Misoprostol (Cytotec®)

This sheet is about exposure to misoprostol in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is misoprostol?

Misoprostol is sold under the brand name Cytotec®.

The product label for misoprostol recommends that women who are pregnant or planning to become pregnant not use this medication. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about using misoprostol and what treatment is best for you.

I am taking misoprostol, but I would like to stop taking it before becoming pregnant. How long does the drug stay in my body?

People eliminate medication at different rates. In healthy adults, it takes up to 2 to 4 hours, on average, for most of the misoprostol to be gone from the body. However, the manufacturer has recommended to wait at least 1 month or through 1 menstrual cycle after stopping misoprostol before trying to get pregnant.

I take misoprostol. Can it make it harder for me to get pregnant?

Studies have not suggested that misoprostol can make it harder to get pregnant.

Does taking misoprostol increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Misoprostol can cause uterine contractions and has been used to treat miscarriages (to help pass tissue from a pregnancy that is no longer viable). Therefore, an increased chance of miscarriage is expected. The increased chance of miscarriage with the use of misoprostol depends on dose, timing, use of other medications, and other factors.

Does taking misoprostol increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Most infants born to women who use misoprostol during pregnancy do not have birth defects. However, misoprostol can cause poor blood flow to the fetus (called vascular disruption) and increase the chance of birth defects in early pregnancy. Birth defects related to misoprostol exposure in pregnancy are poor growth of limbs (missing parts of finger/toes, or parts of arms/legs), Moebius syndrome (weakness or paralysis of the facial and eye muscles), cleft lip and/or cleft palate (lip and or roof of mouth formed with a split), arthrogryposis (stiff joints), muscle weakness, and club foot (foot points downward and inward).

Does taking misoprostol in pregnancy increase the chance of other pregnancy-related problems?

Misoprostol use in pregnancy might increase the chance for preterm delivery (birth before week 37), poor growth (baby smaller than expected), and uterine rupture (when the wall of the uterus tears open during late pregnancy or during labor). It can also increase the chance of the fetus having its first bowel movement (called meconium) while still in the uterus instead of after delivery. Meconium passage in the uterus might cause the fetus to get meconium in its lungs (meconium aspiration), which might need treatment after delivery.

Does taking misoprostol in pregnancy affect future behavior or learning for the child?

It is not known if misoprostol increases the chance for behavior or learning issues. Some of the reported birth defects associated with misoprostol could affect brain development. Changes in brain development could affect future learning or behavior.

What screenings or tests are available to see if my pregnancy has birth defects or other issues?

Prenatal ultrasounds can be used screen for some birth defects, such as a poor limb growth, cleft lip, and club foot. They can also be used to monitor the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during a pregnancy that can tell how much effect there could be on future behavior or learning.

Breastfeeding while taking misoprostol:

Misoprostol gets into breast milk in very small amounts. No side effects have been reported in breastfeeding infants. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes misoprostol, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if misoprostol could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects above the background risk. In general, exposures that men have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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