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FOREWORD

Misoprostol for reproductive health: Dosage recommendations

This publication, focused on the appropriate use of misoprostol for reproductive health, is a response to an identified gap with respect to the safe, appropriate dosage to be used in a variety of clinical situations. This gap primarily exists because, although misoprostol has been shown to be highly efficacious for several reproductive health indications, it was not approved for any such indication at the time the compound was licensed for its original use in the prevention and treatment of peptic ulcer. The original manufacturer has therefore not provided guidance on dosages appropriate for these indications, as is described by Weeks and Faúndes in the introduction. Given the contribution of postpartum hemorrhage and unsafe abortion to maternal mortality and morbidity on a global scale, the appropriate use of misoprostol is of critical importance and will address barriers to access that currently exist such as the requirement for refrigeration and parenteral administration of oxytocin and ergometrine. Misoprostol is an inexpensive alternative, not requiring parenteral administration and is already included in the World Health Organization (WHO) essential medicines list as vaginal tablets of 25 μg for labor induction. As outlined in the following chapters, misoprostol is highly effective and can be used safely, providing the appropriate dose is used. Indications include the prevention and treatment of postpartum hemorrhage, incomplete and missed abortion, induction of labor and induction of abortion.

The papers in this supplement were prepared for a meeting convened by the Department of Reproductive Health and Research at the WHO and are a prelude to WHO guidelines that will further elaborate on and provide the evidence for recommended dosages specific to each clinical situation, and ultimately may expand the current listing of indications of misoprostol in *WHO's Model List of Essential Medicines*. The authors who contributed the papers are all internationally recognized researchers in the area of reproductive health, and have provided currently available evidence of the benefits and risks associated with misoprostol use in different clinical situations.

The safe use of misoprostol is an important and effective intervention — an advance with high impact and low cost and, as such, a logical priority for national health roadmaps, which must focus on safe outcomes of pregnancy as a key indicator of health in the country. Furthermore, women have the right to benefit from advances in scientific knowledge and since women brought unapproved, reproductive health use of misoprostol to the attention of health professionals, it is especially fitting that they now benefit from the research into such use.

The authors of this supplement are to be commended for demonstrating social accountability in presenting the evidence for the safe use of misoprostol, because they are the ones caring for women facing lack of access as well as the consequences of unsafe use. This situation where healthcare professionals use unapproved drugs during pregnancy is not an isolated situation — even magnesium sulfate is not approved for use in pregnancy as an anti-convulsant. Common sense accompanied by scientific evidence must overcome barriers that are not supported by evidence if society is serious about saving women's lives. The International Federation of Gynecology and Obstetrics (FIGO) has already advocated for access to misoprostol to save women's lives and improve their health in a joint statement with the International Confederation of Midwives (ICM) on its use in the management of postpartum hemorrhage, available on the FIGO website (www.figo.org).

I fully expect this to be one of the most useful and frequently accessed references on any topic in reproductive health and wish to express my gratitude to all the authors for their contributions.

D. Shaw
FIGO President
University of British Columbia, Vancouver, Canada
E-mail address: dshaw@medd.med.ubc.ca.
Tel.: +1 604 8220741.

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