

Mifepristone & Misoprostol Dosing Chart

Recommended Regimens 2023



≤12 weeks	13-17 weeks	18-24 weeks	25-27 weeks	≥28 weeks	Postpartum Use
Induced Abortion Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 800µg BU/SL/PV x1 ≥10 weeks give misoprostol BU/SL/PV every 3 hours until expulsion ¹	Induced Abortion Mifepristone 200mg PO Wait 1-2days then, Misoprostol 400 every 3 hours BU/SL/PV until expulsion ⁵	Induced Abortion Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400 every 3 hours BU/SL/PV until expulsion ⁵	Induced Abortion Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 200 every 4 hours until expulsion BU/SL/PV ^{5,9}	Induced Abortion Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 50-100µg every 4 hours PV OR Misoprostol 50-100 µg every 2 hours PO ^{6,9}	Prophylaxis of Postpartum heamorrhage (PPH) Misoprostol 600µg SL x 1
Missed Abortion/ Anembryonic Pregnancy Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 800µg BU/SL/PV x1 ≥10 weeks give misoprostol BU/SL/PV every 3 hours until expulsion ¹	Missed Abortion Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400 every 3 hours BU/SL/PV until expulsion ⁵	Fetal Demise Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400 every 3 hours BU/SL/PV until expulsion	Fetal Demise Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 200 every 4 hours BU/SL/PV until expulsion ⁵	Fetal Demise Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 25-50µg every 4 hours PV OR Misoprostol 50-100 µg every 2 hours PO ⁶	Treatment of Postpartum heamorrhage (PPH) Misoprostol 800µg SL x 1
Incomplete Abortion 400µg misoprostol SLx1 600µg misoprostol PO x1 800µg misoprostol BU x 1 dose ⁴	Incomplete Abortion Misoprostol 400 every 3 hours BU/SL until expulsion	Incomplete Abortion Misoprostol 400 every 3 hours BU/SL until expulsion	Induction of Labour Misoprostol 25-50µg every 4 hours PV ^{7,8} OR Misoprostol 50-100µg every 2 hours PO ^{6,7,8}	Induction of Labour Misoprostol 25-50µg every 4 hours PV ⁷ OR Misoprostol 50-100µg every 2 hours PO ^{6,7}	
Cervical Preparation Before Aspiration Not required ²	Cervical Preparation Before Aspiration Misoprostol 400µg 1-3hrs BU/SL/PV before the procedure ³	Cervical Preparation Before D&E (Use of multiple modalities is recommended) Mifepristone 200µg PO & Osmotic Dilators 1-2 days before. ⁴	LEGEND: Buccal(BU) Sublingual (SL) Per Vagina (PV) Per Oral (PO)		

- <12 weeks induced & missed abortion can be self-managed at home.
- Consider using 400µg misoprostol 1-2 hours before procedure in patients ≤ 17 years of age.
- Consider using Osmotic Dilators in patients ≤17 years old or in patients with a stenotic cervix.
- Can use Misoprostol 400µg 1-2 hours before D&E if mifepristone is not available.
- Dosing based on Society of Family Planning Guidelines (20111, 20133) A comprehensive systematic review and Meta -Analysis published 2020
- Dosing based on Cochrane Database Syst Rev. (CD014484) published 2021
- Buccal and Sublingual Misoprostol is not recommended for induction of labour with viable pregnancies, it is associated with more tachysystole and fetal distress.
- There is a lack of strong evidence for misoprostol dosing for this indication at this gestational age.
- Induced fetal cardioplegia should be considered for induced abortion after fetal viability

- NOTES:
- SL/PO route is associated with more side effects.
 - Avoid vaginal route if there is vaginal bleeding.
 - Misoprostol is SAFE below 28 weeks EVEN with history of Cesarean Delivery.
 - Misoprostol is not recommended in women ≥28 weeks gestational age with a prior Cesarean Delivery.
 - There is NO Maximum dose of misoprostol. If an abortion is not complete after 5 doses, you may continue additional doses or rest for 12 hours and start again
 - Misoprostol is not contraindicated in grand multipara.
 - Routine aspiration after medication abortion is not required or recommended