

Angusta® Low dose Oral Misoprostol for Induction of Labour

This guidance sheet should be read in conjunction with the IOL guideline. Ensure the woman has received the IOL leaflet and the Angusta® leaflet in advance. If any concerns please escalate to the senior midwife/obstetrician

Contraindications

- VBAC or any uterine scar eg myomectomy
- Unexplained vaginal bleeding from 24 weeks
- Multiple pregnancy
- Placenta praevia

Cautions

- Cardiovascular disease
- Before 37 weeks gestation (limited information)
- Chorioamnionitis
- Cerebrovascular disease
- IBD/Diarrhoea

Suitable for Angusta®
Misoprostol IOL

Yes

Pre IOL CTG

VE to assess
Bishops score
prior to IOL

BS <6 Commence
Angusta® Oral
Misoprostol

No uterine activity

Misoprostol dose:

50mcg every 4 hours - 4 doses

lower dose of 25mcg every 2 hours –
(8 doses) can be considered if side
effects experienced

Total of 200mcg in 24 hours period

Not suitable for ARM after full
cycle (200mcg in total)

Reviewed by consultant or
senior obstetrician – decision
for a further cycle must be a
senior decision

No

Alternative IOL methods to be discussed

BS ≥7 Liaise with labour
ward for ARM when
acuity allows

N.B Syntocinon cannot be
started for 4 hours following
the last dose of Angusta®

Hyperstimulation

EARLY USE OF TERBUTALINE

NB. Hyperstimulation
caused by Misoprostol
may be more difficult to
reverse. Consider early
escalation to the obstetric
team if hyperstimulation
is present.

**CTG/VE does not need to be repeated prior to
every dose.**

CTG/VE should be offered as clinically indicated eg
begins contracting regularly or at woman's request

If contracting, omit dose and reevaluate in 2 hours.

CTG to be repeated as per policy (with the onset
of contractions, concerns with FM, requiring
stronger analgesia or 8 hourly when indicated)