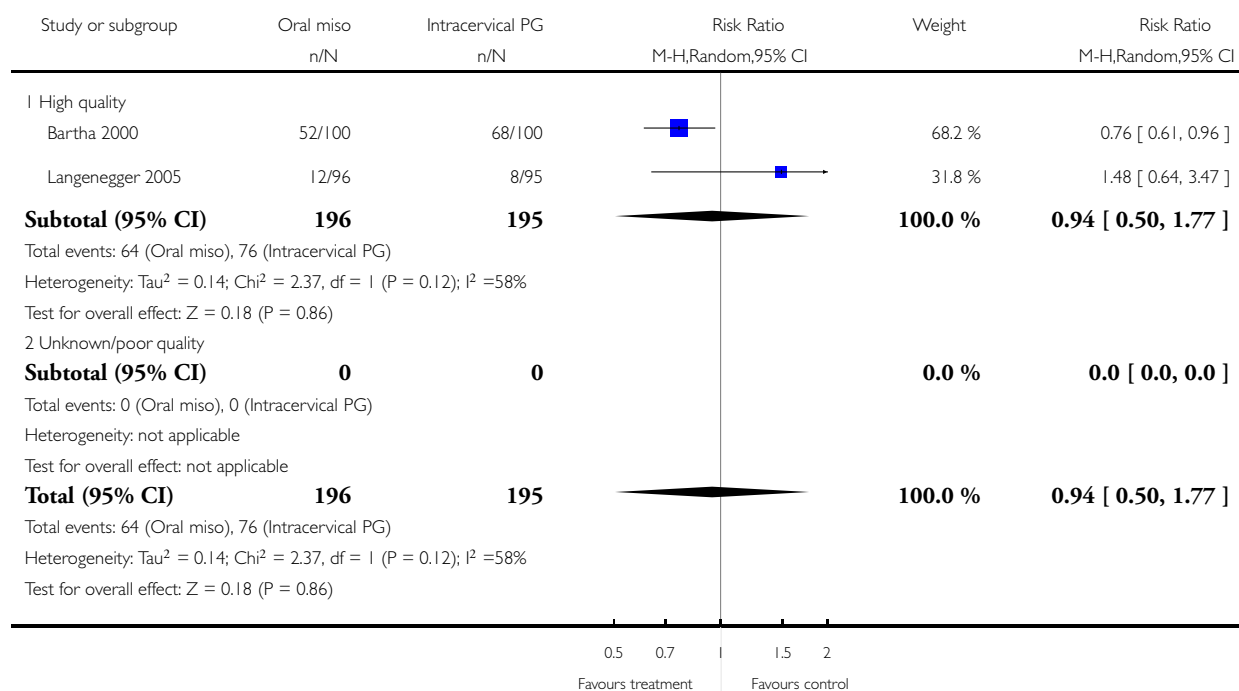


**Analysis 20.31. Comparison 20 Oral misoprostol versus intracervical PG (3): all women, Outcome 31 Oxytocin augmentation (subgroup by quality).**

Review: Oral misoprostol for induction of labour

Comparison: 20 Oral misoprostol versus intracervical PG (3): all women

Outcome: 31 Oxytocin augmentation (subgroup by quality)

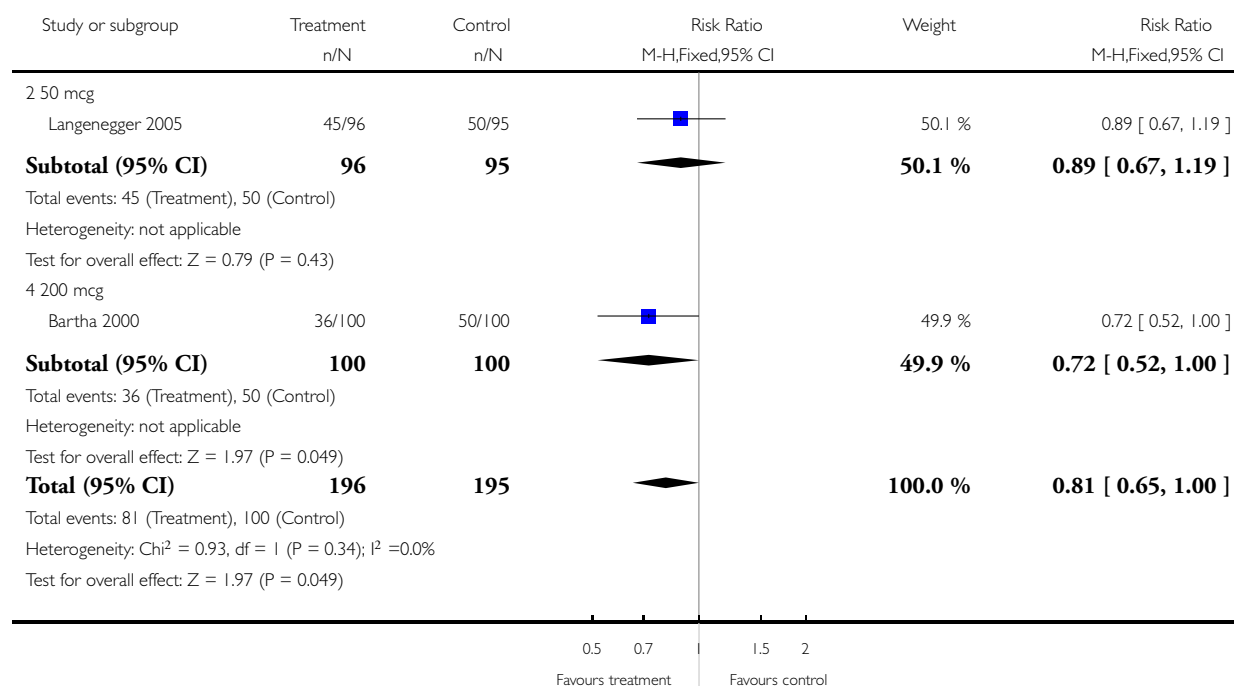


# **Analysis 21.1. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours

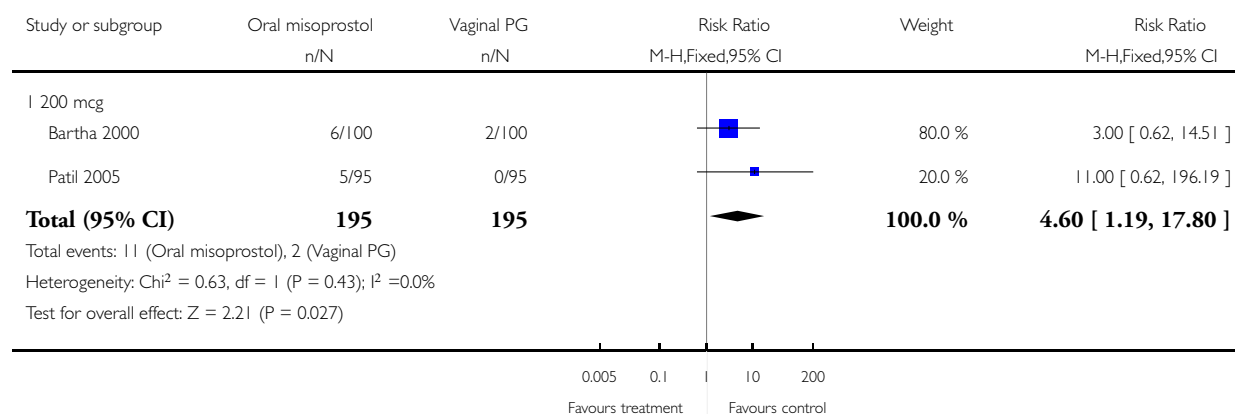


### Analysis 21.2. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

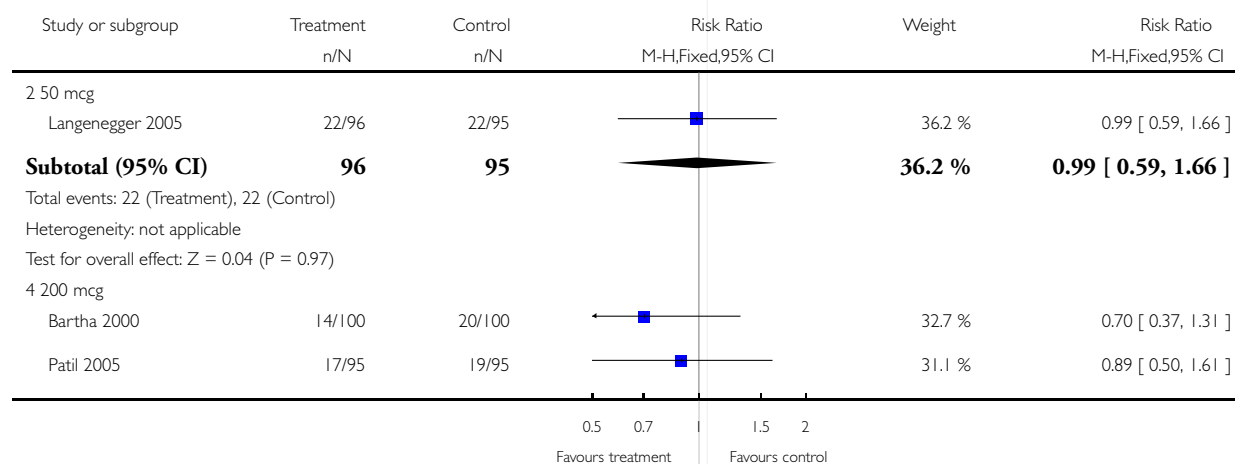


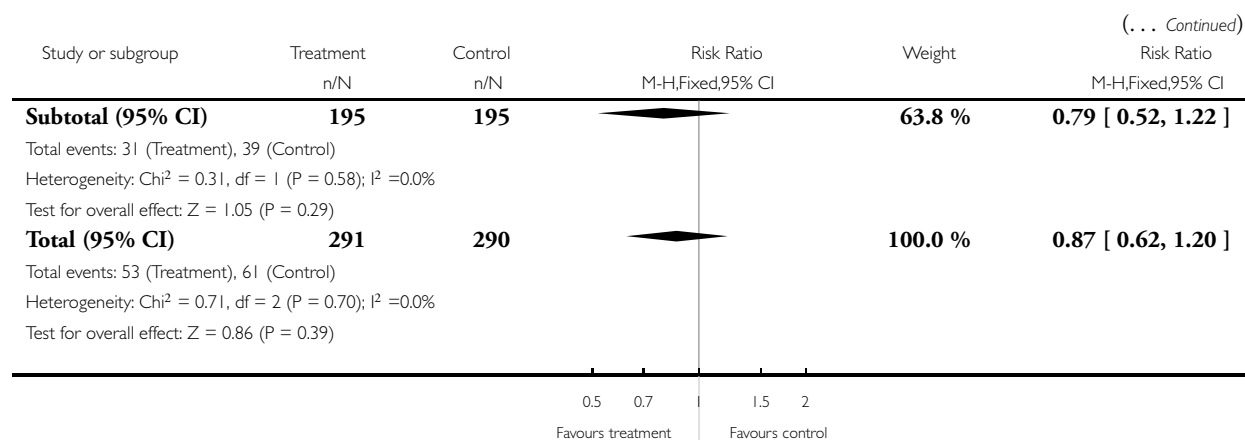
### Analysis 21.3. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 3 Caesarean section



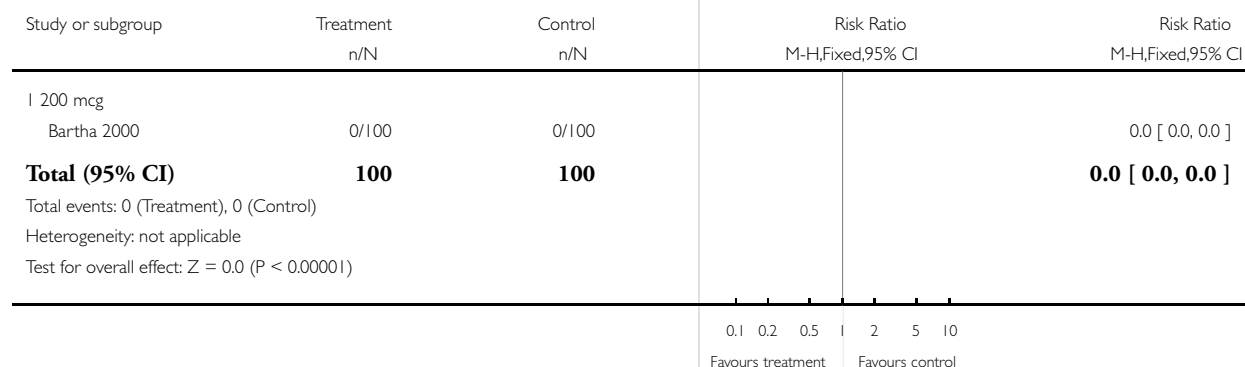


**Analysis 21.4. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 4 Serious neonatal morbidity or perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 4 Serious neonatal morbidity or perinatal death



### Analysis 21.5. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 5 Serious maternal morbidity or death

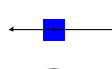

| Study or subgroup                                    | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| I 200 mcg<br>Bartha 2000                             | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                                | <b>100</b>       | <b>100</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)             |                  |                |                                |                                |
| Heterogeneity: not applicable                        |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ ) |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5 2 5 10             |                                |
|  |                  |                | Favours treatment              | Favours control                |

### Analysis 21.6. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 6 Cervix unfavourable/unchanged after 12-24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 6 Cervix unfavourable/unchanged after 12-24 hours

| Study or subgroup                                   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI  | Weight          | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|---|-----------------|--------------------------------|
| I 200 mcg<br>Bartha 2000                            | 24/100           | 36/100         |  | 100.0 %         | 0.67 [ 0.43, 1.03 ]            |
| <b>Total (95% CI)</b>                               | <b>100</b>       | <b>100</b>     |  | <b>100.0 %</b>  | <b>0.67 [ 0.43, 1.03 ]</b>     |
| Total events: 24 (Treatment), 36 (Control)          |                  |                |   |                 |                                |
| Heterogeneity: not applicable                       |                  |                |   |                 |                                |
| Test for overall effect: $Z = 1.82$ ( $P = 0.068$ ) |                  |                |   |                 |                                |
|   |                  |                | 0.5 0.7 1.5 2   |                 |                                |
|   |                  |                | Favours treatment   | Favours control |                                |

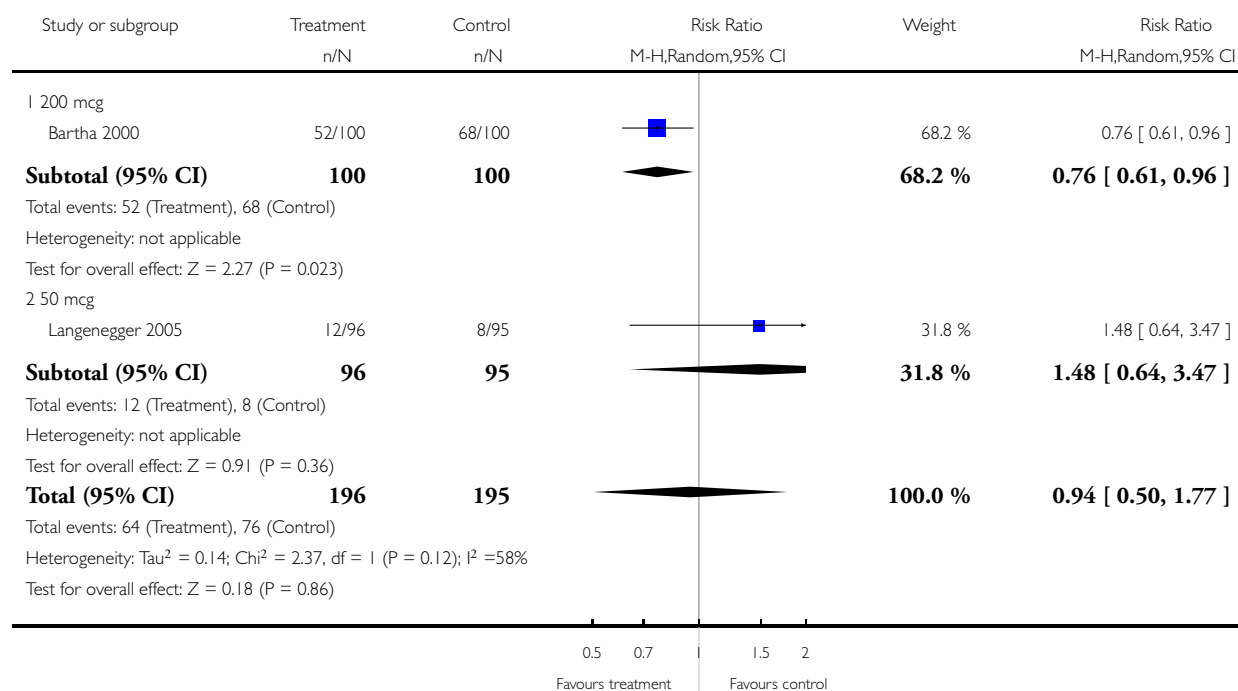


# **Analysis 21.7. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 7 Oxytocin augmentation.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 7 Oxytocin augmentation



# **Analysis 21.8. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 8 Uterine rupture.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 8 Uterine rupture

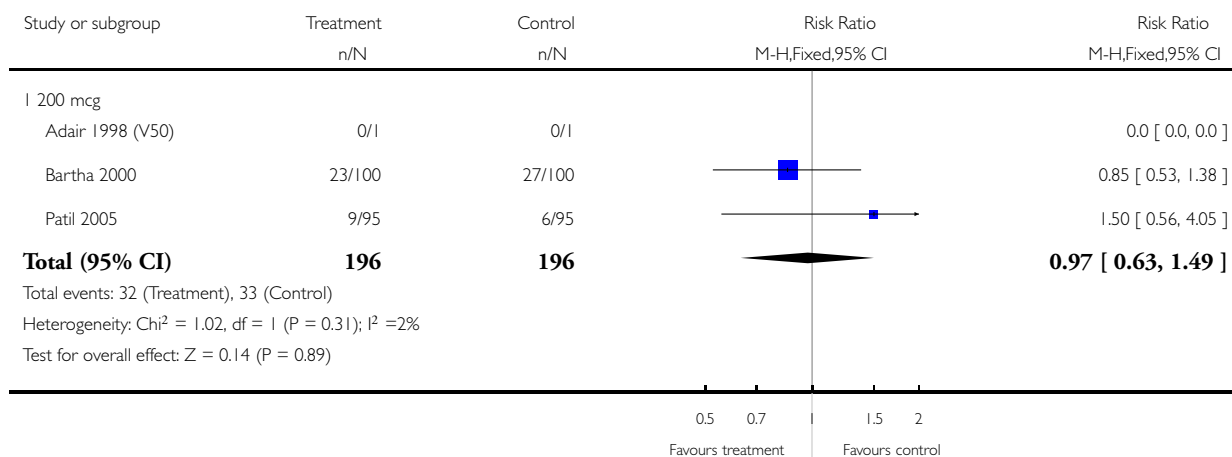
| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| 1 200 mcg   |                  |                |                                |                                |
| Bartha 2000   | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| Patil 2005  | 0/95             | 0/95           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>195</b>       | <b>195</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Langenegger 2005  | 0/96             | 0/95           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>96</b>        | <b>95</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>291</b>       | <b>290</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|   |                  |                | Favours treatment              | Favours control                |

### Analysis 21.9. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 9 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 9 Instrumental vaginal delivery

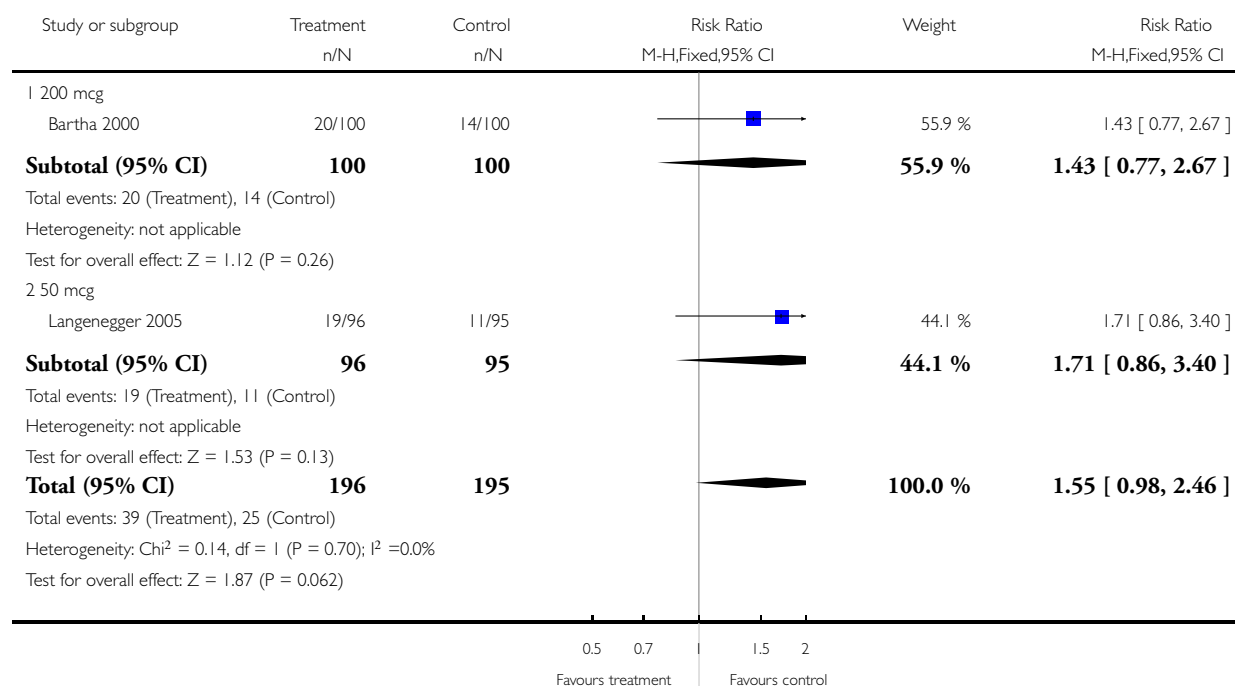


# **Analysis 21.10. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 10 Meconium-stained liquor.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 10 Meconium-stained liquor

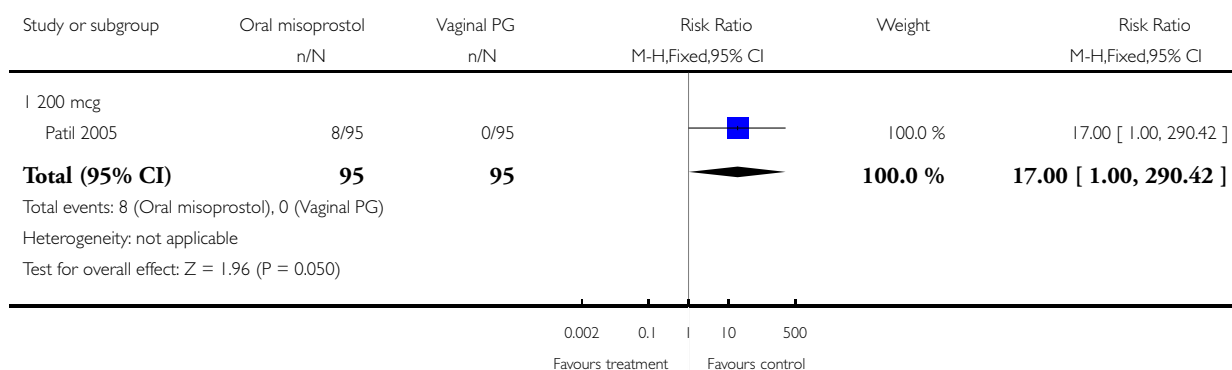


### Analysis 21.11. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 11 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 11 Uterine hyperstimulation without FHR changes

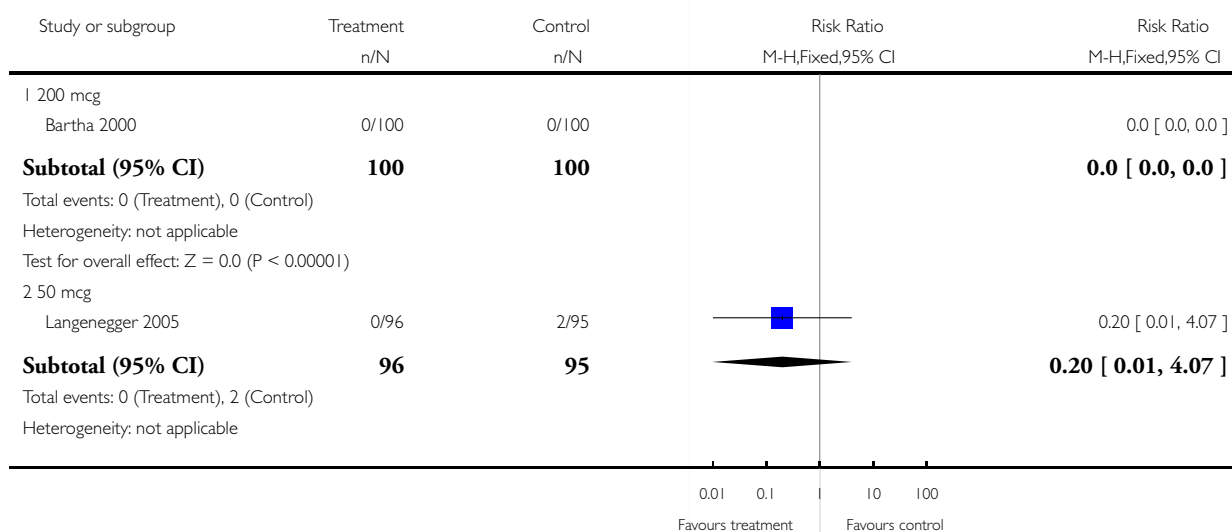


### Analysis 21.12. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 12 Apgar score < 7 at 5 minutes.

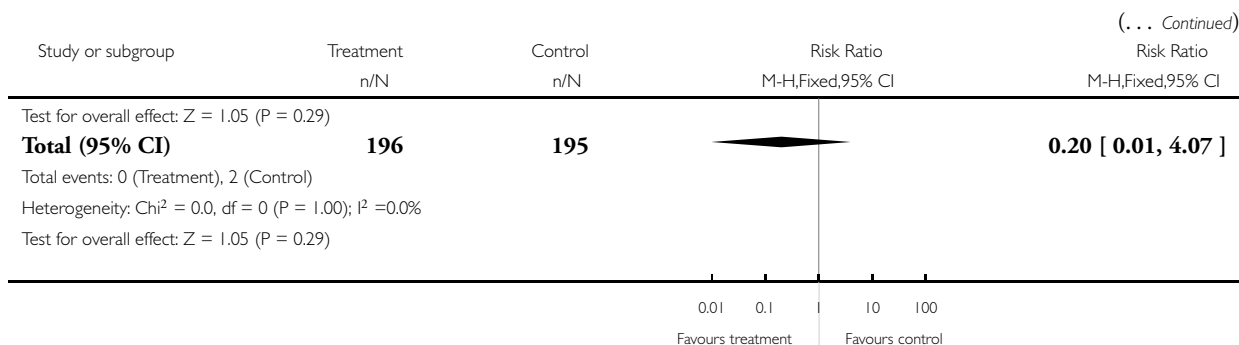
Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 12 Apgar score < 7 at 5 minutes



(Continued ...)

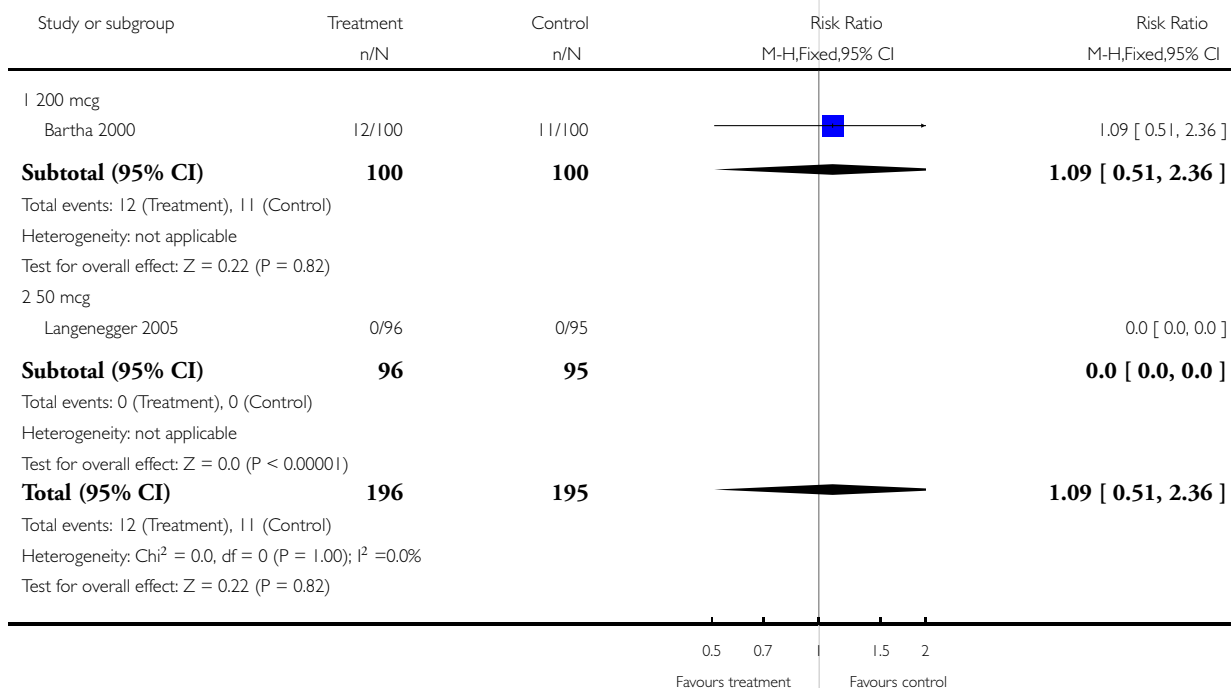


**Analysis 21.13. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 13 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 13 Neonatal intensive care unit admission



# **Analysis 21.14. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 14 Neonatal encephalopathy.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 14 Neonatal encephalopathy

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| I 200 mcg   |                  |                |                                |                                |
| Bartha 2000   | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>100</b>       | <b>100</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Langenegger 2005  | 0/96             | 0/95           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>96</b>        | <b>95</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>196</b>       | <b>195</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5 1 2 5 10           |                                |
|   |                  |                | Favours treatment              | Favours control                |

# **Analysis 21.15. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 15 Perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 15 Perinatal death

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| I 200 mcg   |                  |                |                                |                                |
| Bartha 2000   | 0/100            | 0/100          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>100</b>       | <b>100</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Langenegger 2005  | 0/96             | 0/95           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>96</b>        | <b>95</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>196</b>       | <b>195</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|   |                  |                | Favours treatment              | Favours control                |

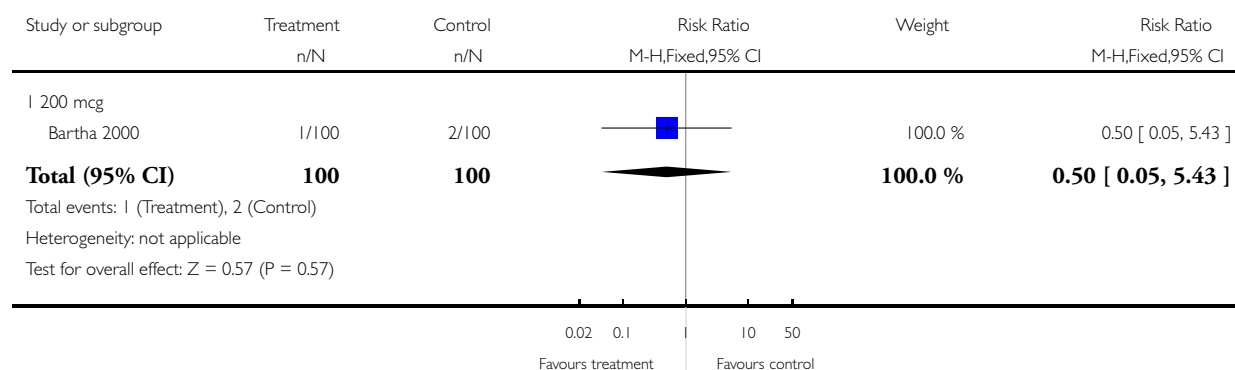


### Analysis 21.16. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 16 Maternal side effects (all).

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 16 Maternal side effects (all)

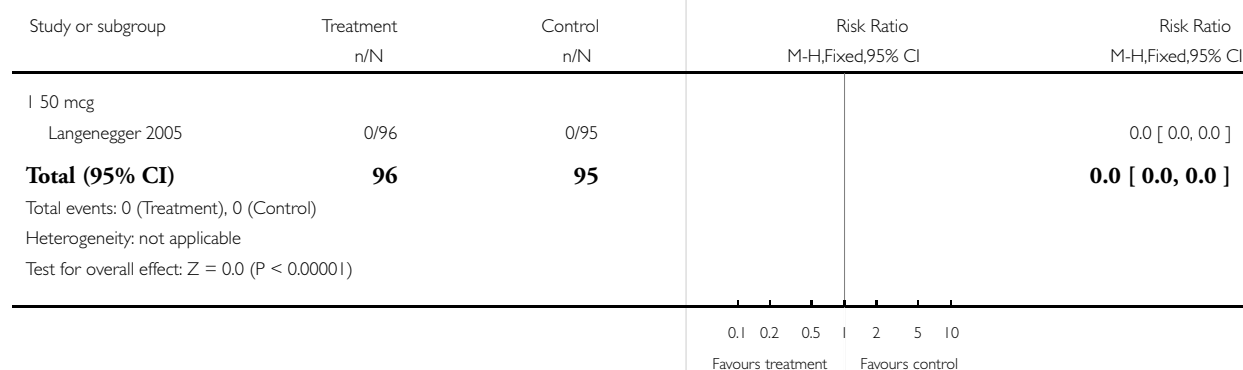


### Analysis 21.17. Comparison 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes, Outcome 17 Maternal death.

Review: Oral misoprostol for induction of labour

Comparison: 21 Oral misoprostol versus intracervical PG (3): all women with intact membranes

Outcome: 17 Maternal death

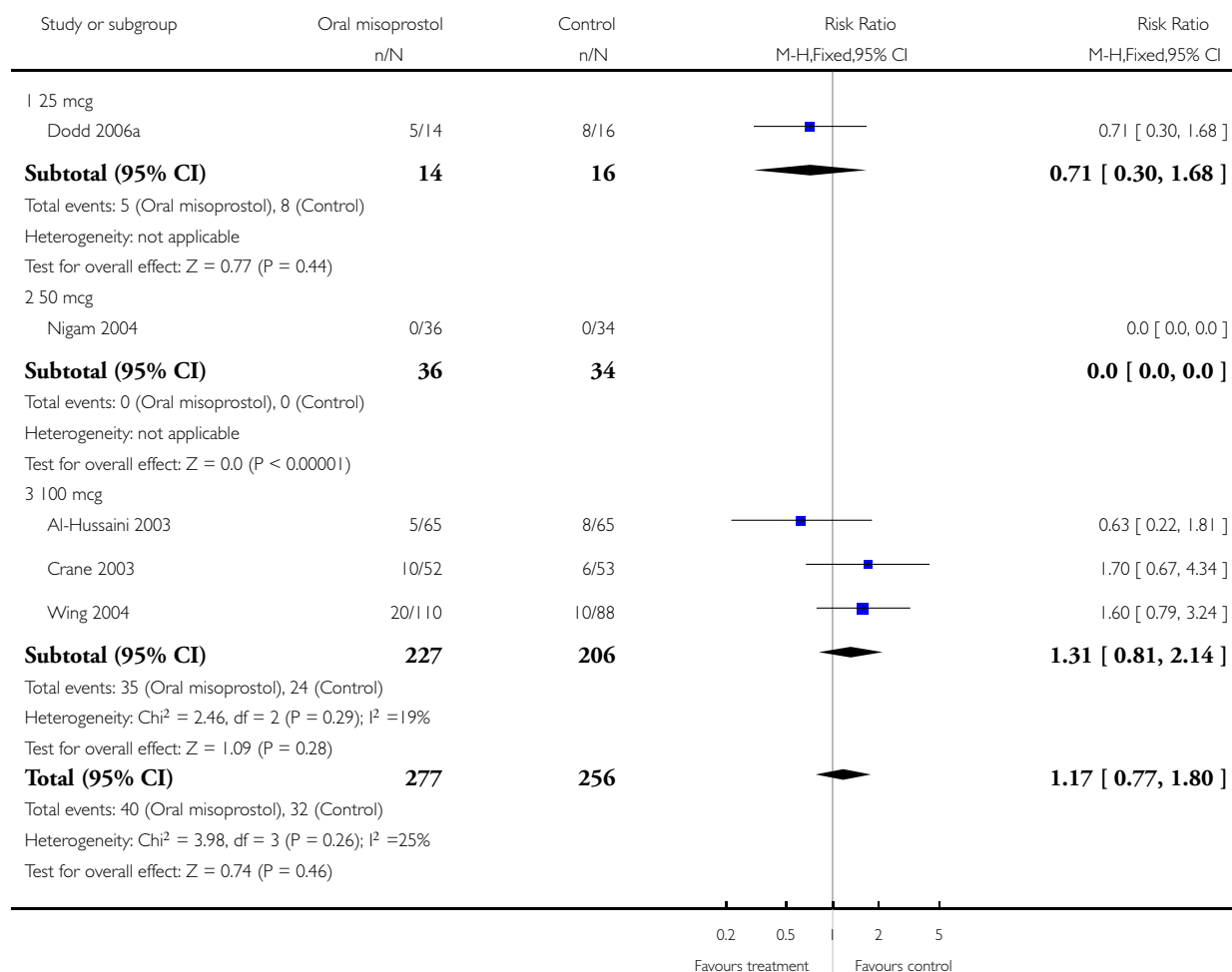


### Analysis 30.1. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 1 Vaginal delivery not achieved in 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 1 Vaginal delivery not achieved in 24 hours

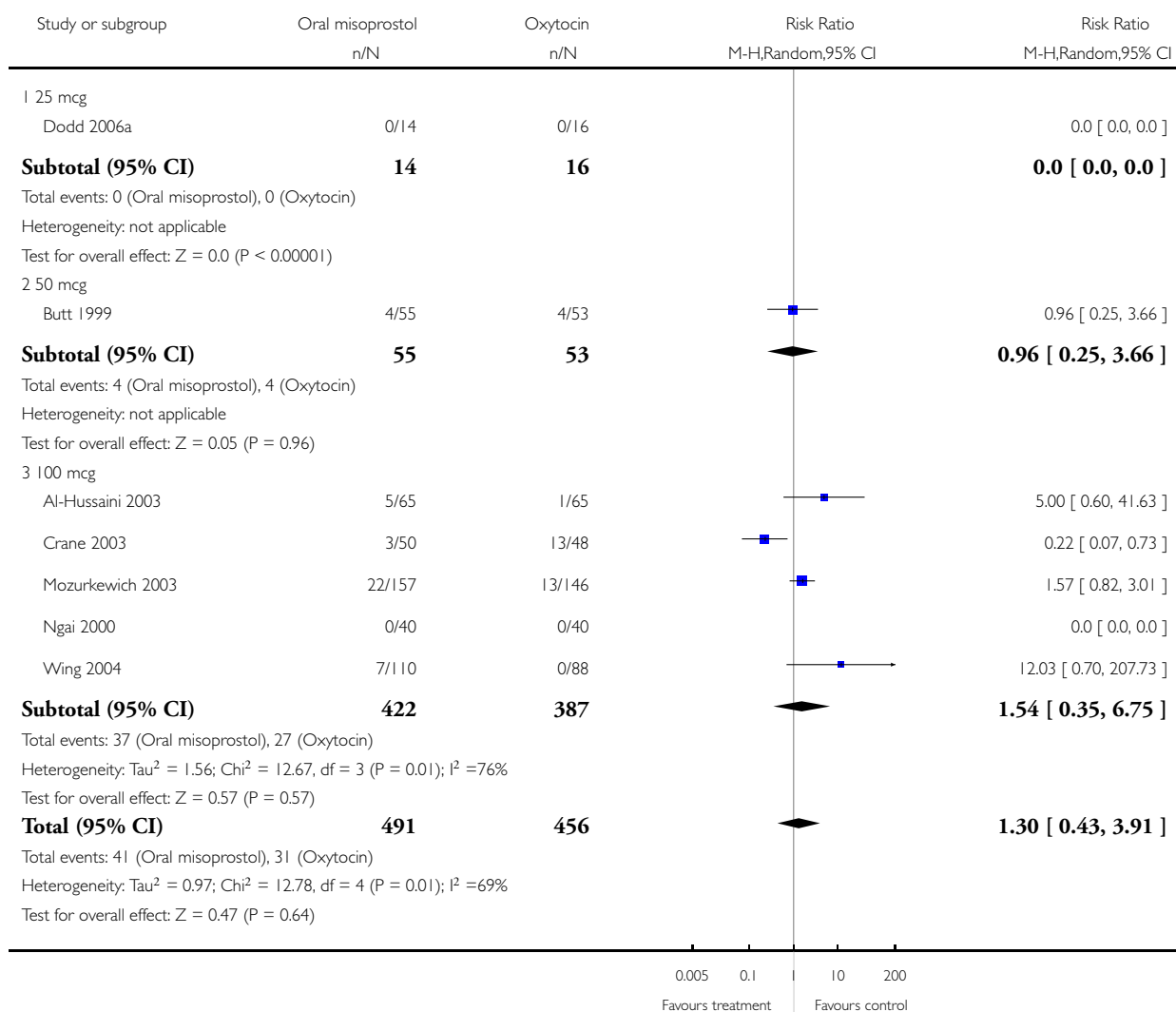


### Analysis 30.2. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 2 Uterine hyperstimulation with FHR changes

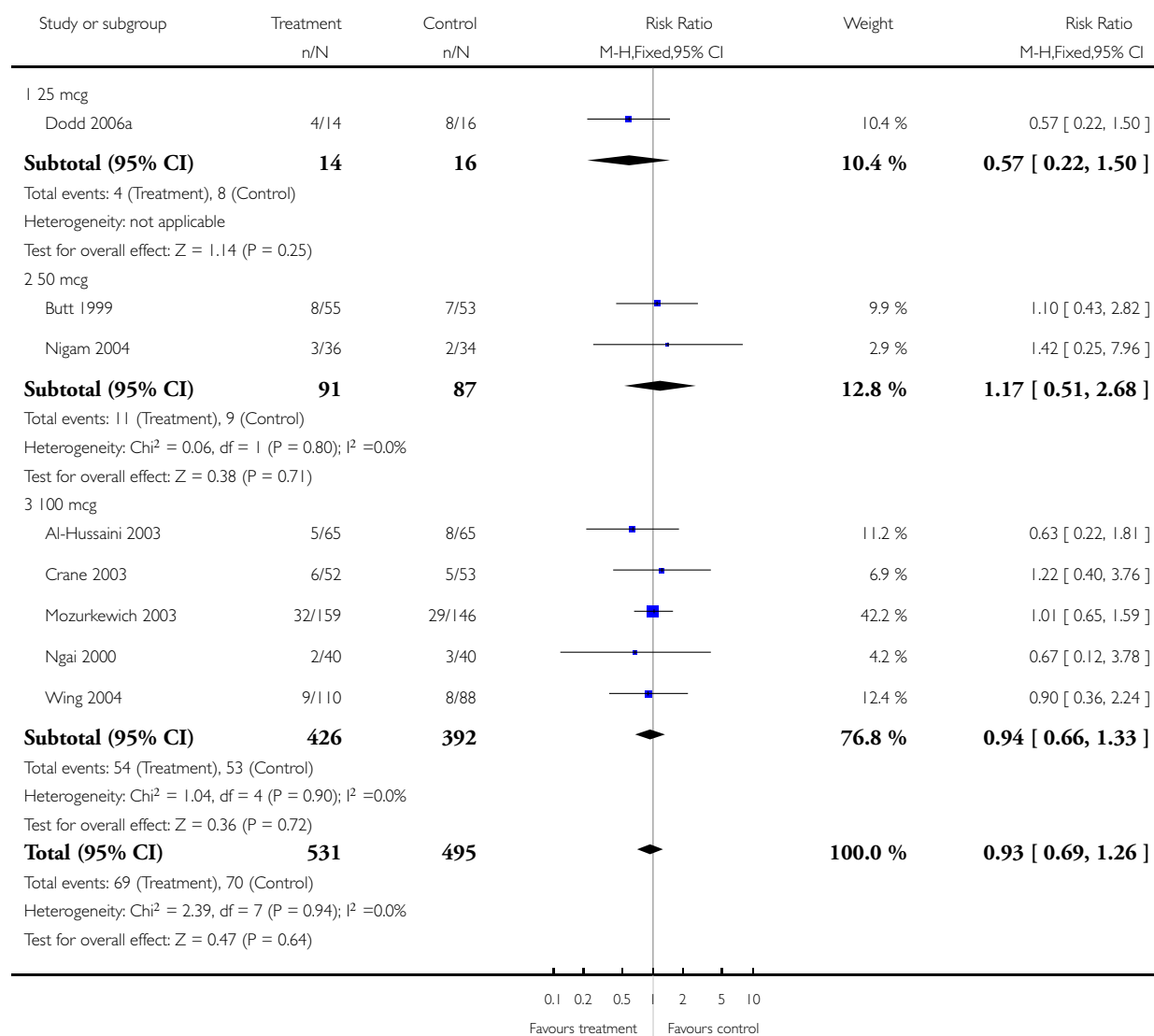


### Analysis 30.3. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 3 Caesarean section



### Analysis 30.4. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 4 Serious neonatal morbidity or perinatal death

| Study or subgroup                              | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| I 100 mcg<br>Ngai 2000                         | 0/40             | 0/40           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                          | <b>40</b>        | <b>40</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001) |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|  |                  |                | Favours treatment              | Favours control                |

### Analysis 30.5. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 5 Serious maternal morbidity or death

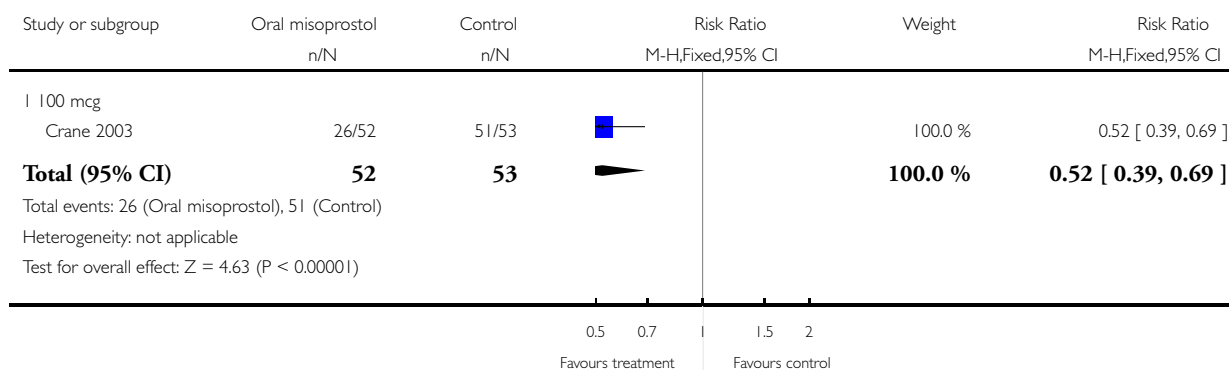
| Study or subgroup                              | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| I 100 mcg<br>Ngai 2000                         | 0/40             | 0/40           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>                          | <b>40</b>        | <b>40</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)       |                  |                |                                |                                |
| Heterogeneity: not applicable                  |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001) |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5                    | 2 5 10                         |
|  |                  |                | Favours treatment              | Favours control                |

### Analysis 30.7. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 7 Oxytocin augmentation

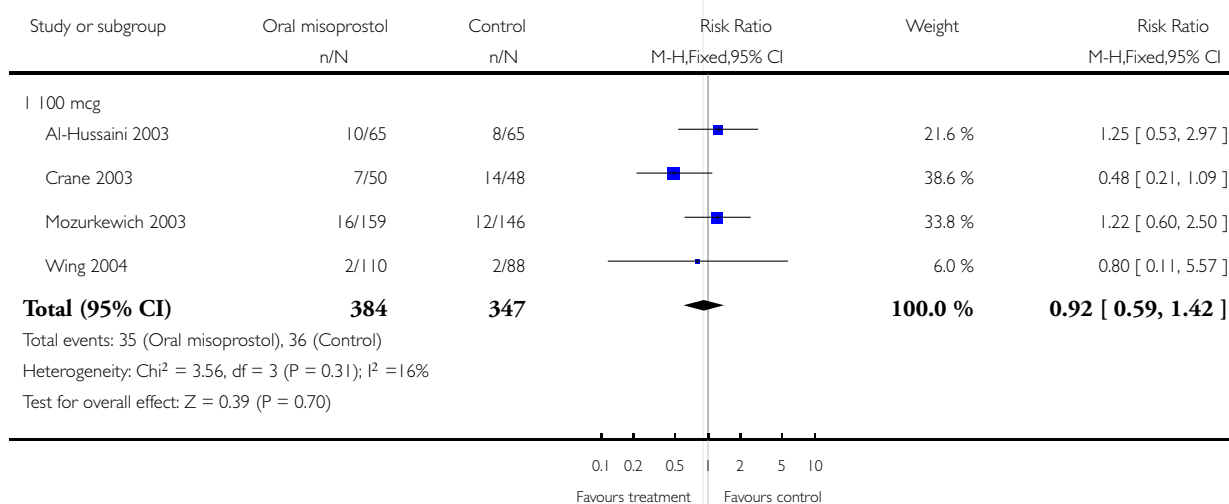


### Analysis 30.8. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 8 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 8 Uterine hyperstimulation without FHR changes

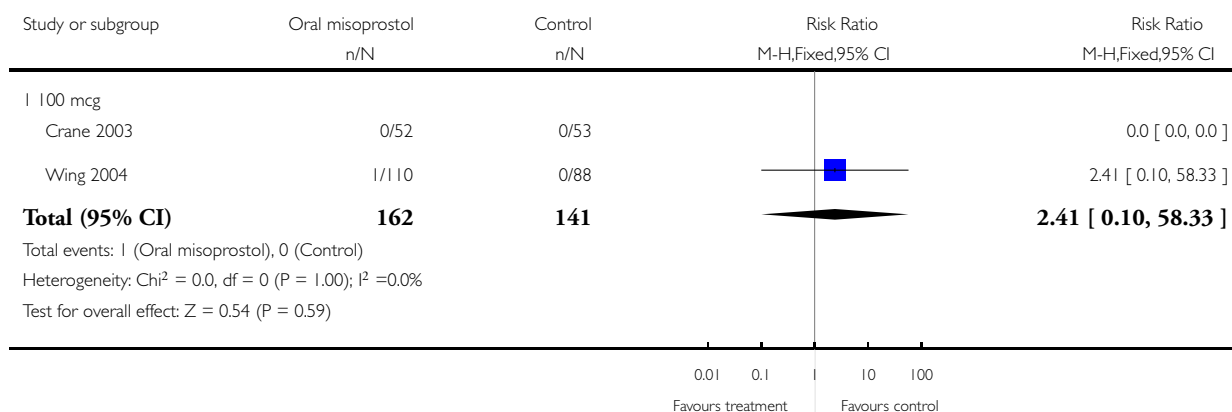


### Analysis 30.9. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 9 Uterine rupture.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 9 Uterine rupture

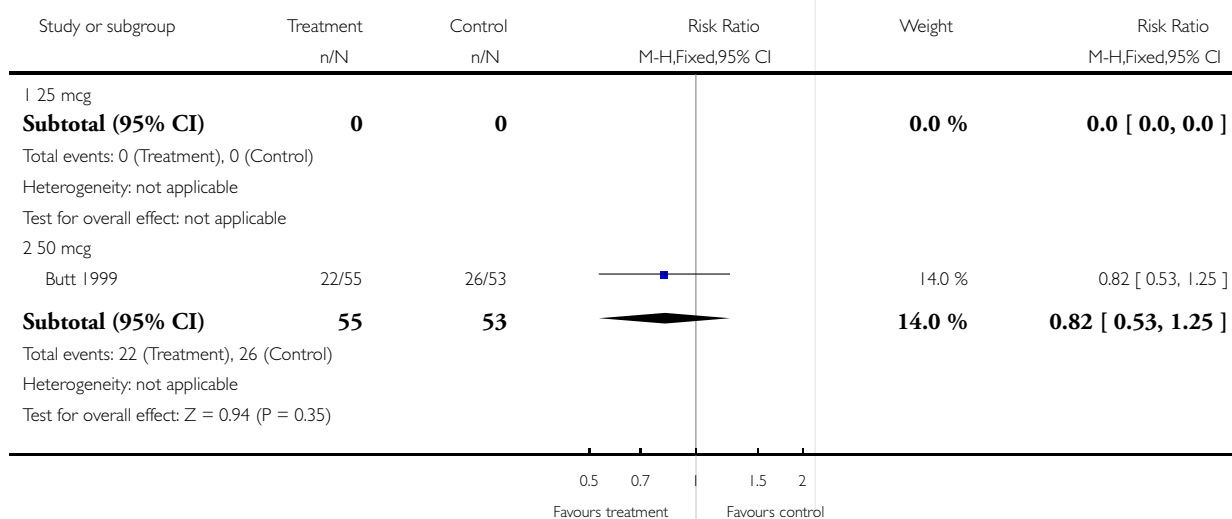


### Analysis 30.10. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 10 Epidural analgesia.

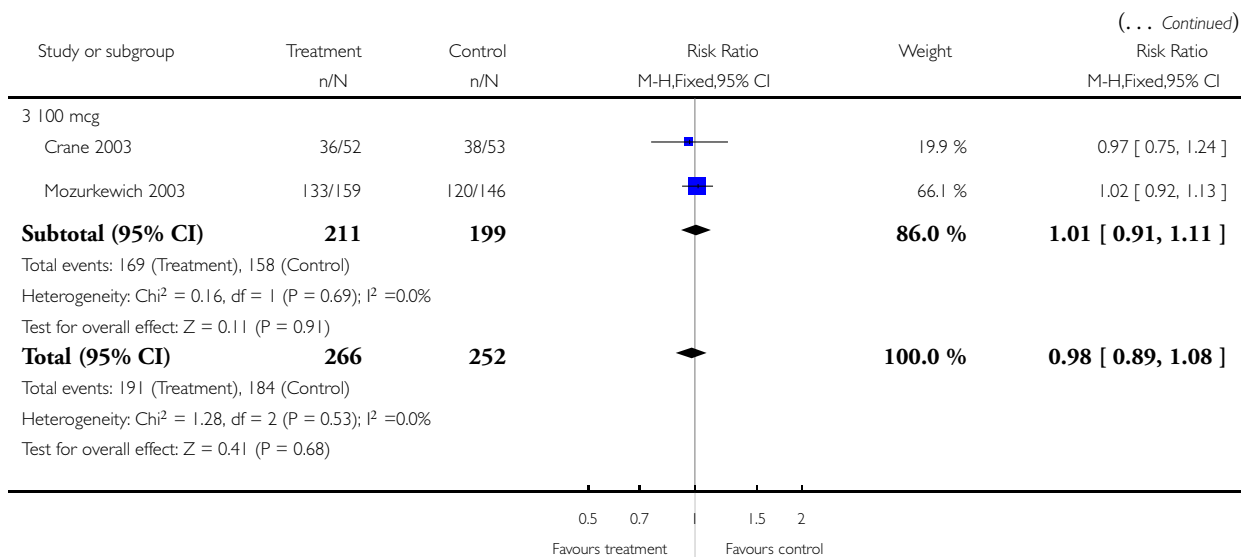
Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 10 Epidural analgesia



(Continued ...)

