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Community Based Prevention of Postpartum Hemorrhage

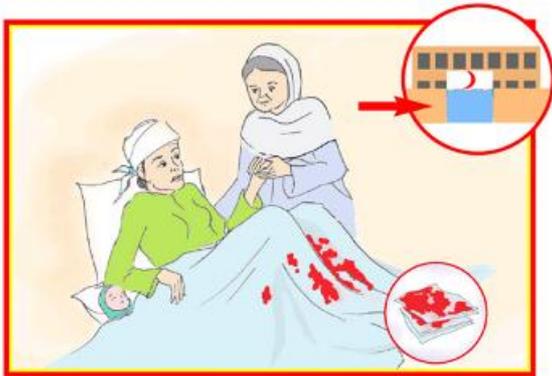
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PPH: The Right things to do

- Prevent and treat anemia
- Prevention: AMTSL wherever there is skilled birth attendant
- **Prevention at homebirth: CBD/misoprostol**
- Treatment: Basic emergency obstetric care mostly

Doing it Right: Identification of Pregnant Women and educating the family

- Community volunteer to identify ALL pregnant women in catchment area
- Detailed discussion about PPH and prevention of PPH by *community volunteer* with woman and all her support persons during home visits to pregnant women



Doing it Right: Distribution of Misoprostol and Information on Safe Use



Misoprostol to prevent postpartum hemorrhage offered to women in intervention area at 8 months

- Safe and correct timing
- Risks of taking tablet prior to delivery
- Common side effects
- Where to go if PPH occurs *even* after taking medication

Doing It Right: Follow Up

- Follow up all women after delivery
 - Birth outcome
 - Use and timing of misoprostol
 - Perception of blood loss
 - Side effects and complications
 - Need for treatment at facility

Nepal: Uterotonic Protection Following Childbirth

- Intervention: community-based distribution of misoprostol by female community health volunteers, as part of a package of maternal and newborn interventions
- Method:
 - Pre- and post-intervention surveys (28 clusters with 30 households)
 - Maternal deaths ascertained by systematic facility and community surveillance, Verbal autopsy
 - Routine monitoring of community care



Results: Nepal

- 18,761 pregnant women were dispensed misoprostol by FCHVs with no significant adverse events or misuse or incorrect use
- Proportion of deliveries protected by a uterotonic rose from 10.4% to 72.5%; largest gains were among the poor, illiterate and those living in remote areas
- Institutional deliveries increased from 9.9% to 16.0%
- MMR among 13,969 misoprostol users was 72/100,000; significantly lower than among non-users (304/100,000), as well as the national level of 281/100,000

Rajbhandari, Hodgins, Sanghvi, IJGO march 2010

Afghanistan: Community-Based Distribution of Misoprostol

- Intervention: community-based distribution of misoprostol by non-literate Community Health Workers, as part of a basic community health care package
- Methods: CHW pictorial records, postpartum interviews, mortality reviews, focus groups



Results: Afghanistan

- 1,970 women were dispensed misoprostol by non-literate CHWs with no significant adverse events, misuse or incorrect use
- Near-universal uterotonic coverage was achieved (96.2%) in intervention area, compared to 25.7% in the control area
- CHWs were willing to do this work as volunteers; district Shura found many ways to reward CHWs
- In the control districts, women were more likely to use traditional medications such as opium extracts to stop bleeding

Sanghvi, Ansari, Prata, IJGO March 2010

But just a moment

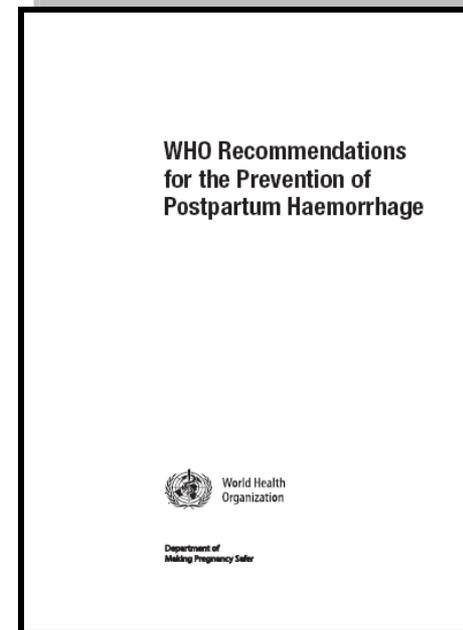
- Doesn't this program inadvertently decrease skilled attendance?
- Isn't this against the global strategy of skilled attendance and facility based births?
- Isn't this part of the "in the meantime" argument?
- Does this make misoprostol available for misuse (= abortion)?
- Won't women take it incorrectly and have even more mortality?



