

A close-up photograph of a Black woman with a brown headwrap, wearing a blue floral-patterned top. She is holding a young Black child in a white lace dress. The woman has a serious expression, looking slightly off-camera. The child is looking towards the camera with a curious expression. The background is blurred, showing what appears to be a clinical or hospital setting.

Advocacy, Approval, Access: Misoprostal for Postpartum Hemorrhage

A GUIDE FOR EFFECTIVE ADVOCACY

INTRODUCTION

Postpartum hemorrhage (PPH)—excessive bleeding after childbirth—is the leading cause of maternal death and injury worldwide. Globally, more than a quarter of maternal deaths are attributed to PPH, with the majority occurring in sub-Saharan Africa.¹ Yet, PPH can be prevented and treated safely and effectively when it does occur, in virtually all settings—in home births, at health centers and clinics, and in hospitals—through the use of uterotonic medicines. Uterotonic medicines, including oxytocin and misoprostol, can both prevent excessive bleeding and reduce the severity once bleeding has begun. Oxytocin is considered the first-line medicine for prevention and treatment of PPH; however, it requires cold chain storage and must be administered by intravenous (IV) injection.

Maternal health medicines save mothers' lives

If oxytocin and misoprostol were available to all women giving birth



Misoprostol is safe, effective, and inexpensive. For the millions of women giving birth at home or in health facilities without reliable electricity, refrigeration, IV therapy, and/or qualified health providers—settings where administering oxytocin is not feasible—misoprostol may be the best option for preventing and treating PPH. Multi-country research studies, operations research, and pilot programs have clearly demonstrated that misoprostol can be effectively used in all settings.

Despite a growing global consensus on misoprostol's safety and effectiveness, the medicine is not available to many women who need it. In many parts of the world, the scientific evidence has not been translated into effective policies, programs, and practices. Efforts to expand evidence-based use of misoprostol are often complicated by:

- **Inadequate commitment** by national policy makers and lack of dedicated resources
- **Opposition or resistance** based on concerns about its potential use for other indications, including abortion
- **Absence of national policies and evidence-based** clinical guidelines
- **Barriers to introduction and access**, including challenges related to registration, supply and distribution systems, and provider training



Advocacy—led by individual champions, civil society and faith-based organizations, and health care provider associations—can address these challenges and barriers by raising awareness of PPH as an important public health issue, fostering national commitment to address it, encouraging the successful introduction and scale-up of programs, and building community awareness and engagement in support of misoprostol’s role in preventing and treating PPH.

This brief identifies how advocates can bring about improved availability, access, and use of misoprostol. Through case studies and an illustrative *Advocacy for Access Framework* (see page 8), it offers guidance to national advocates and civil society organizations in conducting effective advocacy for the successful uptake of misoprostol for PPH.

ROLE OF ADVOCACY

Advocacy is the act of informing or influencing leadership, policy making, issue prioritization, resource commitments, or actions by mobilizing or engaging key stakeholders, constituencies, or groups. Advocates need strong, compelling, and evidence-based messages to persuade decision makers to introduce and support use of misoprostol for PPH. When developing and refining key messages, it is important to clearly identify target audiences, to understand their level of knowledge and any potential objections, and to assess their ability to influence policy change. A set of core messages, to be adapted depending on context, audience, and advocacy objectives, are on the next page.

