

Table S1 Excluded studies with exclusion reasons

Study	Reason for Exclusion
Aubeny,E., Chatellier,G., A randomized comparison of mifepristone and self-administered oral or vaginal misoprostol for early abortion, European Journal of Contraception and Reproductive Health Care, 5, 171-176, 2000	Comparison not in PICO
Chen, M. J., Creinin, M. D., Mifepristone With Buccal Misoprostol for Medical Abortion: A Systematic Review, Obstetrics & GynecologyObstet Gynecol, 126, 12-21, 2015	Systematic review only including studies with at least 24 hours between mifepristone and misoprostol (comparison not in PICO)
Creinin, Md, Schreiber, Ca, Bednarek, P, Lintu, H, Wagner, Ms, Meyn, L, A multicenter randomized equivalence trial of mifepristone and misoprostol administered simultaneously versus 24 hours apart for abortion through 63 days gestation (abstract), Contraception, 74, 178, 2006	Abstract of included full-text study (Creinin 2007)
El-Refaey, H., Rajasekar, D., Abdalla, M., Calder, L., Templeton, A., Induction of abortion with mifepristone (RU 486) and oral or vaginal misoprostol, New England Journal of Medicine, 332, 983-987, 1995	Comparison not in PICO
Garg, G., Takkar, N., Sehgal, A., Buccal Versus Vaginal Misoprostol Administration for the Induction of First and Second Trimester Abortions, 65, 111-116, 2015	Comparison not in PICO
Iyengar, K., Klingberg-Allvin, M., Iyengar, S. D., Paul, M., Essen, B., Gemzell-Danielsson, K., Home use of misoprostol for early medical abortion in a low resource setting: Secondary analysis of a randomized controlled trial, Acta obstetrica ET gynecologica scandinavica, 95, 173-181, 2016	Comparison not in PICO
Jing, X, Weng, L, A study on the optimal regimen of mifepristone with prostaglandin for termination of early pregnancy, 30, 38-41, 1995	Comparisons not in PICO
Kahn,J.G., Becker,B.J., MacIsaa,L., Amory,J.K., Neuhaus,J., Olkin,I., Creinin,M.D., The efficacy of medical abortion: A meta-analysis, Contraception, 61, 29-40, 2000	Systematic review, comparison not in PICO
Kapp, N., Baldwin, M. K., Rodriguez, M. I., Efficacy of medical abortion prior to 6 gestational weeks: a systematic review, 97, 90-99, 2018	Systematic review (included studies checked for relevance): Comparison/analyses not in PICO
Kapp, N., et al. (2019). "Medical abortion in the late first trimester: a systematic review."	Systematic review (included studies

Study	Reason for Exclusion
Contraception 99(2): 77-86.	checked for relevance)
Li, Y. T., et al. (2008). Efficacy of simultaneous use of mifepristone and misoprostol for early abortion. International journal of gynaecology and obstetrics 101(3): 301	Non-comparative study
Ngo, T. D., Park, M. H., Shakur, H., Free, C., Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review, Bulletin of the world health organization, 89, 360-70, 2011	Systematic review (checked for relevant studies); comparison not in PICO
Pullen, R., Two mifepristone doses and two intervals of misoprostol administration for termination of early pregnancy: A randomised factorial controlled equivalence trial, 35, 150, 2009	Review of a study which only included comparisons not in PICO
Raymond, E. G., Shannon, C., Weaver, M. A., Winikoff, B., First-trimester medical abortion with mifepristone 200 mg and misoprostol: a systematic review, Contraception, 87, 26-37, 2013	Systematic review; focus on medical abortion as a whole and analyses not in PICO
Reeves, M. F., Monmaney, J. A., Creinin, M. D., Predictors of uterine evacuation following early medical abortion with mifepristone and misoprostol, Contraception, 93, 119-25, 2016	Secondary analysis of data from two studies, one of which is relevant and already included (Creinin 2007)
Sang, G. W., Weng, L. J., Shao, Q. X., Du, M. K., Wu, X. Z., Lu, Y. L., Cheng, L. N., Termination of early pregnancy by two regimens of mifepristone with misoprostol and mifepristone with PG05 - A multicentre randomized clinical trial in China, 50, 501-510, 1994	Comparison not in PICO
Schaff, E., Evidence for shortening the time interval of prostaglandin after mifepristone for medical abortion, Contraception, 74, 42-44, 2006	(Semi-)Systematic review (included studies checked for relevance): Comparison not in PICO
Shrestha, A., Sedhai, L. B., A randomized trial of hospital vs home self administration of vaginal misoprostol for medical abortion, Kathmandu University Medical Journal, 12, 185-189, 2014	Comparison not in PICO
Tendler, R., Bornstein, J., Kais, M., Masri, I., Odeh, M., Early versus late misoprostol administration after mifepristone for medical abortion, Archives of Gynecology and Obstetrics, 292, 1051-1054, 2015	Comparison not in PICO (2-hour v 48-hour intervals)
Tsai, E. M., Yang, C. H., Lee, J. N., Medical abortion with mifepristone and misoprostol: A clinical trial in Taiwanese women, Journal of the Formosan Medical Association, 101, 277-282, 2002	Comparison not in PICO