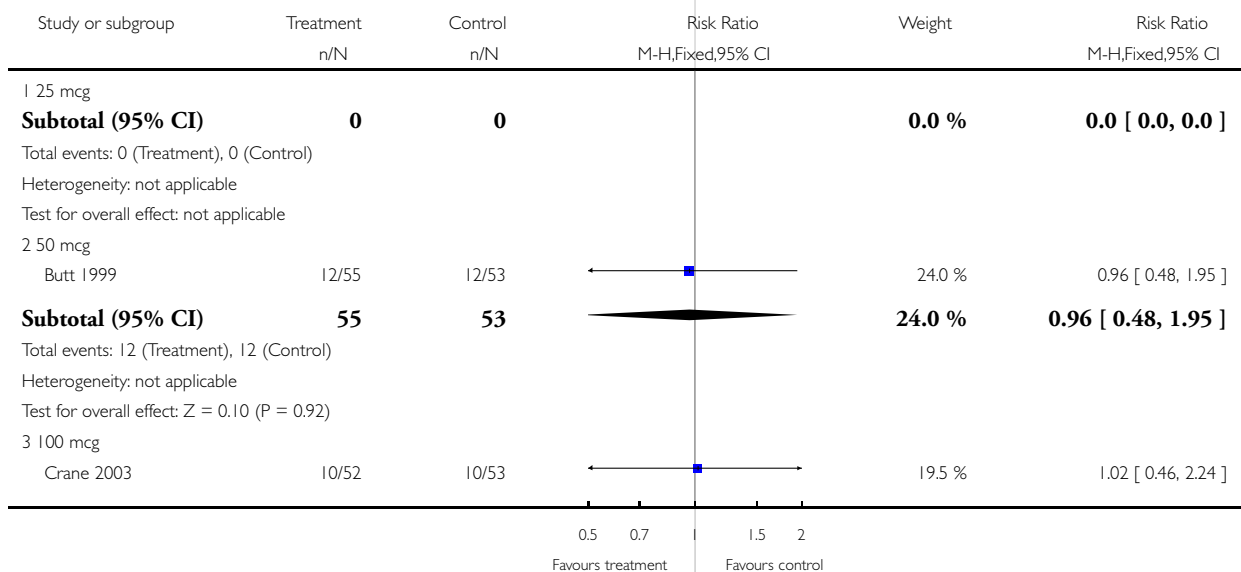


### Analysis 30.11. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

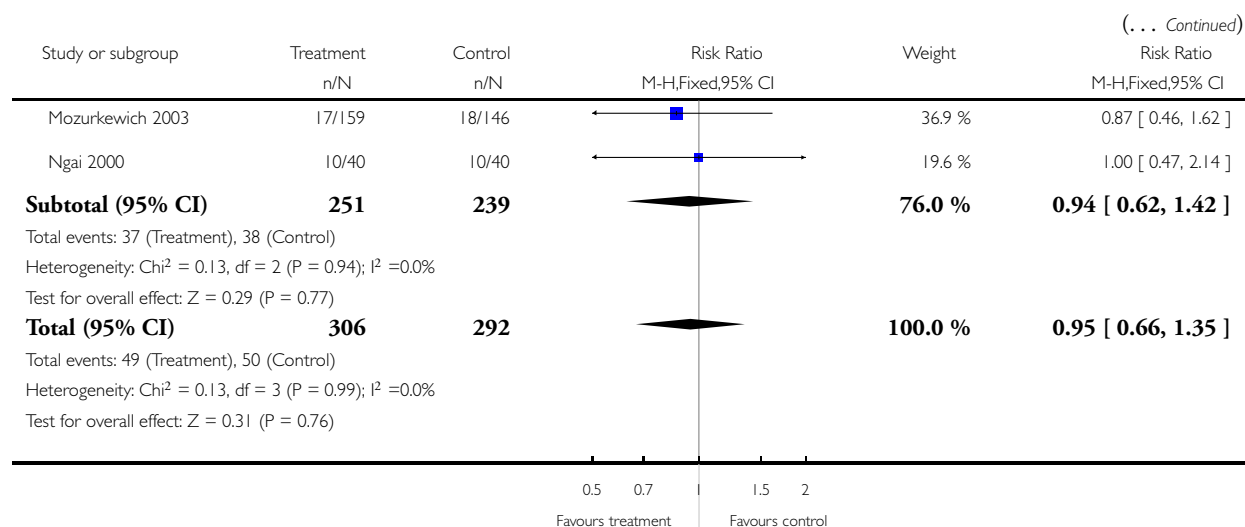
Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 11 Instrumental vaginal delivery



(Continued . . .)



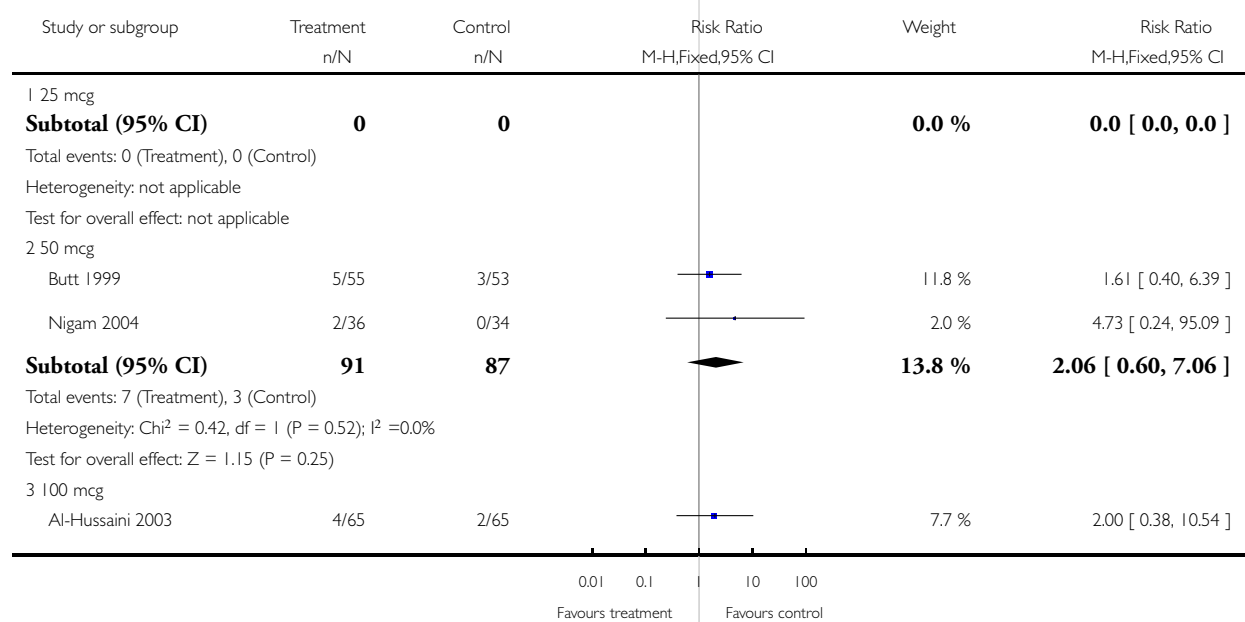


### Analysis 30.12. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 12 Meconium-stained liquor.

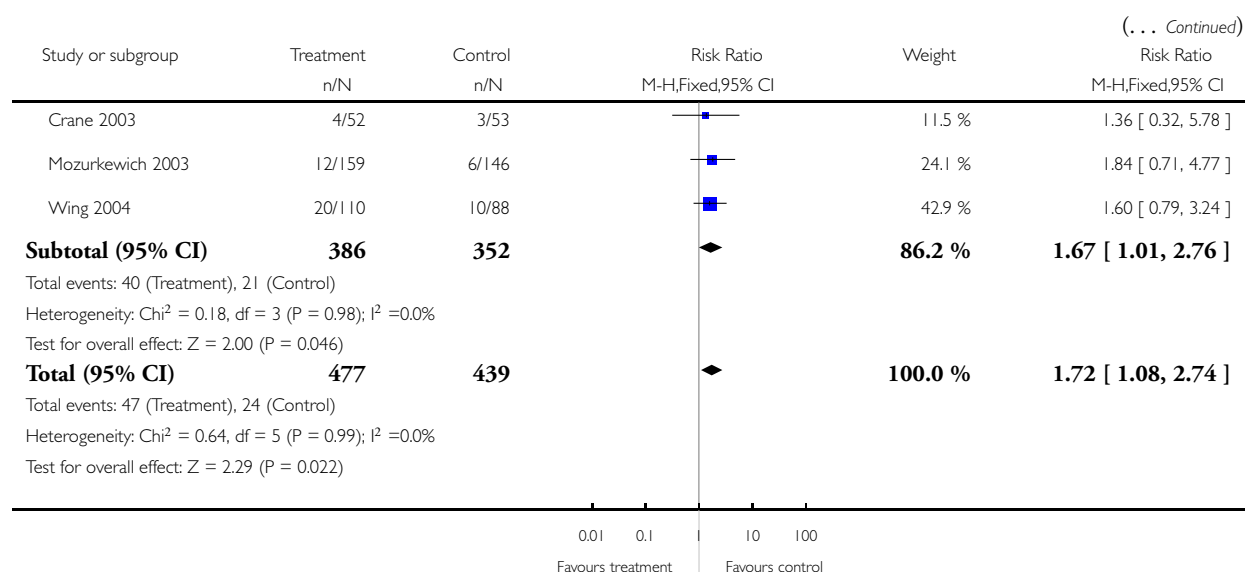
Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 12 Meconium-stained liquor



(Continued . . .)

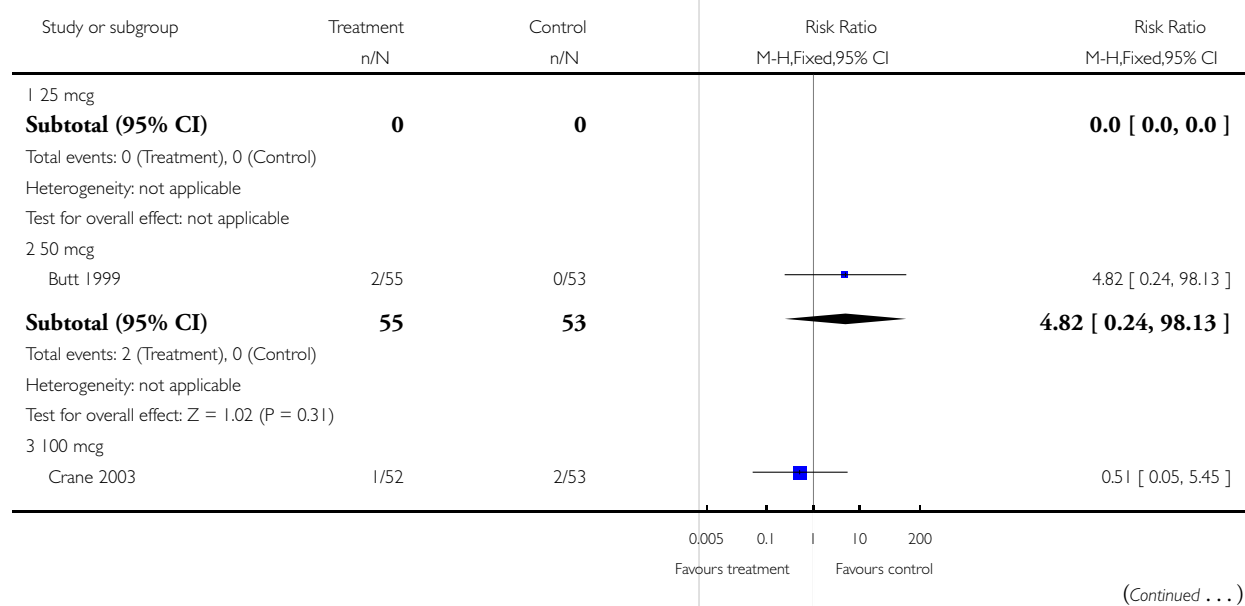


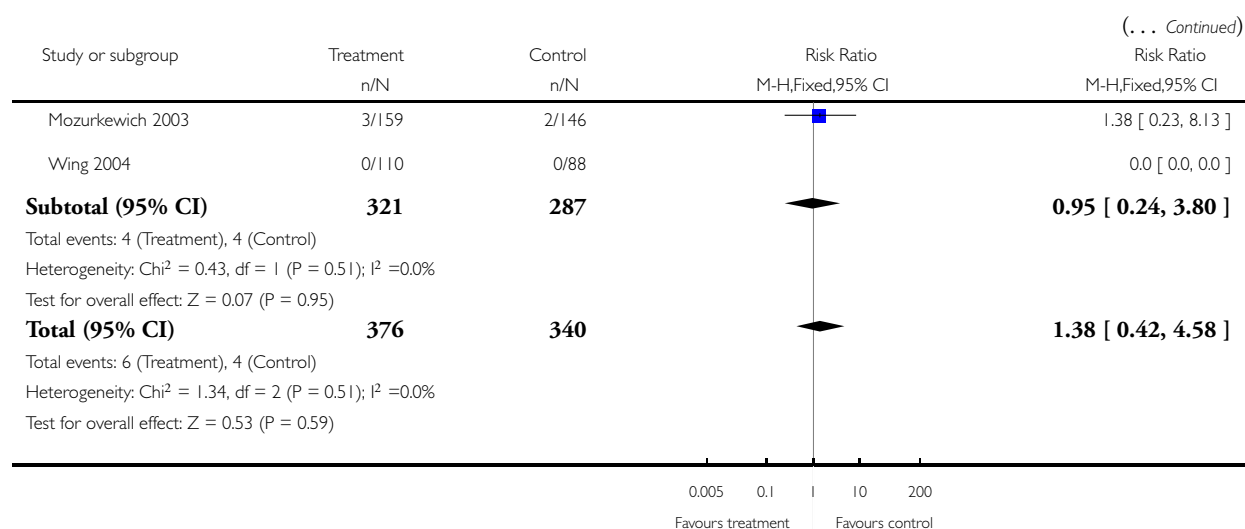
### Analysis 30.13. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 13 Apgar score < 7 at 5 minutes



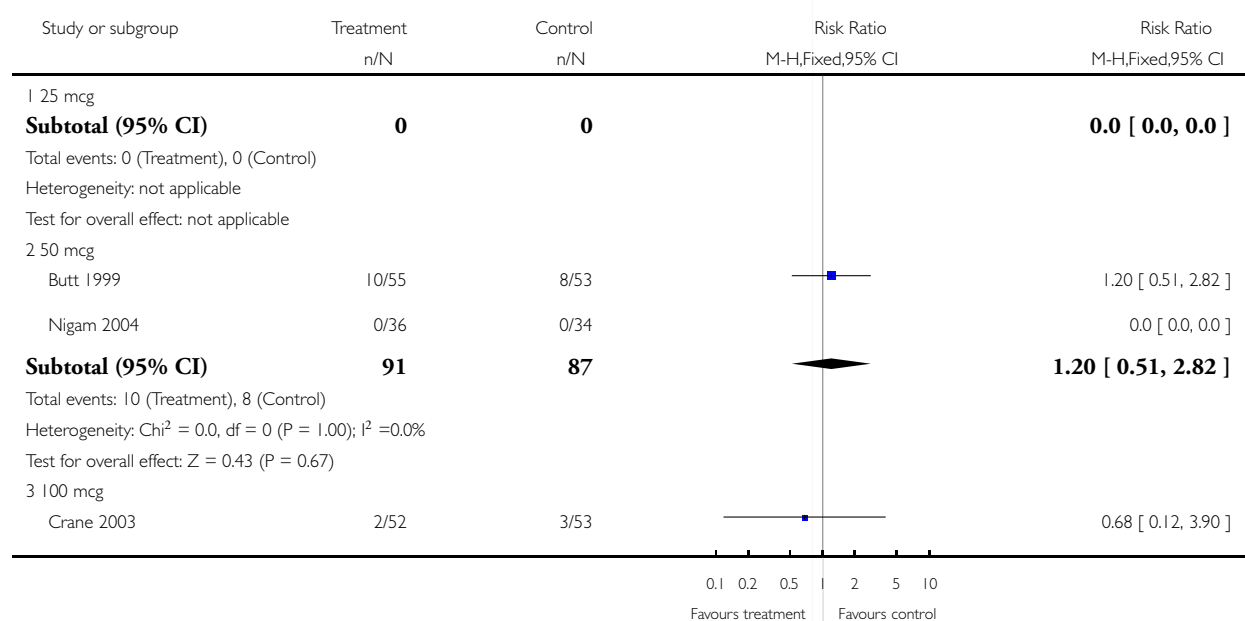


#### Analysis 30.14. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 14 Neonatal intensive care unit admission.

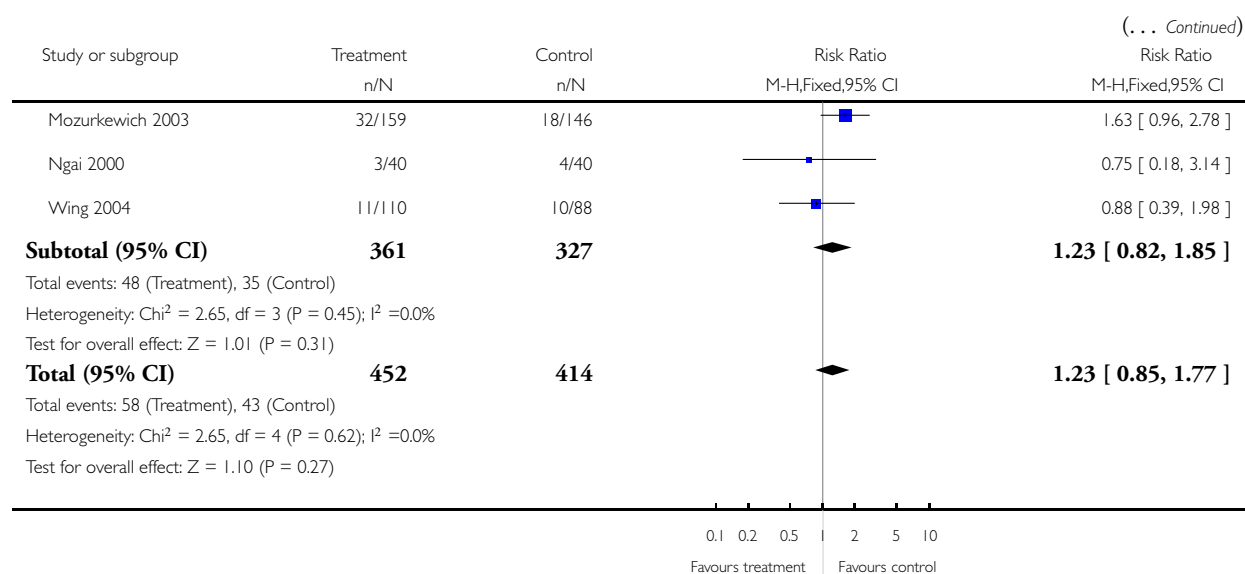
Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 14 Neonatal intensive care unit admission



(Continued . . .)

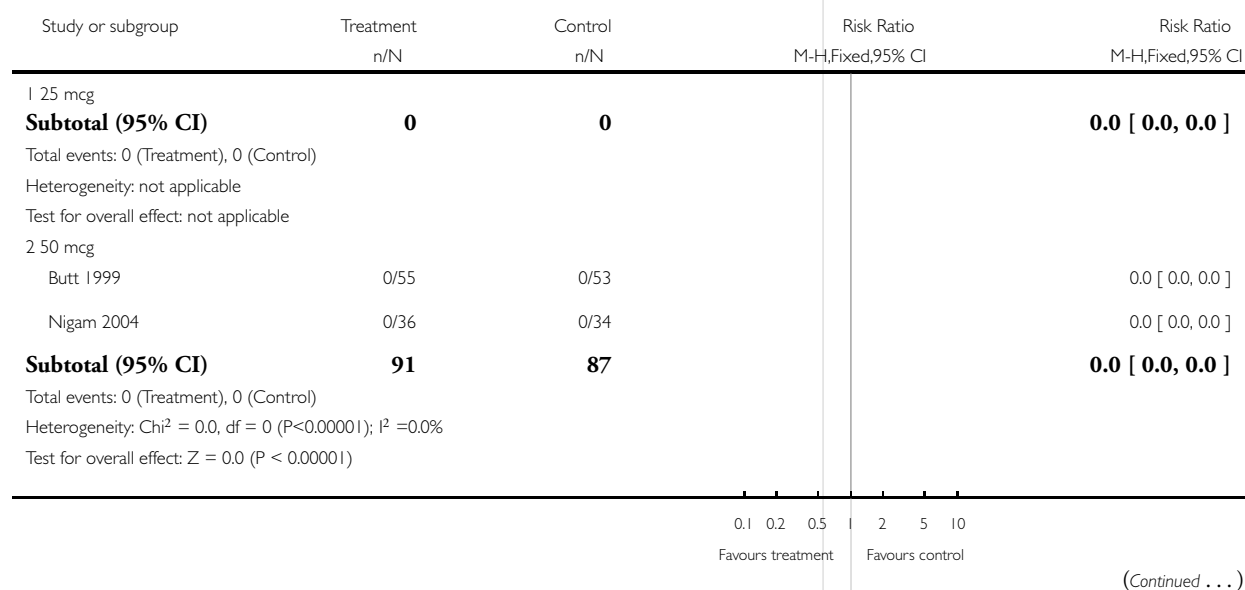


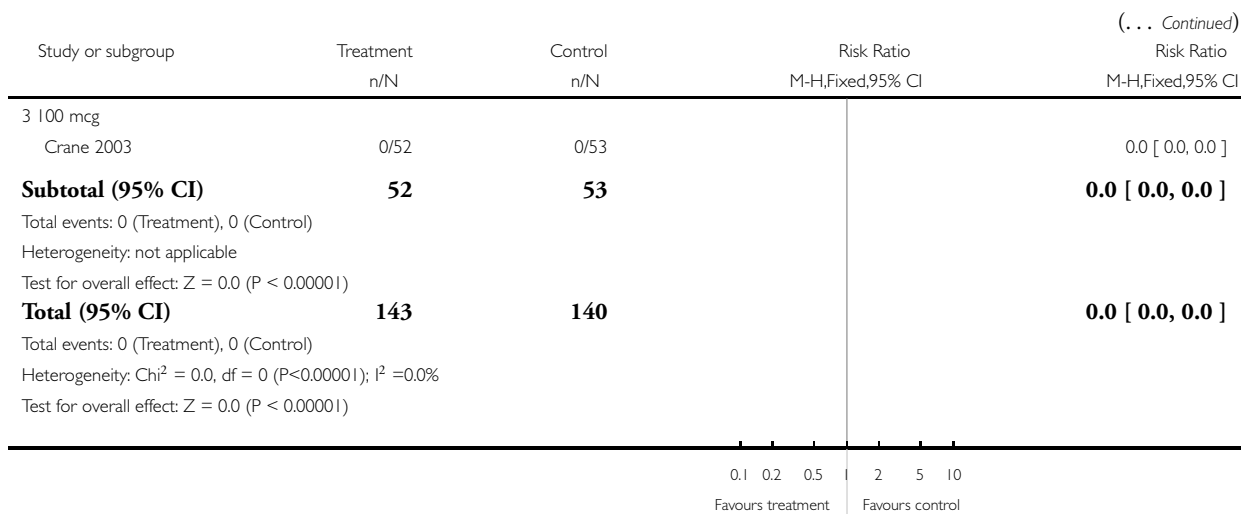
### Analysis 30.15. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 15 Neonatal encephalopathy.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 15 Neonatal encephalopathy



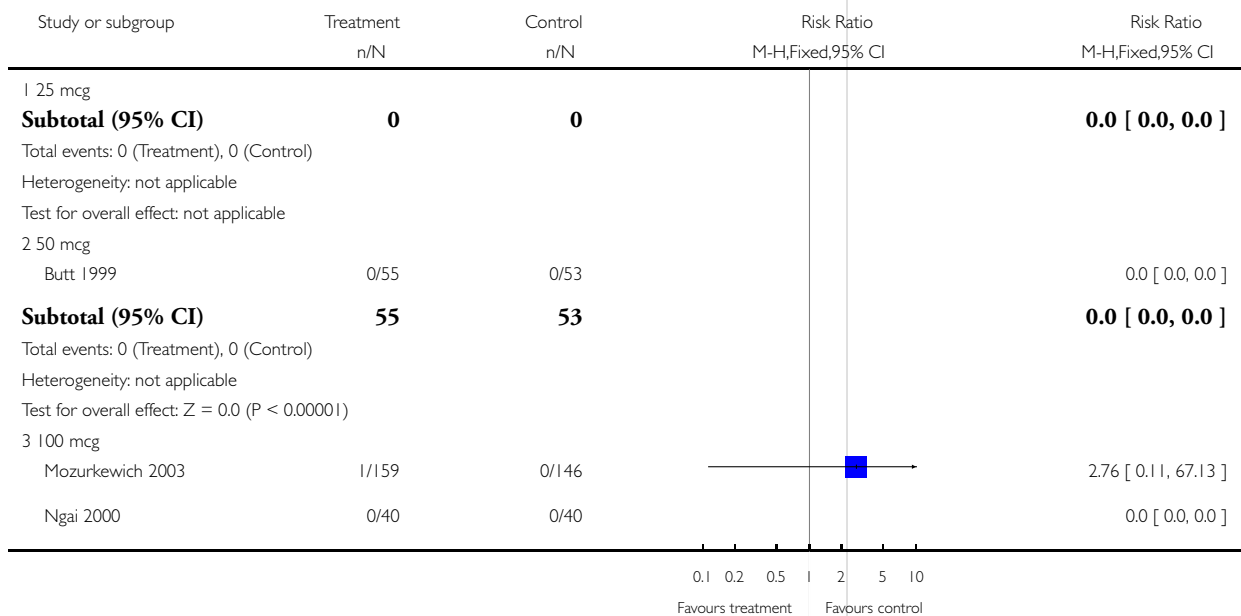


### Analysis 30.16. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 16 Perinatal death.

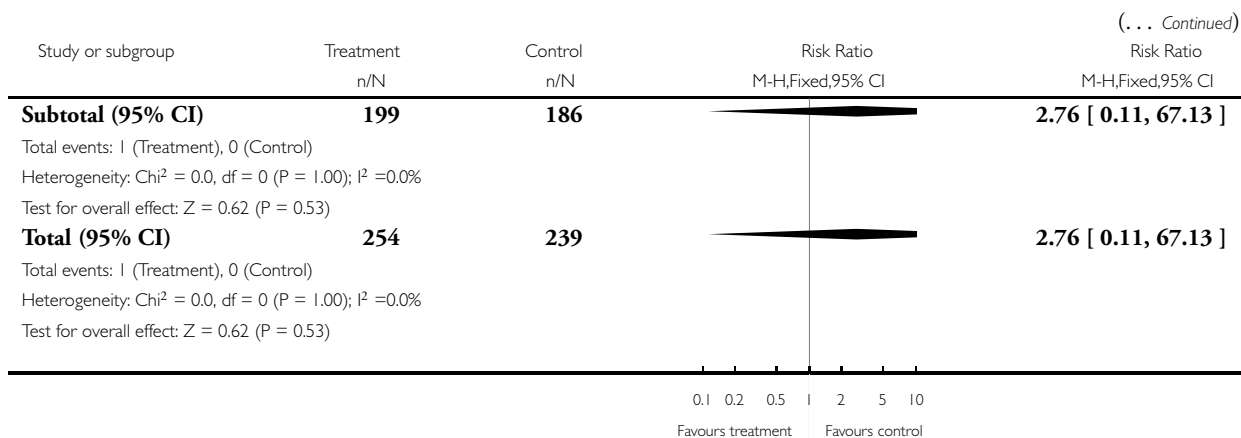
Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 16 Perinatal death



(Continued . . .)

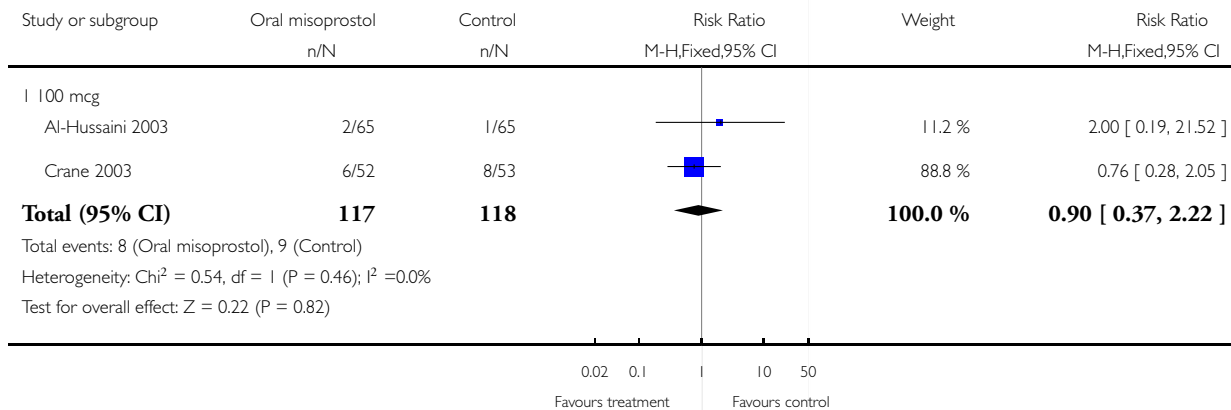


#### Analysis 30.19. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 19 Nausea

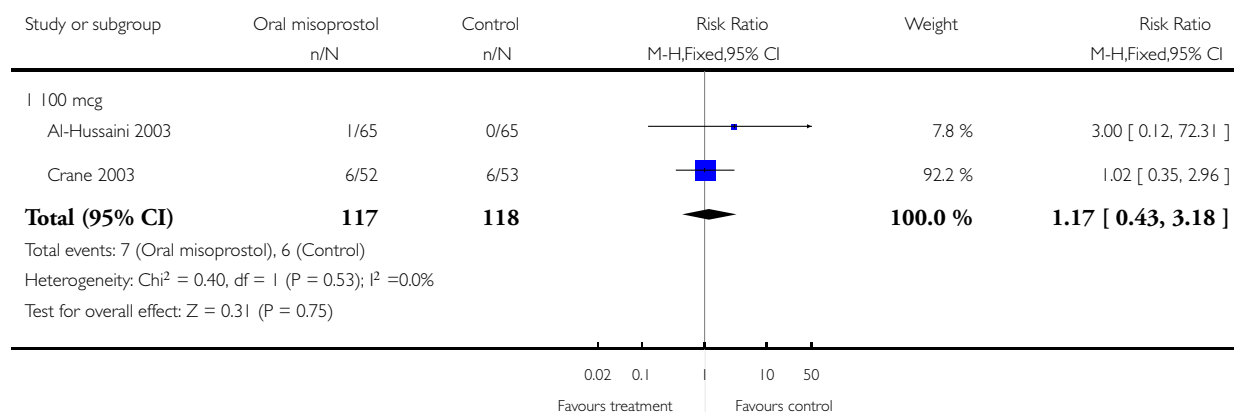


### Analysis 30.20. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 20 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 20 Vomiting

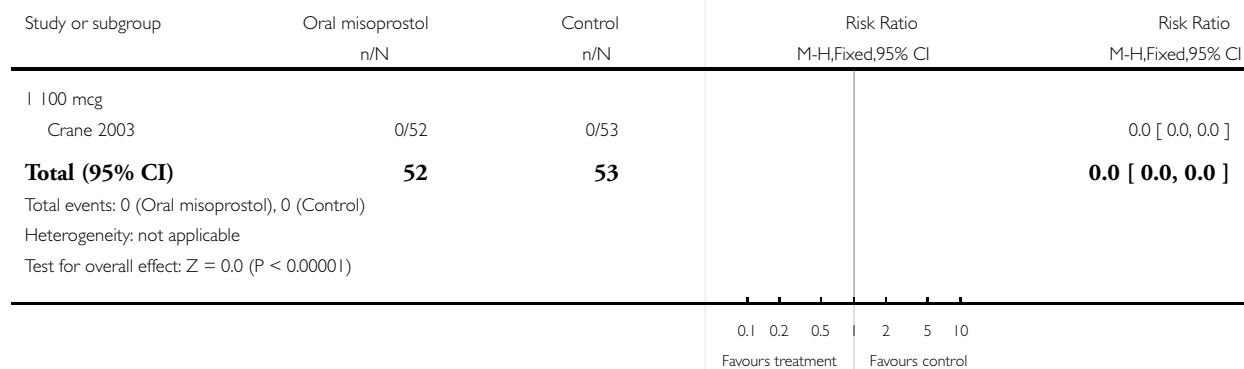


### Analysis 30.21. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 21 Diarrhoea

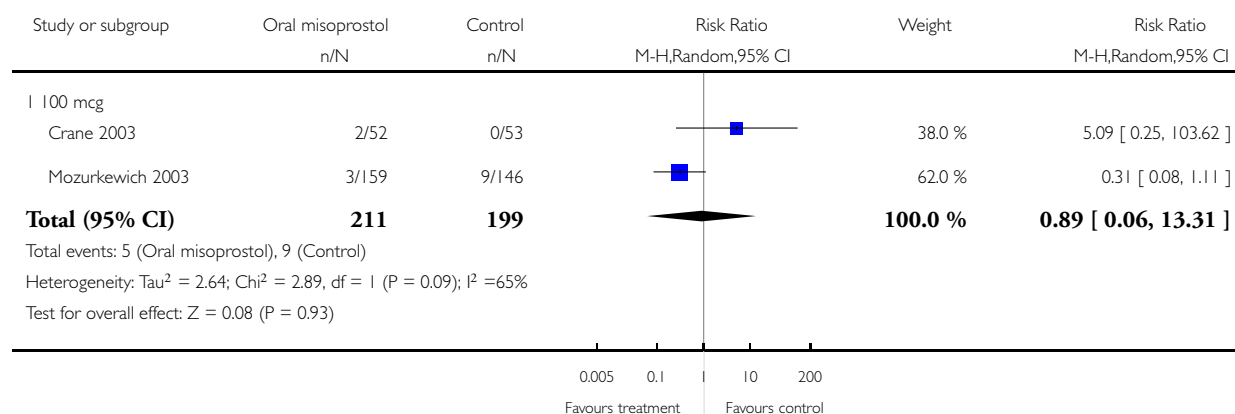


### Analysis 30.23. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 23 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 23 Postpartum haemorrhage



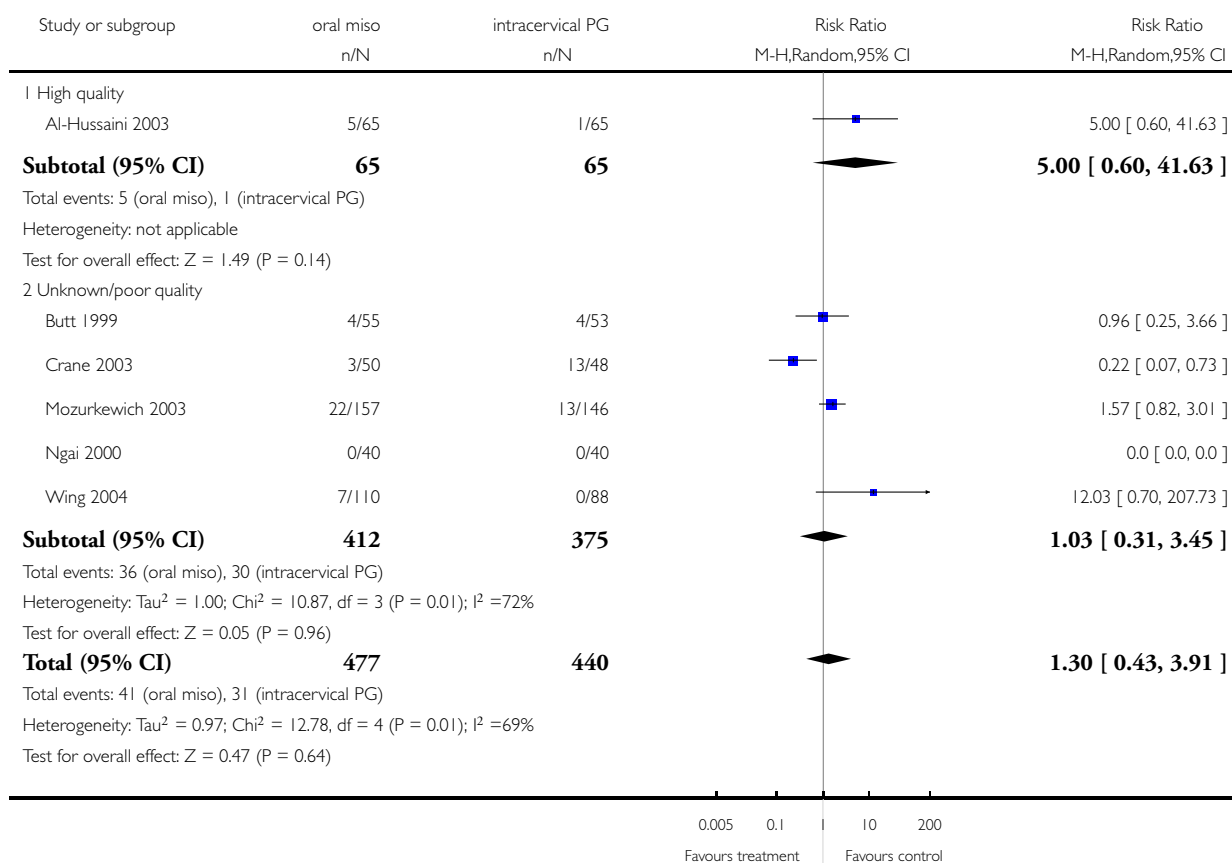


### Analysis 30.31. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 31 Uterine hyperstimulation with FHR changes (subgroup by quality).

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 31 Uterine hyperstimulation with FHR changes (subgroup by quality)

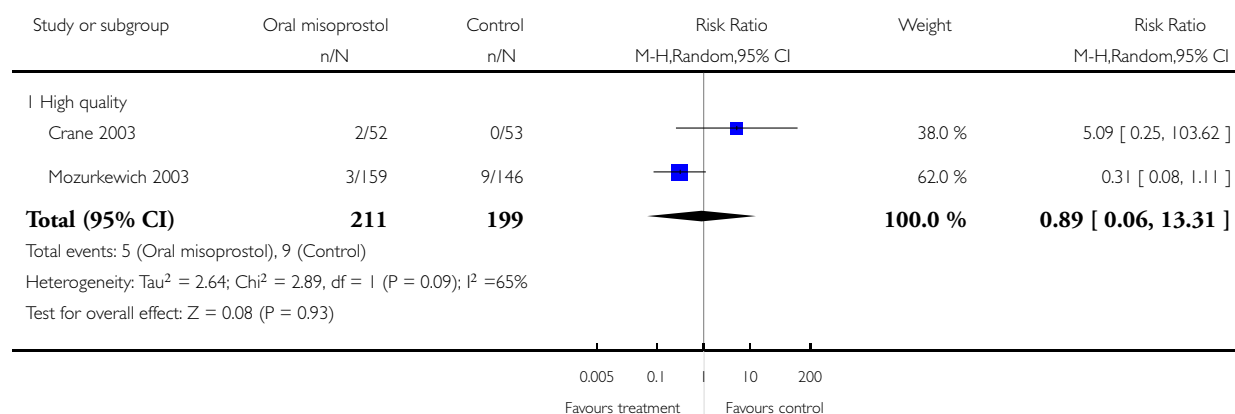


### Analysis 30.32. Comparison 30 Oral misoprostol versus oxytocin (4): all women, Outcome 32 Postpartum haemorrhage (subgroup by quality).

Review: Oral misoprostol for induction of labour

Comparison: 30 Oral misoprostol versus oxytocin (4): all women

Outcome: 32 Postpartum haemorrhage (subgroup by quality)

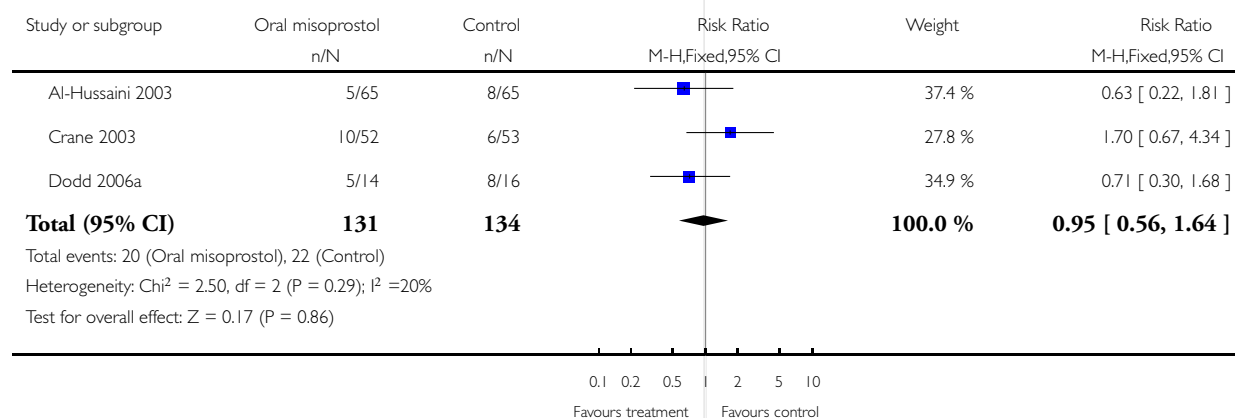


### Analysis 32.1. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 1 Vaginal delivery not achieved in 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 1 Vaginal delivery not achieved in 24 hours

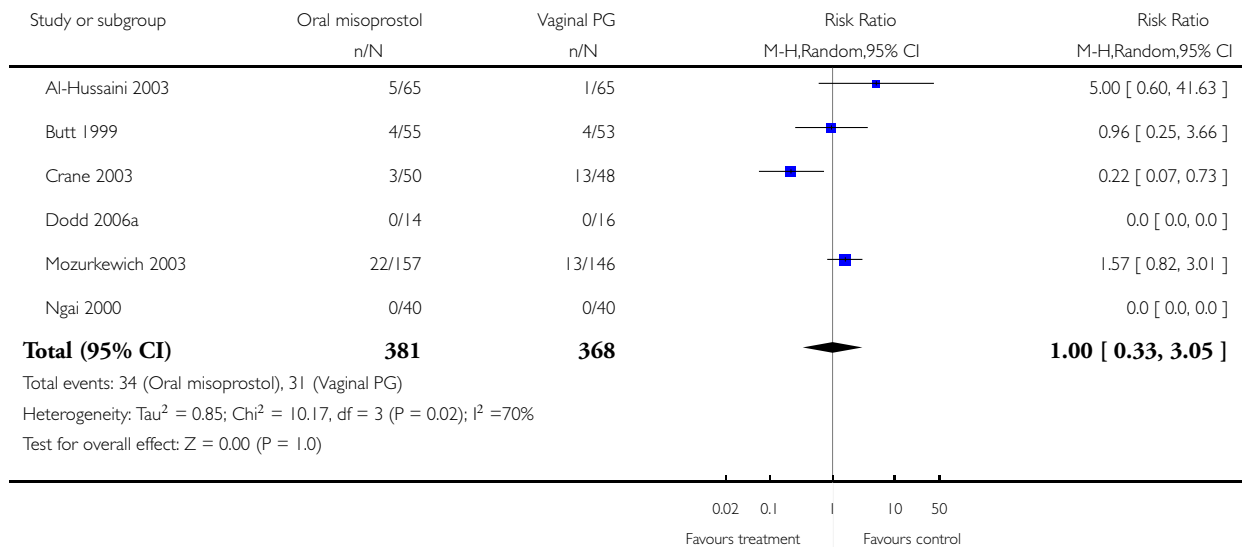


**Analysis 32.2. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 2 Uterine hyperstimulation with FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

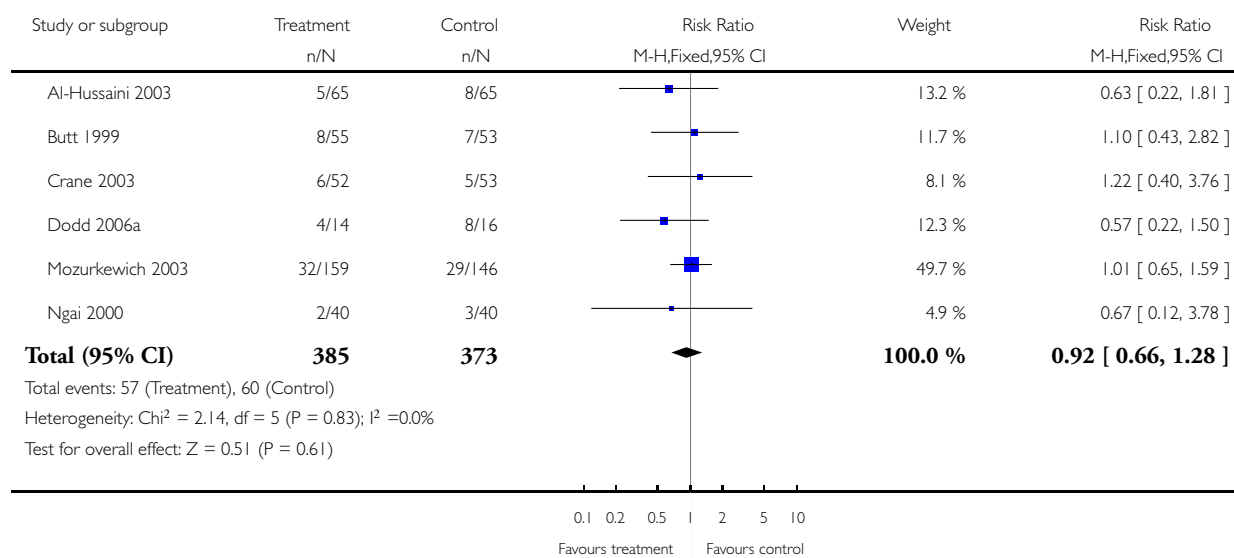


### Analysis 32.3. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 3 Caesarean section

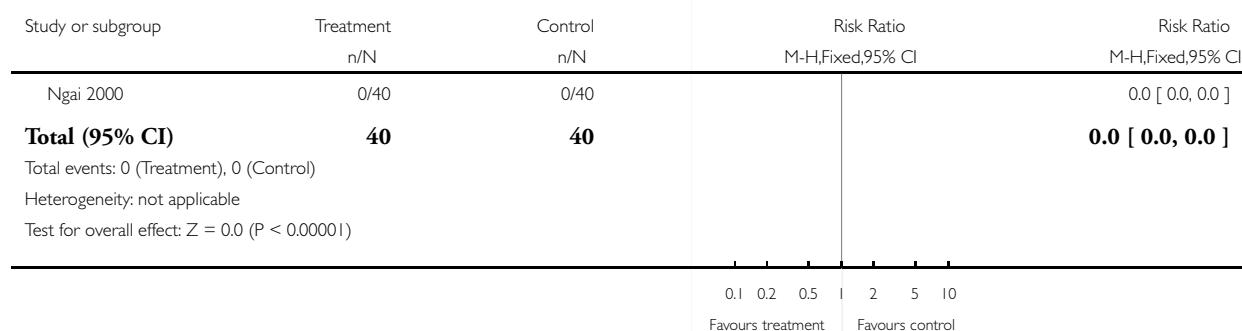


### Analysis 32.4. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 4 Serious neonatal morbidity or perinatal death

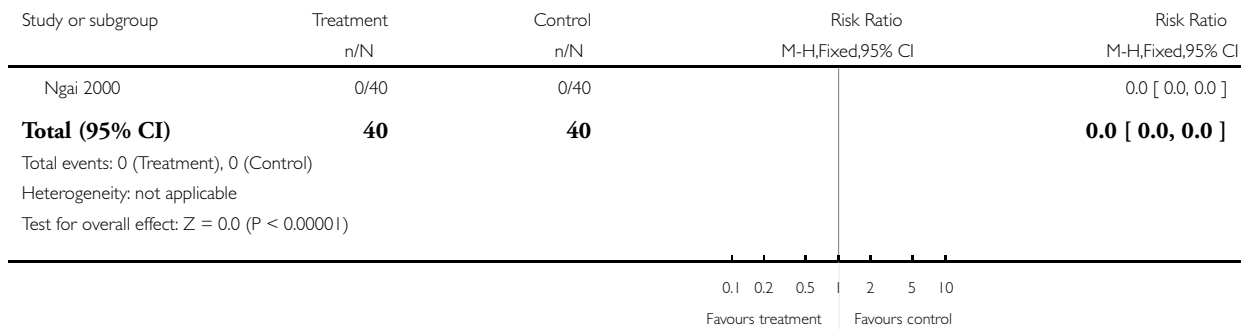


**Analysis 32.5. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 5 Serious maternal morbidity or death

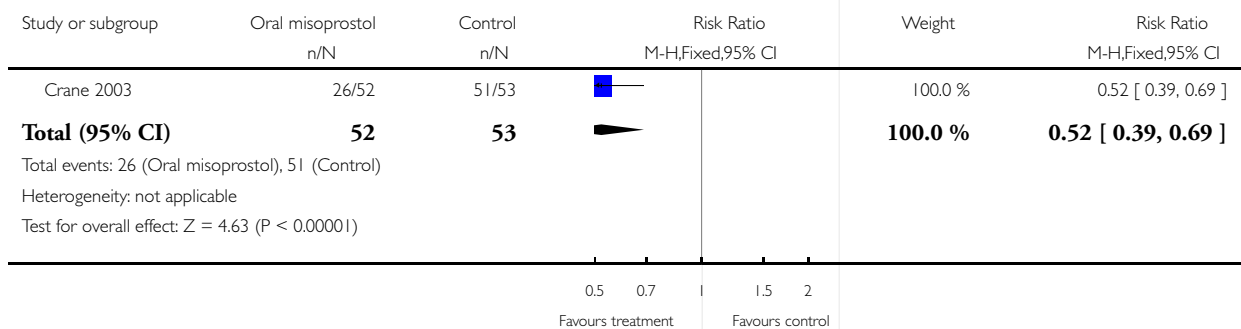


**Analysis 32.7. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 7 Oxytocin augmentation.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 7 Oxytocin augmentation

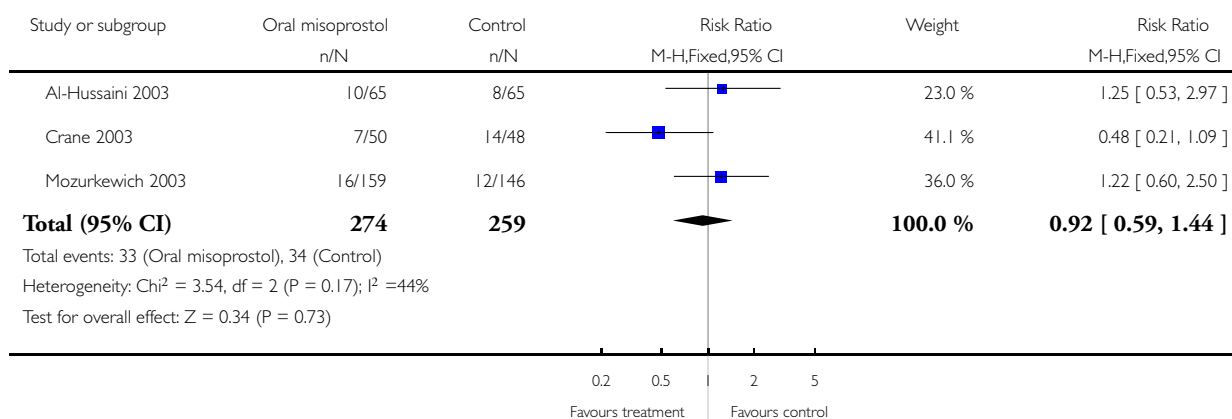


**Analysis 32.8. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 8 Uterine hyperstimulation without FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 8 Uterine hyperstimulation without FHR changes

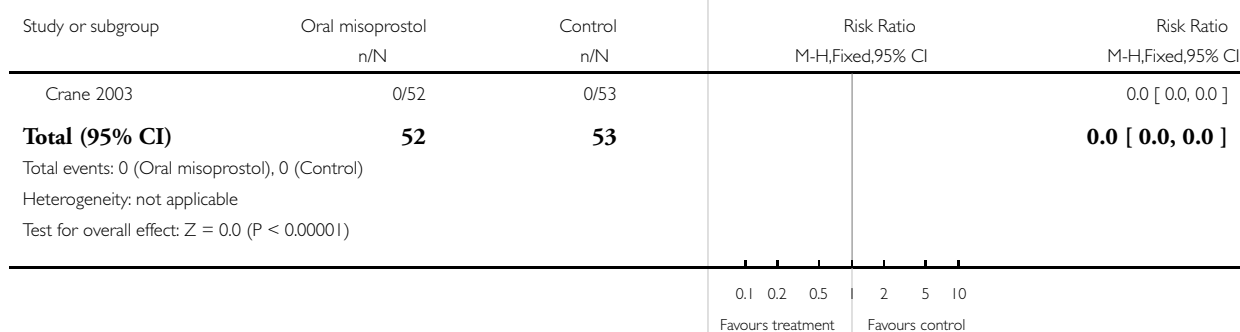


**Analysis 32.9. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 9 Uterine rupture.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 9 Uterine rupture

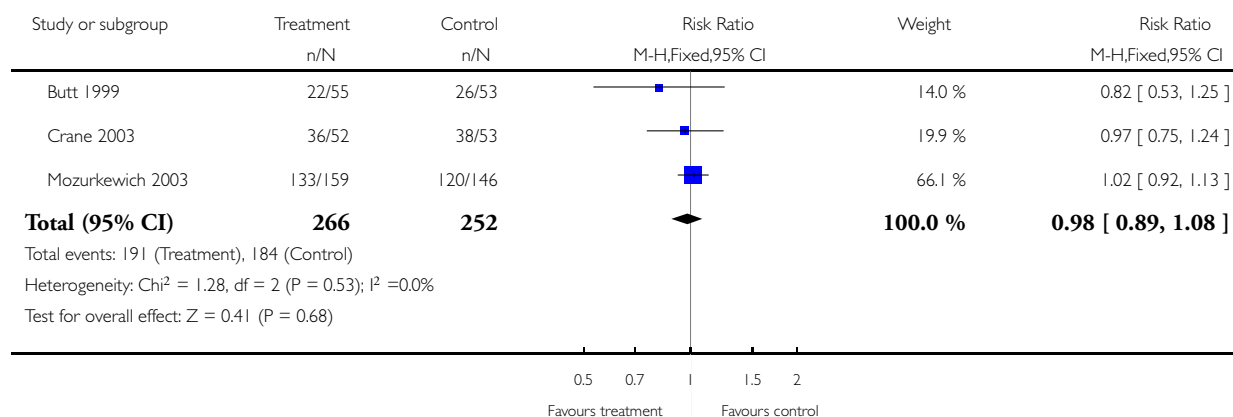


### Analysis 32.10. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 10 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 10 Epidural analgesia

