

Appendix 5: Included Studies Characteristics—Dosage and Regimen

Study Identifier	Dosage and regimen
Adair 1998	Oral misoprostol 200mcg plus placebo vaginal tablet vs vaginal misoprostol tablet 50 mcg + placebo oral tablet. Dose could be repeated 6 hourly for up to 3 doses. At Bishop > 6, induction with oxytocin where necessary.
Adam 2005	Oral misoprostol 50 mcg repeated 6 hourly up to 4 doses vs vaginal misoprostol 50mcg repeated 6 hourly up to 4 doses. Unfavourable cervix, Bishop score <5.
Agarwal 2003	Intracervical PGE2 gel 0.5mg repeated 6 hourly to 3 doses vs vaginal misoprostol 50mcg repeated 6 hourly to 3 doses.
Al-Malt 1995	3 mg vaginal gel PGE2 vs placebo 12 hours before oxytocin for induction for cervical ripening. Inclusion criteria: singleton, term with Bishop score ≤ 4.
Al-Sebai 1992	3 mg PGE2 vaginal tablet vs 2 mg PGE2 gel. If Bishop score < 7 after 6 hours, a second final dose of table or gel given. Inclusion criteria: Bishop score ≤4, primigravid women, singleton pregnancies, cephalic, gesta age 37-42 weeks results here are taken directly from paper - in the Cochrane review, the denominators are reported incorrectly.
Anand 2012	Intracervical PGE2 gel 0.5 mg repeated after 6 hrs, up to 3 doses vs 25 mcg vaginal misoprostol, repeated after 4 hrs, up to 200 mcg.
Ayad 2002	Intracervical 0.5mg PGE2 Gel vs Vaginal misoprostol 50mcg tablet. Oxytocin for both arms at 6 h, 1 mU/min and increased by 1 to 2 mU/min every 15 minutes to a maximum of 22 mU/min.
Ayaz 2008	Oral misoprostol 50mcg 4 hourly up to 4 doses vs no treatment, observation for 24 h. At 24 h, induction with prostaglandins or oxytocin, or elective CS.
Ayaz 2010	PGE2 vaginal tablet 3mg 6 hourly up to 3 doses vs Vaginal misoprostol 50 mcg 6 hourly up to 3 doses. CS at 24 h.
Bartha 2000	Single dose oral misoprostol 200mcg vs 0.5mg of intracervical PGE2 6 hrly for 4 doses.
Beigi 2003	Placebo tablet and induction with oxytocin at 12 h vs Single dose oral misoprostol 200 mcg, IV oxytocin at 12 h where necessary (dosage not described).
Bennett 1998	Vaginal misoprostol 50 mcg 4 hourly repeated as necessary and oral placebo vs Oral misoprostol 50 mcg repeated 4 hourly as necessary and vaginal placebo. No maximum dose of misoprostol stated.
Bernstein 1991	Intracervical placebo gel vs Intracervical PGE2 gel 0.5 mg. Amniotomy at 3 cm. Oxytocin not before 6 h; induction with oxytocin at 12 h.
Berzircioglu 2012	No treatment. At 12 h IV oxytocin 2 mU/min and increased by 2 mU/min every 20 minutes vs 10 mg PGE2 vaginal insert (pessary) single dose, removed after a maximum of 12 hours. IV oxytocin at 12 h as above.
Bounyasong 2000	25µg vaginal misoprostol gel 6 hourly until adequate labour vs 50µg vaginal misoprostol tablet 6 hourly until adequate labour.
Buchanan 1984	3 mg PGE2 vaginal suppository or identical looking glycerin suppository - for cervical ripening, before induction. Inclusion criteria: cephalic presentation, singleton pregnancies, Bishop score of ≤4. - results taken directly from paper (table 5) - differ to results in review
Buser 1997	Intracervical PGE2 gel, 0.5mg every 6 hours up to three doses vs Intravaginal misoprostol, 50µg every 4 hours up to three doses
Buttino 1990	Intracervical PGE2 0.5 mg vs Control gel intracervical. After Bishop score and gel application, women were monitored for 1 h and then allowed to go home.
Cabrol 1988	PGE2 Gel intracervically 0.5 mg. vs Placebo intracervical gel. IV oxytocin induction at 12 h.
Campbell 1984	3 mg PGE2 pessary repeated at 8 h vs placebo pessary repeated at 8 h.
Cararach 1996	Expectant management up to 48 h from PROM vs Intracervical pge2 0.5 mg every 6 h vs IV oxytocin induction at 12 h from PROM. All women received antibiotics.

Cardozo 1986	3 mg PGE2 pessary (followed 3 hours later by amniotomy and if necessary, oxytocin infusion) vs no treatment
Carlan 2001	Vaginal misoprostol 50 mcg for two doses 6 hourly, then increased to 100 mcg 6 hourly for maximum 6 total doses vs Oral misoprostol 200 mcg for two doses 6 hourly then increased to 300 mcg 6 hourly up to 6 total doses. Failure at 6 doses.
Chang 1997 9474	3 mg PGE2 vaginal tablets repeated 6 hourly until labour vs 50 mcg vaginal misoprostol repeated 4 hourly to a maximum of 600 mcg.
Charoenkul 2000	Single dose 3 mg vaginal PGE2 vs single dose 50 mcg vaginal misoprostol. Oxytocin at 24 h.
Chatterjee 1990	2 mg PGE2 gel versus placebo gel. Induction with IV oxytocin at 12 h. If induction unsuccessful, patient randomized again to second application of gel or placebo gel.
Chaudhuri 2011	PGE2 vaginal gel, 0.5 mg repeated after 6 hrs to max of 2 doses vs 25 mcg vaginal misoprostol every 4hrs to maximum of 5 doses.
Cheng 2008	Vaginal misoprostol 4 hourly vs Titrated oral misoprostol solution 20 mL every 1 h for 4 doses and then increased when necessary to 40 mcg hourly for 4 h, then 60 mcg hourly. Rupture of the membranes performed when Bishop score > 9.
Cheung 2006	Oral placebo vs Oral misoprostol 50 mcg or 100 mcg every 4 h until active labor established or max 6 doses. Ampicillin and oxytocin at 24 h from PROM.
Chitraker 2012	Intracervical PGE2 0.5mg, treatment repeated at 6 h if BS < 6 vs 25 mcg vaginal misoprostol, repeated at 6 h if BS < 6.
Chua 1995	PGE2 pessary 3 mg(Prostin) normal release vs placebo pessary. IV oxytocin induction at 12 h.
Chuck 1995	0.5 mg Intracervical prostaglandin E2 gel 4 hourly, max 5 doses vs 50 µg Intravaginal misoprostol 4 hourly, max 5 doses.
Chung 1992	Single dose 3 mg PGE2 gel vs single dose placebo gel. Induction with IV oxytocin at 24 h.
