



# MISOPROSTOL

## Recommended Dosages

800µg	<b>Induced abortion<sup>1</sup></b> 800µg vaginal 12 hrly (max x3)			
	<b>Missed abortion</b> 800µg vaginal 3 hrly (max x2) OR 600µg sublingual 3 hrly (max x2)			
600µg	<b>Incomplete abortion<sup>2,3</sup></b> 600µg oral single dose			<b>PPH treatment &amp; prophylaxis<sup>6</sup></b> 600µg oral or sublingual single dose
400µg	<b>Cervical ripening pre-instrumentation</b> 400µg vaginal 3 hrs before procedure	<b>Induced abortion<sup>1,4</sup>: interruption of pregnancy</b> 400µg vaginal 3 hrly (max x5)		
200µg		<b>Intrauterine fetal death<sup>4</sup> (13-17 wks)</b> 200µg vaginal 6 hrly (max x4)		
100µg		<b>Intrauterine fetal death<sup>4</sup> (18-26 wks)</b> 100µg vaginal 6 hrly (max x4)		
50µg			<b>Intrauterine fetal death<sup>5</sup> (27-43 wks)</b> 25-50µg vaginal 4 hrly (max x6)	
25µg			<b>Induction of labour<sup>2,5</sup></b> 25µg vaginal 4 hrly (max x6) OR 20µg oral solution 2 hrly (max x12)	
		<b>Care with previous uterine scar and caesarean section</b>		
<b>1st Trimester</b>		<b>2nd Trimester</b>	<b>3rd Trimester</b>	<b>Postpartum</b>

Check for updates at [www.figo.org](http://www.figo.org) and [www.misoprostol.org](http://www.misoprostol.org)

- Notes:
1. Only use where legal
  2. Included in the WHO Model list of essential medicines
  3. Leave to work for 1-2 weeks unless bleeding or infection
  4. Halve dose if previous caesarean section

5. Do not use if previous caesarean section: Make sure you use the correct dosage - overdose can lead to complications
6. Oxytocin is first line as it is more effective than misoprostol