

Misoprostol ONLY Dosing Chart

(For use ONLY when mifepristone is not available)

Recommended Regimens 2023



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

- <12 weeks induced & missed abortion can be self-managed at home.
- Consider using 400mcg 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.
- 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.