Chyu 1997	Intracervical PGE2 gel 0.5 mg repeated 6 hourly up to max of 3 doses vs Vaginal PGE2 slow release pessary 10 mg in place for 12 h. Both groups received FHR monitoring continuously for 2 h after intervention. IV oxytocin 6 h after gel or 30 min after pessary. Amniotomy where necessary.
Clark 1998	0.5 mg Intracervical PGE2 gel 4 hourly to 4 doses vs 25 µg vaginal misoprostol tablet 4 hourly to 4 doses.
Colon 2005	oral misoprostol 50mcg vs vag misoprostol 25mcg, BS <7, dose increased 50-100 after one dose, vag dose remained the same. Intact or ruptured membranes.
Corrado 2001	Intracervical PGE2 0.5 mg vs Vaginal PGE2 gel 1 mg. Both treatment groups received vaginal PGE2 gel 2 mg at 4 h if Bishop < 6. Repeated 4 h later if necessary. FHR monitored after gel application; oxytocin for labour augmentation where necessary.
Curet 1989	3 mg PGE2 gel vs placebo gel.
Da Graca 2005	Expectant management. Monitoring on obstetrical pathology ward. IV oxytocin induction at 24 h vs Vaginal misoprostol 25µg tablet 6 hourly to 4 doses. IV oxytocin at 24 h.
Dallenbach 2003	Titrated oral misoprostol 20mcg soln vs vag PGE2 gel 2mg repeated after 6hrs. BS <7, dose increased in oral group to 40mcg depending on contractions.
Danielian 1999	PGE2 vaginal gel, 1mg, 6 hourly, to a maximum of three doses vs Vaginal misoprostol 50µg, 4 hourly, to a maximum of four doses. IV oxytocin and ARM where necessary.
Darroca 1996	Intracervical PGE2 dose not stated. Dose administered, continuous monitoring for 1 h, then patient allowed to go home. Re-evaluated in 14-16 h, second dose if Bishop < 6 plus induction with oxytocin. If 6, no gel just oxytocin induction vs Placebo intracervical gel, followed by induction with oxytocin as above. Dose of oxytocin not stated.
Deng 1999	Vaginal misoprostol 100 mcg single dose vs Placebo. Nothing further for 12 h.
Denguezli 2007	≥36 wks, membranes intact. Intracervical PGE2 Gel 0.5mg vs. Vaginal misoprostol 50mcg tabs.

Deo 2012	Vaginal PGE2 gel 2mg 6 hourly vs Vaginal misoprostol 25 mcg 4 hourly to 8 doses vs Foley catheter 16 F with 30ml single balloon. IV oxytocin 4 h after last dose of misoprostol or pge2. IV oxytocin upon spontaneous expulsion of Foley balloon.
Diro 1999	Cervical score <5. 25mcg vaginal misoprostol tabs vs. 50 mcg vaginal misoprostol tabs (max. dose, 200mcg vs.400mcg)
Doany 1997	Vaginal placebo gel 4ml vs Vaginal prostaglandin E2 gel vs Membrane stripping followed by placebo gel administration. This trial had a fourth arm that combined the pge2 gel and membrane sweep, but these data were not included in the NMA analysis. After treatment women were observed and then allowed to go home. Intervention repeated after 1 week and then every 3 to 4 days until delivery.
Dodd 2006	Vaginal PGE2 (2 mg for nulliparous, 1 mg for multiparous) and placebo oral solution vs Oral misoprostol solution 20 mcg at 2 h interval and placebo vaginal gel. Maximum six oral doses and 2 vaginal gel doses.
Domisse 1980	4 mg PGE2 tablet (8 tablets 0.5 mg) vs placebo.
Dyar 2000	Oral misoprostol 50mcg vs vag misoprostol 50mcg. Oral dose increased to 100mcg after 2 doses if no response. Vag dose 50mcg every 4 hrs for max of 6 doses.
Egarter 1989	3 mg PGE2 vaginal tablet (repeat dose of 3 mg at 6 h if needed) vs no treatment (spontaneous labour awaited until 42 weeks). Inclusion criteria: Singleton pregnancy, cephalic presentation, favourable cervix (Bishop score >4)
Ekman 1983	Intracervical pge2 gel 0.5 mg vs Vaginal pge2 gel 4 mg. IV oxytocin at 5 h. Amniotomy at 4 cm.
El-Din 2000	Vaginal misoprostol 50 mcg 4 hourly vs Vaginal pge2 tablet 3 mg 4 hourly vs Intracervical pge2 gel 6 hourly (dose not stated). All interventions 3 dose maximum.
Elhassan 2004	Vaginal misoprostol tabs 50mcg vs. Vaginal PGE2 Tabs 3mg (both max. 4 doses). BS <5
Elhassan 2005	Vaginal misoprostol 25 mcg 6 hourly to 4 doses vs Vaginal misoprostol 50 mcg 6 hourly up to 4 doses.
Elhassan 2007	Vaginal misoprostol 50 mcg vs Oral misoprostol 50 mcg vs Sublingual misoprostol 50 mcg.
El-Mardi 1991	3 mg vaginal PGE2 tablet vs pharmacy prepared 3 mg PGE2 pessary normal release (4 x pessary made of 0.75 mg of PGE2 solution and 4g of Witepsol pessary base). Amniotomy at 4 cm.
El-Shawarby 2006	Vaginal pge2 slow-release insert (Propess - 2 mg for primigravidas or 1 mg for multi) 12 hourly vs Vaginal PGE2 gel 6 hourly (dose unclear)
El-Sherbiny 2001	Vaginal misoprostol 25 mcg 4 hourly to 6 doses vs Vaginal misoprostol 50 mcg 4 hourly to 6 doses.
Eroglu 2007	Vaginal misoprostol 25 mcg 4 hourly to 6 doses vs Vaginal misoprostol 50 mcg 4 hourly to 6 doses.
Facchinetti 2005	10 mg PGE2 insert left in place for 12 h. 2 mg vaginal get at 24 h and IV oxytocin at 30 h vs Intracervical pge2 gel 0.5 mg, repeated at 6 h with dose increased to 2 mg for those with bishop 4-6. 2mg at 24 h. IV xytocin at 30 h.
Fachinetti 2007	Slow release vaginal PGE2 pessary vs Intracervical PGE2 gel 0.5mg. For both arms 2 mg vaginal PGE2 at 24 h, then IV oxytocin at 30 h.
Farah 1997	25mcg vaginal misoprostol tabs vs. 50mcg vaginal misoprostol tabs (max dose 200mcg)
Ferraiolo 2010	Vaginal pge2 gel 1 mg repeated 6 hourly for 3 doses vs Sustained-release pge2 pessary 10 mg (Propess) removed after 24 h. Vaginal gel protocol repeated after 24 h rest period where necessary.
Fisher 2001	Oral misoprostol 50mcg 3 hourly and placebo vaginal gel vs Vaginal misoprostol 50mcg 6 hourly and oral placebo tablet. Protocol continued for up to 48 h in both arms.
