




Protocol for Medical Management of Intrauterine Fetal Death				
Type of Pregnancy Loss		Mifepristone	Misoprostol	If Previous Uterine Scar
Intrauterine Fetal Death	24 ⁺⁰ – 26 ⁺⁶ weeks gestation	Mifepristone 200mg PO	 Misoprostol 200microgram PV/Bucc 4-6 hourly <i>(to a maximum of 5 doses)</i>	<ul style="list-style-type: none"> • Management should be individualised in the setting of a previous uterine scar at gestations over 24 weeks • Consideration should be given to using higher doses of Mifepristone (e.g. 600mg) or repeated doses (200mg) • Misoprostol 25-100microgram Buccally or Vaginally • Misoprostol interval increased to 6-hourly
	27 ⁺⁰ – 28 ⁺⁰ weeks gestation	Mifepristone 200mg PO	 Misoprostol 100microgram PV/Bucc 4-6 hourly <i>(to a maximum of 5 doses)</i>	
	Over 28 weeks gestation	Mifepristone 200mg PO	 Misoprostol 25-50microgram PV/Bucc 4-6 hourly <i>(to a maximum of 5 doses)</i>	

Note: Misoprostol is available in 100, 200 and 400 microgram strengths. Some strengths may have to be imported as unlicensed medicines. 25 microgram tablets have become available internationally recently. Where a dose reduction is required due to the presence of a uterine scar, advice should be sought from a Clinical Pharmacist on the formulations available in the local institution.