Fact Sheet

MISOPROSTOL FOR TREATMENT OF MISCARRIAGE

Of all recognized pregnancies, 15-20% are miscarried or become non-viable in the first half of pregnancy. Traditionally, when an early pregnancy is miscarried or fails to develop the treatment is with curettage or vacuum aspiration, including manual vacuum aspiration (MVA). In the developing world, where access to care is often limited, women may have difficulty in access to such services. In addition, serious complications such as uterine perforation, cervical laceration, and infection occasionally occur. Women frequently express a wish for less invasive and medicalized treatment for this common life event. Given these circumstances, there is growing support for medical management of early pregnancy loss. Medical management not only gives women a way to avoid a surgical procedure, but it may provide a much safer and more reliable treatment where resources are limited. Investment in misoprostol may significantly contribute to a reduction in maternal mortality associated with pregnancy complications.

What is misoprostol? Misoprostol is an E_1 prostaglandin analog that is marketed worldwide for the treatment and prevention of gastric ulcers. It has been widely used "off-label" for a number of reproductive health indications.

Why is misoprostol a good drug for low resource countries?

- Misoprostol is a pill, easy to use, and orally administered
- Misoprostol is stable at ambient temperatures and does not require special storage facilities
- Misoprostol can be easily delivered at the community level
- Misoprostol is cheap and widely available

How does misoprostol work? By stimulating uterine contractions, misoprostol helps to evacuate the uterus. Preliminary studies show that the treatment works in about 9 out of 10 women experiencing incomplete miscarriage.

Programmatic areas:

- Implementation of clinical trials to gather reliable data on optimal regimen(s) using misoprostol for treatment of early pregnancy failure
- Creation of regulatory files to register misoprostol for incomplete and missed abortion
- Development of training and educational materials for policymakers, clinicians, and users
- Organization of seminars, educational opportunities and training courses to share information and stimulate interest in misoprostol's potential for this use

Some current projects:

- With researchers in Burkina Faso, Ghana, India and at the Population Council, Gynuity is conducting a randomized clinical trial comparing misoprostol to standard of care (MVA or D+C) for treatment of incomplete abortion
- Clinical trials on misoprostol versus standard surgical care are also planned in Mozambique, Tanzania, and Turkey
- Collaboration with the Postabortion Care Consortium aiming to include misoprostol in standard PAC kits internationally
- A policy meeting on misoprostol for this indication is planned for Francophone Africa in 2004

Gynuity HEALTH PROJECTS
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