MISOPROSTOL FOR THE PREVENTION OF POSTPARTUM HAEMORRHAGE IN MALAWI:

Recommendations for Developing Information, Education and Communication Materials

JULY 2014
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1. INTRODUCTION

1.1 MISOPROSTOL FOR POSTPARTUM HAEMORRHAGE PREVENTION

The World Health Organization (WHO) recommends the use of misoprostol for the prevention of postpartum haemorrhage (PPH) in settings where skilled birth attendants are not present and oxytocin is unavailable or unable to stop bleeding.¹

The recommended misoprostol dosage regimen for prevention of PPH is 600mcg administered orally immediately after delivery of the fetus. The dose is usually given as three 200mcg tablets which do not require refrigeration. Misoprostol is particularly suitable for use by women who do not deliver at a health facility and instead deliver at home, either accompanied by family members, a community health worker, or a skilled birth attendant. A number of distribution strategies that enable these women to have misoprostol at the time of delivery have been shown to be effective in preventing PPH.

In one strategy, advanced distribution, three 200mcg tablets are given to women attending ante-natal care (ANC) at a health facility. ANC health providers then explain how and when the tablets are to be taken should the women deliver at home. In a second strategy, community health workers identify pregnant women, give them three 200mcg tablets of misoprostol, and explain how and when the tablets are taken should the delivery take place at home. In a third strategy, community health workers who attend the birth may administer misoprostol to the women immediately after delivery. The selection of which strategy to employ to reach women who may deliver at home depends on the nature of the health system and the types of resources available, including health providers and community health workers.

Before planning a misoprostol program, it is important to know the registration status of misoprostol products in-country including different brands and packaging sizes. Currently in Malawi, multiple brands of misoprostol tablets are available, some of which are registered for PPH prevention and treatment. Pack size differs between brands but those available in country include a three pill pack (the recommended dose for PPH prevention and a good choice for community distribution), as well as packs of 10, 20 and 28 and 40 tablets.

Once a misoprostol product is registered and a distribution strategy developed, the design of an information, education and communication (IEC) campaign can generate demand for misoprostol and awareness of the medicine through the education of women, the community, and health providers.
1.2 PURPOSE OF THIS DOCUMENT

This document is a guide to assist the Malawi Ministry of Health (MOH) in the development of an information, education and communication (IEC) campaign for programs promoting the use of misoprostol PPH prevention. IEC materials such as flip charts, posters, brochures and pocket cards can be used to tailor messages for different target audiences, such as pregnant women, their families, community health workers and health providers.

DEFINING IEC

“IEC initiatives are grounded in the concepts of prevention and primary health care. Largely concerned with individual behavior change or reinforcement, and/or changes in social or community norms, public health education and communication seek to empower people vis-à-vis their health actions, and to garner social and political support for those actions.

IEC can be defined as an approach which attempts to change or reinforce a set of behaviours in a “target audience” regarding a specific problem in a predefined period of time. It is multidisciplinary and client-centred in its approach, drawing from the fields of diffusion theory, social marketing, behaviour analysis, anthropology, and instructive design. IEC strategies involve planning, implementation, monitoring and evaluation.

When carefully carried out, health communication strategies help to foster positive health practices individually and institutionally, and can contribute to sustainable change toward healthy behaviour.”

–WHO, 2001

Information, Education and Communication Lessons Learned

In this document¹, each piece of IEC material is outlined with an explanation covering the following five categories:

1. **What:** a description of the material’s design and form
2. **Purpose:** the objective and intent of the material
3. **User(s):** the person using the material, either for personal use or as a teaching tool
4. **Target audience(s):** the person(s) for whom the messages are intended
5. **Messages:** the material’s content focus and message frame

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¹ Please note: Images and pictorials used in this document are samples from previous IEC campaigns and are not to be duplicated, reproduced, or used for any other purpose other than to demonstrate an example that can provide a basis for adaptation.
2. PLANNING AN IEC CAMPAIGN

AUDIENCE
When developing an IEC campaign it is important to identify each type of audience and develop tailored messages that are appropriate for each audience group. For programs involving the use of misoprostol, two commonly targeted audiences of IEC campaigns are 1) women who would use the medicine, their family and community members, and 2) health care providers who play an important role in PPH prevention programs, such as trained community health workers. Pharmacists and pharmaceutical distributors that supply misoprostol may also be an appropriate third target audience as they support the correct use of the medicine.