Study	Reason for Exclusion
Wedisinghe, L., Elsandabesee, D., Flexible mifepristone and misoprostol administration interval for first-trimester medical termination, Contraception, 81, 269-74, 2010	Systematic review: Included studies checked for relevance, and only relevant study already included (Creinin 2007)
Zou, Y, Li, Y P, Gan, C P, Wu, L, Tong, L, Liang, Y, Li, T, Tang, Y, Mei, L, Yang, J, Liu, Y W, Evaluation of the effectiveness of mifepristone concomitant with misoprostol for medical abortion (Provisional abstract), Chinese Journal of Evidence-Based Medicine, 5, 619-631, 2005	Systematic review, checked for relevant trials, no new trials identified

PICO: Population, intervention, comparison, outcomes.

Table S2 Included studies

Study details	Participants	Interventions	Outcomes and Results	Comments
<p>Full citation Creinin, M. D., Schreiber, C. A., Bednarek, P., Lintu, H., Wagner, M. S., Meyn, L. A., Mifepristone and misoprostol administered simultaneously versus 24 hours apart for abortion: A randomized controlled trial, Obstetrics and Gynecology, 109, 885-894, 2007</p> <p>Ref Id 801807</p> <p>Country/ies where the study was carried out USA</p> <p>Study type Randomised controlled trial</p>	<p>Sample size n=1128 randomised (n=567 simultaneous; n=561 delayed) n=1100 analysed (simultaneous: n = 554, n=1 and 12 withdrew consent and were lost to follow up, respectively; delayed: n = 546, n=1 and 14 withdrew consent and were lost to follow up, respectively).</p> <p>Characteristics Simultaneous (analysed): Mean (SD) age: 26 (6) years; mean (SD) gestational age: 50 (8) days; Gravidity 1/2/3/4/5 or more: n=161/111/100/67/115; parity 0/1/2/3 or more: n=246/147/88/73; prior elective abortion(s): n=234; prior elective medical abortion: n =56.</p> <p>Delayed (analysed): Mean (SD) age: 26 (6) years; mean (SD) gestational age: 51 (8) days; Gravidity 1/2/3/4/5 or</p>	<p>Simultaneous administration: 200 mg oral mifepristone followed by 800 mcg vaginal misoprostol within 15 minutes</p> <p>Delayed administration: 200 mg oral mifepristone followed by 800 mcg vaginal misoprostol 23-25 hours later.</p> <p>50 mcg intramuscular rh-immune globulin was given to Rh-negative women.</p> <p>Follow-up: 7 (±1), 14 (±2) and 35 days after mifepristone administration</p>	<p>Critical outcomes: Ongoing pregnancy rate: Simultaneous: 4/554; Delayed: 1/546</p> <p>Haemorrhage requiring transfusion or ≥ 500ml of blood loss: Simultaneous: 0/554; Delayed: 4/546 (gestational ages were 50, 51, 57 and 63 days)</p> <p>Patient satisfaction (would recommend to friend): Simultaneous:512/545; Delayed: 504/536</p> <p>Patient satisfaction (would choose same method again): Simultaneous:480/545; Delayed: 477/536</p> <p>Important outcomes: Need for repeat misoprostol: Not reported</p> <p>Time to onset of cramping (after misoprostol administration; median,</p>	<p>Limitations Quality assessment: Risk of bias assessed using Cochrane risk of bias tool</p> <p>Random sequence generation: Low risk; computer-generated list.</p> <p>Allocation concealment: Low risk; sequentially numbered opaque envelopes.</p> <p>Blinding of participants and personnel: Unblinded; unclear risk as most reported outcomes are subjective outcomes to some extent, apart from ongoing pregnancy, which is low risk.</p> <p>Blinding of outcome assessment: Unblinded; unclear risk as most reported outcomes are subjective outcomes to</p>

