

From the Chief Medical Officer
Professor Sir Michael McBride



HSS(MD) 17/2026

FOR ACTION

Chief Executives, Public Health Agency/HSC
Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (*for
onward distribution to practice staff and
Community Pharmacies*)
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Your Ref:
Our Ref: HSS(MD) 17/2026
Date: 9 April 2026

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

NATIONAL PATIENT SAFETY ALERT – SHORTAGE OF DINOPROSTONE 3MG TABLETS AND 1MG/2.5ML, 2MG/2.5ML GEL

This alert is for action by for all organisations involved in prescribing, dispensing and administering dinoprostone (Prostin® E2) 3mg vaginal tablets (pessary) and dinoprostone (Prostin® E2) 1mg/2.5ml and 2mg/2.5ml vaginal gel.

This is a safety critical and complex National Patient Safety Alert. Implementation should be co-ordinated by an executive lead (or equivalent role in organisations without executive boards) and supported by clinical leaders in gynaecology, obstetrics, maternity and pharmacy services in secondary care settings.

Actions to be completed by and to remain in place only until the supply issues have resolved:

1. Hospital Procurement Teams should review current stock of all Prostin® E2 presentations and coordinate urgent ordering of unlicensed imports, where available.
2. Remaining stock of Prostin® E2 vaginal gel should be reserved for patients where other options are contraindicated or unsuitable, for example patients with ruptured membranes (**see Note A**).
3. Clinicians should limit repeat prostaglandin inductions if labour does not start. Consider mechanical methods if pharmacological induction is unsuitable or unsuccessful (**see Note A**).

4. Hospital Trusts and clinicians should update local guidelines or patient group directions (PGDs) to reflect any changes required during the shortage.
5. All healthcare staff impacted by this shortage should be appropriately trained in any new procedures.
6. HSC Trusts should ensure required storage conditions and handling procedures are in place when practice changes are implemented (**see Note B**).

Summary of identified issue

Pfizer has advised that quality issues affecting the raw materials used in manufacturing have resulted in supply interruptions for their Prostin® E2 (dinoprostone) range, as follows:

- Prostin® E2 3 mg vaginal tablets (pessary): unavailable until October 2026
- Prostin® E2 1 mg/2.5 ml gel: unavailable from 4 May to 3 August 2026
- Prostin® E2 2 mg/2.5 ml gel: unavailable from 13 April to 7 September 2026.

Other uterotonic products remain available and can support additional demand in varying amounts:

- Propess® (dinoprostone) 10 mg vaginal delivery system can support full demand
- Angusta® (misoprostol) 25 micrograms tablets can support partial demand
- Oxytocin 5 units/1 ml and 10 units/1 ml ampoules can support partial demand

Limited quantities of unlicensed dinoprostone vaginal tablets and gels can be sourced, but lead times may vary.

For the most up-to-date information on expected re-supply dates and unlicensed import options, please consult the dinoprostone page on the [Medicines Supply Tool](#).

Additional information

Note A: Clinical Guidance

Specialists in maternity and obstetrics have developed the table below on alternative options during the current Prostin® E2 shortage, including recommendations on prioritising any remaining stock.

National Institute for Health and Care Excellence (NICE) Guidance:

- **NG207 – Inducing Labour:** For women with a Bishop score* of ≤6, offer induction of labour with dinoprostone as a vaginal tablet, vaginal gel, or controlled-release vaginal delivery system, or with low-dose (25 microgram) oral misoprostol tablets.

Recommended Alternatives During Prostin® E2 Shortage:

Indication	Current Recommended Treatment	Alternatives / Advised Switch During Shortage
Term, low-risk induction of labour	Propess® (dinoprostone) vaginal delivery system or Prostin® E2 (dinoprostone) vaginal gel or tablet	Switch to Propess® or consider misoprostol or mechanical methods (balloon catheter) as first-line options
Low-risk induction of labour that has failed after 1–2 treatments	Propess® or Prostin® E2	Switch to mechanical methods (balloon catheter) or misoprostol
Premature rupture of membranes (PROM)	Prostin® E2 or oxytocin	Reserve any remaining Prostin®E2 stock specifically for patients with PROM; if Prostin®E2 is unavailable use IV oxytocin
Induction of labour before 37 weeks	Propess® or Prostin® E2	Switch to Propess®, or consider misoprostol or mechanical methods (balloon catheter)

*Bishop score: a clinical scoring system to assess cervical readiness for induction of labour.

In cases of intrauterine foetal death where dinoprostone is used in protocols in association with misoprostol, we would recommend the sole use of misoprostol in this period.

Note B: Storage considerations

Please note that Propess® (dinoprostone) vaginal delivery system should be stored in a freezer at -10 to -25°C in its original container. No thawing is required prior to use.

References

- [BNF Dinoprostone](#)
- [SmPC Dinoprostone](#)
- [BNF Misoprostol](#)
- [SmPC \(Augusta\) Misoprostol](#)
- [BNF IV Oxytocin](#)
- [SmPC IV Oxytocin](#)
- [Inducing labour. NICE guideline. Reference number:NG207 Published: 04 November 2021](#)

- [NHS England » National Patient Safety Alert – risk of oxytocin overdose during labour and childbirth](#)

Yours sincerely



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Chief Medical Officer



PROFESSOR CATHY HARRISON
Chief Pharmaceutical Officer

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