

Misoprostol Dosages for Reproductive Health

Indication	Dosage	Notes
Induced abortion (0-12 weeks)	800µg vaginally 12-hrly	Ideally used 48 hours after mifepristone 200mg.
Missed abortion (0-12 weeks)	800µg vaginally 3-hrly <u>OR</u> 600µg sublingually 3-hrly	Give 2 doses and leave to work for 1-2 weeks (unless heavy bleeding or infection)
Incomplete abortion (0-12 weeks)	600µg orally stat.	Leave to work for 2 weeks (unless heavy bleeding or infection).
Induced abortion (13-24 weeks)	400µg vaginally 3-hrly x5	Use 200µg only in women with caesarean scar. Ideally used 48 hours after mifepristone 200mg.
Intrauterine fetal death (>24 weeks)	13-17 wks: 200µg 6-hrly 18-26 wks: 100µg 6-hrly 27-43 wks: 25-50µg 4-hrly	Reduce doses in women with previous caesarean section
Induction of labour (live fetus >24 weeks)	25µg vaginally 4-hrly <u>OR</u> 50µg orally 4-hrly <u>OR</u> 20µg oral solution 2-hrly	Do not use if previous caesarean section.
PPH prophylaxis	600µg orally or sublingually stat.	Not as effective as oxytocin or ergometrine. Exclude second twin before administration. Do not repeat within 2 hours.
PPH treatment	600µg orally or sublingually stat.	Limited evidence for benefit – use conventional oxytocics first
Cervical ripening prior to instrumentation	400µg vaginally 3hrs before procedure	Use for insertion of intrauterine device, surgical termination of pregnancy, dilatation and curettage, hysteroscopy

stat = single dose taken immediately, PPH = postpartum haemorrhage

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