Appendix S1

Search strategy for Medline & Embase (Multifile) via OVID
Search date 4 March 2019

#	**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$).tw.
11	((f?etal$ or f?etus$ or gestat$ or midtrimester$ or pregnan$ or prenatal$ or pre natal$ or trimester$) and terminat$).tw.
12	((f?etal$ or f?etus$) adj loss$).tw.
13	((gestat$ or midtrimester$ or pregnan$ or prenatal$ or pre natal$ or trimester$) adj3 loss$).tw.
14	(((elective$ or threaten$ or voluntar$) adj3 interrupt$) and pregnan$).tw.
15	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14
16	exp Curettage/ use ppez
17	"dilation and evacuation"/ use emczd
18	"dilatation and curettage"/ use emczd
19	vacuum aspiration/ use emczd
20	((dilat$ or vacuum$ or suction$ or surgical) adj5 (evac$ or extract$ or curet$ or aspirat$)).tw.
21	curettage$.tw.
22	16 or 17 or 18 or 19 or 20 or 21
23	Mifepristone/ use ppez
24	mifepristone/ use emczd
25	(mifepriston$ or mifeprex$ or mifegyn$ or ru-486$ or ru486$ or ru-38486$ or ru38486$).mp.
26	Misoprostol/ use ppez
27	misoprostol/ use emczd
28	(misoprostol$ or cytotec$ or arthrotec$ or oxaprost$ or cyprostol$ or mibetec$ or prostokos$ or misotrol$).mp.
29	(medica$ adj5 evac$).tw.
30	23 or 24 or 25 or 26 or 27 or 28 or 29
31	15 and 22 and 30
32	(surg$ adj6 (abortion$ or termination$)).tw.
33	(medica$ adj6 (abortion$ or termination$)).tw.
34	32 and 33
35	31 or 34
36	limit 35 to english language
37	remove duplicates from 36 [general exclusions filter applied]

Search strategy for the Cochrane Library (CDSR and CENTRAL) via Wiley Online
Search date 4 March 2019

#	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
#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: [Curettage] explode all trees
#14	((dilat* or vacuum* or suction* or surgical) near/5 (evac* or extract* or curet* or aspirat*)):ti,ab,kw (Word variations have been searched)
#15	curettage:ti,ab,kw (Word variations have been searched)
#16	#13 or #14 or #15
#17	MeSH descriptor: [Abortifacient Agents] explode all trees
#18	abortifacient*:ti,ab,kw (Word variations have been searched)
#19	MeSH descriptor: [Mifepristone] explode all trees
#20	(mifepriston* or mifeprex* or mifegyn* or ru-486* or ru486* or ru-38486* or ru38486*):ti,ab,kw (Word variations have been searched)
#21	MeSH descriptor: [Misoprostol] explode all trees
#22	(misoprostol* or cytotec* or arthrotec* or oxaprost* or cyprostol* or mibetec* or prostokos* or misotrol*):ti,ab,kw (Word variations have been searched)
#23	(medica* near/5 evac*):ti,ab,kw (Word variations have been searched)
#24	#17 or #18 or #19 or #20 or #21 or #22 or #23
#25	(surg* near/6 (abortion* or termination*)):ti,ab,kw (Word variations have been searched)
#26	(medica* near/6 (abortion* or termination*)):ti,ab,kw (Word variations have been searched)
#27	#25 and #26
#28	#12 and #16 and #24
#29	#27 or #28

