Prevention of Post-Partum Haemorrhage with Misoprostol

FIGO

FIGO GUIDELINE | IN BRIEF

Regimen

A single dose of misoprostol **600 µg orally** is indicated for prevention of PPH in settings where oxytocin is not available.

Course of Treatment

Misoprostol should be administered immediately after delivery of the newborn. It is good practice to first do an abdominal palpation to confirm that there are no additional babies *in utero*.

Contraindications

History of allergy to misoprostol or other prostaglandin.

Side Effects

Prolonged or serious side effects are rare.

Temperature changes: Shivering, chills and/or fever are all commonly associated with misoprostol. Shivering occurs in 18–52% of women after 600 µg oral misoprostol, and a temperature of over 38°C in around 5%. All symptoms are transient and can be simply treated using anti-pyretics and physical cooling.

Gastro-intestinal effects: Transient diarrhoea, nausea and vomiting occur in less than 1% of women taking misoprostol. An anti-emetic can be used if needed, but in general no clinical action is required.

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

Self-Administration

In community settings where oxytocin is not available, there are ongoing programmes in which women are given misoprostol tablets for self-administration after delivery. Reports from these programmes suggest that this can be done safely and effectively, but further research is in progress that will clarify the matter. Those providing misoprostol in this way are advised to monitor its use, effectiveness and side-effects; and to make an effort to ensure that, in cases of multiple pregnancies, misoprostol is not administered until after all babies have been delivered.

Abbreviations

FIGO:	International Federation of Gynecology and Obstetrics
µg:	microgramme
PPH:	post-partum haemorrhage

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