

PROTOCOL #38 - Maternal Fetal Medicine, University of New Mexico

**GUIDELINES FOR THE USE OF MISOPROSTOL
FOR INDUCTION OF LABOR**

- A. **Contraindications:**
Previous Uterine surgery, asthma, nonvertex presentation, nonreassuring fetal surveillance on fetal monitor tracing, active labor, or any contraindication to vaginal delivery.
- B. **Dosage Regimen:**
25-50 micrograms intravaginally q 4^o for a maximum of 6 doses or until the onset of regular uterine contractions, whichever occurs first.
- C. Do not administer misoprostol in the presence of uterine tachysystole (defined by ≥ 6 contractions in a 10 minute period) or uterine hypertonus (defined as uterine contractions lasting > 120 sec).
- D. In the presence of fetal intolerance of labor, the misoprostol tablet should be removed immediately if possible. Terbutaline may be administered .25 mg by slow IV push.
- E. Oxytocin may be used at the discretion of the managing physician. It should not be started until 4 hours after the last misoprostol dose (see oxytocin protocol #27).

CONSULTATION: Twenty-four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital. 1-888-866-7257.