



Misoprostol for Postpartum Hemorrhage: Policy Endorsements

An Essential Medicine

In May 2011, the 18th Expert Committee on the Selection and Use of Essential Medicines of the World Health Organization (WHO) included misoprostol for prevention of postpartum hemorrhage (PPH) on its Model List of Essential Medicines.¹ Misoprostol is also on the WHO's list for treatment of incomplete abortion and miscarriage, labor induction, and in conjunction with mifepristone (where legal) for abortion.

Tanzania, Zanzibar, Zambia and Kenya have included misoprostol for PPH in their national essential medicines lists.

World Health Organization

October 2006 - The Department of Making Pregnancy Safer at the World Health Organization (WHO) included misoprostol in its recommendations for the prevention of postpartum hemorrhage (PPH). WHO strongly recommends,

“in the absence of active management of the third stage of labor, a uterotonic drug (oxytocin or misoprostol) should be offered by a health worker trained in its use for prevention of PPH.”

Substantial value was placed on misoprostol and “the potential benefits of avoiding PPH and ease of administration of an oral drug in settings where other care is not available.”² In its recommendations, WHO defined a trained health worker in broad terms and acknowledged that depending upon the setting, “health-care providers such as auxiliary nurse-midwives, community midwives, village midwives and health visitors may have also acquired appropriate skills [for the administration of misoprostol], if they have been specially trained.”²

International Confederation of Midwives & International Federation of Gynecology and Obstetrics

November 2006 - The International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO), key partners in the global effort to reduce maternal death and disability, jointly called for “national regulatory agencies and policy makers to approve misoprostol for PPH prevention and treatment.”³ FIGO and ICM advocate the administration of misoprostol to reduce the occurrence of hemorrhage, “in situations where no oxytocin is available or birth attendants' skills are limited.”

“...in home births without a skilled attendant, misoprostol may be the only technology available to control PPH.”

FIGO-ICM
Joint Statement
November 2006

FIGO and ICM state that despite less information on the effects of misoprostol for treatment of PPH, “it may be appropriate for use in low resource settings and has been used alone, in combination with oxytocin, and as a last resort for PPH treatment.”

United States Pharmacopeia

The United States Pharmacopeia (USP)⁴ Expert Committee has concluded that misoprostol is safe and effective in preventing PPH and recommends it as an alternative agent in preventing PPH, especially in situations where oxytocin and other uterotonic drugs are not available. USP also considers prevention of PPH as accepted off-label use in its dispensing information.

Note: VSI facilitates the registration and distribution of misoprostol because of its tremendous potential to save lives, and makes no money from its sale.

References

¹World Health Organization. WHO Technical Report Series: Unedited Report of the 18th Expert Committee on the Selection and Use of Essential Medicines. Geneva: WHO, 2011. Last accessed online 10 May 2011 at http://www.who.int/selection_medicines/Complete_UNEDITED_TRS_18th.pdf

²World Health Organization, Department of Making Pregnancy Safer. WHO Recommendations for the Prevention of Postpartum Haemorrhage. Geneva: WHO, 2006. Accessed online 30 May 2007: http://www.who.int/making_pregnancy_safer/en/

³ICM/FIGO Prevention and Treatment of Post-partum Haemorrhage: New Advances for Low Resource Settings. ICM-FIGO Joint Statement, November 2006. Accessed online 20 June 2007: www.figo.org/news_item3.asp

⁴United States Pharmacopeia. Accessed online 20 June 2007: <http://www.usp.org/>