

Reconciling national programme goals: promotion of skilled attendants at all deliveries *versus* community use of misoprostol

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Technologies promoting home-based use of misoprostol after delivery to reduce haemorrhage currently remain more of a hope than an effective actuality. Wide coverage with a cheap but ineffective technology or indeed package of interventions will not reduce maternal mortality, though it may provide the illusion of “doing something”. (Campbell and Graham 2006)

THE LANCET

Maternal Survival - September, 2006

www.thelancet.com

“The next 12–18 months will be critical for safe motherhood advocacy, offering an unprecedented chance to redress errors of the past and take advantage of new opportunities.”

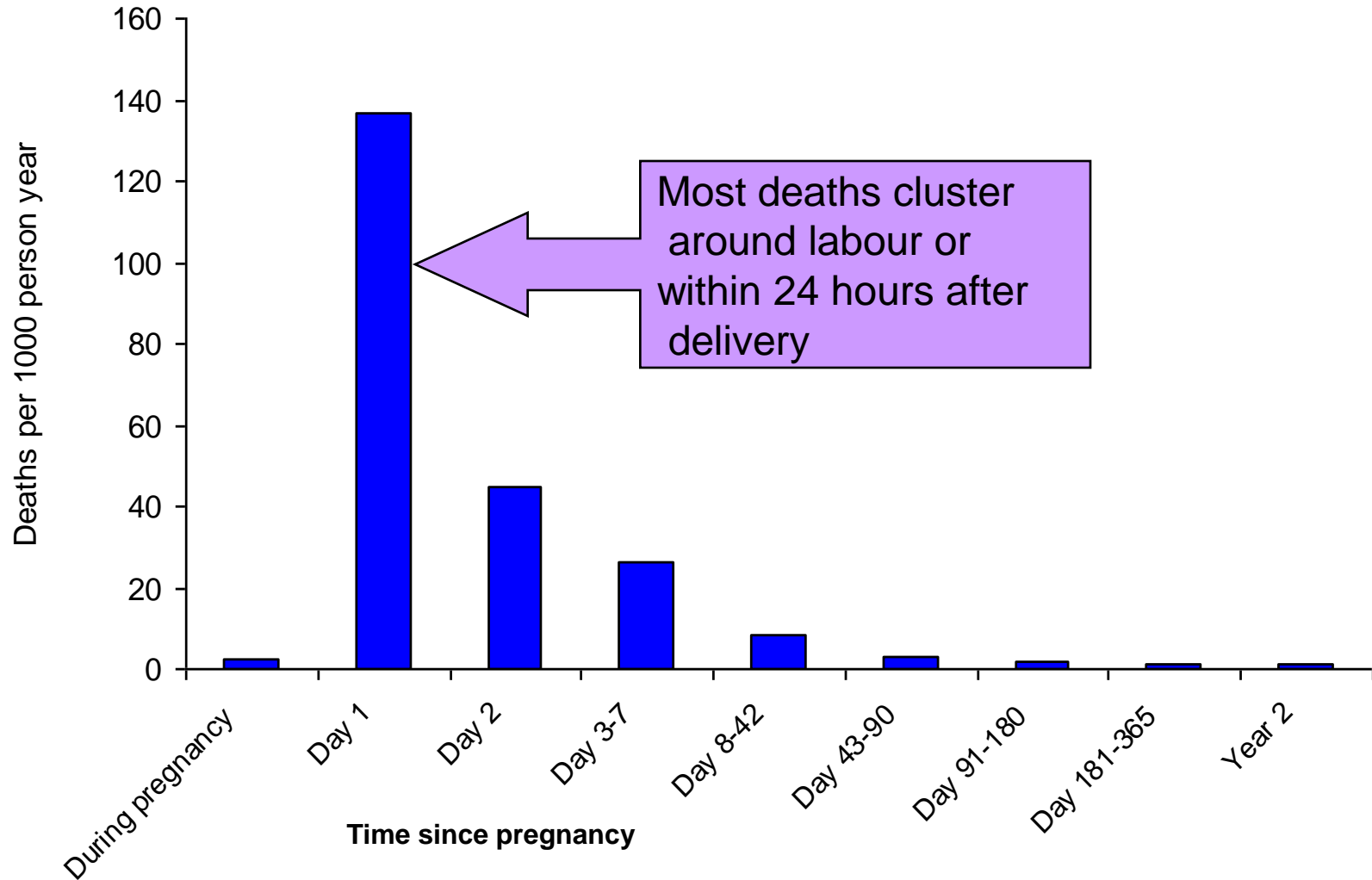
See Comment page 2

Maternal Survival

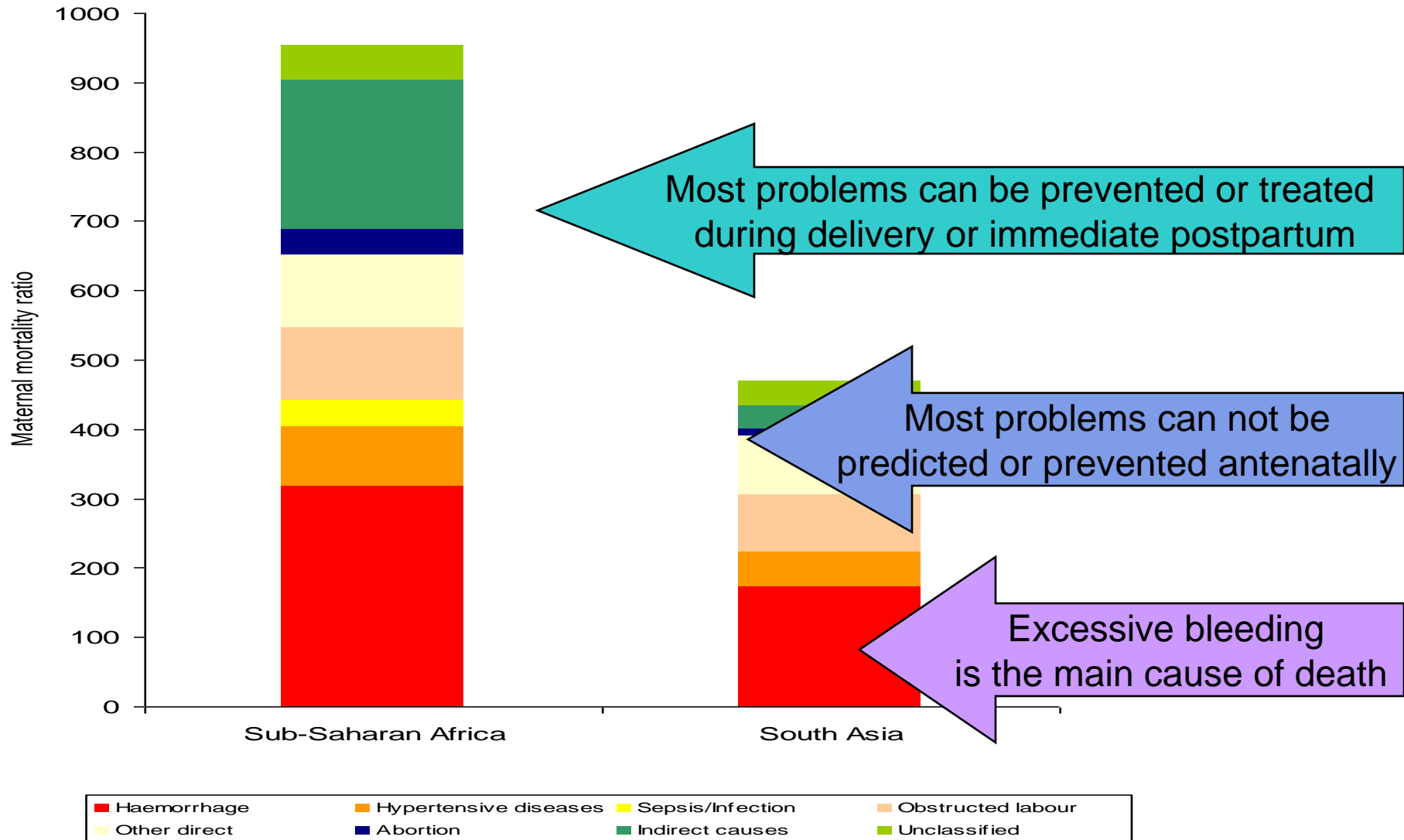
Two questions

- Why is a strategy of delivery in primary level institutions (health centres), backed up by access to referral level facilities, the overwhelming priority
- Can community use of misoprostol complement this strategy?

