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

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

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

- 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

- No need for the blood collection drape
- Eliminate drug guarantor and retrieval requirements
- Streamline data collection requirements
Recommended actions to facilitate scale up

- 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

- 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?”