Fletcher 1993	Vaginal placebo vs Vaginal misoprostol 100 mcg, single dose. Oxytocin at 12 h for both arms.
Fletcher 1994	Single dose vaginal pge2 tablet vs Single dose vaginal misoprostol 100 mcg tablet. IV oxytocin at 12 h for both arms.

Frass 2011	No treatment for 24 h, then CS vs 50 mcg vaginal misoprostol 4 hourly up to 6 doses, then CS.
Frohn 2002	Ruptured membranes, ≥ 34 wks, < 3 cm dilated. Vaginal misoprostol portsol tabs 50mcg vs. 2.5mg vaginal PGE2 gel
Garry 2003	Pge2 10 mg slow-release pessary for 12 h, repeated if necessary vs Vaginal misoprostol 50 mcg 3 hourly to a max of 400 mcg.
Gelisen 2005	No treatment - twice weekly nonstress test, amniotic measure and single biophysical score. Misoprostol induction at 1 week. vs 50 mcg vaginal misoprostol 6 hourly up to 24 h then CS vs IV oxytocin vs Foley catheter 18 G with 50 ml single balloon. Induction groups had membrane sweep, amniotomy and IV oxytocin where necessary.
Getgan 2003	Vaginal misoprostol 25 mcg single dose, IV oxytocin at 6 h vs Oral misoprostol 50 mcg single dose, IV oxytocin at 6 h.
Gherman 2001	Oral misoprostol 50mcg vs vag PGE2 gel 4mg. Repeat doses every 4 hrs up to 6 doses max.
Gilson 1993	Intracervical PGE2 0.5 mg, IV oxytocin at 12 h, dose not to exceed 20 mIU/min vs Placebo intracervical gel, IV oxytocin at 12 h.
Girija 2009	Not in cochrane review. Vaginal misoprostol 25 mcg 6 hourly to 3 doses in 24 h vs Vaginal misoprostol 50 mcg single dose.
Girija 2011	Not in cochrane review. > 37 wks. $BS \leq 5$. 25mcg vaginal misoprostol tabs vs. 0.5mg intracervical PGE2
Gittens 1996	No treatment vs Intracervical pge2 gel 0.5 mg at 39 weeks, repeated weekly on outpatient basis.
Gottschall 2007	Vaginal pge2 gel 5 mg, IV oxytocin at 6 h vs Vaginal misoprostol 100 mcg, IV oxytocin at 6 h.
Graves 1985	1 mg, 2 mg or 3 mg PGE2 vaginal gel vs identical placebo gel. IV oxytocin induction at 12-16 h.
Green 1998	10 mg sustained release (Propess) vs 1 mg prostin gel, repeated at 6 h.
Greer 1990	Vaginal pge2 tablet 3 mg vx Pge2 vaginal gel 1 mg. Amniotomy at 4 h. IV oxytocin at 6 h.
Gregson 2005	Pge2 vaginal gel 1-2 mg repeated 6 hourly to total 6 mg in 24 h vs Vaginal misoprostol 25 mcg 4 hourly to 6 doses.
Grunberger 1986	Intracervical PGE2 gel 1.5 mg vs Intracervical placebo gel. Dose repeated at 6 h if needed. Amniotomy at 4 cm. Additional induction methods at 12 h. Failure at 24 h.
Gupta 2010	25 mcg vaginal misoprostol repeated every 4 hrs up to max of 200 mcg vs 50 mcg vaginal misoprostol repeated every 4 hrs up to max of 200 mcg.
Hales 1994	Intracervical PGE2 gel 0.5 mg and vaginal placebo gel vs Vaginal PGE2 2.5 mg and intracervical placebo gel. Dose repeated at 6 and 12 hours. Oxytocin after third dose. Amniotomy when possible.
Hall 2002	Vaginal misoprostol 25 mcg repeated 3-4 h, increased to 50 mcg as needed vs Oral misoprostol 100 mcg as above repeated 3-4 h, increased to 200 mcg as needed.
Hannah 1996	4 arm trial: PGE2 gel (Prostin E2 Gel) 1 mg or 2 mg, repeated 6 hours later if labour not started vs IV oxytocin vs expectant management for 4 hours then IV oxytocin vs expectant management then PGE2 gel - just used the PGE2 gel vs expectant management then gel group - not sure should really include expectant management group - both had gel, one immediate and the other after 4 hours? Inclusion criteria: ruptured membranes, ≥ 37 weeks, single fetus in cephalic presentation.
Has 2002	Vaginal misoprostol 25 mcg 4 hourly up to 6 doses vs Vaginal misoprostol 50 mcg 4 hourly up to 6 doses. For both arms, oxytocin at 16 h.
Hayashi 1983	Placebo vs 0.5, 1.0 or 1.5 mg PGE2 (prepidil) vaginal gel. Three treatment arms were combined for the NMA analysis. Single dose of vaginal gel, then induction with oxytocin and amniotomy at 12 h (somewhat unclear).

Heinzl 1980	Intracervical PGE2 gel 5 mg, 2 dose interval not stated vs placebo intracervical gel. Women who showed improved Bishop scores induced with oxytocin the following day. Women showing no change were sent home.
Henrich 2008	Oral misoprostol 25mcg then 50mcg then 100mcg 4hrly vs 3mg vaginal misoprostol every 6 hrs to 9mg daily.
Herabutya 1992	Expectant management vs Intracervical pge2 0.5 mg, repeated at 6 h if necessary. For both arms oxytocin and amniotomy at 4-6 h if Bishop > 6. If Bishop < 6 women sent home.
Herabutya 1993	3 mg pge2 tablet vs 1.5 mg intracervical pge2 gel. At 6 h if bishop > 6 then amniotomy and oxytocin. If < 6, women sent home. Women sent home and who failed to go into labour by 24 h were excluded from the study.
Herabutya 1997	Intracervical PGE2 1.5 mg vs Vagina misoprostol 100 mcg single dose. Amniotomy where possible after 12 h, oxytocin induction at 24.
Hidar 2000	Conservative management for up to 24 h vs Intracervical PGE2 0.5 mg. Oxytocin at 24 h for those undelivered.
Hoffman 2001	Oral misoprostol 100mcg repeated at 6 h vs placebo.
Hofmeyr 2001	Vaginal PGE2 2 mg repeated at 6 h, oxytocin at 12 h vs Low dose oral misoprostol solution 20 mcg increased to 40 mcg after 2 or 3 doses.
Hosli 2008	Not in cochrane review. Vaginal misoprostol 50 mcg tablets repeated once in 24 h vs. PGE2 vaginal gel 1mg-2mg, dose based on Bishop score and parity.
How 2001	Oral misoprostol 25mcg and vaginal placebo vs Vaginal misoprostol 25mcg and oral placebo. Doses repeated every 4 hrs until labour established.
Howarth 1996	Vaginal misoprostol tablets 100mcg vs. PGE2 gel 1mg. Doses repeated once at 6 h.
