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

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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