Appendix S2

Excluded studies

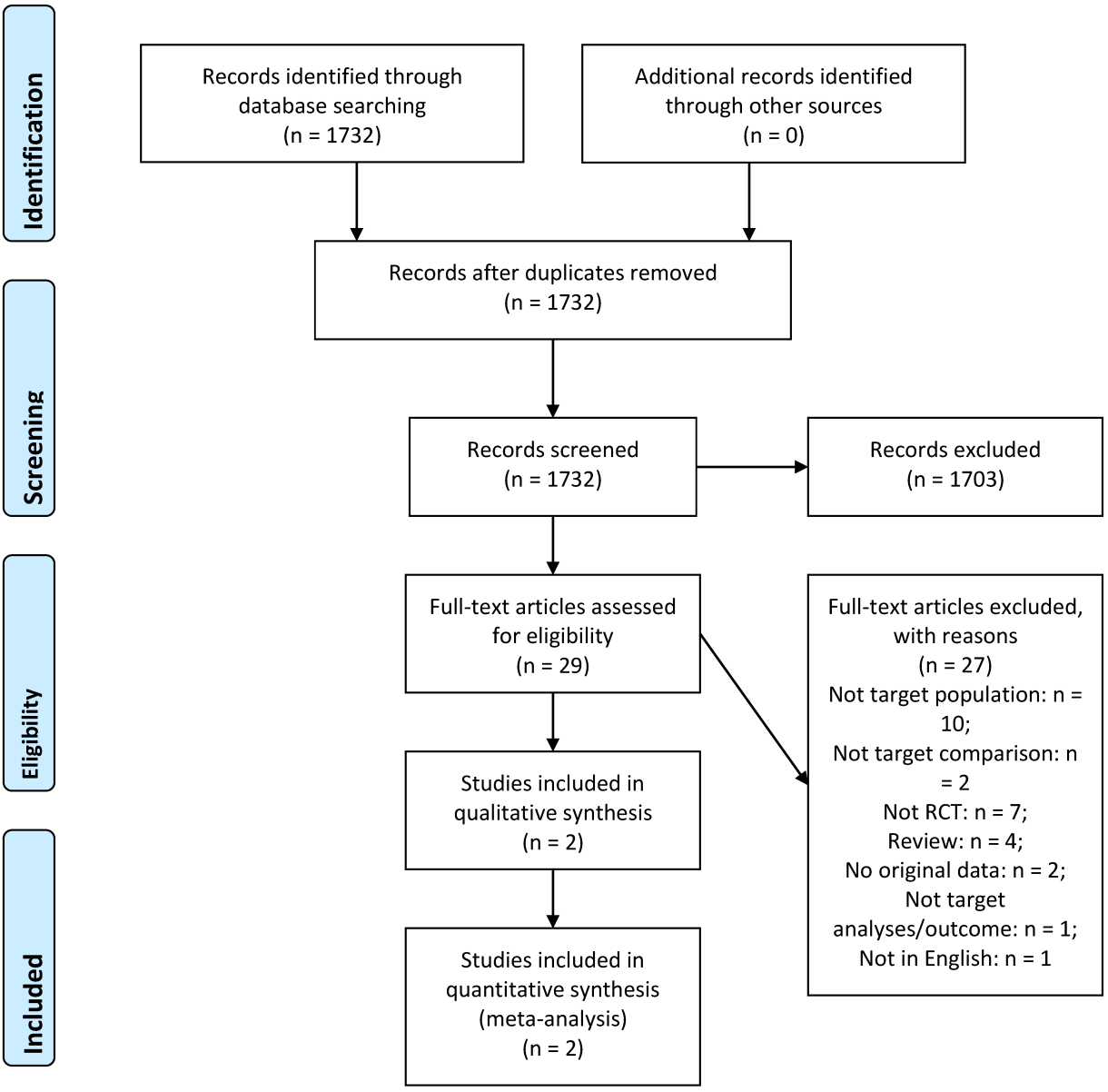
Study	Reason for Exclusion
Ashok, P. W., Hamoda, H., Flett, G. M. M., Kidd, A., Fitzmaurice, A., Templeton, A., Patient preference in a randomized study comparing medical and surgical abortion at 10-13 weeks gestation, Contraception, 71, 143-148, 2005	Population not in PICO (gestational age 10-13 weeks)
Ashok, P. W., Kidd, A., Flett, G. M. M., Fitzmaurice, A., Graham, W., Templeton, A., A randomized comparison of medical abortion and surgical vacuum aspiration at 10-13 weeks gestation, Human Reproduction, 17, 92-98, 2002	Population not in PICO (gestational age 10-13 weeks)
Autry, A. M., Hayes, E. C., Jacobson, G. F., Kirby, R. S., A comparison of medical induction and dilation and evacuation for second-trimester abortion, American Journal of Obstetrics and Gynecology, 187, 393-397, 2002	Interventions/comparisons not in PICO (medical abortion not undertaken with mifepristone and misoprostol)
Baldwin, M., Basnett, I., Dangol, D. S., Karki, C., Castleman, L., Edelman, A. B., Introduction of second trimester medical and surgical abortion in Nepal, International Journal of Gynecology and Obstetrics, 3), S290, 2012	Not RCT. Published as abstract only, not enough information available to ascertain relevance.
Costescu, D., Guilbert, E., No. 360-Induced Abortion: Surgical Abortion and Second Trimester Medical Methods, Journal of Obstetrics and Gynaecology Canada, 40, 750-783, 2018	Systematic review, included studies checked for relevance.
Cowett, A. A., Golub, R. M., Grobman, W. A., Cost-effectiveness of dilation and evacuation versus the induction of labor for second-trimester pregnancy termination, American Journal of Obstetrics & Gynecology, 194, 768-73, 2006	Not a systematic review and no original data.
Debby, A, Golan, A, Sagiv, R, Sadan, O, Glezerman, M, Midtrimester abortion in patients with a previous uterine scar, European journal of obstetrics, gynecology, and reproductive biology, 109, 177-180, 2003	Not RCT; non-comparative study
Di Carlo, C., Savoia, F., Ferrara, C., Sglavo, G., Tommaselli, G. A., Giampaolino, P., Cagnacci, A., Nappi, C., "In patient" medical abortion versus surgical abortion: patient's satisfaction, Gynecological Endocrinology, 32, 650-654, 2016	Population not in PICO (gestational age < 7 weeks)
Grossman,D., Blanchard,K., Blumenthal,P., Complications after Second Trimester Surgical and Medical Abortion, Reproductive Health Matters, 16, 173-182, 2008	Systematic review; checked for relevant studies, which are included separately in the current review
Lohr, Patricia A, Hayes, Jennifer L, Gemzell-Danielsson, Kristina, Surgical versus medical methods for second trimester induced abortion, Cochrane Database of Systematic Reviews, 2008	Systematic review; checked for relevant studies, which are included separately in the current review

