



Taking PPH prevention to the community in Guatemala with oxytocin in Uniject

**Ministry of Health of Guatemala
National Program for Sexual
and Reproductive Health
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Facts about Guatemala



Total population¹: 13,029,000

Annual birth cohort¹: 465,000

Maternal mortality rate (2000)²: 153 per 100,000 births. *53% of maternal deaths are caused by PPH*

Institutional births²: 42% (of these, 24.5% are rural)

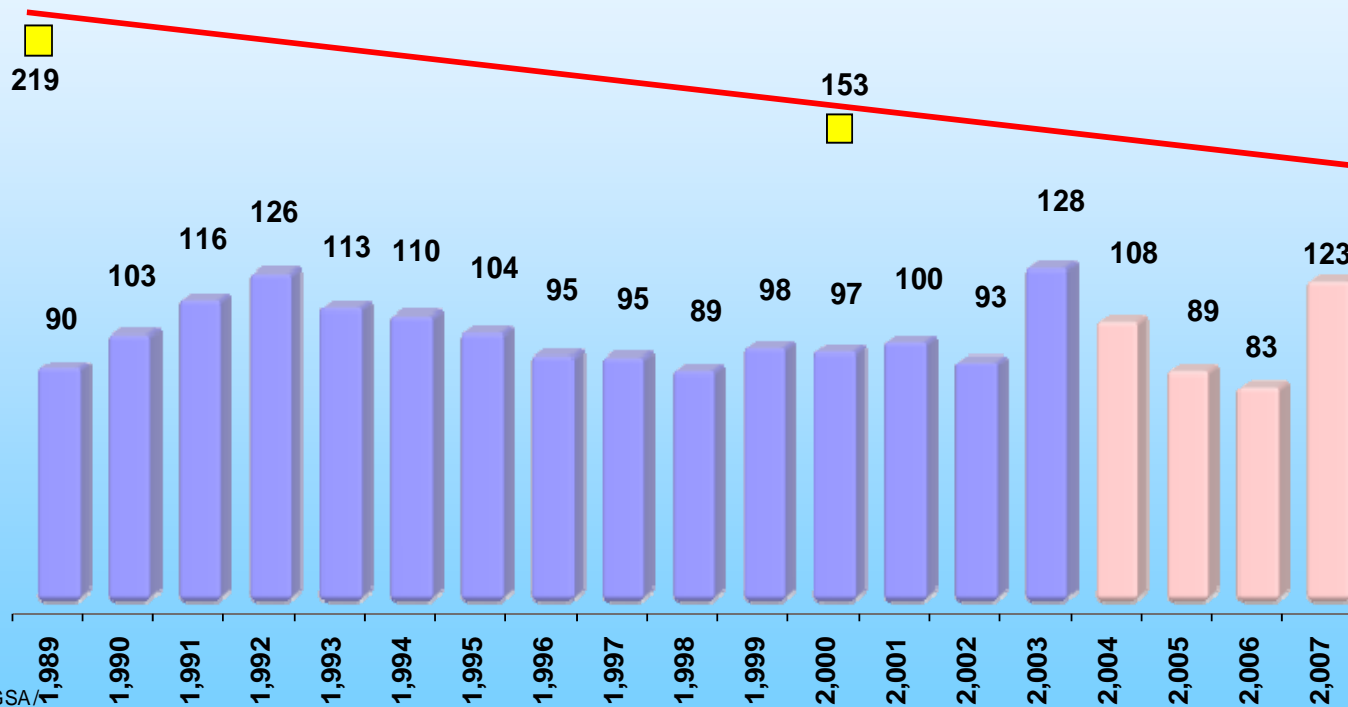
Total expenditure on health as % of GDP (2005)³: 1.9

Sources:

1. WHO-Guatemala
2. Linea basal de mortalidad materna de Guatemala-Baseline of maternal mortality in Guatemala
3. USAID: http://pdf.usaid.gov/pdf_docs/PNADP114.pdf

Maternal mortality in Guatemala

Razón de Mortalidad Materna Evolución en el tiempo
Republica de Guatemala 1989 a 2007



Fuente: INE/SIGSA/

Past and current activities to address maternal mortality in Guatemala

Baseline research

- In 2006, MOH-AGOG and POPPHI performed a survey to assess the use of oxytocin as a component of AMTSL and the use of partograms in 22 facilities.
- Only 7% of facilities were using partograms and performing AMTSL correctly.

Building capacity

- The National Program for Sexual and Reproductive Health of the MOH created a guide for maternal and newborn care.
- This guide is being implemented in all health facilities that attend births. Fifteen trainers visit health facilities to perform training and supervision of the guide (AMTSL and use of partograms is one of the chapters of the guide).

Past and current activities to address maternal mortality in Guatemala

- Integrating TBAs into formal health system
- Building infrastructure
 - Expansion of health care services.
 - Creation of casas maternas (maternal homes).
- Development of social programs
 - Increase coverage of prenatal care through Mi Familia Progresá.
- Supporting innovation
 - Pilot introduction of oxytocin in Uniject.

Pilot introduction of oxytocin in Uniject



Activities:

Pilot introduction

- Replacement of oxytocin in ampoules (two 5-IU ampoules and syringes) with oxytocin in Uniject (10IU) for all births for prevention of PPH.

Evaluation of pilot introduction

- User acceptability of oxytocin in Uniject by providers and facility managers.
- Feasibility assessment of introduction of oxytocin in Uniject
- Cost study for wide-scale introduction.

Partners:

- Ministry of Health of Guatemala (National Program for Sexual and Reproductive Health)
- AGOG (Gynecology and Obstetrics Association of Guatemala)
- HCI (Health Care Improvement Project)
- PATH (HealthTech and POPPHI projects)
- USAID

Pilot introduction of oxytocin in Uniject

Methodology

Site: Alta Verapaz state (highest mortality rate in Guatemala at 266 per 100,000 live births).

Setting: Six health facilities ranging from small health centers to district hospitals.

Population: Trained health care workers attending births and facility managers.

Pilot introduction of oxytocin in Uniject

Implementation

Duration/Timing: 3 months of use, completion date Dec. 2009

Training: Use of oxytocin in Uniject within the broader context of AMTSL.

Monitoring: 1 monthly visit to each facility by AGOG and the MOH for the time of the pilot.

Data Collection: Acceptability: individual interviews;
Feasibility: qualitative analysis;
Cost: semi-quantitative approach.



Pilot introduction of oxytocin in Uniject



Status/Preliminary results

- 1,000 women have received oxytocin in Uniject for PPH prevention to date.
- 205 providers trained.
- Results available Q1 of 2010.
- Provider perspectives to date:
 - It is easier to use.
 - It decreases time to prepare dose of uterotonic to prevent PPH.
 - It decreases wastage of medication.
 - It decreases risk of sharp injury from broken ampoules.
 - TTI (time-temperature indicator) enables them to choose a product that is pharmacologically active.

Pilot introduction of oxytocin in Uniject

Costs for Guatemala

Up-front cost for introduction:

- Product price difference (ampoules vs. Uniject).
- Some investments may be needed for cold chain.
- Training for oxytocin in Uniject within the context of AMTSL.

Recurrent cost:

- Product



Pilot introduction of oxytocin in Uniject

Next steps

- Compile and analyze data (January 2010).
- Decision-making regarding national introduction.
- Engagement with donors and stakeholders to determine how introduction can happen.

Conclusions

- The government of Guatemala is committed to decreasing maternal mortality.
- Preliminary data from the pilot study shows that providers find oxytocin in Uniject to be an acceptable way to administer the dose of oxytocin for PPH prevention.



Thank you!

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