Clinical analysis of misoprostol for prevention of postpartum hemorrhage

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View from specialist: It is creative, and of certain scientific and educational value.

[ABSTRACT] Objective: To investigate the clinical effects of misoprostol for preventing postpartum hemorrhage. Methods: In this study, a total of 400 puerpera scheduled for vaginal delivery in the Department of Obstetrics of our hospital during July 2009 and December 2010 were enrolled and randomly divided into 3 groups. Treatments were all given immediately after the fetus was delivered. For the misoprostol group, oral administration of 400 μg misoprostol; for oxytocin + misoprostol group, oral administration of 400 μg misoprostol + intravenous drip of 20 U oxytocin was given, while the oxytocin group was only given intravenous drip of 20 U oxytocin. Average amount of bleeding 2 h post-partum of the three groups were observed and compared. Results: Average amount of bleeding 2 h post-partum of the three groups were listed as follows: misoprostol group (280 ± 46) mL; oxytocin + misoprostol group (216 ± 45) mL; oxytocin group (360 ± 49) mL; indicating significant better prevention effects in oxytocin + misoprostol group comparing with that in other two groups. Oxytocin group showed the highest incidence of post-partum bleeding (P < 0.01). Conclusions: Misoprostol can promote stronger uterine contractions than oxytocin, thus has good prevention effects for post-partum bleeding.

[KEY WORDS] Misoprostol; Postpartum hemorrhage; Prevention