



MISOPROSTOL

Recommended Dosages

800µg	Induced abortion¹ 800µg vaginal 12 hrly (max x3)			
	Missed abortion 800µg vaginal 3 hrly (max x2) OR 600µg sublingual 3 hrly (max x2)			
600µg	Incomplete abortion^{2,3} 600µg oral single dose			PPH treatment & prophylaxis⁶ 600µg oral or sublingual single dose
400µg	Cervical ripening pre-instrumentation 400µg vaginal 3 hrs before procedure	Induced abortion^{1,4}: interruption of pregnancy 400µg vaginal 3 hrly (max x5)		
200µg		Intrauterine fetal death⁴ (13-17 wks) 200µg vaginal 6 hrly (max x4)		
100µg		Intrauterine fetal death⁴ (18-26 wks) 100µg vaginal 6 hrly (max x4)		
50µg			Intrauterine fetal death⁵ (27-43 wks) 25-50µg vaginal 4 hrly (max x6)	
25µg			Induction of labour^{2,5} 25µg vaginal 4 hrly (max x6) OR 20µg oral solution 2 hrly (max x12)	
		Care with previous uterine scar and caesarean section		
1st Trimester		2nd Trimester	3rd Trimester	Postpartum

Check for updates at www.figo.org and 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