

Position Statement for Advance Distribution of Misoprostol to Pregnant Women by Lady Health Workers to Prevent Post-Partum Haemorrhage during Home Births



Pakistan is among the countries which will not achieve the Millennium Development Goals (MDGs). Goal # 5, which was to “**Reduce Maternal Mortality Ratio (MMR) by three quarters between 1990 and 2015**”

In 1990 MMR of Pakistan was estimated to be 350. After a quarter of a century it is at 276/100,000 live births, (319 in rural & 175 in urban areas)¹. A mother dies every 30 - 40 minutes due to pregnancy or childbirth related complications i.e. at least 15000 young women die each year¹. 52% births take place at home (60% rural & 32% urban), 95% of these are attended by Traditional Birth Attendants (TBAs)².



Post-Partum Haemorrhage (PPH) i.e. excessive bleeding after childbirth is the leading cause of Maternal Deaths worldwide and is responsible for 27% of Maternal Deaths in Pakistan¹. A study in Punjab has reported 43% of Maternal Deaths due to PPH³. If left untreated a Woman can die within two hours from onset of PPH. Initiating prompt treatment is imperative to prevent these deaths. PPH can be prevented and treated safely and effectively almost in all settings. WHO recommends: “All women, wherever they give birth, should be given an uterotonic to prevent PPH; Injection oxytocin is the gold standard; Misoprostol can be used when it is not possible/feasible to use Oxytocin.”



Oxytocin requires refrigeration and skilled attendant to inject it. In low resource settings, most homes and many health facilities lack reliable electricity, refrigerators, and/or skilled health providers to give injections. Hence administering oxytocin is not always feasible. Therefore in most situations Misoprostol is the only choice. Available as tablet, Misoprostol is safe, effective and inexpensive, does not require refrigeration or skilled staff to administer it. Multi-country studies, operations research, and pilot projects have clearly demonstrated that Misoprostol can be effectively used in almost all settings.



Misoprostol is registered in Pakistan for obstetric indications and is included in the Essential Medicines List. For it to save mothers lives, it has to be made available to pregnant women, particularly those intending to deliver at home.



Lady Health Workers (LHWs) are the primary health care providers in contact with pregnant women. LHWs provide antenatal care and are expected to be present at childbirth. Training LHWs in Misoprostol and involving them in its advanced distribution to pregnant women in the 8th month of pregnancy will save many lives.



To ensure availability of Misoprostol to all pregnant women during childbirth is the responsibility of the health authorities.

¹ PDHS 2006-7

² PDHS 2012-1

³Mir AM, Shaikh S, Khan M, Masood I. Using the Community Informant Based (Made-in and Made-for) Methodology for Estimating Maternal Mortality Ratio (MMR) in Punjab. Research Report. Population Council.2015.Islamabad, Pakistan.