BEST PRACTICES
General points to consider when planning an IEC campaign include the following:

1. Gaining support from community leaders, public opinion leaders and decision-makers for the IEC campaign can lead to stronger results, greater credibility, relevance, and acceptance of the campaign. Equally important is achieving consensus on IEC materials among the Ministry of Health (MOH), implementing partners and other stakeholders involved in the program.

2. Producing IEC materials involves four stages:
   a. Developing and testing tailored messages based on a specific audience
   b. Field testing early versions of pictorials/illustrations for comprehension and cultural appropriateness
   c. Translation of materials and back translation to confirm the intended meaning of the messages. This is especially important if the materials are to be produced in multiple languages.
   d. Forecasting and printing sufficient quantities to cover targeted audiences.

3. Developing a workable distribution and reordering system ensures that materials reach target audiences and can be replenished when needed.

4. Training service providers/community health workers on the use of IEC materials improves the effectiveness of the campaign. Suitable teaching methodologies depend on the audience but may include the use of local languages, song and role-play for low literacy populations.

PICTORIALS AND ILLUSTRATIONS
When developing materials, the following strategies are recommended to ensure that pictorials included in an IEC campaign are accurate, culturally appropriate, consistent and relevant:

- Use illustrators familiar with local cultures and customs.
• In the illustrations, consider factors such as dress, ethnicity and setting so that the subject will appeal to the targeted audience and will not distract from main messages.

• When translations are required, use professional translation services and always back-translate to ensure the intended meaning is clear.

• Stage your pictorials. Healthcare providers with the appropriate technical knowledge may take photos of themselves acting out scenes for the illustrator to then duplicate, accurately depicting body and hand position, women and attendants’ position, location of the baby and tablets.

• Photographs can be used, but it is important to obtain the consent of anyone who might be featured in materials. Pictorial/illustrations are often used instead.

• Consider incorporating other public health messages in the illustrations, where appropriate. For example, kangaroo mother care can be shown by a picture of a mother holding the baby to her skin. Other messages that could be incorporated could include immediate breastfeeding after delivery, swaddling, or hand washing/clean delivery.

• Be consistent in the use of pictorials across IEC materials. Pictorials/illustrations used in brochures, posters or flip charts should be the same or similar in each item so that it is clear they are part of the same campaign. This ensures the IEC campaign is branded consistently and is more easily recognizable across target audiences.

• Field test illustrations among your target audiences.

**MARKETING MATERIALS FOR MISOPROSTOL PRODUCTS**

Manufacturers often produce their own marketing materials that advertise the product and its medical indication. These materials are normally used by pharmaceutical detailers who are employed by the product distributor to educate and raise awareness with health providers and pharmacists. Some materials may also be used to advertise to the general public.

The materials typically show a photograph of the product, accompanied by basic information about what the product can be used for, and usually includes the names of the distributor and manufacturer. These materials are generally not incorporated into an IEC campaign, as they advertise specific product brands. However, it is helpful to know what materials are already in use in the country by the pharmaceutical distributors of available misoprostol products.
3. IEC Materials for PPH Prevention

The following section includes draft materials and examples as a reference to aid in the development of an IEC campaign for PPH prevention. The drafted materials (flip chart, poster for health facilities, dosage card and brochure) are intended for adaptation and use in Malawi. For these materials, new illustrations should be drawn that are accurate and culturally relevant to Malawi. The examples are from similar misoprostol programs in the region; they are included here for demonstration purposes only and should not be duplicated.

Draft and example IEC materials in the following section include:

1. Flip chart
2. Poster for health facilities
3. Dosage cards
4. Brochure
5. Educational poster and fliers
3.1 FLIP CHART

What: A pictorial flip chart that includes step-by-step instructions for how women should use misoprostol given to them during an antenatal care (ANC) visit. A flip chart is also commonly used by community health workers to distribute misoprostol during ANC at home visits. One side of the chart includes a pictorial/illustration and key message for the patient, and the other includes instructions for the health provider.

Purpose: To counsel and educate women and their families about the need for a safe delivery and the use of an uterotonic drug immediately after delivery to prevent PPH.