Study	Reason for Exclusion
Lowenstein, L., Deutcsh, M., Gruberg, R., Solt, I., Yagil, Y., Nevo, O., Bloch, M., Psychological distress symptoms in women undergoing medical vs. surgical termination of pregnancy, General Hospital Psychiatry, 28, 43-47, 2006	Population not in PICO (gestational age < 64 days)
Lyus, R., Comparing medical versus surgical termination of pregnancy at 13-20 weeks of gestation: A randomised controlled trial, BJOG: An International Journal of Obstetrics and Gynaecology, 118, 1148-1149, 2011	Letter to the editor about Kelly et al., 2010 (and no other relevant data)
Medarametla, V., A comparative study of vaginal misoprostol versus trans-cervical foley catheter insertion along with vaginal misoprostol in termination of mid-trimester pregnancies, European Journal of Contraception and Reproductive Health Care, 21, 57-58, 2016	Does not appear to be an RCT. Published as abstract only, not enough information available to ascertain relevance, although comparison is probably not in PICO
Moreau, C., Trussell, J., Desfreres, J., Bajos, N., Medical vs. surgical abortion: The importance of women's choice, Contraception, 84, 224-229, 2011	Population not in PICO (gestational age < 8 weeks)
Moreau, C., Trussell, J., Desfreres, J., Bajos, N., Medical versus surgical abortion: The importance of women's choice, Contraception, 82 (2), 205, 2010	Not an RCT. Published as an abstract only; not enough information to ascertain relevance, but population probably not in PICO as appears to be a report of the same data as reported by Moreau 2011
Rademakers, J., Koster, E., Jansen-Van Hees, A. C. V., Willems, F., Medical abortion as an alternative to vacuum aspiration: First experiences with the 'abortion pill' in The Netherlands, European Journal of Contraception and Reproductive Health Care, 6, 185-191, 2001	Population not in PICO (gestational age < 50 days)
Robson, S. C., Kelly, T., Howel, D., Deverill, M., Hewison, J., Lie, M. L. S., Stamp, E., Armstrong, N., May, C. R., Randomised preference trial of medical versus surgical termination of pregnancy less than 14 weeks' gestation (TOPS), Health Technology Assessment, 13, 1-124, 2009	Includes population up to gestational age of 14 weeks; no subgroup analyses for subsection of population in PICO (i.e., gestational age 13-14 weeks)
Rodriguez, M. I., Mendoza, W. S., Guerra-Palacio, C., Guzman, N. A., Tolosa, J. E., Medical abortion and manual vacuum aspiration for legal abortion protect women's health and reduce costs to the health system: Findings from Colombia, Reproductive Health Matters, Part S1. 22, 125-133, 2015	Population not in PICO (first trimester only); also appears that medical abortion used misoprostol only and not in combination with mifepristone
Say, Lale, Brahmi, Dalia, Kulier, Regina, Campana, Aldo, Gülmezoglu, A Metin, Medical versus surgical methods for first trimester termination of pregnancy, Cochrane Database of Systematic Reviews, 2002	Systematic review; included studies checked for relevance

