INDUCTION OF LABOUR

with the use of low dose oral Misoprostol (Angusta®)

Patient Information Leaflet

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Deciding to have this method of induction

Your doctor or midwife will explain why they are recommending or offering an induction of labour. It is important to remember that the decision about whether to proceed with an induction is yours.
While you are considering your options, the BRAIN tool below may help guide your conversations with your midwife or doctor.

THINK...?

- **B** *What are the Benefits?*
- **R** *What are the Risks?*
- **A** *What are the Alternatives?*
- **I** *What does your Intuition (gut) say about what's right for you?*
- **N** *What would happen if you said No, or Not now, or did Nothing? (and took some time to think)*

Where possible, and following informed consent, the method of induction of labour will be personalised to take into account your individual needs, your clinical condition, and the setting in which you plan to give birth.

Useful Information Links

Evaluating misoprostol and mechanical methods for induction of labour (RCOG, 2022)

Induction of Labour

Induction of labour is the process of starting labour artificially. This is usually done using medicines or mechanical methods to help the cervix soften and encourage contractions.
In recent years, oral misoprostol has been introduced as an option for induction of labour and cervical ripening and is now used in many maternity settings.

What is Misoprostol?

Misoprostol can be given in different ways, including vaginally, orally, buccally (between the cheek and gum), or sublingually (under the tongue). For the purpose of induction of labour in our unit, misoprostol is given as an oral tablet only.
Misoprostol is a type of prostaglandin medicine. Research has shown that oral misoprostol is a safe and effective option for induction of labour and cervical ripening, with similar outcomes to other prostaglandin medicines such as dinoprostone (Propess® or Prostin®).

How will it be used?

For induction of labour, misoprostol is given as an oral tablet at a dose of 25 micrograms. This may be offered every two hours, depending on how you and your baby respond.

A maximum of 200 micrograms can be given in any 24-hour period (a total of eight tablets).

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Possible side effects

Some people may experience side effects when taking misoprostol. These can include:

- Chills
- Diarrhoea
- Dizziness
- Fever
- Stomach upset
- Nausea or vomiting
- Headache
- Skin reactions

If you notice any of these symptoms, or if you feel unwell at any point, please tell your midwife or doctor.

Contraindications

- Establishedlabour,
- Fetal malpresentation,
- Placenta praevia,
- Fetal compromise,
- Unexplained vaginal bleeding after 24 weeks' gestation,
- Uterine abnormality,
- Uterine scarring,
- Irritable bowel disease.

Next steps

If your cervix remains closed (not prepared for labour), your doctor will discuss the next steps with you so that you can decide together what is best for you and your baby.

Breastfeeding

Misoprostol is a prostaglandin medicine. Very small amounts can appear in colostrum and breast milk.

Research shows that these amounts are extremely low and are unlikely to cause any side effects in breastfed babies.

You can continue breastfeeding as normal, and no special precautions are required.