**DINOPROSTONE**

Class: Abortifacient; Prostaglandin

Indications:

Endocervical gel (Prepidil®): Promote cervical ripening in patients at or near term in whom there is a medical or obstetrical indication for the induction of labor

Suppositories (Prostin $E_2$®): Terminate pregnancy from 12th through 20th week of gestation; evacuate uterus in cases of missed abortion or intrauterine fetal death up to 28 weeks of gestation; manage benign hydatidiform mole (nonmetastatic gestational trophoblastic disease)

Tablet (oral) (Prostin $E_2$®; Canadian availability): Elective induction of labor; when indications for induction of labor exist (eg, premature rupture of amniotic membranes, toxemia of pregnancy, Rh incompatibility, diabetes mellitus, hypertension, postmaturity, intrauterine death or fetal growth retardation)

Vaginal gel (Prostin $E_2$®; Canadian availability): Induction of labor in patients at or near term with singleton pregnancy, vertex presentation, and favorable induction features

Vaginal insert (Cervidil®): Initiation and/or continuation of cervical ripening in patients at or near term in whom there is a medical or obstetrical indication for the induction of labor

Available dosage form in the hospital:

DINOPROSTONE 10MG /ML IJ

DINOPROSTONE 1MG, 2MG V.GEL

DINOPROSTONE 3MG V.TAB

Trade Names:

Dosage:

-**Abortifacient:** *Vaginal suppository:* Insert 20 mg (1 suppository) high in vagina, repeat at 3- to 5-hour intervals until abortion occurs; continued administration for longer than 2 days is not advisable

-**Cervical ripening:**

-***Endocervical gel:*** Using catheter supplied with gel, insert 0.5 mg into the cervical canal. May repeat every 6 hours if needed. Maximum cumulative dose: 1.5 mg/24 hours

-***Tablet (oral) (Canadian availability):***

-Induction: Initial: 0.5 mg and then repeat 0.5 mg dose 1 hour later; may give additional 0.5 mg dose on an hourly basis as needed for satisfactory uterine response. Maintain patient at the lowest effective dose. **Note:** Failure to induce regular contractions after 8 hours indicates failed induction and alternative management of patient should be considered. If patient vomits an intact tablet during therapy repeat dose. If patient vomits intact tablets following 2 successive doses, withhold therapy until next scheduled dose. If patient vomits a partial tablet or if no tablet is visible, continue at next regularly scheduled dose.

-Parity ≥2 times or Bishop Score of ≥6: Administer 0.5 mg hourly throughout induction (discontinue hourly dose for excessive uterine activity)

-Nulliparous or multiparous and resistant to induction (Bishop Score <6): If inadequate response after 2 hours of therapy may increase dose in 0.5 mg increments at hourly intervals up to a maximum single dose of 1.5 mg.

-Maintenance of labor: 0.5 mg dose hourly; may occasionally withhold hourly dose to assess need for further dosing

-***Vaginal gel (Canadian labeling):*** Initial: Using prefilled syringe, insert 1 mg into the posterior fornix of the vaginal canal; may give 1 additional dose of 1-2 mg 6 hours later if needed.

-***Vaginal insert:*** Insert 10 mg transversely into the posterior fornix of the vagina (to be removed at the onset of active labor or after 12 hours)

Common side effect:

**Endocervical gel:**

1% to 10%:

Central nervous system: Fever

Gastrointestinal: GI upset

Genitourinary: Abnormal uterine contractions, warm feeling in vagina

Neuromuscular & skeletal: Back pain

**Tablets (oral):**

Gastrointestinal: Vomiting (with or without nausea/diarrhea) (dose dependent)

**Vaginal gel:**

1% to 10%: Genitourinary: Uterine hypercontractility, failed induction

**Vaginal insert:**

1% to 10%: Genitourinary: Uterine hyperstimulation *without* fetal distress, uterine hyperstimulation *with* fetal distress

Pregnancy Risk Factor: C