User: Health providers who are responsible for educating a pregnant woman and her family. These could be professionals such as doctors, nurses and midwives, as well as community-, or lay- health workers.

Target Audience: Pregnant women, their families, and any community member who may assist at the time of delivery.

Messages: The following table includes a descriptive list of the contents for each side of the flip chart. The left column includes a detailed description of the pictorial that should be created as well as the key message for women. The right column includes detailed messages for health providers to guide the education session.

Pictorials: The pictorials of the mother, her family and providers should be consistent across the flipchart. The appearance of each individual (including the dress) should be exactly the same from illustration to illustration.

\[\text{Please note: Pictorial illustrations included in the following table are provided for demonstration purposes only. They are selected from various IEC campaigns and should not be duplicated or shared.}\]
### Draft Flip Chart for Use by Health Providers to Educate Pregnant Women

**FOR WOMEN (Front page)**

**Message:** Plan for a safe delivery for mother and baby.

**Photo:** Healthy mother and newborn baby smiling with a happy family around her. Consider which family members should be present in the pictorial.

- The goal is to have a healthy mother and healthy baby. It is important to make a plan for childbirth.
- All family members, especially those who may be present at the time of childbirth, should participate in the birth planning process.

**FOR PROVIDERS (Back page)**

**Talking points for provider**

- Childbirth in a facility is the best way to ensure that both mother and baby are healthy.

---

<table>
<thead>
<tr>
<th>1</th>
<th><strong>Message:</strong> A health facility is the safest place to deliver.  &lt;br&gt;<strong>Photo:</strong> Pregnant mother going to a health facility with family members. She carries all the items needed for her childbirth with her.  &lt;br&gt;<strong>Note:</strong> Use appropriate local transport in pictorial.</th>
<th><strong>Talking points for provider</strong>&lt;br&gt;• The goal is to have a healthy mother and healthy baby. It is important to make a plan for childbirth.  &lt;br&gt;• All family members, especially those who may be present at the time of childbirth, should participate in the birth planning process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3 MESSAGE: If you cannot make it to the facility, a skilled birth attendant (SBA) should be present at the time of delivery.

PHOTO: Pregnant mother at home in her bed during childbirth being attended to by SBA or a family member.

• If you cannot make it to a facility, it is important that a skilled birth attendant (SBA) is present at the time of delivery.
• If it is not possible for an SBA to be present, identify a family member who can assist.

4 MESSAGES: Misoprostol is an effective medicine to prevent excessive bleeding after childbirth. Misoprostol is taken after delivery and must not be taken while pregnant.

PHOTO: Mother with baby, while the SBA administers misoprostol tablets to the mother.

• Immediately after the birth of the baby, the SBA should check to make sure there is no twin.
• The mother swallows three (3) misoprostol tablets immediately after birth and before delivery of the placenta.
• Note: Warn the woman that she should not take misoprostol before the baby (or babies) is born.

5 MESSAGE: The mother may experience some side effects after taking misoprostol; these may include shivering, vomiting and fever.

PHOTO: Several photos – one of the mother shivering, the other with the SBA holding a cloth to the mother’s head to temper fever, and another with the mother vomiting.

• Monitor the woman closely after she has taken misoprostol.
• Symptoms that may be experienced by the woman include mild shivering/chills and fever. For shivering/chills, cover the woman with a blanket. For fever, administer paracetamol and apply cool, wet cloths.
• Inform the woman that the side effects will go away spontaneously within a few hours.
• Sometimes nausea, vomiting and diarrhea may be experienced.
<table>
<thead>
<tr>
<th>MESSAGE: Some women may continue to bleed excessively even after taking misoprostol tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOTO: After delivery of baby, a mother experiences excessive bleeding.</td>
</tr>
<tr>
<td>• Explain that even after taking misoprostol, some women may still experience excessive bleeding.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MESSAGE: If you feel there is a lot of bleeding (more than 500ml), the woman should immediately be taken to a health facility for treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOTO: Accompanied mother being rushed to the nearest facility.</td>
</tr>
<tr>
<td>• Measuring excessive blood loss is not easy. Blood loss is measured differently per cultural customs. In Tanzania, if two kangas, or pieces of traditional cloth worn by women (usually 1.5m x 1m), are soaked with blood, this can be considered as excessive blood loss.</td>
</tr>
<tr>
<td>• If excessive bleeding occurs, immediately refer the women to a health facility for treatment.</td>
</tr>
<tr>
<td>• At the facility, a mother will receive additional treatment for excessive bleeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MESSAGE: After delivery, mother and baby should visit the facility for check-up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOTO Healthy mom and baby smiling.</td>
</tr>
<tr>
<td>• Within six weeks after the birth, mother and baby should visit the health facility for a postnatal check-up.</td>
</tr>
<tr>
<td>• The postnatal check-up includes registering the baby, postpartum family planning, breastfeeding information, weighing and measuring the baby, and vaccination of the baby.</td>
</tr>
<tr>
<td>• For future deliveries, emphasize again that the health facility is the safest place to deliver.</td>
</tr>
</tbody>
</table>
3.2 **POSTER FOR HEALTH FACILITIES**

