

MISOPROSTOL-ONLY RECOMMENDED REGIMENS 2017

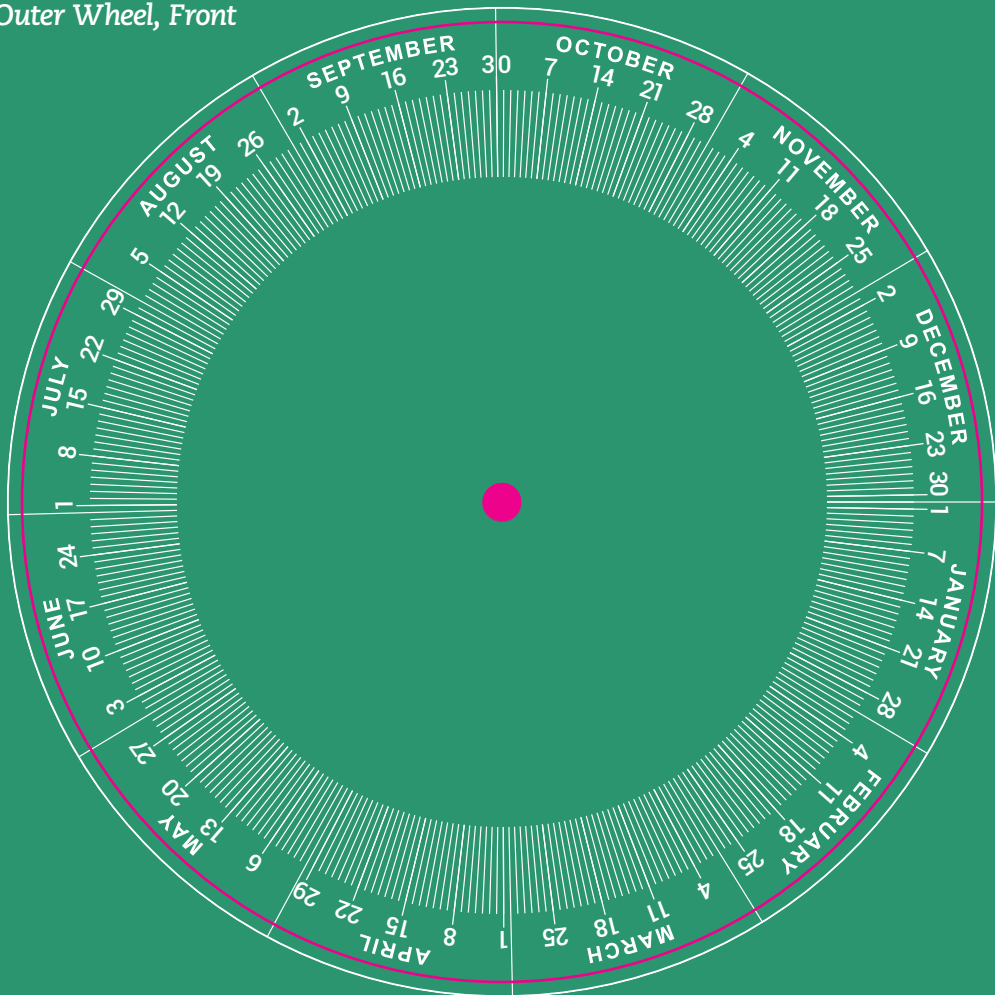
<13 weeks' gestation	13–26 weeks' gestation	>26 weeks' gestation ⁸	Postpartum use
<p>Pregnancy termination¹ 800µg sl every 3 hours <i>or</i> pv*/bucc every 3–12 hours (2–3 doses)</p>	<p>Pregnancy termination^{1,5,6} 13–24 weeks: 400µg pv*/sl/ bucc every 3 hours 25–26 weeks: 200µg pv*/sl/ bucc every 4 hours</p>	<p>Pregnancy termination^{1,5,9} 27–28 weeks: 200µg pv*/sl/bucc every 4 hours >28 weeks: 100µg pv*/ sl/bucc every 6 hours</p>	<p>Postpartum hemorrhage (PPH) prophylaxis^{2,10} 600µg po (x1) <i>or</i> PPH secondary prevention¹¹ (approx. ≥350ml blood loss) 800µg sl (x1)</p>
<p>Missed abortion² 800µg pv* every 3 hours (x2) <i>or</i> 600µg sl every 3 hours (x2)</p>	<p>Fetal death^{1,5,6} 200µg pv*/sl/bucc every 4–6 hours</p>	<p>Fetal death^{2,9} 27–28 weeks: 100µg pv*/sl/bucc every 4 hours >28 weeks: 25µg pv* <i>or</i> 25µg po every 2 hours</p>	<p>PPH treatment^{2,10} 800µg sl (x1)</p>
<p>Incomplete abortion^{2,3,4} 600µg po (x1) <i>or</i> 400µg sl (x1) <i>or</i> 400–800µg pv* (x1)</p>	<p>Inevitable abortion^{2,3,5,6,7} 200µg pv* /sl/bucc every 6 hours</p>	<p>Induction of labor^{2,9} 25µg pv* every 6 hours <i>or</i> 25µg po every 2 hours</p>	
<p>Cervical preparation for surgical abortion 400µg sl 1 hour before procedure <i>or</i> pv* 3 hours before procedure</p>	<p>Cervical preparation for surgical abortion 13–19 weeks: 400µg pv 3–4 hours before procedure >19 weeks: needs to be combined with other modalities</p>		

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

Outer Wheel, Front



Top Wheel

