VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

Induction of labour with medication or manual rupture of the amniotic membranes is undertaken to facilitate a successful vaginal birth in cases of concern for mother's or a baby's health. The proportion of pregnant women subjected to labour induction varies with geographic location and is in many countries currently up to 25%. Labour induction is therefore one of the most frequent procedures in pregnant women.

VI.2.2 Summary of treatment benefits

Published clinical studies have demonstrated efficacy and acceptable safety profile of oral low-dose misoprostol when used for induction of labour.

The pivotal data the benefit of misoprostol is a Cochrane meta-analysis of 'Oral misoprostol for induction of labour' including 76 trials comprising a total of 14,412

women. The objective was to determine, from randomised controlled trials, the effectiveness and safety of oral misoprostol for third trimester induction of labour.

The Cochrane review concludes that 'Oral misoprostol is more effective than placebo and equivalent to intravenous oxytocin for the induction of labour in women.'

The vast majority of published data is on unapproved use of Cytotec® for induction of labour. A small clinical study was performed to show similar availability of Angusta and Cytotec®.

The study design was open-label in pregnant women reflected the real-life situation in which misoprostol is used. The primary objective was to compare pharmacokinetics of the two misoprostol products; Angusta and Cytotec®. The study enrolled 12 women in each of four treatment groups: 25 µg 2-hourly (Angusta and Cytotec®) and 50 µg 4-hourly (Angusta and Cytotec®). Blood plasma misoprostol concentrations were compared between groups. Based on the laboratory data and clinically relevant endpoints such as time from induction to delivery and mode of delivery Angusta was considered equivalent to Cytotec®. This study allows conclusions on Angusta benefits to be made from the published data based on Cytotec® use.

VI.2.3 Unknowns relating to treatment benefits

No studies have been performed in pregnant women aged less than 18 years. However there is no reason to expect any differences in pregnant women less than 18 years of age.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Excessive stimulation of the womb (uterus) causing prolonged or excessive contractions	Excessive stimulation of the womb causing prolonged or excessive contractions is a common adverse reaction from induction of labour with misoprostol and similar acting medicinal products. The condition can negatively affect the unborn baby with consequences as abnormal heart rate of the unborn baby and respiratory effects due to low oxygen supply. The condition can be treated with medicine which neutralises the contractions and misoprostol	The risk of excessive stimulation of the womb causing prolonged or excessive contractions can be prevented by use of lowest recommendable dose in a hospital setting with facilities for continuous monitoring of the unborn baby and the womb.

Missing information

Risk	What is known
None identified.	Not applicable.

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures.

The Summary of Product Characteristics and the Package leaflet for Angusta can be found as part of the PAR at http://mri.medagencies.org/Human/.

This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan

No post-authorisation studies are proposed.

VI.2.7 Summary of changes to the Risk Management Plan over time

As this is the first version of the RMP, no change over time has occurred.