### Misoprostol ONLY Dosing Chart

*(For use ONLY when mifepristone is not available)*

#### Recommended Regimens 2023

<table>
<thead>
<tr>
<th>≤12 weeks</th>
<th>13-17 weeks</th>
<th>18-24 weeks</th>
<th>25-27 weeks</th>
<th>≥28 weeks</th>
<th>Postpartum Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Induced Abortion</strong> Misoprostol 800μg BU/SL/PV every 3 hours until expulsion³</td>
<td><strong>Induced Abortion</strong> Misoprostol 400μg every 3 hours until expulsion BU/SL/PV⁴</td>
<td><strong>Induced Abortion</strong> Misoprostol 400μg every 3 hours BU/SL/PV until expulsion⁴</td>
<td><strong>Induced Abortion</strong> Misoprostol 200μg every 4 hours BU/SL/PV until expulsion⁴</td>
<td><strong>Induced Abortion</strong> Misoprostol 25-50μg every 4 hours PV⁸ OR Misoprostol 50-100μg every 2 hours PO⁵,⁸</td>
<td><strong>Prophylaxis of Postpartum hemorrhage (PPH)</strong> Misoprostol 600μg SL x 1</td>
</tr>
<tr>
<td><strong>Missed Abortion/Anembryonic Pregnancy</strong> Misoprostol 800μg BU/SL/PV every 3 hours until expulsion³</td>
<td><strong>Missed Abortion</strong> Misoprostol 400μg every 3 hours BU/SL/PV until expulsion⁶</td>
<td><strong>Fetal Demise</strong> Misoprostol 200μg every 4 hours BU/SL/PV until expulsion⁴</td>
<td><strong>Fetal Demise</strong> Misoprostol 25-50μg every 4 hours PV⁹ OR Misoprostol 50-100μg every 2 hours PO⁵</td>
<td><strong>Fetal Demise</strong> Misoprostol 25-50μg every 4 hours PV⁹ OR Misoprostol 50-100μg every 2 hours PO⁵</td>
<td><strong>Treatment of Postpartum hemorrhage (PPH)</strong> Misoprostol 800μg SL x 1</td>
</tr>
<tr>
<td><strong>Incomplete Abortion</strong> 400μg misoprostol SL x 1 600μg misoprostol PO x 1 800μg misoprostol BU x 1 dose⁶</td>
<td><strong>Incomplete Abortion</strong> Misoprostol 400μg every 3 hours BU/SL</td>
<td><strong>Incomplete Abortion</strong> Misoprostol 400μg every 3 hours BU/SL</td>
<td><strong>Induction of Labor</strong> Misoprostol 25-50μg every 4 hours PV⁶,⁷ OR Misoprostol 50-100μg every 2 hours PO⁵,⁷</td>
<td><strong>Induction of Labor</strong> Misoprostol 25-50μg every 4 hours PV⁶,⁷ OR Misoprostol 50-100μg every 2 hours PO⁵,⁷</td>
<td></td>
</tr>
<tr>
<td><strong>Cervical Preparation Before Aspiration</strong> Not required⁹</td>
<td><strong>Cervical Preparation Before Aspiration</strong> Misoprostol 400μg 1-2 hours BU/SL/PV before the procedure³</td>
<td><strong>Cervical Preparation Before D&amp;E (Use of multiple modalities is recommended)</strong> Osmotic Dilators 1-2 days before and Misoprostol 400μg BU/SL/PV 1-2 hours before the procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**NOTES:**

- 1.<12 weeks induced & missed abortion can be self-managed at home.
- 2. Consider using 400mcg misoprostol 1-2 hours before procedure in patients ≤17 years of age.
- 3. Consider using Osmotic Dilators in patients ≤17 years old or in patients with a stenotic cervix.
- 5. Dosing based on Cochrane Database Syst Rev. (CD0014484) published 2021
- 6. Buccal and Sublingual Misoprostol is not recommended for induction of labor with viable pregnancies, it is associated with more tachysystole and fetal distress.
- 7. There is a lack of strong evidence for misoprostol dosing for this indication at this gestational age.
- 8. Induced fetal cardioplegia should be considered for induced abortion after fetal viability

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**LEGEND:** Buccal(BU) Sublingual (SL) Per Vagina (PV) Per Oral (PO)