Study details	Participants	Interventions	Outcomes and Results	Comments
<p>Aim of the study "to compare the efficacy, adverse effects, and acceptability of misoprostol 800 mcg vaginally administered simultaneously with, or 24 hours after, mifepristone 200 mg orally for abortion in women up to 63 days of gestation." (p. 885)</p> <p>Study dates April 2004 - May 2006</p> <p>Source of funding Anonymous foundation</p>	<p>more: n= 143/108/105/83/107; parity 0/1/2/3 or more: n=216/140/127/63; prior elective abortion(s): n=231; prior elective medical abortion: n =68.</p> <p>Inclusion criteria Healthy women requesting an elective abortion of an intrauterine pregnancy (with a visible gestational sac) \leq 63 days of gestation (on the day of mifepristone administration; according to vaginal ultrasonography), who were willing to comply with the visit schedule and to have a surgical abortion indicated, with access to a telephone.</p> <p>Exclusion criteria Women with any contraindication to mifepristone (including chronic systemic corticosteroid administration or adrenal disease) or misoprostol (including glaucoma, mitral stenosis,</p>		<p>range; hours): Simultaneous: 2.5 (0-143); Delayed: 1.7 (-24 – 115); p < 0.001</p> <p>Time to onset of bleeding (after misoprostol administration; median, range; hours): Simultaneous: 3.7 (0-74); Delayed: 2 (-23 – 24); p < 0.001</p> <p>Total treatment time from mifepristone to expulsion: Not reported</p> <p>Incomplete abortion with the need for surgical intervention: Simultaneous: 23*/554; Delayed: 16/546. Includes n=2 D&Cs that were requested by the women</p>	<p>some extent, apart from ongoing pregnancy, which is low risk..</p> <p>Attrition: Low risk, for all outcomes apart from patient satisfaction data from 545/567 (simultaneous) and 536/561 (delayed) included.</p> <p>Selective reporting: Low risk</p> <p>Other bias: None reported</p> <p>Other information</p>

Study details	Participants	Interventions	Outcomes and Results	Comments
	sickle cell anemia, poorly controlled seizure disorder, or known allergy to prostaglandin); haemoglobin level <10 g/dL; cardiovascular disease (including angina, valvular disease, arrhythmia, or cardiac failure); known coagulopathy/ receiving treatment with anticoagulants; pregnancy with an intrauterine device in utero; an ultrasound examination showing evidence of an early pregnancy failure; active cervicitis on examination; breastfeeding; or previous participation in the trial.			
Full citation Goel, A., Mittal, S., Taneja, B. K., Singal, N., Attri, S., Simultaneous administration of mifepristone and misoprostol for early termination of pregnancy: A randomized	Sample size N=92 were screened of whom n=80 were randomised, n=40 to each intervention group Characteristics Simultaneous: Mean (?SD?) age: 25.65 (2.41) years; mean (SD?) gestational age: 36.52 (3.03) days; parity primigravida/multigravida:	Simultaneous administration: 200 mg oral mifepristone followed by 400 mcg vaginal misoprostol simultaneously Delayed administration: 200 mg oral mifepristone followed by 400 mcg vaginal misoprostol 24 hours later.	Critical outcomes: Ongoing pregnancy rate: Simultaneous: 0/40; Delayed: 0/40 Haemorrhage requiring transfusion or ≥ 500ml of blood loss: Simultaneous: 0/40; Delayed: 0/40 Patient satisfaction (satisfied	Limitations Quality assessment: Risk of bias assessed using Cochrane risk of bias tool Random sequence generation: Low risk; random number table Allocation concealment: Unclear risk;