Key Advocacy Messages

- ❖ **POSTPARTUM HEMORRHAGE, THE LEADING CAUSE OF MATERNAL DEATH, CAN BE PREVENTED AND TREATED:** Uterotonics are medicines that have been proven effective in preventing postpartum hemorrhage and in stopping the bleeding after it has started.
- ❖ **ALL WOMEN NEED ACCESS TO A UTEROTONIC FOR PREVENTION AND TREATMENT OF POSTPARTUM HEMORRHAGE:** Access to advances in medical technology is a fundamental human right.
- ❖ **MISOPROSTOL IS SAFE AND EFFECTIVE:** Misoprostol is a widely available uterotonic that has been proven safe and effective for preventing and treating postpartum hemorrhage.
- ❖ **GLOBAL EXPERTS IN MATERNAL HEALTH SUPPORT MAKING MISOPROSTOL AVAILABLE FOR TREATMENT OF POSTPARTUM HEMORRHAGE:** The World Health Organization and the International Federation of Gynecology and Obstetrics have both issued guidelines recommending the use of misoprostol for PPH when oxytocin is not available.
- ❖ **MISOPROSTOL IS PRACTICAL FOR USE IN HOME BIRTHS AND IN HEALTH FACILITIES:** Many women give birth at home or in health facilities that lack electricity, refrigeration, IV therapy, and/or skilled health providers. All women, wherever they give birth, need access to effective medicines; misoprostol may be the best available option for preventing and treating postpartum hemorrhage in settings where standard approaches are not feasible.
- ❖ **COMMUNITY-LEVEL ACCESS TO MISOPROSTOL COMPLEMENTS EFFORTS TO PROMOTE SKILLED CARE:** Skilled birth attendance is still not accessible for millions of women in developing countries. Ensuring that these women have access to misoprostol for prevention and treatment of postpartum hemorrhage does not conflict with policies to broaden access to skilled care.
- ❖ **A SAFE AND EFFECTIVE MEDICINE SHOULD NOT BE WITHHELD FROM WOMEN WHO NEED IT SIMPLY BECAUSE IT CAN ALSO BE USED FOR OTHER, MORE CONTROVERSIAL INDICATIONS:** Misoprostol is an essential part of a package of strategies to improve maternal health. It is vitally important to ensure that the possibility of alternative uses for misoprostol does not lead to limitations on its availability for PPH.
- ❖ **MISOPROSTOL IS A LOW-COST INTERVENTION THAT CAN HELP COUNTRIES ACHIEVE MILLENNIUM DEVELOPMENT GOAL (MDG) 5:** Access to misoprostol is an essential and cost-effective tool for countries to reduce maternal mortality, address maternal health inequities, and achieve MDG 5.

Advocacy can help ensure that the introduction of misoprostol is rapid and successful. Advocacy is necessary to ensure misoprostol is effectively integrated into relevant national strategies, policies, and programs. By identifying specific and strategic advocacy audiences, activities, and outcomes, based on national context and needs, country-level advocates can help shape and support the rollout of misoprostol on three levels:

- **Catalyzing national commitment** among policy makers and other key decision makers
- **Supporting program implementation**, including adequate financing, consistent supply and distribution, current and evidence-based clinical guidelines, and provider knowledge and training
- **Building community engagement**, awareness, and demand

See the *Advocacy for Access Framework* that identifies outcomes, activities, and target audiences for supporting misoprostol's availability and use at the national level.

Advocating for Prevention and Treatment

Through effective and sustained advocacy, support for misoprostol to **prevent PPH** has been growing among governments, donors, and implementing agencies. However, support for misoprostol as **PPH treatment** has been uneven or inconsistent. Advocates can draw attention to misoprostol's role in treating PPH as decision makers develop and update national policies and protocols, and as they forecast and procure medicines for government and private sectors. Advocacy based on scientific evidence can help ensure a health system that addresses both prevention and treatment approaches to this public health challenge.

CATALYZING NATIONAL COMMITMENT

For any new health intervention to be successfully adopted, supportive policies and financing must be in place. Advocates can be instrumental in reaching out to key audiences, overcoming their objections or hesitations, and mobilizing them to support and move forward on necessary policy and regulatory decisions. Policy makers and influential opinion leaders—including parliamentarians, religious leaders, and national media—must be informed of their countries' maternal health challenges and the role of PPH as a cause of maternal death, and of the clear and robust evidence that supports adoption of misoprostol for PPH. Decision makers, clinicians, and national health champions should be armed with relevant international recommendations and guidelines—including those from the World Health Organization (WHO) and the International Federation of Gynecology and Obstetrics (FIGO)—that encourage integration of misoprostol into maternal health strategies.

In 2012, WHO and FIGO published new guidelines: “WHO recommendations for the prevention and treatment of postpartum haemorrhage”² and “Prevention and treatment of postpartum hemorrhage in low-resource settings.”³ These guidelines indicate the appropriate conditions and regimens for using misoprostol to prevent and treat PPH. Both FIGO and WHO recommend 600 mcg orally to prevent PPH or 800 mcg sublingually to treat PPH.



