Misoprostol for the treatment of postpartum hemorrhage (PPH) has been added to the World Health Organisation’s 19th Model List of Essential Medicines (EML). This decision was reached by the 20th Expert Committee on the Selection and Use of Essential Medicines when in April 2015 it met at the WHO Headquarters in Geneva to revise and update the EML for both adults and children.

The new edition of the EML recommends the use of misoprostol for the “Prevention and treatment of postpartum haemorrhage where oxytocin is not available or cannot be safely used.”

A proposal for the inclusion of misoprostol for the treatment of PPH was submitted by Gynuity Health Projects for consideration by the Expert Committee. Research has demonstrated that a single sublingual dose of 800mcg (200mcg x 4 tablets) of misoprostol is a safe and effective regimen for the treatment of PPH: nine out of ten women who receive misoprostol after PPH diagnosis will have bleeding controlled (Winikoff 2010; Blum 2010). For further information, see here.

Misoprostol is already included on the EML’s core list because of its proven safety and efficacy for the prevention of PPH, medical abortion (following mifepristone), management of incomplete abortion/miscarriage, and induction of labor.

**Background Information**

Postpartum hemorrhage, or excessive bleeding after childbirth, is one of the most significant causes of maternal death and disability globally. The administration of a uterotonic drug is central in the management of PPH due to uterine atony (failure of the uterus to contract following childbirth). Misoprostol is available in tablet form and is stable at room temperature, making it an important option for PPH management.

Inclusion of misoprostol for its PPH treatment indication on the EML has brought the Model List into line with recommendations by global health organizations and health professional associations. The World Health Organisation (WHO 2012), the International Federation of Gynecology and Obstetrics (FIGO 2012), the International Confederation of Midwives (ICM-FIGO 2014), and the United Nations Commission on Life-Saving Commodities (UNCoLSC 2012) recommend the use of misoprostol to treat PPH in settings in which intravenous oxytocin -- the gold standard for PPH treatment -- is not available and is not feasible to use or if the bleeding does not respond to oxytocin.

**Expert Committee on the Selection and Use of Essential Medicines and Model List of Essential Medicines**

The Expert Committee on the Selection and Use of Essential Medicines meets every two years to review and update the EML. Essential medicines are selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness. The core list presents a list of minimum medicine needs for a basic health care system. Governments and institutions around the world are increasingly using the WHO list to guide the development of their own essential medicines lists.

Gynuity Health Projects is an international research & technical assistance organization committed to ensuring that affordable reproductive & maternal health technologies are available & accessible to all. For further information, see: www.gynuity.org