Misoprostol for the Management of Post-Partum Haemorrhage

International Guidelines

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By Professor Hamid Rushwan, Chief Executive, International Federation of Gynecology and Obstetrics (FIGO)

www.figo.org
FIGO’s vision

FIGO has a vision that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and well-being throughout their lives.
ICM and FIGO

- Two leading international healthcare professional organisations, with common goals

- An active partnership since 2006
Partnership activities include:

• Joint statements on management of third stage of labour

• Implementation of *Essential Interventions* project in African and Asian countries

• Training/research on management of PPH at institutions in Africa and its impact on mothers’ survival, with the *Helping Mothers Survive - Bleeding after Birth* project

• Sessions organised in each other’s conferences
FIGO Initiative: Misoprostol for PPH in low-resource settings

• Advocates for and disseminates evidence-based information on misoprostol for PPH management, aimed at healthcare providers and clinical policymakers

• Seeks to translate scientific and operational research on misoprostol for PPH management into effective policies, programmes and practice
Misoprostol

• Prostaglandin E1 analogue

• Developed for the prevention and treatment of gastric ulcers

• Used for a variety of reproductive health indications

• Works by assisting an atonic uterus to contract, producing the same physiological changes as when the uterus contracts naturally to reduce bleeding
Why misoprostol for PPH?

- Conventional uterotonics (eg oxytocin) for PPH require refrigeration and intravenous therapy
- Misoprostol is stable at room temperature and is easy to administer
- Growing body of literature on its efficacy and safety for PPH prevention and treatment
- Recommended as part of many international guidelines for PPH Management (WHO, FIGO, RCOG)
- Included in the WHO Model List of Essential Medicines:
  - In 2011 for the prevention of PPH
  - In 2015 for the treatment of PPH
ICM and FIGO Joint Statement on Misoprostol

Joint Statement, March 2014

Includes recommendations for use and a call for action from both organisations

FIGO and ICM have committed themselves to making increased access to misoprostol for the management of post-partum haemorrhage a reality, particularly in low-resource settings where IV oxytocin remains largely unavailable or not feasible.
FIGO Guidelines on misoprostol for the management of PPH

• The 2012 guidelines reflect the current best available research on PPH prevention and treatment with misoprostol, drawn from scientific literature and expert opinion

• The guidelines:
  • aimed at clinical policymakers and healthcare professionals
  • aim to provide clarity in the interpretation of the current evidence
  • include evidence-based recommendations for dosages and routes of administration, as well as the side effects and precautions
Guidelines on prevention, 2012

Regimen
- A single dose of misoprostol 600 µg orally

Administration
- Administered immediately after delivery of the newborn
- After confirming no additional babies in utero

Contraindications
- History of allergy to misoprostol or other prostaglandin
Guidelines on prevention, 2012

Self administration

• In community settings where oxytocin is not available, women are given misoprostol tablets for self-administration after delivery

• Studies suggest that this can be done safely and effectively

Recommendation

• Those providing misoprostol in this way are advised to monitor its use, effectiveness and side effects

• Ensure that misoprostol is not administered until after all babies have been delivered
Guidelines on treatment, 2012

Regimen

• One dose of misoprostol 800 µg* sublingually
• Irrespective of the prophylactic measures
• When 40 IU IV oxytocin is not available

Administration

• Once PPH is diagnosed, the treatment should be immediate

Contraindications

• History of allergy to misoprostol or other prostaglandin

*The recommended dose does not change according to the woman’s weight
Guidelines on treatment, 2012

Repeat or consecutive doses

• Repeat doses of misoprostol for PPH treatment (eg first-line treatment with misoprostol followed by another dose to control bleeding) are not recommended

• If oxytocin is already being provided for treatment of PPH, simultaneous use of misoprostol has no added benefit

Precautions

• Caution is advised where misoprostol is provided as prophylaxis for PPH prevention, especially if the initial dose was associated with pyrexia or shivering

• After uterotonics, explore other steps to stop the bleeding and consider causes of PPH other than uterine atony
Side Effects of Misoprostol

*Temperature changes:*
- Shivering, chills and/or fever
- Symptoms are transient - can be treated using anti-pyretics and/or physical cooling

*Gastro-intestinal effects:*
- Transient diarrhoea, nausea and vomiting are rare side effects
- Anti-emetics can be used, but no clinical action is required

*Breastfeeding:*
- Small amounts of misoprostol may appear in breast milk - no adverse effects on nursing infants
In summary

- For PPH prevention, FIGO recommends a single dose of 600 mcg misoprostol administered orally immediately after delivery of the newborn and after it is established that there are no additional babies in utero.

- For PPH treatment, FIGO recommends a single dose of 800 mcg misoprostol, administered sublingually immediately after PPH is diagnosed and if 40 IU IV oxytocin is not immediately available (irrespective of the prophylactic measures).
Useful tools

MISOPROSTOL
Recommended Dosages 2012

MISOPROSTOL
Induction of labor

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Thank you for your attention

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