

Dakar, 1 June 2011 - Excessive bleeding following childbirth is the leading cause of maternal deaths in the developing world, but the World Health Organization (WHO) has now approved the use of misoprostol, a drug that considerably reduces this risk.

Misoprostol is a uterotonic (drug causing the uterus to contract and lessening blood loss) that can prevent post-partum haemorrhage (PPH). It is stable at room temperature and can be administered in tablet form.

The decision to add the drug to WHO's Model List of Essential Medicines for PPH prevention is "an affirmation" for countries and providers who want to use it, said Ndola Prata, associate professor at the University of California, Berkeley, and a director at Venture Strategies Innovations, a women's health NGO, who co-wrote the documents supporting the misoprostol application.

Governments are not bound by WHO's list, but it heavily influences national health ministries, and the inclusion of misoprostol will make it easier for governments to procure the drug, and at lower cost, health experts said.

The WHO committee on essential medicines, which met in March, approved misoprostol "for the prevention of PPH in settings where oxytocin [principal drug for PPH] is not available or cannot be safely used", according to a report released this week.

New research "suggest[s] there may be a benefit from use of misoprostol by traditional birth attendants or assistants provided with training on the use of the product at home deliveries", the committee said in its report.

Many health experts say misoprostol would be most effective in reducing maternal deaths if put in the hands of local health workers, and not administered only at hospitals. Globally about one-third of births (some 45 million), mostly in the developing world, take place at home without a doctor, nurse or trained midwife, according to WHO.

Not for treatment

The WHO committee rejected a related appeal to include misoprostol on the list for the treatment of PPH, saying the drug oxytocin was superior.

"The expert committee wanted to reinforce the need for countries to make the most effective medicine for treatment of PPH available wherever possible, rather than recommending an option that is less effective," said Deirdre Dimancesco of WHO's department of essential medicines and pharmaceutical policies.

If a woman who has taken misoprostol for prevention still haemorrhages after delivery, it is not known whether an increased dose - giving the drug again as treatment - would be safe, she added.

Prata said health advocates would continue to work with WHO to reach an endorsement for treatment, but in the meantime the approach in the field would be to train health workers in both. Health researchers have said misoprostol can be effective for treatment as well as prevention.

Achieving universal prevention takes time, Prata said, noting that despite decades of pushing for safe childbirth practices in health facilities, countless women still lack access to such care.

“It’s important that providers have the ability to use misoprostol for treatment too...For those of us training providers it would be very difficult to say, ‘Okay, you will use misoprostol for prevention, but not for treatment because it’s not authorised’. We can’t say that - to me that’s not ethical.”

Source: [IRIN](#)