

From Research To Practice

Lessons Learned and Programmatic Challenges in Scaling up Misoprostol for PPH

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Context

Overview:

- Evidence that misoprostol works for PPH Prevention & Treatment

Challenges:

- Translating research into practice/programs
- Unanswered programmatic questions:
 - Drug supply?
 - Which service delivery model(s) feasible?
 - Who can offer misoprostol?
 - How to monitor and evaluate “success”?

Research vs. Program

- **Necessity in research vs. in programs**
- **Translating research to practice**
 - From prevention or treatment to how to integrate both
 - From intervention efficacy to program effectiveness?
 - From one level of services to continuum of care?
- **Operations Research** as a bridge between clinical research and programs

Programmatic Issue: Drug Supply

Different Approaches:

- Commercially registered product
- Government approved product
- MOH approval for use in context of projects

Unique situation for governments:

- Governments regulate commercial vs. public health interests
- What is govt's responsibility when little commercial interest but public health interest?

Approval likely to facilitate

- Drug access
- Addition to country's EDL
- Provider willingness to use
- Integration into standards and norms
- Inclusion in medical training and curricula
- Integration into Safe Motherhood programs
- Sustainability

Lessons Learned: Service Delivery

- **Context varies by country, site, delivery, need models that allow for options at all levels.**
- **Considerations:**
 - Availability/feasibility of oxytocin
 - Delivery attendant
 - Who/what is authorized by level and site
 - Geography, referral systems that work
- **Integrating immediate access to care with timely referral**

Service Delivery Models

Prophylaxis:

- ❖ Oxytocin
- ❖ Misoprostol
- ❖ None

Treatment:

- ❖ On-site treatment => additional intervention/referral as needed
- ❖ Referral with miso (auxiliary treatment)
- ❖ Referral only

Secondary Prevention:

- ❖ Early liberal treatment => additional intervention or referral as needed

Who Can Offer Misoprostol?

A birth attendant who knows:

- when to administer
- how to manage side effects
- when to refer up

Birth attendant may not need to:

- be trained in AMTSL
- know exact blood loss
- know direct cause of bleeding before treatment

Lessons Learned: Providers

- **Providers can include:**
 - Skilled, unskilled attendants or women for misoprostol prophylaxis
 - Skilled or unskilled attendants for treatment
- **Local concepts can help facilitate integration of medical models:**
 - Timing of prophylaxis administration
 - Signs of excessive blood loss
- **Training and programmatic measures can be integrated to limit incorrect use.**

How to evaluate “success”?

- Program integration?
- Reduction in PPH rates?
- Morbidity (Hb change, adverse events)?
- Mortality?

Conclusion

- Evidence that misoprostol can play an important role in PPH management.
- OR can help bridge gaps between research and programmatic realities.
- More than one service delivery models is needed because context varies.
- Need to monitor what works well and what does not as we move forward.



Thank you!