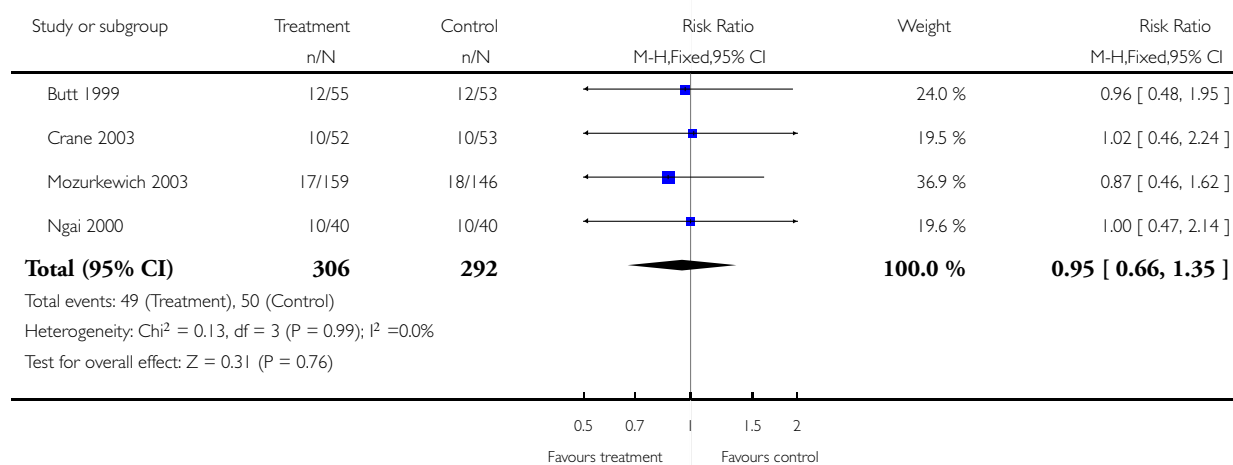


### Analysis 32.11. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 11 Instrumental vaginal delivery

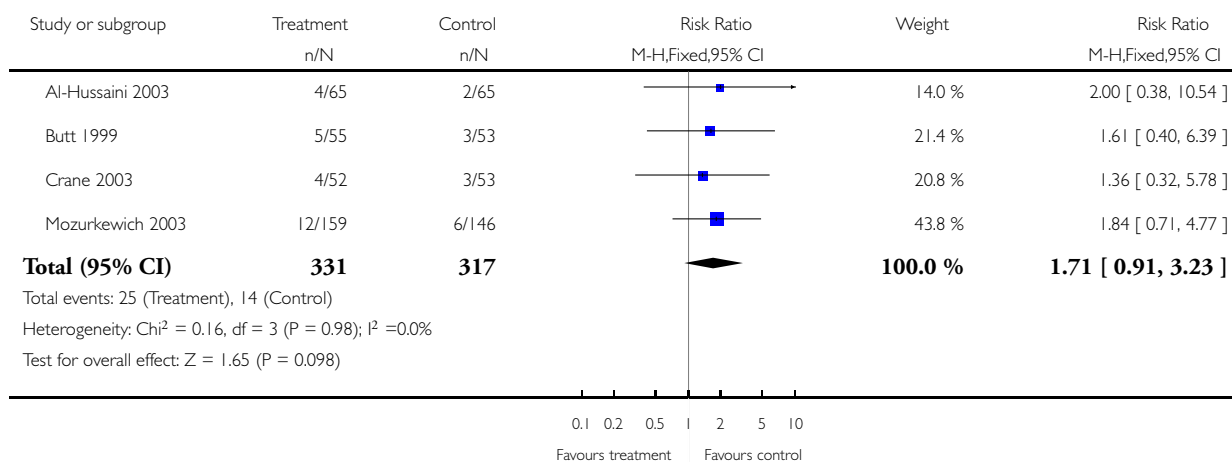


### Analysis 32.12. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 12 Meconium-stained liquor

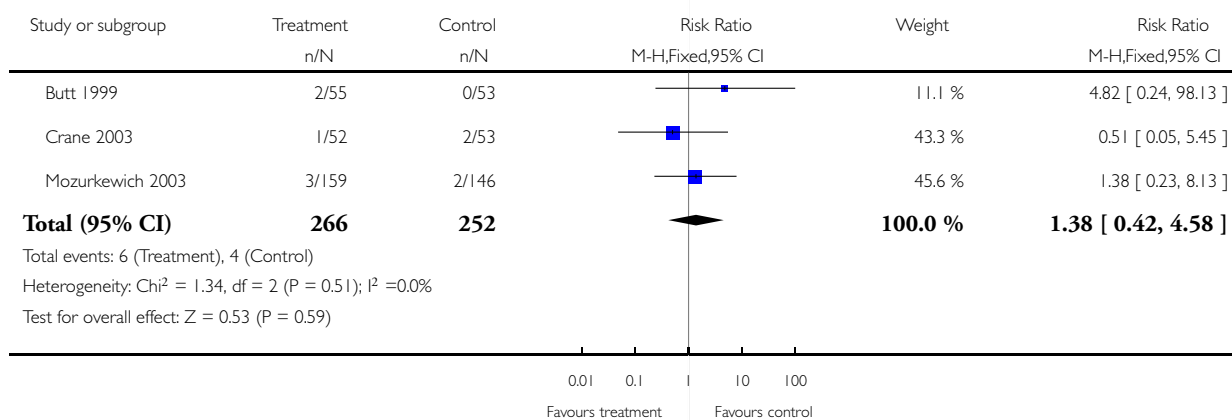


### Analysis 32.13. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 13 Apgar score < 7 at 5 minutes



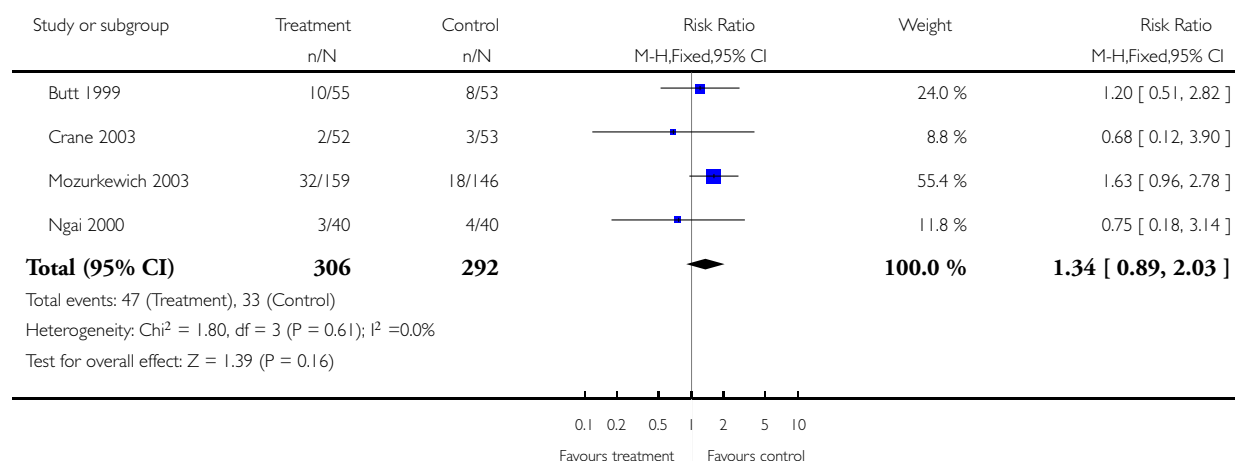


**Analysis 32.14. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 14 Neonatal intensive care unit admission

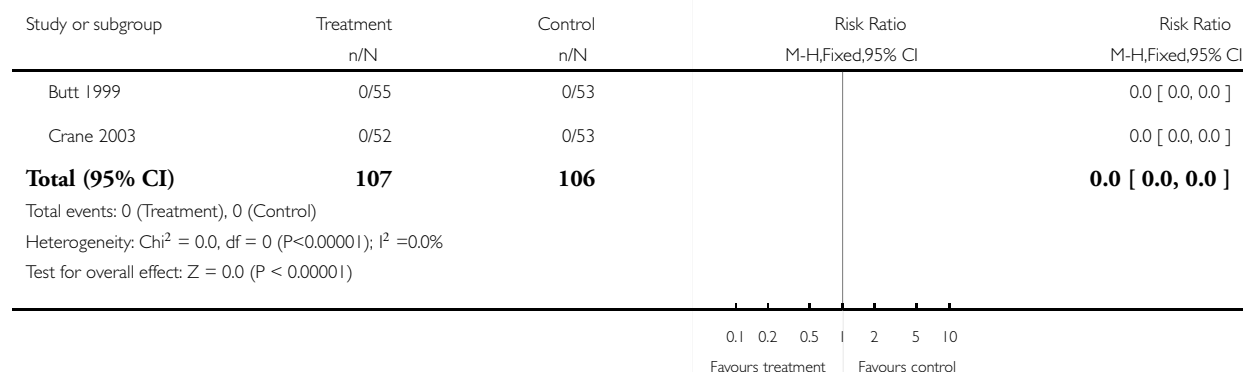


**Analysis 32.15. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 15 Neonatal encephalopathy.**

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 15 Neonatal encephalopathy

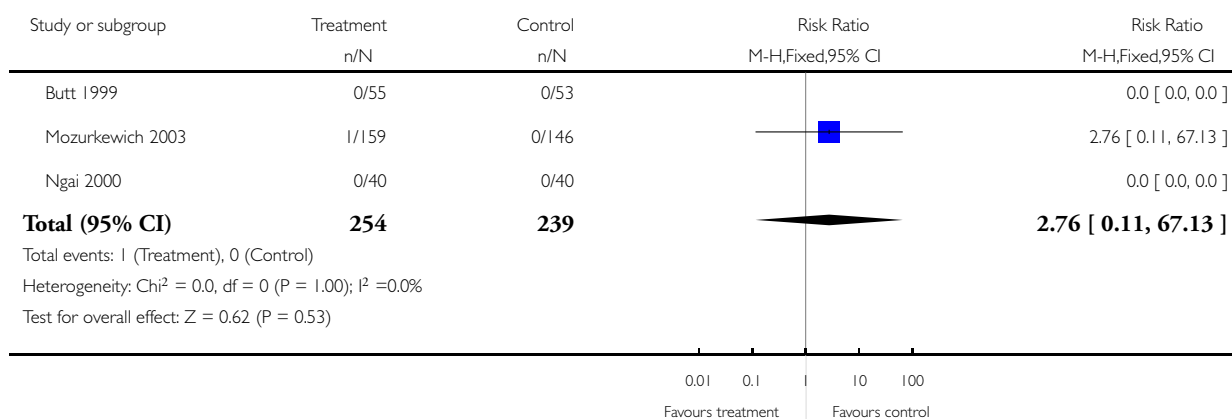


### Analysis 32.16. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 16 Perinatal death

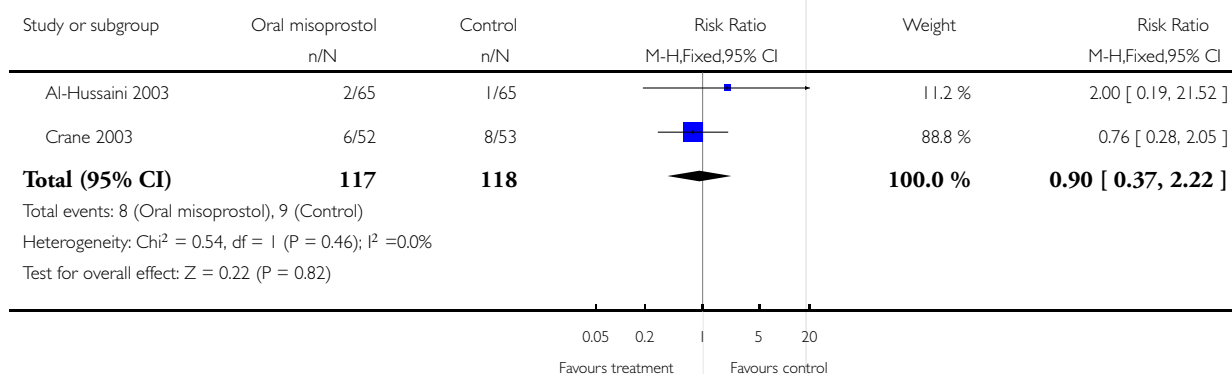


### Analysis 32.19. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 19 Nausea

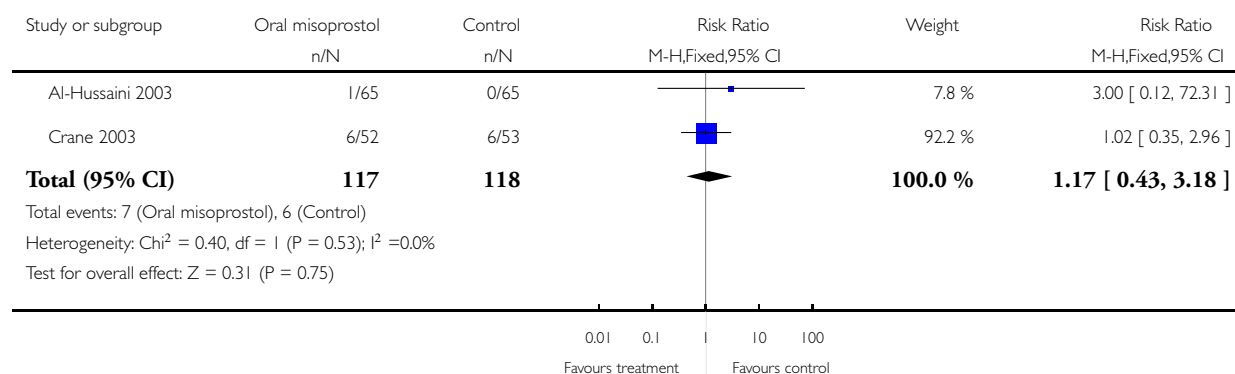


### Analysis 32.20. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 20 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 20 Vomiting

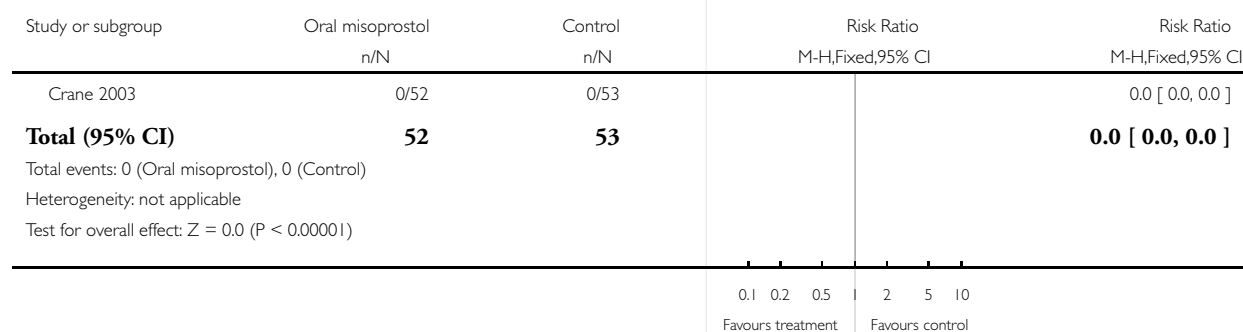


### Analysis 32.21. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 21 Diarrhoea

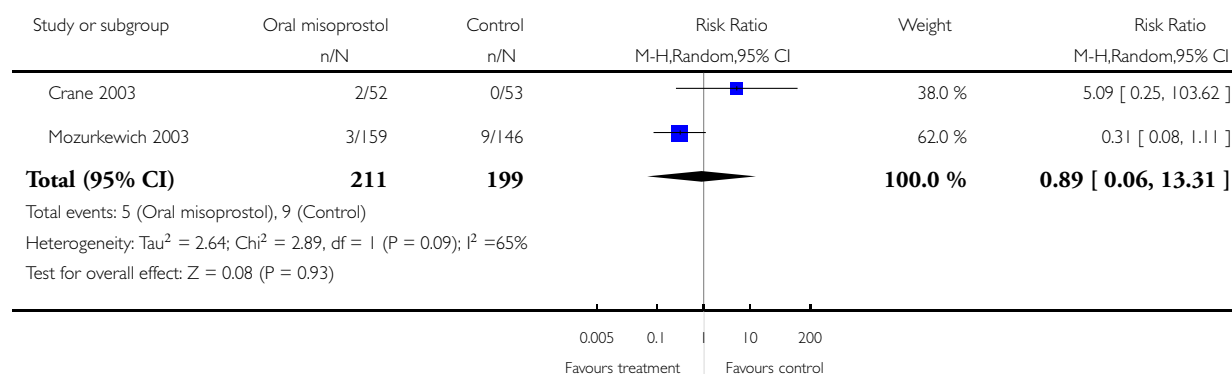


### Analysis 32.23. Comparison 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes, Outcome 23 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 32 Oral misoprostol versus oxytocin (4): all women with ruptured membranes

Outcome: 23 Postpartum haemorrhage

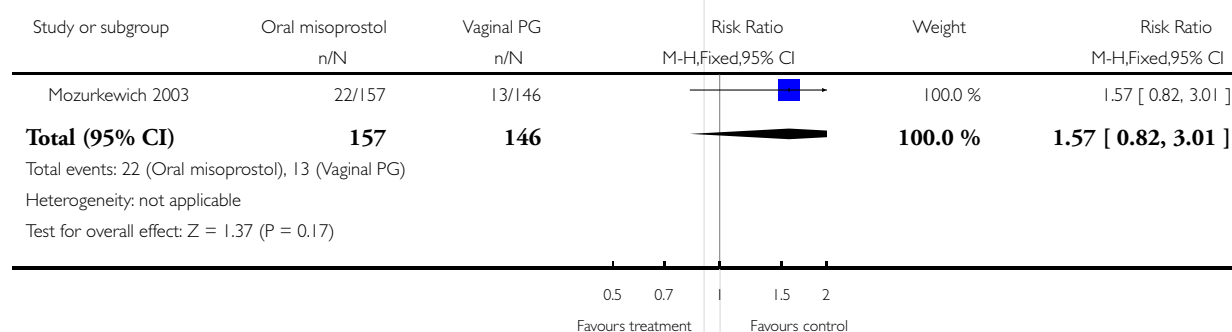


### Analysis 36.1. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 1 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 1 Uterine hyperstimulation with FHR changes

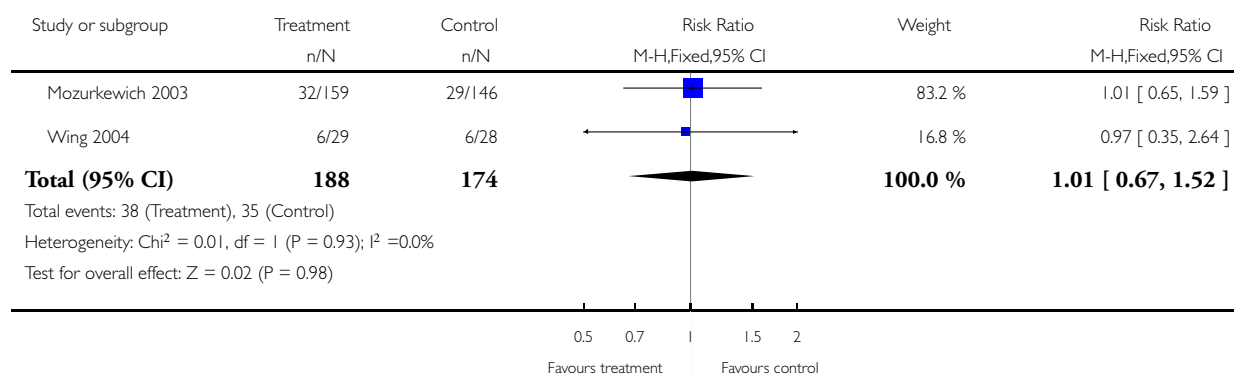


### Analysis 36.2. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 2 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 2 Caesarean section

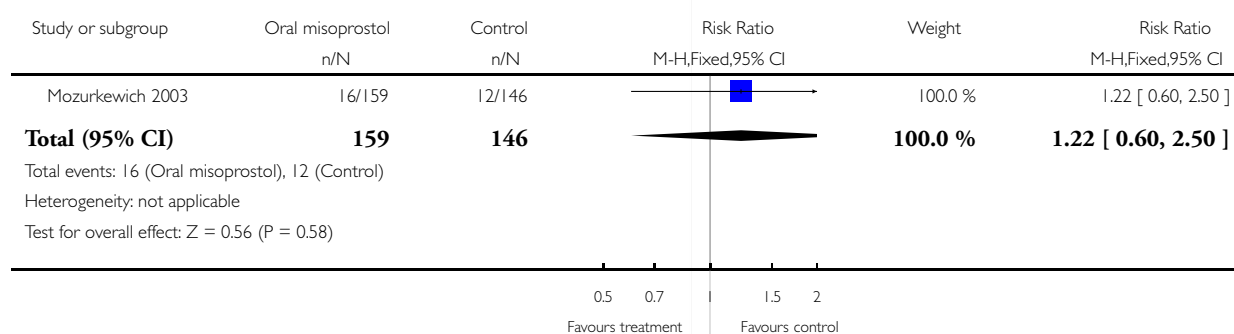


### Analysis 36.3. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 3 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 3 Uterine hyperstimulation without FHR changes

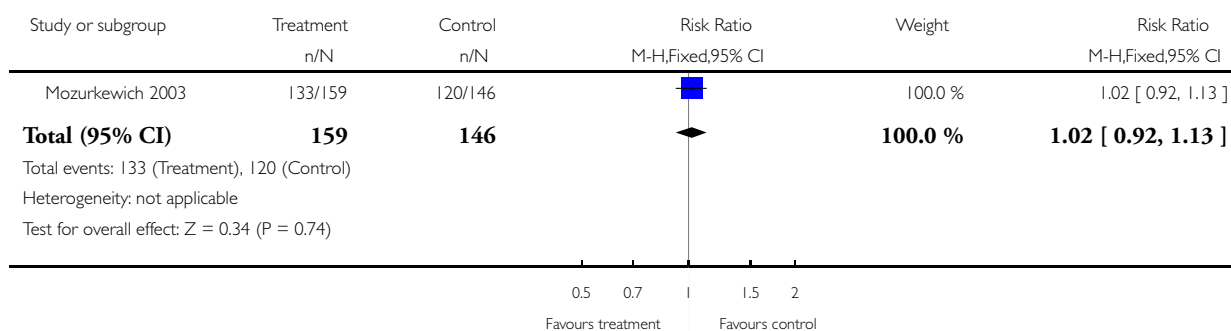


### Analysis 36.4. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 4 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 4 Epidural analgesia

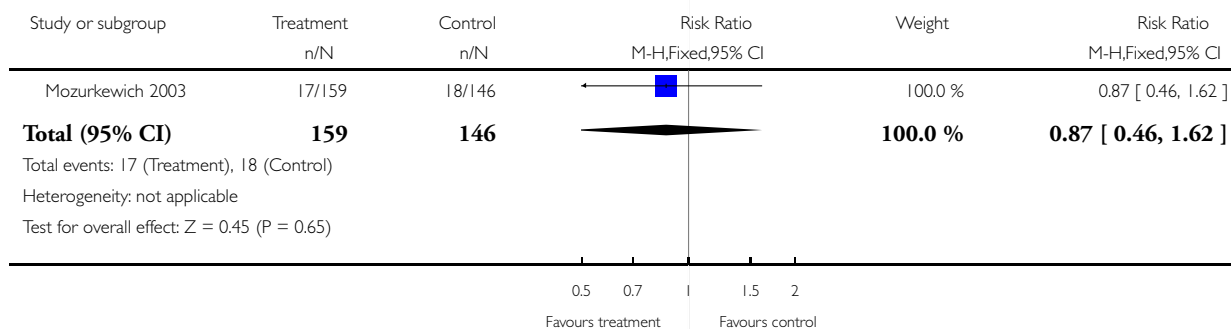


### Analysis 36.5. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 5 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 5 Instrumental vaginal delivery

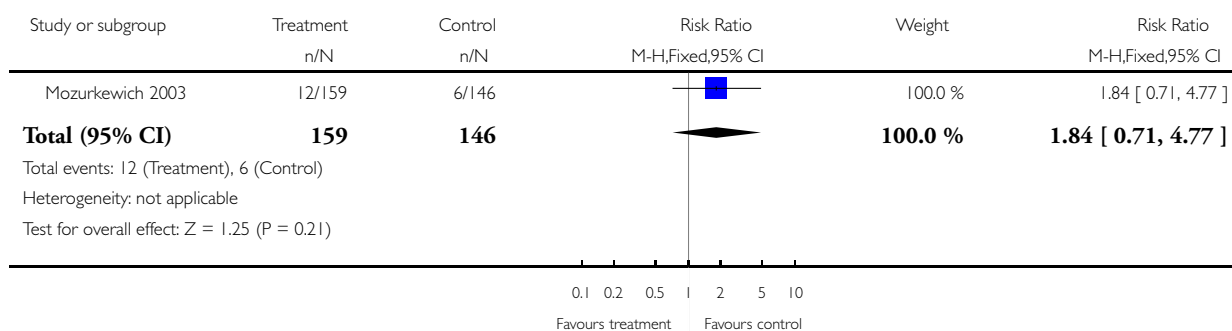


### Analysis 36.6. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 6 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 6 Meconium-stained liquor

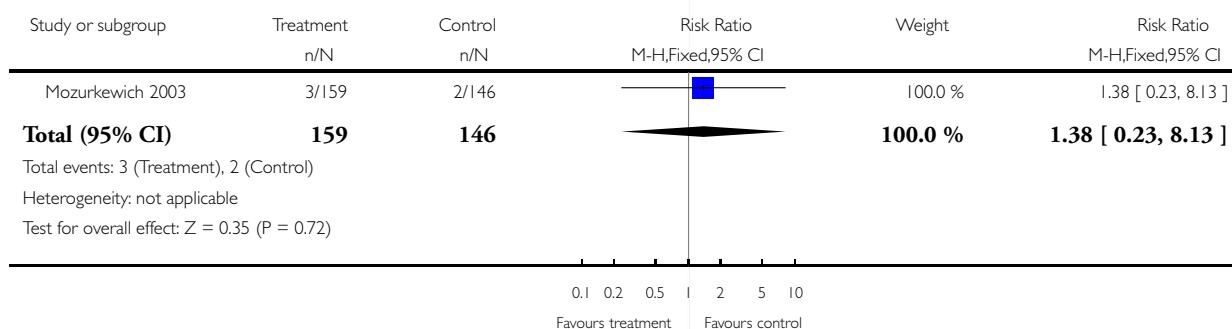


### Analysis 36.7. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 7 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 7 Apgar score < 7 at 5 minutes

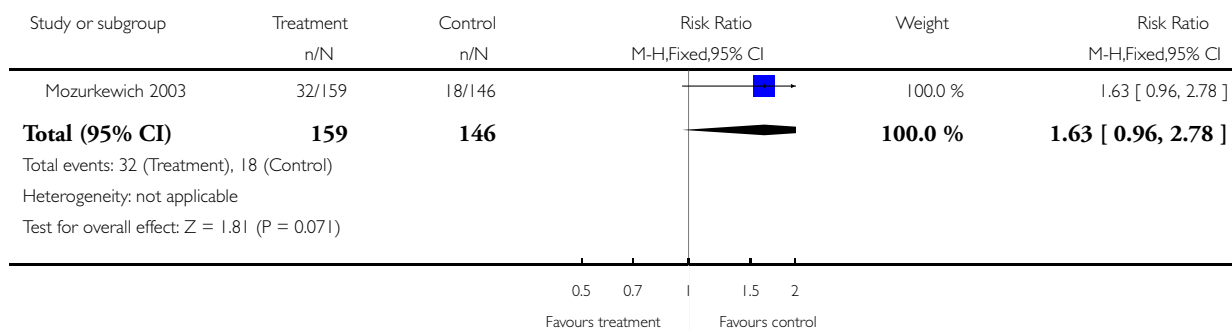


### Analysis 36.8. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 8 Neonatal intensive care unit admission.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 8 Neonatal intensive care unit admission

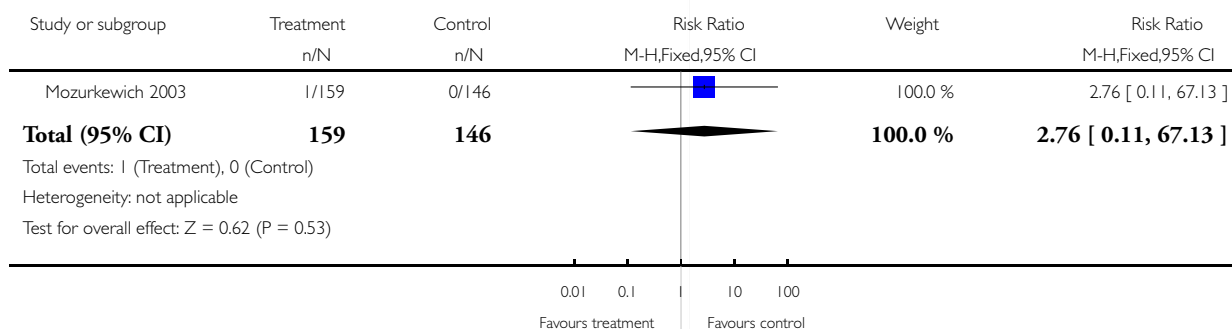


### Analysis 36.9. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 9 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 9 Perinatal death



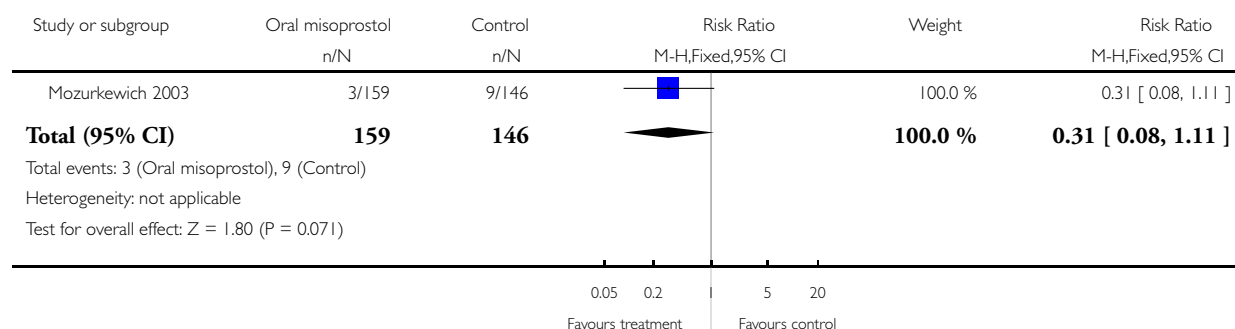


### Analysis 36.10. Comparison 36 Oral misoprostol versus oxytocin (4): all primiparae, Outcome 10 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 36 Oral misoprostol versus oxytocin (4): all primiparae

Outcome: 10 Postpartum haemorrhage

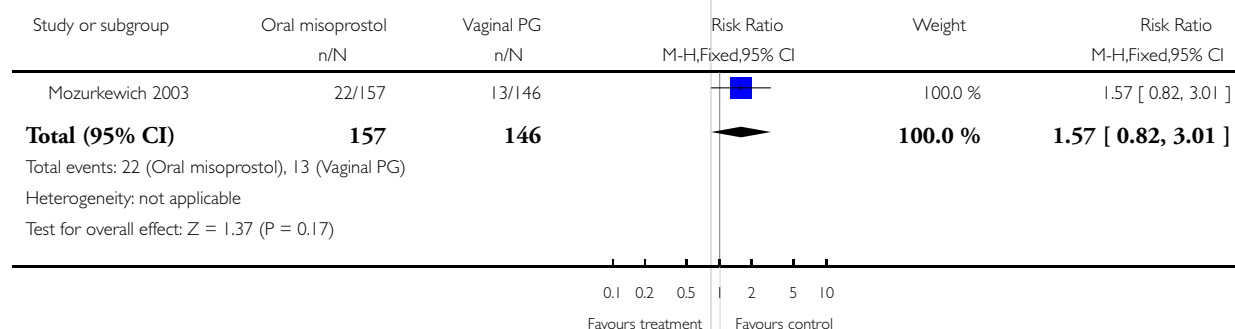


### Analysis 38.1. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 1 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 1 Uterine hyperstimulation with FHR changes

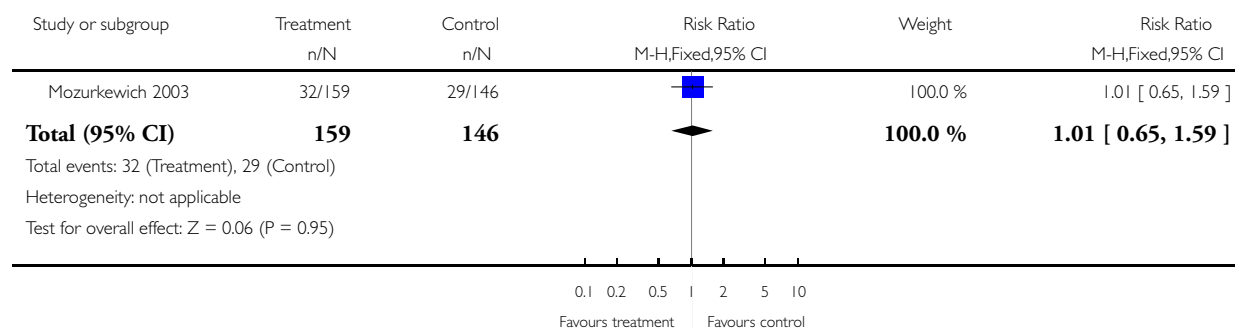


### Analysis 38.2. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 2 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 2 Caesarean section

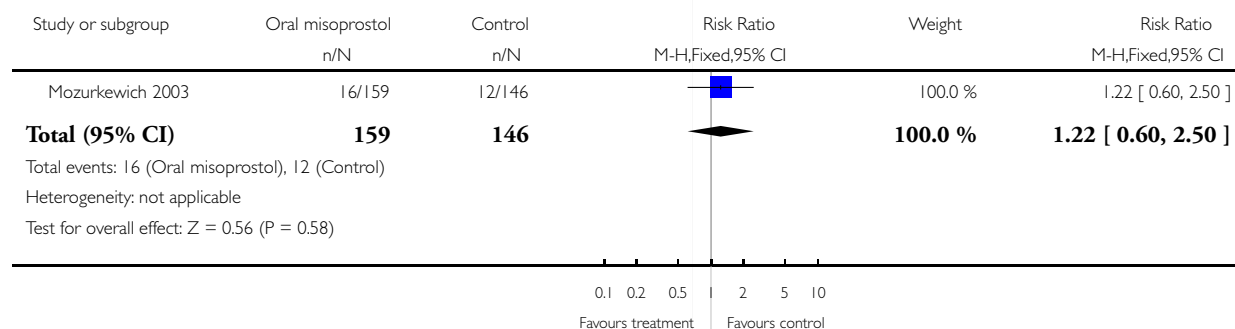


### Analysis 38.3. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 3 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 3 Uterine hyperstimulation without FHR changes

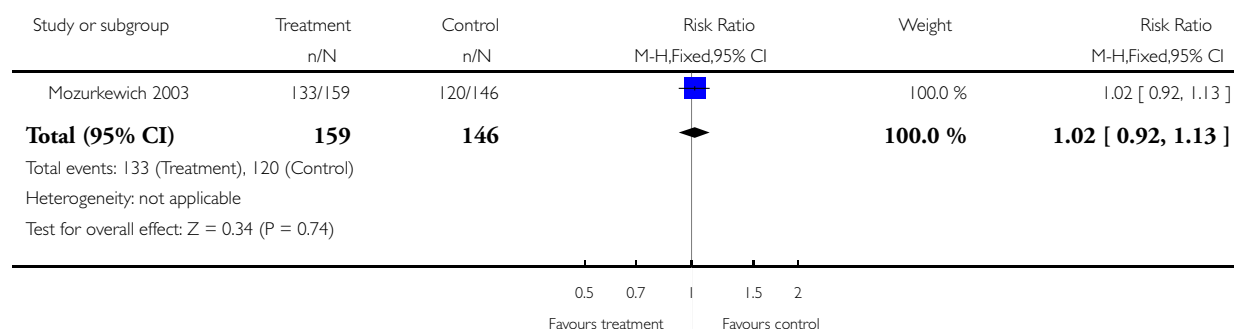


#### Analysis 38.4. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 4 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 4 Epidural analgesia

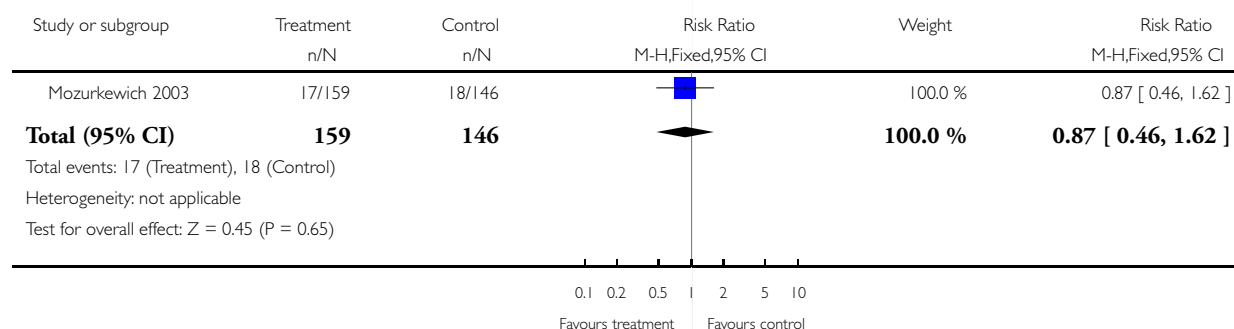


#### Analysis 38.5. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 5 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 5 Instrumental vaginal delivery

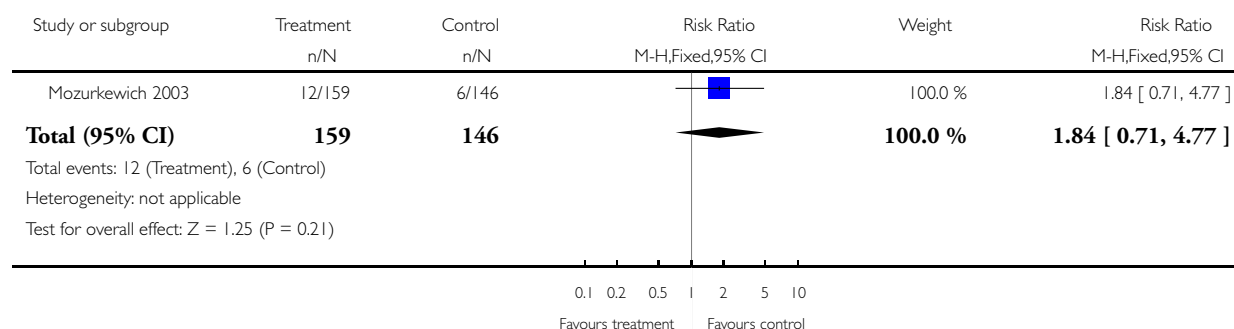


### Analysis 38.6. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 6 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 6 Meconium-stained liquor

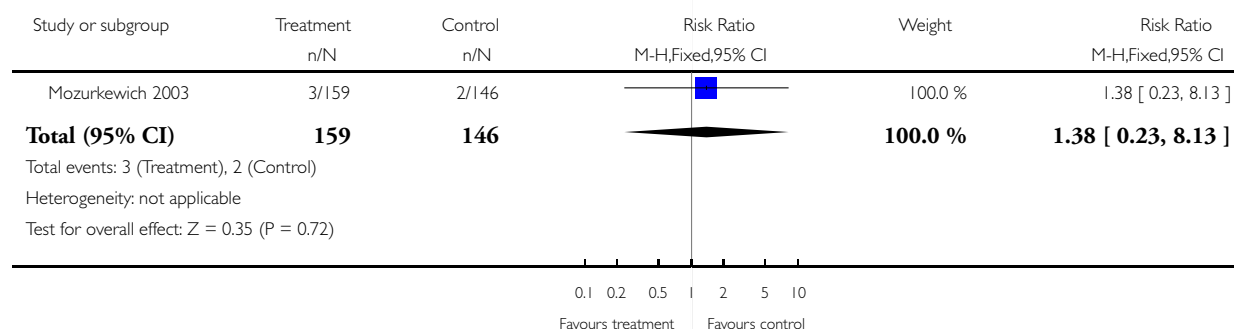


### Analysis 38.7. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 7 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 7 Apgar score < 7 at 5 minutes

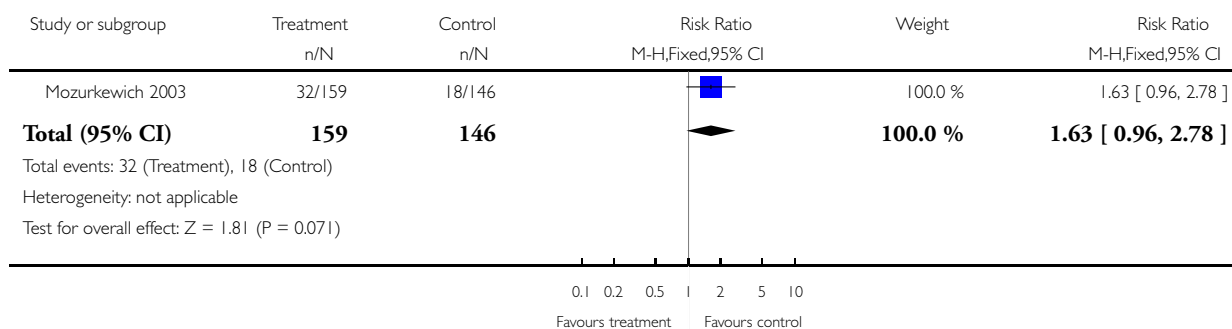


### Analysis 38.8. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 8 Neonatal intensive care unit admission.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 8 Neonatal intensive care unit admission

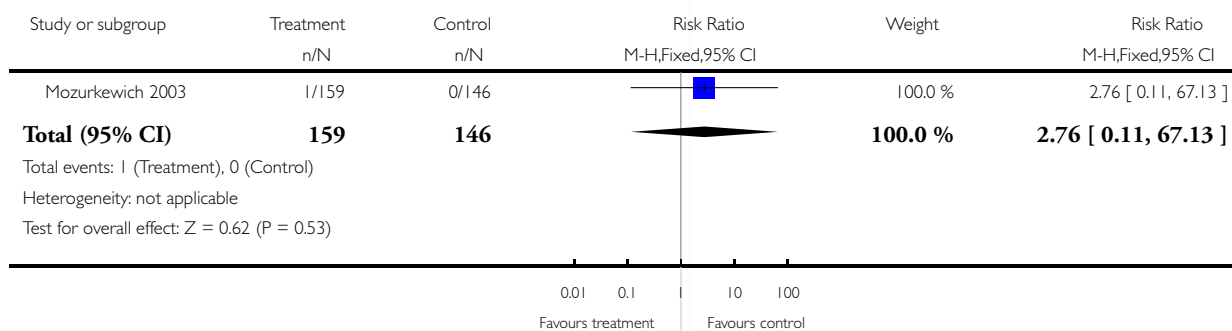


### Analysis 38.9. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 9 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 9 Perinatal death

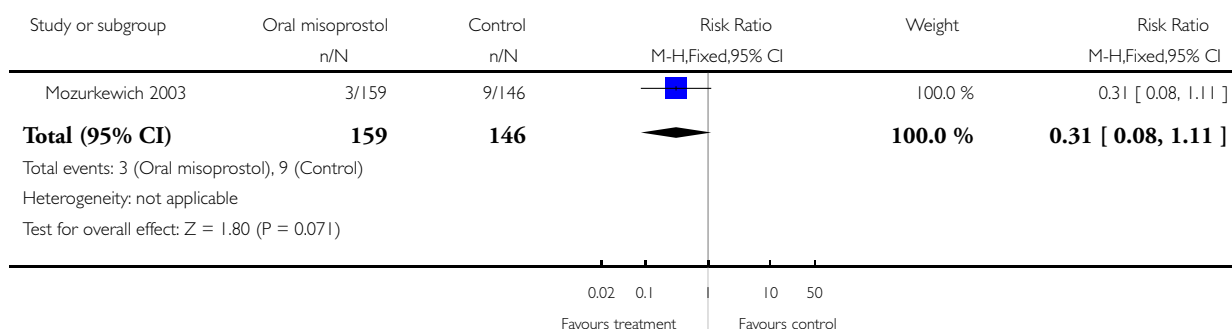


### Analysis 38.10. Comparison 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes, Outcome 10 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 38 Oral misoprostol versus oxytocin (4): all primiparae with ruptured membranes

Outcome: 10 Postpartum haemorrhage

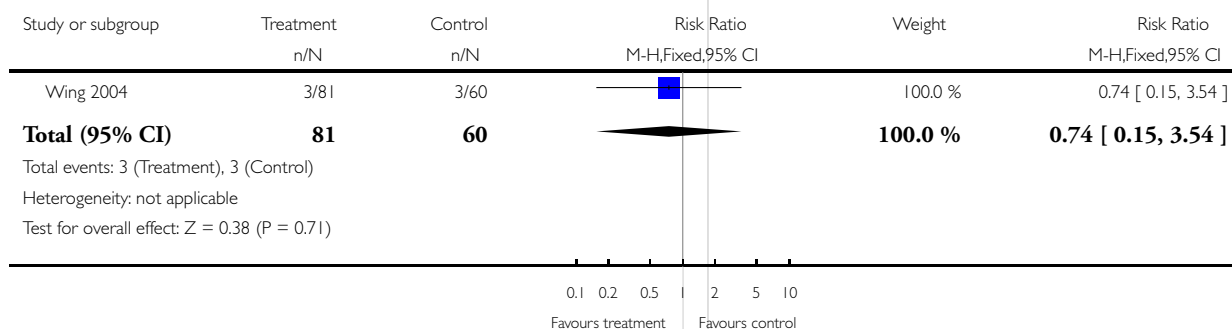


### Analysis 39.1. Comparison 39 Oral misoprostol versus oxytocin (4): all multiparae, Outcome 1 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 39 Oral misoprostol versus oxytocin (4): all multiparae

Outcome: 1 Caesarean section

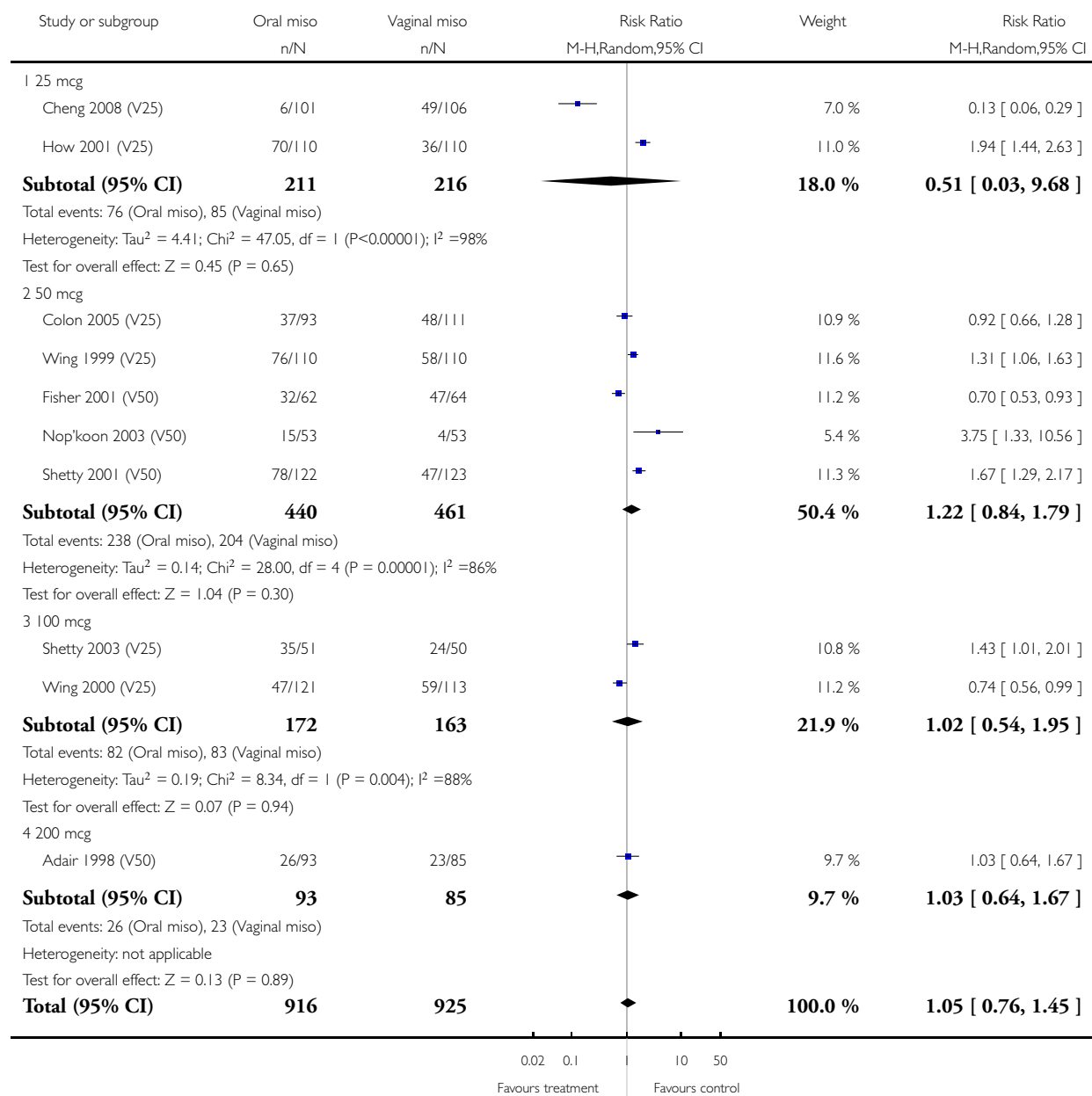


# **Analysis 40.1. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 1 Vaginal delivery not achieved within 24 hours



|  |                  |                     |                                 |        | (... Continued)                 |
|--|------------------|---------------------|---------------------------------|--------|---------------------------------|
| Study or subgroup  | Oral miso<br>n/N | Vaginal miso<br>n/N | Risk Ratio<br>M-H,Random,95% CI | Weight | Risk Ratio<br>M-H,Random,95% CI |
| Total events: 422 (Oral miso), 395 (Vaginal miso)  |                  |                     |                                 |        |                                 |
| Heterogeneity: $\tau^2 = 0.22$ ; $\chi^2 = 79.89$ , $df = 9$ ( $P < 0.00001$ ); $I^2 = 89\%$ |                  |                     |                                 |        |                                 |
| Test for overall effect: $Z = 0.31$ ( $P = 0.75$ )   |                  |                     |                                 |        |                                 |

0.02 0.1 10 50  
Favours treatment Favours control

## Analysis 40.2. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

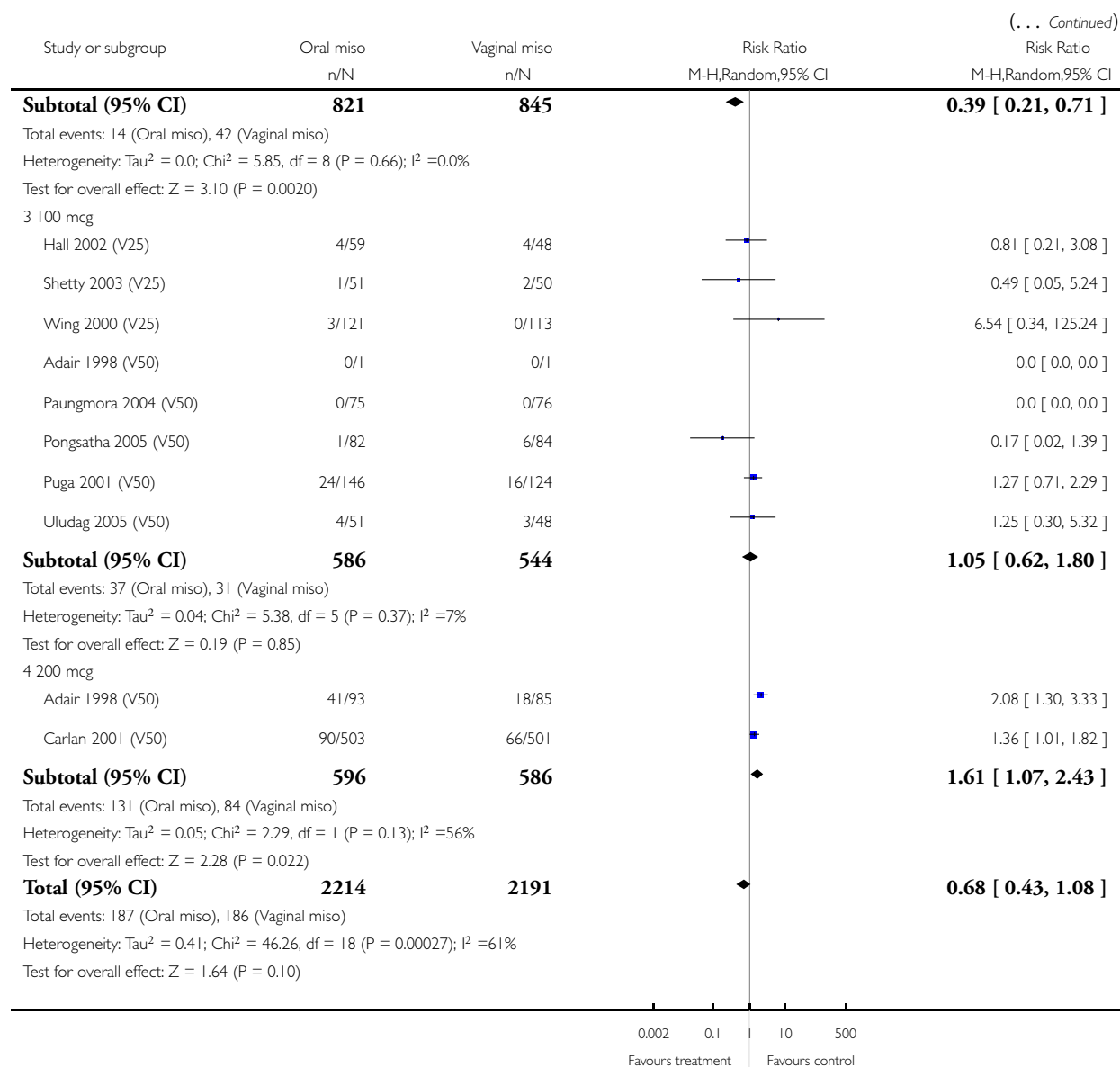
Outcome: 2 Uterine hyperstimulation with FHR changes

| Study or subgroup  | Oral miso<br>n/N | Vaginal miso<br>n/N | Risk Ratio<br>M-H,Random,95% CI | Risk Ratio<br>M-H,Random,95% CI |
|--|------------------|---------------------|---------------------------------|---------------------------------|
| 1 25 mcg   |                  |                     |                                 |                                 |
| Cheng 2008 (V25)   | 0/101            | 12/106              |                                 | 0.04 [ 0.00, 0.70 ]             |
| How 2001 (V25)   | 5/110            | 17/110              |                                 | 0.29 [ 0.11, 0.77 ]             |
| <b>Subtotal (95% CI)</b>   | <b>211</b>       | <b>216</b>          |                                 | <b>0.17 [ 0.03, 1.08 ]</b>      |
| Total events: 5 (Oral miso), 29 (Vaginal miso)   |                  |                     |                                 |                                 |
| Heterogeneity: $\tau^2 = 1.05$ ; $\chi^2 = 1.91$ , $df = 1$ ( $P = 0.17$ ); $I^2 = 48\%$ |                  |                     |                                 |                                 |
| Test for overall effect: $Z = 1.88$ ( $P = 0.060$ )                                      |                  |                     |                                 |                                 |
| 2 50 mcg   |                  |                     |                                 |                                 |
| Colon 2005 (V25)   | 2/93             | 6/111               |                                 | 0.40 [ 0.08, 1.92 ]             |
| Wing 1999 (V25)  | 3/110            | 2/110               |                                 | 1.50 [ 0.26, 8.80 ]             |
| Bennett 1998 (V50)   | 0/104            | 4/102               |                                 | 0.11 [ 0.01, 2.00 ]             |
| Dyar 2000 (V50)  | 5/76             | 15/77               |                                 | 0.34 [ 0.13, 0.88 ]             |
| Fisher 2001 (V50)  | 1/62             | 5/64                |                                 | 0.21 [ 0.02, 1.72 ]             |
| Kwon 2001 (V50)  | 0/78             | 0/82                |                                 | 0.0 [ 0.0, 0.0 ]                |
| Nop'koon 2003 (V50)  | 1/53             | 0/53                |                                 | 3.00 [ 0.12, 72.02 ]            |
| Pais'wong 2008 (V25)   | 0/73             | 2/73                |                                 | 0.20 [ 0.01, 4.10 ]             |
| Sheela 2007 (V25)  | 1/50             | 2/50                |                                 | 0.50 [ 0.05, 5.34 ]             |
| Shetty 2001 (V50)  | 1/122            | 6/123               |                                 | 0.17 [ 0.02, 1.38 ]             |

0.002 0.1 1 10 500  
Favours treatment Favours control

(Continued ...)