Timing of death is critical



The causes of death should drive the interventions



Intrapartum care: many proven interventions exist

Haemorrhage:

Most life-saving interventions
require considerable skill
at primary and secondary care level

Where women deliver and who attends them, is paramount

**We recommend
a Health Centre Strategy
with referral to hospital
when needed**

**Midwives are the principal providers
but with other attendants working
with them in a team**

Health Centre strategy is the best bet for maternal survival

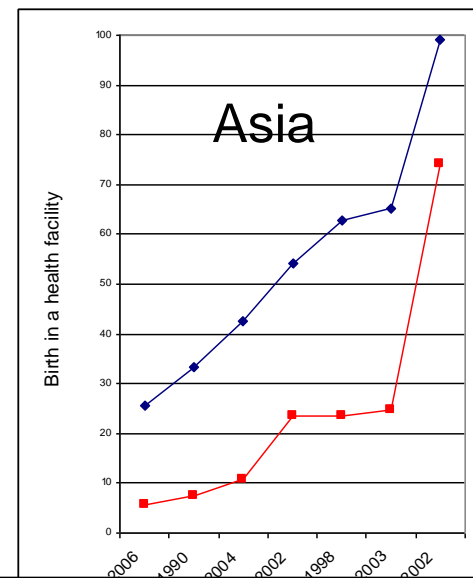
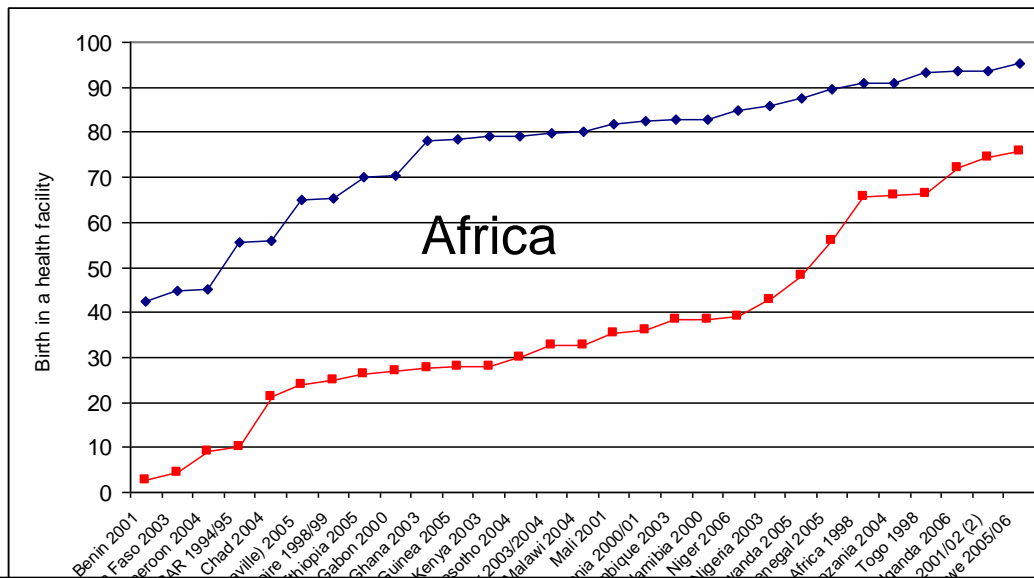
- Most effective because skilled attendants can deliver proven interventions to reduce *all cause* maternal mortality
- More efficient than skilled attendants in the home or hospital
- Alternative strategies are not as effective or efficient and may not be sustained
- It will also impact on neonatal health

How effective is this health centre strategy?

	Maternal mortality (2005)	Haemorrhage mortality (2005)
Sub Saharan Africa	900 per 100,000 live births	305 per 100,000 live births
Rural China	59 per 100,000 live births	26 per 100,000 live births

Rural Chinese model of maternity care is:
93.4% effective in reducing all cause maternal mortality
91.5% effective in reducing mortality from haemorrhage

How many women give birth in health facilities?



A significant proportion of maternal deaths occur in hospitals, even where the fraction of births in facilities is low.

