### MISOPROSTOL-ONLY RECOMMENDED REGIMENS 2017

<table>
<thead>
<tr>
<th>&lt;13 weeks’ gestation</th>
<th>13–26 weeks’ gestation</th>
<th>&gt;26 weeks’ gestation</th>
<th>Postpartum use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnancy termination</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td><strong>Pregnancy termination</strong>&lt;sup&gt;1,5,6&lt;/sup&gt;</td>
<td><strong>Pregnancy termination</strong>&lt;sup&gt;1,5,9&lt;/sup&gt;</td>
<td><strong>Postpartum hemorrhage (PPH) prophylaxis</strong>&lt;sup&gt;2,10&lt;/sup&gt;</td>
</tr>
<tr>
<td>800μg sl every 3 hours or pv*/bucc every 3–12 hours (2–3 doses)</td>
<td>13–24 weeks: 400μg pv*/sl/bucc every 3 hours 25–26 weeks: 200μg pv*/sl/bucc every 4 hours</td>
<td>27–28 weeks: 200μg pv*/sl/bucc every 4 hours &gt;28 weeks: 100μg pv*/sl/bucc every 6 hours</td>
<td>600μg po (x1) or PPH secondary prevention&lt;sup&gt;11&lt;/sup&gt; (approx. ≥350ml blood loss) 800μg sl (x1)</td>
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<tr>
<td><strong>Missed abortion</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td><strong>Fetal death</strong>&lt;sup&gt;1,5,6&lt;/sup&gt;</td>
<td><strong>Fetal death</strong>&lt;sup&gt;2,9&lt;/sup&gt;</td>
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<tr>
<td>800μg pv* every 3 hours (x2) or 600μg sl every 3 hours (x2)</td>
<td>200μg pv*/sl/bucc every 4–6 hours</td>
<td>27–28 weeks: 100μg pv*/sl/bucc every 4 hours &gt;28 weeks: 25μg pv* every 6 hours or 25μg po every 2 hours</td>
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<tr>
<td><strong>Incomplete abortion</strong>&lt;sup&gt;2,3,4&lt;/sup&gt;</td>
<td><strong>Inevitable abortion</strong>&lt;sup&gt;2,3,5,6,7&lt;/sup&gt;</td>
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<tr>
<td>600μg po (x1) or 400μg sl (x1) or 400–800μg pv* (x1)</td>
<td>200μg pv*/sl/bucc every 6 hours</td>
<td>27–28 weeks: 100μg pv*/sl/bucc every 4 hours &gt;28 weeks: 25μg pv* every 6 hours or 25μg po every 2 hours</td>
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<tr>
<td><strong>Cervical preparation for surgical abortion</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td><strong>Cervical preparation for surgical abortion</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
<td><strong>Induction of labor</strong>&lt;sup&gt;2,9&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>400μg sl 1 hour before procedure or pv* 3 hours before procedure</td>
<td>13–19 weeks: 400μg pv 3–4 hours before procedure &gt;19 weeks: needs to be combined with other modalities</td>
<td>25μg pv* every 6 hours or 25μg po every 2 hours</td>
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</tbody>
</table>

### Notes

1. If mifepristone is available (preferable), follow the regimen prescribed for mifepristone + misoprostol
2. Included in the WHO Model List of Essential Medicines
3. For incomplete/inevitable abortion women should be treated based on their uterine size rather than last menstrual period (LMP) dating
4. Leave to take effect over 1–2 weeks unless excessive bleeding or infection
5. An additional dose can be offered if the placenta has not been expelled 30 minutes after fetal expulsion
6. Several studies limited dosing to 5 times; most women have complete expulsion before use of 5 doses, but other studies continued beyond 5 and achieved a higher total success rate with no safety issues
7. Including ruptured membranes where delivery indicated
8. Follow local protocol if previous cesarean or transmural uterine scar
9. If only 200μg tablets are available, smaller doses can be made by dissolving in water (see www.misoprostol.org)
10. Where oxytocin is not available or storage conditions are inadequate
11. Option for community based programs

For full references see figo.org
Top Wheel

- 1st day of last period
- Conception
- Missed period

- Estimated delivery date
- Calculated duration of pregnancy

- Top Wheel

- FIGO
  International Federation of Gynecology & Obstetrics

www.figo.org