WHO recommendation on prophylactic uterotonics for the prevention of postpartum haemorrhage

17 February 2018

Recommendation

The use of uterotonics for the prevention of postpartum haemorrhage (PPH) during the third stage of labour is recommended for all births.

Oxytocin (10 IU, IM/IV) is the recommended uterotonic drug for the prevention of postpartum haemorrhage (PPH).

In settings where oxytocin is unavailable, the use of other injectable uterotonics (if appropriate, ergometrine/methylergometrine, or the fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600 µg) is recommended.

(Recommended)

Publication history

First published: September 2012

Updated: Update planned for 2018

Assessed as up-to-date: September 2012

Remarks

- These recommendations have been integrated from the WHO recommendations for the prevention and treatment of postpartum haemorrhage, in which the GDG for that guideline determined them to be strong recommendations based on moderate-quality evidence.
- Available comparisons are limited, but a significant difference between the benefits of oxytocin and ergometrine is unlikely. These recommendations place a high value on avoiding the adverse effects of ergometrine and assume a similar benefit from using oxytocin and ergometrine for the prevention of PPH.
- Caution should be exercised when opting for ergot derivatives for the prevention of PPH as these drugs have clear contraindications in women with hypertensive disorders. Thus, it is probably safer to avoid the use of ergot derivatives in unscreened populations.
Oral misoprostol (600 µg) was regarded by the GDG as an effective drug for the prevention of PPH. However, the GDG considered the relative benefits of oxytocin compared to misoprostol in preventing blood loss, as well as the increased adverse effects of misoprostol compared to oxytocin. The GDG acknowledged that there is no evidence to show that a 600-µg dose of misoprostol provides greater efficacy over a 400-µg dose. Lower doses have a lower side-effect profile but the efficacy of lower doses of misoprostol has not been evaluated sufficiently.

- The recommendations concerning alternative uterotonics should not detract from the objective of making oxytocin as widely accessible as possible.
- In view of past concerns regarding the community-level distribution of misoprostol and the potential for serious consequences of administration before birth, the GDG places emphasis on training persons administering misoprostol and monitoring community distribution interventions with scientifically sound methods and appropriate indicators.
- The evidence supporting these recommendations can be found in the source guideline document, available at:

  http://apps.who.int/iris/bitstream/10665/75411/1/9789241548502_eng.pdf

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