

# SOUTH ASIA

## Regional Perspectives on Challenges and Opportunities:

### Background

Postpartum hemorrhage (PPH) remains a major cause of maternal mortality, accounting for nearly one-quarter of deaths worldwide.<sup>1</sup> In some countries in South Asia, such as Afghanistan, PPH can be responsible for up to 38% of all maternal deaths.<sup>2</sup>

Most cases of PPH can be effectively prevented or treated with known clinical interventions and technologies. Oxytocin is the most widely-used drug for prevention and treatment of PPH. Misoprostol, an oral tablet originally developed to treat gastric ulcers, is also effective in preventing and treating PPH. It is particularly useful in settings with limited refrigeration, and where skilled health professionals and oxytocin, the current standard of care, are not available or accessible.

Family Care International (FCI) is working with Gynuity Health Projects and partners to promote better understanding, use, and acceptance of misoprostol for PPH prevention and treatment at the global, regional, and country levels. An important step in this process is to identify the challenges, barriers, and opportunities to more widely introduce misoprostol for this indication. FCI commissioned global and regional mapping surveys to identify:

- Key advocacy goals, messages, and strategies used by organizations working on misoprostol for PPH
- Advocacy and policy priorities and challenges
- Opportunities for collaboration, advocacy, and policy change at the global, regional, and country levels

This report summarizes the findings of the South Asia regional survey, conducted between January and March 2011. Over a dozen organizations working at the regional level described their activities, shared their motivations for involvement

in misoprostol work, discussed prevailing barriers to increasing access to and availability of misoprostol for PPH, and identified strategies for addressing them.

### Key reasons for investing in misoprostol

In the South Asia mapping, almost all respondents spoke of the huge toll of PPH on women's health and lives and the urgent need to take action. They indicated that their primary goal was to reduce maternal mortality. Within this broad goal, organizations reported using multiple strategies and implementing a wide range of activities related to the use of misoprostol for PPH, including operations research, policy guidance, product registration and quality assurance, and program implementation. Many identified country-to-country experience exchange as key for expanding misoprostol use in the region.

Organizations were asked why it was worthwhile to invest resources in misoprostol for PPH. Most of the respondents were passionate about the need for work in this area, reiterating the overall concern about reducing maternal mortality. Below are the key reasons identified by respondents for investing in misoprostol, along with direct quotes from interviewees. (Note: these are the respondents' perceptions and may not be supported by the available evidence.)



<sup>1</sup> [http://www.who.int/selection\\_medicines/committees/expert/18/applications/Misoprostol\\_application.pdf](http://www.who.int/selection_medicines/committees/expert/18/applications/Misoprostol_application.pdf)

<sup>2</sup> Sanghvi H, Ansari N, Prata N, Gibson H, Ehsan A, Smith J. Prevention of postpartum hemorrhage at home birth in Afghanistan. *International Journal of Gynecology and Obstetrics*. 2010;108:276–281.



### **Misoprostol can save women's lives.**

*"We have the great luck to have a powerful and affordable tool that saves lives. Let's make the best out of this opportunity."*

### **Misoprostol fills an unmet need in the continuum of PPH care: women delivering at home.**

*"Most women living in the countries where we work give birth in home settings without the presence of a skilled birth attendant. Institutional delivery is far from a reality for women living in rural areas, and impossible to achieve in the short term."*

### **Studies show correct utilization by women with low literacy levels.**

*"Studies done in Bangladesh show a high rate of correct usage of misoprostol, even by women who are illiterate."*

### **Misoprostol is out there being used—we need to promote safe use.**

*"Interventions should include effective training, communication materials, and careful monitoring processes."*

### **Misoprostol can have the most impact when communities are empowered and serve as a driving force for scale-up.**

*"Community volunteers, even if illiterate, can be trained to appropriately and effectively counsel and provide misoprostol for women who are unlikely to be reached by skilled providers."*

### **Misoprostol is affordable and accessible.**

*"Many health facilities are not equipped properly, and do not properly store oxytocin. Misoprostol is available in tablets and does not require injection or refrigeration."*

### **Evidence is available.**

*"Enough evidence is available to prove effectiveness."*

### **Perceived barriers and strategies for action**

Interviewees provided rich details about the numerous barriers to and complexities of introducing misoprostol for PPH prevention and/or treatment. Barriers ranged from practical issues, such as the lack of clear guidelines and availability of a misoprostol product labeled for PPH use, to broader societal concerns, such as a fear of empowering women to participate in their health care and the controversy surrounding the use of misoprostol for abortion.

Reported barriers are listed below in order of perceived importance (as roughly indicated by the number of organizations that mentioned each barrier), with the most frequently mentioned barriers listed first.

**Lack of evidence-based guidelines:** Respondents noted the absence of updated, evidence-based guidelines for misoprostol use for PPH. They specifically highlighted a lack of understanding of the WHO guidelines which for many countries poses one of the strongest barriers to misoprostol use for PPH. Respondents in particular called for



WHO to review available data, and to produce clear and updated guidelines as soon as possible. Whereas it is ultimately up to the countries to decide what is best for their own citizens, governments might find it difficult to bypass or ignore this international body.

**Promotion of misoprostol use in home birth settings is seen as an obstacle to scaling up institutional deliveries:** Respondents mentioned that key stakeholders at the country level (such as health providers) believe that promoting misoprostol in home birth settings might discourage facility deliveries. However, many respondents felt that in poor and remote settings, there is need for a two-pronged approach: promoting institutional births attended by skilled personnel in the longer term, as well as prioritizing other short-term strategies — such as misoprostol — for those women unable to deliver in a health facility.