Study	Reason for Exclusion
Slade, P., Heke, S., Fletcher, J., Stewart, P., Termination of pregnancy: Patients' perceptions of care, Journal of Family Planning and Reproductive Health, 27, 72-77, 2001	Not RCT; population not in PICO (first trimester abortions)
Sonalkar, S., Ogden, S. N., Tran, L. K., Chen, A. Y., Comparison of complications associated with induction by misoprostol versus dilation and evacuation for second-trimester abortion, International Journal of Gynecology and Obstetrics, 138, 272-275, 2017	Comparison not in PICO (medical abortion performed with misoprostol alone, and no mifepristone)
Vijayasree, M., A comparative study of vaginal misoprostol versus trans - Cervical foley catheter insertion along with vaginal misoprostol in termination of mid-trimester pregnancies, Journal of Obstetrics and Gynaecology Research, 43, 23, 2017	Does not appear to be an RCT. Published as abstract only, not enough information available to ascertain relevance, although comparison is probably not in PICO
Virgo, K. S., Carr, T. R., Hile, A., Virgo, J. M., Sullivan, G. M., Kaikati, J. G., Medical versus surgical abortion: A survey of knowledge and attitudes among abortion clinic patients, Women's Health Issues, 9, 143-154, 1999	Analyses/outcomes not in PICO (survey completed while waiting for the abortion appointment)
Wadhera, S., Millar, W. J., Second trimester abortions: trends and medical complications, Health reports / Statistics Canada, Canadian Centre for Health Information = Rapports sur la sante / Statistique Canada, Centre canadien d'information sur la sante, 6, 441-454, 1994	Not RCT. Unclear if any medical abortions performed with mifepristone and misoprostol; comparisons not in PICO.
Xia, W., She, S., Lam, T. H., Medical versus surgical abortion methods for pregnancy in China: A cost-minimization analysis, Gynecologic and Obstetric Investigation, 72, 257-263, 2011	Population not in PICO (gestational age up to 49 days)
Yilmaz, N., Kanat-Pektas, M., Kilic, S., Gulerman, C., Medical or surgical abortion and psychiatric outcomes, Journal of Maternal-Fetal and Neonatal Medicine, 23, 541-544, 2010	Population not in PICO (gestational age up to 12 weeks)
Zou, Y, Liang, Y, Wu, Sc, Li, Yp, Yan, L, Mei, L, Zhang, Jq, Tong, L, Study on meta analysis regarding the acceptability of medical abortion compared with surgical abortion (Provisional abstract), Chinese Journal of Epidemiology, 27, 68-71, 2006	Full text not in English

APPENDIX S3

PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

APPENDIX S4

Evidence tables of included studies:

