AIMS For a better birth...

My experience with misoprostol

By Jessica Evans

AIMS Journal, 2001, Vol 13, No 3

While still uncommon in the UK, more and more hospitals are falling under misoprostol's spell. Here is what one mother has to say about her experience with the drug.

I had to have an induction at the John Radcliffe Hospital, Oxford, on the night of the 25th Sept.2000 as I was two weeks over my due date. I was offered that drug as part of a trial the JR was conducting. After having read the literature they gave me in order to sign up to the trial, I opted for it in the belief that it seemed very effective.

The indication was that it would 'hyperstimulate' the uterus, bringing on contractions fairly swiftly and therefore these were likely to be fairly intense. It was also likely that no further intervention, such as an oxytocin drip would be needed later in the delivery - often the case with the pessary that is normally used, because it is apparently milder. This was my first baby so I had only an abstract idea of the pain involved in any case - and anything that seemed to 'speed' things up seemed like a good idea at the time.

The labour was appallingly painful with immediate violent contractions - intolerable waves of pain lasting two minutes and coming every 15-20 seconds - began within half an hour of taking the drug. The midwife who looked after me at this early stage was herself taken aback with how quick the contractions came on and the violence of them.

I had misoprostol at about 11pm at night and my baby was born at 5.15 in the early hours of the morning. The baby became distressed at the end of the labour and swallowed meconium. Its heartbeat fell to 90 (it should be 160) beats and the labour ended in ER style with an obstetric gynaecologist, paediatrician and midwives in attendance. The baby had to be delivered by ventouse.

All the midwives I spoke to throughout commented on how fast the labour had gone and there was no doubt in my mind that the speed of it must have been one contributing factor to the baby's distress. It is important to state that all the midwives and medics that I came into contact with were brilliant - supportive and totally professional. However, it was a terrifying and wholly negative experience.

Looking back on it, a number of things occur to me. First, I was induced without immediate access to gas and air. Since those conducting the trial already knew at least that the drug could bring on full labour quickly without a gradual lead-up, it makes me angry that when I was induced I was on a maternity ward and not near a delivery suite.

There was no gas and air (not even a beanbag could be found). I just had to make do with breathing exercises and a Tens machine I'd hired from Boots - both of which were completely useless as the pain was so intolerable I thought I must be dying. There was about an hour and a half of this until the delivery room became available. When I did get down to the delivery room, I then had to wait another two hours until an anaesthetist became available to set up the epidural (I had asked for this very early on).

I understand about the lack of resources in the NHS etc (there was only one anaesthetist on call that night for the whole of the women's centre at the JR) but I would have thought that priority should be given to those going on a drugs trial for a drug that is known to have these instant, violent effects, and they should be able to access pain relief pretty much straightaway, at least gas and air.

Second, I was surprised that no one responsible for conducting the drug trial came to see me afterwards. I took part in good faith, wishing to help the research process as well as make the best decision for my pregnancy. It makes me feel as if results are measured in terms of how 'effective' the drug is in getting the baby out quickly, even if it is perilous for the baby, rather than in terms of the extent to which it makes labour a misery for the woman.

I also wonder about the merits of offering it to women having their first baby - both since infertility through uterine rupture is a possibility but also because if those conducting the trial were interested to hear what the patient actually felt rather than just what happened, they might get a more accurate picture of the relative painfulness of the procedure.

Third, the labour did leave me feeling very upset. I had to tell those close to me about it again and again, almost as a way of purging myself of this terrifying and bewildering experience.

Now I've found out more about this drug (Cytotec) and its dangers when used in inductions, I feel really scared and angry. It does seem to me that those conducting the trial did administer this drug with full knowledge of its possible effects but have not allowed patients to make an informed decision to go on the trial. I certainly would not have gone on the trial had I known what I know now.

Even though there is no proper, conclusive scientific study of the effect of Cytotec on induction, nor any resulting risk assessment, I should have thought that no hospital ought to risk giving it to patients, even as a trial, when there is strong anecdotal evidence about its dangers - as well as the manufacturer's own warning not to use it for this purpose.

Editor's note: Women are often not told which prostaglandin they are being given. This should, however, be recorded in their medical records. Prostaglandin pessareis are usually abbreviated as PGE-3. Misprostol will be abbreviated as PGE-1.