# MISOPROSTOL-ONLY RECOMMENDED REGIMENS 2017

## <13 weeks' gestation

**Pregnancy termination**[1]

800µg sl every 3 hours

*or* pv*/bucc every 3–12 hours (2–3 doses)

**Missed abortion**[2]

800µg pv* every 3 hours (x2)

*or* 600µg sl every 3 hours (x2)

**Incomplete abortion**[2,3,4]

600µg po (x1)

*or* 400µg sl (x1)

*or* 400–800µg pv* (x1)

**Cervical preparation for surgical abortion**

400µg sl 1 hour before procedure

*or* pv* 3 hours before procedure

## 13–26 weeks' gestation

**Pregnancy termination**[1,5,6]

13–24 weeks: 400µg pv*/sl/bucc every 3 hours

25–26 weeks: 200µg pv*/sl/bucc every 4 hours

**Fetal death**[1,5,6]

200µg pv*/sl/bucc every 4–6 hours

**Inevitable abortion**[2,3,5,6,7]

200µg pv*/sl/bucc every 6 hours

**Cervical preparation for surgical abortion**

13–19 weeks: 400µg pv 3–4 hours before procedure

>19 weeks: needs to be combined with other modalities

## >26 weeks' gestation[8]

**Pregnancy termination**[1,5,9]

27–28 weeks: 200µg pv*/ sl/bucc every 4 hours

>28 weeks: 100µg pv*/ sl/bucc every 6 hours

**Fetal death**[2,9]

27–28 weeks: 100µg pv*/ sl/bucc every 4 hours

>28 weeks: 25µg pv* every 6 hours

*or* 25µg po every 2 hours

**Induction of labor**[2,9]

25µg pv* every 6 hours

*or* 25µg po every 2 hours

## Postpartum use

**Postpartum hemorrhage (PPH) prophylaxis**[2,10]

600µg po (x1)

*or* **PPH secondary prevention**[11]

(approx. ≥350ml blood loss) 800µg sl (x1)

**PPH treatment**[2,10]

800µg sl (x1)

**For full references see www.figo.org**

### Notes

1 If mifepristone is available (preferable), follow the regimen prescribed for mifepristone + misoprostol

2 Included in the WHO Model List of Essential Medicines

3 For incomplete/inevitable abortion women should be treated based on their uterine size rather than last menstrual period (LMP) dating

4 Leave to take effect over 1–2 weeks unless excessive bleeding or infection

5 An additional dose can be offered if the placenta has not been expelled 30 minutes after fetal expulsion

6 Several studies limited dosing to 5 times; most women have complete expulsion before use of 5 doses, but other studies continued beyond 5 and achieved a higher total success rate with no safety issues

7 Including ruptured membranes where delivery indicated

8 Follow local protocol if previous cesarean or transmural uterine scar

9 If only 200µg tablets are available, smaller doses can be made by dissolving in water (see www.misoprostol.org)

10 Where oxytocin is not available or storage conditions are inadequate

11 Option for community based programs