Study details	Participants	Interventions	Outcomes and Results	Comments
Full citation Grimes,D.A., Smith,M.S., Witham,A.D., Mifepristone and misoprostol versus dilation and evacuation for midtrimester abortion: a pilot randomised controlled trial, BJOG: An International Journal of Obstetrics and Gynaecology, 111, 148-153, 2004 **Ref Id** 117411 **Country/ies where the study was carried out** USA **Study type** Randomised controlled trial **Aim of the study** "To test the feasibility of mounting a randomised controlled trial comparing mifepristone–misoprostol versus dilation and evacuation (D&E) for midtrimester abortion."	**Sample size** N = 18 randomised (47 women eligible, but 29 declined participation as they had a clear preference for abortion method. These 29 patients differed [unclear of this is statistically significantly] from those who were randomised on the following characteristics: They were older, more likely to be white, fewer previous pregnancies, and lower gestational age; only 1 of 11 women with confirmed fetal abnormalities consented to participate, and an additional 3 women with fetal death did not consent to participate) **Characteristics** **Medical**: N = 9; Median age (IQR) = 25 (22-27) years; race white/black: N = 1/8; median (IQR) gravidity: 3 (3-4); median (IQR) parity: 2 (1-2); median (IQR) prior abortions: 1 (0-1); median (IQR) gestational age in completed weeks: 18 (17-18). **Surgical**: N = 9; Median age (IQR) = 26 (24-28) years; race white/black: N = 2/7; median (IQR) gravidity: 3 (3-5); median (IQR) parity: 2 (1-2); median (IQR) prior abortions: 1 (0-2); median (IQR) gestational age in completed weeks: 18 (16-19). One patient went into labour after placement of laminaria and aborted (uneventfullly) without receiving D & E; this patient is analysed in this	**Medical abortion (Medical):** Day 1: Oral mifepristone 200 mg. Day 3 vaginal misoprostol 800 mcg (four tablets); then misoprostol 400 mcg orally every 3 hours (max 4 doses) until abortion occurred. Patients also received prophylactic prochlorperazine and diphenoxylate (against vomiting and diarrhoea), a continuous infusion of morphine using a patient-controlled system, and prophylactic oral oxycycline. Placental removal was undertaken if the placenta failed to pass spontaneously within 2 hours of the fetus. versus **Surgical abortion (Surgical)**: Day 1: Multiple laminaria were placed in the cervix under paracervical anaesthesia with 20 cc of 0.25% bupivacaine. Day 2-3 (Day 2 until July 2002, Day 3 thereafter): D & E performed under light general anaesthesia without intubation was used for each D & E. Patients also received prophylactic oral doxycycline.	**Critical outcomes:** Incomplete abortion with the need for surgical intervention: Medical: 4/9; Surgical: 1/9 Hemorrhage requiring transfusion or ≥ 500ml of blood loss: Not directly reported, but the authors report that no serious adverse events occurred. Patient acceptability (Scale from 1 [very satisfied] to 5 [very dissatisfied]); at discharge; median (IQR): Medical (n = 9): 1 (1-1); Surgical (n = 9): 1 (1-1)***. Please note, this outcome appears to be a mix of acceptability and satisfaction*** **Important outcomes:** Abortion completed by intended method: Medical: 5/9; Surgical: 8/9 Uterine injury (including rupture): Not directly reported, but the authors report that no serious adverse events occurred. Cervical injury requiring repair: Not directly reported, but the authors report that no	**Limitations** **Quality assessment:** Risk of bias assessed using Cochrane risk of bias tool **Random sequence generation:** Low risk; computer-generated list; the person responsible for generating the randomisation list did not take part in enrolment **Allocation concealment:** Low risk; sequentially numbered opaque sealed envelopes; the person responsible for sealing the envelopes did not take part in enrolment **Blinding of participants and personnel:** Unblinded; low risk as all reported outcomes are either objective outcomes or only possible by patient knowing what they went through (patient satisfaction/acceptability). **Blinding of outcome assessment:** Unblinded; low risk as all reported outcomes are either objective outcomes or only possible by patient knowing what they went through (patient satisfaction/acceptability). **Attrition:** Low risk; ITT analyses done for all outcomes.

