

**GHANA**

**Community-Based Distribution of Misoprostol  
for Prevention of Postpartum Hemorrhage**

*A Continuum of Care Model in Ghana*



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# The Setting – Southern Ghana

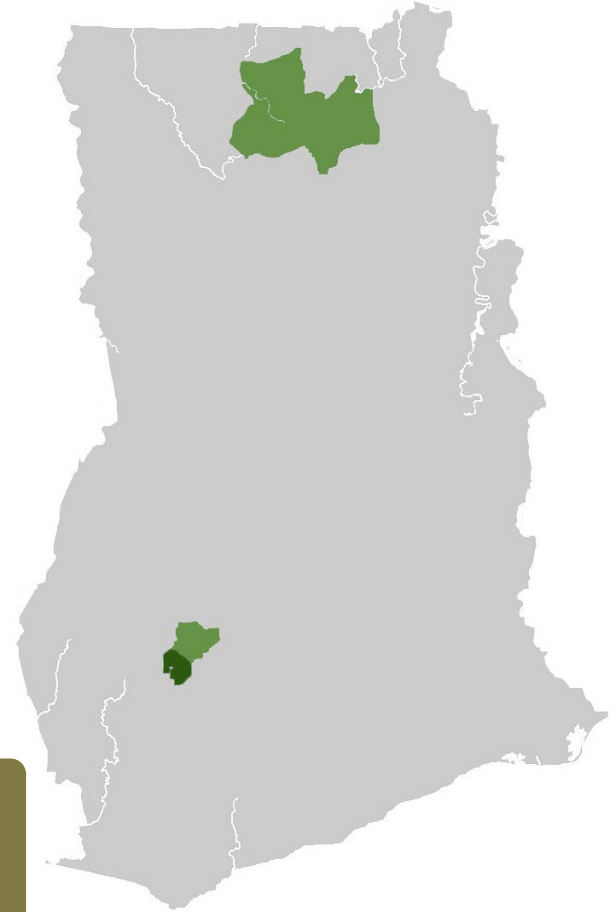
**WHO:** Earth Institute, Ghana Health Service & University of Illinois

**WHAT:** Pilot the “Continuum of Care for the Prevention of Postpartum Hemorrhage”

**WHERE:** Bonsaaso Millennium Village > Amansie West district > Ashanti

**HOW:** through 7 primary health clinics serving population of 30,000

Follow-on grant for scale up in Amansie West and 3 districts in Millennium Village Project’s SADA Region



# The Facts: Amansie West

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Maternal Mortality Ratio

800 vs 380

Home Delivery

70%+ vs 30%

Challenges

- Rural areas
- Limited access to transportation
- Rough terrain, poor roads



# THE MODEL — ADVANCE DISTRIBUTION



**COMMUNITY  
SENSITIZATION**



**HOME  
OUTREACH**



**ANTENATAL  
CARE**



**MISOPROSTOL AT HOME**

# Key Findings

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## **Increased uterotonic coverage at birth**

96 women (14% of 654) used miso correctly at home

## **Increased facility delivery**

80.9% (529 women) had miso yet delivered at a facility

## **High misoprostol acceptance in community**

*“We love the drug. It’s life saving”*

## **No maternal death recorded during implementation**

# Challenges for Scale up

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- **Policy makers are concerned about “misuse” of misoprostol for abortion**
- **Resources for training and drug procurement are limited and Ghana Health Service has not developed pipeline**
- **Reliance on midwives for misoprostol access has limitations**
- **Pilot service delivery environment is not representative**



# Recommended modifications to the model

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- **No need for the blood collection drape**
- **Eliminate drug guarantor and retrieval requirements**
- **Streamline data collection requirements**



## Recommended actions to facilitate scale up

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- **Incorporate miso in Ghana Health Service training curricula**
- **Lower level facilities should treat PPH with miso**
- **CHPS compounds could distribute miso**
- **Develop miso packed in for single use (DKT and more)**



# Conclusion

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- **Ghana is well poised to expand community-based misoprostol services to women in other rural communities**
- **Despite this evidence of a feasible and successful model, scale up to other rural areas is proceeding slowly**
- **There is pressure on Ghana Health Service to act now**



*“Why don’t we have this life saving drug in our community?”*