



There is no wealth but life.....

Save life with

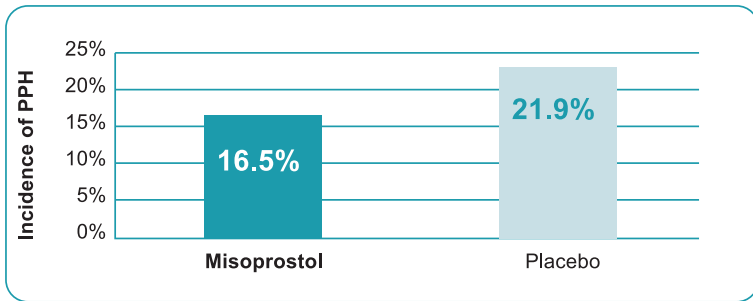
# S.T. Mom

(Misoprostol 200 microgram tablets)

*Saves  
the Mom*

## An excellent choice in prevention from postpartum haemorrhage

In a double-blind, placebo-controlled trial where consenting women were randomised to receive 600 microgram oral misoprostol (n = 534) or placebo (n = 585).



Postpartum administration of 600 microgram oral misoprostol reduces the rate of PPH by 24%

BJOG 2011 Feb;118(3):353-61.

<b>1st Trimester</b>	<b>Cervical ripening pre-instrumentation</b> 400µg pv 3 hrs before procedure	<b>Missed abortion</b> 800µg pv 3 hrly (max x2) OR 600µg sl 3 hrly (max x2)	<b>Incomplete abortion</b> 600µg po single dose OR 400µg sl single dose
<b>2nd Trimester</b>	<b>Intrauterine fetal death</b> (13-17 weeks) 200µg pv 6 hrly (max x4) (18-26 weeks) 100µg pv 6 hrly (max x4)		
<b>3rd Trimester</b>	<b>Intrauterine fetal death</b> (27-43 weeks) 25-50µg pv 4 hrly (max x6)	<b>Induction of labor</b> 25µg pv 4 hrly (max x6) OR 20µg oral solution 2 hrly (max x 12)	<b>PPH prophylaxis</b> 600µg po or sl single dose  <b>PPH treatment</b> 1000µg pr or 800µg sl single dose

Abbreviations: **po-oral**; **pv-vaginal**; **sl-under the tongue**; **pr-rectal**.

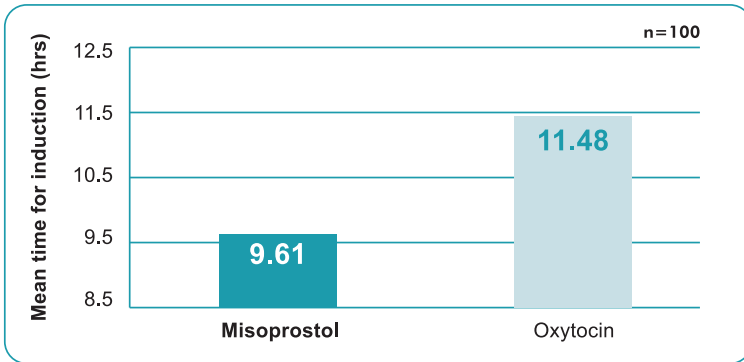
# S.T. Mom

(Misoprostol 25 microgram tablets)

*Saves  
the Mom*

## Superior option for induction of labor

The first group received 50 mcg intravaginal misoprostol four times with 4 hrs intervals and the second group received oxytocin infusion for induction of labor starting from 2 mIU/min and was increased every 30 min with 2 mIU/min increments up to a maximum of 40 mIU/min.



Intravaginal misoprostol seems to be an alternative method to oxytocin in the induction of labor in advanced aged pregnant women with low Bishop scores, as it is efficacious, cheap, and easy to use.

Eur J Obstet Gynecol Reprod Biol. 2006 Dec;129(2):140-4.

## Why Misoprostol ?

Misoprostol	Oxytocin
<i>Misoprostol can be given by oral, sublingual, vaginal and rectal routes even by unskilled provider.</i>	<i>Oxytocin can be given only by injection by qualified provider.</i>
<i>Misoprostol is stable at room temperature and it is not light sensitive.</i>	<i>Oxytocin or other prostaglandins are unstable at room temperature for longer period &amp; needs to be refrigerated.</i>

International Confederation of Midwives (ICM) and International Federation of Gynaecology and Obstetrics (FIGO) (2006). Joint Statement: Prevention and Treatment of Post-partum Haemorrhage: New Advances for Low Resource Settings.

