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## **UPDATED NOTICE: DINOPROSTONE VAGINAL GEL; 1MG/3G; PREFILLED SYRINGE STOCK SUPPLY SHORTAGE AND THE PROPOSED THERAPEUTIC ALTERNATIVES.**

**This is an update to the previous circular: Dinoprostone Vaginal Gel; 1mg/3g; Prefilled Syringe Stock Supply Shortage and the Proposed Therapeutic Alternatives (Reference: 20260227/EDP01).**

The Adult Hospital Level (AHL) Standard Treatment Guidelines (STGs) and Essential Medicines List (EML)<sup>1</sup> currently recommends dinoprostone vaginal gel as a treatment option for labour induction for an unfavourable cervix (Bishop score < 7). The contracted supplier of dinoprostone vaginal gel, Pfizer Laboratories (Pty) Ltd, is however experiencing supply constraints with this product, and although some stock is being received at the end of February 2026, limited stock will be available until the end of October 2026. The AHL STGs and EML also recommends the use of alternative prostaglandins: dinoprostone tablets or misoprostol. Dinoprostone tablets are currently not available on national contract. It is therefore recommended that misoprostol be utilised for this indication where dinoprostone vaginal gel is unavailable. Refer to the Table below for guidance.

Indication: Hospital Level (ADULTS)	Current recommendation	Alternative as outlined in the Standard Treatment Guidelines
6.13 LABOUR INDUCTION  Cervix unfavourable (Bishop score <7)	<p>Cervix unfavourable (Bishop score &lt;7) Extra-amniotic Foley catheter with/without saline infusion: Pass a Foley catheter with 30 mL bulb through cervix with sterile technique. Inflate bulb with 50 mL water or sodium chloride 0.9%. Tape catheter to thigh with light traction. Alternatively, attach sodium chloride 0.9% 1 L with giving set to catheter, and infuse sodium chloride 0.9% at 50 mL/hour. Remove after 24 hours.</p> <p><b>MEDICINE treatment</b> <b>Cervix unfavourable (Bishop score &lt;7)</b> Extra-amniotic Foley catheter (as above) <b>PLUS</b> one of the options below:</p> <p>Prostaglandins, e.g.:</p> <ul style="list-style-type: none"> <li>• Dinoprostone gel, intravaginally, 1 mg. <ul style="list-style-type: none"> <li>○ Repeat after 6 hours.</li> <li>○ Do not exceed 4 mg.</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Dinoprostone tablets, intravaginally, 1 mg. <ul style="list-style-type: none"> <li>○ Repeat after 6 hours.</li> <li>○ Do not exceed 4 mg.</li> </ul> </li> </ul>	<p>Cervix unfavourable (Bishop score &lt;7) Extra-amniotic Foley catheter with/without saline infusion: Pass a Foley catheter with 30 mL bulb through cervix with sterile technique. Inflate bulb with 50 mL water or sodium chloride 0.9%. Tape catheter to thigh with light traction. Alternatively, attach sodium chloride 0.9% 1 L with giving set to catheter, and infuse sodium chloride 0.9% at 50 mL/hour. Remove after 24 hours.</p> <p><b>MEDICINE treatment</b> <b>Cervix unfavourable (Bishop score &lt;7)</b> Extra-amniotic Foley catheter (as above) <b>PLUS:</b></p> <ul style="list-style-type: none"> <li>• Misoprostol, oral, 20 mcg 2 hourly until in labour, or up to 24 hours. <ul style="list-style-type: none"> <li>○ Oral misoprostol may be given as freshly made-up solution of one 200mcg tablet in 200 mL water, i.e., 1 mcg/mL solution.</li> </ul> </li> </ul>

<sup>1</sup> Standard Treatment Guidelines and Essential Medicines List for South Africa. Hospital Level: Adults. 2024 Edition.

Indication: Hospital Level (ADULTS)	Current recommendation	Alternative as outlined in the Standard Treatment Guidelines
	<p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Misoprostol, oral, 20 mcg 2 hourly until in labour, or up to 24 hours.                             <ul style="list-style-type: none"> <li>○ Oral misoprostol may be given as freshly made-up solution of one 200mcg tablet in 200 mL water, i.e., 1 mcg/mL solution. Give 20 mL of this solution 2 hourly.</li> <li>○ Stop misoprostol administration when in established labour.</li> <li>○ Maximum 24 hours.</li> <li>○ Never use oxytocin and misoprostol simultaneously.</li> <li>○ Misoprostol and other prostaglandins are contraindicated in women with previous Caesarean sections and in grand multiparous women.</li> </ul> </li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>» <b>Misoprostol in larger doses than indicated here for labour induction at term, may cause uterine rupture.</b></li> <li>» <b>Only to be prescribed by a doctor experienced in Maternal Health.</b></li> </ul>	<p>Give 20 mL of this solution 2 hourly.</p> <ul style="list-style-type: none"> <li>○ Stop misoprostol administration when in established labour.</li> <li>○ Maximum 24 hours.</li> <li>○ Never use oxytocin and misoprostol simultaneously.</li> <li>○ Misoprostol and other prostaglandins are contraindicated in women with previous Caesarean sections and in grand multiparous women.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>» <b>Misoprostol in larger doses than indicated here for labour induction at term, may cause uterine rupture.</b></li> <li>» <b>Only to be prescribed by a doctor experienced in Maternal Health.</b></li> </ul>

**NOTE:** Although misoprostol can be used as an alternative to dinoprostone; *there is a distinction between Prostaglandin E1 (PGE1), which includes misoprostol, and Prostaglandin E2 (PGE2), such as dinoprostone.* The principal difference lies in the stronger uterotonic activity of misoprostol i.e. the two agents are not completely interchangeable.

**Procurement information**

The following product is available for ordering on National Contract.

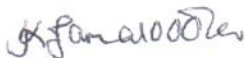
NSN	Product	Supplier	Contract
180339642	Misoprostol; 200mcg; Tablet; 60 Tablets	Pfizer Laboratories (Pty) Ltd	HP03-2023CHM

**Circular implementation and dissemination**

Provinces and facilities are reminded to ensure equitable and timely access as per the AHL STGs and EML, above, and to facilitate availability.

Provinces and healthcare facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

Kind regards



**MS K JAMALOODIEN**  
**CHIEF DIRECTOR: SECTOR-WIDE PROCUREMENT**  
**DATE:**