Dear Committee Members:

We are pleased to submit this application for inclusion of misoprostol WHO’s Essential Medicines List (EML) for the prevention of post-partum hemorrhage in section 22.01.00.00 “Oxytocics”. Postpartum hemorrhage (PPH) remains one of the largest contributors to maternal morbidity and mortality in low-resource settings; accounting for nearly one quarter of all maternal deaths worldwide. Misoprostol is an evidence-based alternative to other standard treatments, including injectable oxytocin and ergometrine, both of which require a cold chain and skilled administration and thus are not ideally suited for use in low resource settings. Further, the drug’s wide availability, low-cost, stability at room temperature and ease of use makes it an ideal drug for use in such settings.

Several bodies, including the World Health Organization, The International Federation of Gynecologists and Obstetricians and the International Consortium of Midwives have documented their support for use of misoprostol in the prevention of PPH in various circumstances. For instance, the WHO Recommendations for the Prevention of Postpartum Haemorrhage (2007) recommends misoprostol for use as PPH prevention in the absence of active management of the third stage of labor. A FIGO and ICM statement (2006) on the management of the third stage of labor to prevent postpartum hemorrhage recommends the use of misoprostol for PPH prevention when oxytocin is not available and/or birth attendants skills are limited.

We thank you for considering the addition of this very medication to the WHO EML for the prevention of postpartum hemorrhage. We hope you agree that the evidence supports the inclusion of misoprostol for this important women’s health indication.

Sincerely,

Jennifer Blum, M.P.H.          Ndola Prata, M.D., M.Sc.
Senior Program Associate       Assistant Adjunct Professor
Gynuity Health Projects         University of California, Berkeley