

Community based approaches for increasing uterotonic coverage for prevention of post-partum haemorrhage with Misoprostol

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Area or region addressed: Nationwide, Nepal

Background and significance:

Maternal mortality ratio is still considered to be high in Nepal. The principal cause of high mortality is post-partum haemorrhage (PPH). 81% of women deliver at home without assistance from Skilled Birth Attendants (SBA). So it is difficult to prevent PPH by using inj. oxytocin injection. Community-based distribution of oral Misoprostol (600 mg) can widely expand uterotonic coverage.

Goals and objectives:

To test the feasibility of community based Misoprostol distribution through Female Community Health Volunteers (FCHVs).

Description of the research study, project/program, intervention, initiative, advocacy, etc. FCHVs distributed misoprostol (600 mg) to pregnant women, counseling on timing of use, dose, side effects and prompt care-seeking if heavy bleeding. They also counseled women, encouraging institutional delivery. A pilot project was implemented in Banke (out of 75 districts) of Nepal from 2005.

Description of the results and lessons learned with evidence:

PPH education and Misoprostol tablets reached more than two-third of the target population. All users took the pill at the correct time. Population postpartum uterotonic coverage increased from 11% (inj. Oxytocin only) at baseline to 72% (19% inj. Oxytocin and 53% Misoprostol) at follow-up. The proportion of women having a facility delivery doubled.

Misoprostol distribution by FCHVs was found to be feasible, safe and acceptable to women. PPH education achieved a high degree of correct use, and safety. With the successful implementation and promising results of Banke, the Government of Nepal (GON) has decided to scale up this best practices at national level.