Status quo is not acceptable:

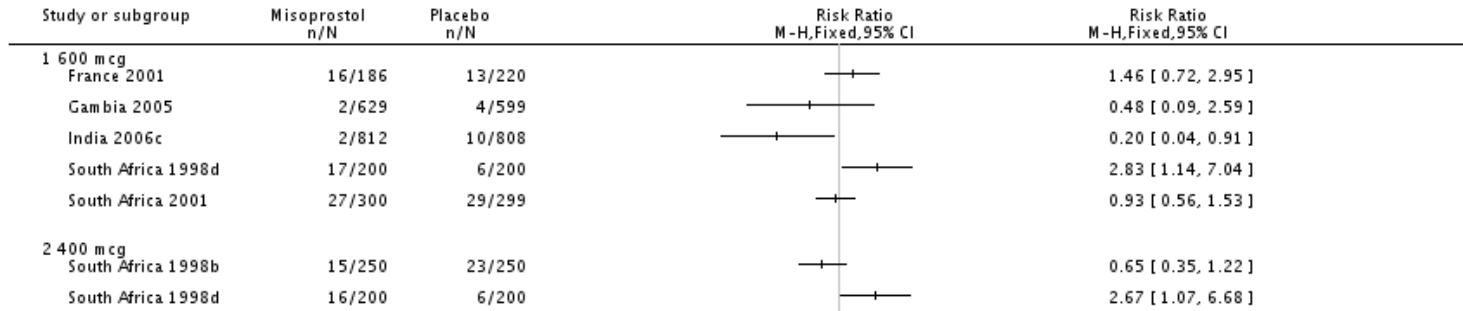
- Necessary to ensure that health centre strategy is translated into programmes (training, deployment and retention of skilled health workers; removing financial barriers)
- Ensure that when women reach a facility evidence-based care is offered (quality assurance)
- Even though political solutions require speed and visibility of results, maternal mortality reduction requires a consistent and significant effort over the next 10 years and beyond
- Political solutions also require buy-in from professional groups, existing hierarchies and structures, including the electorate
- Governments, donors, and civil society need to work in concert

Can community use of misoprostol *complement* the health centre strategy?

- How effective and safe is misoprostol for the prevention of PPH?
- Who is the target population?
- Can misoprostol be distributed at high coverage?

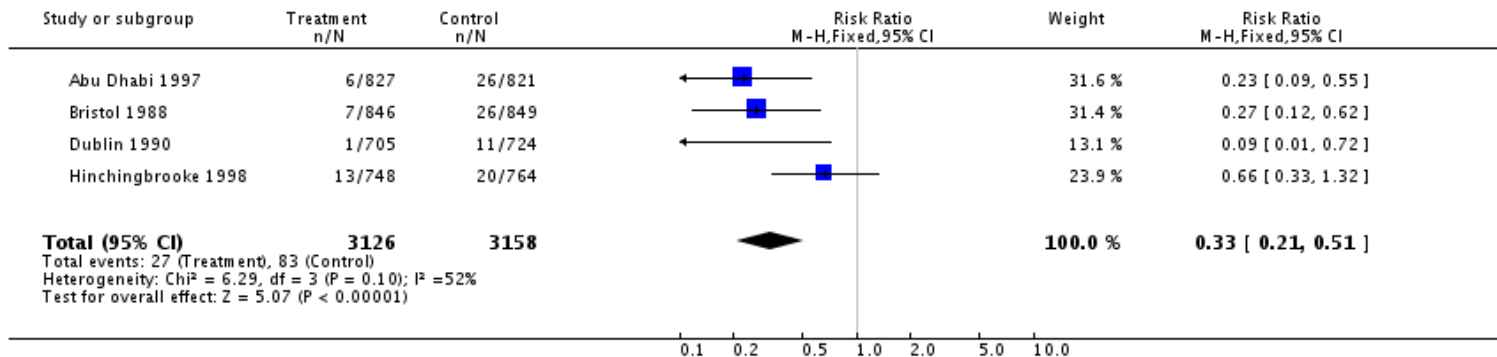
Oral misoprostol for prevention of severe PPH (Cochrane 2007)

Review: Prostaglandins for preventing postpartum haemorrhage
 Comparison: 2 Oral misoprostol versus no uterotonic/placebo
 Outcome: 3 Severe postpartum haemorrhage (>= 1000 ml)



