Pretreatment With Mifepristone Compared With Misoprostol Alone for Delivery After Fetal Demise Between 14 and 28 Weeks of Gestation

A Randomized Controlled Trial

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1. Discuss your current clinical experience with mifepristone in your own practice.
2. What was the hypothesis of this study? Discuss whether you believe this study needed to be conducted to warrant mifepristone use prior to medical treatment of fetal demise at 14–28 weeks of gestation.
3. Describe the randomization and blinding (masking) procedures in this study. In general, how does randomization and masking decrease the risk of bias in study design?
4. Discuss the misoprostol dosing used in this study for labor induction for fetal demise at 14–28 weeks of gestation. Do you use a similar dosing regimen at your institution?
5. Discuss the main findings in this study. Was the difference in the primary outcome statistically significant? Was it clinically significant?
6. Discuss the changes to inclusion criteria and sample size over the course of the study period and whether they affect your interpretation of the results.
7. How did the authors assess maternal satisfaction? Summarize the findings related to maternal satisfaction.
8. In your own practice, how do you currently counsel women with fetal demise at 14–28 weeks of gestation regarding medical induction of labor compared with surgical management with dilation and evacuation? Discuss whether the results of this study will affect your counseling regarding this decision.
9. Review the 2018 ACOG Position Statement, “Improving Access to Mifepristone for Reproductive Health Indications” and discuss any barriers to mifepristone access you have experienced in your own practice or hospital.