

KEY MESSAGES FOR WOMEN

Instructions to women should focus on 5 key points:

- How misoprostol works [*Helps the uterus to contract after delivery and prevents excessive bleeding*]
- When to take the tablets [*Immediately after delivery of the (last) baby and before delivery of the placenta*]
- How to take the tablets [*Swallow 3 200mcg tablets*]
- What side effects to expect [*Shivering and fever may occur but are not serious and go away on their own*]
- What to do if excessive bleeding is observed [*Seek care immediately*]

Written and/or pictorial instructions on self-use of misoprostol can be given to women, families, and community providers.²

² Pictorial Instructions on Self-Administration of Misoprostol for Prevention of Postpartum Hemorrhage (PPH). Gynuity Health Projects. 2014. <<http://gynuity.org/resources/info/self-administration-of-misoprostol-for-prevention-of-PPH/>>.

SUGGESTED CITATION

Instructions for Use: Misoprostol for Prevention of Postpartum Hemorrhage. Gynuity Health Projects. September 2015.

For more information, refer to www.gynuity.org

This document will be periodically reviewed and updated with current information and research developments.

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INSTRUCTIONS FOR USE



MISOPROSTOL FOR PREVENTION OF POSTPARTUM HEMORRHAGE

BACKGROUND

Misoprostol is an E1 prostaglandin analog originally registered for prevention and treatment of gastric ulcers. As misoprostol also induces uterine contractions, it is commonly used for obstetric indications, including prevention of postpartum hemorrhage (PPH). While oxytocin is the standard drug to prevent bleeding after childbirth, it requires cool storage, additional supplies and skilled personnel for administering an injection. Misoprostol is a relatively inexpensive tablet that can be given by mouth and can be stored at room temperature, making it a useful medicine where injectable oxytocin is not available. Studies have demonstrated that misoprostol is effective in reducing postpartum blood loss following childbirth and that it is safe for the prevention of PPH. The following information about the correct use of misoprostol for prevention of PPH is presented for the guidance of healthcare providers.

INDICATION AND USAGE

Misoprostol is indicated for the prevention of postpartum hemorrhage. The medication should be administered immediately after delivery of the baby(ies) and before the delivery of the placenta.

CONTRAINDICATIONS

History of allergy to misoprostol.



PRECAUTIONS

- Misoprostol for prevention of postpartum hemorrhage should not be taken during labor or before the delivery of the baby(ies).
- Misoprostol should be administered after the last baby is delivered in cases of multiple births.
- Very small amounts of misoprostol may appear in breast milk. This amount causes no harm to breastfed babies.

EFFECTS AND SIDE EFFECTS

Most side effects are self-limiting and typically do not require special management. Prolonged side effects are rare.

SHIVERING

Shivering is the most common side effect of misoprostol usually occurring within the first hour of taking misoprostol. This side effect is transient and will subside 2-6 hours after delivery.

FEVER

Fever is less common than shivering. Elevated body temperature is often preceded by shivering, peaks 1-2 hours after taking misoprostol, and gradually subsides within 2-6 hours. Antipyretics and cool compresses can be used as needed. Fever or shivering persisting beyond 6 hours after misoprostol use may indicate infection, and the woman should seek medical advice.

DIARRHEA, NAUSEA AND VOMITING

Transient diarrhea, nausea and vomiting may occur following misoprostol, but are rare, occurring in fewer than 1% of women. An antiemetic can be used if needed.

CRAMPING

Cramping or painful uterine contractions, as commonly occur after childbirth, may be stronger after misoprostol administration. Nonsteroidal anti-inflammatory drugs (NSAIDs) or other analgesia can be used for pain relief without affecting the success of the medicine.

POSTPARTUM BLEEDING

Despite prophylaxis, some women (5–10%) will go on to experience excessive bleeding, before or after placental delivery. They should be offered immediate care, including bimanual compression and additional uterotonics. If IV oxytocin is not available or feasible to administer, a treatment dose of misoprostol (800mcg sublingual) can be offered.¹ Data from studies where women were given a treatment dose of misoprostol after a prophylactic dose show that side effects were easily tolerated and acceptable. No safety problems were recorded.

DOSAGE AND ADMINISTRATION

The recommended regimen for prevention of postpartum hemorrhage is a single dose of **600 mcg misoprostol taken orally (three 200 mcg tablets)** immediately after birth of the (last) baby and before the delivery of the placenta.



SELF-ADMINISTRATION

Advance distribution of misoprostol to pregnant women for self-use after childbirth is a safe and effective way to prevent excessive bleeding among women who deliver at home. The proportion of women delivering at home is high in some places. Several factors including weather, transport, cost, family approval, and security may hinder a woman's ability to deliver at a facility. At times, even when women do reach a facility they still might be faced with stock outs of injectable uterotonics. Providing misoprostol in advance can ensure access to uterotonics for prevention of PPH under any delivery circumstance. Research and program experience have demonstrated that women can be taught to self-administer the medicine correctly after childbirth. It is recommended that misoprostol be distributed to women at the beginning of the third trimester of pregnancy in case the woman delivers early.

¹ Instructions for Use: Misoprostol for Treatment of Postpartum Hemorrhage. Gynuity Health Projects. February 2011. <<http://gynuity.org/resources/info/misoprostol-for-treatment-of-postpartum-hemorrhage/>>.



REFERENCE LIST FOR
“INSTRUCTIONS FOR USE:
MISOPROSTOL FOR PREVENTION
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