Reviewer’s report

Title: Results from a study using misoprostol for management of incomplete abortion in Vietnamese hospitals: Implications for task shifting

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Reviewer: Maarit Mentula

Reviewer’s report:

Reviewer’s report to BMC Pregnancy and Childbirth

Article: “Results from a study using misoprostol for management of incomplete abortion in Vietnamese hospitals: Implications for task shifting”

Quality of written English: Acceptable.

Decision: Reject because too small an advance on interest levels.

Conclusion: Treatment of incomplete abortion is a very important clinical issue. However, this was a descriptive study. It does not provide much additional information to the studies already published.

Major Compulsory Revisions:

The authors posed a question of “introducing misoprostol as first line care for the treatment of incomplete abortion in Vietnam”. The objectives could be more precisely described (task shifting from doctors to midwifes?) and answered in conclusions.

Material and methods:

There is a major problem concerning the selection of patients.

1. This study included spontaneous and induced abortions and should have separated these groups in the results.

2. Material and methods-section does not include any information of the abortion before incomplete abortion was suspected. How about information of the gestation or treatments? How was the induced abortion treated, surgically or medically? All these have impact on the results.

3. The definition of incomplete abortion is partly based on clinical symptoms and partly on ultrasound findings. This leads to a very heterogeneous group of patients. I find the >8mm endometrial thickness a very strict criteria to residual tissue and there can be patients among the study population whose bleeding does not need any intervention (= not a true incomplete abortion).
4. The efficacy of the misoprostol-treatment was defined partly on clinical symptoms and partly based on ultrasound findings. This causes a bias.

This study ends up selecting and treating a very heterogeneous group of patients and also defines the success of the treatment with different methods.

Conclusions and discussion:

The conclusions are not supported by the results.

This paper does not discuss the limitations of this study at all? (The role of selection bias? The heterogeneity of the study group?).

Was it likely that this study included patients whose "incomplete abortion" was a misjudged ultrasound finding and “the efficacy” of the treatment was something that an expectant management would have treated.

Minor Essential Revisions:

A figure of study flow could have helped understanding how the patients were selected.

I find the lack or sparse use on references annoying (especially in the background section).

Also the number of patients needed for this kind of study could have been calculated based on earlier evidence or the power of this study population calculated afterwards.

The authors could have discussed whether the treatment of incomplete abortion has any other impacts on the woman’s health if it is treated with misoprostol instead of surgical evacuation (intrauterine adhesions? placenta accreta etc..)

Statistical review:

The number of patients needed could have been calculated before the onset of the study. Or the number of patients could have been calculated after the patients have been collected in order to know whether this number of patients was enough to show statistically significant results. However, there is no need to show this manuscript to an expert statistician.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

Declaration of competing interests: The reviewer is a researcher in a study of hormonal IUD by the company Bayer and has been given salary for IUD insertions (4). No competing interests in relation to this paper.