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Package leaflet: information for the user

PROSTENOON 1 mg/ml concentrate for solution for infusion
Dinoprostone

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or midwife.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or midwife. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What PROSTENOON is and what it is used for

The name of the medicine is PROSTENOON 1 mg/ml concentrate for solution for infusion (further in this leaflet called PROSTENOON).

PROSTENOON contains dinoprostone (*Dinoprostonum*), which belongs to a group of medicines called prostaglandin analogues. Prostaglandins help to stimulate labour. Dinoprostone induces softening, dilation and opening of the cervix. This process is called „cervical ripening". Maturity of the cervix is one of the important prerequisites for the labour.

PROSTENOON is used only in hospital setting for the following reasons:
- Preparation of the immature cervix for induction of labour (only in case of longitudinal fetal position).
- Cervical softening and dilation before medical termination of pregnancy.

2. What you need to know before you are given PROSTENOON

You must not be given PROSTENOON:
- if you are allergic to dinoprostone or any of the other ingredients of this medicine

(listed in section 6);
- if you have had a Caesarean section or major uterine surgery;
- if there is a mismatch in size between the fetal head and the maternal pelvis;
- if your baby is not in the correct position in the womb;
- if your unborn baby is in distress or there is a risk for your baby becoming distressed (your baby might suffer from oxygen deprivation during childbirth);
- if you have had complicated labour and/or traumatic delivery;
- if you have had more than five full term pregnancies;
- if your waters have broken (premature rupture of membranes);
- if you have pelvic inflammatory disease (infection of the internal female reproductive organs) and where no adequate prior treatment has been instituted;
- if you have been told that you have or might have placenta praevia;
- if you have had any unexplained vaginal bleeding during the current pregnancy;
- if you have severe heart, lung, kidney or liver disease;
- if you have suffered from too strong contractions in your womb during the previous labour;
- extraamnial instillation in case of vaginal or cervical inflammation.

If any of the above applies to you, please talk to your doctor or midwife before you are given this medicine.

Warnings and precautions
Please consult with your doctor or midwife before using PROSTENOON.
The following reasons demonstrate the cases in which PROSTENOON might not be suitable for you:
- if you have glaucoma (an eye disease);
- if you have epilepsy;
- if you have raised intraocular pressure;
- if you have asthma or a history of asthma;
- if you have liver disease;
- if you have kidney disease;
- if you have compromised cardiovascular function.

If any of the above applies to you, please talk to you doctor.

Each labor induction increases the risk for prolonged and painful labour, neonatal problems and postpartum hemorrhages.

If you are aged 35 or over, if you have had complications during pregnancy, or your pregnancy has lasted more than 40 weeks, then you have an increased risk of developing post-partum disseminated intravascular coagulation (DIC). These factors may further increase other risks associated with labour induction (see section 4). Therefore, use of dinoprostone should be done with extreme caution.

Dinoprostone should not be administered into the uterine muscle as there are data that there is a possible association between such method of administration and cardiac arrest in case of severe cardiac diseases.

Other medicines and PROSTENOON
Prostaglandins may potentiate the effect of oxytocin that is used for labour induction and stimulation. If after using PROSTENOON should occur the need to use oxytocin in sequence, the patient should be carefully monitored.

Tell your doctor or midwife if you are taking or have recently taken or might take any other medicines, including medicines obtained without a prescription.

PROSTENOON with food and drink
Not applicable.

Pregnancy, breast-feeding and fertility
During pregnancy, the use of this medicine may induce miscarriage or premature birth.

Driving and using machines
Not applicable.

3. How you are given PROSTENOON

PROSTENOON must only be administered to you by qualified medical staff in a hospital or clinic setting with appropriate obstetrical and intensive care facilities available.

Preparation of the solution for infusion.
To prepare 2 µg/ml PROSTENOON solution for infusion 1 ml (1 ampoule) of concentrate for solution for infusion is added to 500 ml of sterile 0.9% sodium chloride solution or glucose 5% solution and mixed well.
To prepare 4 µg/ml PROSTENOON solution for infusion, 2 ml (2 ampoules) of concentrate for solution for infusion is added to 500 ml of sterile 0.9% sodium chloride solution or glucose 5% solution and mixed well.

Posology.
Dosage of PROSTENOON solution for infusion is individual. PROSTENOON is not recommended to be used longer than 2 days.

Induction of labour with intravenous infusion (solution for infusion 2 µg/ml).
The initial infusion rate should not exceed 0.25 µg/min during the first 30 minutes. If sufficient regular uterine contractions have been achieved, the infusion is continued with the same rate. If the effect is not sufficient, the infusion rate may be increased to 0.5 µg/min. If desired effect

has not been achieved within 1...2 hours, the infusion rate may be increased to 1 µg/min and in exceptional cases to 2 µg/min, but in such case higher risk of adverse effects and uterine hypertonus should be taken into account.
If uterine hypertonus or foetal distress occurs, infusion will be stopped until the normalisation of the condition for both mother and foetus. The infusion can be reinitiated with a rate that makes up to 50% of the recently achieved rate.

