

STRATEGIES TO PREVENT POSTPARTUM HEMORRHAGE AT THE COMMUNITY LEVEL

Postpartum hemorrhage (PPH) is a leading cause of maternal death and disability. Women who give birth in remote and rural settings are especially vulnerable to serious consequences of excessive postpartum bleeding. Offering women a uterus-contracting medicine (uterotonic) immediately after childbirth can reduce the incidence of PPH.

In order to explore promising alternatives for increasing access to uterotonics for preventing PPH at the community level, we conducted a trial in Senegal to compare two uterotonics: 600 mcg oral misoprostol (a heat-stable tablet) and 10 IU oxytocin in Uniject™ (a pre-filled, single dose, non-reusable, intramuscular injection).

The study included over 1,400 deliveries attended by volunteer auxiliary midwives (*matrones*) at village health huts in three rural districts. *Matrones*, many of whom are illiterate, work in these basic health huts at the lowest level of the health care system. Typically, they have no instruments or medicines.

STUDY FINDINGS & IMPLICATIONS

The study showed that oxytocin in Uniject™ and misoprostol were equally effective and safe in reducing the incidence of PPH in this environment.

- The mean change in hemoglobin from pre- to post-delivery was similar in both groups.
- There were no significant differences found in rates of referral, transfers and PPH.
- *Matrones* successfully administered both regimens and easily managed side effects.
- Although more women taking misoprostol experienced short-lived shivering, more women said they would recommend misoprostol to a friend.
- Resupply of oxytocin in Uniject™ devices was necessary on a monthly basis to replace medicine exposed to high temperatures.

Our research highlights the pivotal role lower level health care workers can play in PPH prevention. Ease of use, higher acceptability, and fewer logistical challenges make misoprostol a more adaptable and appropriate intervention option in this setting.

IMPACT

Following a meeting convened by the Minister of Health and Social Action to discuss options for national scale-up, Senegal approved the use of misoprostol in all rural health huts by auxiliary midwives for PPH prevention. Misoprostol is registered and available in-country and is on Senegal's essential drugs list.

You can read more about the study: Oxytocin via Uniject (a prefilled single-use injection) versus oral misoprostol for prevention of postpartum haemorrhage at the community level: a cluster-randomised controlled trial, Diop et al. [Lancet Global Health 2016; Vol.4: e37-44.](#)

The cluster randomized controlled trial was implemented by Gynuity Health Projects, ChildFund Senegal, the USAID Community Health Program & the government of Senegal's Directorate of Reproductive and Child Health.

Gynuity Health Projects is a research & technical assistance 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 and follow us on Twitter [@Gynuity](https://twitter.com/Gynuity).

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