REACHING WOMEN DELIVERING AT HOME WITH MISOPROSTOL IN MOZAMBIQUE: FROM PILOT TO SCALE-UP

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Background
Postpartum Hemorrhage (PPH) is a leading contributor to Mozambique’s high maternal mortality. Injectable drugs to prevent PPH can only be used in health facilities. In Mozambique only 34% of births among rural women are attended by a trained attendant.

Objective
Reduce the incidence of PPH at community level by using misoprostol for its prevention.

Methods
A pilot study was conducted between November 2009 and October 2010 in 4 districts: awareness campaign performed to raise knowledge among pregnant women and communities on birth preparedness and PPH prevention. TBAs and ANC providers distributed misoprostol for PPH prevention, if a pregnant woman was unable to reach a health facility for delivery. TBAs were linked to the formal health care system.

Results
2,441 women delivered with 119 TBAs in one district over 12 months. All took misoprostol at delivery. All but 2 women took the correct dose. Across all districts, over 99% of >9,000 home and facility births were covered by a uterotonic. Among home deliveries, only 6 women (<1%) experienced excessive bleeding. 5 were referred for additional interventions. No maternal deaths reported.

Follow up
Dissemination meeting of the results occurred in June 2011 after which MoH accepted the scale-up of community use of misoprostol for PPH prevention in 2012. AMOG visibility due to support from FIGO-LOGIC lead to a better recognition by MoH on leading activities related to PPH. AMOG with key partner develops a strategy to be implemented in 35 districts during 2 years. Details of this strategy will be presented.