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: rebecca gomperts

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1. Is the question posed original, important and well defined?

The use of misoprostol to reduce maternal mortality is a very important topic. The question of this study is not original as there have been many studies that look at the effectively of the use of misoprostol to treat incomplete abortion also in Vietnam and other similar low resource countries (also indicated in the study itself) (1, 2)

Other studies also show that expectant care of an incomplete abortion leads to a higher risk of incomplete miscarriage, need for unplanned (or additional) surgical emptying of the uterus, bleeding and need for transfusion than the use of surgery or misoprostol (3)

It also has been researched already that misoprostol is a good alternative to surgical evacuation in low resource settings.

2. Are the data sound and well controlled? yes

The researchers should explain who diagnosed the incomplete abortions. What kind of doctors, or trainees, and who evaluated the women and who provided the misoprostol. It would also be useful to know what is the rate of vacuum aspirations for incomplete abortions in Vietnam if these figures exist. To get an idea about the size of the problem. A better explanation of the working of the Vietnamese health system would also be useful and the main question would be if misoprostol provision would be allowed on commune level and whether there is need of a special permission for this or if this could be introduced without any further requirements. As now it was provided at district level hospital.

3. Is the interpretation (discussion and conclusion) well balanced and supported by the data?

I do think that the discussion about the ectopic pregnancy is very important as it is a main concern of many doctors and this study shows that actually even in case an ultrasound is required an ectopic pregnancy can be missed easily, so it supports the argument that an ultrasound is not needed.

The conclusion however does not seem to be supported by this study as the misoprostol seems to be provided by physicians in district or university hospitals. The conclusion is supported by the study in Nigeria where midlevel providers
diagnosed the incomplete abortions, provided the misoprostol and evaluated the outcome, and also for MVA in other studies. (4, 5)

This study just shows that misoprostol is effective for use in incomplete abortion and very acceptable by Vietnamese women

What seems very important in this study is to understand who and what was the status of the persons who diagnosed the incomplete abortion and who provided the misoprostol and who did the follow up, where these gynecologists, general physicians, nurses, midwives working in the hospital? Who was doing the ultrasounds? The doctors or as in other countries special trained midlevel personnel?

The study seems to be written to show that the use of misoprostol is safe, effective and acceptable for use in incomplete abortion in Vietnam to make a very valid argument for the widespread use misoprostol on community level in Vietnam, where it is not yet used.