What: Wall poster with guidelines and dosage recommendations for the management of PPH, designed for use in a health facility delivery room. Protocols are usually an adaptation of national approved clinical guidelines or protocols.

Purpose: To remind health providers of the protocols for managing PPH after childbirth.

User: Health providers who are delivering women in a health facility.

Target Audience: Health providers.

Messages:

- Recommend that health providers follow normal protocols for delivery
- Present uterotonic medicines that are used for prevention of PPH
- Cover guidelines on the dose and route of uterotonics that can be used
- Emphasize use of misoprostol only when oxytocin cannot be administered safely or is not available
- Present information on expected side effects and actions to take
- Detail actions to take if excessive bleeding continues. These could include medical and surgical intervention such as balloon tamponade.
MANAGEMENT OF POSTPARTUM HAEMORRHAGE (PPH) AT HEALTH FACILITIES

PREVENTION

Woman arrives at the facility
Follow standard protocols to deliver the baby

Are there more foetuses?

NO

Administer ONE of the following uterotonic medicines within one minute after delivery for PPH prevention

- **Oxytocin (first line)**
  - 10 IU IM or 5 IU IV

OR

- **Misoprostol**
  - 600mcg oral

  (In case of fever, give paracetamol. In case of chills, cover with a blanket. Symptoms usually resolve within a few hours.)

YES

Deliver the other foetus/foetuses

Closely monitor the mother for 4 hours. Monitor blood loss and uterine contraction. Apply uterine massage as appropriate.

If blood loss is >500mL, treat for PPH or refer to a higher-level facility

TREATMENT

TREATMENT OF POSTPARTUM HEMORRHAGE

- **Oxytocin**: Infuse 20 IU in 1L (60 drops per minute)
  - Continue with 20 IU in 1L (40 drops per minute)
- **Ergometrine**: 0.2mg IM or IV (slowly)
- **Misoprostol**: 800mcg sublingual

Note: Regimens are based on WHO guidelines

INSERT LOGO HERE
EXAMPLE: GHANA POSTER FOR HEALTH FACILITIES

This poster was designed to remind providers in health facilities of the guidelines for prevention of PPH. It was used for a program in which misoprostol tablets were given to women when they attended ANC, for use after birth at home if the woman could not make it to a health facility. If the woman was able to attend a health facility for the birth, she was asked to bring the misoprostol tablets with her and return them to the facility. The poster reminds the provider to confirm whether or not the pregnant woman received misoprostol tablets and whether she has brought them with her to the facility. After the birth, oxytocin is to be administered if available; if it is not available, the mother is to take misoprostol orally.
3.3 Dosage Cards

Card 1: Misoprostol Regimens for Obstetric Use

What: A two-sided laminated pocket card with dosage regimens for the use of misoprostol for obstetric indications. The card describes dosage regimens for misoprostol that have been recommended by the World Health Organization, the International Federation of Obstetricians and Gynecologists and Cochrane reviews of clinical research.

Purpose: The card provides information on the current best practices for misoprostol use and can be used as reminder of the correct dosages for the many indications for which misoprostol can be used.

Users and Target Audience: Health providers and pharmacists.

Messages: For each obstetric indication, the card states the dose, route of administration and any additional instructions for use. The dosages should be based on the most current guidelines used in Malawi, as well as on WHO and FIGO (International Federation of Obstetrics and Gynecology) guidelines.

