

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

### 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.

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.
4. Dosing based on Society of Family Planning Guidelines (20111, 20133) A comprehensive systematic review and Meta -Analysis published 2020
5. Dosing based on Cochrane Database Syst Rev. (CD014484) 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