DOSAGE AND ADMINISTRATION

The recommended regimen for abortion induction with misoprostol in pregnancies through 9 weeks’ LMP are 3 doses (800 mcg each), 3 to 12 hours apart administered vaginally, sublingually (under the tongue) or buccally (in the cheek).

For sublingual and buccal routes, hold the pills in position for 20-30 minutes and swallow any remaining fragments.

Notes:

• Sublingual misoprostol used in shorter intervals results in increased efficacy but higher levels of side effects.

• Oral (immediately swallowed) administration of misoprostol for this indication is not recommended. It is not as effective and causes more side effects.

• For more information on termination of pregnancies over 9 weeks, please refer to: WHO/RHR. Safe abortion: technical and policy guidance for health systems (2nd edition), 2012. This document can be accessed at: http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

SUGGESTED CITATION


For more information, refer to www.gynuity.org

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PRECAUTIONS

- Caution is recommended when administering misoprostol for abortions beyond 9 weeks' LMP. As pregnancy progresses, the uterus becomes more sensitive to misoprostol, so dose and regimen may need to be adjusted. With increasing gestational age, both the time required to expel the pregnancy and the quantity of blood loss will increase.

- There is no evidence that misoprostol used for medical abortion is harmful to nursing infants. However, most drugs in a woman's blood do get into breast milk in very small amounts, and some women choose to discard breast milk for a few hours after misoprostol administration.

- Some studies have found a connection between attempted unsuccessful abortion with misoprostol and congenital defects. The absolute risk of teratogenicity with misoprostol exposure appears low, on the order of 1 to 2 per 100 exposed fetuses. Nonetheless, completion of termination is recommended if pregnancy is ongoing after exposure to misoprostol.

EFFECTS AND SIDE EFFECTS

Most side effects are transient and typically do not require special management. Prolonged or serious side effects are rare.

BLEEDING

Bleeding often starts within the first day, generally within a few hours after taking misoprostol. Several hours of heavy bleeding with passage of clots is not unusual. Bleeding typically lasts 7 to 14 days with additional days of spotting that can last until the next menstrual period. Menses usually occurs 4 to 6 weeks after misoprostol administration. Bleeding alone does not indicate a successful abortion.

Women should be instructed to contact their providers if any of the following occur: (1) soaking more than two maxi sanitary pads an hour for more than two consecutive hours, (2) experiencing a sudden onset of extremely heavy bleeding two weeks or longer after taking misoprostol, (3) bleeding continuously for several weeks with faintness or light-headedness.

Women should be told to contact the provider to see if the pregnancy is still present if there has been no or only scant bleeding for 7 days after misoprostol administration.

CRAMPING

Cramping usually starts within the first day and may begin as early as 30 minutes after misoprostol administration. The pain may be much stronger than that experienced during a regular period. Nonsteroidal anti-inflammatory drugs (NSAIDs) or other analgesia can be used for pain relief without affecting the success of the method.

CHILLS AND/OR FEVER

Chills are common but transient side effects of misoprostol. Fever is less common, also transient, and does not necessarily indicate infection. Fever or chills persisting beyond 24 hours after misoprostol may indicate infection and the woman should seek medical attention.

NAUSEA AND VOMITING

Nausea and vomiting may occur and will resolve 2 to 6 hours after taking misoprostol. An antiemetic can be used if needed.

DIARRHEA

Diarrhea may also occur following administration of misoprostol but should disappear within a day.
REFERENCE LIST FOR “INSTRUCTIONS FOR USE: ABORTION INDUCTION WITH MISOPROSTOL ALONE IN PREGNANCIES THROUGH 9 WEEKS’ LMP”


Singh K, Fong YF, Dong F. A viable alternative to surgical vacuum aspiration: repeated doses of intravaginal misoprostol over 9 hours for medical termination of pregnancies up to eight weeks. BJOG. 2003 Feb;110(2):175-80.


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