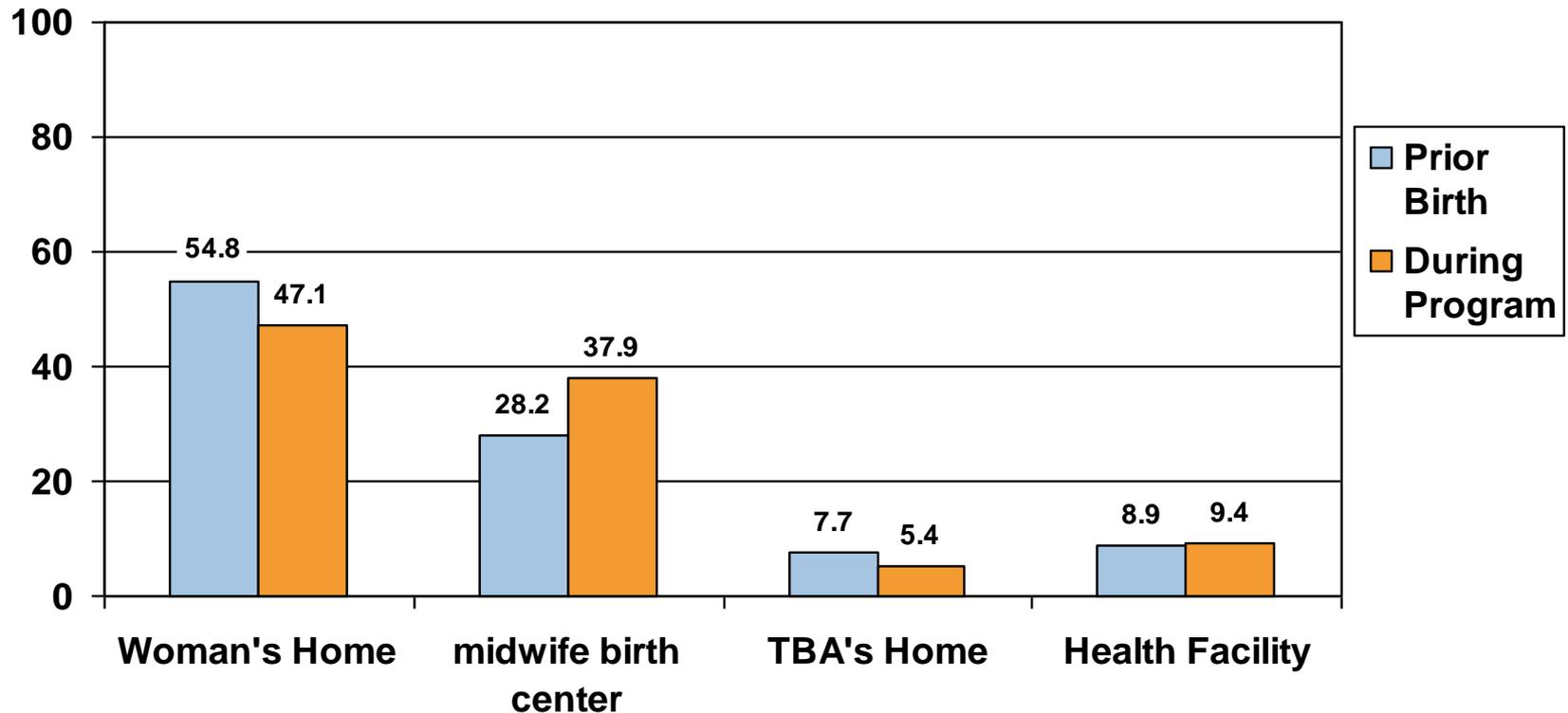
WHO Recommendations on PPH

Summary Recommendations:

- Active management of the third stage of labour should be offered by skilled attendants to all women
(Strong recommendation, moderate quality evidence)
- Skilled attendants should offer oxytocin for prevention of PPH in preference to oral misoprostol (600 mcg).
(Strong recommendation, high quality evidence)
- In the absence of active management of the third stage of labour, a uterotonic drug (**oxytocin or misoprostol**) should be **offered** by a **health worker trained** in its use for prevention of PPH.
(strong recommendation, moderate quality evidence)



Indonesia: Attendance with Skilled Attendant



Correct Use of Drug

Use of the drug	# women		
	Indonesia	Afghanistan	Nepal
Provided counseling and medication	3890	2021	11 700
Took the drug for PPH prevention	1798	1421	8616
Took the drug improperly (before delivery of baby)	0	0	1*



Scale up plans

- Expand in a stepwise manner
- Ensure that quality of training, client education and intervention steps are maintained
- Supplement routine monitoring with sentinel surveillance sites to measure other outcomes

Take-Home Message

- CBD of misoprostol is safe, acceptable, feasible and programmatically effective
- Universal coverage for uterotonic protection against PPH is possible if we are willing to trust, educate and support non-literate community volunteers
- Preventing PPH is **NOT** about the best care that exists. It is about the best care you can take to the majority of women (even if they choose to or are forced by circumstances to have births at home)

**We already have the best tools to prevent PPH
in the cart: We now need to use them**