Policy makers should be encouraged to adopt policies ensuring that every woman, regardless of where she gives birth, has access to the uterotonic medicines that can safely and effectively protect her from the potentially devastating effects of PPH. For women giving birth at home or in health facilities without dependable refrigeration or skilled staff, this means access to misoprostol. While misoprostol can be used for a range of other indications, women should not be denied access to a potentially lifesaving medicine simply because it can also be put to other, sometimes controversial uses. When distributed to pregnant women through community-level PPH programs, the medicine is used for its intended purpose; there has been no evidence of misoprostol being diverted for other uses.

Country Case Study: Mobilizing Political Commitment in Nepal⁴

Advocates in Nepal—including national NGOs and health providers from the Nepal Society of Obstetricians and Gynecologists—were instrumental in building consensus and catalyzing action among government leaders in support of misoprostol's role in preventing PPH. Advocates disseminated evidence and supported government leaders in planning and carrying out a pilot project focused on community-based distribution of misoprostol for prevention of PPH in home births. Based on the results of the pilot project, the government expanded and scaled up the program to other districts in Nepal.

SUPPORTING QUICK, EFFECTIVE IMPLEMENTATION

Targeted, strategic advocacy can help ensure that national policies, once they are put in place, are implemented quickly and at a scale necessary to match national commitments. Effective advocacy can play a valuable role in achieving these key outcomes:

- Updating and implementation of national guidelines
- Training of health care workers, and ensuring that they are deployed where most needed
- Allocation of adequate financial resources
- Reliable supply and distribution of misoprostol

Each country will face its own unique implementation challenges, but the following advocacy strategies often prove effective:

- Calling for and participating in transparent, inclusive monitoring of program implementation, broadly disseminating updates on progress, and drawing attention to problems or delays
- Demanding that sufficient funding be included in national health budgets, that funds flow to the geographic areas and health facilities where the need is greatest, and that adequate human resources are deployed

- Improving knowledge among health providers and pharmacists by partnering with health care professional associations to update pre- and in-service training curricula and disseminate evidence-based clinical guidelines and job aids
- Advocating for the use of tools for forecasting and quantifying the supply of medicines in the government health system

Country Case Study: From Policy to Practice in Uganda

In 2008, misoprostol tablets were registered in Uganda for importation, distribution, and marketing for PPH prevention and treatment. National clinical guidelines were subsequently updated to include the appropriate regimen and dosage, and misoprostol was added to the National Medical Stores catalogue and the Essential Medicines and Health Supplies list. In June 2009, for the first time, the government procured misoprostol and launched a program to introduce it in the public health sector in 10 districts. To build on these achievements, advocates are working to highlight gaps in training and knowledge of health workers as well as to generate demand for misoprostol among health care providers and communities.⁵



ENGAGING COMMUNITIES

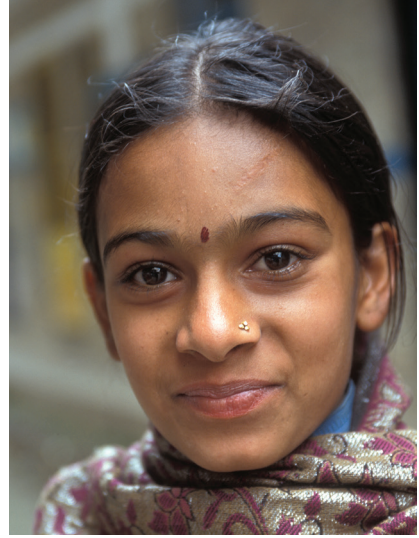
Broad community support is essential if misoprostol is to fulfill its potential to improve childbirth outcomes. Advocates can play an important part in informing and mobilizing local organizations, government officials, religious leaders, doctors, midwives, nurses, and community health workers, as well as women and their families, about the local impact of PPH and misoprostol's potential for safeguarding the health of women during childbirth. Community outreach, through meetings, workshops, events, and the local media, can help to raise awareness and build support.

Country Case Study: Building Community Support in Zambia⁶

In Zambia, sharing information with community members helped build knowledge and support for misoprostol's role in preventing and treating PPH. Through Safe Motherhood Action Groups linked to local health facilities, women and men learned about birth preparedness, the importance of delivering in a health facility, the risks of PPH, and correct use of misoprostol for preventing PPH. Helping women and health care providers understand the benefits was an important factor in the successful introduction of misoprostol in select districts, and in subsequent scale-up throughout the country.

