



Title	Misoprostol for Induction of Labor
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Aim

To systematically review the efficacy and safety of misoprostol to induce labor.

Conclusions and results

The report addresses the induction of labor with misoprostol in different administration forms and in comparison to dinoprostone, close to term and of a live fetus. Five systematic reviews met our inclusion criteria. In the systematic reviews, misoprostol was given vaginally, orally, sublingually, or buccally. Misoprostol was used in different doses and dosage intervals from study to study.

Our main findings were:

- Vaginal and oral misoprostol were at least as effective as dinoprostone in inducing labor within 24 hours, but may have an increased frequency of adverse events.
- It may appear that safety is more sensitive to the dose of misoprostol than efficacy.
- Data on sublingual and buccal administration of misoprostol are limited, and we are unable to draw conclusions on efficacy and safety.

The legal evaluation focused on the need for patient information, drug liability, and compensation to patients. It also discussed who is to be responsible for harm when drugs are used outside the approved indication.

Methods

This report is an overview of systematic reviews. We performed systematic searches in the Cochrane Library, CRD, and Ovid MEDLINE and EMBASE. All included publications were evaluated for quality. In addition, we evaluated the quality of the evidence and the strength of recommendations for selected outcomes. We also evaluated legal aspects regarding the use of misoprostol to induce labor.