Husslein 1986	Expectant management until 42 weeks vs 3 mg vaginal PGE2 tablets repeated once at 6 h and protocol repeated on second day.
Hutcheon 1980	Intracervical PGE2 gel 0.45 mg or 0.65 mg vs placebo intracervical gel. Treatment or placebo in the evening. Amniotomy and oxytocin in am.
Incerpi 2001	Vaginal misoprostol 25mcg on days 1 and 4 of one week, outpatient vs placebo. Amniotomy and oxytocin where needed.
Irion 1998	Intracervical PGE2 gel 0.5 mg repeated at 6 h vs Vaginal PGE2 gel 2 mg repeated at 6 h. Protocol repeated following day. Oxytocin when Bishop 5 or on 3rd day.
Jindal 2011	Vaginal misoprostol 50 mcg four hourly for up to 6 doses vs Oral misoprostol 50 mcg 4 hourly up to 6 doses. Failure at 4 h after sixth dose, and then oxytocin if no indication for CS.
Kadanali 1996	Intracervical PGE2 gel dose not stated, oxytocin at 6 h vs Vaginal misoprostol 100 mcg followed by oral misoprostol 100 mcg every 2 h. Oxytocin at 24 h.
Kalkat 2008	PGE2 vaginal gel 1-2 mg 6 hourly to max of 3-4 mg vs single PGE2 slow release pessary.
Keirse 1995	Vaginal PGE2 gel 1 mg vs Intracervical PGE2 gel 0.5 mg. Both arms repeated 6 hourly to 3 doses.
Kemp 2000	Vaginal PGE2 gel 2 mg vs Intracervical PGE2 gel 0.5 mg. Both arms dose repeated 6 hourly to 3 doses. At 24 h women given rest day then induction. Bishop > 7 oxytocin 8 h from last PGE2 application.
Khazardoost 2011	Vaginal misoprostol 25 mcg single dose, oxytocin at 24 h vs Oral misoprostol 100 mcg single dose, oxytocin at 24 h.
Khoury 2001	Vaginal PGE2 pessary slow release 10 mg, oxytocin at 22.5 h vs 35 mcg misoprostol suppository, vaginally, repeated 4.5 h up to 6 doses, oxytocin 1 h following vs 50 mcg misoprostol suppository as above.
Kim 2000	Intravaginal PGE2 3mg tablet, repeated once vs Vaginal misoprostol 50 mcg, repeated once. Oxytocin after 12 hrs for both arms.
Kipikasaa 2005	Oral misoprostol 50mcg vs 25mcg. Both doses administered every 3 days up to 3 doses over 9 days.

Kolderup 1999	Intracervical PGE2 0.5 mg repeated 6 hourly up to 4 doses vs 50 mcg vaginal misoprostol repeated 4 hourly up to 6 doses. Amniotomy and oxytocin as needed.
Komala 2013	25 mcg vaginal misoprostol every 4-6 h to 5 doses vs Oral miso 50 mcg every 4-6 h to 5 doses.
Kovavisarach 1997	3 mg PGE2 tablet up to 2 doses vs 100 mcg vaginal misoprostol tablet, up to 2 doses.
Kovavisarach 1998	3 mg PGE2 tablet repeated 6 hourly up to 3 doses vs 50 mcg misoprostol tablet repeated 6 hourly up to 3 doses.
Krithika 2008	Intracervical pge2 0.5 mg repeated once at 6 h vs 25 mcg vaginal misoprostol 4 hourly up to 6 doses.
Kulshreshtha 2007	Intracervical pge2 0.5 mg repeated once at 12 h vs Vaginal misoprostol 100 mcg repeated 4 hourly up to 6 doses.
Kumar 2001	Intracervical 0.5 mg PGE2 gel, oxytocin at 10 h vs 25 mcg vaginal misoprostol, repeated 6 hourly
Kwon 2001	Vaginal misoprostol 50 mcg 6 hourly to 8 doses or 48 h vs Oral misoprostol 50 mcg 6 hourly to 8 doses or 48 h. Amniotomy when possible. PGE2 or another method of induction at 48 h.
Langenegger 2005	0.5 mg PGE2 intracervical 6 hourly until anmiotomy, SROM or 24 h vs Oral misoprostol 50 mcg 4 hourly, as above. Rest for 24 h if no labour, then same induction drug again. Oxytocin when needed. CS at end of second 24 h induction day.
Larmon 2002	Placebo vs Intracervical PGE2 0.5 mg vs Estradiol cream 4 mg vaginally. All doses once weekly, outpatient.
Laube 1986	Placebo vs 0.25 or 0.5 mg PGE2 intracervical gel. Amniotomy at 4 cm, oxytocin where necessary. At 12 h, laminaria for 4 h and then induction with oxytocin.
Le Roux 2002	Pge2 gel vaginal 1 mg repeated at 6 h, 2 dose maximum vs Vaginal misoprostol 50 mcg 4 hourly up to 6 doses vs Oral misoprostol 50 mcg 4 hourly up to 6 doses.
Lee 1997	3 mg PGE2 tablet vaginally 6 hourly 2 doses max vs Vag misoprostol 200 mcg vaginally 6 hourly 2 doses max
Legarth 1988	PGE2 suppository normal release 2.5 mg, repeated once at 4 h vs Intracervical PGE2 gel 1 mg repeated once at 4 h. Protocol repeated on second day.
Lemancewicz 1999	50 mcg misoprostol vaginally, 4 hourly, up to 6 doses vs IV oxytocin up to 17 mIU/min max vs Intracervical pge2 gel 0.5 mg every 6 h. Urban 2003 gives the details for the PGE2 arm.
Levy 2005	Placebo every 4 h up to 3 doses vs Oral misoprostol 50 mcg every 4 h for up to 3 doses. Oxytocin for both arms at 12 h.
Lien 1998	PGE2 intracervical gel 0.5 mg vs Placebo intracervical gel. Post term women scheduled for fetal non-stress tests were given single dose of gel, monitored for 40 minutes and allowed to go home. 3-4 days later, another dose and fetal non-stress test was scheduled. Women received up to 4 doses and were not induced until 42 weeks.
Liggins 1979	0.2 mg or 0.4 mg PGE2 vaginal suppositories vs placebo. Suppositories were self-administered every 2 hours during waking hours on 2 successive days until labour started or 15 had been used. IV oxytocin and amniotomy at 48 h. Two arms for PGE2 have been combined for NMA analysis.
Lo 2003	Placebo tablet repeated once at 4 h vs Oral misoprostol 100 mcg repeated once at 4 h. Oxytocin for both arms at 8 h.
Lokugamage 2003	Vaginal PGE2 gel 2mg and then 1 mg at 6 h vs Vaginal misoprostol 50 mcg repeated at 6 h.
Lopes 1991	Intracervical PGE2 0.5 mg vs PGE2 gel 2.25. Both doses repeated at 12 h. Induction at Bishop > 6. Data only extracted for women with Bishop score 3-6.
