



Withholding the Truth : The misoprostol debate continues

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In Denmark, in 2012 a woman was given misoprostol to induce labour even though she specifically asked not to have it. The midwife said, 'We do not use cytotec in this labour department, it is only used for abortions.'

They then gave her 50 microgram misoprostol (cytotec is Pfizer's brand name for the generic drug misoprostol, a synthetic prostaglandin E1). The woman thought that she had been given the licensed drug miniprostin and swallowed it. Only later did she realise that something was wrong – the dose did not match miniprostin. She called the labour ward and they confirmed her fear: she had been given misoprostol.

The chief obstetrician was asked if women can have the licensed drug if they do not want misoprostol and he answered: '*We have not taken a position on it, it depends on the situation. But you can't have everything on our shelves. Of course you can have a discussion about it and we would advise against using anything other than what is our standard treatment [misoprostol], but of course if you keep on arguing then you might get it done differently in the end.*'

So what does this mean? Only those women who are strong enough to keep arguing should have an informed choice?

This is not isolated to Denmark. AIMS knows of at least two women in the UK who have been given misoprostol against their wishes. One woman who had a prior caesarean scar suffered a rupture as a result of treatment with misoprostol as a pessary; she was under the impression that she was being treated with prostin (Pfizer's prostin E2, a naturally occurring prostaglandin E2 (PGE2), licensed for inducing labour) for a second trimester miscarriage. She only discovered the truth after she had sustained damage. What is even more worrying is that the medical staff treating her did not seem to appreciate that the two drugs are different in composition, action and risk.

AIMS has been on the trail of misoprostol since 2001; see AIMS Journals Vol 13 No 3, Vol 14 No 4, Vol 16 No 3, Vol 17 No 1 and www.aims.org.uk/misoprostol.htm