

Scaling up Access to Misoprostol at the Community Level to Improve Maternal Health Outcomes: Case Studies from Ethiopia, Ghana, and Nigeria

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Postpartum Hemorrhage— The Extent of the Problem

- **Leading cause of maternal mortality in low income countries**
- **Accounting for over 27% of maternal deaths**
- **Arguably the most preventable**
- **Risk of death highest for women deliver at home**

The Promise of Misoprostol

- **Important alternative to oxytocin**
 - No need for cold chain
 - Not injected or intravenous
 - Can easily be used by women at home
- **Community-based distribution models**
 - Advance distribution
 - Distribution during home birth
 - Hybrid models

NIGERIA

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

Public and Private Sector Approaches in Nigeria



Ejio Otive-Igbuzor, Sada Danmusa, Jennifer Potts, Francine Coeytaux, and Elisa Wells

The Setting—Northern Nigeria

Maternal Mortality Ratio

1,271

Home Delivery

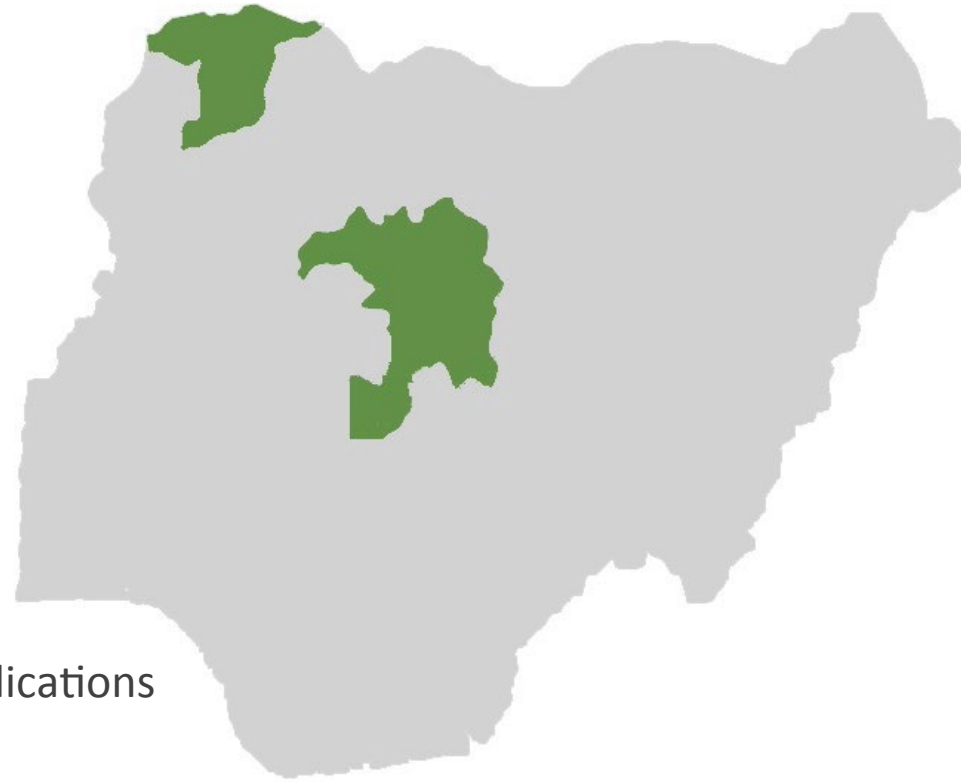
90%

Challenges

Pride in home delivery

Weak health infrastructure

Facilities viewed as mainly for complications



THE MODEL — ADVANCE DISTRIBUTION



**COMMUNITY
SENSITIZATION**



**HOME
OUTREACH**



**PRODUCT
SUPPLY**



MISOPROSTOL AT HOME

Key Findings

The Zaria was the first project to demonstrate feasibility of a community-level approach to reduce PPH

Key Findings (cont.)

High acceptance of misoprostol in the community.

Most women (83.6%) used it and almost all (99%) would use it again, recommend it and/or be willing to purchase the drug

Misoprostol Prevented PPH in users

An estimated 50% reduction in hemorrhage among users

Misoprostol effectively distributed in communities by traditional birth attendants.

87.9% of the women who used misoprostol. Also 52% women who knew about it got their information from TBAs

Correct use of misoprostol.

97.5% of the women had used the correct dose of misoprostol and 87.5% had taken it correctly (by mouth and with correct timing)

Challenges

Difficult to replicate the Zaria model

Lack of clarity about who is a trained community agent

Significant concerns about “misuse” of misoprostol

Inconsistent product quality and cost

Recommendations: The Way Forward

Work with existing structures rather than create new ones

Address policy obstacles and clarify who is a 'trained community agent'

Properly train health workers about misoprostol

Ensure consistency in quality and cost by establishing strong local brands of the drug