Lopez-Farfan 2010	Sustained release vaginal PGE2 for 24 hrs, dose not stated vs Intracervical PGE2 0.5 mg 3 doses every 6 hours.
Lyndrup 1991	0.5 mg Intracervical PGE2 gel 0.5 mg once daily vs Vaginal PGE2 pessary 2.5 mg repeated at 3 h. Protocol repeated second day.

MacKenzie 1979	3 arm trial: 5 mg PGE2 vaginal gel vs 25 mg PGF2a gel vs placebo gel
MacLennan 1979	Placebo gel vs PGF2 gel 50 mg. Both groups had cervical stretching and membrane sweep where possible.
Magtibay 1998	Vaginal Pge2 gel 0.5 mg intracervically, oxytocin at 12 h vs Vaginal misoprostol 50 mcg 4 hourly until delivery
Mahmood 1989	Vaginal PGE2 tablet 3mg, repeated at 16 h if BS < 5 vs Vaginal PGE2 gel 2mg, repeated at 16 h if BS < 5
Mahmood 1992	2 mg PGE2 vaginal gel, then 1 mg PGE2 gel at 6 h vs Conservative management. Oxytocin for both arms at 24 h.
Mahmood 1995	1 mg PGE2 vaginal gel, repeated once at 6 h vs Conservative management. IV Oxytocin for both arms at 24 h.
Majoko 2002	Intracervical PGF2 gel 5 mg repeated once at 8 h vs Vaginal PGE2 pessary normal release 3 mg, repeated at 8 h vs Vaginal misoprostol tablet 50 mcg repeated once at 8 h vs Low dose titrated oral misoprostol 4 hourly starting with 10 ml then doubling; a second bottle available. 1 200 ml bottle = 200 mcg dose.
McCaul 1997	Expectant management, inpatient stay, 2 h initial fetal monitoring, daily non stress test, FHR 8 hourly vs IV Oxytocin, 2 mIU/min increased by 1 mIU/min every 30 min until max 24 mIU/min vs Vaginal PGE2 gel 2 mg, repeated 6 hourly with 4 mg up to 4 total doses, oxytocin at 22 h.
McKenna 1999	Placebo intracervical gel vs Intracervical PGE2 gel 0.5 mg single dose on outpatient basis.
McKenna 2004	Outpatient placebo vs Outpatient administration of single dose misoprostol 25 mcg for cervical ripening. Women allowed to labour spontaneously.
McLauren 1987	3mg vaginal PGE2 tablet vs Slow release 5mg PGE2 pessary. Women in both groups had amniotomy after 4 hours and augmentation with oxytocin if required.
Megalo 2004	0.5 mg intracervical pge2 gel 6 hourly to 3 doses, then 3 mg vaginal pge2 6 hourly to two doses vs Vaginal misoprostol 50 mcg 4 hourly to five doses.
Mehrotra 2010	Vaginal Misoprostol 50 mcg repeated 4 hourly up to 200 mcg max, then oxytocin induction or CS vs Oral Misoprostol 50 mcg, repeated 4 hourly and protocol as above.
Meydanli 2003	25 mcg vaginal misoprostol 4 hourly to 6 doses vs 50 mcg vaginal misoprostol 4 hourly to 6 doses or 300 mcg. Amniotomy and oxytocin at bishop of at least 8.
Meyer 2002	0.5 mg Intracervical pge2 gel, outpatient vs 25 mcg misoprostol, outpatient. Both arms oxytocin at 18 h.
Miller 1991	Vaginal PGE2 gel 2.5mg vs Vaginal PGE2 slow release pessary 10mg. Oxytocin for augmentation at 12 h.
Moodley 2003	Vaginal pge2 gel 1 mg, 6 hourly up to 3 doses vs Vaginal misoprostol 25 mcg one dose and then oral misoprostol 60 mcg to 3 doses vs Titrated low dose oral misoprostol 20 mcg every 2 h or up to 80 mcg.
Murphy 1980	Placebo vaginal gel vs single dose Vaginal PGF2 gel 1.5 mg, 3.0 mg or 10 mg. Amniotomy and IV oxytocin at 12 h.
Murray 1995	Vaginal PGE2 tablet 3mg vs Vaginal PGE2 gel 2mg. Dose repeated at 6-8 h if amniotomy not possible. Third dose at 24 h.
Murthy 2006	Intracervical pge2 0.5 6 hourly to 3 doses vs 25 mcg vaginal misoprostol 4 hourly to 8 doses.
Nager 1987	No treatment vs Intravaginal PGE2 0.5mg. At 12 h oxytocin induction begun. Amniotomy where possible. Fetal monitoring 1 h after gel application.
Nagpal 2009	Oral miso 50mcg up to 3 doses 4hrly vs Intracervical PGE2 gel 6 hrly. BS <6. PROM
Nanda 2007	Intracervical pge2 gel 0.5 mg 6 hourly to 3 doses in 24 h vs 25 mcg misoprostol 3 hourly up to 200 mcg.
Neiger 2001	0.5 mg intracervical pge2 gel, repeated once at 6 h vs 50 mcg vaginal misoprostol, repeated once at 6 h. IV oxytocin at 12 h where necessary and amniotomy when possible.

Neilson 1983	5 mg PGE2 vaginal gel vs 40 mg PGF2a vaginal gel, applied the night before induction with IV oxytocin.
Newman 1997	No treatment vs Vaginal pge2 2 mg (type of PGE2 unclear; coded in our analysis as vaginal gel). Dose repeated at 24 and 48 h on outpatient basis.
Ngai 1996	Placebo vitamin C vs Oral misoprostol 200 mcg. Oxytocin induction at 12 h.
NICHHD 1994	No treatment to 44 weeks vs Intracervical placebo gel vs Intracervical PGE2 gel 0.5 mg. Placebo and treatment arms received IV oxytocin at 12 h.
Nigam 2010	25 mcg vaginal misoprostol 4 hrly to 4 doses vs 50 mcg vaginal misoprostol 4 hrly to 4 doses.
Nimrod 1984	Placebo intracervical gel vs Intracervical PGE2 gel 0.25 mg or 0.5 mg. IV oxytocin at 12 h for both arms. Two PGE2 arms have been combined for the NMA analysis.
Noah 1987	No treatment vs 0.5 mg PGE2 intracervical gel. IV oxytocin at 12 h for both arms. Amniotomy as needed.
Nopdonrattakoon 2003	Vaginal misoprostol 50 mcg vs Oral misoprostol 50 mcg. Both treatments repeated 4 hourly to 6 doses or 24 h, then option of CS or PGE2 induction, after a rest period.
Nunes 1999	Vaginal Pge2 gel 2 mg repeated at 6 h either 2, 1 or 0.5 mg. Third 1 mg dose at 12 h to maximum 4 mg vs 100 mcg vaginal misoprostol repeated at 6 h either 50 or 100 mcg. Thirddose at 12 h to max of 250 mcg.
