

Cytotec Realities...

Cytotec is fast becoming the drug of choice in hospital induction. Why? Because it is cheap, readily available, and produces fast results. In our society where quicker is presumed better, cytotec is a dream drug! But, does quicker action equal safety? Does it imply that a slow progressing labor is not to be admired, respected, or desired? I believe that to many providers, this is their mindset. It is also the mindset of many birthing women who just want to "get it over with!" I want to make readily available to you some basic facts about this drug **before** you go into labor, so that you are able to make an informed choice regarding its usage.



First, who recommends cytotec for labor induction?

American College of Obstetricians and Gynecologists (ACOG)

And who does not recommend cytotec for induction?

Best scientific opinion—Cochrane Database , Searle (manufacturer of Cytotec) , Society of Obstetricians and Gynaecologists of Canada , British Royal College of Obstetricians and Gynecologists ,All obstetric organizations in Scandinavia , FIGO (International Federation of Gynecology and Obstetrics) , World Health Organization , Obstetric organizations and drug regulatory agencies in many other countries, Health Magazine (April 2003 issue), ICAN (International Caesarean Awareness Network) calls for its immediate ban!

What does the manufacturer think of its drug being used for labor and delivery?

From the revised label, 2002:

"A major adverse effect of the obstetrical use of Cytotec is hyperstimulation of the uterus which may progress to uterine tetany with marked impairment of uteroplacental blood flow, uterine rupture (requiring surgical repair, hysterectomy, and/or salpingo-oophorectomy), or amniotic fluid embolism. Pelvic pain, retained placenta, severe genital bleeding, shock, fetal bradycardia, and fetal and maternal death have been reported. There may be an increased risk of uterine tachysystole, uterine rupture, meconium passage, meconium staining of amniotic fluid, and Cesarean delivery due to uterine hyperstimulation with the use of higher doses of Cytotec; including the manufactured 100 mcg tablet. The risk of uterine rupture increases with advancing gestational ages and with prior uterine surgery, including Cesarean delivery. Grand multiparity also appears to be a risk factor for uterine rupture.

The effect of Cytotec on the later growth, development, and functional maturation of the child when Cytotec is used for cervical ripening or induction of labor have not been established. Information on Cytotec's effect on the need for forceps delivery or other intervention is unknown."

Dosages:

Now, many doctors and nurse midwives are not using the full 100mcg dosage now, but some still do. There is NO standard protocol for its use! Even at lower dosages, it is a drug that has MANY contraindications to be used for a purpose that it does not have FDA approval for. It does have FDA approval for abortion usage, but not labor induction. (The FDA neither approves nor condemns its usage, it just acknowledges it's being used.) Even at lower dosages, this is what the cochrane data base found:

"Uterine hyperstimulation and meconium stained liquor were more common with misoprostol than with prostaglandin E2. Lower doses of misoprostol compared to higher doses did not show significant differences except for more need for oxytocin augmentation and less uterine hyperstimulation without fetal heart rate changes. Information on women's views is conspicuously lacking."

I hope that this was informative and that you now have the tools you need to make an informed decision. Feel free to do your own search on this drug and to check on my resources listed below.

Jennifer A. McFarland, My Birth By Design, <http://www.mybirthbydesign.com/> , Jennifer@MyBirthByDesign.com , For educational purposes only. Please consult your healthcare provider with any questions. Do not reproduce for profit.

Resources: <http://www.fda.gov/cder/foi/label/2002/19268slr037.pdf> ,
http://www.birthlove.com/free/devil_cytotec.html,
<http://www.nlm.nih.gov/medlineplus/druginfo/medmaster/a689009.html>,
<http://www.midwiferytoday.com/articles/cytotecwagner.asp>,
<http://dir.salon.com/health/feature/2000/07/11/cytotec/index.html>