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Rectal versus oral misoprostol for active management of third stage of labor: a randomized controlled trial.

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Abstract

AIM OF THE STUDY:

To test that rectal misoprostol is effective for active management of third stage of labor, and probably with less side effects than oral misoprostol.

MATERIALS AND METHODS:

As much as 658 patients were randomly allocated to receive either 600 μg misoprostol orally or rectally 5 min after cord clamping and cutting. The primary outcome was incidence of postpartum hemorrhage. Secondary outcomes included amount of blood loss, duration of third stage of labor, incidence of side effects, pre- and post-delivery hemoglobin, and the use of additional uterotonics.

RESULTS:

A total of 331 patients received 600 μg of misoprostol orally, while 327 rectally. Both groups were comparable in demographic data and neonatal outcome. Oral misoprostol was associated with significantly more blood loss than rectal (P = 0.016). Shivering and pyrexia occurred in 161 (52.1%) and 86 (27.8%) women receiving oral misoprostol, and in 81 (26.2%) and 47 (15.2%) of those who received rectal misoprostol, respectively (P = 0.000 and 0.001).

CONCLUSION:

Rectal misoprostol is effective in the management of third stage of labor, and with a significant decrease in side effects. Lesser dose and other routes could be explored in the future