Nuutila 1995	Placebo intracervical gel vs 0.5 mg intracervical PGE2 gel, repeated at 6 h. Failure at 12 h. Induction with amniotomy or oxytocin if Bishop > 5.
Nuutila 1996	Vaginal PGE2 gel 1 or 2 mg 6 hourly to 3 doses vs Intracervical PGE2 gel 0.5 mg 6 hourly to 3 doses. At 18 h IV oxytocin and amniotomy if Bishop > 5.
Oboro 2005	Outpatient vaginal assessment. No treatment. Women sent home after 1 h observation vs single dose 25 mcg misoprostol vaginally on outpatient basis. Women treated at 40 weeks and induced at 41 weeks and 3 days if not already delivered or in labour.
O'Brien 1995	2 mg PGE2 vaginal gel vs or placebo gel, administered daily for 5 consecutive days on outpatient basis.
Ottinger 1998	Vaginal slow release pessary 10 mg left in for 12 h unless labour, IV oxytocin at 12 h vs Intracervical 0.5 mg PGE2 gel, repeated at 6 h, Oxytocin at 12 h.
Owen 1991	Intracervical placebo gel vs Intracervical 0.5 mg PGE2 gel. IV Oxytocin at 12 h.
Ozkan 2009	Slow release vaginal PGE2 pessary 10 mg over 12 hrs vs Intravaginal 50 mcg misoprostol every 4 hrs to max 250mcg.
Paisarntantiwong 2005	Vaginal misoprostol 25 mcg and oral placebo vs Oral misoprostol 50 mcg and vaginal placebo. Oxytocin induction at 6 h for both groups.
Pandis 2001	Vaginal PGE2 gel 2 mg or 1 mg, repeated once at 6 h vs 50 mcg vaginal misoprostol repeated once at 6 h. Protocol repeated on second day. If Bishop 7 induction with amniotomy only (excluded from analysis). IV Oxytocin as needed.
Papanikolaou 2004	3mg vaginal PGE2 tablets 9 hourly to 3 doses vs 50 mcg vaginal misoprostol 9 hourly to 3 doses. Oxytocin where necessary and at 18 h. CS at 24 h.
Patil 2005	200mcg oral misoprostol single dose vs 0.5mg intracervical PGE2 up to 3 doses at 8 hr intervals.
Paungmora 2004	Vaginal misoprostol 50 mcg vs Oral misoprostol 100 mcg. Both treatments repeated 6 hourly for 48 h then induction with oxytocin and amniotomy.
Peccerillo 1995	Vaginal PGE2 gel 2.5 mg vs Intracervical PGE2 gel 0.5 mg. Treatments repeated 4 hourly (regimen unclear; abstract only) and IV oxytocin (regiment unclear).
Pedrazzoli 1997	Vaginal pge2 gel 2 mg vs 0.5 mg intracervical pge2 gel. Both treatments repeated once at 6 h. Protocol repeated second day. IV oxytocin at 48 h.
Perez Picanol 1990	No treatment vs single dose Intracervical PGE2 gel 0.5 mg. Oxytocin for both arms at 6 h.
Perry 2004	Vaginal PGE2 slow releast pessary in place for 12 h vs intracervical administration of same vaginal slow release pessary. No dose stated. Induction with IV oxytocin at 12 h.

Perryman 1992	5 mg PGE2 vaginal gel vs 5 mg PGE2 vaginal pessary (quarter of a 20 mg suppository). Both treatments repeated at 6 h.
Pongsatha 2005	100mcg oral miso every 3hrs up to 24 hrs vs 50 mcg vag miso every 4 hrs up to 24 hrs.
Poornima 2011	No treatment for 12 hrs and antibiotics vs PGE2 gel 0.5mg, repeated at 6 h (not clear if this group also received antibiotics). IV oxytocin at 12 h.
Poulsen 1991	Intracervical PGE2 gel 0.5 mg vs Vaginal PGE2 pessary, normal release 2.5 mg. Amniotomy and IV oxytocin at 12 h.
Prager 2008	2mg intravaginal PGE2 gel every 6-8 hrs vs 25 mcg vaginal misoprostol every 4 hours up to 6 doses vs Bard catheter with 50 ml balloon in cervix until spontaneous expulsion.
Prasad 1989	Sustained release PGE2 vaginal film (8.5 mg in 24 hours) vs placebo Induction at 24 h.
Prins 1983	2.5 mg PGE2 vaginal gel vs placebo. IV oxytocin induction at 14 -18 h.
Puga 2001	100 mcg oral misoprostol to 3 doses vs vaginal misoprostol 50 mcg up to 3 doses.
Rabl 2002	Vaginal PGE2 tablet 3mg twice a day 6 hourly vs PGE2 slow release pessary 5mg over 12 hours.
Rahman 2013	25 mcg vaginal misoprostol 4 hourly to 5 doses vs 50 mcg oral misoprostol 4 hourly to 5 doses.
Ramsey 2003	Vaginal misoprostol 50mcg repeated once at 6 h vs Intracervical PGE2 0.5mg repeated at 6 h vs PGE2 pessary 10mg. Induction with IV oxytocin at 12 h.
Rath 1999	Vaginal PGE2 gel 2 mg vs Intracervical prostaglandin gel PGE2 0.5 mg. Treatment repeated 6 hourly.
Rath 1999	PGE2 tablet 3 mg vs Intravaginal gel PGE2 2 mg. Treatment repeated 6 hourly.
Rath 2007	No treatment for 24 h then IV oxytocin vs Oral misoprostol 50 mcg, 4 hourly to 6 doses. Both groups received antibiotics.
Rayburn 1988	Placebo gel vs single dose PGE2 gel 2.5 mg. Some women went home, unclear. IV oxytocin at 12 h for both arms.
Rayburn 1992	10 mg PGE2 controlled release pessary (0.8 mg/hour) vs placebo pessary.
Rayburn 1999	No treatment vs Intracervical pge2 gel 0.5 mg repeated weekly for three weeks on outpatient basis.
Richardson 1991	Placebo gel intracervically vs Intracervical PGE2 gel 0.5 mg. Both groups monitored for 4 h and then induced with oxytocin.
Rix 1996	PGE2 Tablets 3 mg vaginally vs Intracervical PGE2 Gel 0.5 mg. Treatments repeated to 3 doses daily for 2 days. Amniotomy and IV oxytocin at 24 h.
Rizvi 2007	Oral misoprostol 100mcg 4 hourly for 24 h vs Vaginal misoprostol 25mcg 4 hourly for 24 h.
Roach 1997	No treatment vs 3 mg PGE2 pessary repeated at 6 h.
Rouzi 2014	PGE2 vaginal insert 10 mg left for up to 24 h vs Hourly titrated oral misoprostol 20 ug/h for 2 doses, increased to 30 ug/h for 3 doses and 40 ug/h and 50 ug/h for 1 dose each.