Misoprostol is “promising”
 Oxytocin is uterotonic of choice

Review: Active versus expectant management in the third stage of labour
 Comparison: 1 Active vs expectant management (all women)
 Outcome: 2 Severe PPH clinically estimated blood loss greater than or equal to 1000mls



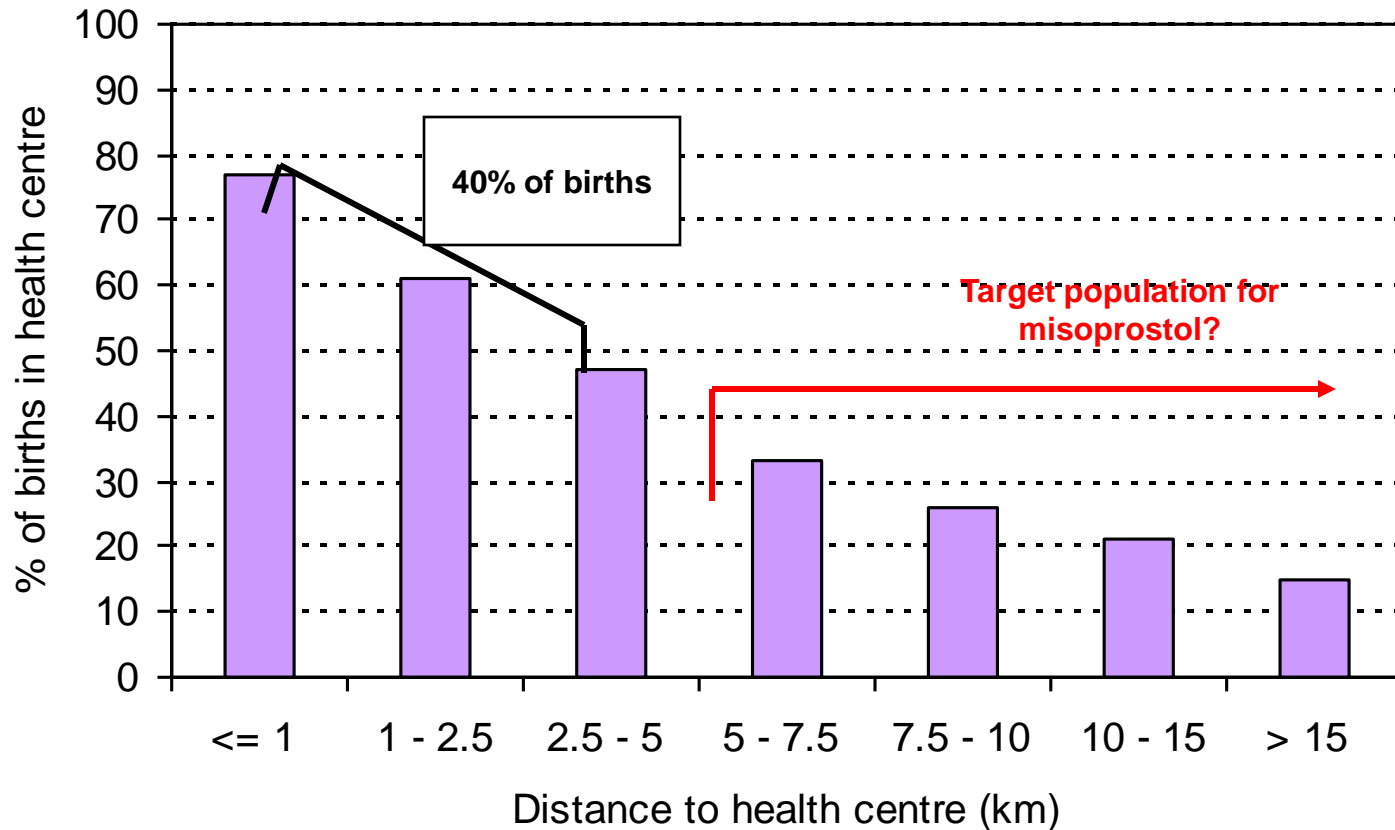
Is oral misoprostol safe?