CONCLUSION

In resource-poor settings, where far too many women still lack access to well-equipped health facilities and skilled birth attendants, misoprostol is a powerful and much-needed tool to prevent and treat postpartum hemorrhage, the leading cause of maternal death. Strong, effective advocacy can build awareness for misoprostol's use and to support its rapid and successful introduction in communities where it is so urgently needed. With the 2015 deadline rapidly approaching, governments must take quick and concerted action to meet their MDG targets for maternal health, by reducing the maternal mortality ratio by three-quarters between 1990 and 2015. Expanding access to and use of misoprostol can be an important strategy for reducing maternal mortality and reaching this critical goal.



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- ¹ World Health Organization, Systematic Review of Causes of Maternal Death, 2010.
 - ² World Health Organization. *WHO Recommendations for the Prevention and Treatment of Postpartum Haemorrhage*. Geneva: WHO, 2012. Available at http://apps.who.int/iris/bitstream/10665/75411/1/9789241548502_eng.pdf
 - ³ International Federation of Gynecology and Obstetrics Safe Motherhood and Newborn Health Committee. "Prevention and treatment of postpartum hemorrhage in low-resource settings." *International Journal of Gynecology and Obstetrics* 117, no. 2 (2012): 108–18.
 - ⁴ Thapa, Kusum. *Driving Policy Change for Prevention of PPH at Homebirths: Nepal's Progress Towards National Level Expansion*. Presented at Misoprostol for PPH: From Evidence to Action, New York City, July 14–15, 2011.
 - ⁵ Muwonge, Moses. *Introducing Misoprostol for PPH: The Uganda Experience*. Presented at Advocacy, Approval, Access webinar, May 8, 2013.
 - ⁶ Family Care International. *Misoprostol for Postpartum Hemorrhage: Reaching Women Wherever They Give Birth*. Available at <http://www.familycareintl.org/en/resources/publications/105>

Misoprostol for PPH Advocacy for Access Framework

This Advocacy for Access Framework offers guidance to national advocates and civil society organizations in conducting effective advocacy for the successful uptake of misoprostol for PPH. The Framework identifies illustrative outcomes, activities, and target audiences for supporting misoprostol's availability and use at the national level.

National Commitment

Outcomes		Priority Areas for Advocacy	Targeted Stakeholders
1	Strong commitment mobilized among national public health leadership, clinicians, nongovernmental organizations (NGOs), and civil society organizations for scaled-up introduction of misoprostol for PPH	Identify, educate, and mobilize key champions and organizations	Ministry of Health, professional associations, national NGOs and civil society organizations, technical working groups
2	Supportive national environment created for misoprostol for PPH	Engage national media and religious and civil society leaders to support misoprostol for PPH	Parliamentarians, national media, health champions
3	Essential evidence-based national policies established (task-shifting, point of delivery, essential medicine list, dedicated product registration, etc.)	Target outreach to communicate international guidelines and evidence to define successful implementation strategies Present clear recommendations for policy change to key decision makers and civil society partners	Ministry of Health, drug regulatory authorities, professional associations Ministry of Health, drug regulatory authorities, professional associations
4	Misoprostol for PPH integrated into existing relevant public sector strategies (maternal health, MDG 5, women's health, health access, vulnerable populations, etc.)	Mobilize support for the integration of misoprostol into national maternal health strategies and programs	Ministry of Finance, health professional associations, national NGOs and civil society organizations
5	Misoprostol for PPH included in national health budgets and investments made in health services, human resources, and medicines	Ensure national policies and strategies for misoprostol are adequately financed	Ministry of Health, Ministry of Finance