Study details	Participants	Interventions	Outcomes and Results	Comments
(p. 148) **Study dates** January 2002-January 2003 **Source of funding** Not information reported	group. **Inclusion criteria** Age ≥ 18 years; English speaking; gestational age of 13.9–19.9 weeks (i.e., fetal biparietal diametre of 26–46 mm on ultrasound; also including patients who had experienced a fetal death or had a fetus with congenital anomalies or chromosomal defect. **Exclusion criteria** Prior caesarean delivery, prior myomectomy; medical conditions listed in package labelling as contraindications to use of mifepristone or misoprostol (e.g., chronic renal failure, asthma); transportation difficulties relating to the abortion visits; patients unwilling to return or to be contacted by telephone or letter two weeks later in follow up.		serious adverse events occurred. Infection reported within 1 month of abortion: Not directly reported, but the authors report that in Medical 3/9 and in Surgical 0/9 had fever (>38° C).	**Selective reporting:** Low risk **Other bias:** None reported **Other information** Study stopped early due to slow recruitment; had planned to recruit 60 women. "Patients receiving care in our abortion clinic are predominantly women of limited financial means, those with medical or social problems, and those with abnormal fetuses." (p. 149)
Full citation Kelly, T., Suddes, J., Howel, D., Hewison, J., Robson, S., Comparing medical versus surgical termination of pregnancy at 13-20weeks of gestation: A randomised controlled trial, BJOG: An International Journal of Obstetrics and Gynaecology, 117, 1512-1520, 2010 **Ref Id** 801908	**Sample size** N = 122 (out of 229 eligible; n = 107 refused participation) **Characteristics** **Medical**: N = 60; Mean age (SD) = 23.9 (6.3) years; mean gestation (SD) = 14.7 (1.6) weeks; primapara: N = 24; previous TOP: N = 14; previous CS [caesarian?]: N = 3. N = 8 did not receive mToP as they continued with their pregnancy. **Surgical**: N = 62; Mean age (SD) = 23.5 (5.8) years; mean gestation (SD) = 15.1 (1.9) weeks; primapara: N = 29; previous TOP: N = 21; previous CS [caesarian?]: N = 1. N = 4 did not	**Medical abortion (Medical)**: Day 1: Oral mifepristone 200 mg orally. 36–48 hours later at 0800 hours: Vaginal misoprostol 800 mcg, followed by vaginal or oral 400 mcg misoprostol (depending on level of vaginal bleeding) every 3 hours (max 4 doses). If by 2400 hours the abortion had not occurred, 200 mg oral mifepristone administered, followed by 1 mg vaginal gemeprost 3-hourly from 0800 hours (max 5 doses). Medical abortion was considered to have failed if still no abortion by the following morning at 0800 hours. Surgical abortion was then undertaken. If the placenta was not passed within 4 hours of expulsion of the fetus despite a	**Critical outcomes:** Incomplete abortion with the need for surgical intervention: Medical: 5/60; Surgical: 1/62 Hemorrhage requiring transfusion or ≥ 500ml of blood loss: Medical: 1/60; Surgical: 5/62 Patient acceptability (as measured by "Would choose the same method again"); at 2 weeks: Medical: 16/30; Surgical: 26/26 [it should possibly be 36/36 as N = 36 analysed in this group. However, Table 2 lists N = 26]	**Limitations** **Quality assessment:** Risk of bias assessed using Cochrane risk of bias tool **Random sequence generation:** Low risk; computer-generated list; the person responsible for generating the randomisation list did not take part in enrolment **Allocation concealment:** Low risk; sequentially numbered opaque sealed envelopes; the person responsible for sealing the envelopes did not take part in