For more information please logon to [www.stmom.com](http://www.stmom.com)

# S.T. Mom

(Misoprostol 25 & 200 microgram tablets)

Saves  
the Mom

- *An excellent choice in prevention from postpartum haemorrhage*
- *Superior option for induction of labor*
- *Excellent safety profile*
- *Backed by ZAFPA quality and economy*

1st time in  
Pakistan available in  
25mcg tablets



## Brief Prescribing Informations:

**COMPOSITION:** Each tablet contains Misoprostol 25mcg & 200mcg. **MODE OF ACTION:** S.T. Mom (Misoprostol) belongs to a group of hormones called prostaglandins which can cause uterine contractions and opening (ripening) of the cervix. Although prostaglandins are highly effective, their efficacy depends on number of prostaglandin receptors in the uterus and this varies according to whether or not the woman is pregnant and at what gestational age she is. At the end of pregnancy there are many receptors and a small dose of misoprostol leads to strong contractions. **INDICATIONS: Gynaecological Indications:** In the prevention & treatment of Postpartum Haemorrhage (PPH), labor induction (in unfavorable cervical conditions), missed abortion, incomplete abortion, Intrauterine fetal death. **Antitumor Indications:** S.T. Mom (Misoprostol) is indicated for reducing the risk of NSAID (nonsteroidal anti-inflammatory drugs, including aspirin). **DOSAGE AND ADMINISTRATION: Gynaecological: Postpartum Haemorrhage (PPH) Prophylaxis:** 600mcg administered orally immediately, following the delivery of last child. **Postpartum Haemorrhage (PPH) Treatment:** According to clinical studies; 1000mcg rectally or 800mcg sublingually. If S.T. Mom has been given as prophylaxis for PPH, a repeat dose of S.T. Mom should not be given unless at least two hours have elapsed since the first dose. **Induction of Labor:** According to clinical studies; 25mcg vaginally 4 hourly (max. x 6) or 50 mcg orally 4 hourly (max. x 6) or 20mcg oral solution 2-hourly (max 12 doses). **Missed abortion: (≤12weeks):** 800mcg vaginally 3 hourly (Max. x 2) or 600mcg sublingually 3 hourly (Max. x 2). **Incomplete Abortion (≤12weeks):** 600mcg orally single dose or 400mcg sublingually single dose. **Intrauterine fetal death (13-17 weeks)** 200mcg pv 6 hrly (max x4) (18-26 weeks) 100mcg pv 6 hrly (max x4). **Anti Ulcerant:** The recommended adult oral dose is 200mcg four times daily with food. **ADVERSE EFFECTS:** Shivering and pyrexia have been reported when misoprostol is used for PPH. These side effects are transient and typically resolve without intervention. Other side effects include nausea, vomiting, headache and diarrhoea. Gynaecological disorders such as spotting, cramps, hypermenorrhea, menstrual disorder and dysmenorrhea have been reported. **CONTRAINDICATIONS:** Misoprostol should not be taken by pregnant women to reduce the risk of ulcers induced by non steroidal anti-inflammatory drug (NSAIDs). Misoprostol should not be taken by anyone with a history of allergy to prostaglandins. **PRECAUTIONS AND WARNINGS:** Precaution should be taken in conditions where hypertension might precipitate severe complications (e.g. cerebrovascular and cardiovascular disease). **DRUG INTERACTIONS:** There is no evidence of clinically significant interaction between Misoprostol and cardiac, pulmonary and CNS drug and NSAIDs. Bioavailability of Misoprostol is decreased with high doses of antacid. **USE IN PREGNANCY AND LACTATION:** Because of the abortifacient property of Misoprostol component, it is contraindicated in women who are pregnant. Excretion of the active metabolite (Misoprostol acid) into milk is possible, but has not been studied. Because of the potential for serious adverse reaction in nursing infants, it is not recommended for use by nursing mothers. **STORAGE:** Store in a cool and dry place at room temperature (25°C ± 2), protected from light and moisture. Keep out of the reach of children. **How Supplied:** S.T. Mom (Misoprostol) 25mcg tablets in a pack of 1x 10's. S.T. Mom (Misoprostol) 200mcg tablets in a pack of 1 x 3's & 1 x 10's.

## "Medicines For All"



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