The suggested format and text for the pocket guide is shown below.
### POSTPARTUM HAEMORRHAGE

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 mcg</td>
<td>Oral</td>
<td>Take immediately after delivery of newborn with confirmation that all babies are delivered.</td>
</tr>
</tbody>
</table>

#### TREATMENT

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 mcg</td>
<td>Sublingual</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 mcg</td>
<td>Rectal</td>
</tr>
</tbody>
</table>

### INCOMPLETE ABORTION & MISCARRIAGE (uterine size up to 13 weeks)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 mcg</td>
<td>Oral</td>
<td>Single dose</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 mcg</td>
<td>Sublingual</td>
<td>Single dose</td>
</tr>
</tbody>
</table>

### MISSED ABORTION (first trimester)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 mcg</td>
<td>Vaginal</td>
<td>Every 3 hours, maximum 2 doses.</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 mcg</td>
<td>Sublingual</td>
<td>Every 3 hours, maximum 2 doses.</td>
</tr>
</tbody>
</table>

### INDUCTION OF LABOUR (live fetus >24 weeks)

*Do not use with previous cesarean section.*

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mcg</td>
<td>Oral</td>
<td>Every 2 hours. Oral solution can be used where 25 mcg tablets are not available. Dissolve a 200 mcg tablet in bottle of 200 ml clean water. Give 25 ml per dose every 2 hours.</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mcg</td>
<td>Vaginal</td>
<td>Every 6 hours.</td>
</tr>
</tbody>
</table>

Dosage regimens are based on recommendations from the World Health Organisation (WHO), the International Federation of Gynecology and Obstetrics (FIGO) and Cochrane Reviews.
### CERVICAL RIPENING

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 mcg</td>
<td>Vaginal or sublingual</td>
<td>Give 3 hours before the procedure.</td>
</tr>
</tbody>
</table>

### INTRAUTERINE FETAL DEATH

*Reduce doses in women with previous cesarean section.*

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-17 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 mcg</td>
<td>Vaginal</td>
<td>Every 6 hours, maximum 4 doses</td>
</tr>
<tr>
<td>18-26 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 mcg</td>
<td>Vaginal</td>
<td>Every 6 hours, maximum 4 doses</td>
</tr>
<tr>
<td>&gt;26 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 mcg</td>
<td>Vaginal</td>
<td>Every 6 hours.</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 mcg</td>
<td>Oral</td>
<td>Every 2 hours.</td>
</tr>
</tbody>
</table>

### MEDICATION ABORTION

*Use as permitted within the country’s legal framework*

**Medication abortion with mifepristone and misoprostol**

#### Up to 9 weeks gestation

Mifepristone 200 mg oral followed 24 to 48 hours later by misoprostol 800 mcg vaginal, sublingual or buccal. For oral route, 400 mcg misoprostol can be used up to 7 weeks of gestation.

#### 9-12 weeks gestation

Mifepristone 200 mg oral followed 36 to 48 hours later by misoprostol 800 mcg vaginal. Subsequent misoprostol 400 mcg vaginal or sublingual can be used every 3 hours until expulsion of the products of conception, up to 4 further doses.

#### 12-24 weeks gestation

Mifepristone 200 mg oral followed 36 to 48 hours later by misoprostol 800 mcg vaginal or 400 mcg oral. Subsequent misoprostol 400 mcg vaginal or sublingual can be used every 3 hours until expulsion of the products of conception, up to 4 further doses.

**Medication abortion with misoprostol only**

#### Up to 12 weeks gestation

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 mcg</td>
<td>Vaginal or sublingual</td>
<td>Every 3 hours, maximum 3 doses.</td>
</tr>
</tbody>
</table>

#### 12-24 weeks gestation

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 mcg</td>
<td>Vaginal or Sublingual</td>
<td>Every 3 hours, maximum 5 doses</td>
</tr>
</tbody>
</table>
**EXAMPLE: ZIMBABWE MISOPROSTOL DOSAGE CARD**

This pocket guide accompanied a program in Zimbabwe to introduce the use of misoprostol for PPH prevention and treatment. However, as health providers in the program requested pocket cards that included dosages for all of the obstetric indications for which misoprostol can be used, these were included as well.
CARD 2: UTEROTONIC REGIMENS FOR POSTPARTUM HAEMORRHAGE PREVENTION AND TREATMENT

What: A two-sided laminated pocket card that shows the correct dosage regimens and routes of administration for:

- Uterotonics administered as part of the active management of the third stage of labor to prevent postpartum haemorrhage
- Uterotonics administered for the treatment of postpartum haemorrhage

Purpose: The cards provide information on the current best practices for uterotonic use and are a reminder of the correct dosages and routes of administration required to manage postpartum haemorrhage.

