Misoprostol for Postpartum Hemorrhage in Kenya

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Policy goals achieved

- Registration of miso for obs/gyn indications
- Inclusion of miso (and mife) in KEML 2010
- Inclusion of miso (and mife) National Clinical Guidelines 2010
- Development of clinical protocols
- Training of nurses, midwives, general doctors, pharmacists and obgyns, is ongoing
Specific Barriers and Challenges

• Stigma of association with abortion – IEC
• General ignorance – IEC
• Propaganda from the Opposition – IEC, Media appearances, newspaper articles
• A few complications from wrong dosages – adverse publicity and excuses for banning miso – updates, seminars, CPD/CMEs, and conference papers for clinicians on correct usage of miso for different indications
Introduction of Misoprostol for Prevention of Postpartum Hemorrhage at the Community Level in Kenya: Project Goals

– To contribute to the reduction maternal mortality and morbidity by increasing access to uterotonic drugs for the prevention of PPH

– To provide empirical evidence to inform policy in Kenya on the use of misoprostol for PPH at the community level
Project Components

**Kitui**
- Community Awareness Campaign on Birth Preparedness and PPH Prevention
- Misoprostol Distribution at ANC

**Maragua**
- Misoprostol Distribution at ANC and at delivery with CM

Reduce PPH at Home Births
Mutaratara wa kuhuthira miso

1. Mutumia muritu ndagirirwo kumeria MISO mbere ya kuheo mwana!

2. Ihinda ria kuheo mwana ria kinya, iga MISO hakuhi nave.

3. Mwana arikia guciarwo, rora na wikire uira ati gutire ihatha ritigarite

4. Akorwo gutiri ihatha rietereire guciarwo, mucia-iri agiririrwo kumeria mburugutu ithatu cia MISO mbere ya njogu kuma.

RIRIKANA ATI:

Mucia-iri angithii na mbere kura thakame, makiria ma githimi gia kuhiuga kwa macuka meri, muteng’erie thibitari iria ihakuhi nave.

Health Centre

Thibitari ni aguthondekwo, thakame itiige kura.
Project Results 1

• 5200 women enrolled
• 3056 followed to delivery
• 1433 used miso at 3rd stage
• 1552 used oxytocin
• 71 did not use any uterotonic
• 81 deliveries conducted by CMs in Maragua
• 2975 deliveries were in health facilities
• 97.7% Uterotonic usage at 3rd stage
Project Results 2

Distribution of misoprostol tablets to pregnant women at ANC visits and through Community Midwives is:

- **Safe** – 97% of women used it correctly
- **Feasible** – 98% of women who attended antenatal care enrolled in the project
- **Effective** – Increased protection from PPH; 95% of home births were protected with misoprostol
Recommendations

– Distribution of misoprostol tablets at antenatal care visits and through Community Midwives should be scaled up throughout Kenya to ensure greater numbers of women are protected from life-threatening bleeding after childbirth.

– There should be more training of health care providers to distribute this drug.

– Community sensitization about preparing for safe delivery should accompany these efforts.
Components of miso advocacy

• Making miso understood and used correctly by the health professions and the public:
  • Pilot studies, research miso vs mva for PAC, miso vs oxytocin for labor induction, miso for prevention of pph at community level, miso for retained placenta
  • Update Seminars on correct use of miso
  • Media appearances and Newspaper articles

• Teaching about correct use miso in RH to nursing midwifery and medical students and residents

• Participating in review of KEML and Clinical guidelines – to adapt WHO EML
Advocacy activities

• KOGS, RHRA, VSI, Ipas, and other stakeholders have been at forefront of getting miso available and used for obs/gynae indications by:
  • Supporting research on miso: effectiveness, safety and acceptability for PAC/CAC
  • Also research on miso for induction of labour for live term fetus, IUFD, and PROM, retained placenta
• IEC and Trainings
Advocacy activities 2

- Clinical guidelines developed: Protocol for use of miso incomplete abortion and miscarriage (Ipas).
- SASG developed by KOGS and partners includes medication methods (MA)
- Opportunities utilized to include presentations of papers on miso in most health professional conferences of doctors, ob/gyn, nurse midwives
Research on Miso in Kenya

• Miso vs MVA for PAC – 2 studies (KOGS/PPFA/RHRA)
• Miso for prevention of PPH at community level (KOGS/VSI/MoH)
• Miso for induction of labor - 5 studies (UoN M.Med. Theses)
• Miso for treatment of retained placenta (UoN M.Med Thesis)

All study results favourable for misoprostol
Availability of Misoprostol in Kenya

• In Kenya, Misoprostol has been registered for long time for the prevention and treatment of gastric ulcers
• Misoprostol is available countrywide in brand and generic formulations, at hospitals and local pharmacies
• The original cytotec costs about KSh. 60 (about USD 0.75) Good generics cost as little as 0.25 USD)
• Use in public facilities for obs and gynae indications rapidly increasing
• Some NGOs and many clinicians in private practice are using it for obs and gynae indications
• KOGS, RHRA, Ipas and VSI and other stakeholders have succeeded in getting misoprostol registered for obs/gyn indications and included in KEML and National Clinical Guidelines
MISO Mife In KEML and Clinical Guidelines

- For the first time misoprostol 25mcg and 200mcg are included in KEML 2010. Also included is Mifepristone 200mg. Their **level of use is classified as 4 to 6 (hospitals).**

- They are both classified as **vital (potentially life saving)** and are in the core list. They are to be used under supervision of a specialist.

- The indications include legal termination of pregnancy, inevitable, incomplete and missed abortions, fetal death, labour induction and PPH (prevention and treatment).

- Mifepristone is listed for use in combination with misoprostol for legal termination of pregnancy.

- Specialist Obstetrician/Gynaecologists are empowered by KEML to supervise the misoprostol and mifepristone use and should therefore be knowledgeable about the protocols.
THANK YOU

www.kogs.or.ke
www.vsinnovations.org