Misoprostol for PPH Advocacy for Access Framework

Implementation and Rollout

Outcomes	Activities	Targeted Stakeholders
1 Strong commitment mobilized among national public health leadership, clinicians, nongovernmental organizations (NGOs), and civil society organizations for scaled-up introduction of misoprostol for PPH	Monitor changes to training and practice by clinicians	Ministry of Health, professional associations, national NGOs, and civil society organizations
2 Sufficient numbers of health care workers trained and empowered to implement national policies	Widely disseminate implementation updates to key public and civil society partners	Ministry of Health, professional associations, national NGOs, and civil society organizations
3 Adequate financial resources allocated to rollout	Identify resource gaps and implementation failures and call for swift action by implementation partners	Ministry of Health, professional associations, national NGOs and civil society organizations
4 Consistent supply and distribution of misoprostol according to national implementation plans	Highlight existing tools that can be adapted for forecasting and quantification of misoprostol distribution	Ministry of Health, professional associations, national NGOs and civil society organizations

Misoprostol for PPH Advocacy for Access Framework

Community Engagement

Outcomes	Activities	Targeted Stakeholders
1 Local government and religious leaders informed about PPH, and engaged in the successful introduction of misoprostol for PPH at the community (or clinic) level	Conduct direct outreach, community mobilization meetings, and information dissemination on burden of PPH and benefits of misoprostol	Government leaders, religious leaders, local media
2 Local clinicians informed about appropriate and effective use of misoprostol for PPH	Develop and disseminate written brief on national guidelines to garner national and international professional association support for misoprostol's role in PPH	Physicians, nurses, midwives, community health workers
3 Individual awareness about PPH increased and awareness about misoprostol and its availability created	Organize meetings to encourage civil society engagement in local education and implementation activities Support communications efforts that reach individuals with basic information about misoprostol for PPH and its availability	Local civil society and NGOs Women, men, community members

FOR MORE INFORMATION

Advocacy Tools and Resources

SCALING UP LIFESAVING COMMODITIES FOR WOMEN, CHILDREN, AND NEWBORNS: AN ADVOCACY TOOLKIT

K. Kade, E. Kingshott, A. Latimer, B. Nieuwenhuyus, M. Pacque, S. Fox, and N. Liias. PATH & Global Health Visions, December 2013. www.path.org

This toolkit provides information about the UN Commission on Life-Saving Commodities, its 13 priority commodities, and examples of how its 10 recommendations to improve access and availability are being applied globally and within countries. It also provides advocacy resources for utilizing the Commission's platform to raise awareness and engage stakeholders in addressing commodity-related gaps in policy.



POSTPARTUM HEMORRHAGE: PREVENTION AND MANAGEMENT TOOLKIT

Maternal and Child Health Integrated Program (MCHIP). The Knowledge for Health (K4Health) Project, 2011; updated 2013. www.k4health.org/toolkits/postpartumhemorrhage

To assist country programs, donors, and governments in developing comprehensive and innovative programs to address PPH, this toolkit outlines key steps, identifies available resources, and offers lessons learned from current projects.

MAKE A CASE FOR SUPPLIES. LEADING VOICES IN SECURING REPRODUCTIVE HEALTH SUPPLIES: AN ADVOCACY GUIDE AND TOOLKIT

Reproductive Health Supplies Coalition. www.rhsupplies.org

This guide and toolkit—available in both interactive and PDF versions—offers general information and guidance on advocacy communication for various scenarios, such as high unmet need for family planning and high HIV prevalence, for groups interested in improving reproductive health (RH) policy environments. The toolkit includes a how-to guide on key advocacy concepts, advocacy messages to support reproductive health supplies initiatives, fact sheets, policy briefs, talking points, media relations guidance, and templates for advocacy tools.

SMART CHART 3.0

Spitfire Strategies. www.smartchart.org

The Smart Chart, available as an interactive tool and a PDF, is a guide for organizations to plan and assess communications strategies.

“A” FRAME FOR ADVOCACY

Population Communication Services, Center for Communication Programs, Johns Hopkins School of Public Health, 1999. www.jhuccp.org

This graphic outlines the steps for advocacy: analysis, strategy, mobilization, action, evaluation, and continuity.

GLOBAL MISOPROSTOL REGISTRATION BY INDICATION MAP

Venture Strategies Innovations, updated December 2013. <http://vsinnovations.org/>

This map illustrates the status of misoprostol registration in each country by indication: PPH, treatment of incomplete abortion, other obstetric indications, etc.

SAFEGUARDING PREGNANT WOMEN WITH ESSENTIAL MEDICINES: A GLOBAL AGENDA TO IMPROVE QUALITY AND ACCESS

K. Kade and L. Moore. PATH, September 2012. www.path.org

This report offers a global agenda for action to improve the health of women worldwide by increasing the quality and accessibility of oxytocin, misoprostol, and magnesium sulfate.

