

# Mifepristone & Misoprostol Dosing Chart

## Recommended Regimens 2023

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

- <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 labor 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.