

Position Paper on Misoprostol in Pakistan

Use Misoprostol to Prevent Maternal Death Due to Post Partum Haemorrhage and Post Abortion Complications



In Pakistan 65% of childbirths take place at home. In rural areas this increases to 75%. Of these home births, 5% are conducted by Skilled Birth Attendants; the rest are attended by Traditional Birth Attendants (TBAs), friends and relatives.¹ Every year, nearly 16,000 women die of pregnancy and childbirth related complications. Pakistan's Maternal Mortality Ratio (MMR) at 276/100,000 live births,¹ is among the highest in South Asia. The MMR in rural areas is double (319) that of urban areas (175).¹ Most of these deaths are avoidable.



Postpartum Haemorrhage (PPH) is the leading cause of Maternal Death (27%).¹ In 70-90% of cases this is due to failure of the uterus to contract (Atony). Uterotonic medicines (Oxytocin, Ergometrine, Misoprostol) help the uterus to contract and reduce blood loss at childbirth, thereby preventing PPH. Active Management of Third Stage of Labour (AMTSL) reduces the risk of PPH. The World Health Organisation (WHO) recommends giving Injection Oxytocin for AMTSL. Oxytocin has to be refrigerated to maintain efficacy, and requires a person trained to give injections. The efficacy of the available Oxytocin is questionable due to hot weather conditions; power outages are a contributory factor. Where giving Oxytocin is not possible or feasible, such as in low resource settings, Misoprostol is recommended.



Among the major causes of Maternal Deaths are complications of abortion. Every year, about 200,000 women report to hospitals with complications of abortion.² Midlevel Health Care Providers (Nurses, midwives, Lady Health Visitors) and TBAs are mostly responsible for the high levels of morbidity and mortality associated with abortions.³



In this scenario, Misoprostol has the potential to save thousands of women from dying of PPH and post abortion complications. Health Care Providers of all cadres can be easily trained in its use to prevent these complications.



Misoprostol is effective, inexpensive, has an excellent safety profile, minimal, if any, side effects, is mostly readily available and easily administered in tablet form. It is stable at room temperature and thereby does not require refrigeration.

Misoprostol has been included in WHO's Essential Medicines List⁴ for prevention of PPH and treatment of incomplete and missed abortion. It is endorsed by the International Federation of Gynaecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM).⁵

The position adopted by the partnering organizations is that since Misoprostol is already registered in Pakistan, it should be included in the National Essential Medicines List of Pakistan.

References:

1. National Institute of Population Studies (NIPS) [Pakistan] and Macro International, Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan: NIPS and Macro International Inc, 2008.
2. The Population Council, Unwanted Pregnancy and Post-Abortion Complications in Pakistan: Findings from a National Study, Islamabad, Pakistan: Population Council, October 2004
3. Shahida Zaidi, Azra Ahsan, Sadiqua N. Jafarey, Imtiaz Kamal, 2009. Unsafe Abortion in Pakistan, A Situation Analysis.
4. <http://gynuity.org/news/misoprostol-added-to-who-eml-core-list-for-prevention-of-pph/>
5. Joint Statement on Management of Third Stage of Labour to Prevent Post-Partum Haemorrhage. The Hague (ICM) and London (FIGO): International Confederation of Midwives and International Federation of Gynaecology and Obstetrics. 2006.