Rowlands 2001	2 mg pge2 pessary vs 100 mcg vaginal misoprostol. Treatments on outpatient basis, repeated following am if Bishop < 6. Third dose 6 h later. Pge2 maximum of 6 mg and misoprostol maximum of 300 mcg. Amniotomy at Bishop 7 and oxytocin where necessary.
Rozenberg 2001	Pge2 vaginal gel 2 mg repeated once at 6 h 1 mg. Second day 2 mg with repeat doses of 1 mg 4 hourly to 4 mg maximum vs 50 mcg vaginal misoprostol repeated once at 6 h. Second day 50 mcg 4 hourly to 150 mcg maximum. Amniotomy when possible. IV oxytocin at 48 h, then CS.
Rozenberg 2004	10 mg pge2 slow release pessary left in place for 12 h. Repeated at 24 h vs 50 mcg vaginal misoprostol repeated once at 6 h. Second day 50 mcg 4 hourly to 150 mcg total. IV oxytocin at 48 h.
Saeed 2011	Not in cochrane review. Vaginal dinoprostone tabs 3mg vs vaginal misoprostol 50mcg tabs. Treatments repeated 6 hourly to 3 doses.

Saggaf 2001	Vaginal Misoprostol 50mcg 3 hourly to 6 doses vs Vaginal PGE2 tablets 3mg 6 hourly to 3 doses.
Sahraoui 2005	No treatment until 42 weeks, then induction with intracervical PGE2 vs Intracervical PGE2 (dose not stated) repeated at 24 h if Bishop < 6. If Bishop > 6 IV oxytocin and amniotomy. Third PGE2 dose at 48 h possible.
Sahu 2004	0.5 mg intracervical pge2 repeated at 6 h, IV oxytocin at 12 h vs 50 mcg vaginal misoprostol repeated at 6 h.
Saleem 2006	Vaginal misoprostol tablets 50mcg vs PGE2 pessary 3mg normal release vs Foley catheter. IV oxytocin at 8-10 h where necessary.
Sanchez-Ramos 1998	Pge2 slow release pessary 10 mg in place for 12 h, then IV Oxytocin at 12 h vs 50 mcg vaginal misoprostol 3 hourly to 400 mcg. Oxytocin at 24 h.
Sawai 1991	Placebo gel twice weekly outpatient vs PGE2 vaginal gel 2 mg twice weekly outpatient.
Sawai 1994	Daily self-administered 2 mg PGE2 suppositories vs placebo self-administered suppositories, to 44 weeks.
Saxena 2011	not in cochrane review. Vaginal misoprostol tablet 25mcg vs Vaginal misoprostol tablet 50mcg vs 0.5mg intracervical PGE2 gel. Treatments repeated 6 hourly to 3 doses.
Schneider 2004	50mcg oral misoprostol every 4 hrs vs vag miso 25mcg every 4 hrs.
Seeras 1995	Vaginal PGE2 gel 2 mg 6 hourly to 3 doses vs Intracervical PGE2 gel 0.5 mg 6 hourly up to 3 doses
Shakya 2010	Intracervical PGE2 0.5 mg 6 hourly to 2 doses vs Vaginal misoprostol 50 mcg 6 hourly to 6 doses.
Sheela 2007	0.5 mg intracervical PGE2 12 hourly to 3 doses vs vaginal misoprostol 25 mcg 6 hourly to 5 doses vs oral misoprostol 50 mcg 6 hourly to 5 doses.
Sheikher 2009	Oral misoprostol 50 mcg 4 hourly to 5 doses vs Vaginal misoprostol 25 mcg 4 hourly to 5 doses.
Shetty 2001	Oral misoprostol 50 mcg 4 hourly to 5 doses vs vaginal misoprostol 50 mcg 4 hourly to 5 doses.
Shetty 2002 a	No treatment for 24 h then induction with PGE2 or IV oxytocin vs Oral misoprostol 50 mcg 4 hourly to 5 doses.
Shetty 2003	Vaginal misoprostol 25 mcg repeated 4 hourly to 5 doses vs Oral misoprostol 100 mcg 4 hourly to 5 doses.
Shetty 2004	100 mcg oral misoprostol 4 hourly to 5 doses vs 3 mg vaginal PGE2 tablet, repeated once at 6 h.
Shoaib 1994	No treatment for 24 h vs PGE2 vaginal tablet 3 mg 6 hourly to 3 doses, then IV oxytocin.
Sifakis 2007	3 mg PGE2 vaginal tablet 6 hourly to 3 doses vs 50 mcg vaginal misoprostol 6 hourly to 3 doses. IV oxytocin and amniotomy as needed.
Sitthiwattanawong 1999	Vaginal misoprostol 50 mcg repeated 4 hourly vs Oral misoprostol 50 mcg 4 hourly. IV oxytocin as needed.
Smith 1990	Vaginal PGE2 gel 2.5mg vs 3- 3.5 mg PGE2 pessary (described as chip carved off a 20mg suppository). Oxytocin for both arms after 12 hrs.
Smith 1994	PGE2 gel 2.5 mg repeated once at 6 h vs PGE2 slow release pessary removed after 12 hours (total dose 10mg or 0.8mg per hour). IV oxytocin for both arms at 12 h.
Souza 2013	Vaginal misoprostol tablets 25 mcg 6 hourly to 8 doses vs Titrated oral misoprostol solution 20 ug/h increased by 20 ug/h every 6 h up to 80 ug/h.
Srisomboon 1996	Placebo intravaginal gel vs 100 mcg vaginal misoprostol made into gel. Oxytocin induction at 12 h and amniotomy for both arms.
Stampe Sorensen 1992	3 mg PGE2 tablet repeated at 6 h vs single 3mg PGE2 pessary.
Stempel 1997	Vaginal PGE2 gel 5 mg 6 hourly to 3 doses vs Intracervical 0.5 mg PGE2 6 hourly to 3 doses. Oxytocin induction for both arms.

Steytler 1995	Vaginal pge2 gel 1 mg, then 2 mg dose at 6 h vs 50 mcg vaginal misoprostol repeated once at 6 h.
Stitely 2000	41-41+6 weeks, intact membranes, cervical score≤4. Vaginal misoprostol tabs 25mcg vs placebo
Strobelt 2006	10 mg vaginal PGE2 slow release pessary. IV oxytocin induction if PROM. At 12 h and Bishop 0-4 pge2 vaginal gel 2 mg repeated at 20 h. At 12 h and Bishop 5 or more amniotomy and IV oxytocin induction vs Intracervical PGE2 gel 0.5 mg 2 doses 6 h interval.
Sultana 2006	Oral misoprostol 100 mcg 4 hourly vs vaginal misoprostol 100 mcg 4 hourly.
Surbek 1997	Vaginal pge2 tablet 3 mg vs Vaginal misoprostol 50 mcg. Both treatments repeated at 6, 24 and 30 h. IV oxytocin at 48 h.