Study details	Participants	Interventions	Outcomes and Results	Comments
<p>controlled trial, Archives of gynecology and obstetrics, 283, 1409-1413, 2011</p> <p>Ref Id 816019</p> <p>Country/ies where the study was carried out India</p> <p>Study type Randomised controlled trial</p> <p>Aim of the study " To compare the efficacy of different intervals of misoprostol administration (simultaneously vis-à-vis 24 h), after mifepristone, in women undergoing medical termination of</p>	<p>n=9/31; previous abortion: n=15.</p> <p>Delayed: Mean (?SD?) age: 24.92 (2.45) years; mean (SD?) gestational age: 35.3 (4.08) days; parity primigravida/multigravida: n=11/29; previous abortion: n=18.</p> <p>The treatment groups did not differ significantly on any of these characteristics.</p> <p>Inclusion criteria Healthy women requesting an elective abortion for a single intrauterine pregnancy ≤49 days of gestation</p> <p>Exclusion criteria Women with an intrauterine device in situ, a history of > 2 cesarean sections, history of allergy to prostaglandins, bronchial asthma, hypertension, coronary artery disease, arrhythmias, renal or hepatic dysfunction, chronic</p>	<p>50 mcg intramuscular rh-immune globulin was given to Rh-negative women.</p> <p>Follow-up: 24 hours and 14 days after mifepristone administration</p>	<p>with procedure and would like to use this method again): Simultaneous:39/40; Delayed: 38/40</p> <p>Important outcomes: Need for repeat misoprostol: Simultaneous: 2/40; Delayed: 1/40</p> <p>Time to onset of cramping: Not reported</p> <p>Time to onset of bleeding (after misoprostol administration; mean? SD?; the study says in days, but then it is much longer than the induction-to-abortion interval which is given in hours, so that's most likely a typo and this is in hours also): Simultaneous: 4.89 (1.79); Delayed: 4.15 (1.24); p = 0.09</p> <p>Total treatment time from mifepristone to expulsion (induction-to-abortion interval from misoprostol administration reported;</p>	<p>sequentially numbered sealed envelopes prepared by a person not linked to the study, but unclear if envelopes could be seen through by the recruiter ("Women were asked to open the next sequentially numbered sealed envelope and assigned to a group accordingly." p 1410)</p> <p>Blinding of participants and personnel: Unblinded; unclear risk for all outcomes as they are all subjective outcomes to some extent, apart from ongoing pregnancy, which is low risk.</p> <p>Blinding of outcome assessment: Unblinded; unclear risk for all outcomes as they are all subjective outcomes to some extent, apart from ongoing pregnancy, which is low risk.</p>

Study details	Participants	Interventions	Outcomes and Results	Comments
<p>pregnancy up to gestation of 49 days." (p. 1409)</p> <p>Study dates October 2009 – July 2010</p> <p>Source of funding Not reported</p>	<p>adrenal failure or on anticoagulants and corticosteroids.</p>		<p>hours): Simultaneous: 6.5 (1.48); Delayed: 5.95 (1.81); p = 0.13; add 24 hours to delayed group to get total treatment time, but SD not correct then</p> <p>Incomplete abortion with the need for surgical intervention: Simultaneous: 2/40; Delayed: 1/40</p>	<p>Attrition: Low risk, for all outcomes data are included for all 80 patients</p> <p>Selective reporting: Low risk</p> <p>Other bias: None reported Other information</p>
<p>Full citation Verma, M. L., Singh, U., Singh, N., Sankhwar, P. L., Qureshi, S., Efficacy of concurrent administration of mifepristone and misoprostol for termination of pregnancy, Human fertility, 20, 43-47, 2017</p> <p>Ref Id 816539</p>	<p>Sample size N = 1410 screened for inclusion with N = 200 randomised (ITT population N = 200 [Simultaneous: N = 100; Delayed: N = 100]; PP population: N = 178 [Simultaneous: N = 90, with 10 lost to follow up; Delayed: N = 88, with 8 lost to follow up and 4 discontinuing the protocol])</p> <p>Characteristics Simultaneous: Mean (2SD) age = 27.5 (7) years; parity 0/1/2/3: N = 10/64/16/10;</p>	<p>Simultaneous administration: 200 mg oral mifepristone followed by 400 mcg vaginal misoprostol</p> <p>Delayed administration: 200 mg oral mifepristone followed by 400 mcg vaginal misoprostol 48 hours later.</p> <p>Women who were Rhesus negative received an intramuscular injection of 100 mcg Rhesus immunoglobulin.</p>	<p>Critical outcomes: Ongoing pregnancy rate: Not clearly reported, but probably Simultaneous: 0/100; Delayed: 0-1/100</p> <p>Haemorrhage requiring transfusion or ≥ 500ml of blood loss: Simultaneous: 0/100; Delayed: 0/100</p> <p>Patient satisfaction: Not reported</p> <p>Important outcomes: Need for repeat misoprostol: Not reported</p>	<p>Limitations</p> <p>Quality assessment: Risk of bias assessed using Cochrane risk of bias tool</p> <p>Random sequence generation: Unclear risk; "The subjects recruited in the study were randomized in two groups using computer software." (p. 44).</p> <p>Allocation concealment: Unclear risk; no information reported other</p>