Study details	Participants	Interventions	Outcomes and Results	Comments
Country/ies where the study was carried out United Kingdom **Study type** Randomised controlled trial **Aim of the study** "To compare the psychological impact, acceptability and clinical effectiveness of medical versus surgical termination of pregnancy (TOP) at 13–20 weeks of gestation." (p. 1512) **Study dates** May 2000 to February 2004 **Source of funding** University of Newcastle upon Tyne	receive surgical abortion as they continued with their pregnancy. **Inclusion criteria** Pregnant women requesting and accepted for abortion under clause C of the human Fertilisation and Embryology Act (1990) amendment of the Abortion Act (1967), gestational age 13+0 to 19+6 weeks at the time of abortion; women aged < 16 years also eligible if deemed Fraser competent and had a parent/guardian present and consenting; previous caesarean section was not an exclusion criterion. **Exclusion criteria** Fetal congenital abnormality; medical disease precluding medical abortion; unable to speak English (<5% of women presenting for abortion)	further dose of prostagladin (in cases without significant bleeding), it was evacuated surgically. The women also received periabortion antibiotic prophylaxis with doxycycline 100 mg orally twice daily, starting on the day prior to abortion. versus **sTOP:** Day 1: Priming with Gemeprost 1 mg vaginally 3 and 6 hours prior to sTOP (nulliparous women and multiparous women ≥ 17 weeks of gestation) or with Gemeprost 1 mg vaginally 3 hours prior to sTOP (multiparous women between 13+0 and 16+6 weeks gestation). Vacuum aspiration performed under general anaesthesia with progressive dilation to 13 mm in women with 13+0 to 13+6 weeks gestational age using Hegar graded cervical dilators and vacuum aspiration performed using a 12-mm aspiration curette; or dilation up to 15 mm in women with 14+0 to 14+6 weeks gestational age and vacuum aspiration performed using a 14-mm aspiration curette, with any residual products removed with sponge forceps under ultrasound guidance; or progressive dilation using Hegar graded cervical dilators up to a diameter in mm corresponding to the gestational age in week in women with ≥15+0 weeks gestational age, with the products of conception removed by Sopher's forceps under ultrasound guidance. Routine perioperative uterotonic agents not used; and intravenous oxytocin (5 units) administered in 2 women with persistent post-evacuation bleeding.	Patient acceptability (as measured by "Experience of abortion worse than expected"); at 2 weeks: Medical: 16/30; Surgical: 0/26 [it should possibly be 0/36 as N = 36 analysed in this group. However, Table 2 lists N = 26] Patient satisfaction (as measured by rating of satisfied/not satisfied with information/counselling pre-abortion); at 2 weeks: Medical: satisfied/no satisfied 29/0; Surgical: satisfied/no satisfied 35/1 Patient satisfaction (as measured by rating of satisfied/not satisfied with care during abortion); at 2 weeks: Medical: satisfied/no satisfied 29/0; Surgical: satisfied/no satisfied 35/1 Patient satisfaction (as measured by rating of satisfied/not satisfied with counselling/support post-abortion); at 2 weeks: Medical: satisfied/no satisfied 28/1; Surgical: satisfied/no satisfied 35/0 **Important outcomes:** Abortion completed by intended method: Medical: 47/52; Surgical: 57/58	enrolment **Blinding of participants and personnel:** Unblinded; low risk as all reported outcomes are either objective outcomes or only possible by patient knowing what they went through (patient satisfaction/acceptability). **Blinding of outcome assessment:** Unblinded; low risk as all reported outcomes are either objective outcomes or only possible by patient knowing what they went through (patient satisfaction/acceptability). **Attrition:** Low risk for all outcomes (ITT analyses done for majority of outcomes) apart from patient satisfaction/acceptability which is at high risk due to ≥ 50% missing data in each group. **Selective reporting:** Low risk **Other bias:** None reported **Other information** Trial registration number: ISRCTN17262711

Study details	Participants	Interventions	Outcomes and Results	Comments
		The women also received periabortion antibiotic prophylaxis with doxycycline 100 mg orally twice daily, starting on the day prior to abortion, and metronidazole 1 g rectally at the time of abortion.	Uterine injury (including rupture): Medical: 0/60; Surgical: 0/62 Cervical injury requiring repair: Medical: 0/60; Surgical: 1/62 Infection reported within 1 month of abortion: Not directly reported, but infection included in the definition of complications in the methods section, so presumably it was looked for, just not observed.	