

Review of: "Impact of medical, surgical and expectant management on spontaneous miscarriage/abortion on first trimester: A systematic review and meta-analysis of randomized, controlled trials"

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Potential competing interests: No potential competing interests to declare.

General comments

The topic of interest is one of the emerging issues in reproductive health and captivating in its content, however, it needs aggressive and extremely major revision in order to proceed to the next peer review process and then in order to be consider for publication. To be specific, many editorial and grammatical errors, needs language revision and amendments on the points forwarded below.

Specific comments

1. The title should be revised because of the following reasons; firstly, it is not in line with the findings (the findings discussed about the success rate and comparisons of the management outcomes and options, however, the title claims about impact, someone can expect either better outcome or worst outcome of the management options). Secondly, it is long, vague and with grammatical errors, thirdly, even though many of the studies are experimental studies, observational and other study designs were also found. So, we could not say SRMAs of randomized controlled trials as this indicates the studies are entirely and solely RCTs.
2. This abstract does not reveal the structured way of writing a summary. It should incorporate Background, methods, result, conclusion and recommendation and keywords in one box and with the above factions as a title. In addition, there are some missed contents that should be included; you can revise them by looking at the best samples of reports of SRMAs abstract.
3. The primary outcome is the complete evacuation of products of conception. Therefore, I expect that the success rate of all of the management options (expectant, medical and surgical) would be determined and put in a pooled way. Furthermore, I was eager to learn the best management alternatives depending on the gestational age for first trimester abortion. However, all of these captivating points were not addressed. The authors only focus on comparisons of the options without determining individual effectiveness of the management options. I suggest doing that besides the comparison and determining side effects; otherwise the review would not be complete.
4. On page 2 the "running title is incorrectly written and is not consistent with the bold title. Revise it accordingly.
5. Introduction; poor reviewing and poor paragraphing skeleton were observed. It seems like definition of concepts, terms and so on. It did not highlight the impact of these management options on maternal health locally, internationally,

specifically, broadly. Apart from this, nothing was found why this SRMAs was needed to conduct. What is the rationale behind this? Moreover, “the aim of this review is to determine the efficacy and safety of medical, surgical, and expectant care of different medical and surgical methods for first-trimester miscarriage”. This is not in line with the running title. Be consistent, otherwise this might seem inappropriate and irrelevant for the reader.

6. Methods section; must be presented vigorously and in detail (please refer to best samples of SRMAs)
7. Related to eligibility criteria; what if it is induced first trimester abortion? Are you going to include it or not? And why in vitro studies excluded?
8. There are many things that can be written in a vivid way. For example, randomized case control studies (what does this mean? This is for the first time to hear), “directed a systematic review and meta-analysis and generated both direct and mixed evidence on the effectiveness and side effects of medical, surgical, and expectant management”. This statement is not also clear.
9. Data source and searching strategy is short and not informative. To add more, Key terms/phrases employed search strategy in PubMed or other data bases was not presented.
10. The risk of bias assessment and quality is controversial in SRMAs studies, however, how do you approach for the observational and experimental studies? Was the same criteria utilized for both of the designs? Where is the tabulated presentation for the quality assessment of the studies?
11. These are optional but consider to include on your review (Sensitivity analysis of the studies and sub group analysis of the studies)
12. Result section; figure one, represents the PRISMA flowchart for study selection and claims that 2885 studies were screened and at the same time 2810 studies excluded. What was the reason for their exclusion?
13. Table 1; Summary of the trials assessing the characteristics abortion, this statement is vague and not informative due to it lacks the key component of the review that is the primary outcome; how many of them were completely evacuated their products of conception after expectant, medical and surgical management?, total sample size?. Without these points it is absolutely difficult to do the analysis.
14. In all of your tables and figures the description of your abbreviation should be written at the footage.
15. Risk of bias assessment was written twice; once is enough
16. Discussion; it needs aggressive revision. This is not a scientific way of writing a discussion. What I see here is the direct copy paste of the methods and some part of result. Compare and contrast whenever it is needed, justify why the discrepancy was seen, support your findings with other reviews, show to your readers why this review is important, what is added here, what you recommend based on your review findings and implication of this review. As to me, these are the integral part of the discussion, in the absence of these, this seems casual report.
17. This review did not include limitation, implication and recommendations.