In case of dead foetus higher doses may be used. The initial infusion rate may be 0.5 µg/min. If the sufficient effect is not achieved within one hour, the infusion rate may be increased to 4 µg/min.

Induction of abortion and induction in case of hydatidiform mole.
4 µg/ml PROSTENOON solution for infusion is used.
The initial infusion rate should not exceed 2.5 µg/min during the first 30 minutes. If adequate effect in the form of regular uterine contractions has been achieved, the infusion is continued with the same rate. If the effect is not sufficient, infusion rate may be increased to 5 µg/min. If desired effect is not achieved during 4 hours, the infusion rate may be increased to 10 µg/min. Infusion rate will be maintained until the final result is achieved. If adverse effects occur, the rate is reduced by 50% or infusion is stopped.

The use of infusion pump. Other concentrations of solution for infusion may be used with infusion pump. The infusion rate of dinoprostone, however, should be the same as described above.

Extraamniotic administration. 100 µg/ml PROSTENOON solution is used for extraamniotic instillation. To prepare the solution, 9 ml 0.9% sodium chloride solution is mixed with 1 ml of PROSTENOON (1 mg/ml) solution in a syringe. The solution is instilled extraamniotically into avascular space with a sterile Foley 12-14G or fine polyethylene catheter. After the dead space of the catheter has been filled, l ml of the solution will be instilled. Volume of re-instillation depends on uterine muscle reaction and varies from 1 to 2 ml (usually 2 ml). Instillation must be repeated every 2 hours until the goal is reached. The break between re-instillations should not be less than 1 hour in any case.

If you are given more PROSTENOON than you should
Uterine hypertonus may develop or uterine contractions become more frequent during the use of PROSTENOON. Uterine hyperactivity caused by dinoprostone may be relieved with beta-adrenomimetics. If these do not relax uterine muscles and foetal heart rate has changed, immediate delivery is required. The risk of uterine rupture should be taken into account if prolonged and strong uterine contractions occur.

If you have any further questions, ask your doctor or midwife.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

No life-threatening adverse effects have been observed during infusion and instillation of PROSTENOON solution. The severity of adverse effects of PROSTENOON correlates with the used dose.

Common side effects (may affect more than 1 woman from 100 , but less than 1 woman from 10): nausea, vomiting, diarrhea, high body temperature (fever), back pain, feeling of warmth in vagina, uterine hypercontractility or hypertonus, irregular uterine contractions with or without changes in the fetal heart rate, fetal distress.

Rare side effects (may affect more than 1 woman from 10 000, but less than 1 woman from 1 000): tear in the wall of uterus (uterine rupture), cardiac arrest, elevated risk of post-partum disseminated intravascular coagulation in patients, whose labour was pharmacologically induced with dinoprostone (see section 2).

Not known (cannot be estimated from the available data):
- pulmonary/amniotic fluid embolism (sudden occlusion of a pulmonary blood vessel by amniotic fluid);
- hypersensitivity reactions such as anaphylactic and anaphylactoid reactions, including anaphylactic shock (a severe allergic reaction manifested by skin rash, itching, wheezing, shortness of breath, swelling of the face, lips, hands, fingers, neck and throat, a sudden drop in blood pressure, abdominal pain and loss of consciousness);
- placental abruption (placenta separates from the wall of the uterus prior to childbirth);
- stillbirth, death of the newborn;
- low Apgar score of the newborn;
- high blood pressure (maternal);
- bronchospasm/asthma;
- rapid dilation of the cervix;
- rash.

Local tissue irritation and erythema may develop after intravenous use.
Thrombophlebitis has not been observed after intravenous use. Local tissue irritation and erythema usually resolve during 2... 5 hours after the end of infusion. Temporary body temperature increase and leucocytosis can be observed during infusion. Both effects resume after the end of infusion.
Infection risk should be taken into account during extraamniotic instillation.

Reporting of side effects
If you get any side effects, talk to your doctor or midwife. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via www.ravimiamet.ee. By

reporting side effects you can help provide more information on the safety of this medicine.

5. How to store PROSTENOON

Keep out of the reach and sight of children.

This medicine should be stored by a health care provider. You will not be given PROSTENOON to store at home. Hospital pharmacist will store this medicine in a refrigerator (2ºC...8ºC).

PROSTENOON will not be given to you after the expiry date which is stated on the outer carton and on the ampoule label. The expiry date refers to the last day of that month.

6. Contents of the pack and other information

What PROSTENOON contains
- The active substance is dinoprostone.
- The excipient is ethanol.

What PROSTENOON looks like and contents of the pack
PROSTENOON 1 mg/ml concentrate for solution for infusion is transparent colourless liquid that is marketed in 1 ml glass ampules. Each pack of this medicine contains 20 ampoules.

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