Community-Based Distribution of Misoprostol for Prevention of Postpartum Hemorrhage

Public and Private Sector Approaches in Nigeria

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The Setting—Northern Nigeria

- Maternal Mortality Ratio
  1,271
- Home Delivery
  90%
- Challenges
  - Pride in home delivery
  - Weak health infrastructure
  - Facilities viewed as mainly for complications
Project Partners

- Population and Reproductive Health Initiative at Ahmadu Bello University
- Society for Family Health (in partnership with Population Services International)
- Society of Obstetricians and Gynaecologists of Nigeria (SOGON)
- Ipas
THE MODEL — ADVANCE DISTRIBUTION

COMMUNITY SENSITIZATION

HOME OUTREACH

PRODUCT SUPPLY

MISOPROSTOL AT HOME
Key Findings

- High acceptance of misoprostol in the community
- Misoprostol prevented PPH in users
- Misoprostol effectively distributed in communities by traditional birth attendants
- Correct use of misoprostol
Challenges

- Difficult to replicate the Zaria model
- Lack of clarity about who is a trained community agent
- Significant concerns about “misuse” of misoprostol
- Inconsistent product quality and cost
Recommendations

- Work with existing structures rather than create new ones
- Address policy obstacles and clarify who is a ‘trained community agent’
- Properly train health workers about misoprostol
- Ensure consistency in quality and cost by establishing strong local brands of the drug