Study details	Participants	Interventions	Outcomes and Results	Comments
<p>Country/ies where the study was carried out India</p> <p>Study type Randomised controlled trial</p> <p>Aim of the study To compare simultaneous administration of 200 mg oral mifepristone and 800 mcg vaginal misoprostol with 200 mg oral mifepristone and 800 mcg vaginal misoprostol 48 hours later for medical abortion in women with an intrauterine pregnancy ≤ 63 days gestation.</p> <p>Study dates August 2010-</p>	<p>gestational age $\leq 8 / > 8 - \leq 10$ weeks: N = 90/10; previous abortions 1/2: N = 54/26 Delayed: Mean (2SD) age = 26.5 (6.8) years; parity 0/1/2/3: N = 6/52/24/18; gestational age $\leq 8 / > 8 - \leq 10$ weeks: N = 85/15; previous abortions 1/2: N = 40/30 The treatment groups did not differ significantly on any of these baseline characteristics.</p> <p>Inclusion criteria Women with an intrauterine pregnancy ≤ 63 days gestation who were willing to comply with the study schedule and to have a surgical abortion if indicated.</p> <p>Exclusion criteria Women with ectopic pregnancy; systemic steroid therapy; adrenal insufficiency; bronchial asthma; glaucoma; poorly controlled seizures; haemoglobin < 10 gm/dl; sickle cell anaemia; known</p>	<p>Follow-up: 14 days after mifepristone or misoprostol administration (unclear)</p>	<p>Time to onset of cramping or bleeding: Not reported</p> <p>Total treatment time from mifepristone to expulsion: Not reported</p> <p>Incomplete abortion with the need for surgical intervention: Simultaneous: 4/100; Delayed: 5/100</p>	<p>than that detailed above.</p> <p>Blinding of participants and personnel: Unblinded; low risk as all reported outcomes are objective outcomes.</p> <p>Blinding of outcome assessment: Unblinded; low risk as all reported outcomes are objective outcomes.</p> <p>Attrition: Low risk as all patients included in the reported analyses/outcomes, although only 200/1410 women screened were included.</p> <p>Selective reporting: High risk; pain, patient preference (between surgical and medical abortion if another was needed in the future) and some secondary outcomes (e.g., difference in</p>

Study details	Participants	Interventions	Outcomes and Results	Comments
August 2011 Source of funding Not reported	coagulopathy; rheumatic heart disease; patients on anticoagulants; pregnancy with intra uterine contraceptive device in utero; acute cervicitis on examination; or ultrasound demonstrating early pregnancy failure.			induction abortion interval) not reported Other bias: None reported Other information

Appendix S1 Search strategies

Database: Medline & Embase (Multifile)

#	Searches
1	exp abortion/ use emczd
2	exp pregnancy termination/ use emczd
3	exp Abortion, Induced/ use ppez
4	Abortion Applicants/ use ppez
5	exp Abortion, Spontaneous/ use ppez
6	exp Abortion, Criminal/ use ppez
7	Aborted fetus/ use ppez
8	fetus death/ use emczd
9	abortion.mp.
10	(abort\$ or postabort\$ or preabort\$).mp.
11	((f?etal\$ or f?etus\$ or gestat\$ or midtrimester\$ or pregnan\$ or prenatal\$ or pre natal\$ or trimester\$) and terminat\$).mp.
12	((f?etal\$ or f?etus\$) adj loss\$).mp.
13	((gestat\$ or midtrimester\$ or pregnan\$ or prenatal\$ or pre natal\$ or trimester\$) adj3 loss\$).mp.
14	((elective\$ or threaten\$ or voluntar\$) adj3 interrupt\$) and pregnan\$).mp.
15	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14
16	Mifepristone/ use ppez
17	mifepristone/ use emczd
18	(mifepriston\$ or mifeprex\$ or mifegyn\$ or ru-486\$ or ru486\$ or ru-38486\$ or ru38486\$).mp.
19	16 or 17 or 18
20	Misoprostol/ use ppez
21	misoprostol/ use emczd
22	(misoprostol\$ or cytotec\$ or arthrotec\$ or oxaprost\$ or cyprostol\$ or mibetec\$ or prostokos\$ or misotrol\$).mp.