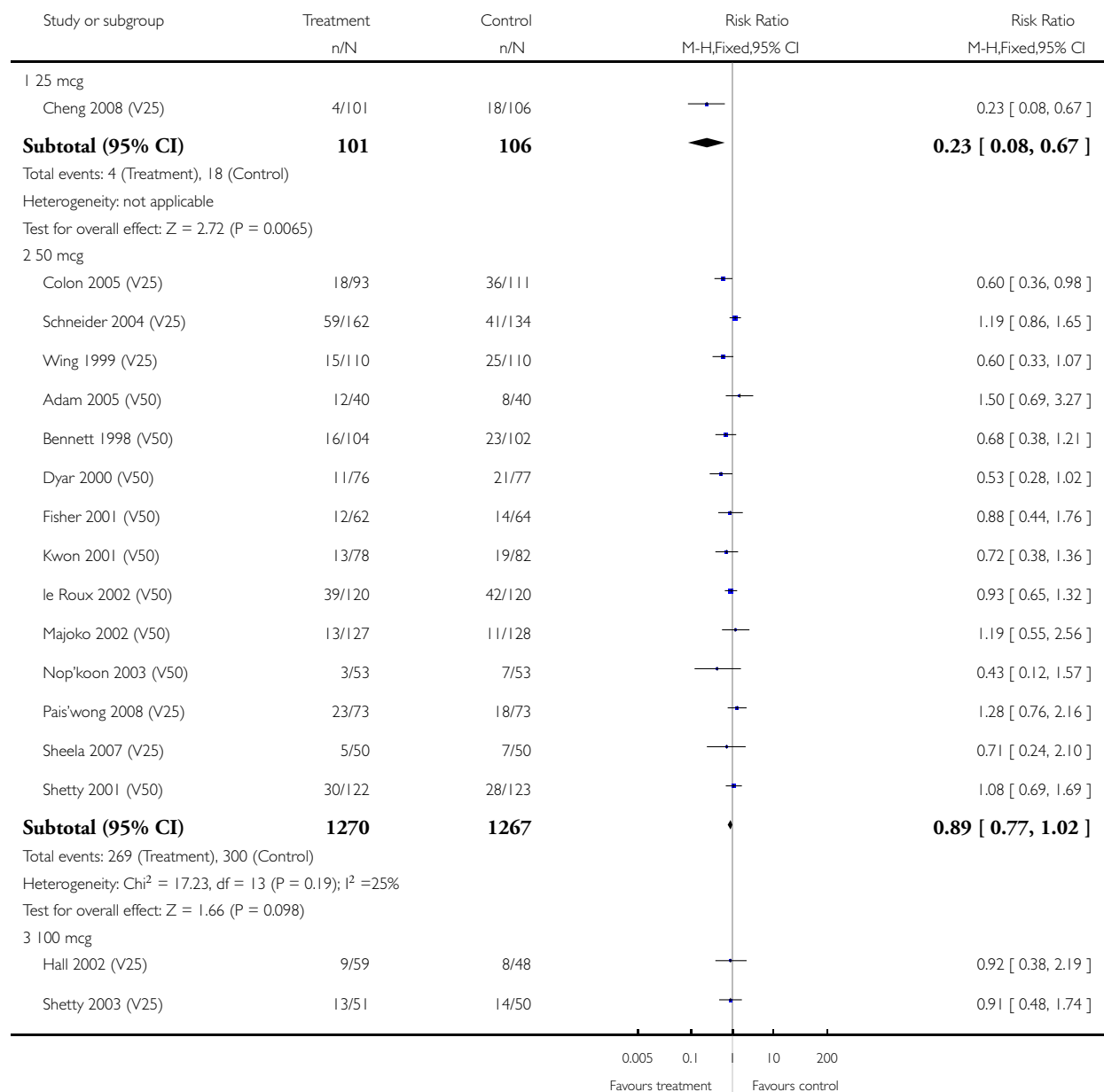


### Analysis 40.3. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 3 Caesarean section.

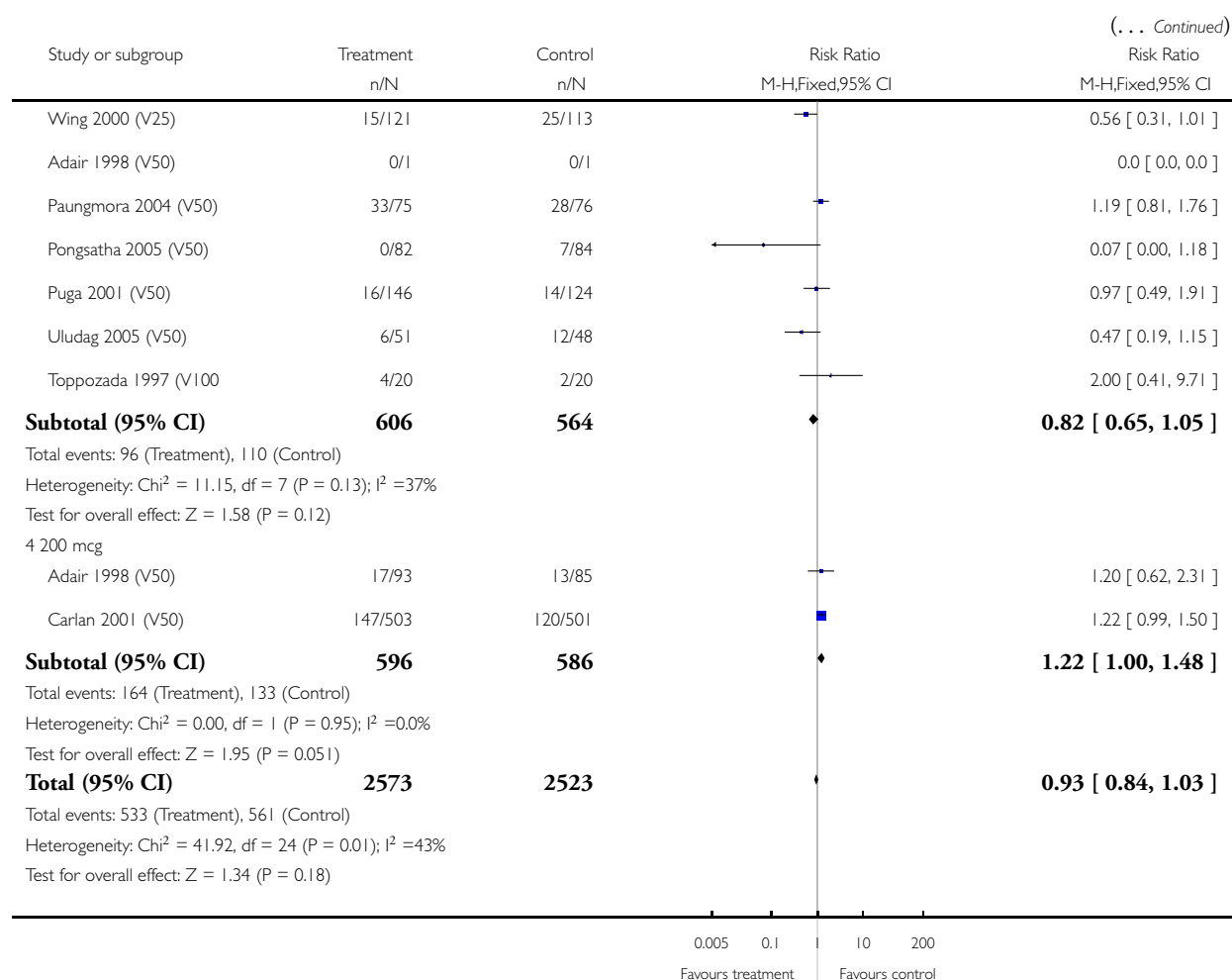
Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 3 Caesarean section



(Continued ...)



#### Analysis 40.4. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 4 Serious neonatal morbidity or perinatal death

| Study or subgroup  | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg   |                  |                |                                |                                |
| <b>Subtotal (95% CI)</b>   | <b>0</b>         | <b>0</b>       |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: not applicable  |                  |                |                                |                                |
| Test for overall effect: not applicable  |                  |                |                                |                                |
| 2 50 mcg   |                  |                |                                |                                |
| Colon 2005 (V25)   | 0/93             | 0/111          |                                | 0.0 [ 0.0, 0.0 ]               |
| Wing 1999 (V25)  | 0/110            | 0/110          |                                | 0.0 [ 0.0, 0.0 ]               |
| Bennett 1998 (V50)   | 0/104            | 0/102          |                                | 0.0 [ 0.0, 0.0 ]               |
| Dyar 2000 (V50)  | 0/76             | 0/77           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>   | <b>383</b>       | <b>400</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: $\text{Chi}^2 = 0.0$ , $\text{df} = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
| 3 100 mcg  |                  |                |                                |                                |
| Paungmora 2004 (V50)   | 0/75             | 0/76           |                                | 0.0 [ 0.0, 0.0 ]               |
| Toppozada 1997 (V100)  | 0/20             | 0/20           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>   | <b>95</b>        | <b>96</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: $\text{Chi}^2 = 0.0$ , $\text{df} = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
| 4 200 mcg  |                  |                |                                |                                |
| Adair 1998 (V50)   | 0/93             | 0/85           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>   | <b>93</b>        | <b>85</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: not applicable  |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
| <b>Total (95% CI)</b>  | <b>571</b>       | <b>581</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: $\text{Chi}^2 = 0.0$ , $\text{df} = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |

0.1 0.2 0.5 2 5 10  
Favours treatment Favours control

# **Analysis 40.5. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 5 Serious maternal morbidity or death

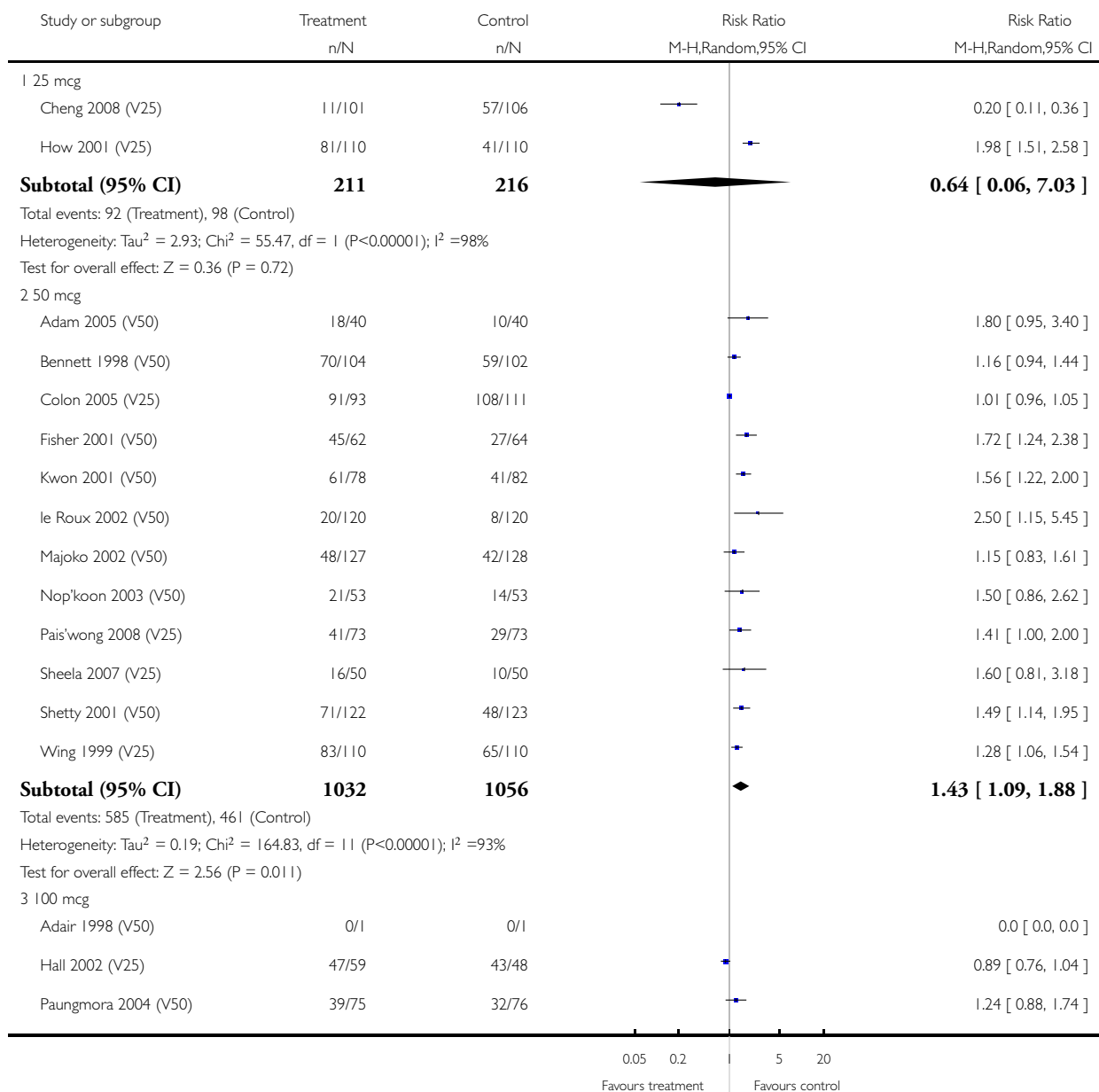
| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg  |                  |                |                                |                                |
| <b>Subtotal (95% CI)</b>  | <b>0</b>         | <b>0</b>       |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: not applicable   |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Colon 2005 (V25)  | 0/93             | 0/111          |                                | 0.0 [ 0.0, 0.0 ]               |
| Wing 1999 (V25)   | 0/110            | 0/110          |                                | 0.0 [ 0.0, 0.0 ]               |
| Bennett 1998 (V50)  | 0/104            | 0/102          |                                | 0.0 [ 0.0, 0.0 ]               |
| Dyar 2000 (V50)   | 0/76             | 0/77           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>383</b>       | <b>400</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 3 100 mcg   |                  |                |                                |                                |
| Toppozada 1997 (V100)   | 0/20             | 0/20           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>20</b>        | <b>20</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 4 200 mcg   |                  |                |                                |                                |
| Adair 1998 (V50)  | 0/93             | 0/85           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>93</b>        | <b>85</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>496</b>       | <b>505</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
|   |                  |                | 0.1 0.2 0.5 2 5 10             |                                |
|   |                  |                | Favours treatment              | Favours control                |

# **Analysis 40.7. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 7 Oxytocin augmentation.**

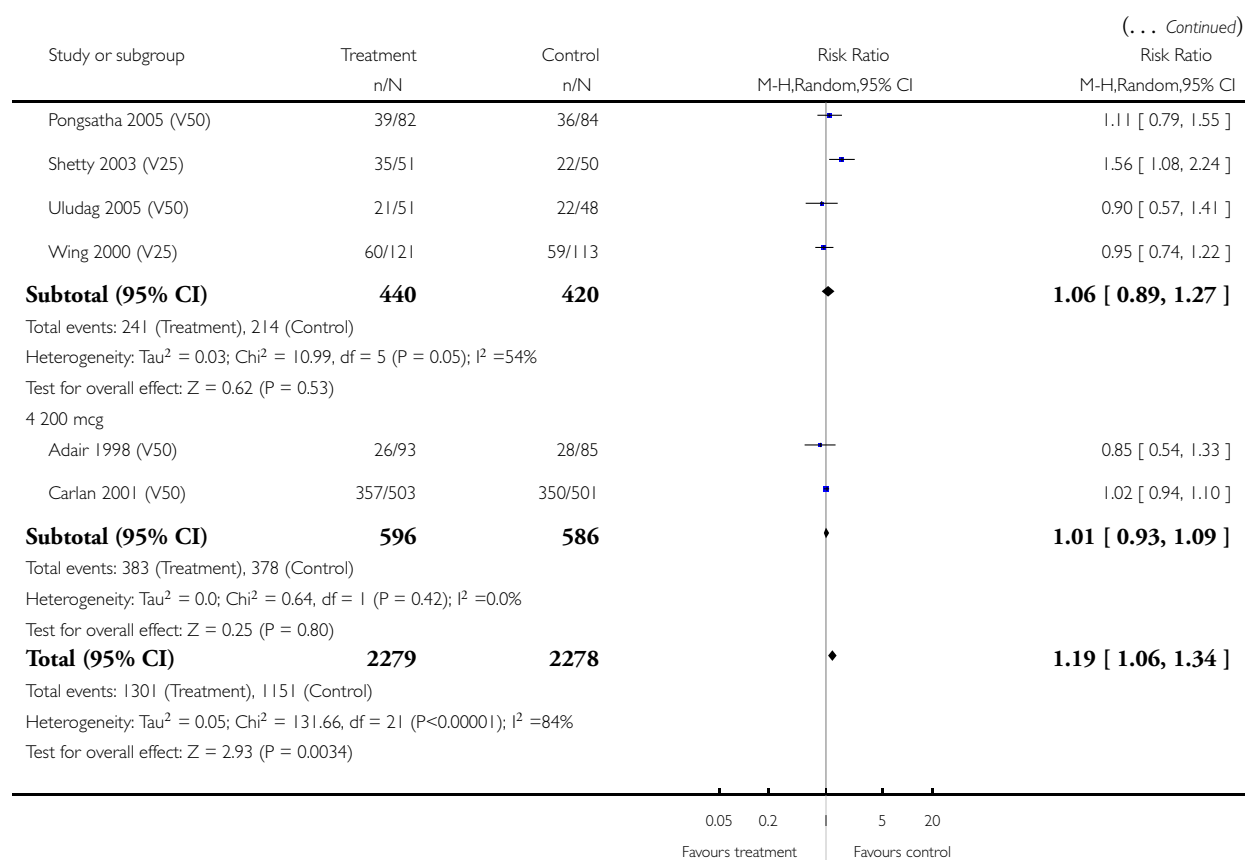
Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 7 Oxytocin augmentation



(Continued . . .)

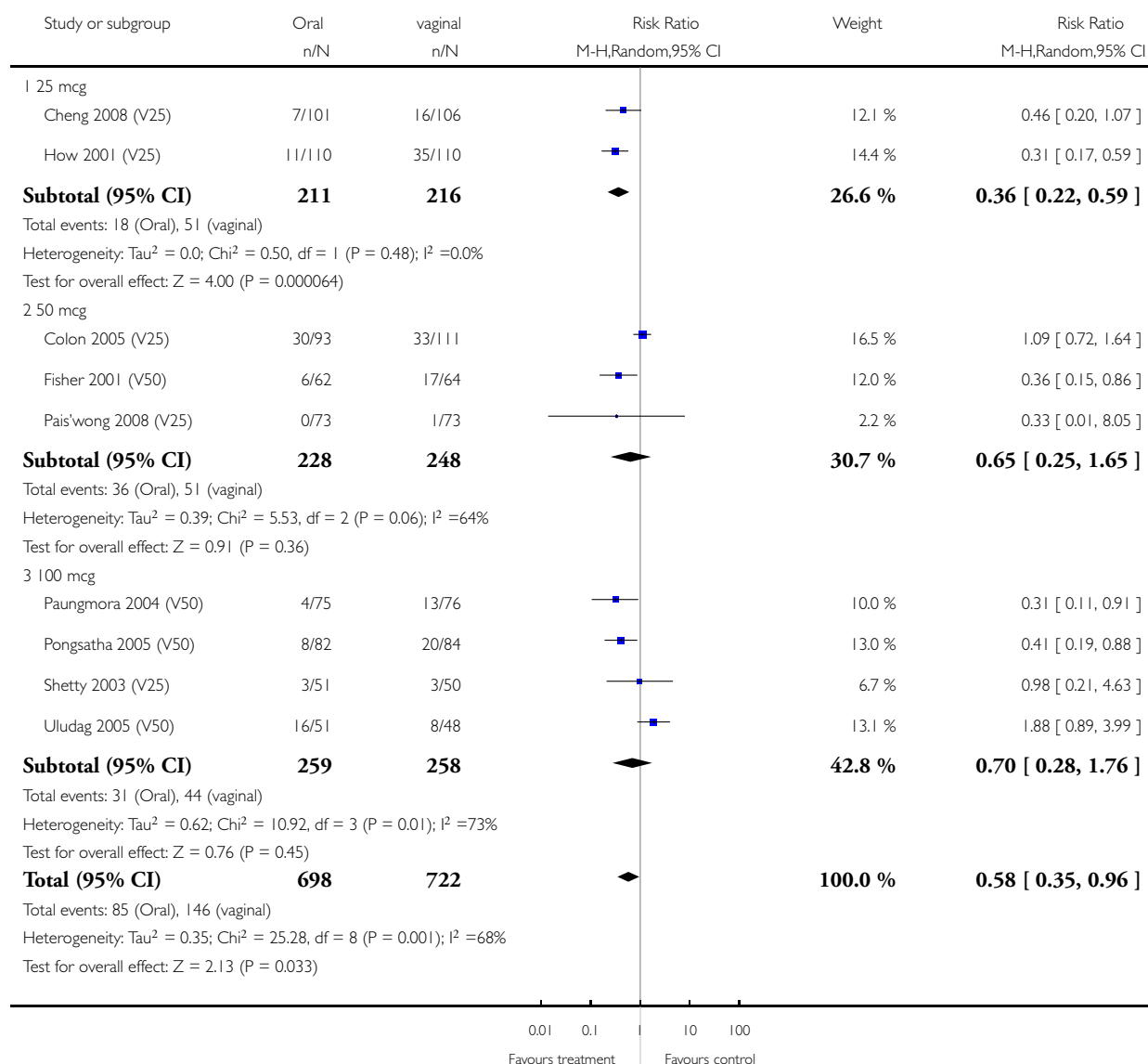


# **Analysis 40.8. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 8 Uterine hyperstimulation without FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 8 Uterine hyperstimulation without FHR changes





# **Analysis 40.9. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 9 Uterine rupture.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 9 Uterine rupture

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg  |                  |                |                                |                                |
| <b>Subtotal (95% CI)</b>  | <b>0</b>         | <b>0</b>       |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: not applicable   |                  |                |                                |                                |
| 2 50 mcg  |                  |                |                                |                                |
| Fisher 2001 (V50)   | 0/62             | 0/64           |                                | 0.0 [ 0.0, 0.0 ]               |
| le Roux 2002 (V50)  | 0/120            | 0/120          |                                | 0.0 [ 0.0, 0.0 ]               |
| Majoko 2002 (V50)   | 0/127            | 0/128          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>309</b>       | <b>312</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| 3 200 mcg   |                  |                |                                |                                |
| Carlan 2001 (V50)   | 0/503            | 0/501          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>  | <b>503</b>       | <b>501</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: not applicable   |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |
| <b>Total (95% CI)</b>   | <b>812</b>       | <b>813</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)  |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0% |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                  |                  |                |                                |                                |

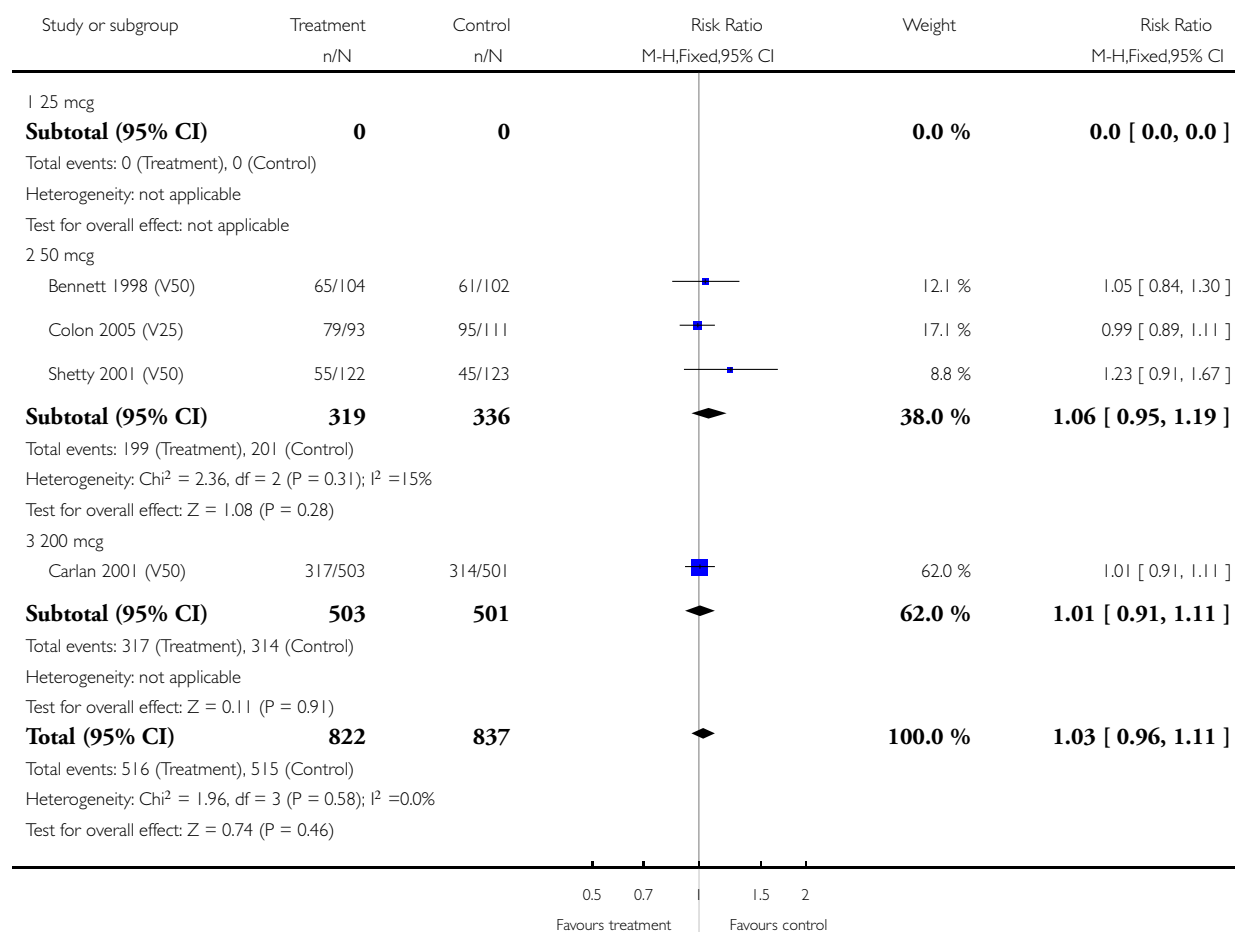
0.1 0.2 0.5 2 5 10  
Favours treatment Favours control

# **Analysis 40.10. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 10 Epidural analgesia.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 10 Epidural analgesia

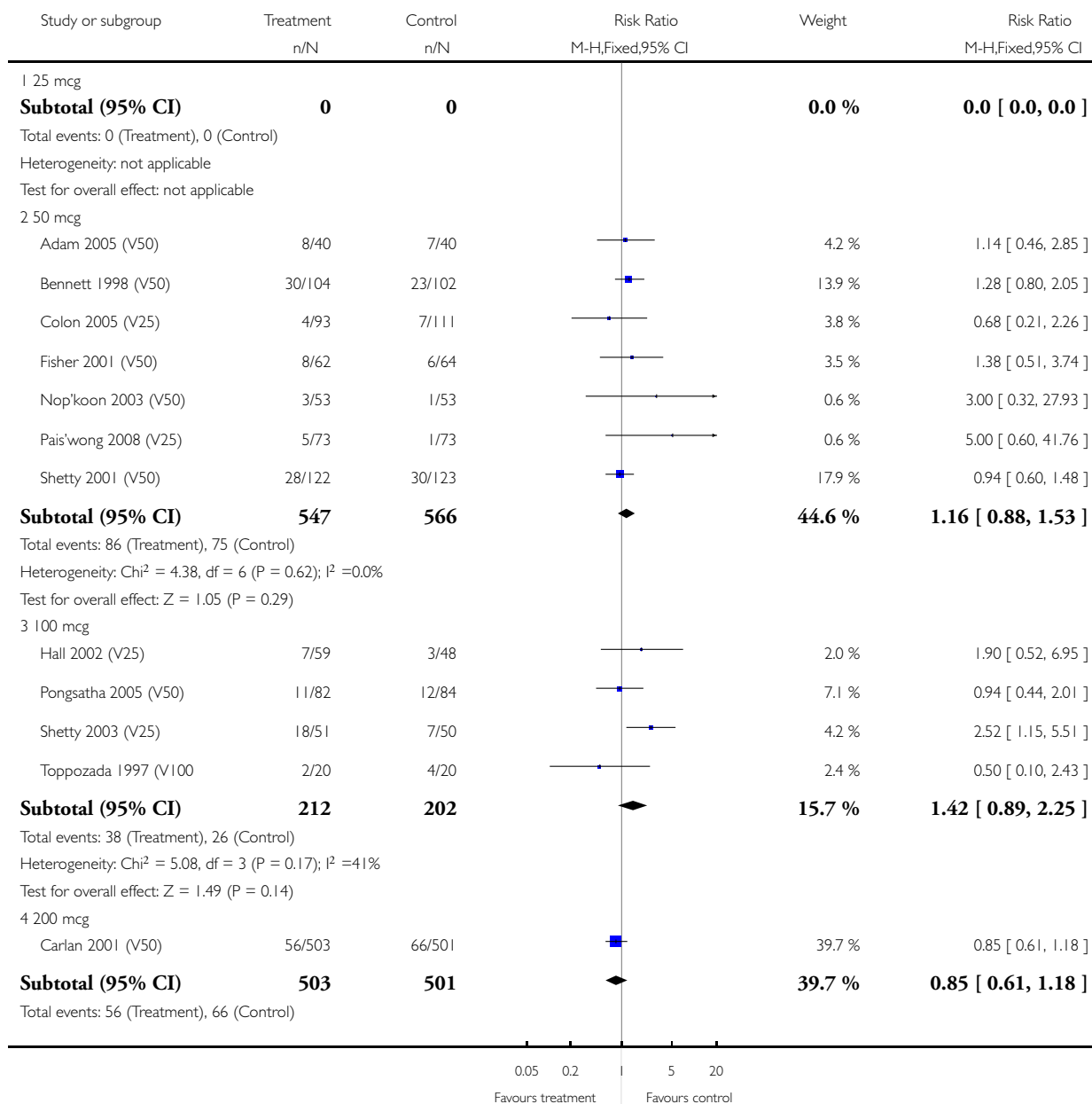


# **Analysis 40.11. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 11 Instrumental vaginal delivery.**

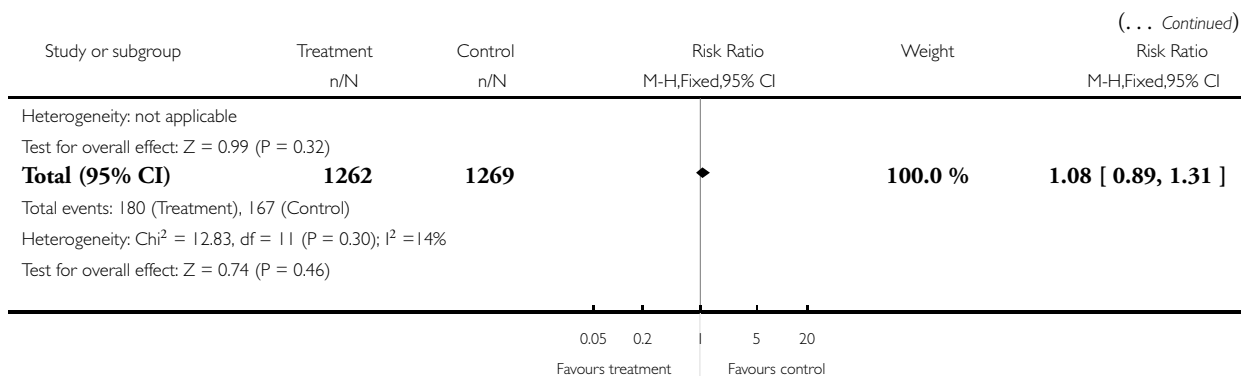
Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 11 Instrumental vaginal delivery



(Continued ...)

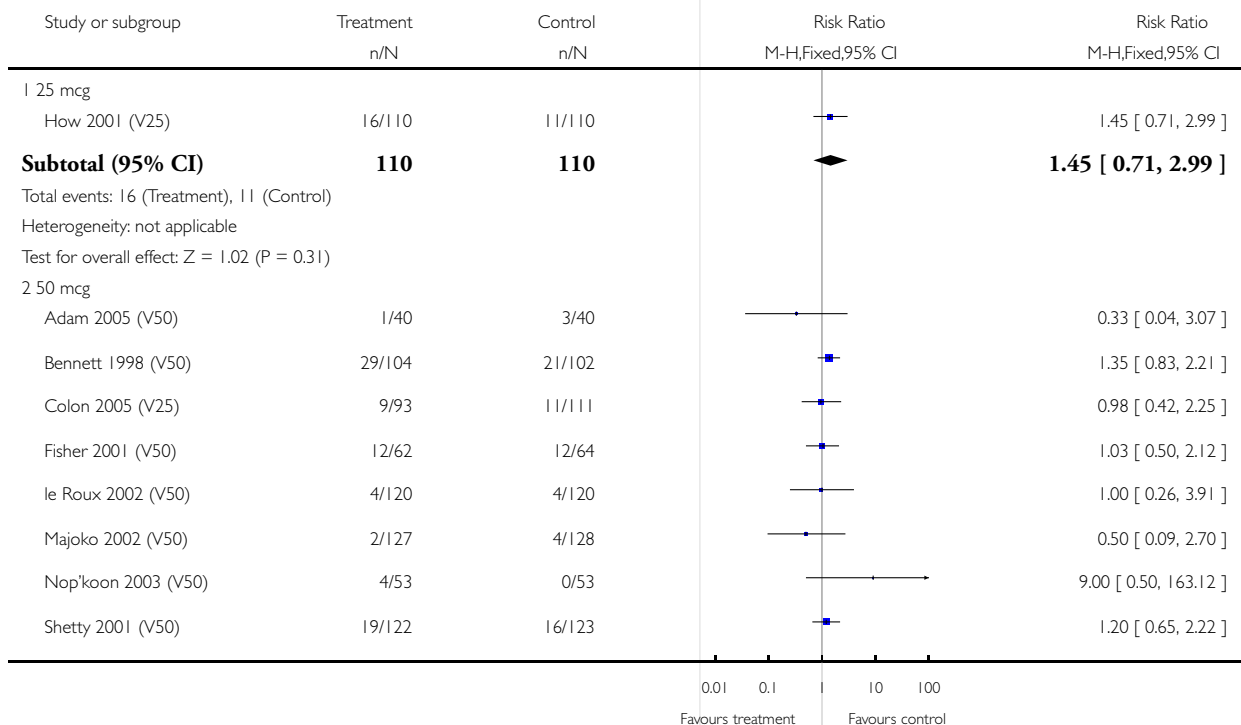


**Analysis 40.12. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 12 Meconium-stained liquor.**

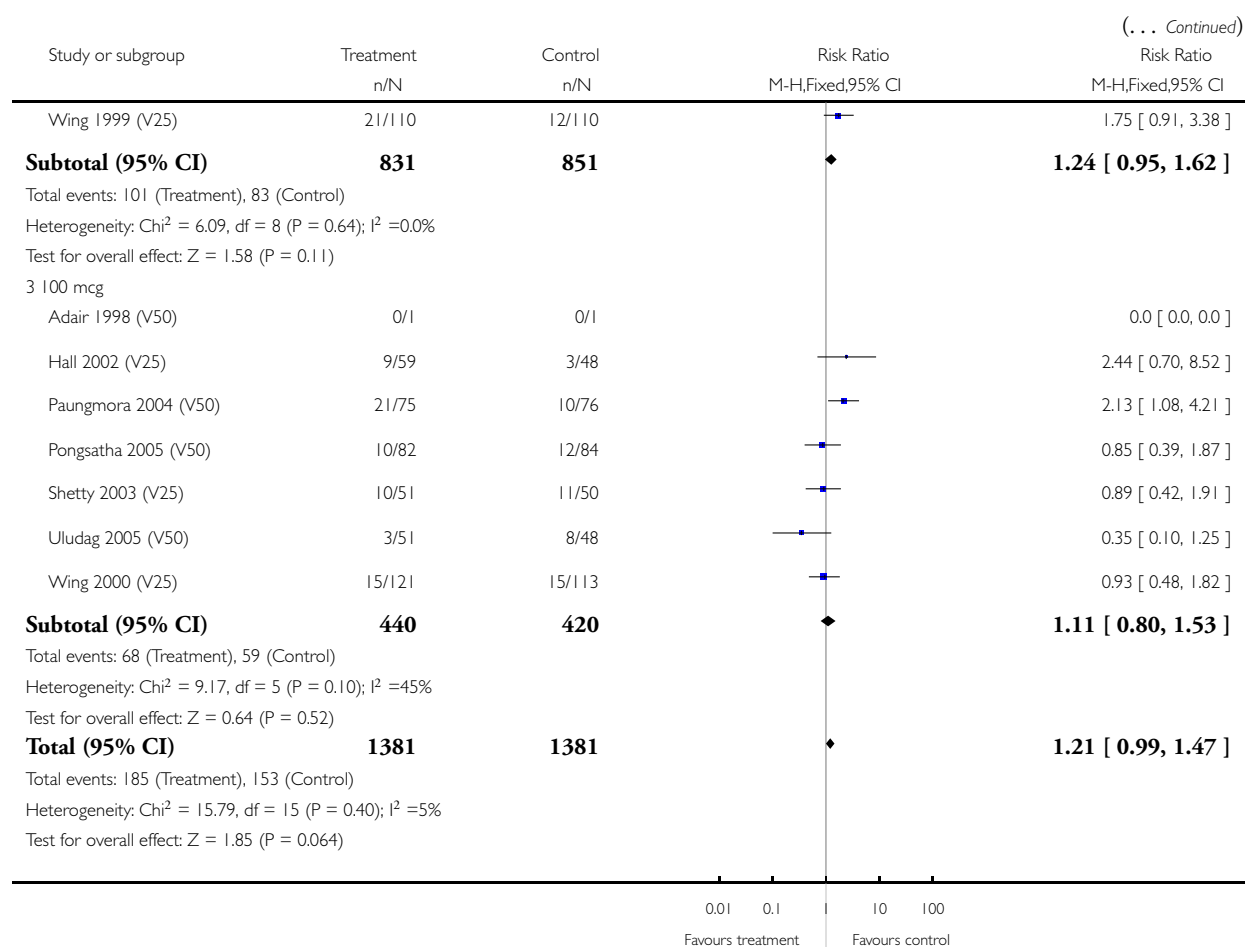
Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 12 Meconium-stained liquor



(Continued . . .)

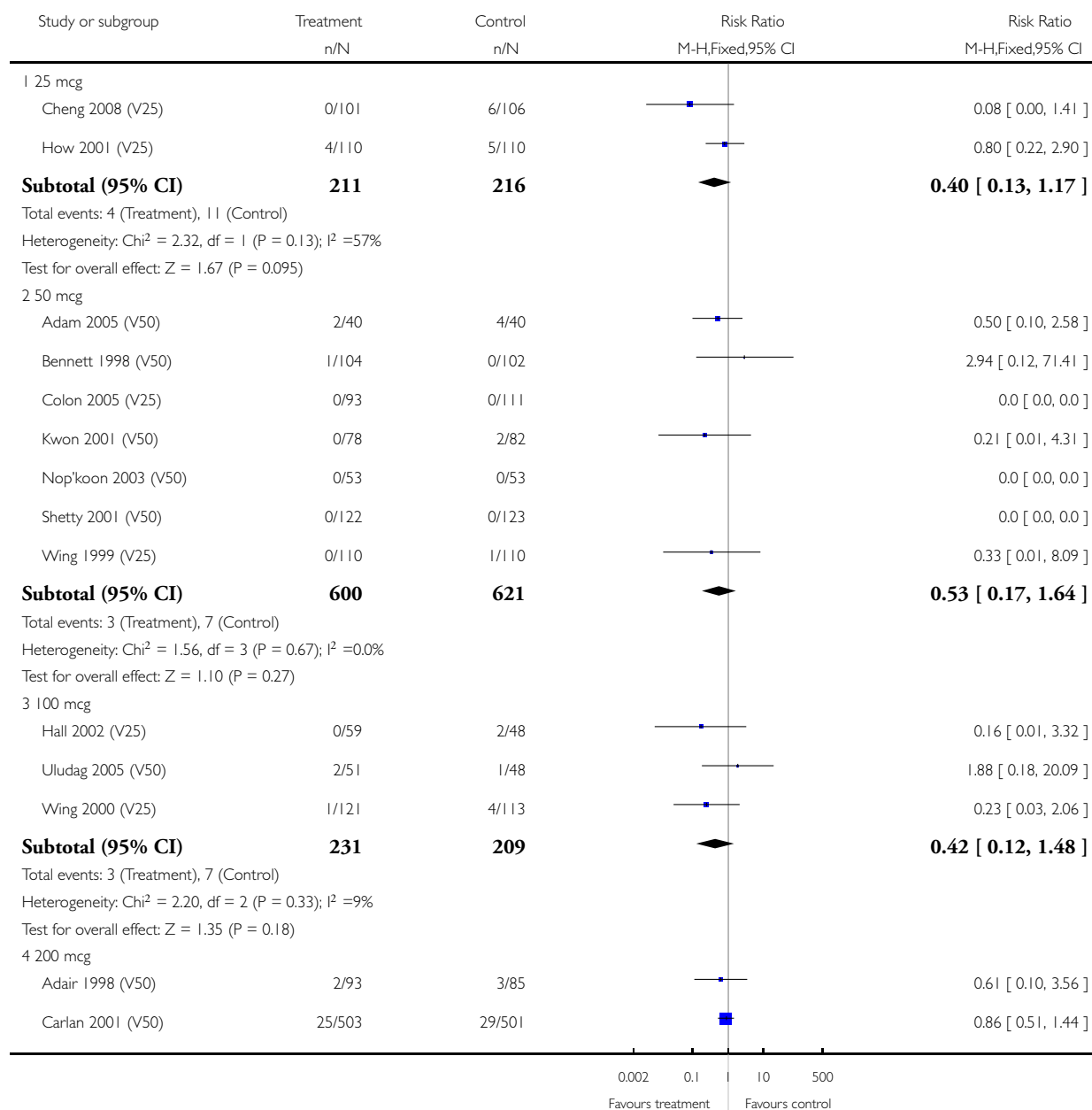


### Analysis 40.13. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 13 Apgar score < 7 at 5 minutes.

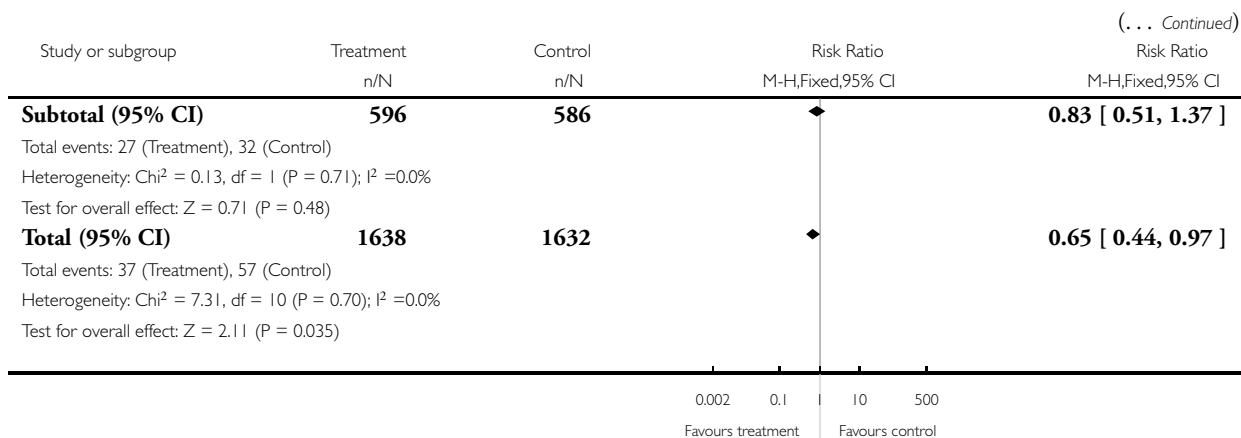
Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 13 Apgar score < 7 at 5 minutes



(Continued . . .)

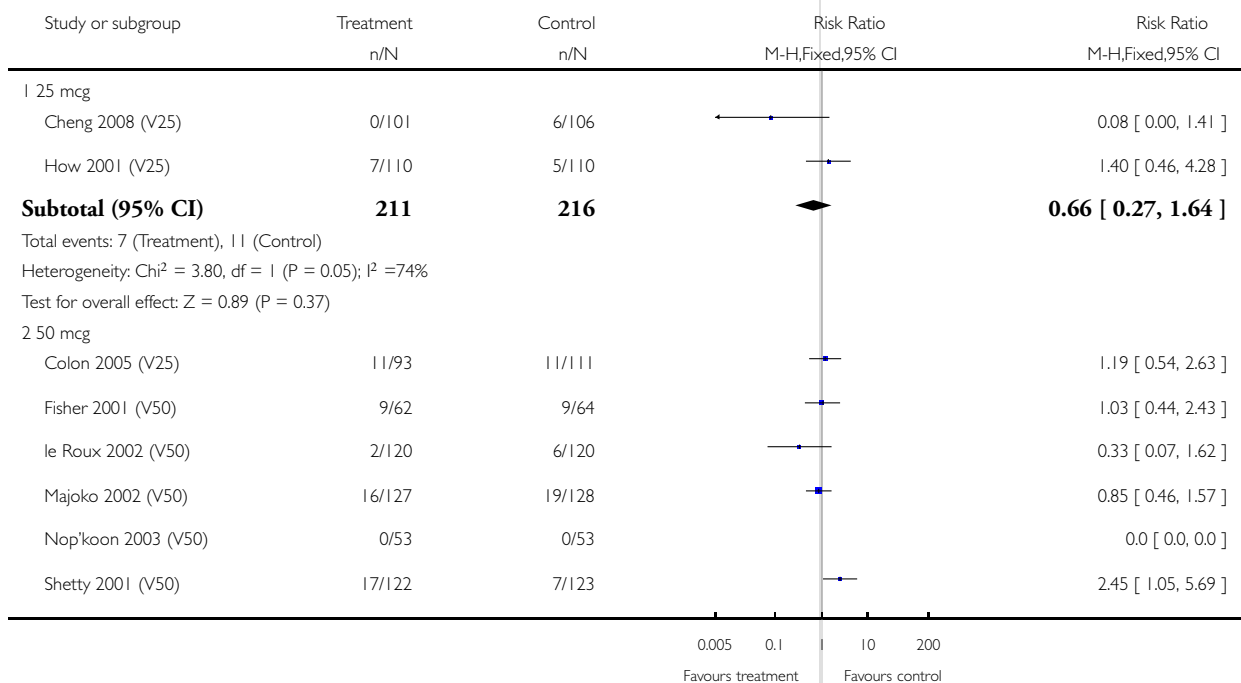


**Analysis 40.14. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 14 Neonatal intensive care unit admission.**

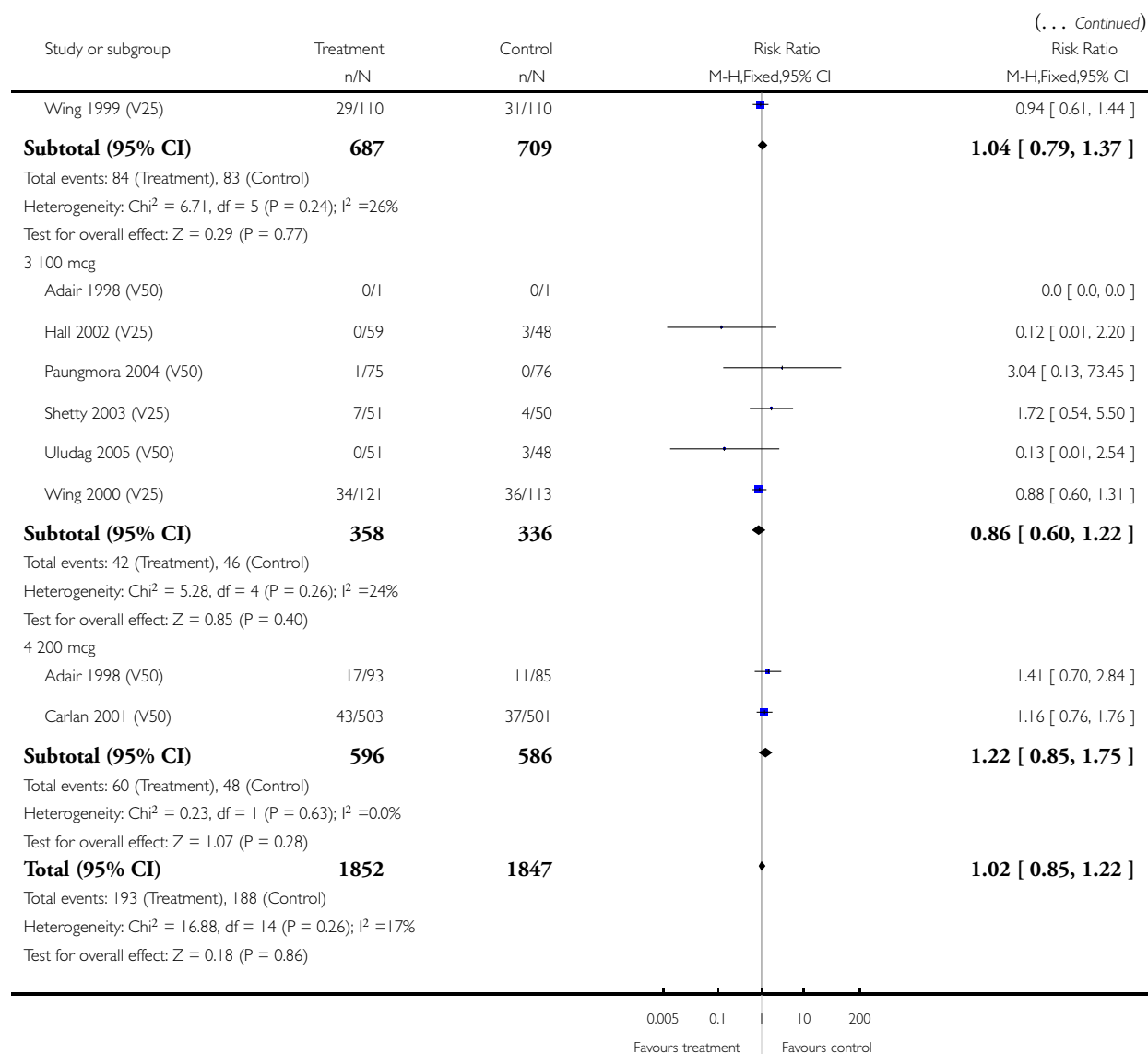
Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 14 Neonatal intensive care unit admission



(Continued . . .)



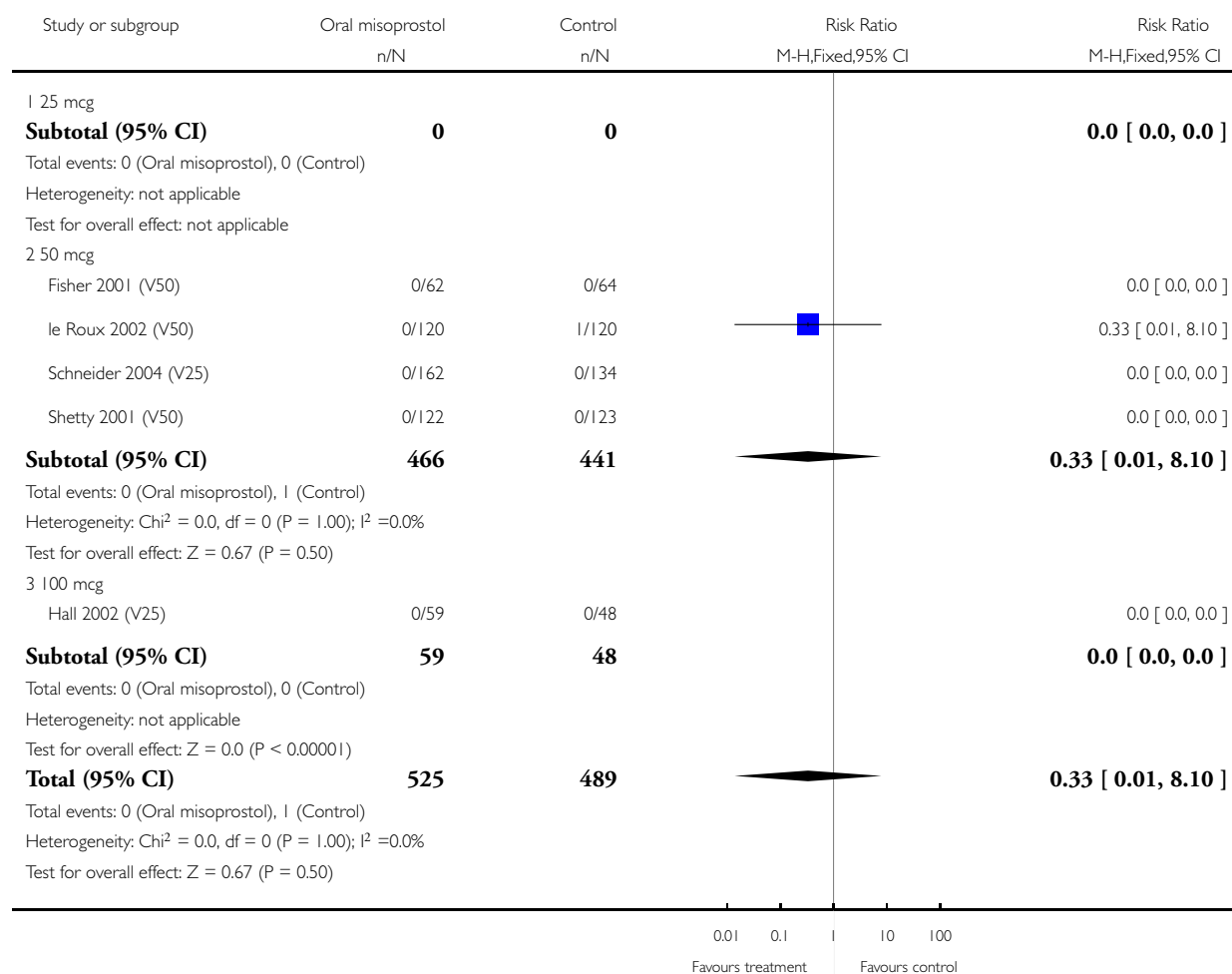


# **Analysis 40.15. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 15 Neonatal encephalopathy.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 15 Neonatal encephalopathy



## Analysis 40.16. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 16 Perinatal death

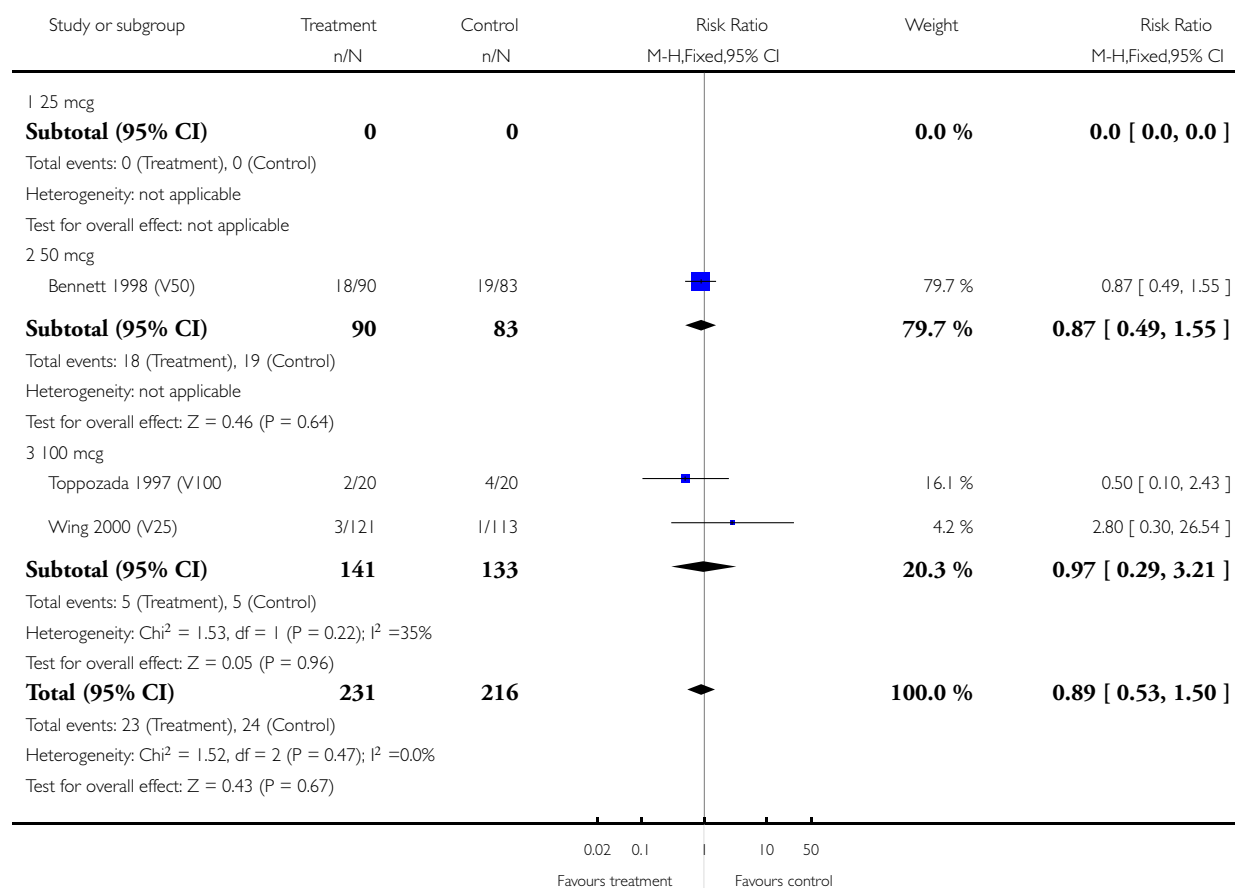
| Study or subgroup  | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| 1 25 mcg   |                  |                |                                |                                |
| <b>Subtotal (95% CI)</b>   | <b>0</b>         | <b>0</b>       |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: not applicable  |                  |                |                                |                                |
| Test for overall effect: not applicable  |                  |                |                                |                                |
| 2 50 mcg   |                  |                |                                |                                |
| Bennett 1998 (V50)   | 0/104            | 0/102          |                                | 0.0 [ 0.0, 0.0 ]               |
| Fisher 2001 (V50)  | 0/62             | 0/64           |                                | 0.0 [ 0.0, 0.0 ]               |
| Shetty 2001 (V50)  | 0/122            | 0/123          |                                | 0.0 [ 0.0, 0.0 ]               |
| Wing 1999 (V25)  | 0/110            | 0/110          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>   | <b>398</b>       | <b>399</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: $\text{Chi}^2 = 0.0$ , $\text{df} = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
| 3 100 mcg  |                  |                |                                |                                |
| Adair 1998 (V50)   | 0/1              | 0/1            |                                | 0.0 [ 0.0, 0.0 ]               |
| Hall 2002 (V25)  | 0/59             | 0/48           |                                | 0.0 [ 0.0, 0.0 ]               |
| Paungmora 2004 (V50)   | 0/75             | 0/76           |                                | 0.0 [ 0.0, 0.0 ]               |
| Uludag 2005 (V50)  | 0/51             | 0/48           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>   | <b>186</b>       | <b>173</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: $\text{Chi}^2 = 0.0$ , $\text{df} = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
| 4 200 mcg  |                  |                |                                |                                |
| Adair 1998 (V50)   | 0/93             | 0/85           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Subtotal (95% CI)</b>   | <b>93</b>        | <b>85</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: not applicable  |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
| <b>Total (95% CI)</b>  | <b>677</b>       | <b>657</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: $\text{Chi}^2 = 0.0$ , $\text{df} = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                                   |                  |                |                                |                                |
|  |                  |                | 0.1 0.2 0.5   2 5 10           |                                |
|  |                  |                | Favours treatment              | Favours control                |

# **Analysis 40.18. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 18 Maternal side effects (all).**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 18 Maternal side effects (all)

