

## PREVENTING POSTPARTUM HEMORRHAGE AT THE COMMUNITY LEVEL: ANTENATAL DISTRIBUTION OF MISOPROSTOL FOR SELF-ADMINISTRATION IN HOME BIRTHS

Postpartum hemorrhage (PPH) is a major cause of maternal death in low-resource regions. Misoprostol, taken orally immediately after childbirth, is recognized as a safe and effective medicine for preventing excessive blood loss. Misoprostol comes in tablet form, is stable at room temperature, and does not require specialized skills. These factors make it a suitable medication for use in resource-poor environments and community settings.

In settings with a high proportion of non-facility deliveries, provision of misoprostol to pregnant women for self-use in home births has the potential to expand access to uterus-contracting medicines to prevent PPH. A pilot study implemented at the community level in Uganda examined the safety and feasibility of this model of care.

Pregnant women from villages in the Mbale district of Eastern Uganda were invited to take part in the study during their third trimester antenatal care visit. Consenting women were given a small purse, with a string that could be hung around the neck, containing either three tablets of misoprostol (600mcg) or of placebo. They were counselled on the safe and correct use of the medication and advised to deliver at a health facility. Of the 748 women enrolled, 43 per cent gave birth at home.

The study showed that misoprostol distributed antenatally for self-administration can be appropriately taken by women delivering at home.

- Almost all the women delivering at home self-administered the medicine.
- There were no adverse events among women taking misoprostol.
- Women found misoprostol to be highly acceptable.
- The medication was sometimes used in facility deliveries when oxytocin was unavailable.

The findings from this study have prompted women's health advocates to call for revisions to national policy and guidelines relating to community-level use of misoprostol for PPH prevention.

**You can read more about the study** (available in open access): The MamaMiso study of self-administered misoprostol to prevent bleeding after childbirth in rural Uganda, Weeks et al. BMC Pregnancy and Childbirth 2015.

The community-based, placebo-controlled randomized trial was implemented in 2012 by the University of Liverpool, Gynuity Health Projects, and Makerere University.

Gynuity Health Projects is a research, technical assistance, and advocacy organization committed to ensuring that affordable reproductive and maternal health technologies are available and accessible to all. For further information, visit our website [www.gynuity.org](http://www.gynuity.org) and follow us on Twitter [@Gynuity](https://twitter.com/Gynuity).

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