POLICY BRIEF: SCALING UP MISOPROSTOL FOR POSTPARTUM HEMORRHAGE: MOVING FROM EVIDENCE TO ACTION

Family Care International, 2012. <http://familycareintl.org/>

This policy brief identifies strategies to help governments and partners improve maternal health by expanding access to misoprostol for PPH.

MAPPING MISOPROSTOL FOR POSTPARTUM HEMORRHAGE: REGIONAL REPORTS

Family Care International & Gynuity Health Projects, 2010–2011.

<http://familycareintl.org/>

These mappings from five regions—Middle East and North Africa, francophone West Africa, East Africa, Latin America and the Caribbean, and South Asia—identified the major policy challenges and opportunities related to introducing and improving access to misoprostol for preventing and/or treating PPH.

CREATING ACCESS TO MISOPROSTOL: STEPS TO AVAILABILITY

Venture Strategies for Health and Development. www.pphprevention.org

This graphic identifies key steps for increasing access to misoprostol.

Case Studies and Country Programs

MISOPROSTOL FOR POSTPARTUM HEMORRHAGE: REACHING WOMEN WHEREVER THEY GIVE BIRTH

Family Care International, 2012. <http://familycareintl.org/>

This publication presents case studies from three countries—Bangladesh, Nepal, and Zambia—that have introduced and scaled up the use of misoprostol for PPH.

COMMUNITY MOBILIZATION TO REDUCE POSTPARTUM HEMORRHAGE IN HOME BIRTHS IN NORTHERN NIGERIA

N. Prata, C. Ejembi, A. Fraser, O. Shittu, and M. Minkler. *Social Science & Medicine* 74 (2012): 1288–96. www.vsinnovations.org

This article presents findings from a study in Nigeria that investigated the impact of community mobilization on the uptake of community-based distribution of misoprostol to prevent PPH.

DISTRIBUTION OF MISOPROSTOL AT ANTENATAL CARE VISITS FOR THE PREVENTION OF POSTPARTUM HEMORRHAGE IN GHANA

Venture Strategies Innovations, 2012. www.vsinnovations.org

This report summarizes findings from a pilot project with the Ghana Health Service that distributed misoprostol for PPH to pregnant women during antenatal care (ANC) visits and launched a community awareness campaign.

COMMUNITY-BASED PREVENTION OF POSTPARTUM HEMORRHAGE WITH MISOPROSTOL IN MOZAMBIQUE

Venture Strategies Innovations, 2011. www.vsinnovations.org

This report highlights findings from a program in Mozambique that distributed misoprostol to pregnant women at ANC visits and through traditional birth attendants.

PREVENTING POSTPARTUM HEMORRHAGE: COMMUNITY-BASED DISTRIBUTION OF MISOPROSTOL IN TANGAIL DISTRICT, BANGLADESH

The Respond Project at EngenderHealth, 2010. www.respond-project.org

This project brief discusses the implementation of a pilot project in the Tangail District of Bangladesh to determine the effectiveness of using government and nongovernmental field workers at the community level to distribute misoprostol tablets and ensure that women take the drug immediately postpartum.

MATERNAL HEALTH SUPPLIES IN UGANDA AND BANGLADESH

J. Bergeson-Lockwood, E. L. Madsen, and J. Bernstein. *Population Action International*, 2010. <http://populationaction.org/>

This report explores how policies, funding, and other health system challenges affect the availability of maternal health supplies in Uganda and Bangladesh.

NATIONAL PROGRAMS FOR THE PREVENTION AND MANAGEMENT OF POSTPARTUM HEMORRHAGE AND PRE-ECLAMPSIA/ECLAMPSIA: A GLOBAL SURVEY, 2012

J. Smith, S. Currie, K. Perri, J. Bluestone, and T. Cannon. *Maternal and Child Health Integrated Program*, 2012. www.mchip.net

This global survey tracks the implementation and progress of country-level programs in Africa, Asia, and Latin America to prevent and manage PPH and pre-eclampsia/eclampsia.

