

INDUCTION OF LABOR WITH MISOPROSTOL

ACOG COMMITTEE OPINION NUMBER 228, NOVEMBER 1999

THIS BULLETIN HAS BEEN REMOVED AS REQUESTED BY AN ACOG REPRESENTATIVE.

Key excerpts from the ACOG's Bulletin #228 of November, 1999, are as follows:

“The American College of Obstetricians and Gynecologists supports induction of labor as a worthwhile therapeutic option when the benefits of expeditious delivery outweigh the risks for continuing the pregnancy. Prostaglandin E2 [*Cytotec is one of these*] applied locally to the cervix or vagina, has been widely studied as an induction agent, and has been found to be safe and effective. . . . [*Cytotec aka misoprostol*] is less expensive, more stable and easier to store”

“At least 19 prospective, randomized clinical trial involving more than 1,900 patients receiving doses of misoprostol ranging from 25 mcg to 200 mcg . . . tablet form into the . . . vagina. . . . found to be an effective agent for the induction of agent.”

“There have been reports of uterine rupture following misoprostol use for cervical ripening in patients with prior cesarean delivery or major uterine surgery.”

“When given in doses of 50 mcg or more, misoprostol has been associated with an increased rate of uterine tachysystole (six or more contractions in 10 minutes in consecutive 10-minute intervals) . . . increased rates of meconium passage and cesarean delivery due to uterine hyperstimulation syndrome . . . In trials where 25 mcg of misoprostol was administered intravaginally as frequently as every 3 hours, there did not appear to be an increase in uterine tachysystole, hyperstimulation, or meconium passage when compared with PGE2. . . .”

[Comment by Mr. Bower: Note - ACOG compares the risk of Cytotec to other induction drugs, but does not compare its risks to a normal, spontaneous labor without drugs. All induction agents increase the likelihood that the baby and/or the mother will suffer injury during labor and delivery when compared to a normal chemical-free labor and delivery. None of the other agents result in the severe, unpredictable hyperstimulation seen in Cytotec inductions.]

None of this data cited by ACOG takes into account the untold number of complications during the use of Cytotec that are not reported. Of the dozens, now possibly hundreds of cases I have investigated, I have yet to see the hospital record or physician in deposition attribute a uterine rupture or hemorrhage or amniotic fluid embolism to the use of Cytotec.]

“Currently, misoprostol is available in 100 mcg and 200 mcg tablets and the 100 mcg tablet is not scored.”

[Comment by Mr. Bower: When a tablet is not scored, a nurse breaking the tablet at the bedside has no way of determining the dose of medication she is administering in the roughly broken tablet. If Cytotec is being used, hospital pharmacies should be cutting the unscored tablets and weighing the tablet to verify that ¼ of the 100 mcg tablet is being distributed, but we find that often, this quality control step is skipped.]

“The use of higher doses (50 mcg every 6 hours) may be appropriate in some situations, although increasing the dose appears to be associated most closely with tachysystole and possibly with uterine hyperstimulation and meconium staining of amniotic fluid. Further prospective trials are required to define an optimal dosing regimen for misoprostol. . . . Patients undergoing such therapy should receive fetal heart rate and uterine activity monitoring in a hospital setting”

[Final comment by Mr. Bower: The other drugs administered in induction can be turned off because they are infused intravenously, or pulled out when administered in vaginal applicators; Cytotec can't! Once the Cytotec tablet is absorbed, its actions cannot be reversed, so while monitoring the mother and fetus is nice, wouldn't it be better to be able to have a medication infusing that can be turned down or off, or no medication at all if that is a possibility?

Wouldn't you prefer to be the one making the decision about the risks to which you and your baby are subjected?]