

Appendix 1. The DILATOP Study Group

Cochin: Anselem O, Tsatsaris V, Goffinet F
Trousseau: Jouannic JM, Guilbaud L
Nantes: Winer N, Arthuis C, Georgelin C
Bicêtre: Bouchghoul H, Sénat MV
Béclère: Vivanti AJ, Benachi A
Poissy: Rozenberg P, Hot N, François J
Nancy: Perdriolle-Galet E, Morel O
Créteil: Castaigne V
Lyon: Massardier J
Grenoble: Thong Vanh C
URC-CIC: Ancel PY, Lecomte L, Rousseau J, Abdoul H

Anselem O, Jouannic JM, Winer N, Bouchghoul H, Vivanti AJ, Quibel T, et al. Cervical dilators used concurrently with misoprostol to shorten labor in second-trimester terminations of pregnancy: a randomized controlled trial. *Obstet Gynecol* 2022;140.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.

Appendix 2. Data Collected

At enrollment, we collected baseline demographic and clinical information and, for the women in the dilator group, the number of rods used. Before induction and during labor, women were evaluated every 3 hours. We also recorded data concerning cervical examination, fever, pain evaluation by a numeric pain rating scale (NPRS), and the number of misoprostol tablets administered. The data collected about delivery included estimated blood loss, complications such as cervical tears, uterine perforation, uterine rupture, vacuum aspiration for placental retention, blood transfusions, and postpartum hemorrhage, defined as blood loss more than 500 mL. At discharge, length of stay in the delivery room and in the hospital, and the NPRS for the whole procedure were recorded. Data about postpartum infection, bedsores, back pain, and thromboembolic complications were collected both after delivery and at 1 to 3 months after TOP. Endometritis was defined by fever, pelvic pain, and an inflammatory syndrome defined by a white blood cell count greater than 15 000/mm³, C-reactive protein above 10 IU/mL, and pathogenic germs identified from a vaginal swab. The 22 items are regrouped into 3 subscales: intrusion, avoidance, and hyperarousal symptoms. Each answer is rated on a 5-point scale ranging from 0 (“not at all”) to 5 (“extremely”), and the total score ranges from 0 to 88.

Anselem O, Jouannic JM, Winer N, Bouchghoul H, Vivanti AJ, Quibel T, et al. Cervical dilators used concurrently with misoprostol to shorten labor in second-trimester terminations of pregnancy: a randomized controlled trial. *Obstet Gynecol* 2022;140.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.

Appendix 3. Comparison of Labor in Women With Oral Administration of Misoprostol, Limited to Three Doses of 400 Micrograms

	Dilators N=127	Control N =124	<i>p</i>
Duration of labor >12 h (n;%)	38 (29.9)	41 (33.1)	.59
Duration of labor>24 h (n;%)	10 (7.9)	11 (8.9)	.78
Duration of labor (h), median (IQR)	8.9 (5.9-13.6)	9.4 (6.1-14.1)	.44
Time to rupture of membranes, median (IQR)	3.7 (3.0-5.5)	5.1 (3-8.5)	.04
Duration of hospitalization (h), median (IQR)	35.1 (31.1-53.2)	34.6 (31.1-53.5)	.99
Duration of stay in delivery room, (h), median (IQR)	11.8 (9.3-17.0)	11.8 (9.1-18.0)	.77

Anselem O, Jouannic JM, Winer N, Bouchghoul H, Vivanti AJ, Quibel T, et al. Cervical dilators used concurrently with misoprostol to shorten labor in second-trimester terminations of pregnancy: a randomized controlled trial. *Obstet Gynecol* 2022;140.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.