User and target audience: Health providers.

Messages:

For PPH prevention:
- Uterotonics should only be administered after delivery of all babies
- Regimens for oxytocin or misoprostol, if oxytocin is not available or cannot be safely used

For PPH treatment:
- Guidance on oxytocin administration for rural health facilities and higher level facilities that reflects the different levels of health providers that may be providing services
- Regimens for oxytocin, ergometrine or misoprostol

Ensure that the most up-to-date dosage guidelines for medicines are used on the dosage cards. The dosages on the example cards shown below are based on WHO recommendations.
**EXAMPLE: UTEROTONICS FOR PPH PREVENTION CARD**

**Front side:** Uterotonics for postpartum haemorrhage PREVENTION

- **OXYTOCIN**
  - 10 IU intramuscular (IM) within the first minute after delivery

- **MISOPROSTOL**
  - If oxytocin is not available or cannot be safely used: 600 mcg oral (PO) within the first minute after delivery

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**Back side:** Uterotonics for postpartum haemorrhage TREATMENT

- **OXYTOCIN**
  - Rural Health Centers: 10 IU intramuscular (IM)
  - Hospitals: Infuse 20 IU in 1L (60 drops per minute) Continue with 20 IU in 1L (40 drops per minute)

- **ERGOMETRINE**
  - 0.5mg intramuscular (IM) or intravenous (IV)
  - Ergometrine is contraindicated when the patient is using certain HIV drugs including HIV protease inhibitors, efavirenz, and delavirdine.

- **MISOPROSTOL**
  - 800 mcg sublingual (SL)
3.4 BROCHURE


Purpose: To educate women and the community on the use of misoprostol for PPH prevention.

Users: Brochures are intended to be a teaching tool used by health providers, including CHWs, when they educate pregnant women and family members who may attend childbirth. Brochures can be distributed by health providers during ANC, or by community health workers when visiting women in their communities. They should be available in all health facilities throughout the country.

Target Audience: Pregnant mothers and family members who may attend childbirth

Messages:

- It is important to plan for safe delivery for mother and baby.
- A health facility is the safest place to deliver.
- If a woman cannot make it to a facility, a skilled birth attendant (SBA) should be present at the time of delivery.
- Misoprostol is an effective drug to prevent excessive bleeding after childbirth.
- How to take misoprostol tablets: Immediately after delivery of the baby and ruling out the second baby, three tablets should be taken orally (swallowed). There is no need to wait for the placenta to be delivered.
- Misoprostol must not be taken while pregnant.
- There are some side effects associated with misoprostol. Fever, shivering, vomiting and diarrhea may be experienced but usually resolve after a few hours.
- If a woman bleeds excessively after taking misoprostol, she should immediately be taken to a health facility for treatment.
- After delivery, mother and baby should visit the facility for a post-natal check-up

The draft brochure on the following page is designed for adaptation and use in the Malawi PPH program. The messages can be duplicated, however new pictorials/illustrations that are culturally relevant should be developed in consultation with a local artist. See page 6 for guidance on the development of pictorials.
Expectant mothers should deliver in a health facility.

A pregnant woman giving birth at home should be assisted by a skilled birth attendant.

If an attendant is not available, identify a family member who can assist.

USE MISOPROSTOL SAFELY:
1. A mother giving birth at home should be assisted
2. Immediately after childbirth, the mother should swallow THREE misoprostol tablets
3. Before swallowing misoprostol, ensure there is no twin in the mother’s womb
4. A pregnant mother does not swallow misoprostol tablets before giving birth
5. Side effects may include shivers and fever
6. Some women may continue to bleed
7. If the mother has excessive bleeding, take her to the nearest facility for treatment
8. After delivery visit a health facility to receive a check-up

PREVENT EXCESSIVE BLEEDING FOR SAFE CHILDBIRTH

AFTER DELIVERY:
1. Visit a health facility to receive a check-up for you and your baby.
2. Learn the postpartum family planning options and select the option that works for you.
Immediately after delivery of the baby, the mother should swallow THREE misoprostol tablets.