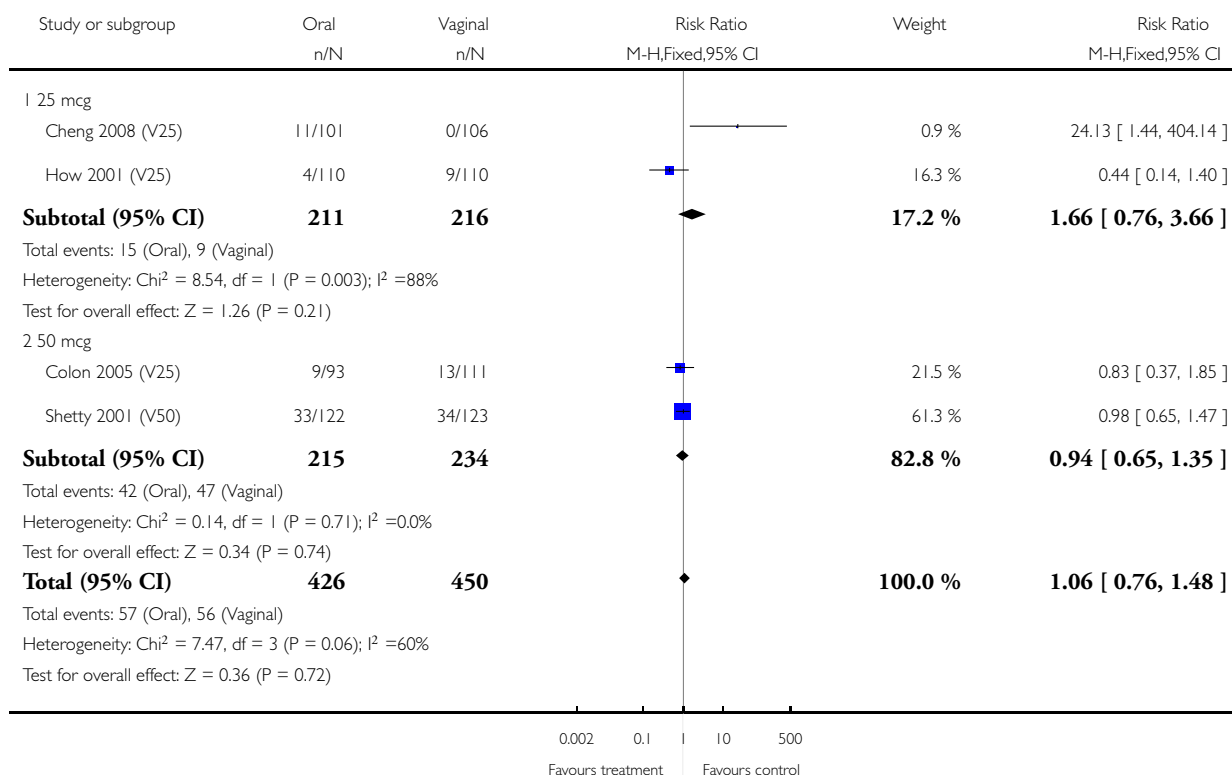


# Analysis 40.19. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 19 Nausea

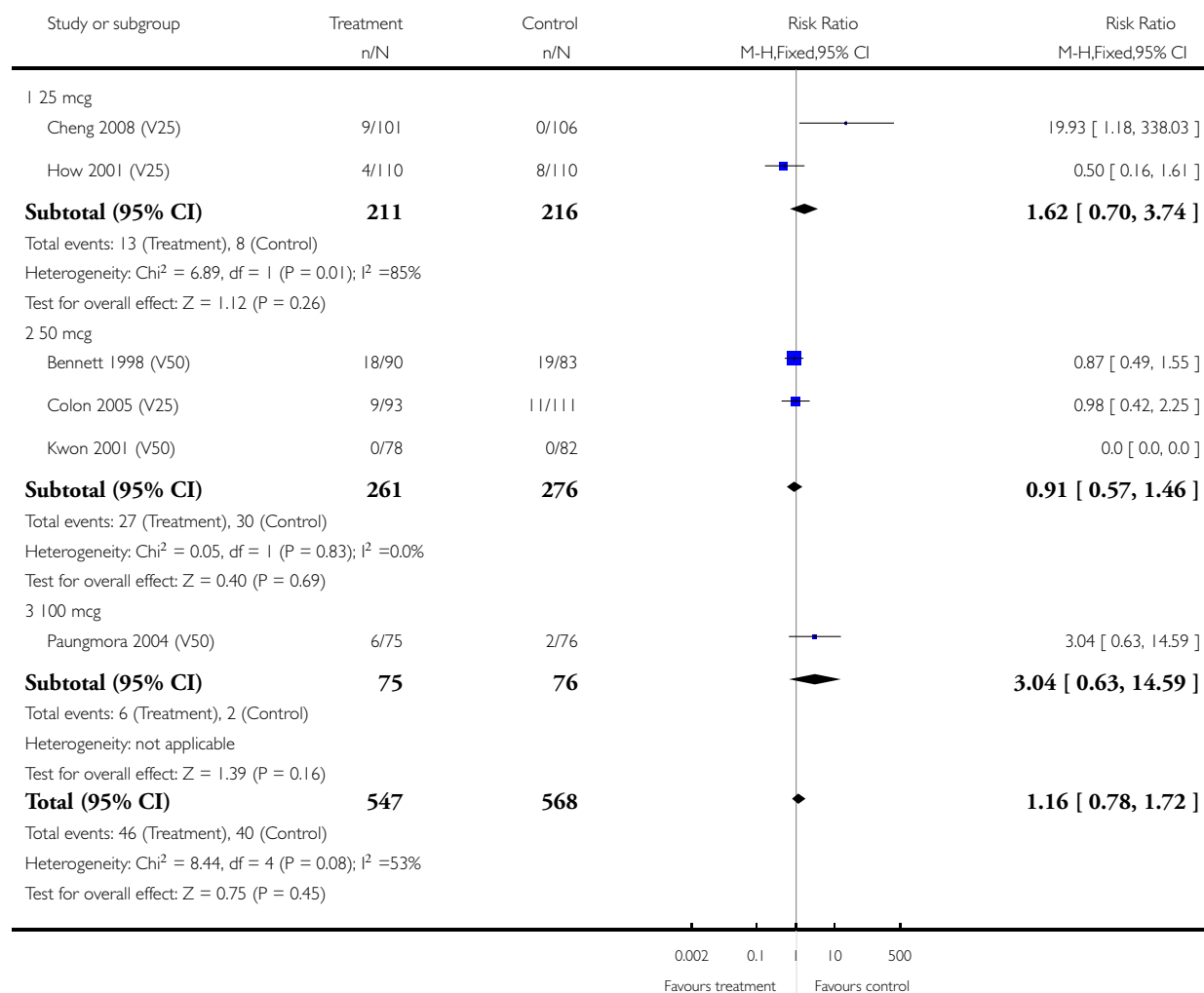


## Analysis 40.20. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 20 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 20 Vomiting

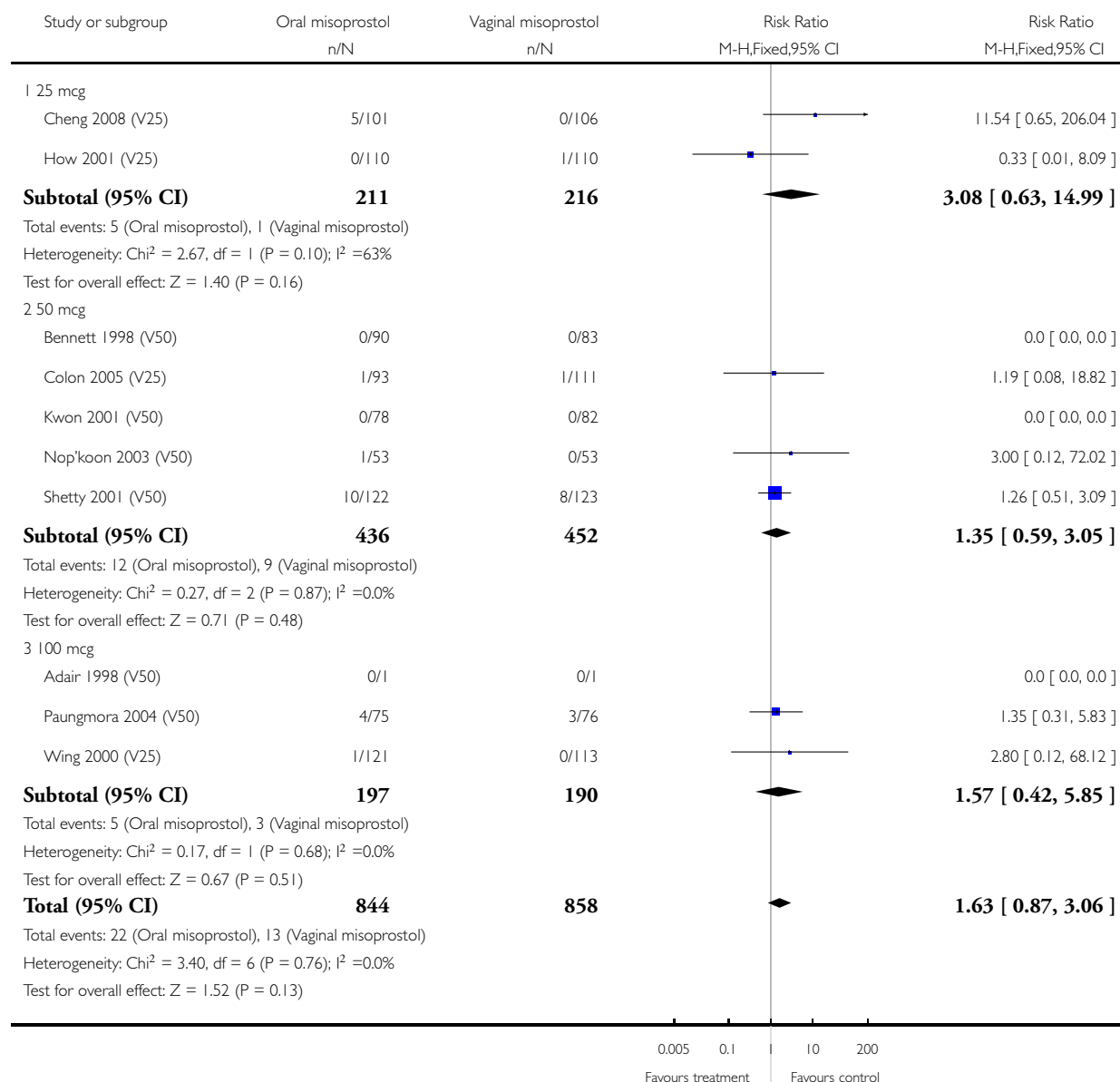


## Analysis 40.21. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 21 Diarrhoea

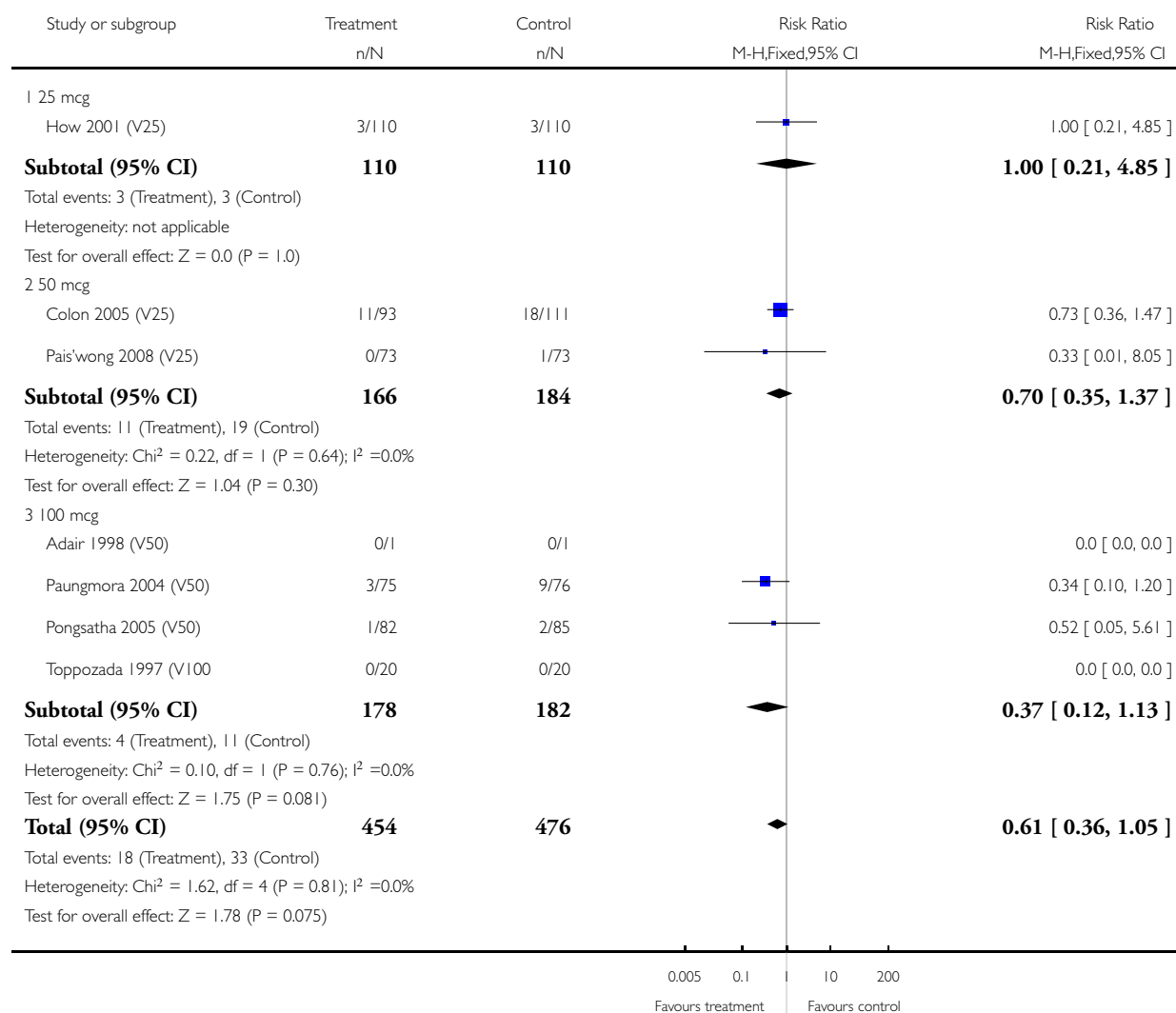


### Analysis 40.23. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 23 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 23 Postpartum haemorrhage

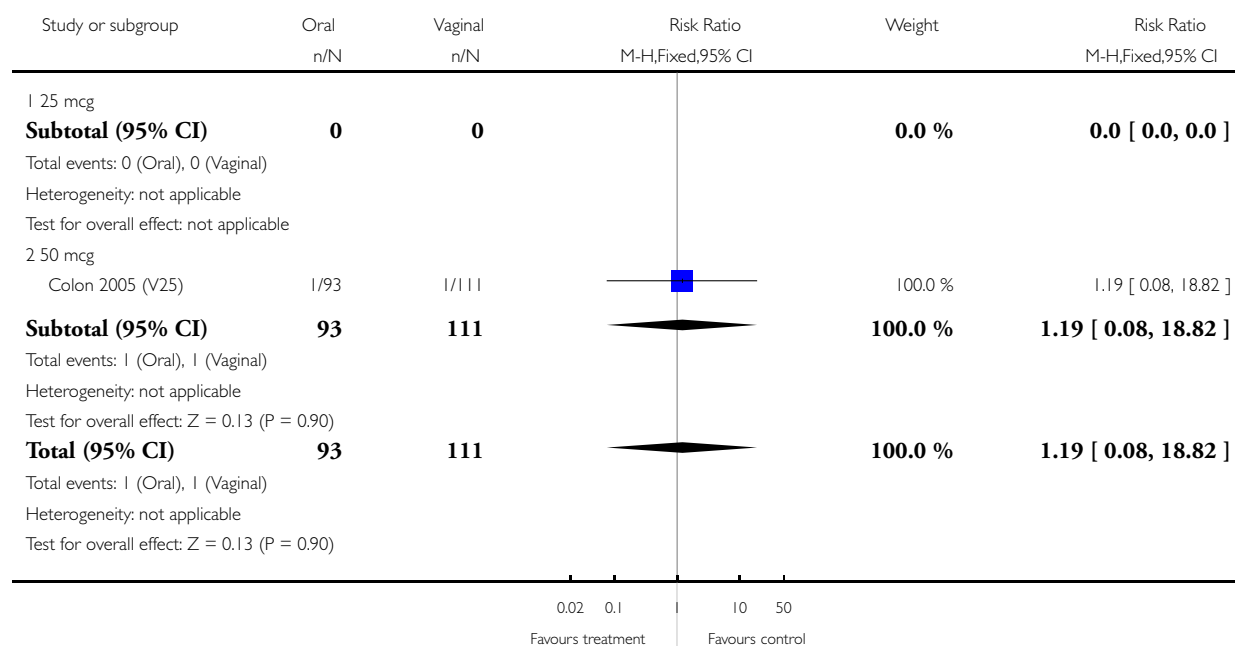


# **Analysis 40.26. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 26 Woman not satisfied.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 26 Woman not satisfied



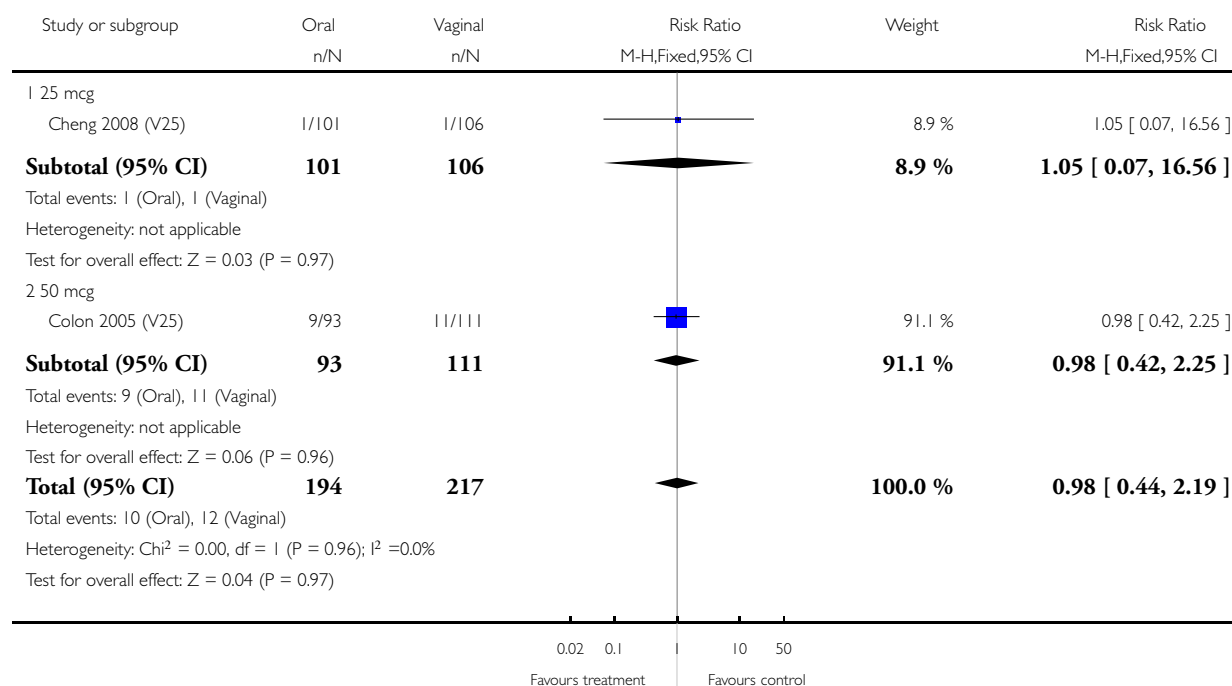


# **Analysis 40.28. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 28 Shivering.**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 28 Shivering

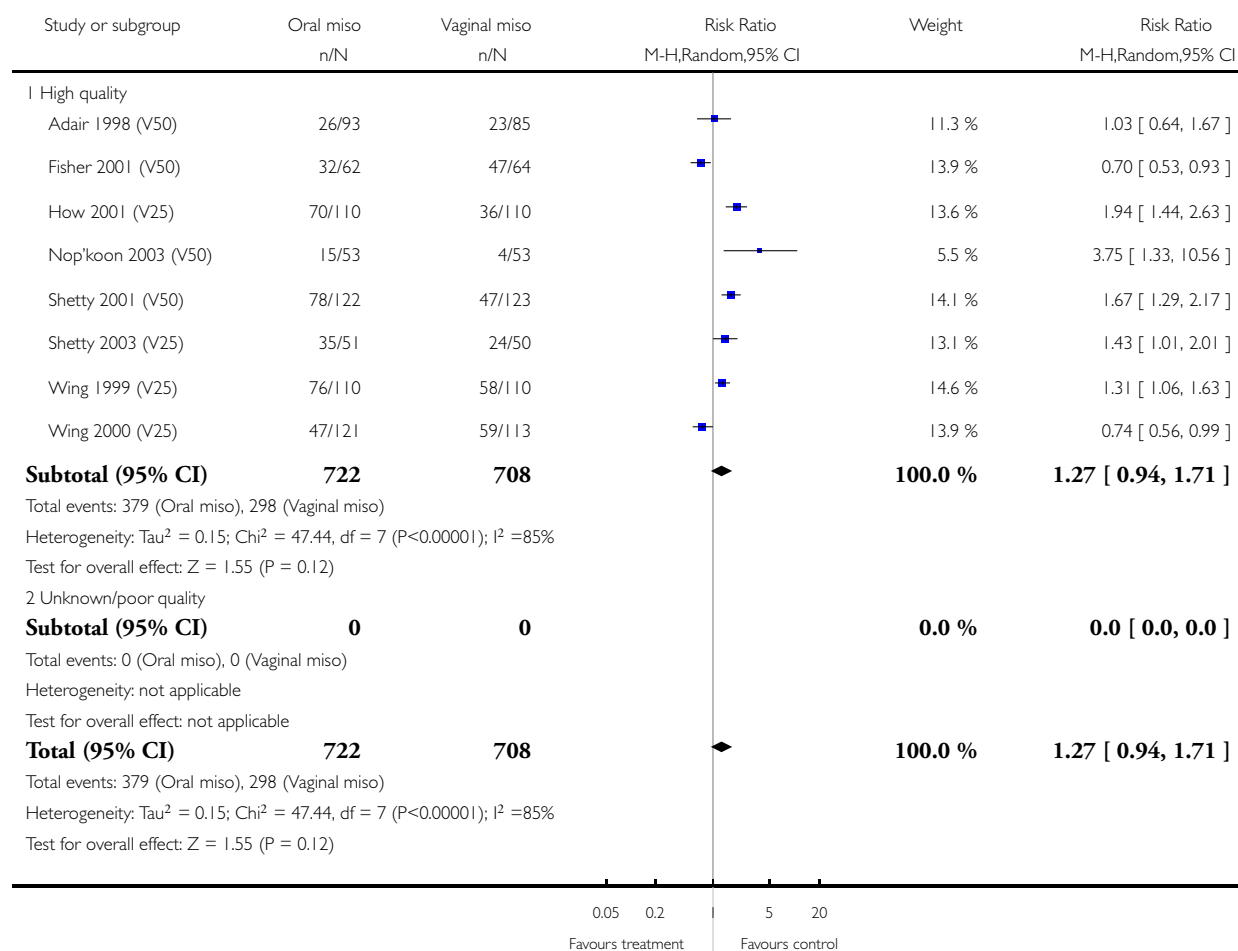


### Analysis 40.31. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 31 Vaginal delivery not achieved within 24 hours (subgroup by quality).

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 31 Vaginal delivery not achieved within 24 hours (subgroup by quality)

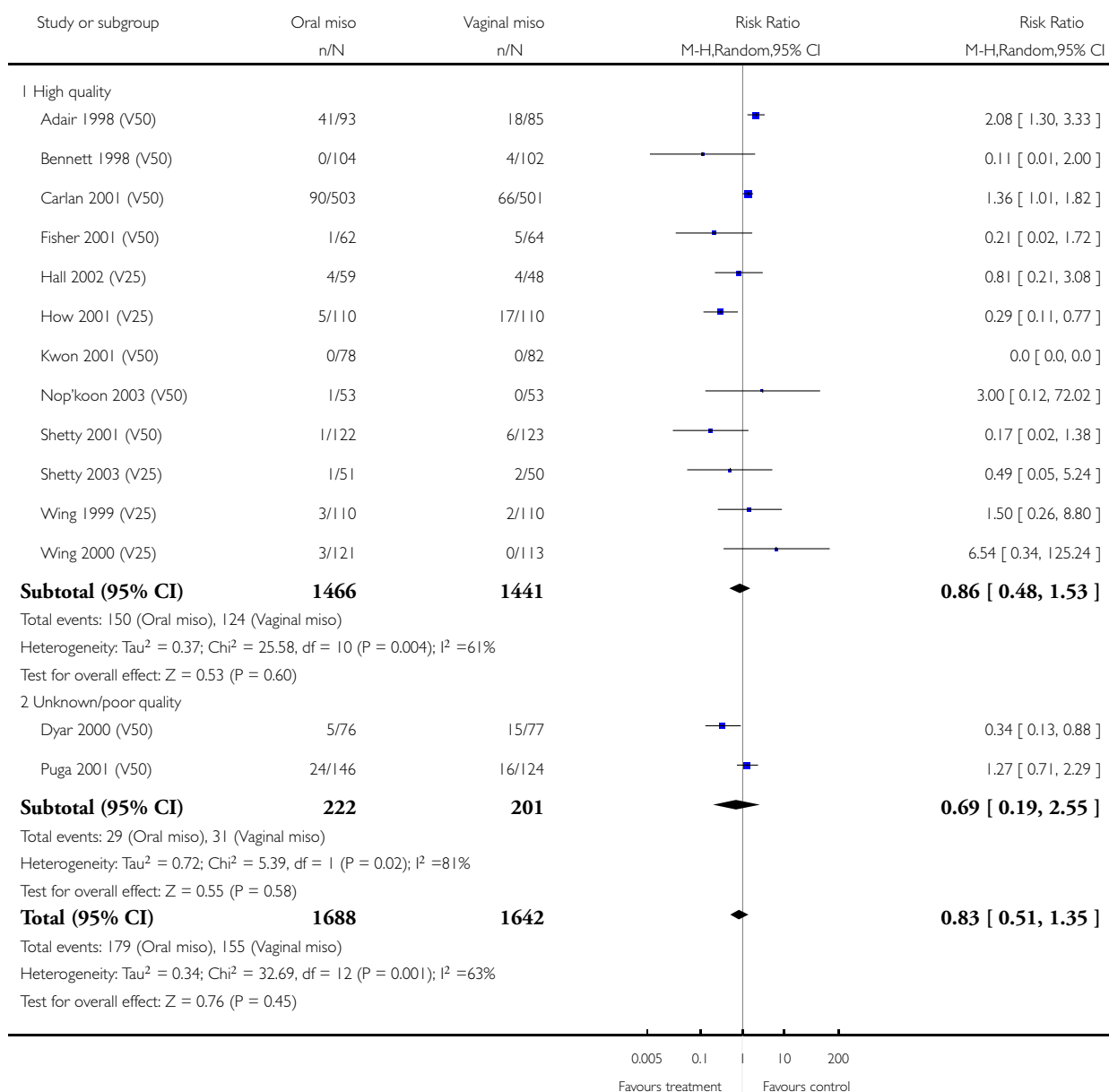


# **Analysis 40.32. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 32 Uterine hyperstimulation with FHR changes (subgroup by quality).**

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 32 Uterine hyperstimulation with FHR changes (subgroup by quality)

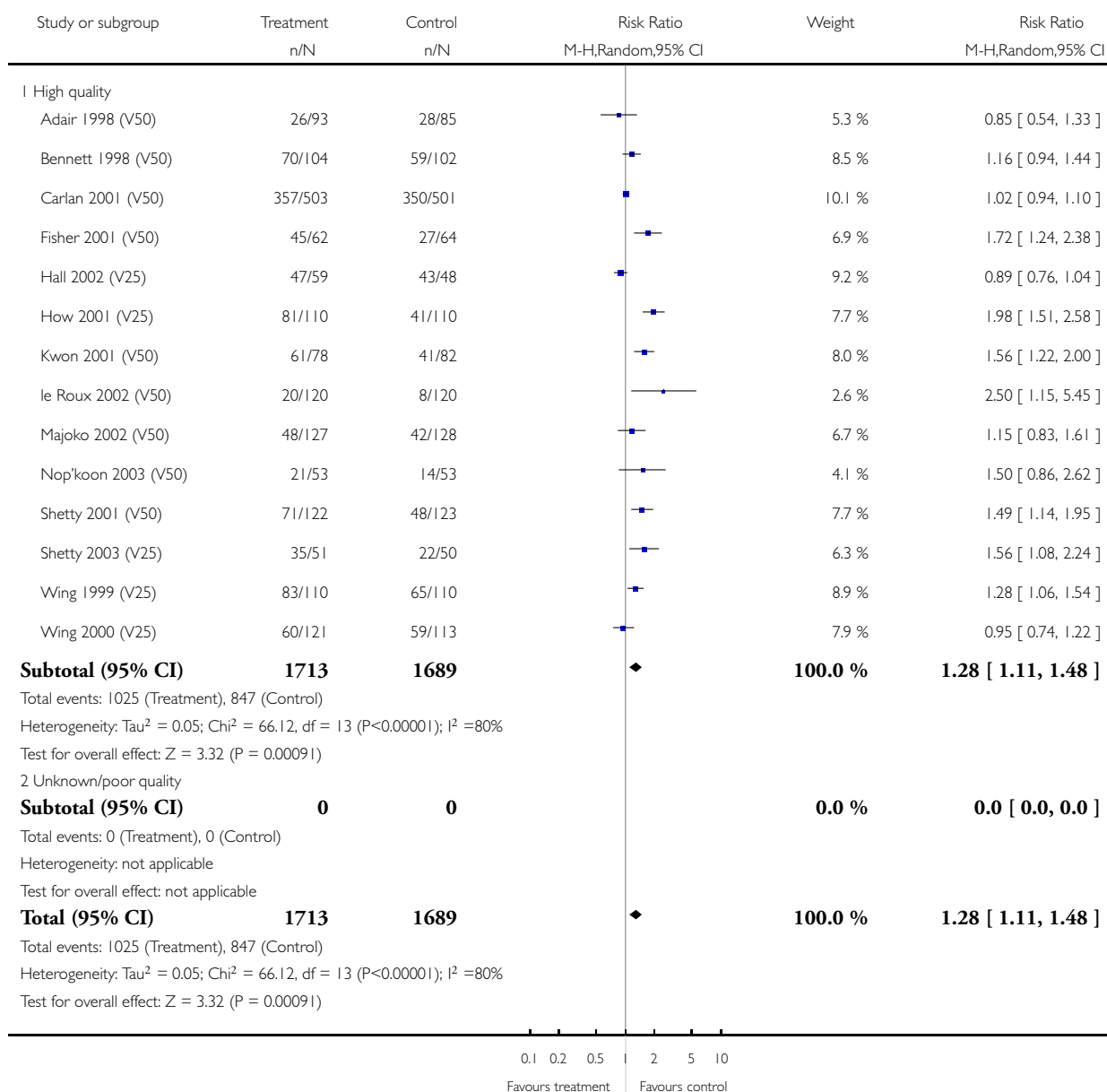


### Analysis 40.33. Comparison 40 Oral versus vaginal misoprostol (7): all women, Outcome 33 Oxytocin augmentation (subgroup by quality).

Review: Oral misoprostol for induction of labour

Comparison: 40 Oral versus vaginal misoprostol (7): all women

Outcome: 33 Oxytocin augmentation (subgroup by quality)

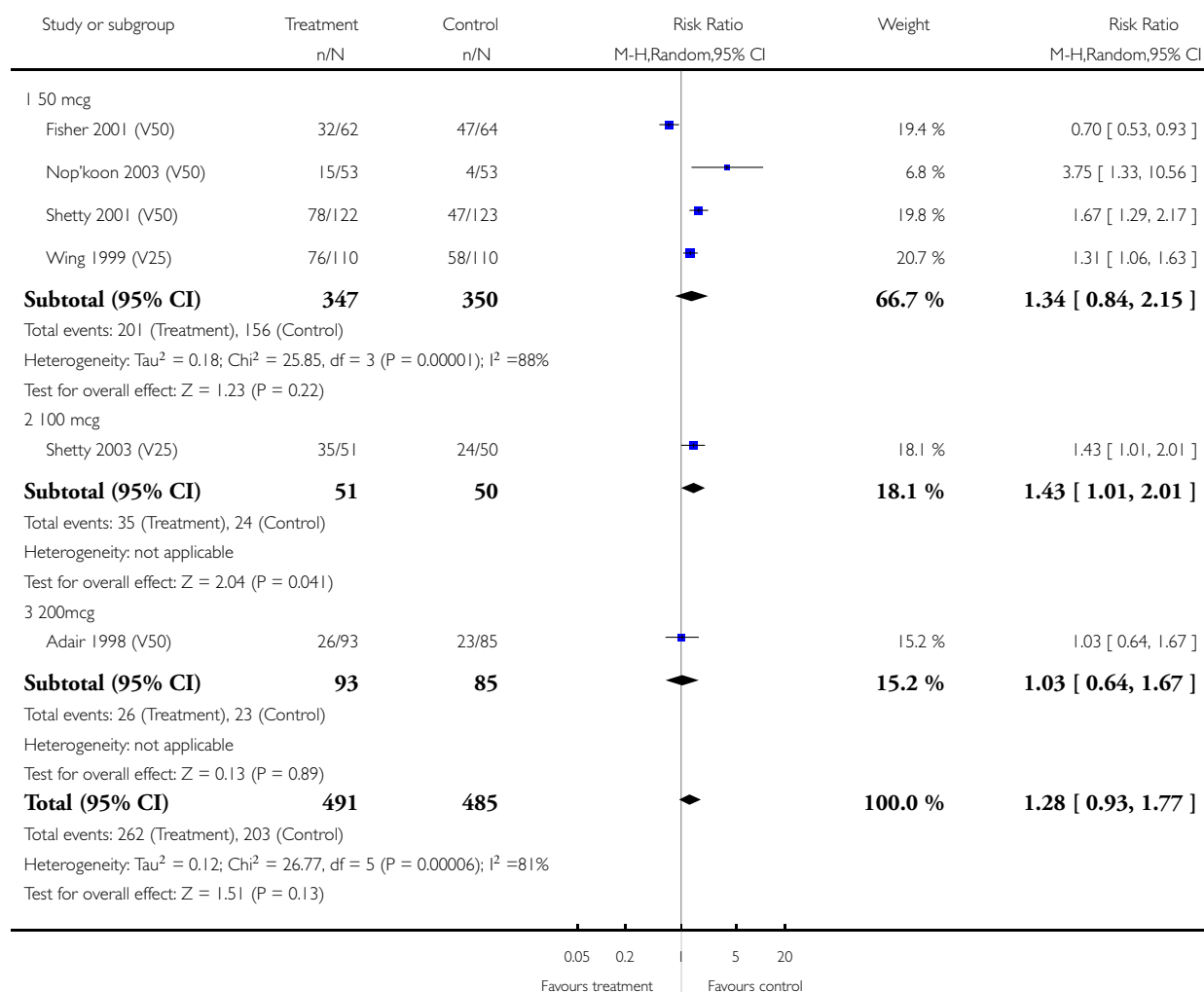


**Analysis 41.1. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours

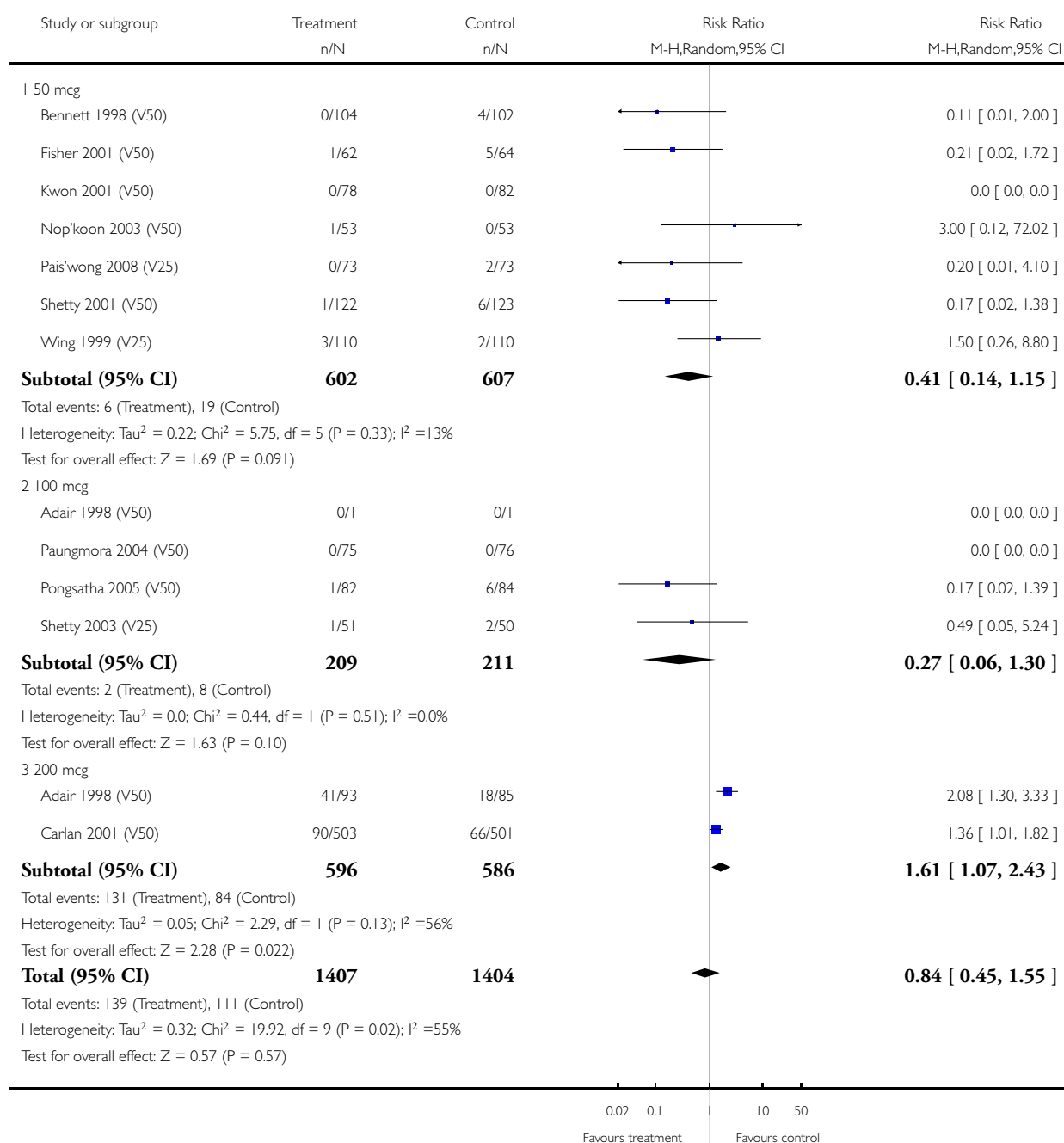


## Analysis 41.2. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

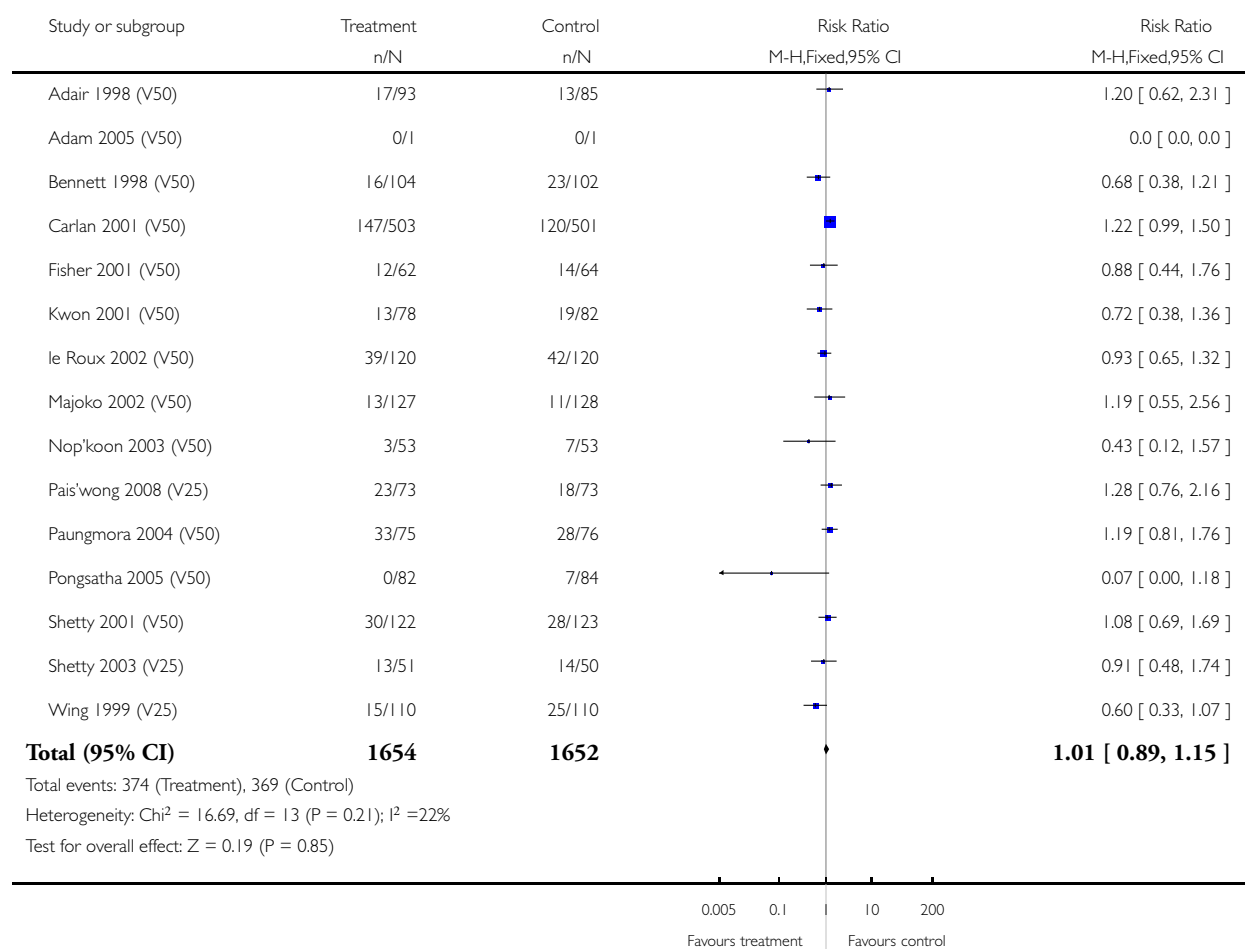


### Analysis 41.3. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 3 Caesarean section

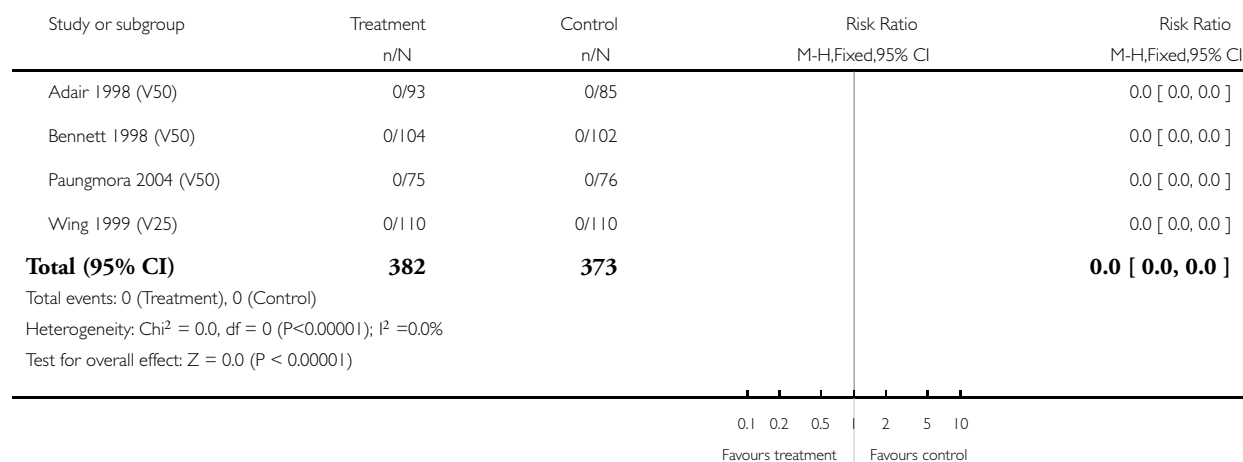


#### Analysis 41.4. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 4 Serious neonatal morbidity or perinatal death

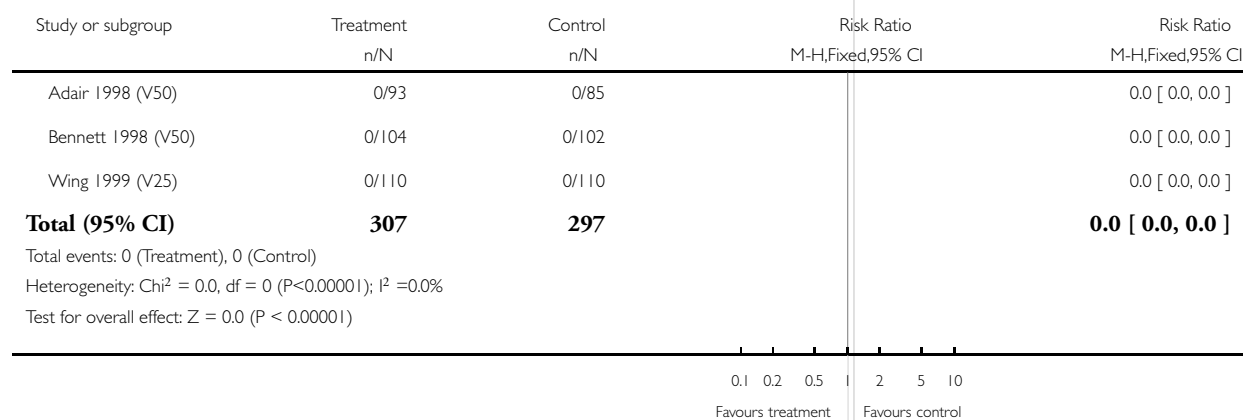


#### Analysis 41.5. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 5 Serious maternal morbidity or death



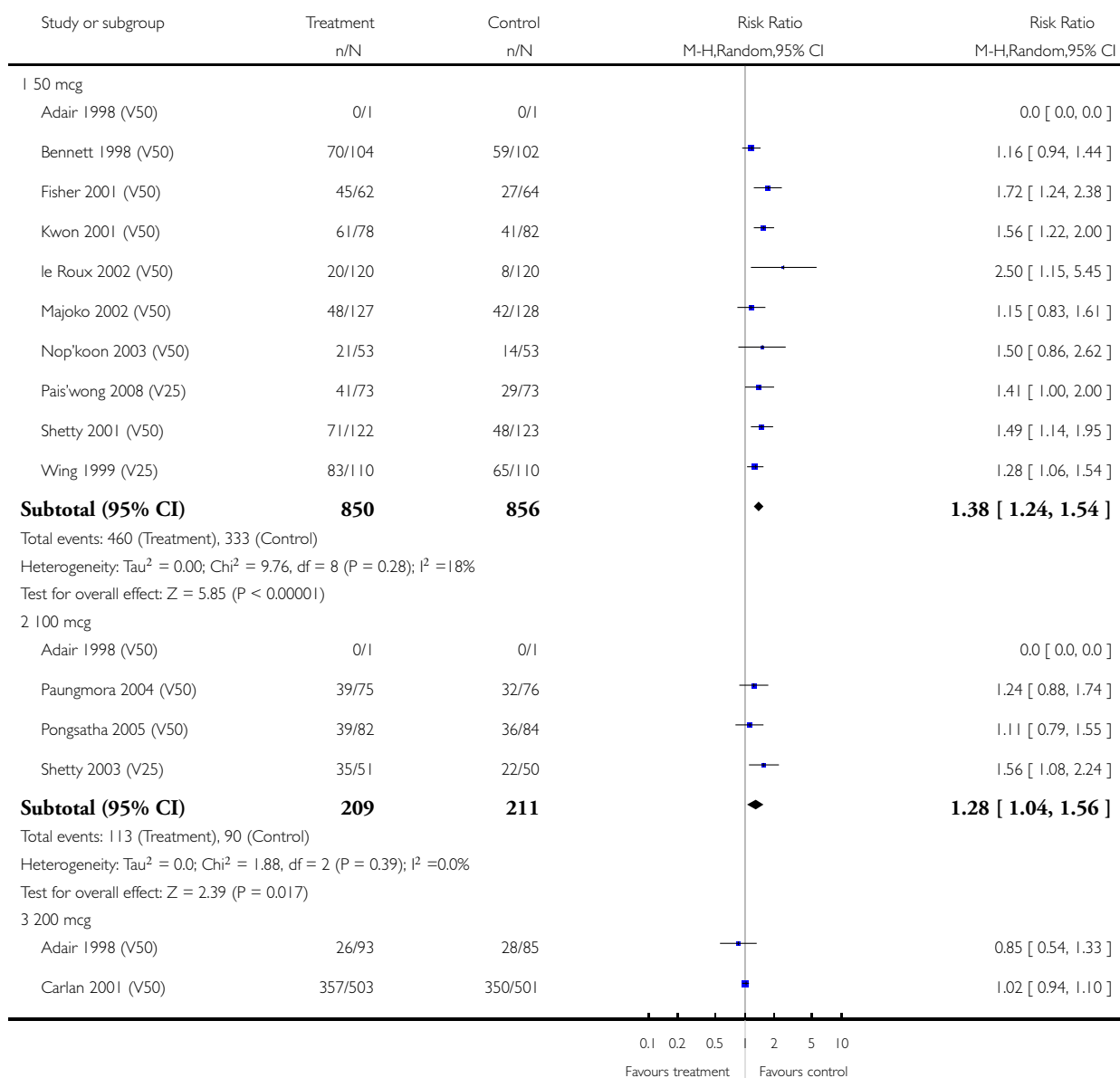


# **Analysis 41.7. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 7 Oxytocin augmentation.**

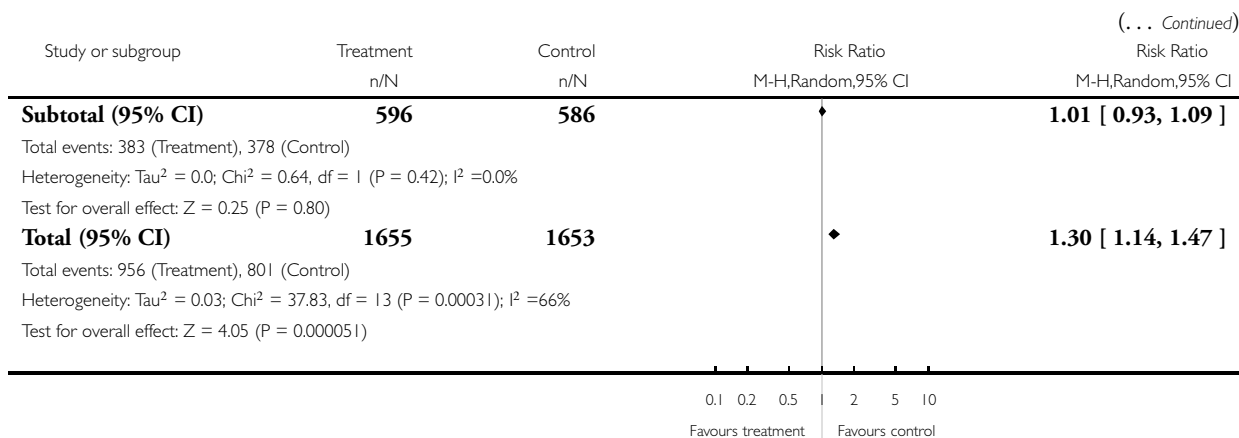
Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 7 Oxytocin augmentation



(Continued ...)