Tabor 1995	Intracervical pge2 6 hourly max 3 doses vs 50 mcg vaginal misoprostol 4 hourly to 12 doses. Oxytocin when cervix favourable.
Taechakraichana 1996	Intracervical PGE2 gel 0.5mg, amniotomy and IV oxytocin at 2 h vs PGE2 vaginal pessary 3mg normal release, amniotomy and IV oxytocin at 2 h.
Taher 2010	PGE2 vaginal tablet 3mg repeated 6 hourly to 3 doses vs PGE2 vaginal gel 2mg repeated dose of 1 mg 6 hourly to 3 total doses.
Tan 2010	PGE2 vaginal pessary normal release 3mg repeated once at 6 h vs 25 mcg vaginal misoprostol repeated once for some women at 6 h (groups combined for analysis).
Tessier 1997	Vaginal PGE2 gel 2 mg every 6 h up to 4 doses and an oral placebo tablet vs Oral misoprostol 50 mcg 6 hourly up to 4 doses and a placebo vaginal gel.
Tey 1995	
Thaisomboon 2012	20 mL of oral misoprostol solution (1 µg/mL) orally every 1 hour for 4 doses then titrated to 40 µg every 1 hour vs 50 µg of misoprostol orally every 4 hours up to 12 hours.
Thavarahsah 1990	Pge2 0.5 mg vaginal tablet vs 0.5 mg intracervical pge2 (unclear if tablet or gel). IV oxytocin at 14 h.
Thiery 1984	Placebo intracervical gel and placebo vaginal tablet vs Intracervical gel 0.5 mg and placebo vaginal tablet vs placebo intracervical gel and 2 mg PGE2 vaginal tablet. IV oxytocin and amniotomy at 12 h.
Thomas 2000	Placebo vaginal pessary vs 50 mcg misoprostol vaginal pessary repeated once at 6 h. IV oxytocin at 12 h.
Tomlinson 2001	PGE2 gel 1mg or 2mg (protocol not specified) vs Intravaginal slow release PGE2 pessary (doseage not stated). Women with favourable cervices induced with amniotomy and IV oxytocin.
Topozada 1997	Vaginal misoprostol 100 mcg 3 hourly vs Oral misoprostol 100 mcg 3 hourly. Second dose could be 200 mcg if needed. When Bishop 5 then amniotomy.
Trabelsi 2012	Intracervical PGE2, 0.5 mg 8 hrly to max of 1.5 mg vs Vaginal misoprostol 50mcg 6hrly to max of 200 mcg
Triglia 2010	2 mg PGE2 gel repeated once at 6 h vs 10 mg controlled release pessary - removed after 24 hours or if active labour ensued.
Trofatter 1985	Placebo - sterile catheter in the cervix but no gel vs Intracervical gel 0.5 mg. IV oxytocin at 12 h for both arms.
Trofatter 1993	No treatment, IV oxytocin at 12 h vs Intracervical PGE2 gel 0.5 mg, IV oxytocin at 12 h.
Troostwijk 1992	Placebo gel vs PGE2 intracervical gel 0.5 mg. Induction with amniotomy, IV oxytocin or PGE2 at 9 h.
Ulmsten 1983	Placebo intracervical gel vs 0.5 mg intracervical PGE2 gel. Amniotomy and IV oxytocin where appropriate. Reassessment at 24 h.
Ulmsten 1985	0.5 mg intracervical PGE2 gel vs 2 mg intravaginal PGE2 gel vs intracervical and intravaginal placebo. IV oxytocin induction at 24 h.
Uludag 2005	100mcg oral miso every 4 hrs to 6 doses vs 50mcg vag misoprostol every 4 hrs to 6 doses.

Van Germund 2004	Vaginal misoprostol 25mcg 4 hourly to 3 doses per day for 2 days only vs PGE2 gel 1mg 4 hourly to 3 doses per day until delivery
Varaklis 1995	Intracervical PGE2 0.5 mg 6 hourly to 2 doses vs 25 mcg vaginal misoprostol 2 hourly to 6 doses
Wang 1998	25 mcg vaginal misoprostol every 4-6 hrs up to max of 200 mcg vs 50 mcg vaginal misoprostol every 4-6 hrs up to max of 200 mcg.
Wieland 1999	0.5 mg intracervical PGE2 gel vs Vaginal PGE2 slow release pessary. At 12 h induction with IV oxytocin. Amniotomy when possible.
Wielgos 2007	PGE2 vaginal gel 0.5 mg vs PGE2 slow-release pessary. IV oxytocin for both arms at 6 h.
Wing 1995 a	Intracervical PGE2 0.5 mg 6 hourly to 3 doses vs Vaginal misoprostol 50 mcg 3 hourly to 6 doses (300 mcg).
Wing 1995 b	Intracervical PGE2 0.5 mg 6 hourly to 3 doses vs Vaginal misoprostol 25 mcg 3 hourly to 8 doses.
Wing 1997	PGE2 vaginal slow release pessary 10mg, 0.3 mg per hour vs Vaginal misoprostol 25 mcg 4 hourly to 6 doses (150 mcg).
Wing 1999	Oral miso 50mcg 4 hourly vs vaginal misoprostol 4 hourly
Wing 2000	100 mcg oral misoprostol 4 hourly for 24 h vs vaginal misoprostol 25mcg 4 hourly 24 h.
Wing 2008	10 mg PGE2 vaginal pessary (slow release) vs 2 groups (50 and 100 mcg) vaginal misoprostol controlled release insert. Data pooled for this analysis.
Wing 2013	Slow release vaginal PGE2 pessary vs Slow release vaginal misoprostol pessary 200 mg in place for 24 h.
Witter 1992	10 mg PGE2 vaginal pessary, controlled release in place for 12 h vs placebo.
Witter 1996	10 mg PGE2 vaginal pessary (1 mg/hr) vs placebo.
Yazdani 2012	Placebo repeated at 4 h, IV oxytocin at 12 h vs Oral misoprostol 50 mcg repeated at 4 h, IV oxytocin at 12 h.
Yuen 1996	Atad ripener device (double balloon catheter) vs 0.5 mg Intracervical PGE2 vs PGE2 vaginal pessary 3 mg normal release, repeated at 6 h. IV oxytocin and amniotomy at 12 h if Bishop 6.
Zanconato 2011	Controlled release PGE2 (propess) 10 mg pessary for 24 hours (0.5 mg/h) vs 1-2 mg PGE2 vaginal gel 6 hourly to 3 doses.
Zanini 1990	Vaginal PGE2 3 mg vs Intracervical PGE2 0.5 mg. Repeat doses at 12-14 h (following am) if Bishop < 5 or IV oxytocin and amniotomy if > 5.
Zvandasara 2008	50 mcg vaginal misoprostol, subsequent treatment not clear vs 30 mcg oral misoprostol solution and 1 h later 20 mcg dose(nulliparous) or 20 mcg and 15 mcg (parous).