#	Searches
23	20 or 21 or 22
24	15 and 19 and 23
25	(controlled clinical trial or pragmatic clinical trial or randomized controlled trial).pt. or drug therapy.fs. or (groups or placebo or randomi#ed or randomly or trial).ab.
26	crossover procedure/ or double blind procedure/ or randomized controlled trial/ or single blind procedure/ or (assign* or allocat* or crossover* or cross over* or ((doubl* or singl*) adj blind*) or factorial* or placebo* or random* or volunteer*).ti,ab.
27	meta-analysis/
28	meta-analysis as topic/
29	systematic review/
30	meta-analysis/
31	(meta analy* or metanaly* or metaanaly*).ti,ab.
32	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
33	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
34	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
35	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
36	(search* adj4 literature).ab.
37	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
38	cochrane.jw.
39	((pool* or combined) adj2 (data or trials or studies or results)).ab.
40	letter/
41	editorial/
42	news/
43	exp historical article/
44	Anecdotes as Topic/

#	Searches
45	comment/
46	case report/
47	(letter or comment*).ti.
48	40 or 41 or 42 or 43 or 44 or 45 or 46 or 47
49	randomized controlled trial/ or random*.ti,ab.
50	48 not 49
51	animals/ not humans/
52	exp Animals, Laboratory/
53	exp Animal Experimentation/
54	exp Models, Animal/
55	exp Rodentia/
56	(rat or rats or mouse or mice).ti.
57	50 or 51 or 52 or 53 or 54 or 55 or 56
58	letter.pt. or letter/
59	note.pt.
60	editorial.pt.
61	case report/ or case study/
62	(letter or comment*).ti.
63	58 or 59 or 60 or 61 or 62
64	randomized controlled trial/ or random*.ti,ab.
65	63 not 64
66	animal/ not human/
67	nonhuman/
68	exp Animal Experiment/
69	exp Experimental Animal/

#	Searches
70	animal model/
71	exp Rodent/
72	(rat or rats or mouse or mice).ti.
73	65 or 66 or 67 or 68 or 69 or 70 or 71 or 72
74	57 use ppez
75	73 use emczd
76	74 or 75
77	25 use ppez
78	26 use emczd
79	77 or 78
80	(or/27-28,31,33-38) use ppez
81	(or/29-32,34-39) use emczd
82	80 or 81
83	24 and 76
84	24 not 83
85	limit 84 to english language
86	limit 85 to yr="1985 -Current"
87	79 or 82
88	86 and 87

Database: Cochrane Library via Wiley Online

#	Searches
#1	MeSH descriptor: [Abortion, Induced] explode all trees
#2	MeSH descriptor: [Abortion Applicants] explode all trees
#3	MeSH descriptor: [Abortion, Spontaneous] explode all trees

#	Searches
#4	MeSH descriptor: [Abortion, Criminal] explode all trees
#5	MeSH descriptor: [Aborted Fetus] explode all trees
#6	"abortion":ti,ab,kw (Word variations have been searched)
#7	(abort* or postabort* or preabort*):ti,ab,kw (Word variations have been searched)
#8	((fetal* or fetus* or foetal* or foetus* or gestat* or midtrimester* or pregnan* or prenatal* or pre natal* or trimester*) and terminat*):ti,ab,kw (Word variations have been searched)
#9	((fetal* or fetus* or foetal* or foetus*) next loss*):ti,ab,kw (Word variations have been searched)
#10	((gestat* or midtrimester* or pregnan* or prenatal* or pre natal* or trimester*) near/3 loss*):ti,ab,kw (Word variations have been searched)
#11	((elective* or threaten* or voluntar*) near/3 interrupt*) and pregnan*):ti,ab,kw (Word variations have been searched)
#12	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11
#13	MeSH descriptor: [Mifepristone] this term only
#14	(mifepriston* or mifeprex* or mifegyn* or ru-486* or ru486* or ru-38486* or ru38486*):ti,ab,kw (Word variations have been searched)
#15	#13 or #14
#16	MeSH descriptor: [Misoprostol] this term only
#17	(misoprostol* or cytotec* or arthrotec* or oxaprost* or cyprostol* or mibetec* or prostokos* or misotrol*):ti,ab,kw (Word variations have been searched)
#18	#16 or #17
#19	#12 and #15 and #18 Publication Year from 1985 to 2018