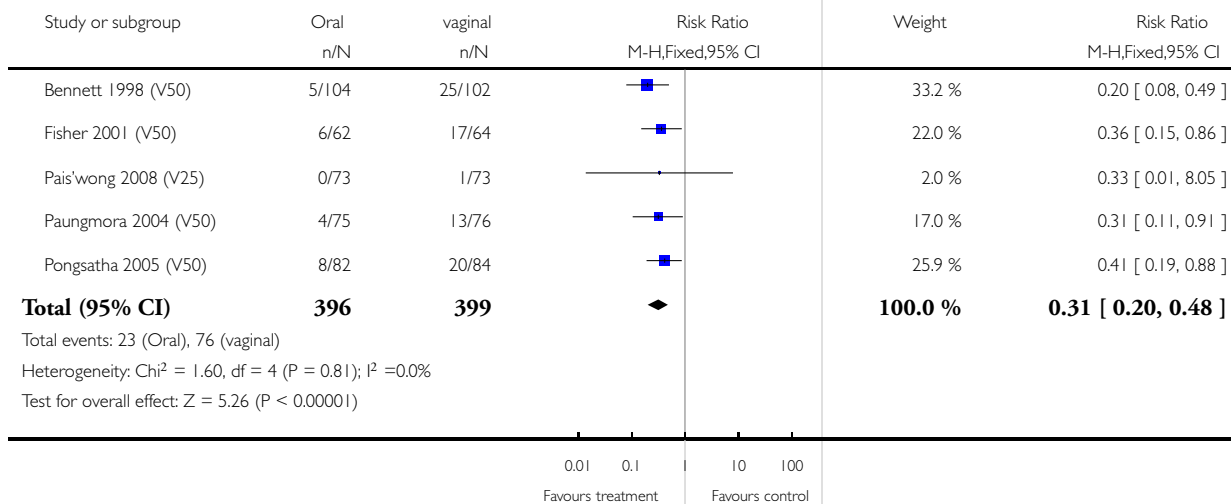


**Analysis 41.8. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 8 Uterine hyperstimulation without FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 8 Uterine hyperstimulation without FHR changes



### Analysis 41.9. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 9 Uterine rupture.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 9 Uterine rupture

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|--------------------------------|--------------------------------|
| Carlan 2001 (V50)   | 0/503            | 0/501          |                                | 0.0 [ 0.0, 0.0 ]               |
| Fisher 2001 (V50)   | 0/62             | 0/64           |                                | 0.0 [ 0.0, 0.0 ]               |
| le Roux 2002 (V50)  | 0/120            | 0/120          |                                | 0.0 [ 0.0, 0.0 ]               |
| Majoko 2002 (V50)   | 0/127            | 0/128          |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>   | <b>812</b>       | <b>813</b>     |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)                                  |                  |                |                                |                                |
| Heterogeneity: $\chi^2 = 0.0$ , $df = 0$ ( $P < 0.00001$ ); $I^2 = 0.0\%$ |                  |                |                                |                                |
| Test for overall effect: $Z = 0.0$ ( $P < 0.00001$ )                      |                  |                |                                |                                |





0.1 0.2 0.5 1 2 5 10  
Favours treatment Favours control

### Analysis 41.10. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 10 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 10 Epidural analgesia

| Study or subgroup   | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI  | Weight         | Risk Ratio<br>M-H,Fixed,95% CI |
|---|------------------|----------------|---|----------------|--------------------------------|
| Bennett 1998 (V50)  | 65/104           | 61/102         |  | 14.6 %         | 1.05 [ 0.84, 1.30 ]            |
| Carlan 2001 (V50)   | 317/503          | 314/501        |  | 74.7 %         | 1.01 [ 0.91, 1.11 ]            |
| Shetty 2001 (V50)   | 55/122           | 45/123         |  | 10.6 %         | 1.23 [ 0.91, 1.67 ]            |
| <b>Total (95% CI)</b>   | <b>729</b>       | <b>726</b>     |  | <b>100.0 %</b> | <b>1.04 [ 0.95, 1.13 ]</b>     |
| Total events: 437 (Treatment), 420 (Control)                            |                  |                |   |                |                                |
| Heterogeneity: $\chi^2 = 1.63$ , $df = 2$ ( $P = 0.44$ ); $I^2 = 0.0\%$ |                  |                |   |                |                                |
| Test for overall effect: $Z = 0.81$ ( $P = 0.42$ )                      |                  |                |   |                |                                |

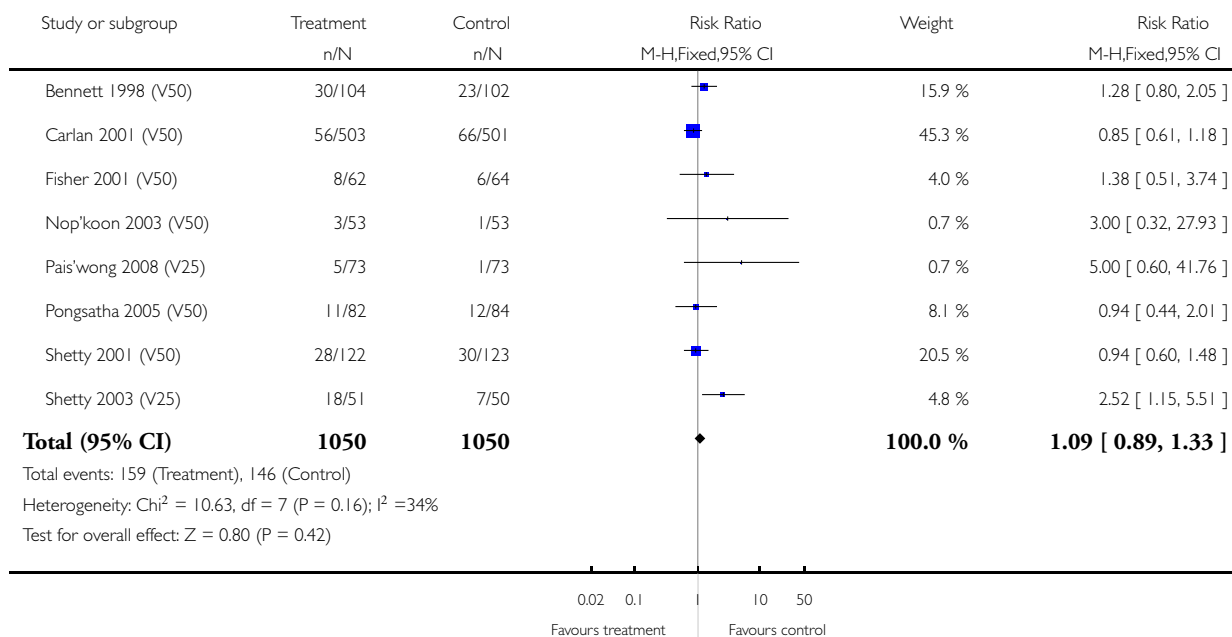
0.5 0.7 1 1.5 2  
Favours treatment Favours control

# **Analysis 41.11. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 11 Instrumental vaginal delivery

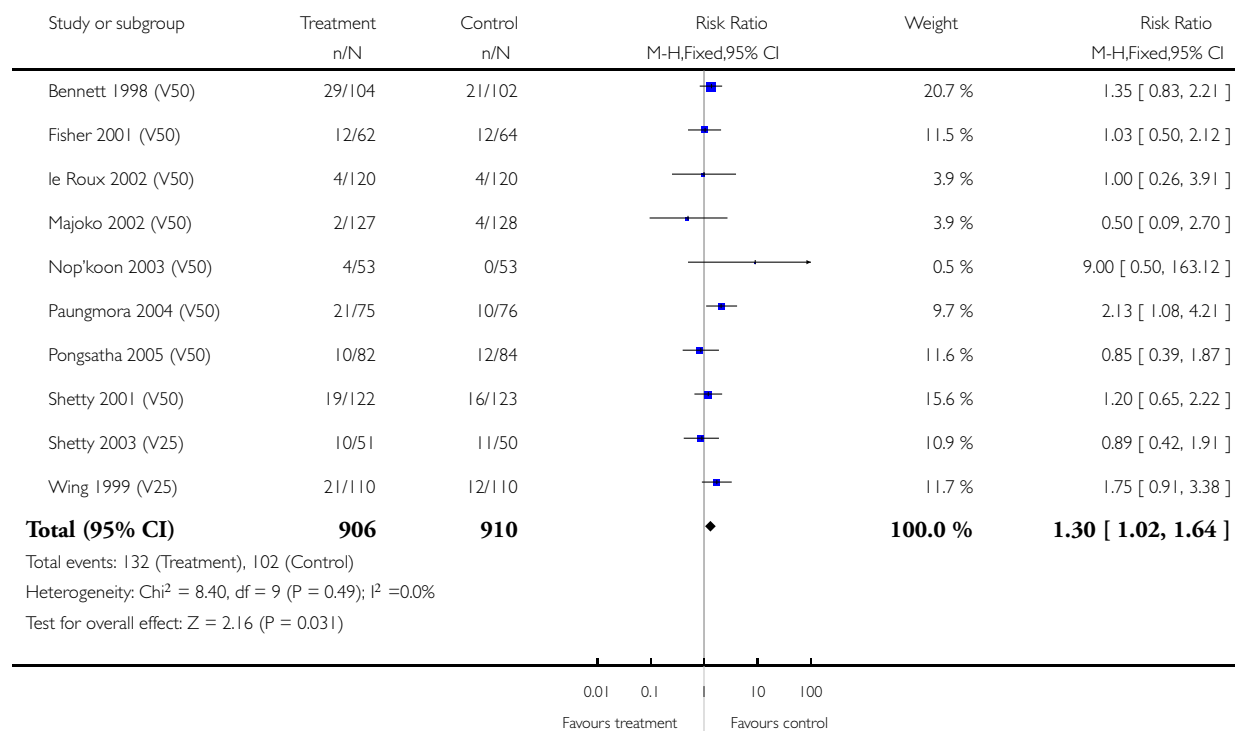


# **Analysis 41.12. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 12 Meconium-stained liquor.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 12 Meconium-stained liquor

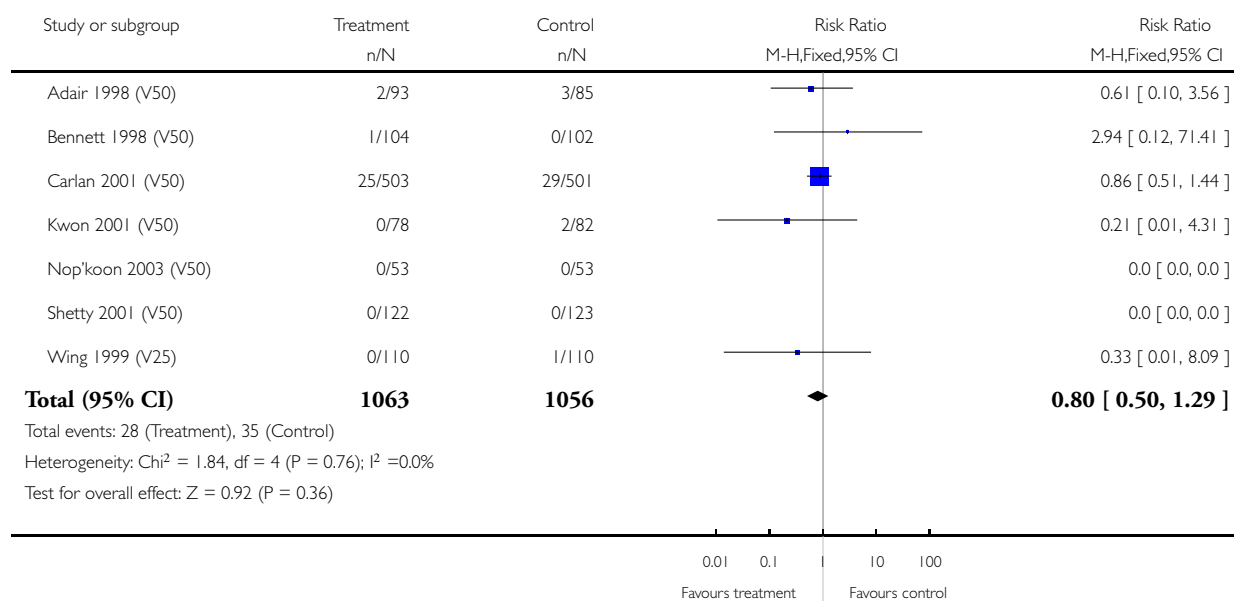


**Analysis 41.13. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 13 Apgar score < 7 at 5 minutes.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 13 Apgar score < 7 at 5 minutes

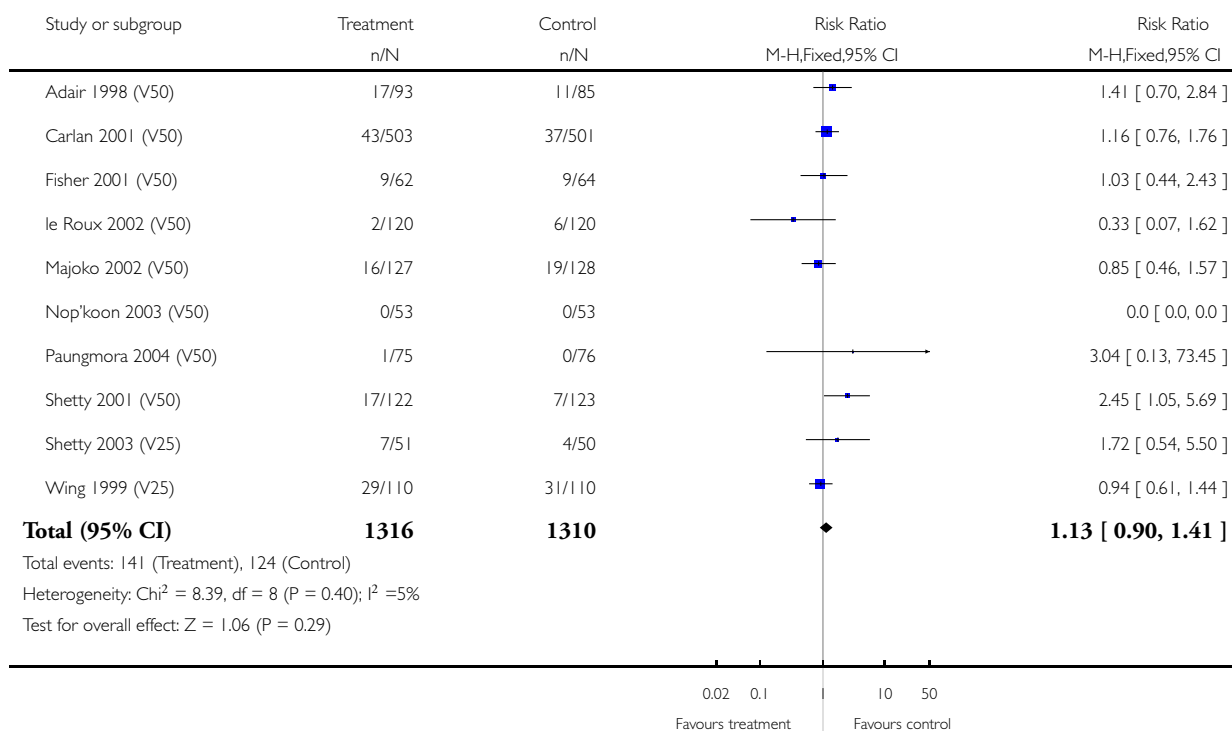


**Analysis 41.14. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 14 Neonatal intensive care unit admission

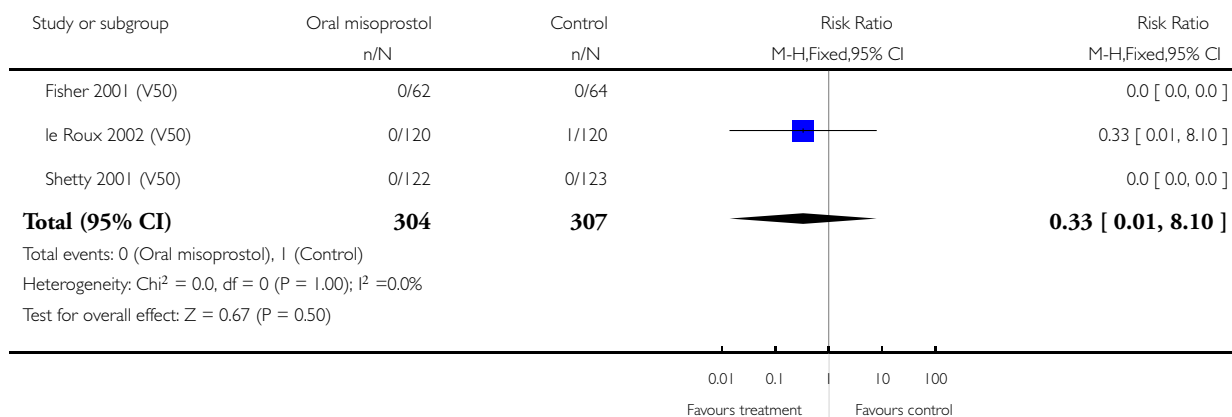


### Analysis 41.15. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 15 Neonatal encephalopathy.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 15 Neonatal encephalopathy

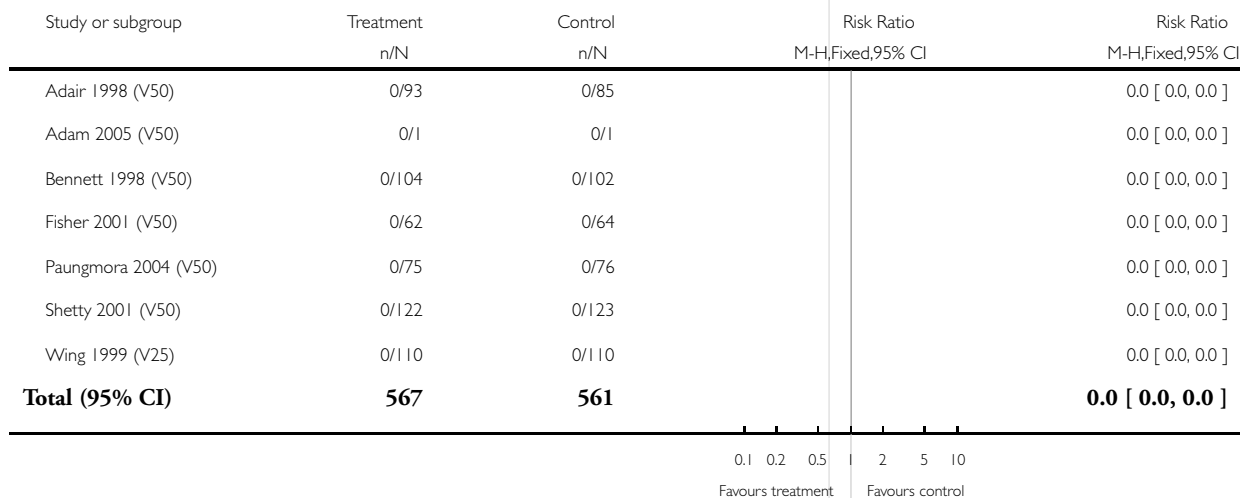


### Analysis 41.16. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

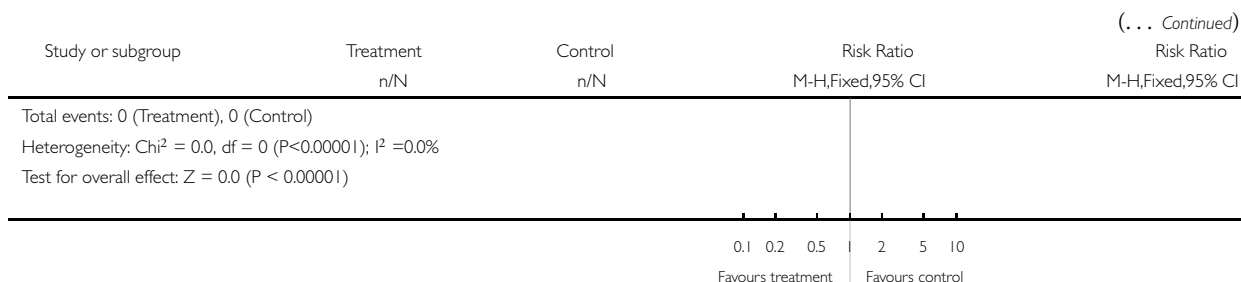
Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 16 Perinatal death



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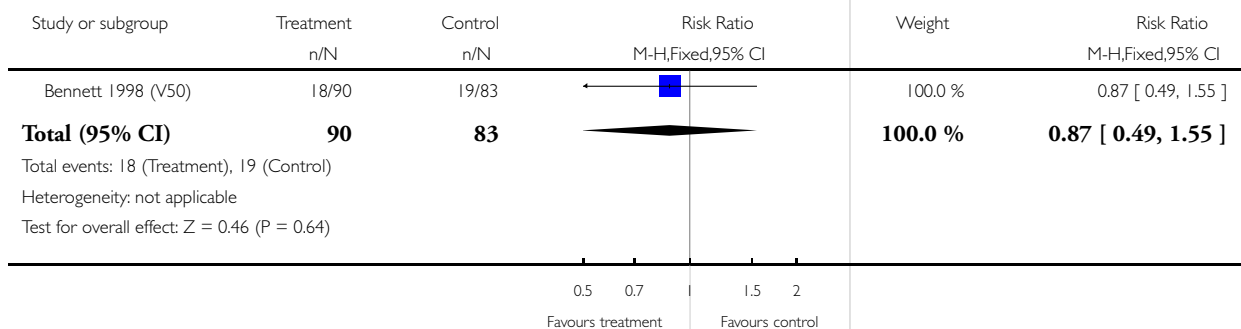


**Analysis 41.18. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 18 Maternal side effects (all).**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 18 Maternal side effects (all)

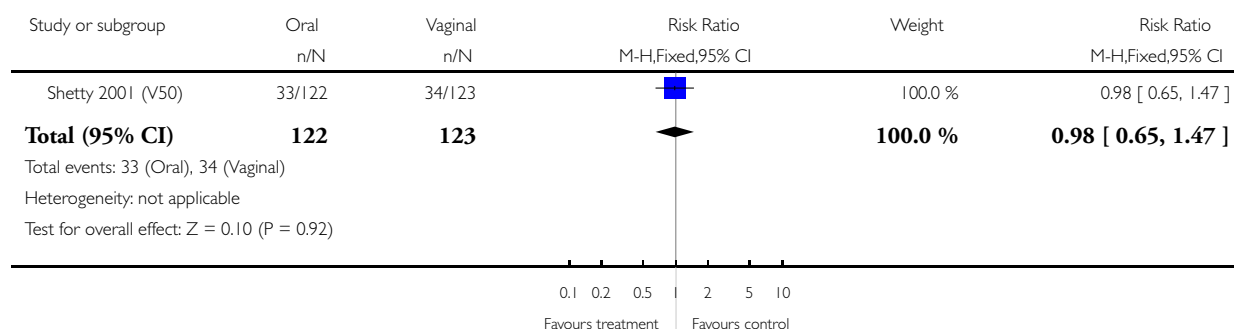


### Analysis 41.19. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 19 Nausea

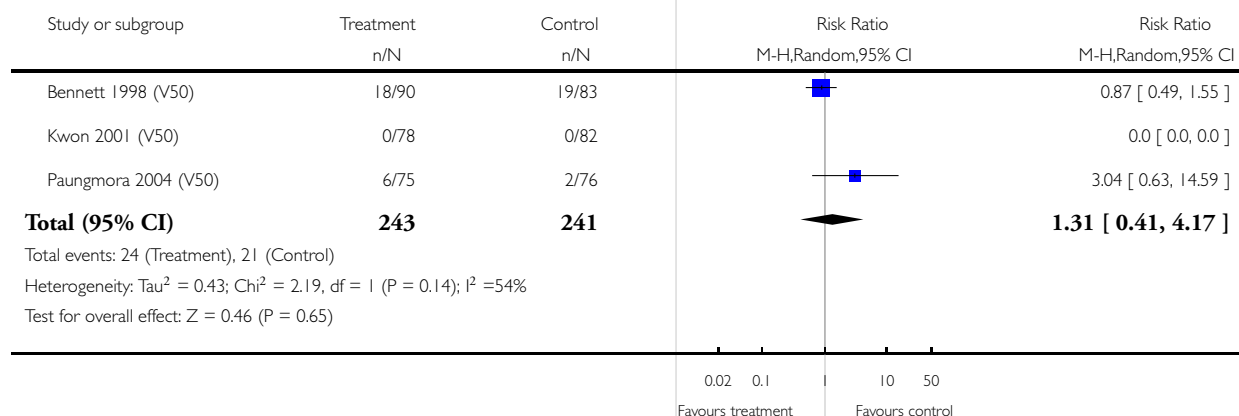


### Analysis 41.20. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 20 Vomiting.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 20 Vomiting

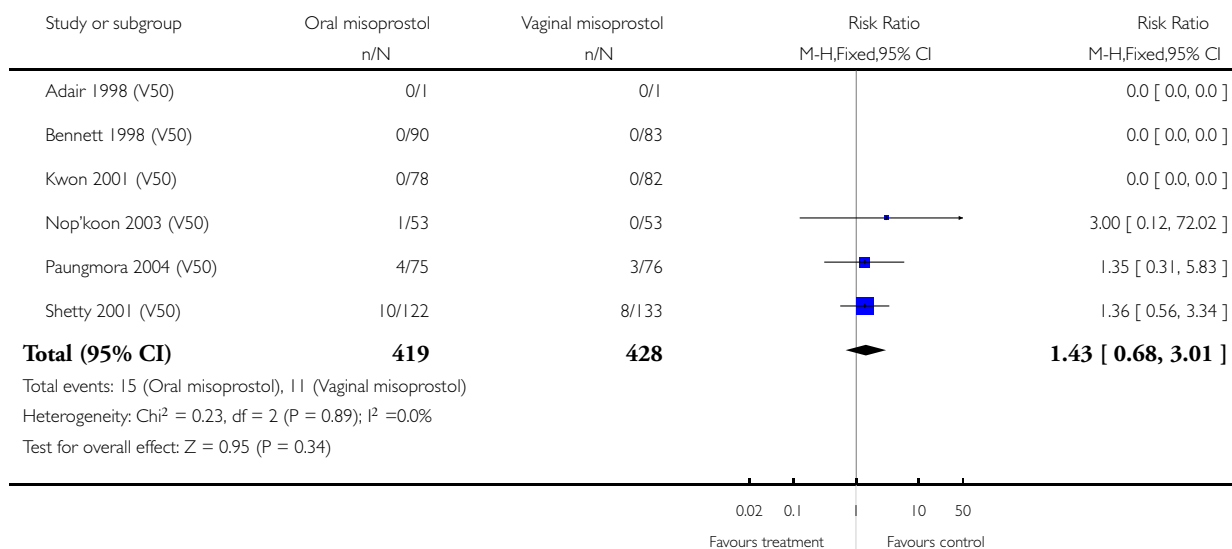


**Analysis 41.21. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 21 Diarrhoea.**

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 21 Diarrhoea

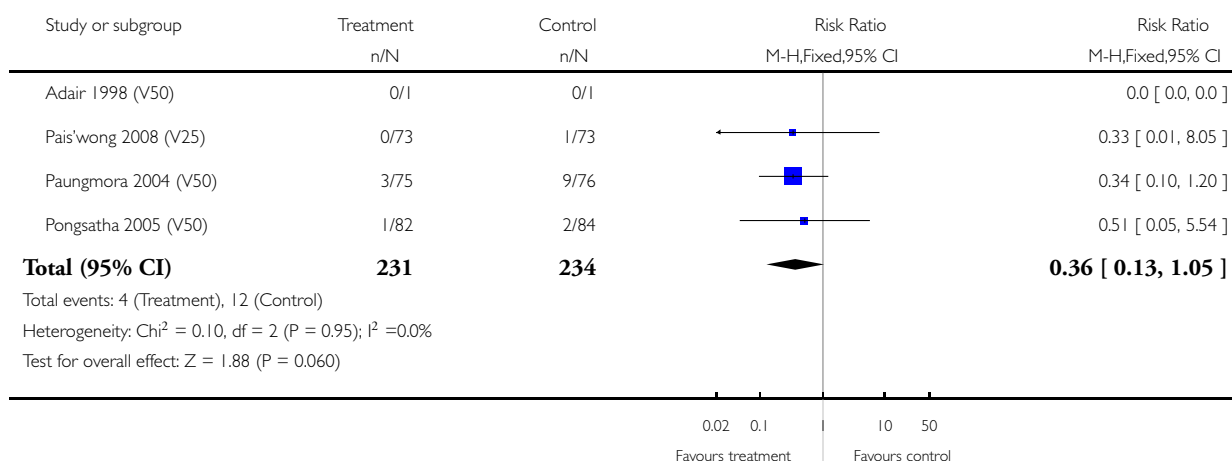


### Analysis 41.23. Comparison 41 Oral versus vaginal misoprostol (7): all women with intact membranes, Outcome 23 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 41 Oral versus vaginal misoprostol (7): all women with intact membranes

Outcome: 23 Postpartum haemorrhage

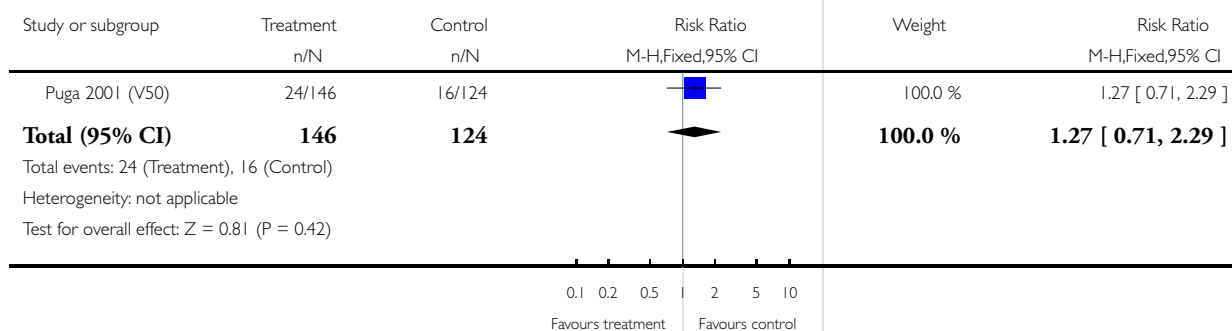


### Analysis 42.2. Comparison 42 Oral versus vaginal misoprostol (7): all women with ruptured membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 42 Oral versus vaginal misoprostol (7): all women with ruptured membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

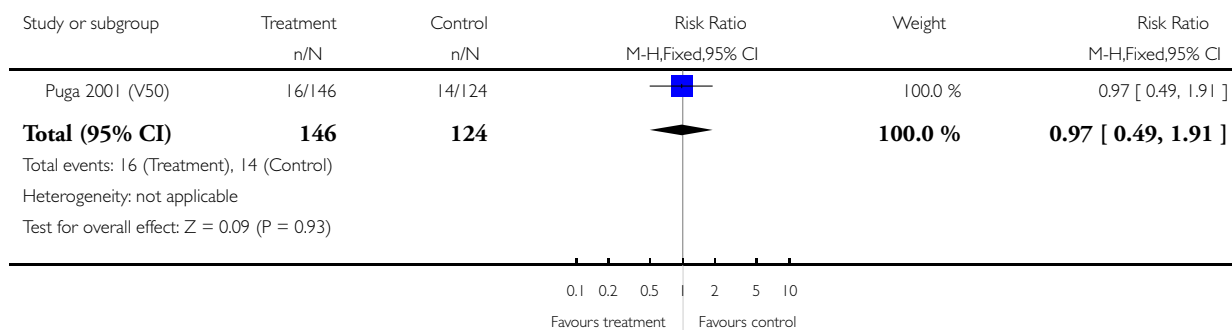


### Analysis 42.3. Comparison 42 Oral versus vaginal misoprostol (7): all women with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 42 Oral versus vaginal misoprostol (7): all women with ruptured membranes

Outcome: 3 Caesarean section

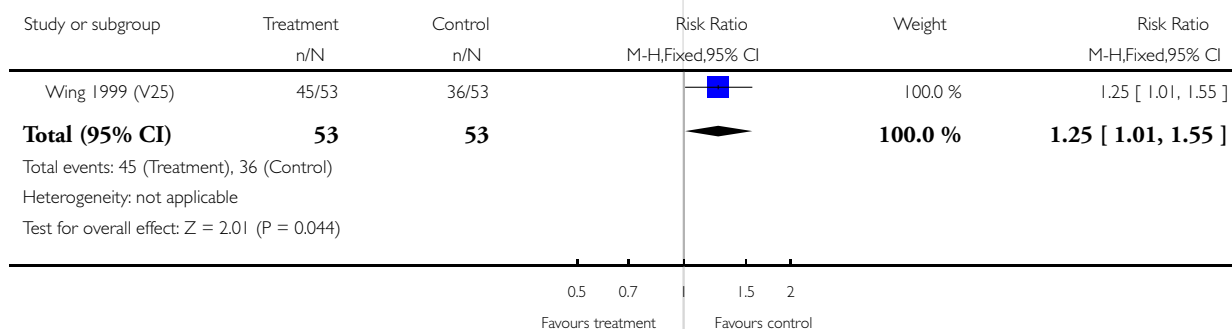


### Analysis 48.1. Comparison 48 Oral versus vaginal misoprostol (7): all primiparae, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 48 Oral versus vaginal misoprostol (7): all primiparae

Outcome: 1 Vaginal delivery not achieved within 24 hours

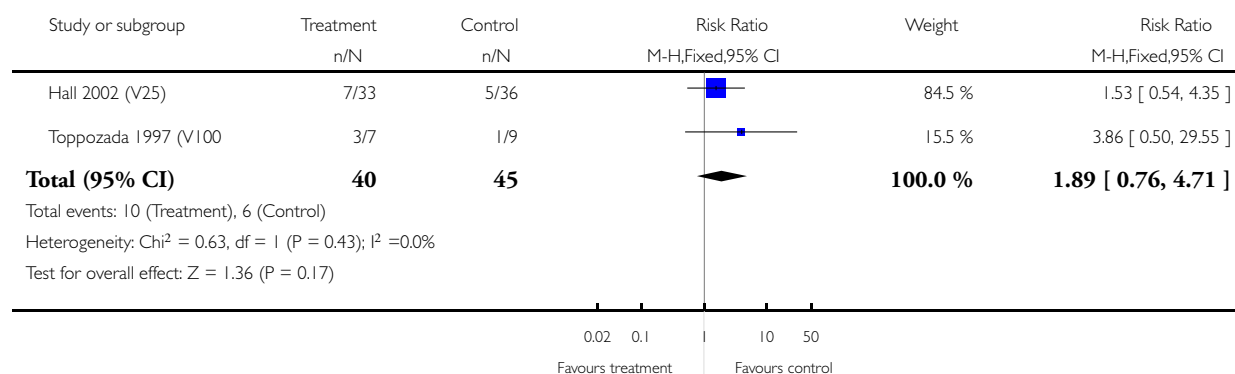


### Analysis 48.3. Comparison 48 Oral versus vaginal misoprostol (7): all primiparae, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 48 Oral versus vaginal misoprostol (7): all primiparae

Outcome: 3 Caesarean section

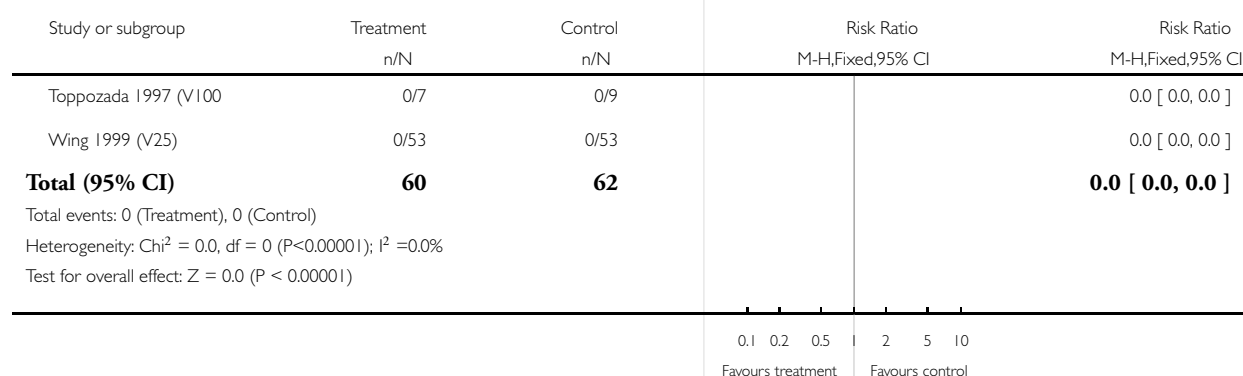


### Analysis 48.4. Comparison 48 Oral versus vaginal misoprostol (7): all primiparae, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 48 Oral versus vaginal misoprostol (7): all primiparae

Outcome: 4 Serious neonatal morbidity or perinatal death

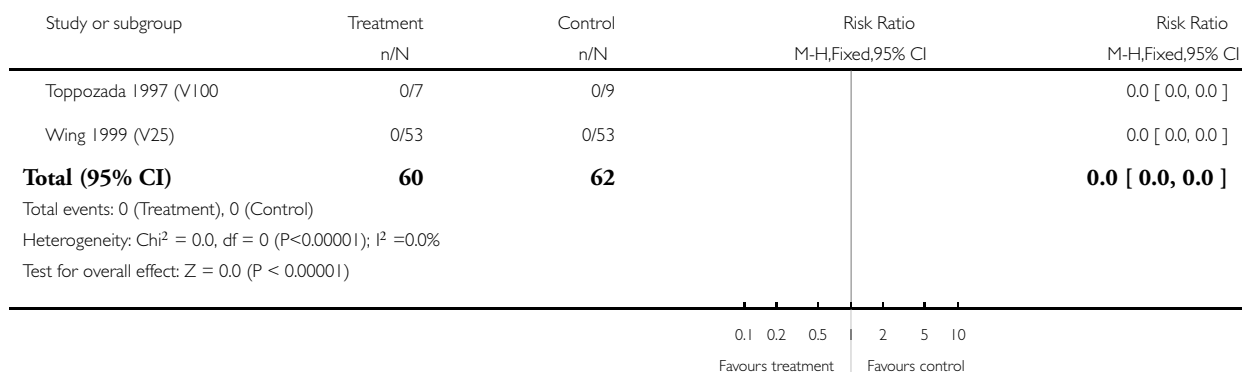


### Analysis 48.5. Comparison 48 Oral versus vaginal misoprostol (7): all primiparae, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 48 Oral versus vaginal misoprostol (7): all primiparae

Outcome: 5 Serious maternal morbidity or death

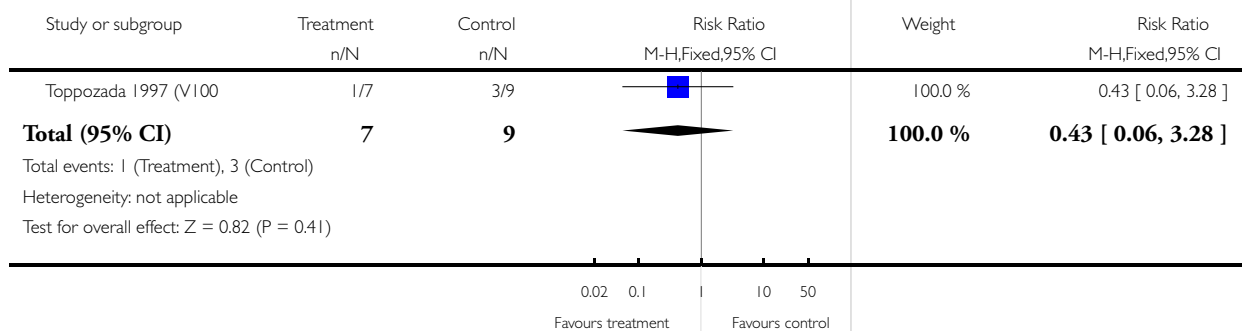


### Analysis 48.11. Comparison 48 Oral versus vaginal misoprostol (7): all primiparae, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 48 Oral versus vaginal misoprostol (7): all primiparae

Outcome: 11 Instrumental vaginal delivery

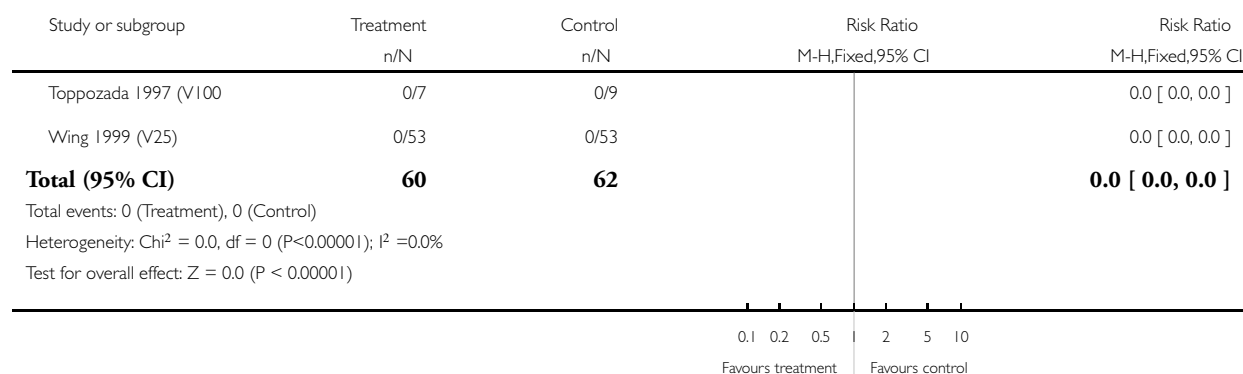


### Analysis 48.16. Comparison 48 Oral versus vaginal misoprostol (7): all primiparae, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 48 Oral versus vaginal misoprostol (7): all primiparae

Outcome: 16 Perinatal death

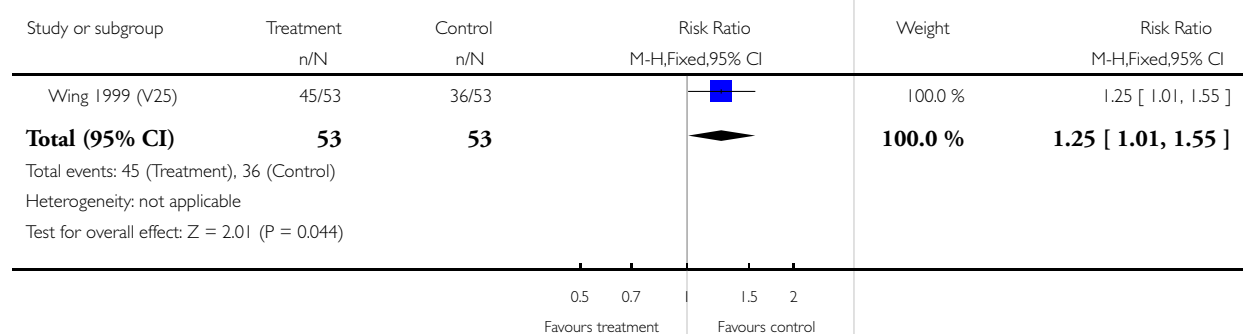


### Analysis 49.1. Comparison 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours



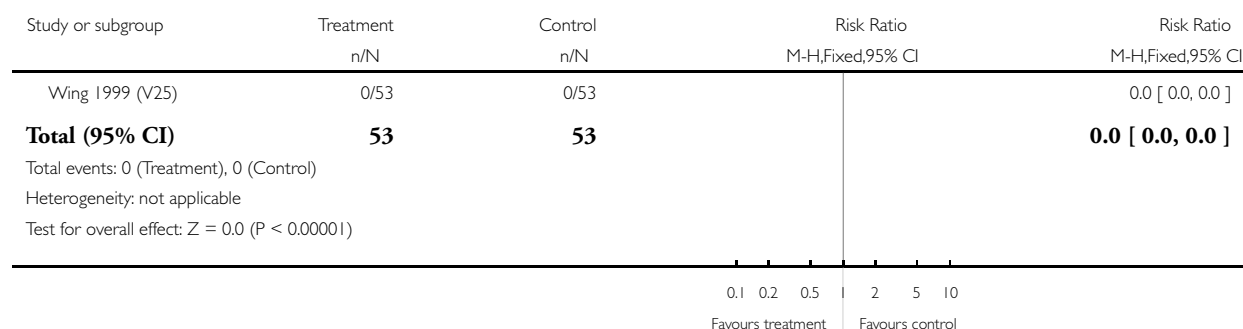


**Analysis 49.4. Comparison 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes, Outcome 4 Serious neonatal morbidity or perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes

Outcome: 4 Serious neonatal morbidity or perinatal death

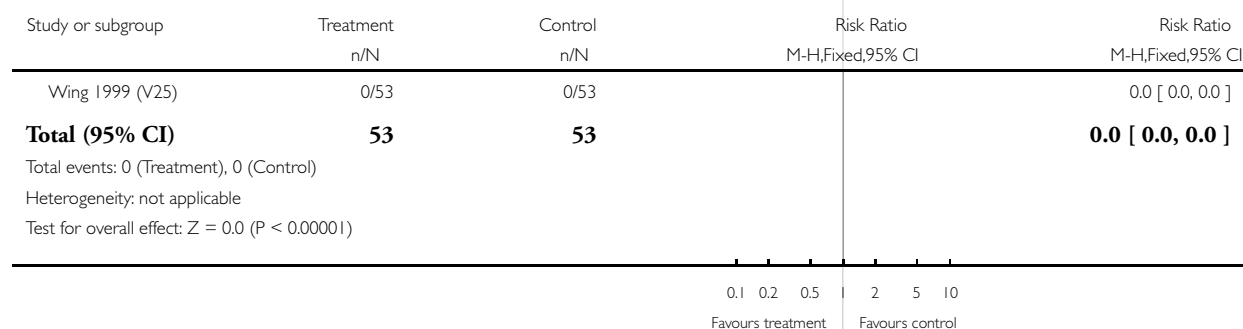


**Analysis 49.5. Comparison 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes

Outcome: 5 Serious maternal morbidity or death

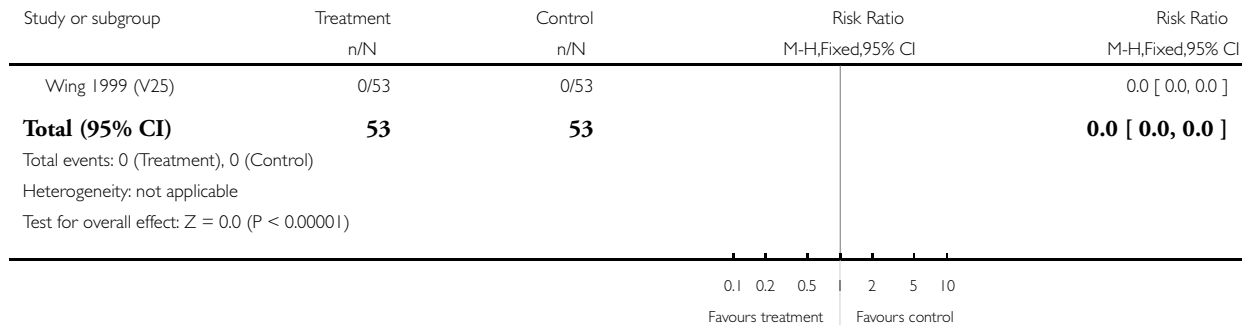


**Analysis 49.16. Comparison 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes, Outcome 16 Perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 49 Oral versus vaginal misoprostol (7): all primiparae with intact membranes

Outcome: 16 Perinatal death

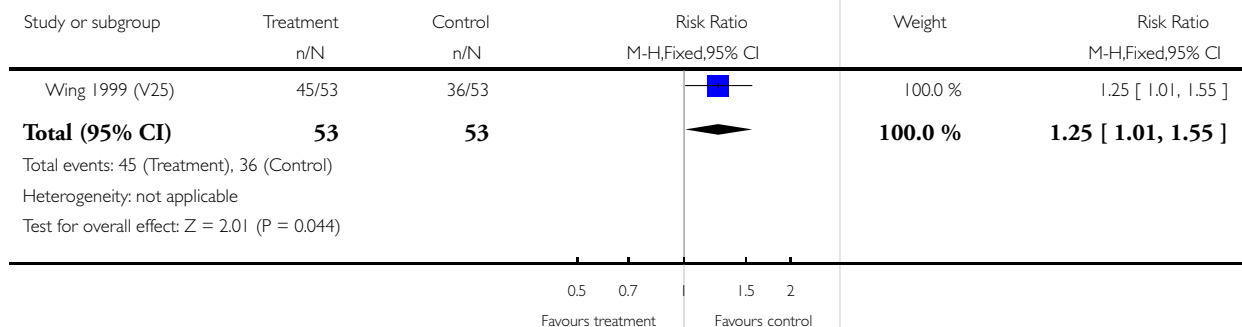


**Analysis 50.1. Comparison 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix

Outcome: 1 Vaginal delivery not achieved within 24 hours

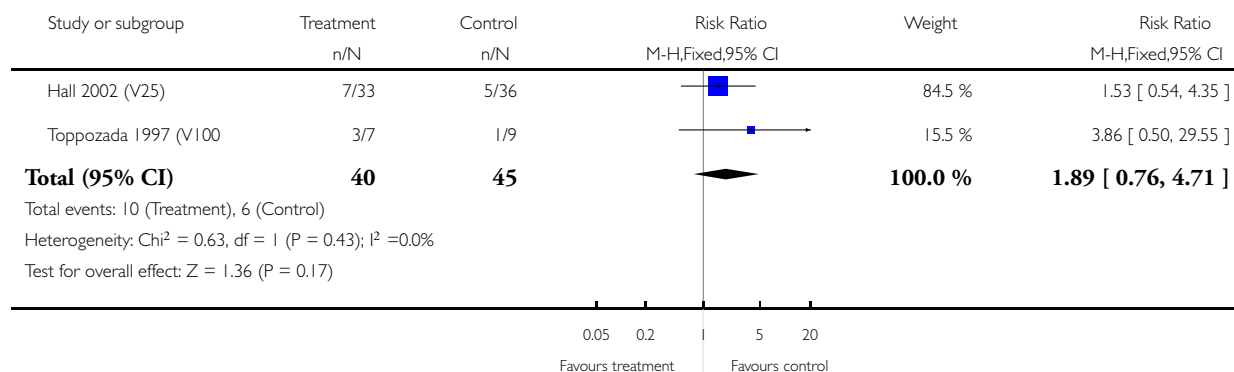


### Analysis 50.3. Comparison 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix

Outcome: 3 Caesarean section

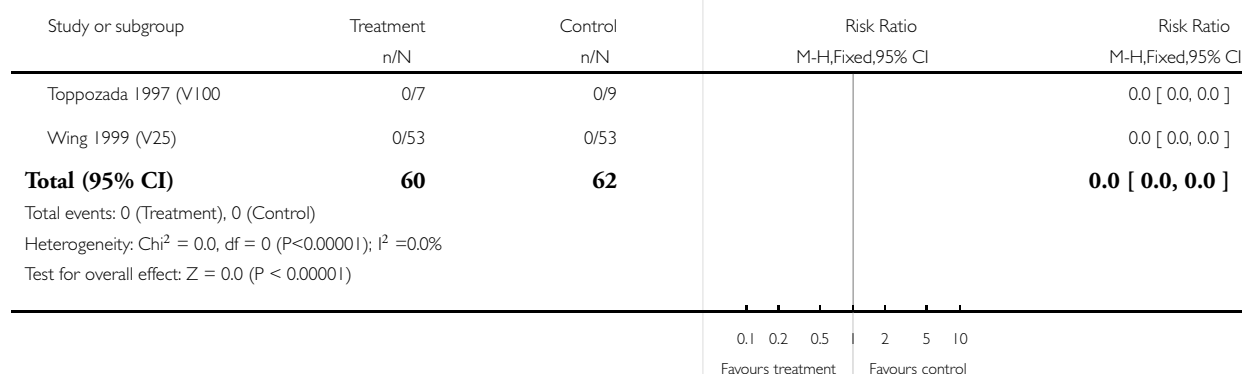


### Analysis 50.4. Comparison 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix

Outcome: 4 Serious neonatal morbidity or perinatal death

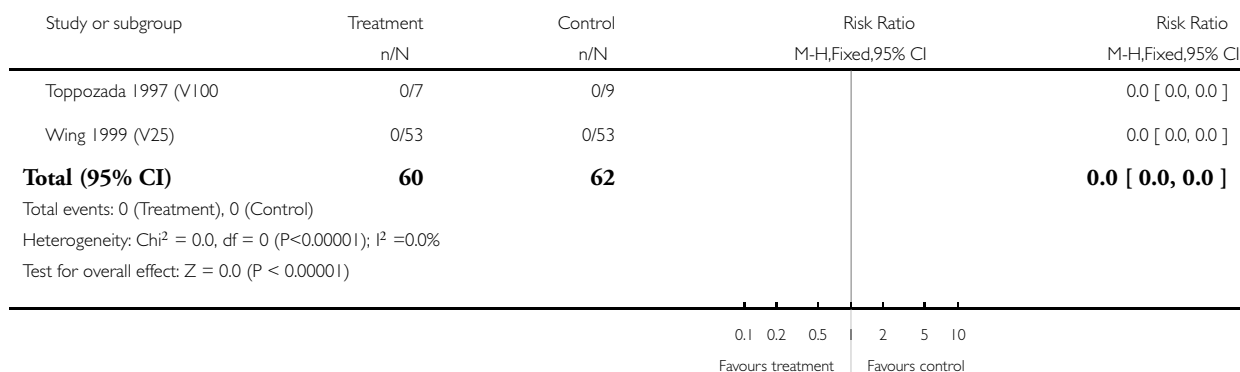


**Analysis 50.5. Comparison 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix

Outcome: 5 Serious maternal morbidity or death

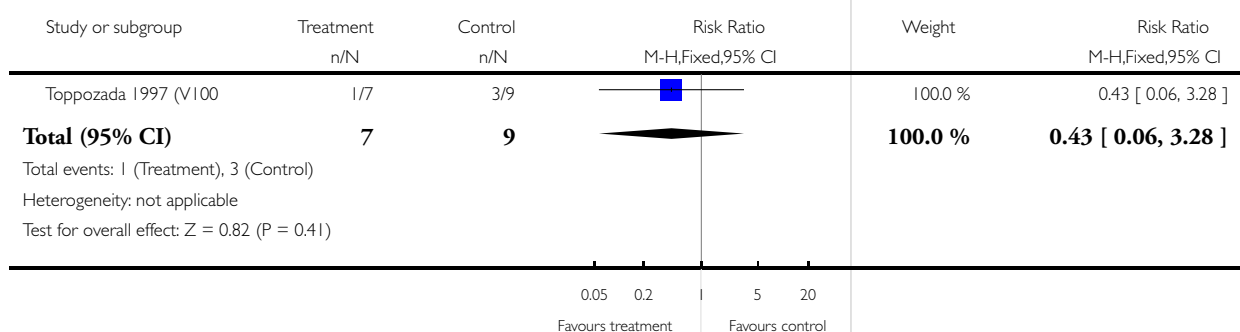


**Analysis 50.11. Comparison 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix

Outcome: 11 Instrumental vaginal delivery

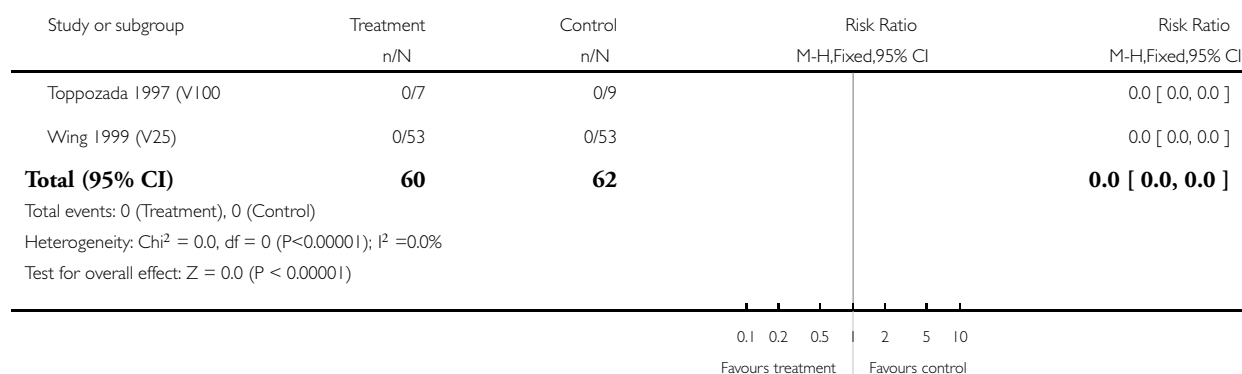


**Analysis 50.16. Comparison 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix, Outcome 16 Perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 50 Oral versus vaginal misoprostol (7): all primiparae with unfavourable cervix

Outcome: 16 Perinatal death

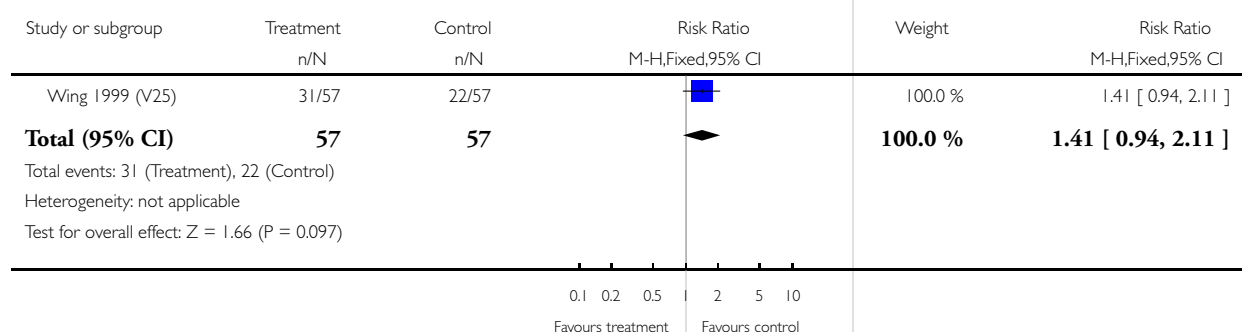


**Analysis 52.1. Comparison 52 Oral versus vaginal misoprostol (7): all multiparae, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 52 Oral versus vaginal misoprostol (7): all multiparae

Outcome: 1 Vaginal delivery not achieved within 24 hours

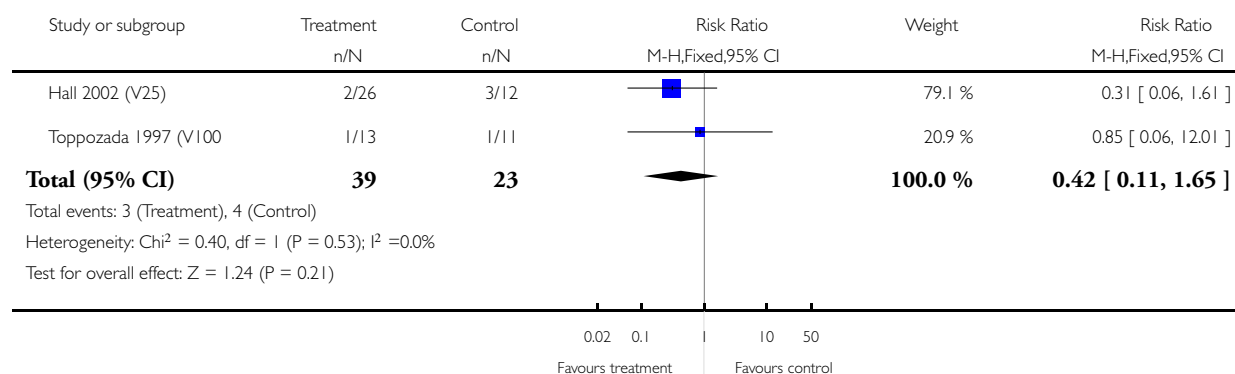


### Analysis 52.3. Comparison 52 Oral versus vaginal misoprostol (7): all multiparae, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 52 Oral versus vaginal misoprostol (7): all multiparae

Outcome: 3 Caesarean section

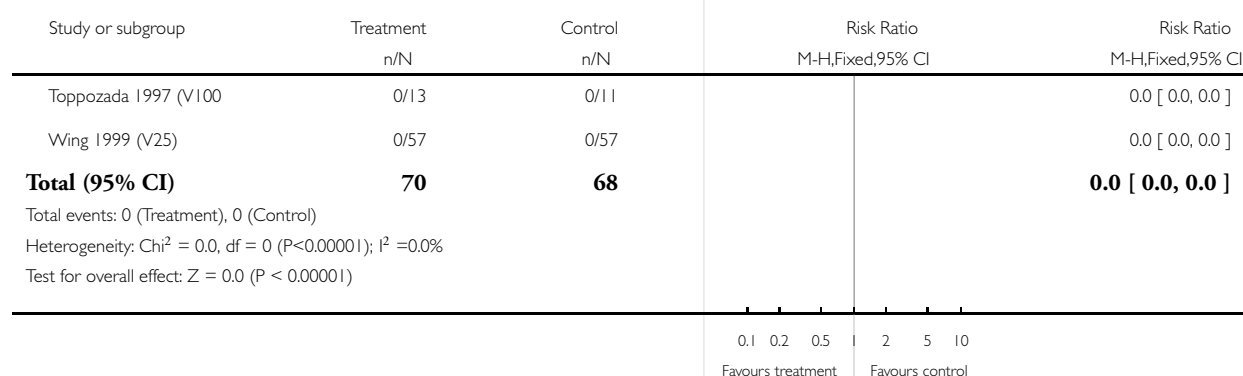


### Analysis 52.4. Comparison 52 Oral versus vaginal misoprostol (7): all multiparae, Outcome 4 Serious neonatal morbidity or perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 52 Oral versus vaginal misoprostol (7): all multiparae

Outcome: 4 Serious neonatal morbidity or perinatal death

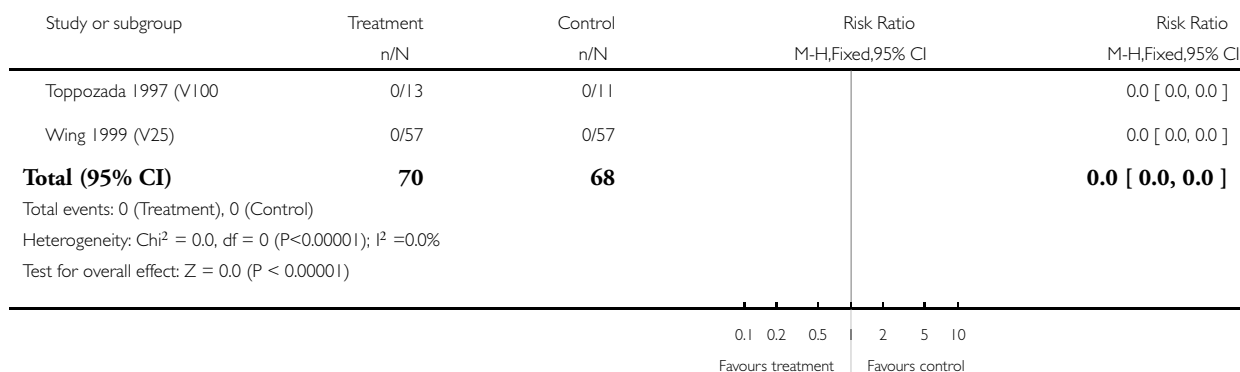


### Analysis 52.5. Comparison 52 Oral versus vaginal misoprostol (7): all multiparae, Outcome 5 Serious maternal morbidity or death.

