

INDICATIONS AND REGIMENS FOR MISOPROSTOL USE

INCOMPLETE ABORTION

Misoprostol dose	Route	Timing
600mcg	Oral	Three 200mcg tablets taken at once (single dose)
OR 400mcg	Sublingual	Two 200mcg tablets under the tongue until they dissolve or for 30 minutes; swallow any remaining fragments. (Single dose)

MISSED ABORTION / ANEMBRYONIC GESTATION

Misoprostol dose	Route	Timing
800mcg	Vaginal	Single dose
OR 600mcg	Sublingual	Give every 3 hours for a maximum of 3 doses OR Single dose*

* Sublingual misoprostol 600mcg sublingually every 3 hours for a maximum of 3 doses is one recommended regimen; a single sublingual dose of misoprostol 600mcg may also be used if left to work for 1-2 weeks (unless there is heavy bleeding or infection)

PREVENTION OF POSTPARTUM HEMORRHAGE⁵

Misoprostol dose	Route	Timing
600mcg	Oral	To be taken immediately after delivery of newborn. Exclude second fetus (twin) before administration.

TREATMENT OF POSTPARTUM HEMORRHAGE (≥500ml BLOOD LOSS).

Conventional oxytocics should be used over misoprostol, if available.

Misoprostol dose	Route	Timing
800mcg	Sublingual	STAT
OR 1000mcg	Rectal	STAT

INDUCTION OF LABOR

Caution with previous cesarean section

Misoprostol dose	Route	Timing
25mcg	Vaginal	Every 4 hours (up to 6 doses with careful monitoring)
OR 20mcg (dissolve 200mcg tablet in bottle of 200ml clean water. Give 20ml per dose.)	Oral	Every 2 hours (up to 12 doses with careful monitoring). Shake the solution in the bottle well before each dose. Discard bottle after 24 hours.