

Preventing postpartum hemorrhage

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Sublingual misoprostol is inferior to intramuscular oxytocin for the prevention of postpartum hemorrhage (PPH) in women undergoing uncomplicated birth at a regional hospital in Uganda, according to trial results published in *PLOS Medicine*. The randomized non-inferiority trial, conducted by Esther CathyIn Atukunda at the Mbarara University of Science and Technology, Uganda, and colleagues, showed that PPH incidence in the misoprostol arm exceeded that in the oxytocin arm by 11.2% (95% confidence interval 6.44%-16.1%).

PPH is responsible for 25–30% of maternal deaths. This complication can be prevented either with an intramuscular injection of oxytocin, which is stored cold, or a sublingual dose of misoprostol, which is stable at room temperature. To determine if misoprostol should be substituted where oxytocin is impractical, the researchers measured blood loss over the first 24 post-partum hours in 1140 women treated with either oxytocin or misoprostol (along with a placebo mimicking the alternate treatment, and double-blinded). PPH (loss of >500mL blood) occurred in 28.6% and 17.4% of the women in the misoprostol and oxytocin arms, respectively ($p < 0.0001$). PPH (loss of >1000mL blood) occurred in 3.6% and 2.7% of participants in the misoprostol and oxytocin groups, respectively ($p = 0.391$). On average, women given misoprostol lost slightly more [blood](#) by 2 hours (341.5 ml versus 304.2 ml; $p = 0.002$) and 24 hours (484.7 ml versus 432.8 ml; $p = 0.002$).

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