Clinical Guidelines

WHO RECOMMENDATIONS FOR THE PREVENTION AND TREATMENT OF POSTPARTUM HAEMORRHAGE

Department of Reproductive Health and Research, World Health Organization, 2012. www.who.int/reproductivehealth

This document establishes general principles of PPH care and is intended to inform the development of clinical protocols and health policies related to PPH.

PREVENTION OF POST-PARTUM HAEMORRHAGE WITH MISOPROSTOL

International Federation of Gynecology and Obstetrics, 2012. www.figo.org

These guidelines review regimen, course of treatment, and side effects of misoprostol to prevent PPH.

TREATMENT OF POST-PARTUM HAEMORRHAGE WITH MISOPROSTOL

International Federation of Gynecology and Obstetrics, May 2012. www.figo.org

These guidelines review regimen, course of treatment, side effects of misoprostol to treat PPH.

ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR: NEW WHO RECOMMENDATIONS HELP TO FOCUS IMPLEMENTATION

MCHIP, 2012. www.mchip.net

This brief outlines what is new and different about active management of the third stage of labor (AMTSL) recommendations following a 2012 World Health Organization (WHO) technical consultation to review global evidence related to the prevention and management of PPH.

WHO RECOMMENDATIONS ON PREVENTION AND TREATMENT OF POSTPARTUM HAEMORRHAGE: HIGHLIGHTS AND KEY MESSAGES FROM NEW 2012 GLOBAL RECOMMENDATIONS

MCHIP, 2012. www.mchip.net

This brief summarizes the key messages from the 2012 WHO guidelines for the prevention and treatment of PPH, with a focus on highlighting changes and recommended best practices.

INSTRUCTIONS FOR USE: MISOPROSTOL FOR TREATMENT OF POSTPARTUM HEMORRHAGE

Gynuity Health Projects, 2011. <http://gynuity.org/>

This brochure reviews information on dosage and administration, contraindications, precautions, and side effects of misoprostol to treat PPH.

INSTRUCTIONS FOR USE: MISOPROSTOL FOR PREVENTION OF POSTPARTUM HEMORRHAGE

Gynuity Health Projects, 2007. <http://gynuity.org/>

This brochure reviews information on dosage and administration, contraindications, precautions, and side effects of misoprostol to prevent PPH.



Fact Sheets

Active Management of the Third Stage of Labor/PPH

PREVENTION OF POSTPARTUM HEMORRHAGE AT HOME BIRTH

MCHIP, 2013. www.mchip.net

This brief outlines benefits of community-level distribution of misoprostol, community-focused strategies to prevent PPH, and key messages.

ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR FOR PREVENTION OF POSTPARTUM HEMORRHAGE: A FACT SHEET FOR POLICY MAKERS AND PROGRAM MANAGERS

POPHI (Prevention of Postpartum Hemorrhage Initiative), RTI International, PATH, EngenderHealth, International Confederation of Midwives, International Federation of Gynecology and Obstetrics, and USAID. www.pphprevention.org

This two-page fact sheet defines AMTSL and provides recommendations for increasing its use.

Uterotonics

UTEROTONICS FOR THE ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR

Management Sciences for Health and USAID. www.pphprevention.org

This fact sheet provides information on managing uterotonics for AMTSL, stability of uterotonics, and supply management.

Misoprostol

MISOPROSTOL FOR MATERNAL HEALTH

Reproductive Health Supplies Coalition, May 2013. www.rhsupplies.org

This product brief reviews misoprostol's maternal health indications, current program/sector use, registration status, and manufacture and supply.

MISOPROSTOL PRODUCT PROFILE

Every Woman, Every Child, 2012. www.everywomaneverychild.org

This product profile outlines misoprostol's characteristics and strengths and challenges related to the following: global policy; national/regional policy; product specifications and characteristics; financing, procurement, and supply; and service provision (rational use).

MISOPROSTOL FOR SAFE MOTHERHOOD

Venture Strategies Innovations, 2011. www.vsinnovations.org

This fact sheet outlines why national and global stakeholders should support greater availability of misoprostol for PPH, incomplete abortion, and miscarriage.



This guide was developed by Aubrey Cody, MPH, and Sarah Goltz, MPH, MIA, of Sage Innovation with input from Family Care International and Gynuity Health Projects staff.

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