

Misoprostol Use for Miscarriage and Induction of Labor

by Jade Pizarro, MD

Miscarriage

Misoprostol is a synthetic E1 prostaglandin (PGE1) developed and approved originally for the prevention of gastric ulcers. It has been used by OBGYN's for decades for treatment of miscarriage and induction of labor. It can be administered orally (by mouth), vaginally or sublingually (placed underneath the tongue) at various doses determined by your physician. When used for miscarriage, misoprostol can be up to 85% effective in helping the passage of abnormal pregnancy tissue. This means that your pregnancy may be passed in the comfort of your home without need for surgery (dilation and curettage).

Your doctor will need to examine you prior to prescribing this medication as there are certain medical conditions for which this medicine cannot be prescribed. Your doctor may need to do laboratory evaluation or ultrasound evaluation prior to prescribing medication. Once this medicine has been taken, vaginal bleeding will start within 24 hours of taking the medicine and may last up to 7-10 days. Cramping and pain are common side effects for which your physician may prescribe medications. Other side effects are nausea, vomiting, diarrhea, fever and chill but should not last more than 24 hours after last dose of misoprostol.

Notify your physician if any of the following occur:

- 48 hours have passed and no bleeding has happened
- Soaking more than 2 pads per hour for 2 hours
- Bleeding last longer than 2 weeks
- Heavy bleeding happens 2 or more weeks after treatment
- Feeling dizzy, lightheaded
- Abdominal pain not controlled with pain medicine prescribed or lasting longer than 24 hours after taking misoprostol
- Fever or chills present for more than 24 hours after last dose of misoprostol
- Diarrhea, nausea and vomiting lasting more than 48 hours after last dose.

Induction of Labor

Misoprostol can also be used for induction of labor. Its use is limited to much lower doses than doses used for miscarriages. Misoprostol is used on patient with unfavorable cervix (usually closed). Misoprostol for induction is mostly used in a hospital setting where the baby and mom can be closely monitored. This medicine is usually placed in the vagina by your physician or labor and delivery nurse. Depending on the formulation it can be applied once or several doses, per vagina until regular contractions develop. Main side effects previously mentioned are not usually seen at doses given for induction of labor. Common side effects associated with lower doses are excessive uterine contractions associated with lowering of baby heartbeat. An alternative to misoprostol with similar effects is dinoprostone (cervidil). Other agents for induction are oxytocin, membrane stripping, or rupturing the amniotic sac.

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