

MEDICAL METHODS

*Mette Løkeland
Women's Front
and
Maternity clinic
Haukeland University Hospital,
Bergen, Norway*

Different methods

- Oxitocin and prostaglandin (PGE2) is widely used together with installation or surgical methods and will often better the results
- Oxitocin and amniotomy
- PGE2/misoprostol alone or with oxitocin
- mifepristone and PGE2/misoprostol

General

- All these methods try to induce uterine contractions to evacuate the pregnancy products.
- PGE always also dilate and prime the cervix
- The fetus might get «stuck» in the cervix
- Preferably surveillance from skilled personnel who can do a vaginal exam, look for signs of rupture and perform a curettage

Analgesic

- The longer the induction to abortion rate the more and stronger analgesic might be needed. Though some studies show that pain is also very dependent on psychological factors
- It also depends on the length of the pregnancy
- Always paracetamol and NSAID
- Some might need epidural and/or morphine

Risk factors

- When one induce contractions it is always a risk of uterine rupture for those with previous caesarean at term
- The risk is less earlier in the pregnancy because the uterine wall is thicker
- Caesarean is not a contra indication
- Risk of haemorrhage

Oxitocin and amniotomy

- Commonly used to induce labor at term
- Amniotomy and also in combination with PGE
- Few studies
- concentrated or augmented gradually
- 97.3% efficacy, 12.2 h i-a rate

Who and when

- From 2. trimester
- Administered through iv or im
- Skilled provider in vaginal examination for amniotomy and iv

PGE2 alone or with oxitocin

- The most widely used method in the 90
- Gel, tablets, im
- administered vaginal, oral or im
- Associated with nausea/vomiting and fever
- repeated vaginal administration

PGE2 vs misoprostol

- The efficacy and i-a rate seem to be almost the same
- Maybe less side effects with misoprostol
- Misoprostol is much cheaper.
- One study: PGE2 \$ 315.30 vs misoprostol \$ 0.97 for one treatment

Managment

- Repeated vaginal administration every 2-12 h until abortion (high dose/low dose?)
- Less women seem to be needing curettage when only misoprostol is used. 2-13% While 5-16% in the PGE2/oxitocin study
- Also shorter i-a rate 12 vs 17-24h

Who and when

- All through the pregnancy
- Easy to administer PGE2/misoprostol
- More skills are needed to do an amniotomy

Mifepriston and PGE2/misoprostol

- The combination with mifepriston is becoming more and more popular
- Like early abortion 200 mg mifepriston 24-48 h before misoprostol
- 400-800 mcg vaginal as first adm
- 200-400 mcg vaginal or oral every 2-4 hours until completed

Efficacy

- Less doses of PGE2/misoprostol
- Shorter i-a rate around 9 h
- Less need for analgesic like epidural and morphine

Conclusion

- mifepriston and misoprostol
- easy to administer and no need for a lot of personel
- Very little and mild side effects and high efficacy
- Generally cheap