**WARNING:**
A pregnant mother does *not* swallow misoprostol before giving birth.

Some women may continue to bleed, check the amount of bleeding.

**WARNING:**
Before swallowing misoprostol, ensure there is no twin in the womb.

Side effects may include: FEVER, SHIVERS.

If the mother has excessive bleeding take her to the nearest facility for treatment.
3.5 EDUCATIONAL POSTERS AND FLIERS

What: A poster to be displayed in community centers, the waiting areas of health facilities, and other public areas so that it is visible to expecting mothers and community members. Posters describing the importance of a safe delivery and the dangers of PPH can be useful methods of educating women and community members. Such posters are usually prominently displayed in public areas including waiting rooms of health facilities and community centers. Smaller hand-held versions can also be used as fliers by community health workers.

Purpose: To educate and inform the community on the importance of a safe delivery, the dangers of postpartum haemorrhage, and the use of misoprostol.

User: District or regional health offices, health facilities and providers, community centers and community health workers.

Target Audience: Expecting mothers and community members.

Messages: The content of the messages will depend on the type of maternal health program the poster is intended to accompany. For instance, a program in which misoprostol is distributed in advance of the birth might include messages about the importance of planning to get misoprostol from a health facility or CHW before the birth.

Examples of the key messages that could be included on the poster are shown below.

- For a safe birth, deliver in a facility
- Giving birth in a health facility ensures a healthy mother and baby
- For every pregnancy, it is important to visit a health facility with a family member
- Plan for a safe birth. Bleeding after childbirth is dangerous for pregnant women
- Misoprostol is a remedy for the prevention and treatment of PPH
- Misoprostol prevents excessive bleeding after childbirth
- If the birth is taking place at home, make sure the pregnant woman has misoprostol tablets to prevent haemorrhage/excess bleeding after birth (state where the tablets can be obtained)
- If giving birth at home, take three misoprostol tablets immediately after delivery of all babies
- If the woman giving birth at home continues to bleed, take her to a medical facility immediately for examination and treatment
- To ensure the health of the mother and baby, visit a clinic for postnatal checkups
- Where to obtain misoprostol (for instance, if the distribution is part of a national program)
EXAMPLE: TANZANIA POSTER – IMPORTANCE OF A SAFE DELIVERY AND USE OF MISOPROSTOL IF A DELIVERY TAKES PLACE AT HOME

This poster was used in Tanzania for a program in which misoprostol was given to women at ANC to self-administer or take in the presence of a community health worker. The messages are translated in pop-out windows to the left for reference.

**TRANSLATED TEXT**

**PLAN EARLY FOR A SAFE BIRTH**

**BLEEDING AFTER CHILDBIRTH IS DANGEROUS FOR PREGNANT WOMEN**

**MISO**

Is a remedy for the prevention and treatment of persistent haemorrhage after birth

- For every pregnancy, it is important to visit a clinic with a family member
- Make sure the pregnant woman gives birth in a health center or clinic
- If the mother will give birth at home, take three tablets of MISO immediately after the birth of the child or children

A woman who continues to haemorrhage (about one kanga soaked with blood) should be sent to a medical facility for examination and treatment
EXAMPLE: ZIMBABWE POSTER – PROMOTING IMPORTANCE OF A FACILITY DELIVERY TO PREVENT PPH

This poster accompanied a program introducing the use of misoprostol for PPH prevention at facilities if oxytocin, the first line medicine, is not available or cannot be safely used. The poster emphasizes the importance of a facility delivery in preventing postpartum haemorrhage.

Prevent excessive bleeding after childbirth

“I made the Right Choice. I delivered at a health facility.”
EXAMPLE: ZAMBIA POSTER – EMPHASIZING THAT MISOPROSTOL TAKEN AFTER BIRTH CAN PREVENT PPH

This simple poster was used in a program evaluating advance distribution of misoprostol at ANC to women who may not be able to deliver in a health facility, and explains that misoprostol can prevent excessive bleeding after childbirth.
REFERENCES