**Misoprostol's role at the community level:** Whereas several organizations are implementing projects that include distribution of misoprostol for PPH at the community and home level (including direct use by women), there is still a fear of incorrect use of misoprostol by community health workers or by women themselves. There is a need to adequately monitor and report the outcomes of ongoing projects so as to assess real impact, potential risks, and proven added value of these interventions. Current successful stories should also be promoted, better publicized, and replicated when possible.

**The association of misoprostol with abortion:** When used and monitored correctly for prevention of PPH indications, the use of misoprostol for abortion is drastically reduced. Studies showing impact on PPH reduction and absence of undesirable side effects should be used for advocacy, and brought to the attention of international and national policy makers as best practice examples.

**Concerns about safety, side effects, and special pregnancy cases:** Some respondents mentioned distrust in the ability of women to assess the amount of loss of blood, or their ability to take misoprostol at the correct time. Other respondents highlighted the case of multiple deliveries and the safety concerns of using misoprostol at the wrong time during labor.

**Enough evidence to make the case, more details needed:** Most of the respondents agreed that there is enough evidence on the effectiveness of misoprostol for preventing PPH. However, a number of respondents mentioned that additional

operational research might be needed in order to fill the gaps related to safety. Furthermore, some governments may require country-specific operations research studies be conducted to substantiate the conclusions of research conducted elsewhere.

## Conclusion: Opportunities in the region

In summary, for organizations working in the South Asia region, misoprostol offers a real opportunity to make a difference in maternal mortality—one that is not dependent on waiting for health systems to be strengthened—and they want to act on this opportunity as quickly as possible to safeguard women's lives.

Several countries in the region have demonstrated success in introducing misoprostol for PPH, and are moving towards scaling up interventions. As these experiences mature, solid evidence can be used to support its introduction and scale-up in other countries.



## Resources

### EngenderHealth

The Respond Project/EngenderHealth. Preventing Postpartum Hemorrhage: Community-Based Distribution of Misoprostol in Tangail District, Bangladesh. [http://www.respond-project.org/pages/files/6\\_pubs/project\\_briefs/Project-Brief-2-Bangladesh-PPH-final.pdf](http://www.respond-project.org/pages/files/6_pubs/project_briefs/Project-Brief-2-Bangladesh-PPH-final.pdf)

Community-Based Distribution of Misoprostol in Tangail District, Bangladesh. Project Brief No 2. May 2010. [http://www.respond-project.org/pages/files/6\\_pubs/project\\_briefs/Project-Brief-2-Bangladesh-PPH-final.pdf](http://www.respond-project.org/pages/files/6_pubs/project_briefs/Project-Brief-2-Bangladesh-PPH-final.pdf)

### IntraHealth International

Vistaar Project: Skilled Birth Attendance by Auxiliary Nurse Midwives in Select Districts of Jharkhand – Key Baseline Survey Findings

### Jhpiego

Preventing Postpartum Hemorrhage: A Community-Based Approach Proves Effective in Rural Indonesia. <http://www.jhpiego.jhu.edu/resources/pubs/mnh/PPHpgmbrief.pdf>

### Pathfinder International

PPH Continuum of Care tool kit. [http://www.pathfind.org/site/PageServer?pagename=Pubs\\_PPH](http://www.pathfind.org/site/PageServer?pagename=Pubs_PPH)

### WHO

WHO Statement regarding the use of misoprostol for postpartum hemorrhage prevention and treatment, 2009. [http://whqlibdoc.who.int/hq/2009/WHO\\_RHR\\_09.22\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_RHR_09.22_eng.pdf)

WHO recommendations for the prevention of postpartum hemorrhage. Geneva, World Health Organization, 2007 (WHO/MPS/07.06). [http://www.who.int/making\\_pregnancy\\_safer/publications/WHORecommendationsforPPHaemorrhage.pdf](http://www.who.int/making_pregnancy_safer/publications/WHORecommendationsforPPHaemorrhage.pdf)

WHO recommendations for the management of postpartum hemorrhage and retained placenta. Geneva, World Health Organization, 2009. [http://whqlibdoc.who.int/publications/2009/9789241598514\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598514_eng.pdf)

Report of the 17th Expert Committee on Selection and Use of Essential Medicines [unedited draft]. Geneva, World Health Organization, 2009. [http://www.who.int/selection\\_medicines/committees/expert/17/WEBuneditedTRS\\_2009.pdf](http://www.who.int/selection_medicines/committees/expert/17/WEBuneditedTRS_2009.pdf)  
Accessed on 11 June 2011.

## Other Resources

Community Based Antenatal/ Neonatal care. Nepal Family Health Programme. <http://nfhp.jsi.com/Res/Docs/tech-brief10-cb-mnc.pdf>

Community Based Post Partum Hemorrhage. Nepal Family Health Programme. <http://nfhp.jsi.com/Res/Docs/tech-brief11-cb-pph.pdf>

Assessment Report: Reconvening Bangkok: 2007 to 2010. Progress Made and Lessons Learned in Scaling-Up FP-MNCH Best Practices in the Asia and Middle East (AME) Region, Prepared by: Extending Service Delivery Project for the U.S. Agency for International Development, 2010.

## Organizations surveyed

Bangladesh Rural Advancement Committee

Contraceptives Supply Retail Services

EngenderHealth

Intra-Health International

Jhpiego

John Snow International

Management Sciences for Health (MSH)

Pathfinder International

UNFPA

UNICEF

USAID

WHO

For further information about this initiative, please contact:



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