New International Guidelines on the Prevention and Treatment of Postpartum Hemorrhage with Misoprostol

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Despite many safe motherhood initiatives, PPH remains the most significant contributor to maternal mortality in low resource countries, accounting for approximately 30 per cent of maternal deaths worldwide and most often affecting women who deliver at home or outside a health facility without immediate recourse to obstetric care or a skilled birth attendant. As the most common cause of PPH is uterine atony, a key aspect in its prevention and treatment is uterotonic therapy. Injectable and IV oxytocin, the widely recommended agent, requires parenteral administration, and, therefore, skills to give injections as well as sterile equipment, and refrigeration. Recent research points to the potential of misoprostol, a synthetic E1 prostaglandin analogue, as an alternative low cost intervention strategy. Simple to administer and stable at room temperature, WHO and FIGO, endorse the use of misoprostol in settings without access to oxytocin. As misoprostol can be used for multiple indications it is imperative that clinical guidelines reflect the emerging evidence on correct dosing, route of administration and precautions. This presentation will present the key recommendations from new WHO and FIGO guidelines on the prevention and treatment of PPH with misoprostol, published in 2012 following a consultation process that involved a review by experts of the current best available evidence.