

(2) ERGOMETRINE

P/K - Rapidly & completely absorbs from oral route. (Oral - 15 min, IM - 5 min, IV - instn)
Plasma $\pm \frac{1}{2}$ us 1-2 hours. Effects of single dose last 3-4 hrs.

Methylergometrine is $1\frac{1}{2}$ times more potent than ergometrine.

A/E \rightarrow Nausea, vomit, & rise in BP occurs occasionally.

Can \downarrow milk secretⁿ if higher doses \times used for many days postpartum.

It should be avoided in patient \bar{c} vascular disease, hypertension, toxæmia, any sepsis (gangrene), liver & kidney disease.

Use - Primary indicatⁿ is to control & prevent PPH

0.2 - 0.3 mg IM at delivery of ant. should \downarrow reduced blood loss & prevent PPH

Should be employed only in patients prone to bleed more.

During PPH - 0.5 mg IV recom^d.

In severe bleeding - 0.5 mg ergometrine + 5 IU oxytocin - IM/IV

- These drugs produce sustained tonic uterine contractⁿ, perforating uterine arteries & compressed by myometrial mesh work.

Dose - .25, .5 mg tab, .5 mg/ml inj

Brands of methylergometrine - METHERGIN, ERGOMET (.125 mg tab)

(3) PROSTAGLANDINS

PGI_2 , $PGF_{2\alpha}$ & 15-methyl $PGF_{2\alpha}$ \times potent uterine stimulants especially in later part of pregnancy. They also promote ripening of cervix.

Since misoprostol (a PG analogue) produces less side effects it is used for obstetric indicatⁿ as well.