Review: Oral misoprostol for induction of labour

Comparison: 52 Oral versus vaginal misoprostol (7): all multiparae

Outcome: 5 Serious maternal morbidity or death

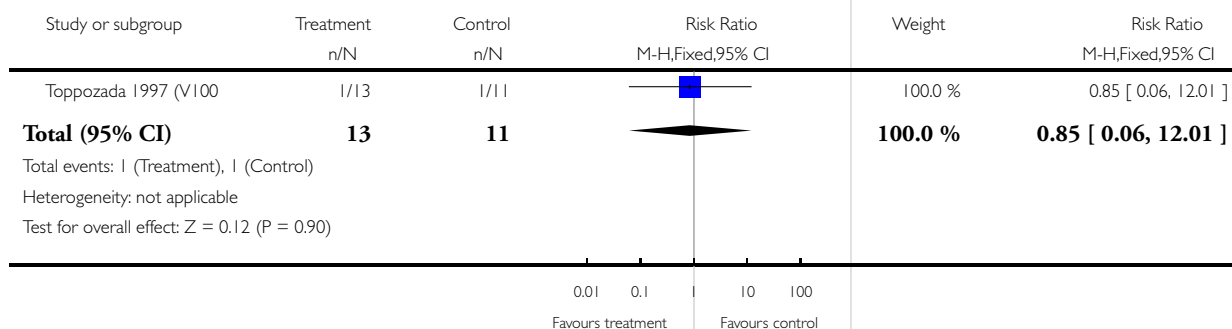


### Analysis 52.11. Comparison 52 Oral versus vaginal misoprostol (7): all multiparae, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 52 Oral versus vaginal misoprostol (7): all multiparae

Outcome: 11 Instrumental vaginal delivery

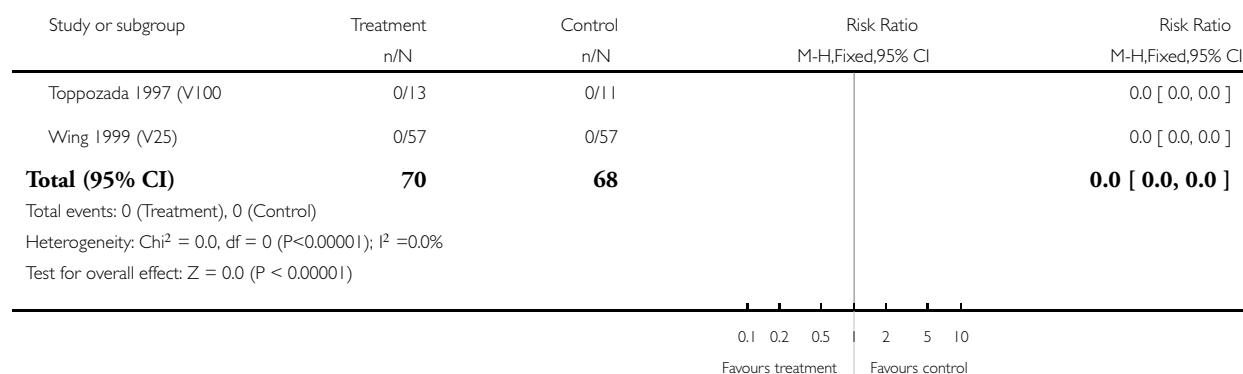


### Analysis 52.16. Comparison 52 Oral versus vaginal misoprostol (7): all multiparae, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 52 Oral versus vaginal misoprostol (7): all multiparae

Outcome: 16 Perinatal death

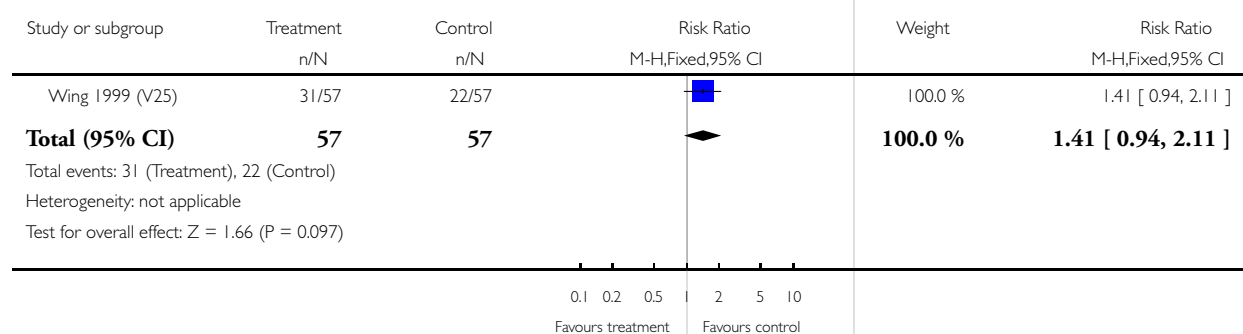


### Analysis 53.1. Comparison 53 Oral versus vaginal misoprostol (7): all multiparae with intact membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 53 Oral versus vaginal misoprostol (7): all multiparae with intact membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours



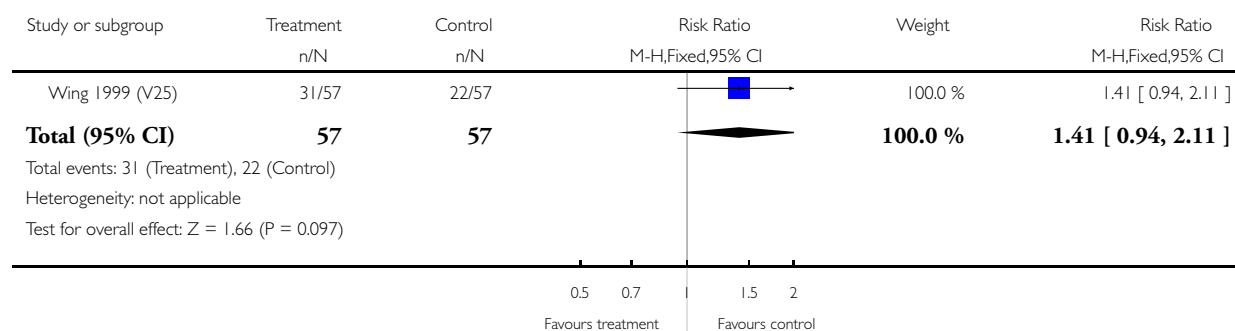


**Analysis 54.1. Comparison 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix

Outcome: 1 Vaginal delivery not achieved within 24 hours

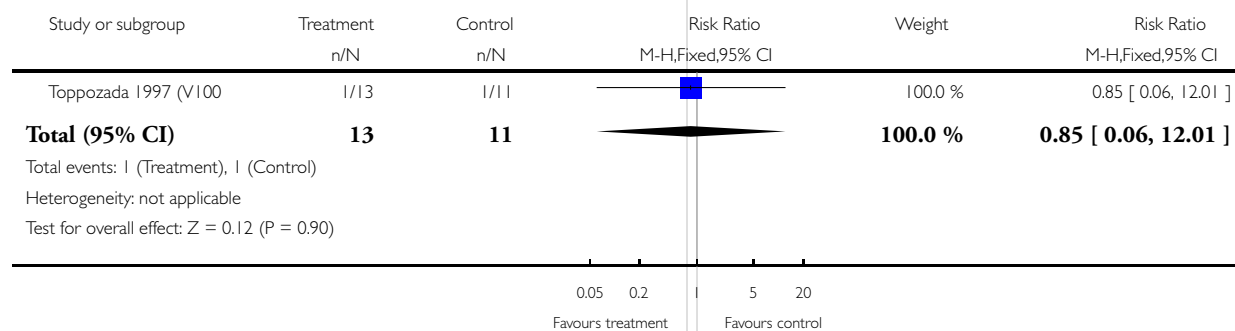


**Analysis 54.3. Comparison 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix, Outcome 3 Caesarean section.**

Review: Oral misoprostol for induction of labour

Comparison: 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix

Outcome: 3 Caesarean section




**Analysis 54.4. Comparison 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix, Outcome 4 Serious neonatal morbidity or perinatal death.**

Review: Oral misoprostol for induction of labour

Comparison: 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix

Outcome: 4 Serious neonatal morbidity or perinatal death

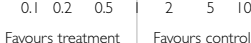
| Study or subgroup  | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| Toppozada 1997 (V100)  | 0/13             | 0/11           |                                | 0.0 [ 0.0, 0.0 ]               |
| Wing 1999 (V25)  | 0/57             | 0/57           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>  | <b>70</b>        | <b>68</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0%    |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                     |                  |                |                                |                                |
|  |                  |                |                                |                                |

**Analysis 54.5. Comparison 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix, Outcome 5 Serious maternal morbidity or death.**

Review: Oral misoprostol for induction of labour

Comparison: 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix

Outcome: 5 Serious maternal morbidity or death

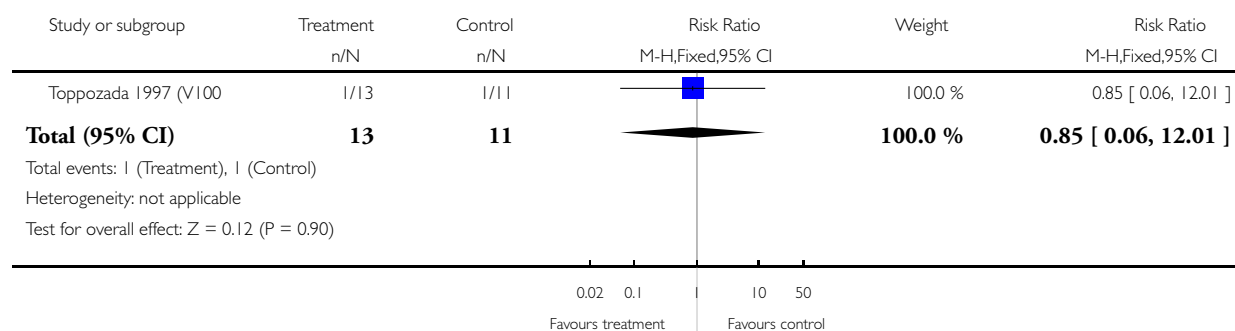
| Study or subgroup  | Treatment<br>n/N | Control<br>n/N | Risk Ratio<br>M-H,Fixed,95% CI | Risk Ratio<br>M-H,Fixed,95% CI |
|--|------------------|----------------|--------------------------------|--------------------------------|
| Toppozada 1997 (V100)  | 0/13             | 0/11           |                                | 0.0 [ 0.0, 0.0 ]               |
| Wing 1999 (V25)  | 0/57             | 0/57           |                                | 0.0 [ 0.0, 0.0 ]               |
| <b>Total (95% CI)</b>  | <b>70</b>        | <b>68</b>      |                                | <b>0.0 [ 0.0, 0.0 ]</b>        |
| Total events: 0 (Treatment), 0 (Control)   |                  |                |                                |                                |
| Heterogeneity: Chi <sup>2</sup> = 0.0, df = 0 (P<0.00001); I <sup>2</sup> =0.0%      |                  |                |                                |                                |
| Test for overall effect: Z = 0.0 (P < 0.00001)                                       |                  |                |                                |                                |
|  |                  |                |                                |                                |

### Analysis 54.11. Comparison 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix

Outcome: 11 Instrumental vaginal delivery

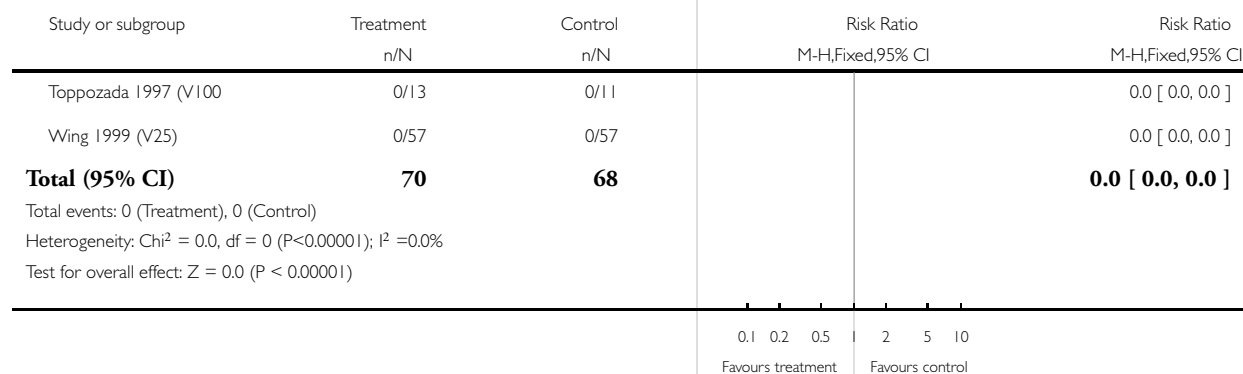


### Analysis 54.16. Comparison 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix, Outcome 16 Perinatal death.

Review: Oral misoprostol for induction of labour

Comparison: 54 Oral versus vaginal misoprostol (7): all multiparae with unfavourable cervix

Outcome: 16 Perinatal death

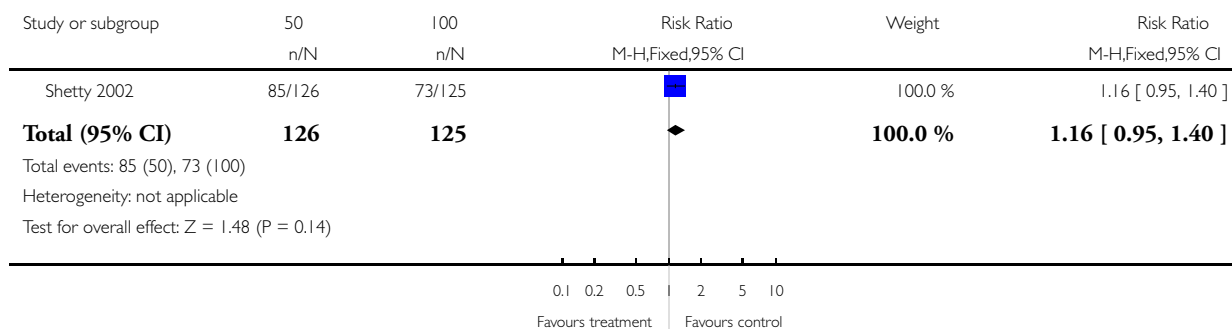


### Analysis 60.1. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 1 Vaginal delivery not achieved within 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 1 Vaginal delivery not achieved within 24 hours

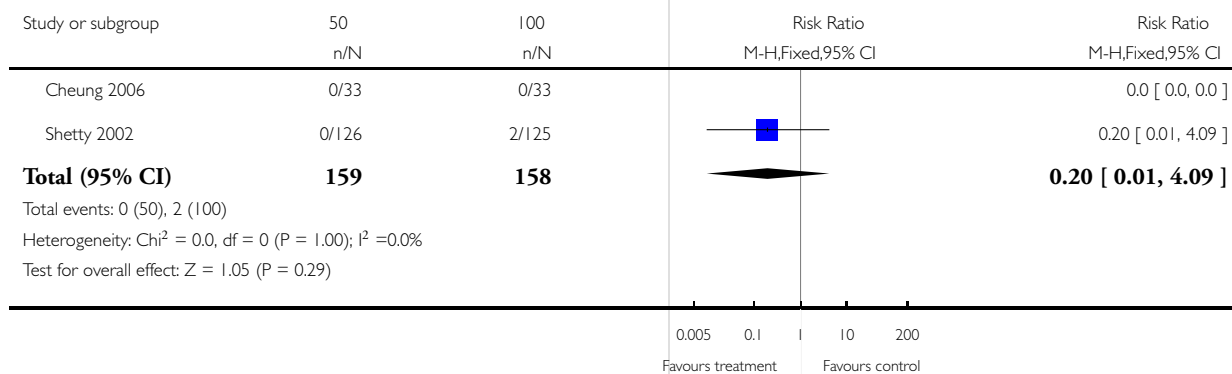


### Analysis 60.2. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 2 Uterine hyperstimulation with FHR changes

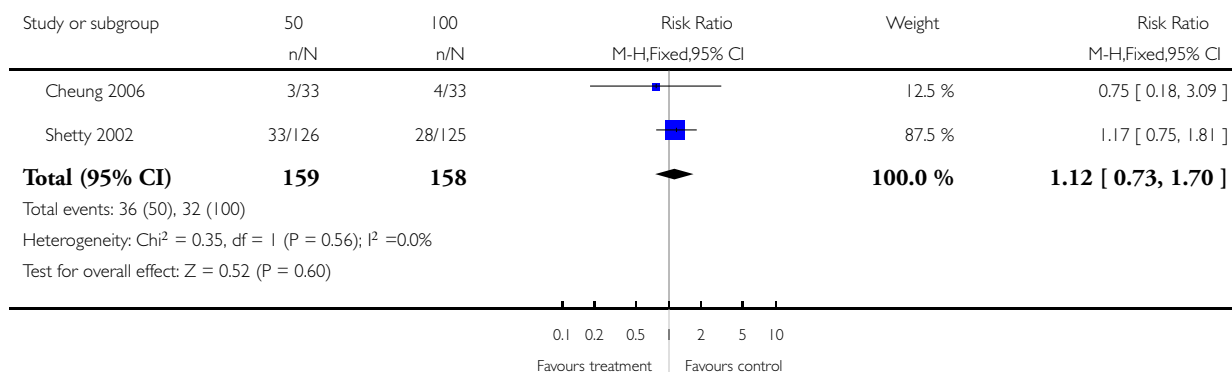


### Analysis 60.3. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 3 Caesarean section

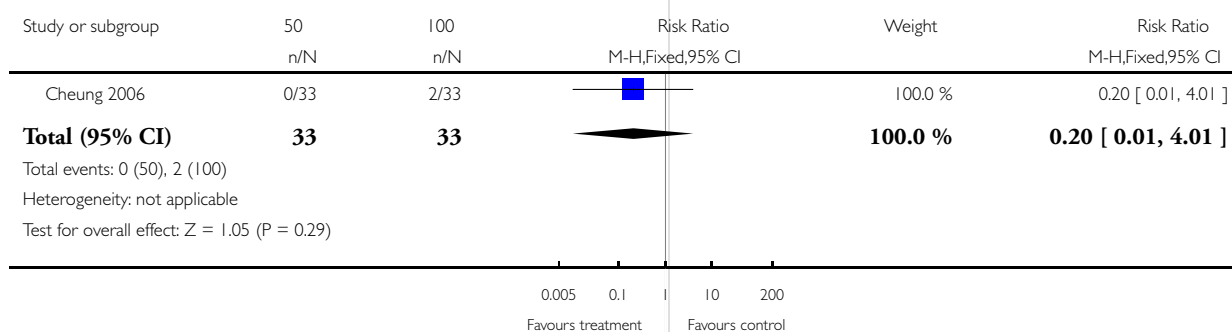


### Analysis 60.4. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 4 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 4 Uterine hyperstimulation without FHR changes

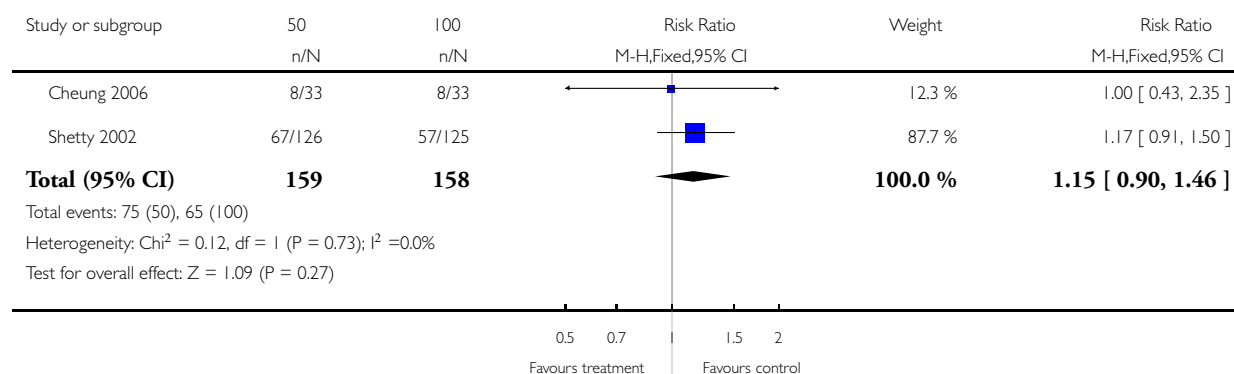


### Analysis 60.7. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 7 Oxytocin augmentation

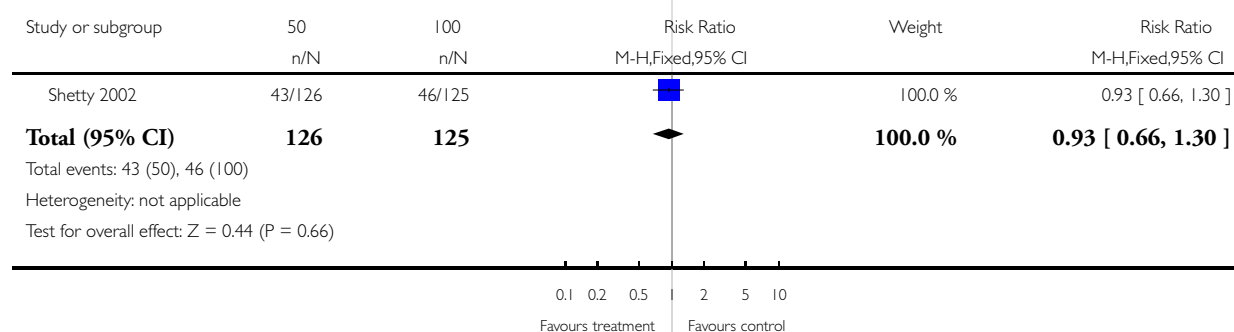


### Analysis 60.10. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 10 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 10 Epidural analgesia

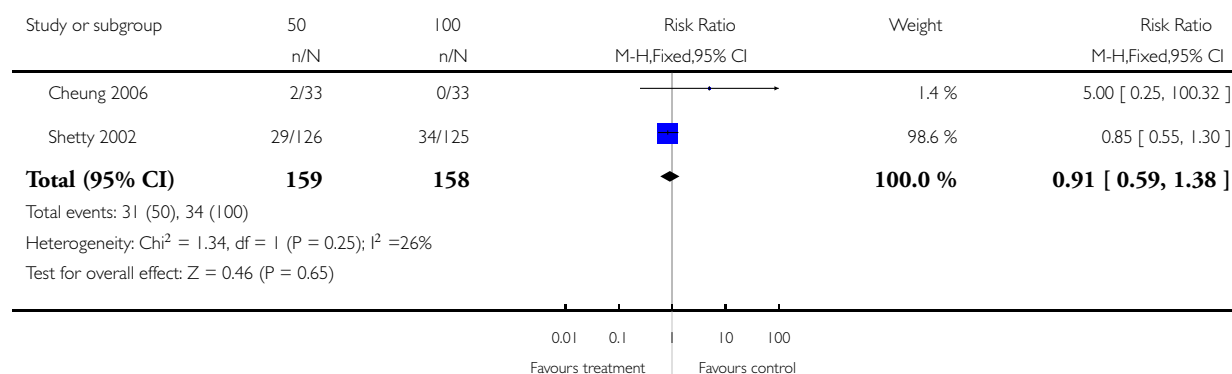


### Analysis 60.11. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 11 Instrumental vaginal delivery

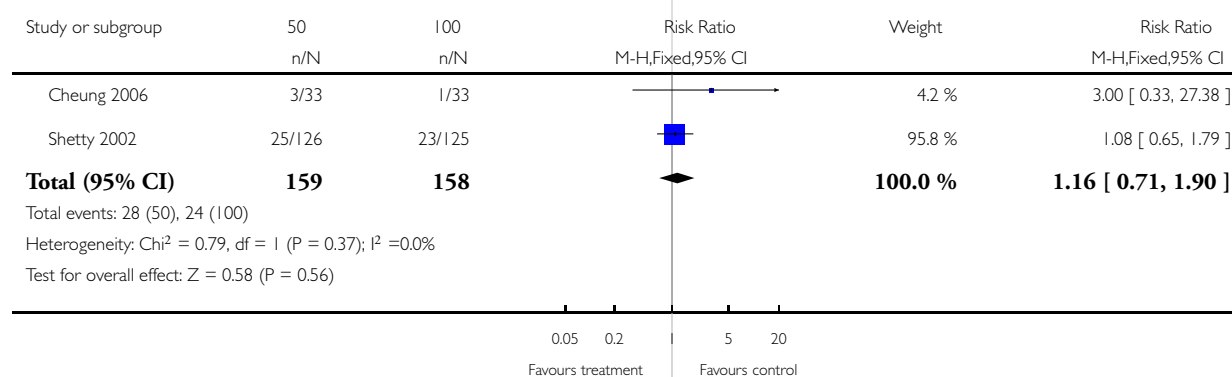


### Analysis 60.12. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 12 Meconium-stained liquor

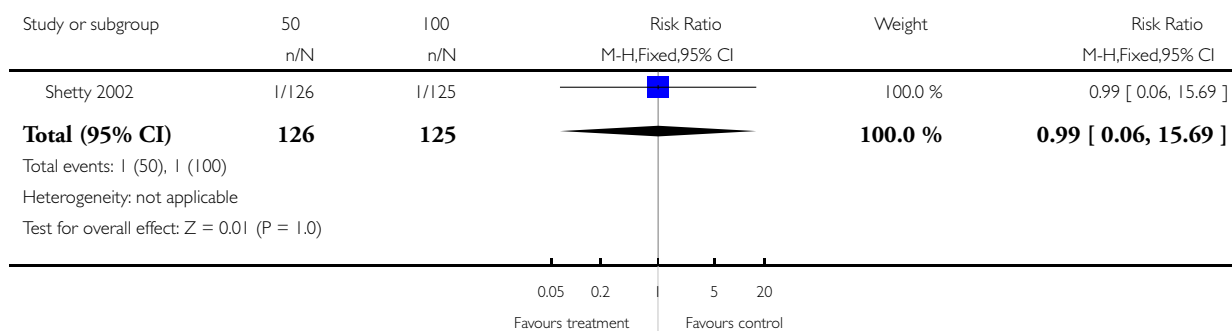


**Analysis 60.13. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 13 Apgar score < 7 at 5 minutes.**

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 13 Apgar score < 7 at 5 minutes

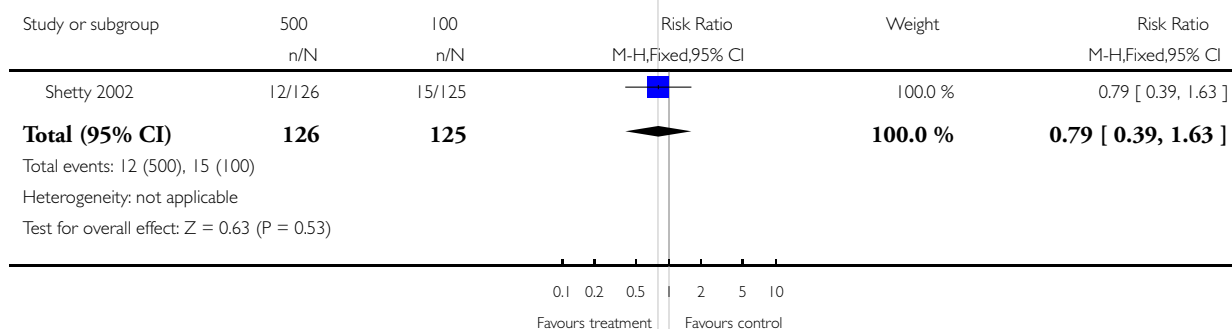


**Analysis 60.14. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 14 Neonatal intensive care unit admission



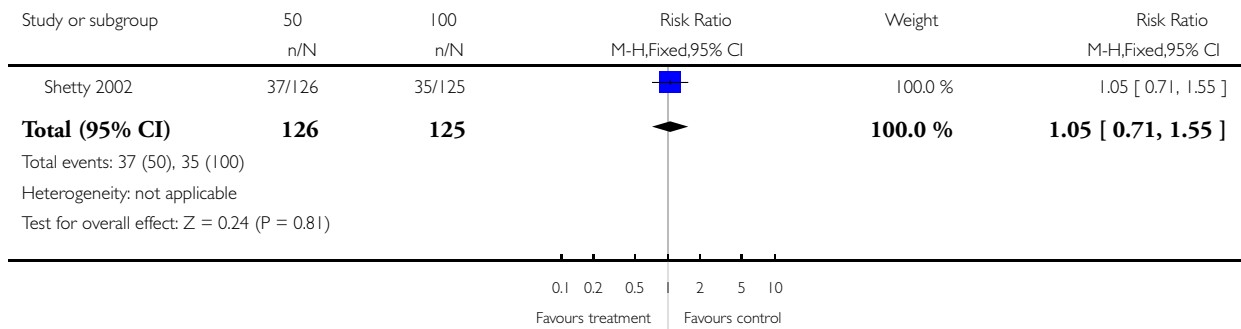


### Analysis 60.19. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 19 Nausea

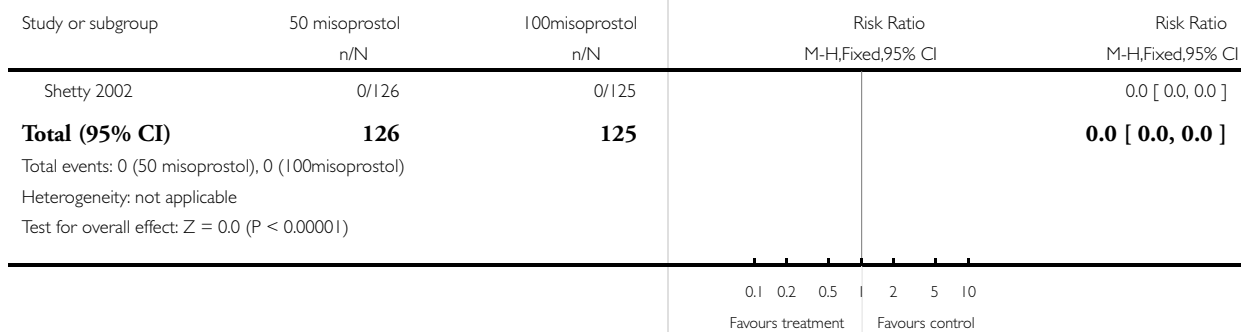


### Analysis 60.21. Comparison 60 Oral misoprostol 50 mcg versus 100 mcg: all women, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 60 Oral misoprostol 50 mcg versus 100 mcg: all women

Outcome: 21 Diarrhoea

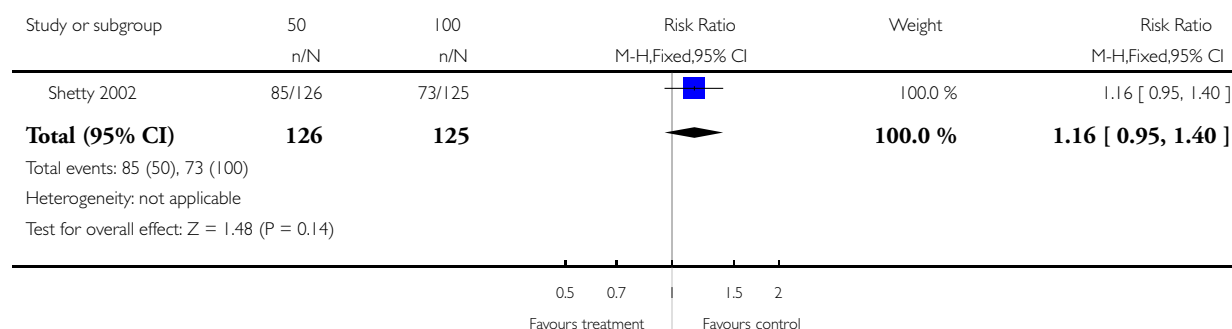


**Analysis 61.1. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 1 Vaginal delivery not achieved within 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 1 Vaginal delivery not achieved within 24 hours

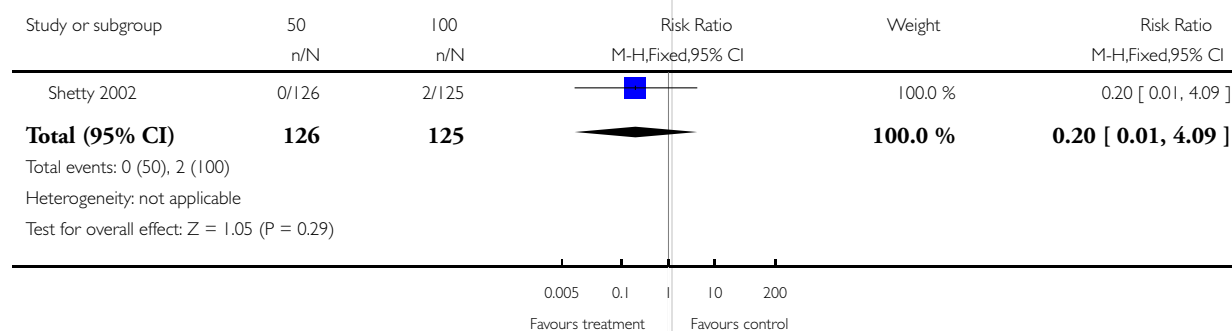


**Analysis 61.2. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 2 Uterine hyperstimulation with FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

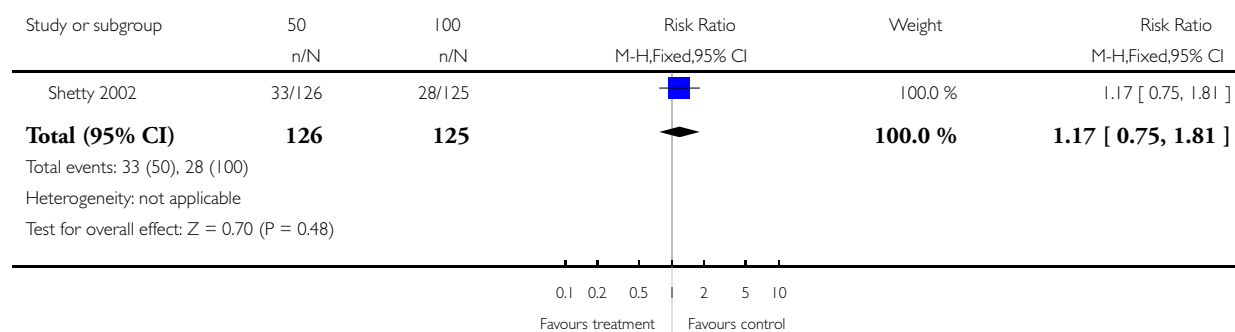


### Analysis 61.3. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 3 Caesarean section

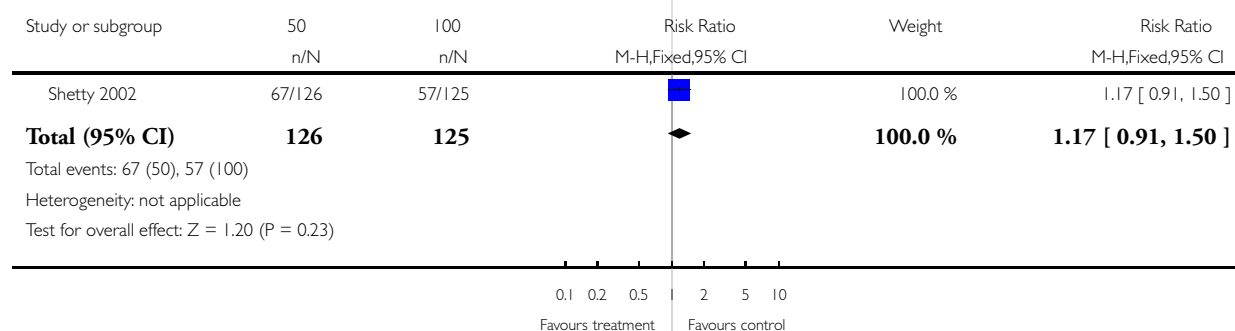


### Analysis 61.7. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 7 Oxytocin augmentation

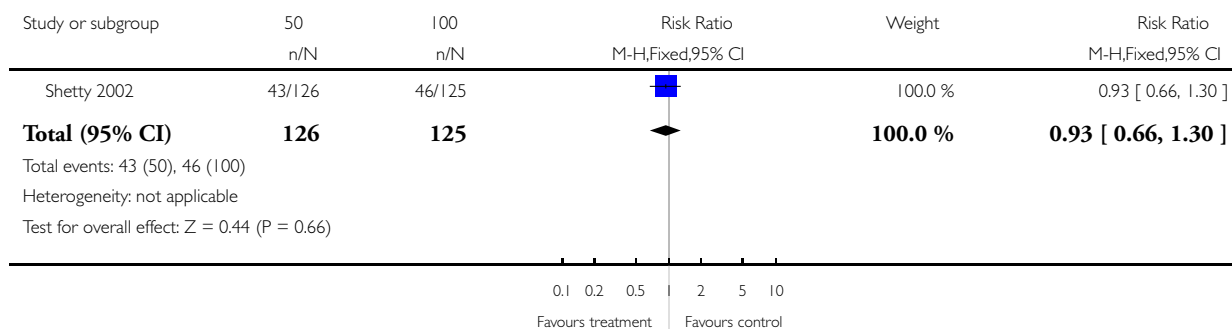


### Analysis 61.10. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 10 Epidural analgesia.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 10 Epidural analgesia

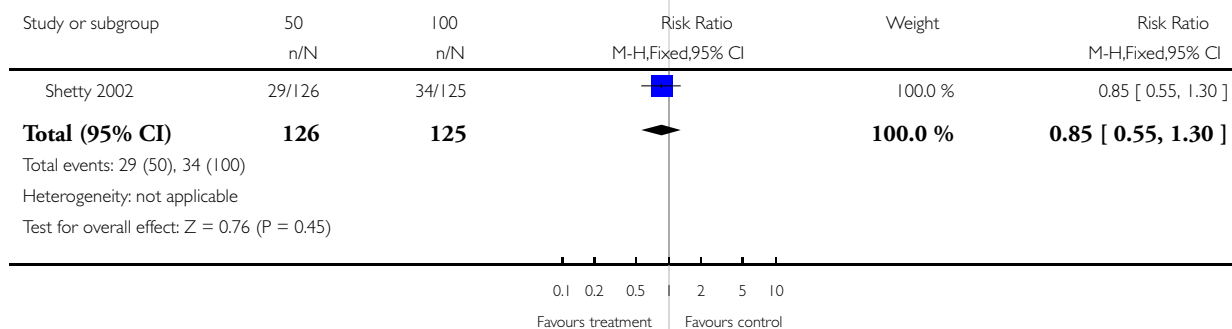


### Analysis 61.11. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 11 Instrumental vaginal delivery

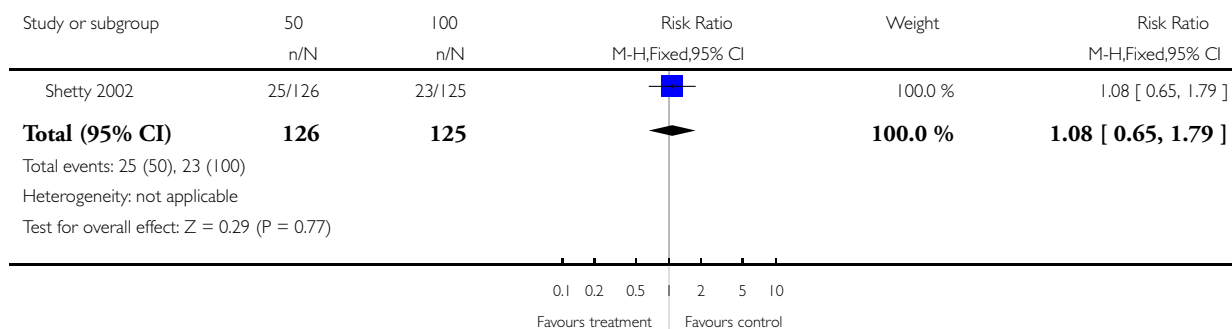


### Analysis 61.12. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 12 Meconium-stained liquor

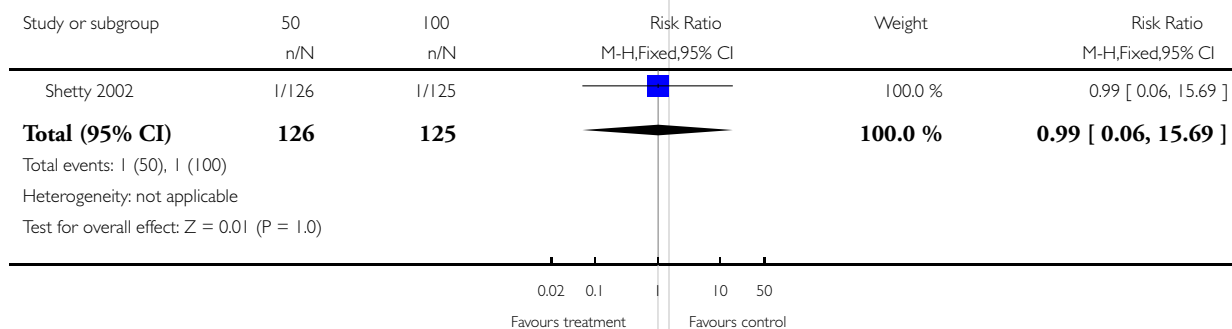


### Analysis 61.13. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 13 Apgar score < 7 at 5 minutes

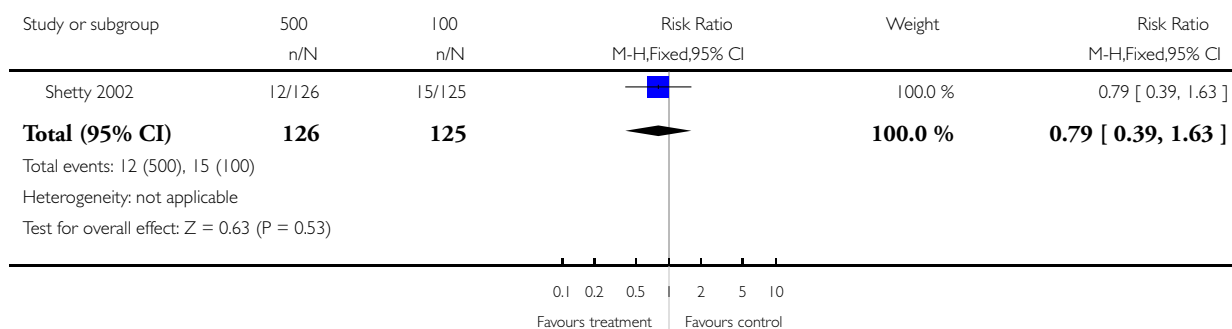


### Analysis 61.14. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 14 Neonatal intensive care unit admission.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 14 Neonatal intensive care unit admission

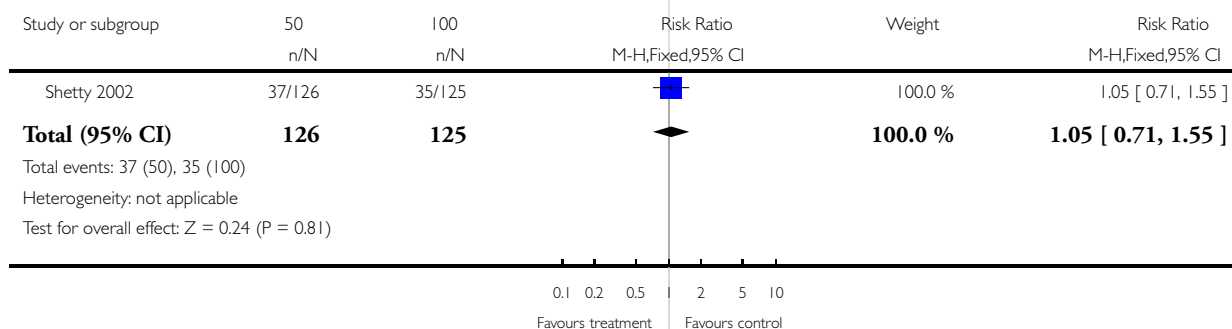


### Analysis 61.19. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 19 Nausea

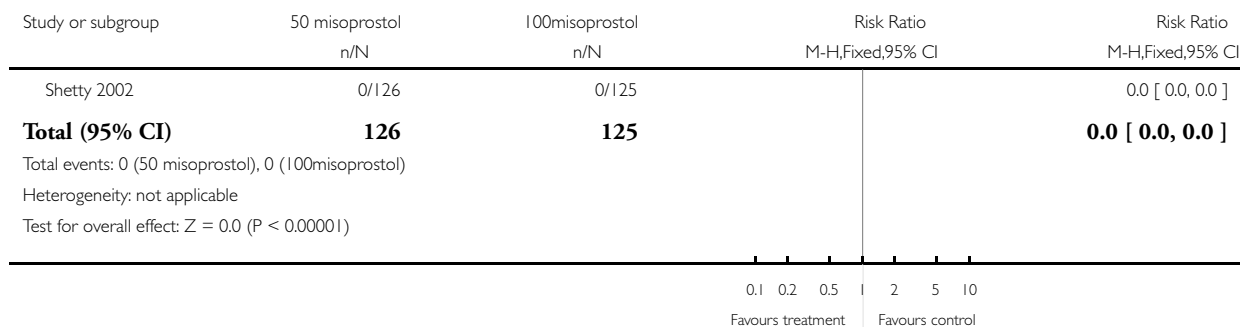


### Analysis 61.21. Comparison 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 61 Oral misoprostol 50 mcg versus 100 mcg: all women with intact membranes

Outcome: 21 Diarrhoea

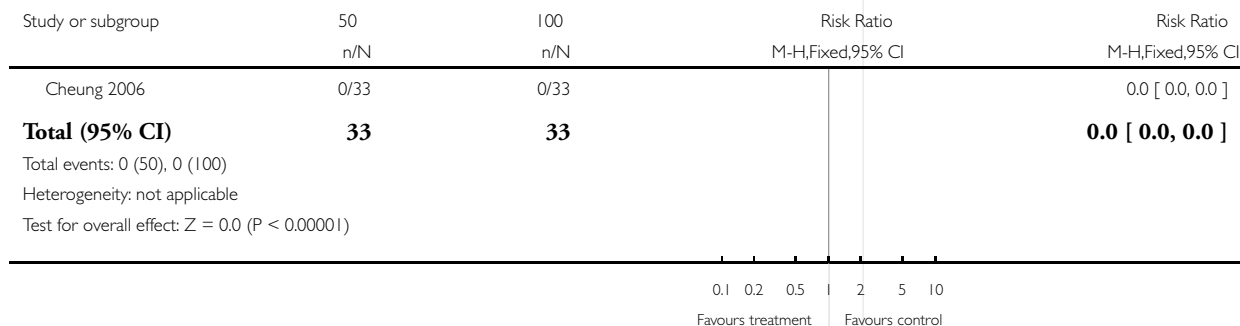


### Analysis 62.2. Comparison 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

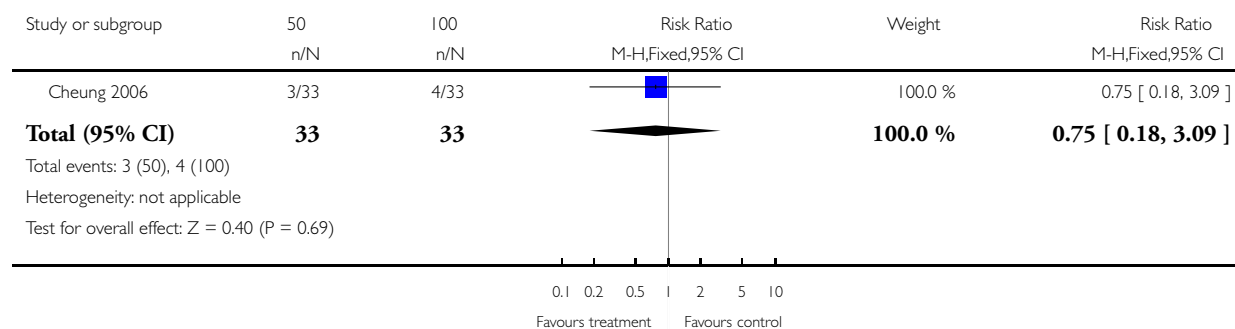


### Analysis 62.3. Comparison 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes

Outcome: 3 Caesarean section

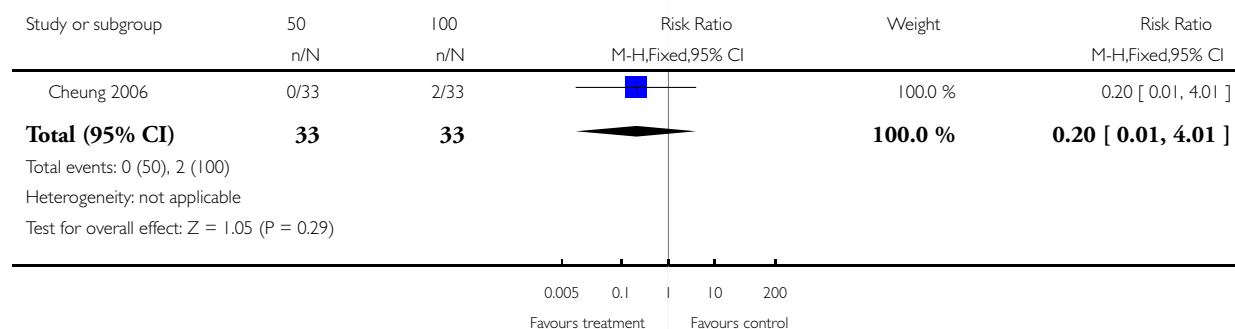


### Analysis 62.4. Comparison 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes, Outcome 4 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes

Outcome: 4 Uterine hyperstimulation without FHR changes



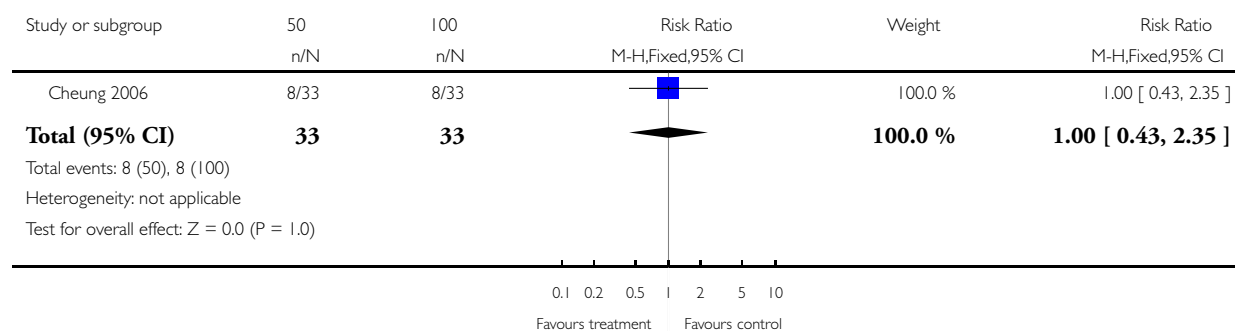


### Analysis 62.7. Comparison 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes

Outcome: 7 Oxytocin augmentation

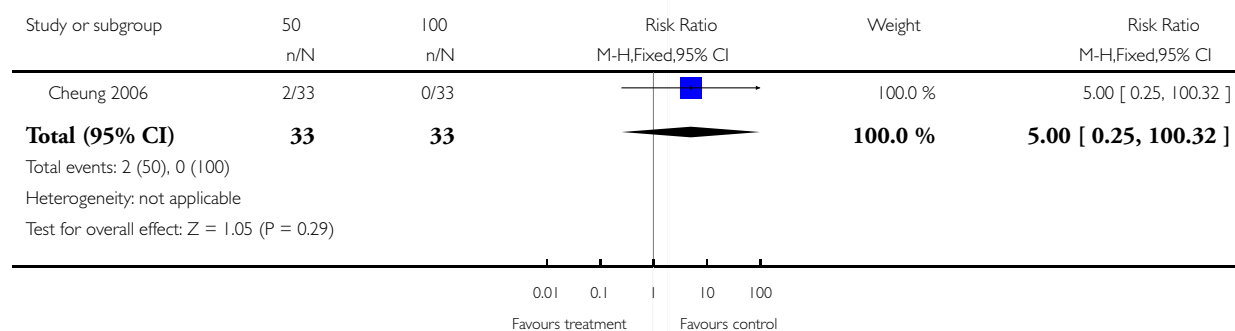


### Analysis 62.11. Comparison 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes

Outcome: 11 Instrumental vaginal delivery

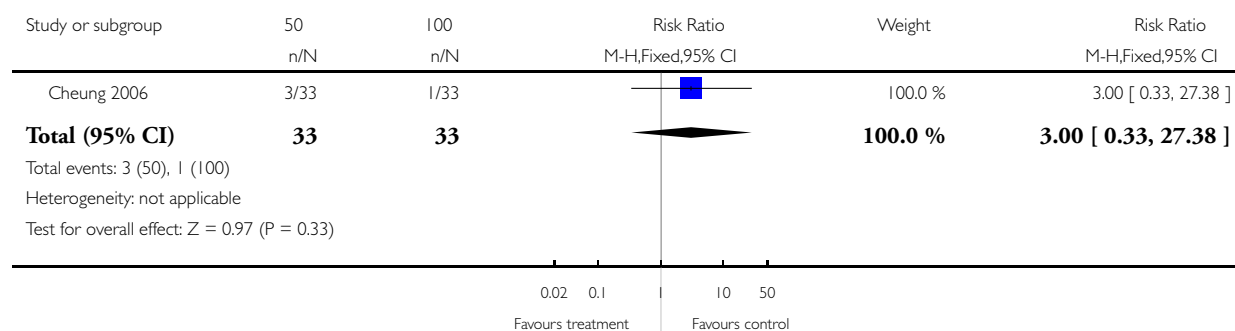


### Analysis 62.12. Comparison 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 62 Oral misoprostol 50 mcg versus 100 mcg: all women with ruptured membranes

