

Misoprostol as an adjunct treatment for postpartum hemorrhage

In collaboration with the World Health Organization, Gynuity Health Projects is conducting a study of misoprostol as an adjunct treatment to oxytocin for the treatment of PPH. This multi-site, double-blind, randomized controlled trial is ongoing in Argentina, Egypt, South Africa, Thailand, and Vietnam. Women at each of the participating centers have active management of the third stage of labor with 10 IU of oxytocin administered intramuscularly or intravenously for the prevention of PPH. Consenting women with a clinical diagnosis of PPH are given routine treatment for PPH (injectable uterotonics) and, at the same time, either 600 mcg sublingual misoprostol or placebo. The hypothesis is that a combined regimen of 600 mcg sublingual misoprostol in addition to standard injectable uterotonics is a more effective than injectable uterotonics alone for the treatment of PPH. .

Outcome measures include:

- incidence of measured blood loss of 500 ml or more at 60 and 90 minutes after enrollment;
- side effects;
- blood transfusion and/or Hb level 24 hours after delivery;
- blood loss \geq 1000 ml at 60 and 90 minutes after enrollment;
- any uterotonics administered after randomization; and
- maternal death or severe morbidity.

For further information about this initiative, please contact:

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Updated 5-Feb-07