- Higher risk of severe PPH compared to conventional uterotonics
 - access to skilled attendants for management of PPH is necessary
- Concerns over higher risk of maternal death (RR=1.46 (0.24-8.81))
- Vomiting, diarrhea, shivering and pyrexia are common side effects
 - who manages side effects (skills?)
- Misuse of misoprostol for provider or patient convenience (e.g. to induce or accelerate labour) is likely.
 - misoprostol use should be governed by highly specific standardised protocols
 - should only health professionals have authority and responsibility for its use (as with oxytocin)?

Who is the target population?

- Population groups where women give birth at home without a skilled attendant because they can not access skilled care in health facilities:
 - all rural women?
 - all poor women?
 - all those in remote areas?
 - all those living far from a health centre?

Distance to health centre and birth in health centre (two rural districts in Burkina Faso)



What are the most optimal distribution channels?

Community health workers

Traditional birth attendants

Antenatal care

Social marketing

Community health workers?

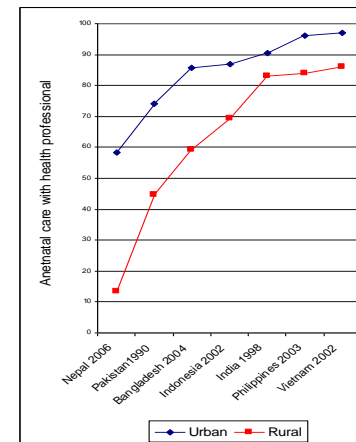
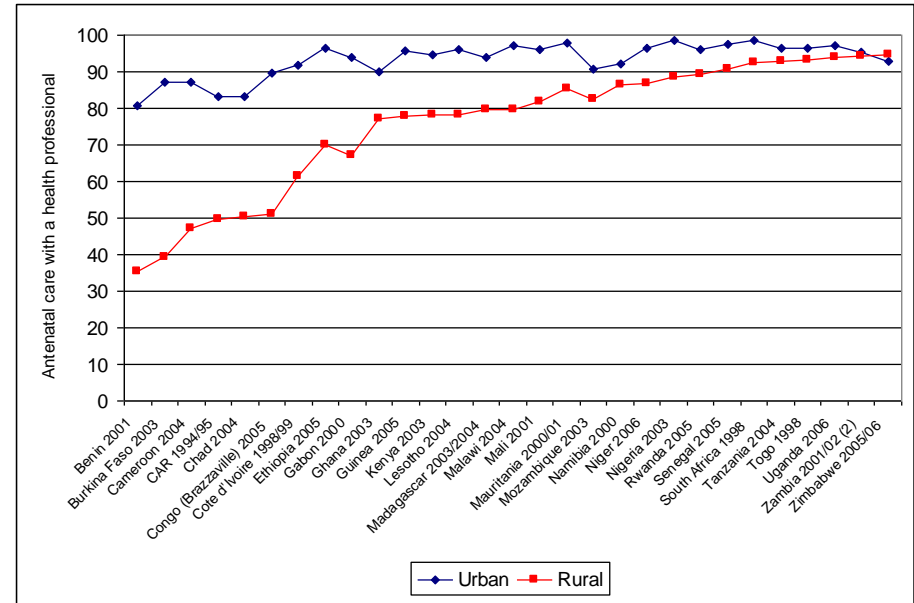
- Uncertain whether community health workers can achieve high coverage
- Implementation of a system and cadre of health workers de novo and at scale would need large investment of resources, and thus presents opportunity costs to the drive to a health centre strategy
- Logistic and supervision requirements of community health workers would entail similar resources to those of skilled attendants at home and thus would face the same problems of sustainability

Traditional birth attendants?

- They are the default strategy
- There is a long history of unsuccessful TBA training programmes

Antenatal care?

- Coverage is high
- Consistent with health centre strategy
- Self-administration:
 - compliance
 - safety
 - effectiveness



Social marketing?

- Who is the target population?
- What is the message?
- How can we monitor safety?

Conclusion

- Concerted efforts to promote health centre strategy
- Investment in complementary strategies should not mitigate the health centre strategy
- Community use of misoprostol:
 - small effect: 30% reduction in PPH mortality will reduce overall MMR from 1,000/100,000 to 950/100,000
 - clearly identify target groups
 - identify distribution channels that strengthen the health centre strategy
 - assess safety and (cost) effectiveness at large scale in various contexts?
- Assess (cost) effectiveness at large scale of various efforts to strengthen health centre strategy?