Amsterdam, June 7, 2013 - Data from the EXPEDITE study presented on the May, 24th at the **First European Congress on Intrapartum Care**
(ECIC) demonstrated that use of a controlled release
misoprostol vaginal insert significantly reduced time to vaginal delivery compared to a dinoprostone vaginal insert
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“The increased incidence of labour induction has prompted the need for safe and more efficacious techniques and induction agents”, said Dr. Deborah Wing, University of California, Irvine. “These results point toward significant efficacy advantages for the misoprostol vaginal delivery system”.

Misoprostol is a synthetic prostaglandin E1 (PGE1) analogue. The World Health Organisation (WHO)2 recommends prostaglandins for cervical ripening and labour induction and misoprostol is one of the compounds on the “WHO essential drug list” for labour induction. Many current clinical guidelines also recommend the use of prostaglandins for the induction of labour 3,4.

The EXPEDITE study compared the efficacy and safety of a controlled release vaginal insert containing a reservoir of 200 µg of misoprostol (MVDS) versus a reservoir of 10 mg dinoprostone in a vaginal insert (DVI) when used for labour induction in a randomised phase III double-blinded study.

The research was done at over 30 sites across the USA where a total of 1,358 women were randomly assigned to receive either a single dose of MVDS (n=678) or dinoprostone vaginal insert (DVI) (n=680).

The co-primary efficacy endpoint of median time to vaginal delivery was found to be significantly

shorter for women treated with MVDS compared with DVI (MVDS: 21.5 hours [95% CI: 20.0–23.4], DVI: 32.8 hours [95% CI: 30.2–34.9]; p