

# Treatment of Post-Partum Haemorrhage with Misoprostol



## FIGO GUIDELINE | IN BRIEF

### Regimen

One dose of misoprostol **800 µg sublingually** is indicated for treatment of PPH when 40 IU IV oxytocin is not immediately available (irrespective of the prophylactic measures).

### Course of Treatment

Once PPH is diagnosed, the treatment should be given immediately.

### Repeat or Consecutive Doses

There is insufficient information about the effect of two or more consecutive doses of misoprostol for treatment of PPH. In absence of such information, repeat doses of misoprostol for PPH treatment are not recommended.

If oxytocin is already being provided for treatment of PPH, evidence suggests that adjunct (simultaneous) use of misoprostol has no added benefit.

Since the known side effects of misoprostol appear to be dose related, repeat or consecutive doses of misoprostol may increase the incidence of side effects.

### Contraindications

History of allergy to misoprostol or other prostaglandin.

### Precautions

1. Caution is advised in instances where the woman may have already received misoprostol as prophylaxis for PPH prevention, especially if an initial dose of misoprostol was associated with pyrexia or marked shivering.
2. After provision of uterotonics, the need for other steps to stop the bleeding should be explored, and causes of PPH other than uterine atony should be considered.

### Effects and Side Effects

Prolonged or serious effects and side effects are rare.

The most common known side effects associated with misoprostol are:

**Temperature changes:** Shivering, chills and/or fever are all commonly associated with use of misoprostol. Shivering has been reported in 37–47% of women following administration of 800 µg sublingual misoprostol, fever in 22–44%, and hyperpyrexia (>40 degrees Celsius) in 1–14%. All symptoms are transient and have been simply treated using anti-pyretics and physical cooling.

**Gastro-intestinal effects:** Nausea occurs in 10–15% of women given

800 µg sublingual misoprostol and vomiting in about 5%. Both should resolve within two to six hours. An anti-emetic can be used if needed, but in general no action is required except to reassure the woman and her family. Diarrhoea may also occur in about 1% of women but should resolve within a day.

**Breast feeding:** Small amounts of misoprostol or its active metabolite may appear in breast milk. No adverse effects on nursing infants have been reported.

### Abbreviations

**FIGO:** International Federation of Gynecology and Obstetrics

**IU** international unit

**IV** intravenous

**µg:** microgramme

**PPH:** post-partum haemorrhage