

# Review of: "Comparative Study between Using Only Vaginal Misoprostol and Using Vaginal Misoprostol and Estradiol Cream for Induction of Labour: Randomized controlled trial"

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## REVIEW of Research Study

### Comparative Study between Using Only Vaginal Misoprostol and Using Vaginal Misoprostol and Estradiol Cream for Induction of Labour: Randomized controlled trial

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## General Comments

The study design is randomized control study comparing vaginal misoprostol with misoprostol + estrogen cream. Use of misoprostol for Induction of Labour in 3<sup>rd</sup> Trimester is often cautioned in view of adverse effects. The authors have submitted this study to an Institutional Review Committee and have also obtained consent from subjects. The randomization is blind and the end points to be studied have been stated clearly.

The results of the study did not shown any significant difference between the study groups. The research questions have been stated with clarity.

The statistical methods is acceptable.

## Language

There are several grammatical errors and poor sentence construction. These need to be corrected.

## Areas to be improved:

Under Methodology the authors should define some of the outcomes clearly e.g. tachysystole, fetal distress, oxytocin intake ( does this refer to augmentation with oxytocin; if so this information should be shown in the tables).

## Discussion

This should be a critical appraisal , Much of the discussion is comparison with one or two previous studies . It would appeal to clinicians if the authors shared the 'safe use if misoprostol' over conventional prostaglandin used in induction of labour. Some reference to dose of misoprostol employed and reasons for cautious use of low dose is required. In discussing insertion-delivery time median and quartile would be a better way of showing the results.

Prevalence of neonatal jaundice and sepsis should be reported.

**Conclusion**

The conclusion could include comments on the need for further studies, if justified .

Sub-analysis based on parity and indications for induction of labour are suggested.

**References :**

These are acceptable ; some references are rather old.