Outcome: 12 Meconium-stained liquor

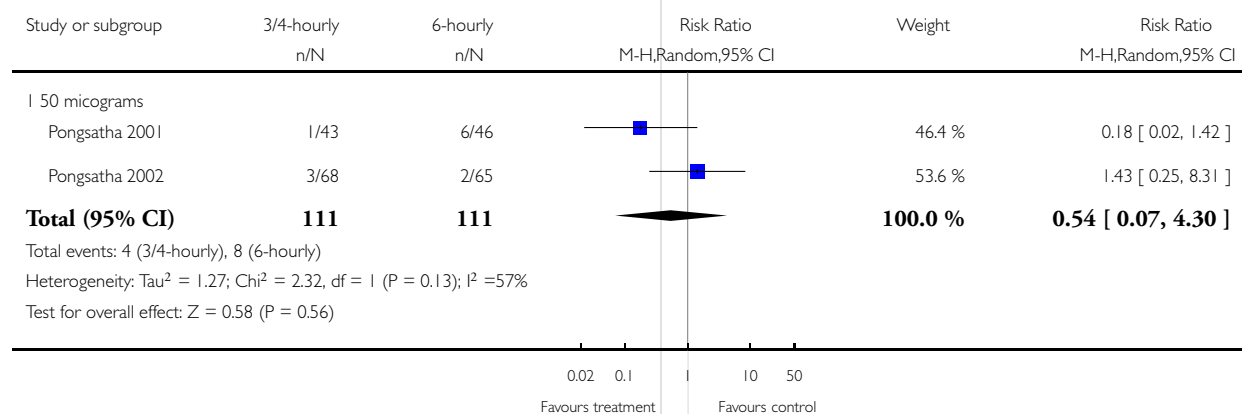


### Analysis 70.2. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 2 Uterine hyperstimulation with FHR changes

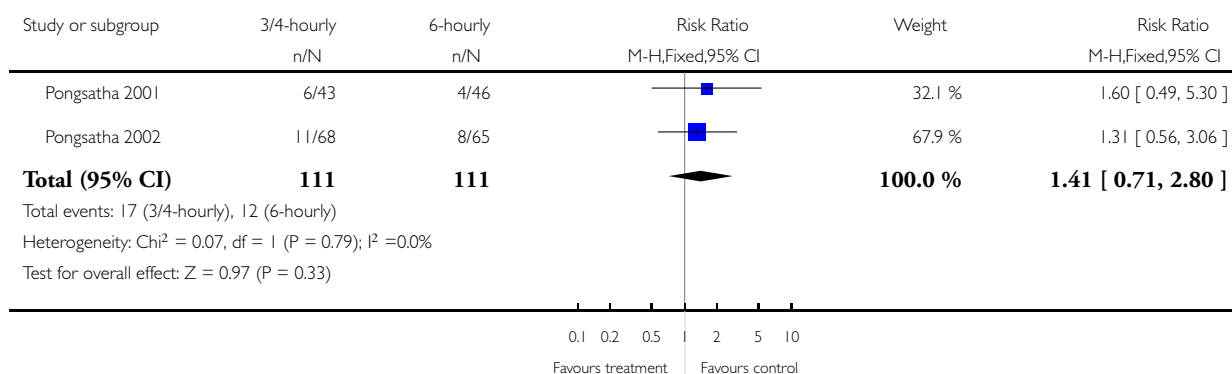


### Analysis 70.3. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 3 Caesarean section

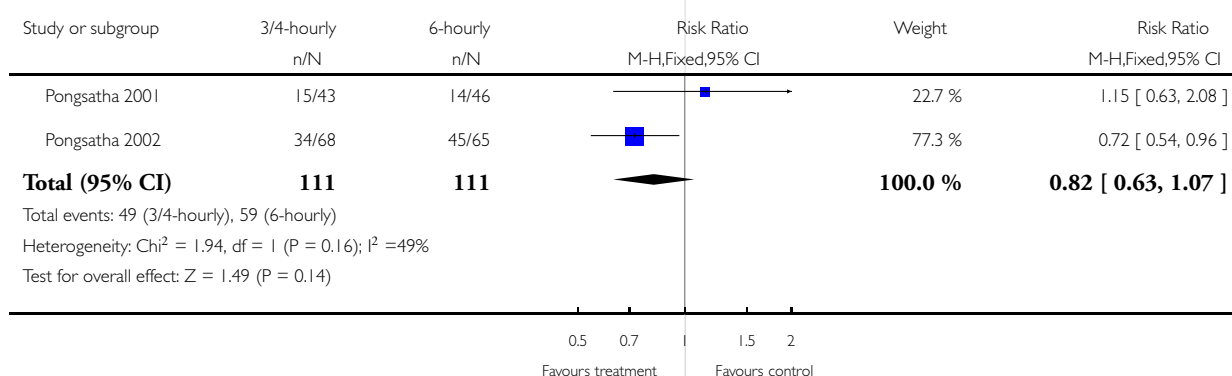


### Analysis 70.7. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 7 Oxytocin augmentation

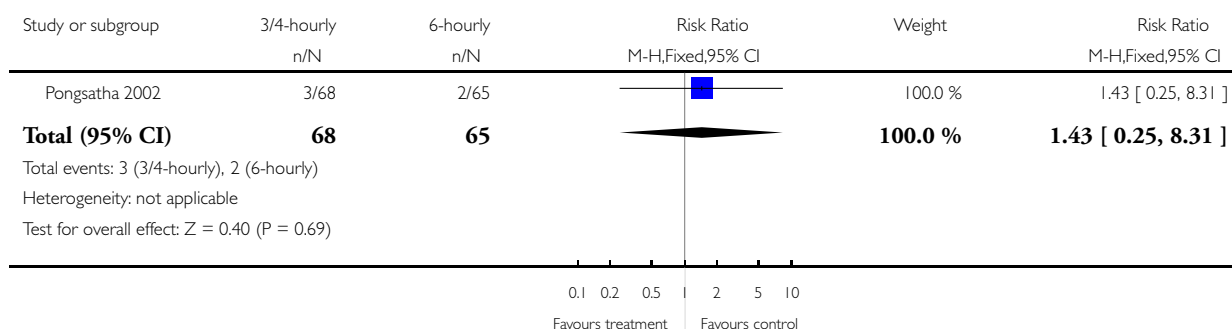


### Analysis 70.8. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 8 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 8 Uterine hyperstimulation without FHR changes

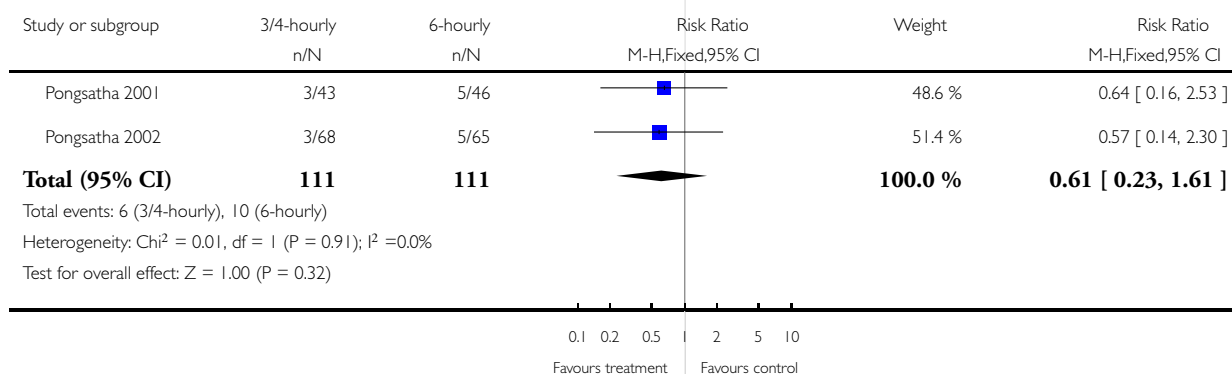


### Analysis 70.11. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 11 Instrumental vaginal delivery

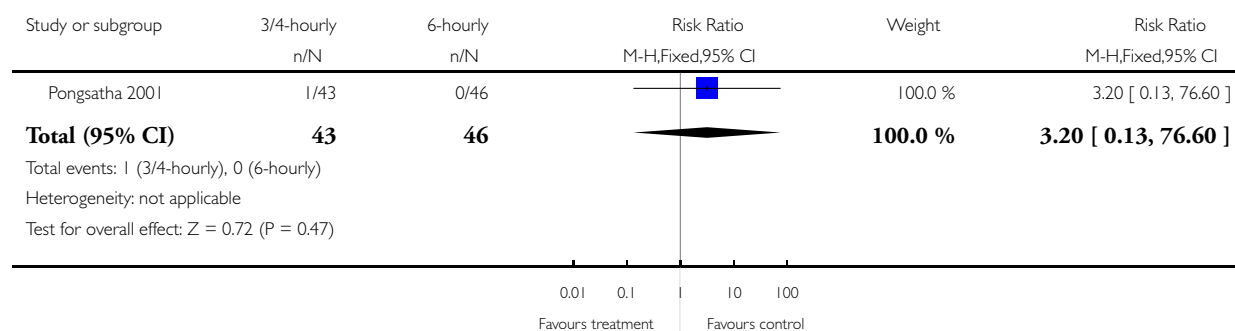


## Analysis 70.12. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 12 Meconium-stained liquor

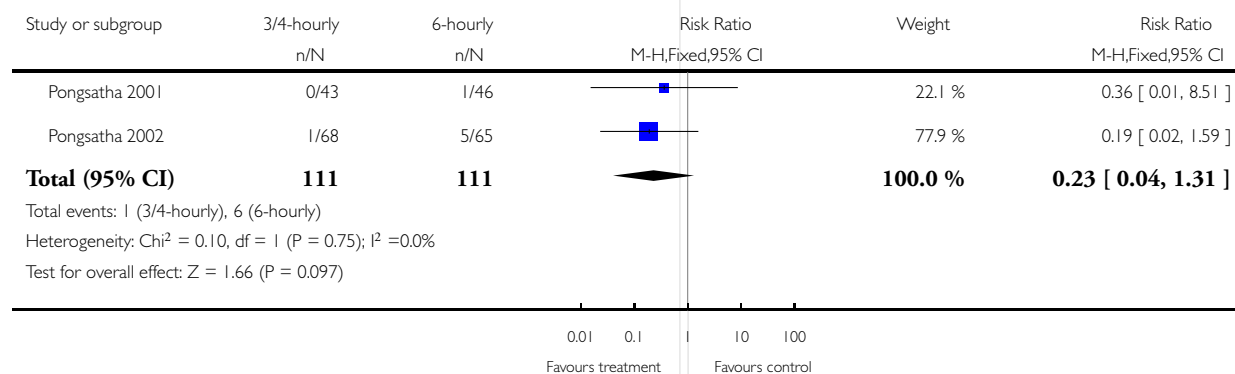


## Analysis 70.19. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 19 Nausea

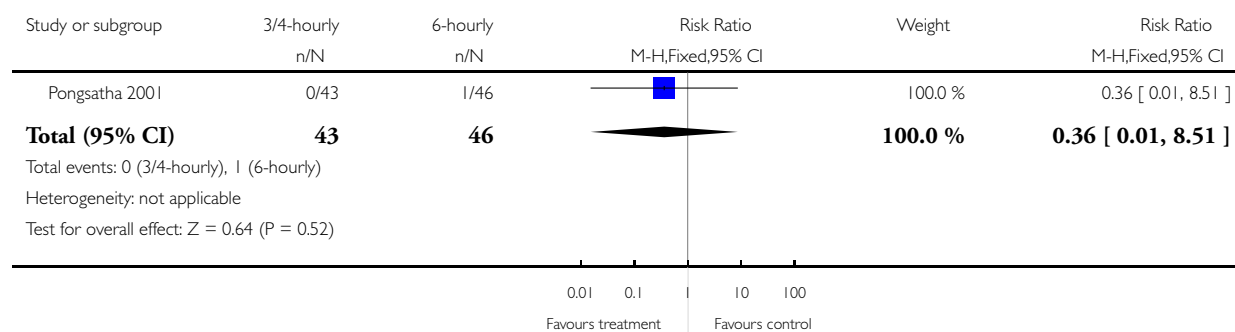


## Analysis 70.21. Comparison 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 70 Oral misoprostol 3/4-hourly versus 6-hourly: all women

Outcome: 21 Diarrhoea

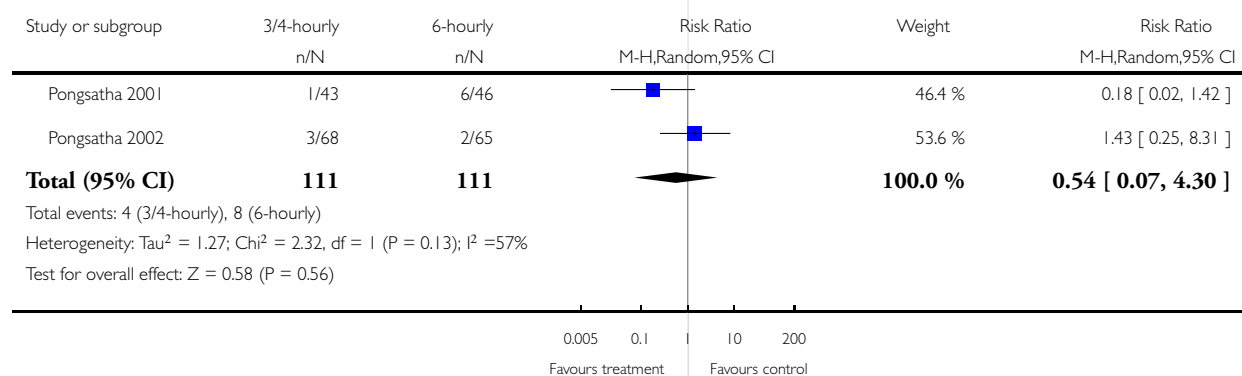


## Analysis 71.2. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

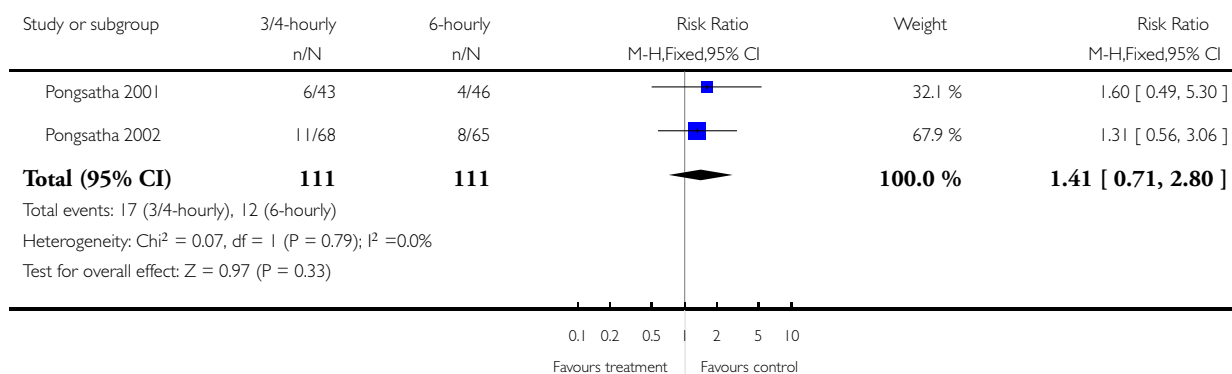


### Analysis 71.3. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 3 Caesarean section

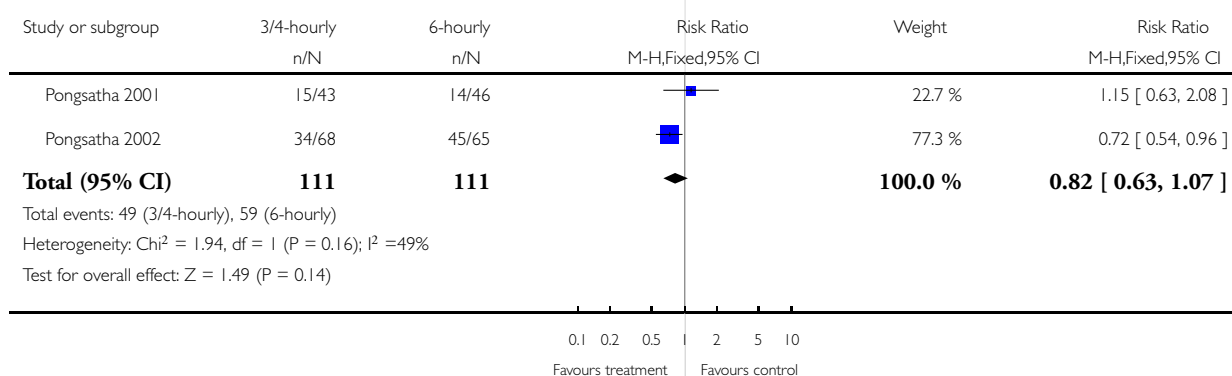


### Analysis 71.7. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 7 Oxytocin augmentation

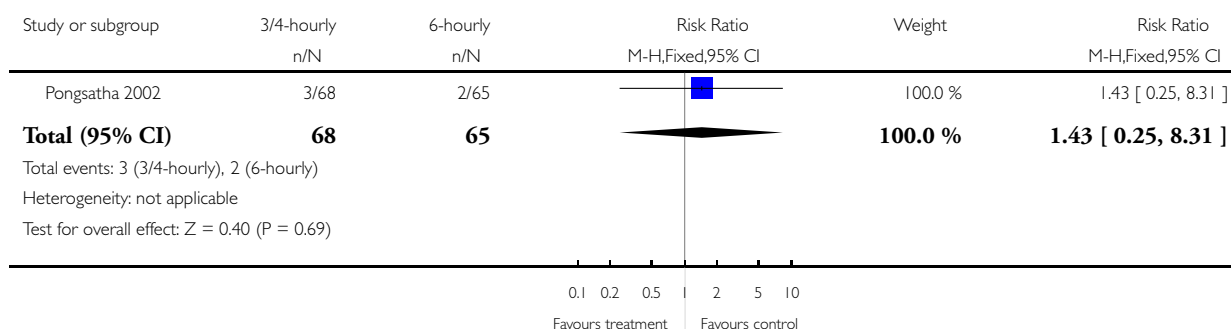


### Analysis 71.8. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 8 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 8 Uterine hyperstimulation without FHR changes

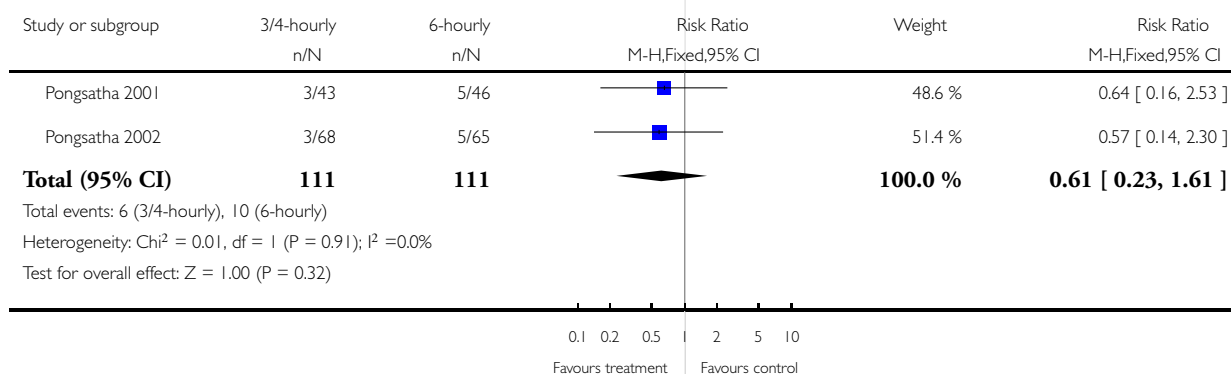


### Analysis 71.11. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 11 Instrumental vaginal delivery



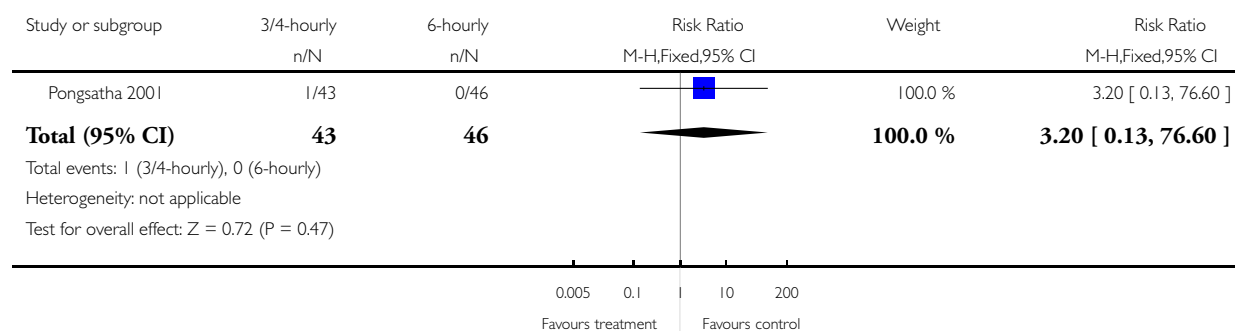


### Analysis 71.12. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 12 Meconium-stained liquor.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 12 Meconium-stained liquor

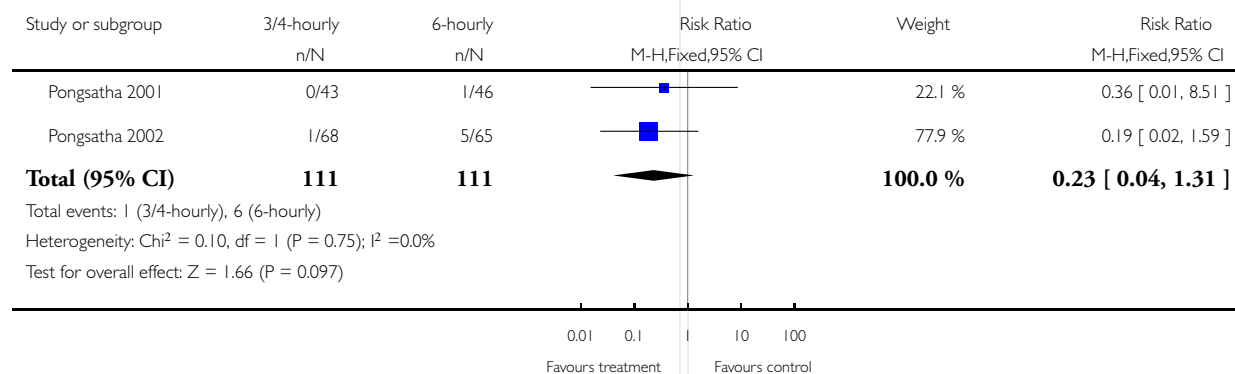


### Analysis 71.19. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 19 Nausea

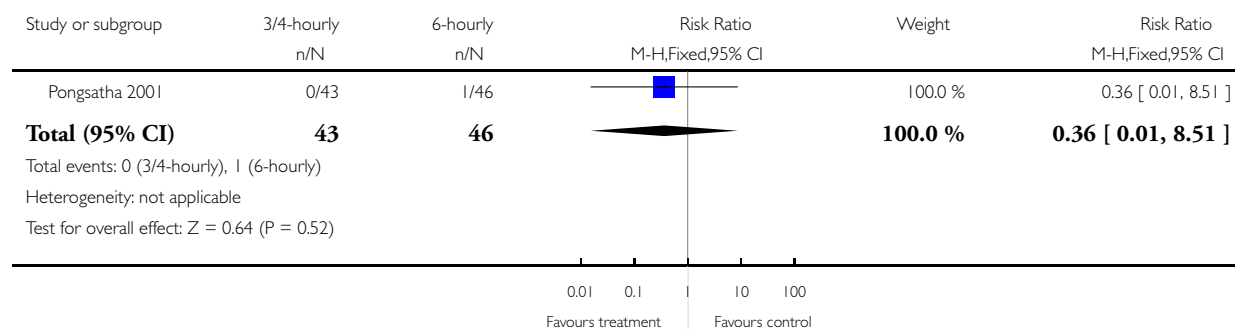


### Analysis 71.21. Comparison 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes, Outcome 21 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 71 Oral misoprostol 3/4-hourly versus 6-hourly: all women with intact membranes

Outcome: 21 Diarrhoea

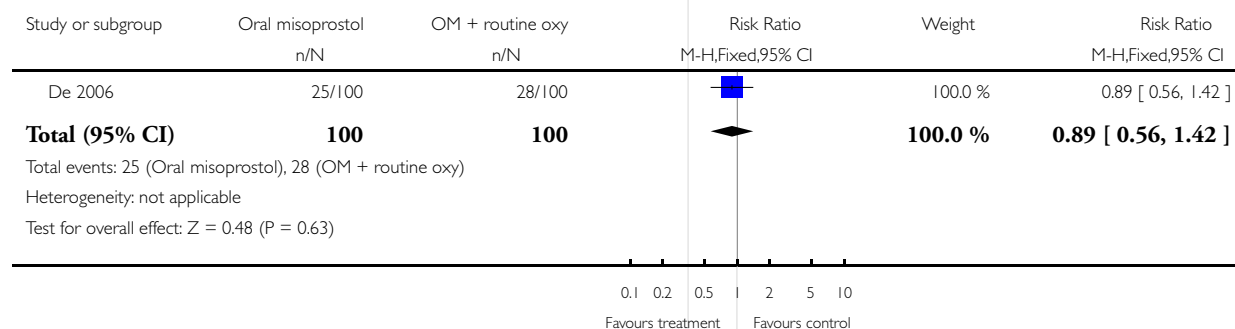


### Analysis 80.1. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 1 Vaginal delivery not achieved in 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 1 Vaginal delivery not achieved in 24 hours

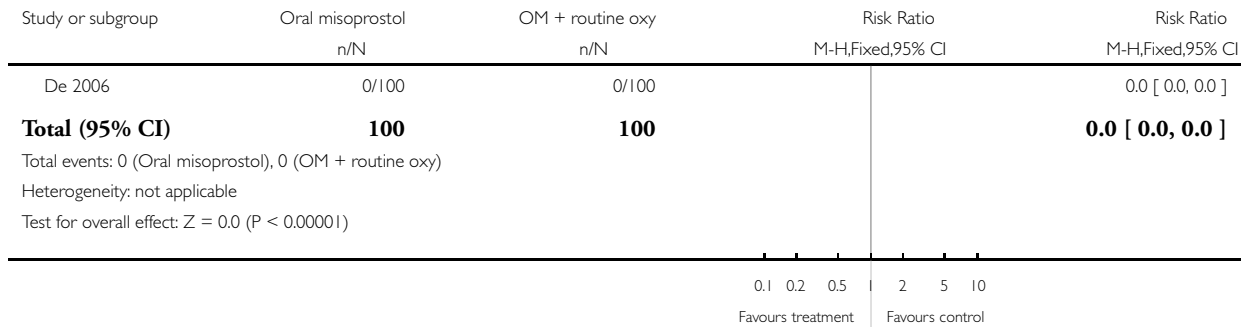


**Analysis 80.2. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 2 Uterine hyperstimulation with FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 2 Uterine hyperstimulation with FHR changes

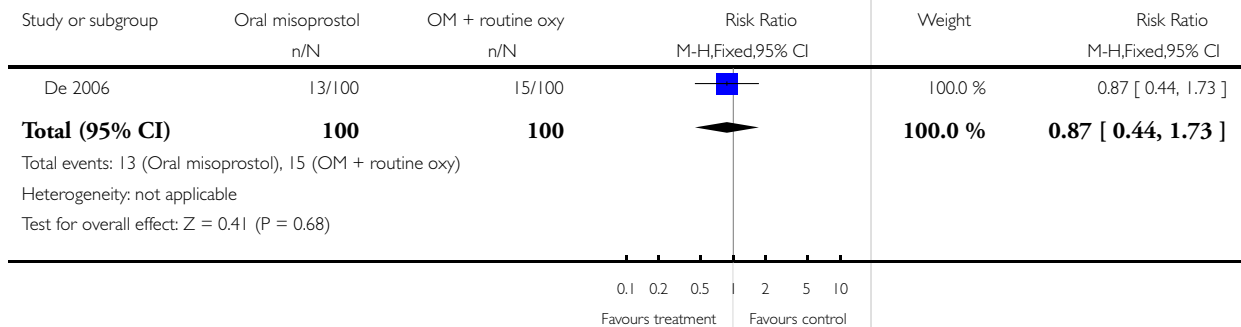


**Analysis 80.3. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 3 Caesarean section.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 3 Caesarean section

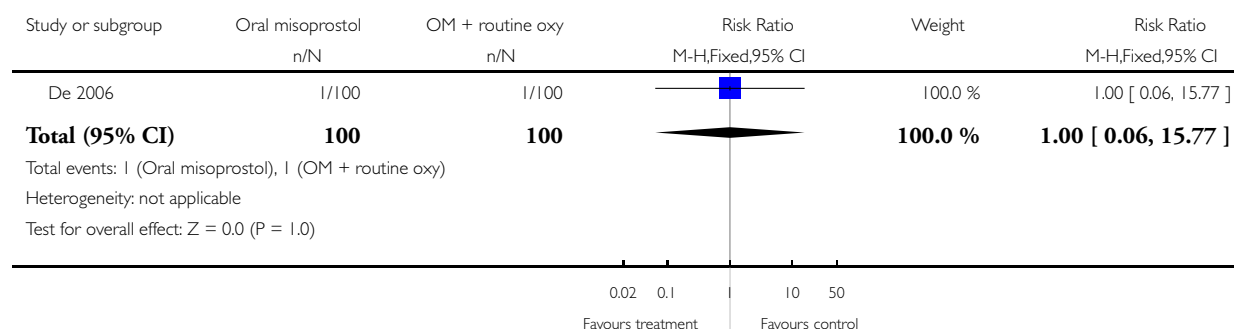


**Analysis 80.8. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 8 Uterine hyperstimulation without FHR changes.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 8 Uterine hyperstimulation without FHR changes

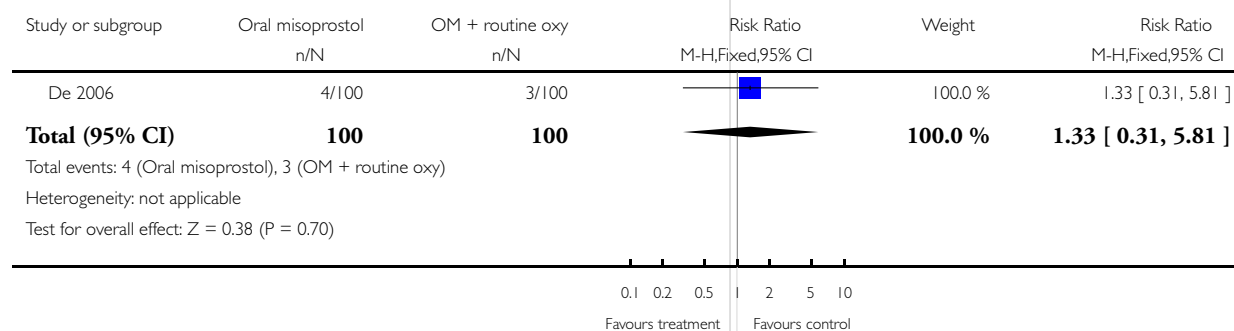


**Analysis 80.11. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 11 Instrumental vaginal delivery.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 11 Instrumental vaginal delivery

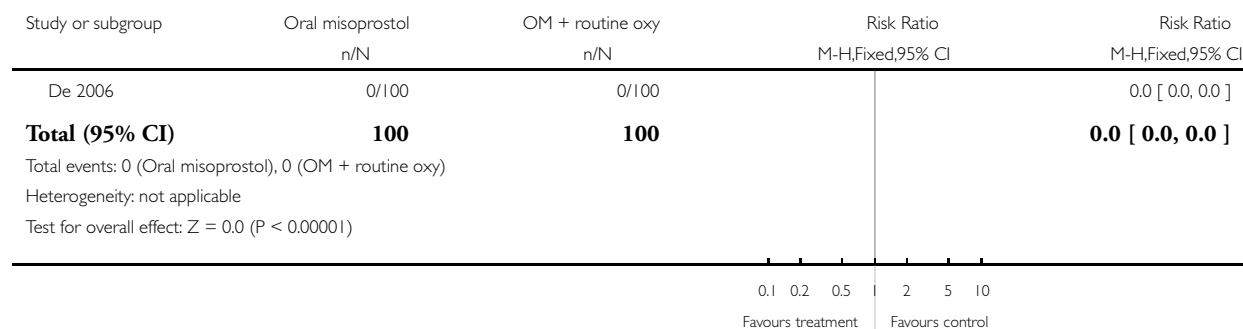


**Analysis 80.13. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 13 Apgar score < 7 at 5 minutes.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 13 Apgar score < 7 at 5 minutes

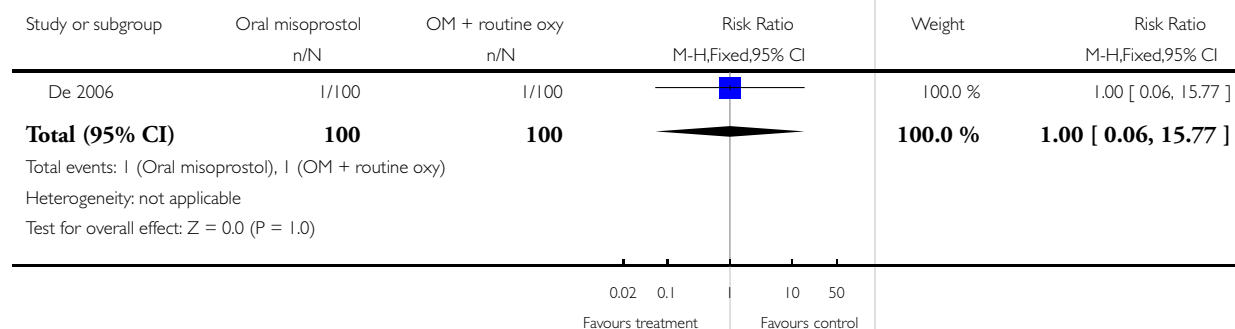


**Analysis 80.14. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 14 Neonatal intensive care unit admission.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 14 Neonatal intensive care unit admission

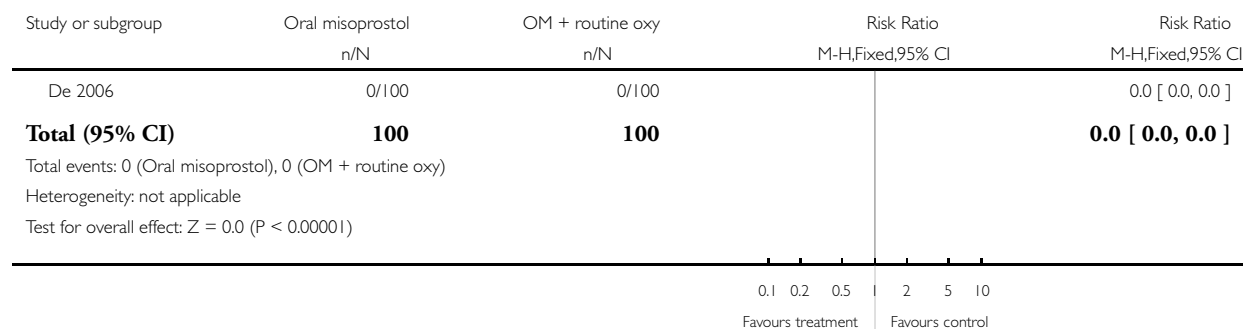


### Analysis 80.16. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 16 Postpartum haemorrhage.

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 16 Postpartum haemorrhage

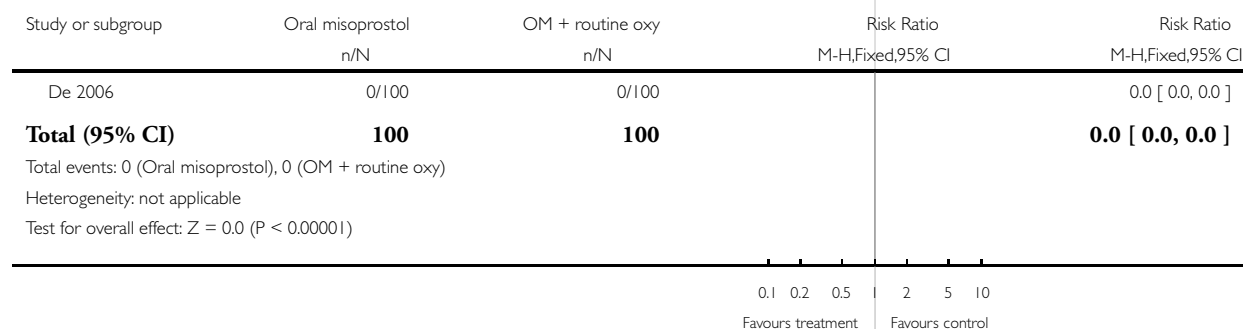


### Analysis 80.19. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 19 Diarrhoea.

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 19 Diarrhoea

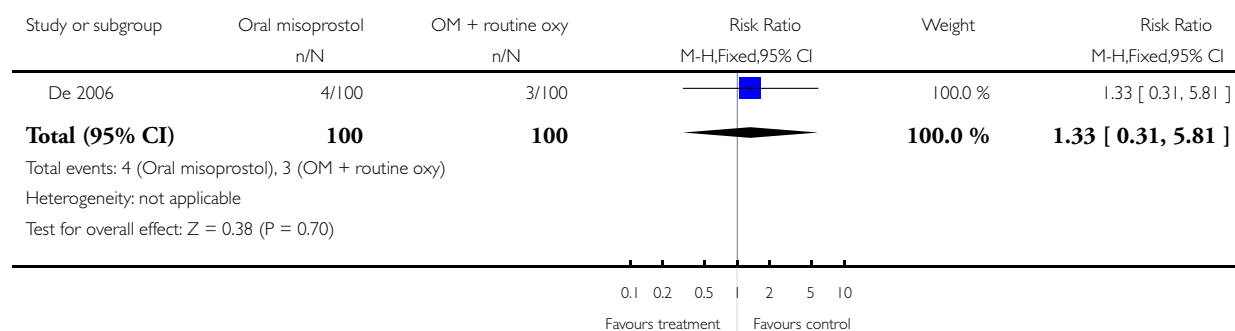


# **Analysis 80.20. Comparison 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women, Outcome 20 Vomiting.**

Review: Oral misoprostol for induction of labour

Comparison: 80 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all women

Outcome: 20 Vomiting

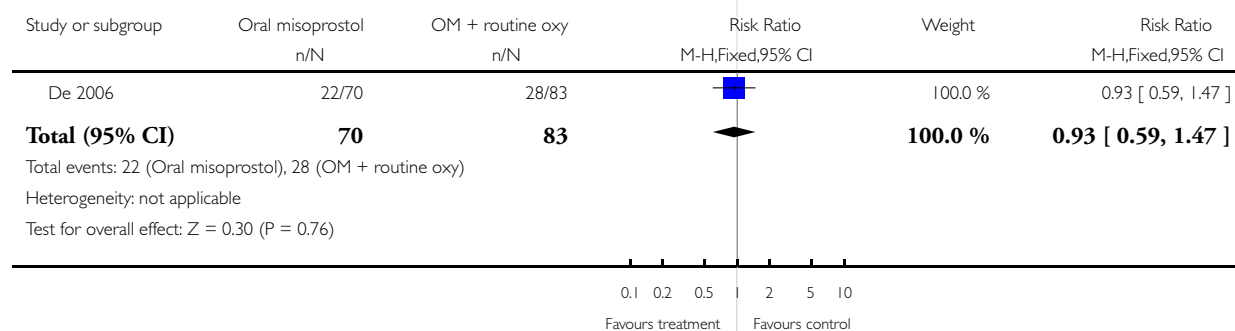


# **Analysis 81.1. Comparison 81 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all primiparae, Outcome 1 Vaginal delivery not achieved in 24 hours.**

Review: Oral misoprostol for induction of labour

Comparison: 81 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all primiparae

Outcome: 1 Vaginal delivery not achieved in 24 hours

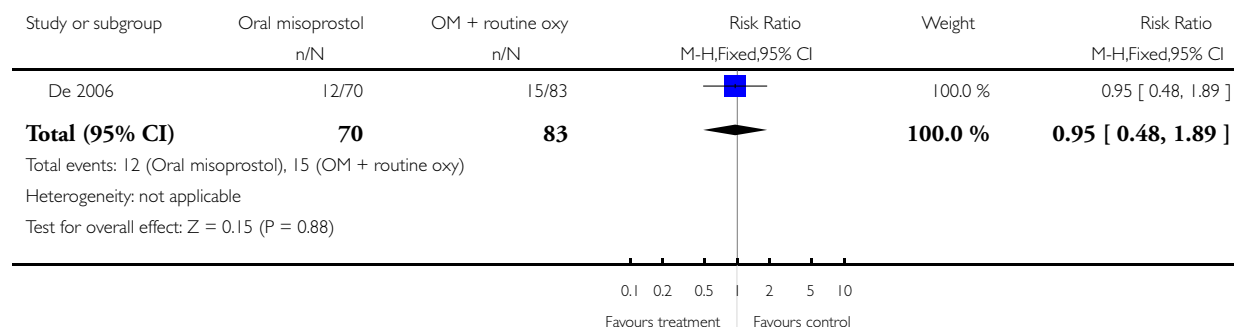


### Analysis 81.3. Comparison 81 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all primiparae, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 81 Oral miso 3-hourly vs oral miso x2 then routine oxytocin: all primiparae

Outcome: 3 Caesarean section

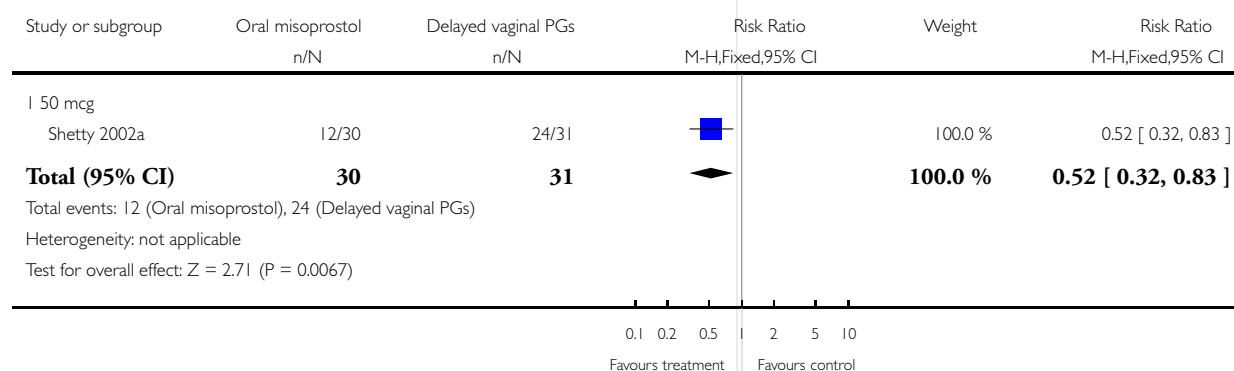


### Analysis 90.1. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 1 Vaginal delivery not achieved in 24 hours.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 1 Vaginal delivery not achieved in 24 hours



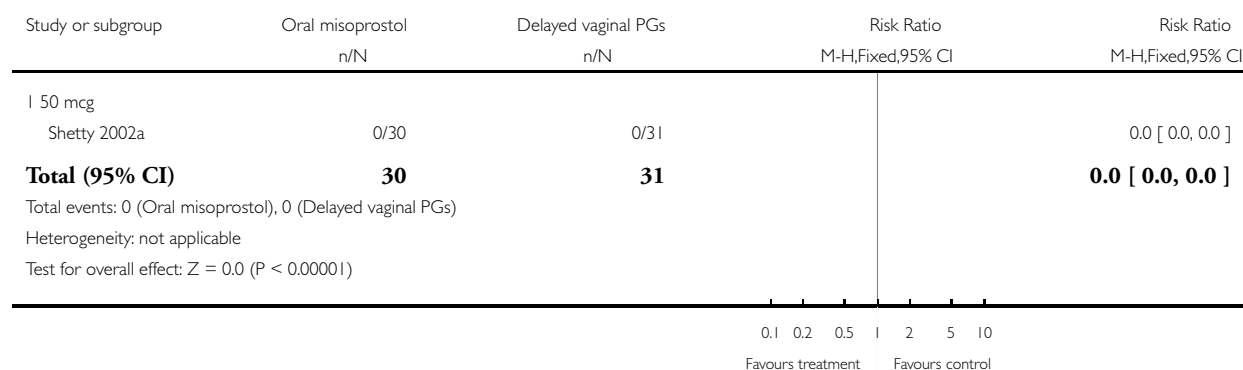


### Analysis 90.2. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 2 Uterine hyperstimulation with FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 2 Uterine hyperstimulation with FHR changes

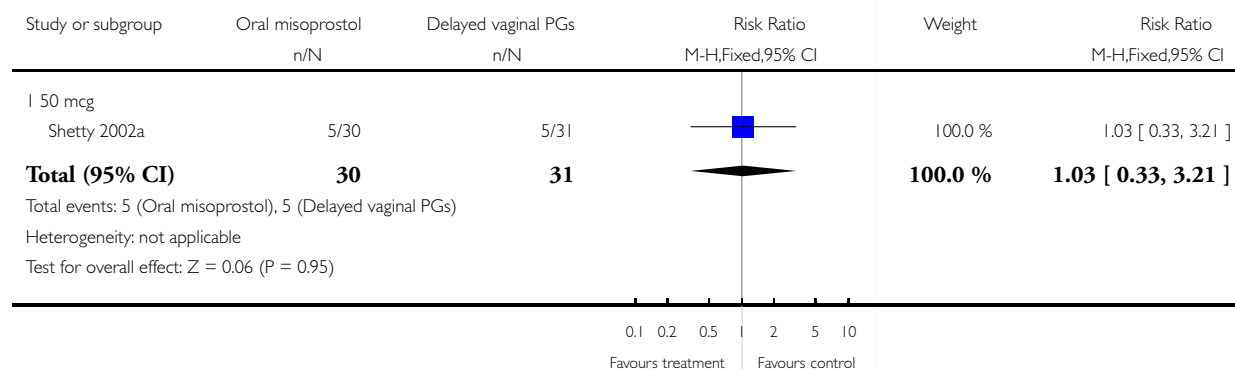


### Analysis 90.3. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 3 Caesarean section.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 3 Caesarean section

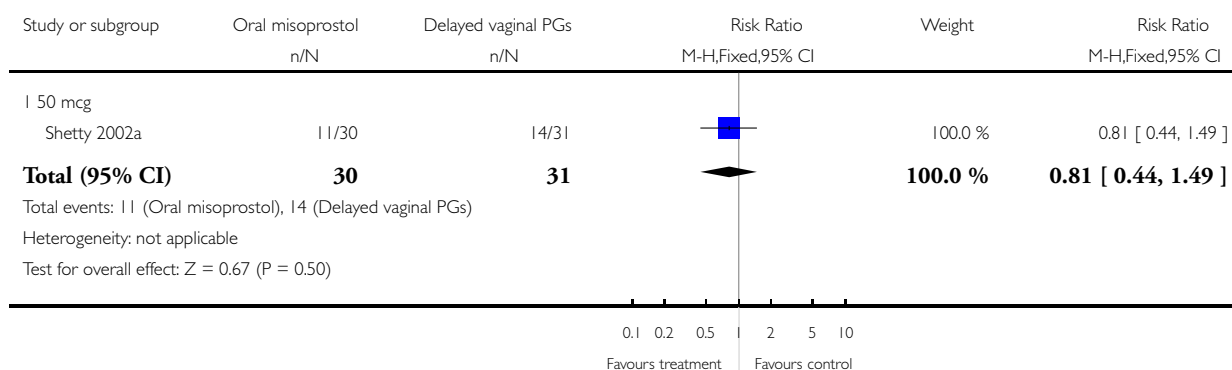


### Analysis 90.7. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 7 Oxytocin augmentation.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 7 Oxytocin augmentation

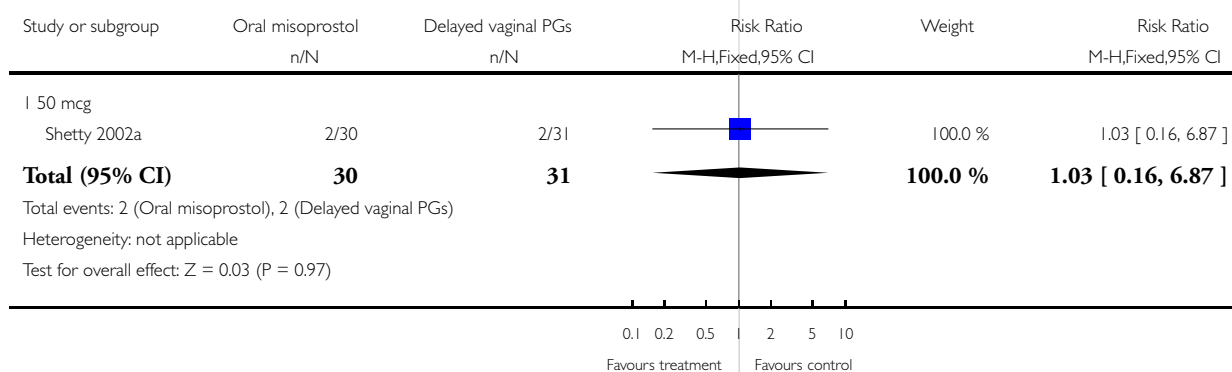


### Analysis 90.8. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 8 Uterine hyperstimulation without FHR changes.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 8 Uterine hyperstimulation without FHR changes

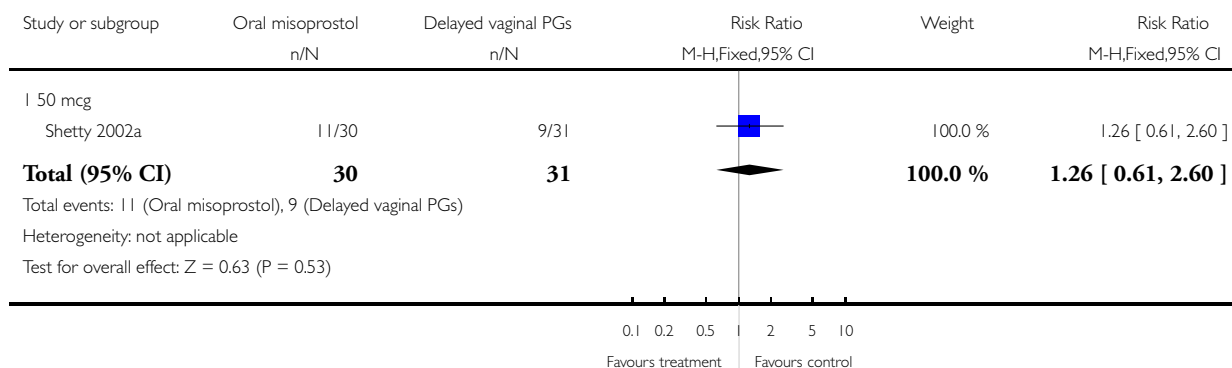


### Analysis 90.11. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 11 Instrumental vaginal delivery.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 11 Instrumental vaginal delivery

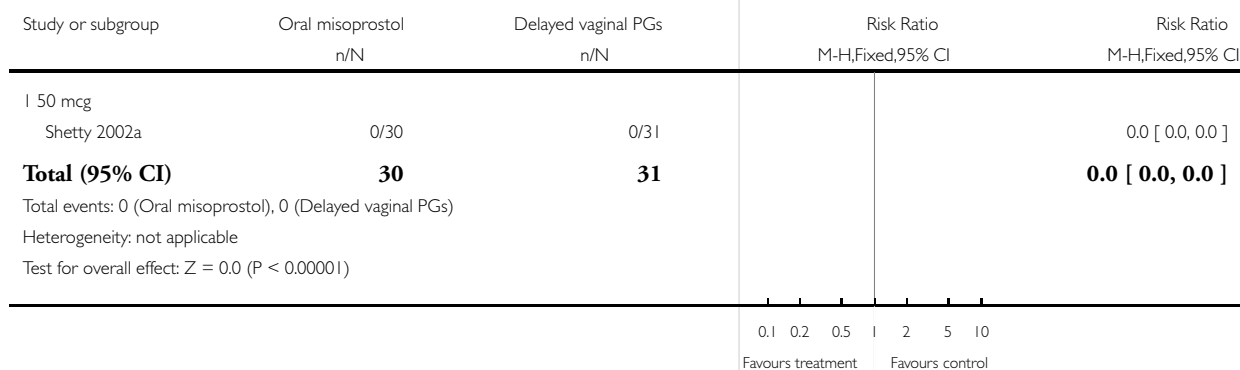


### Analysis 90.13. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 13 Apgar score < 7 at 5 minutes.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 13 Apgar score < 7 at 5 minutes

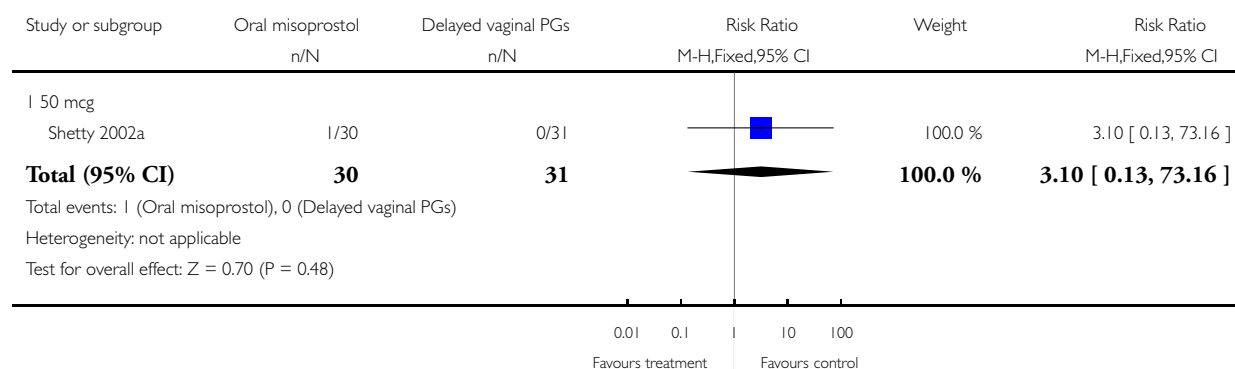


### Analysis 90.14. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 14 Neonatal intensive care unit admission.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 14 Neonatal intensive care unit admission

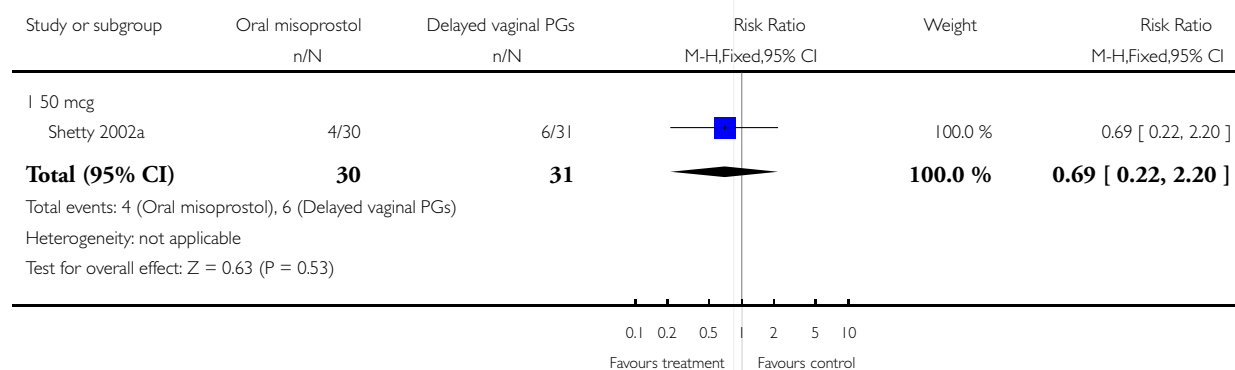


### Analysis 90.19. Comparison 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes, Outcome 19 Nausea.

Review: Oral misoprostol for induction of labour

Comparison: 90 Oral misoprostol versus delayed vaginal postaglandins: all women with ruptured membranes

Outcome: 19 Nausea



## WHAT'S NEW

Last assessed as up-to-date: 4 June 2008.

|             |                               |  |
|-------------|-------------------------------|--|
| 5 June 2008 | New search has been performed | Search updated. Fifteen new studies have been added. |
| 5 June 2008 | Amended                       | Converted to new review format.                      |

## HISTORY

Protocol first published: Issue 2, 2000

Review first published: Issue 4, 2000

|                 |  |  |
|-----------------|--|--|
| 31 October 2005 | New citation required and conclusions have changed | <p>Previously, with only 13 trials in total, most of the comparisons showed no major differences. Now, with over 8600 women randomised in 41 trials, differences between the induction methods are emerging. Oral misoprostol is now found to be more effective than placebo, as effective as oxytocin (in women with ruptured membranes) and possibly more effective than vaginal dinoprostone. With higher doses of misoprostol, uterine hyperstimulation is a problem. A 50 mcg oral dose is as effective as vaginal misoprostol and there is a lower rate of side effects. It may therefore be preferable.</p> <p>As with all methods of induction there remain unanswered questions about safety. For rarer outcomes such as uterine rupture or stillbirth the meta-analysis is still too small to demonstrate significant differences. Whilst these doubts remain, the use of products licensed for induction (e.g. dinoprostone and oxytocin) is recommended.</p> |
| 31 October 2005 | New search has been performed                      | Search updated; 28 new trials have been added to the review and the text has been updated.   |

## CONTRIBUTIONS OF AUTHORS

Zarko Alfrevic (ZA) produced the protocol and the original review in 2001. He also supervised the subsequent updates. Andrew Weeks joined ZA in 2004; he collated the new data and amended the results, discussions and conclusions in 2005 and 2007. Both authors reviewed and accepted the final paper.

## DECLARATIONS OF INTEREST

Zarko Alfrevic is one of the principal investigators of a trial included in this review. He acted as an adviser and co-investigator on the Phase III trials to companies involved in the development of misoprostol products for labour induction, but payments were on a one-off basis with no regular or long-lasting personal relationships with any organisation. Neither he, nor his immediate family, hold any shares or stocks in any company.

Andrew Weeks was the principal investigator for a misoprostol study in post-abortion care and runs the [www.misoprostol.org](http://www.misoprostol.org) website as a service to provide accurate information to women about misoprostol use. He has acted as a co-investigator on a Phase III trial to a company involved in the development of misoprostol products for labour induction, and accepted sponsorship to a misoprostol conference from them. Neither he nor his family have financial interests that would gain from an increased use of misoprostol.

## SOURCES OF SUPPORT

### Internal sources

- The University of Liverpool, UK.

### External sources

- No sources of support supplied

## INDEX TERMS

### Medical Subject Headings (MeSH)

Administration, Oral; Labor, Induced [\*methods]; Misoprostol [\*administration & dosage]; Oxytocics [\*administration & dosage]; Randomized Controlled Trials as Topic

### MeSH check words

Female; Humans; Pregnancy