Rethinking WHO guidance: review of evidence for misoprostol use in the prevention of postpartum haemorrhage

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Link to the full article on JRSM: http://jrsm.rsmjournals.com/content/105/8/336.full

Coverage:

Government to review research on drug

The government plans to review the research findings which have suggested that the drug administered to women, mainly in developing countries, after childbirth to control excessive bleeding – Misoprostol – is unsafe.

Queen Mary University of London conducted the research to determine the safety and effectiveness of the drug, also sold under the brand name Cytotec and was originally developed to treat gastric ulcers and reported that ‘there is not enough evidence that it is effective’ and calling it of, ‘debatable value’.

Please find the full article on Ippmedia: http://www.ippmedia.com/frontend/index.php?l=45080

Misoprostol: WHO-Backed Drug To Prevent Bleeding During Childbirth Lacks Evidence, Study Says

The World Health Organisation should review its approval of a drug used to prevent life-threatening bleeding in women in childbirth because there is not enough evidence that it is effective, a study published on Monday said.

Research published in the Journal of the Royal Society of Medicine said the evidence to support the use of misoprostol is "at best inconclusive", yet it is increasingly used in poorer countries to prevent postpartum haemorrhage (PPH).

"Developed countries would not dream of giving women misoprostol during labour on the basis of the current evidence, yet industry and health practitioners are pushing it hard in developing countries," said Allyson Pollock of Queen Mary University of London, who led the study.

Please find the full article on Huffingtonpost: http://www.huffingtonpost.com/2012/08/20/misoprostol-bleeding-childbirth-hemorrhage-who_n_1811358.html

No Evidence for Using Misoprostol

There is insufficient evidence for the effectiveness of a drug that is being used increasingly to prevent life-threatening bleeding in women after giving birth in community settings in low income countries, according to a review of all the available research published in the Journal of the Royal Society of
"Current evidence to support the use of misoprostol in home or community settings in low- and middle-income countries for the prevention of postpartum hemorrhage is, at best, inconclusive," said Professor Pollock.

Please find the full article on Drug Discovery Development: http://www.dddmag.com/news/2012/08/no-evidence-using-misoprostol

Researcher Calls for Abortifacient to be Removed from WHO Drug List

A group of researchers led by Professor Allyson Pollock from the Centre for Primary Care and Public Health at Barts and the London School of Medicine concluded that there is insufficient evidence that Misoprostol – also known as Cytotec – can effectively treat women for postpartum bleeding. The team of researchers reviewed 172 studies finding that the six that had sufficient data to review "failed to provide sufficient evidence that the drug worked."

“Current evidence to support the use of misoprostol in home or community settings in low- and middle-income countries for the prevention of postpartum haemorrhage is, at best, inconclusive,” said Professor Pollock.

Please find the full article on Turtle Bay and Beyond: http://www.turtlebayandbeyond.org/2012/abortion/researcher-calls-for-abortion-drug-to-be-removed-from-who-ml-list/

Drug Used to Prevent Life-Threatening Bleeding in Women Not Effective, Study Says

The drug misoprostol was developed to treat gastric ulcer, a break in the normal tissue that lines an individual’s stomach. It is widely used in low to middle income countries to prevent postpartum hemorrhage (PPH) in women. However, new research reveals that there is not enough evidence to support the effectiveness of the drug.

Researchers led by Professor Allyson Pollock from the Centre for Primary Care and Public Health at Queen Mary, University of London, found that of 172 studies on the use of misoprostol during labor, only six cases had enough information to assess the effectiveness of the drug in preventing PPH. The six studies were unsuccessful at providing adequate evidence that the drug worked.

Please find the full article on Medical Daily: http://www.medicaldaily.com/articles/11623/20120820/drug-prevent-life-threatening-bleeding-women-not-effective.htm#ywtpqhBwWG6kxXmy.99

Poor evidence on WHO-backed haemorrhage drug: study

(Reuters) The World Health Organisation should review its approval of a drug used to prevent life-threatening bleeding in women in childbirth because there is not enough evidence that it is effective, a study published on Monday said.
Research published in the Journal of the Royal Society of Medicine said the evidence to support the use of misoprostol is "at best inconclusive", yet it is increasingly used in poorer countries to prevent postpartum haemorrhage (PPH).

"Developed countries would not dream of giving women misoprostol during labour on the basis of the current evidence, yet industry and health practitioners are pushing it hard in developing countries," said Allyson Pollock of Queen Mary University of London, who led the study.

She called on the WHO urgently to review its decision to put the drug on its Essential Medicines List - a list of drugs the U.N. health agency says are needed to "satisfy the priority health care needs of the population"..

Please find the full article on Reuters Africa: http://af.reuters.com/article/topNews/idAFJOE87J06V20120820

Poor evidence on WHO-backed haemorrhage drug: study – (misoprostol, Cytotec) WHO Still Pushes it Hard

Using the text from Reuters Africa (see above):


Poor evidence on WHO-backed haemorrhage drug -study

Using the text from Reuters Africa (see above):

Please find the full article on Trust: http://www.trust.org/alertnet/news/poor-evidence-on-who-backed-haemorrhage-drug-study/

No Evidence That Drug Used for Preventing Life-Threatening Bleeding in Women During Labor Works

There is insufficient evidence for the effectiveness of a drug that is being used increasingly to prevent life-threatening bleeding in women who give birth in community settings in low income countries, according to a review of all the available research published in the Journal of the Royal Society of Medicine.

Misoprostol (brand name Cytotec) was originally developed for treating gastric ulcers, but is increasingly used in low- and middle-income countries for preventing postpartum haemorrhage (PPH). It is given to women during labour to prevent uncontrolled bleeding, and it is included on the World Health Organisation's Essential Medicines List for this use.

However, researchers led by Professor Allyson Pollock from the Centre for Primary Care and Public Health at Barts and The London School of Medicine and Dentistry, part of Queen Mary, University of London, identified 172 studies on the use of misoprostol during labour and found that only six had enough information to enable them to review whether or not the drug was effective in preventing PPH in rural and community settings in low income countries. The six studies failed to provide sufficient evidence that the drug worked and most had problems with study design and the fact the findings were not applicable generally.
Study questions benefit of misoprostol to prevent postpartum haemorrhage

An analysis published Monday in the Journal of the Royal Society of Medicine suggests that evidence to support the use of misoprostol to prevent postpartum haemorrhage (PPH) is "at best weak and inconclusive." Based on the data, the researchers urged the World Health Organization to review its decision to put the therapy on its essential medicines list, as "there are a limited number of studies, the majority of which have significant biases in…design."

Investigators analysed data from 172 studies on the use of misoprostol during labour and found that while only six had enough information to assess whether the drug was effective in preventing PPH in rural and community settings in developing countries, none provided sufficient evidence that the drug worked. Specifically, no significant differences in PPH incidence or referral to higher health facilities were observed in three trials exploring the therapy in the active management of third-stage labour. However, an expectant management study and another on the choice of management by birth attendants found significant decreases in PPH incidence with misoprostol.

Study author Allyson Pollock said "developed countries would not dream of giving women misoprostol during labour on the basis of the current evidence, yet industry and health practitioners are pushing it hard in developing countries." She suggested misoprostol may be used in developing countries because it is a fairly stable compound that does not degrade if not kept in cold storage. However, she notes that "misoprostol is being used inappropriately at present, and the money being spent on...the drug would be better spent elsewhere."

Misoprostol - a pill which saves women's lives or an excuse not to give them care?

With a quarter of women's deaths in childbirth caused by bleeding, a pill to prevent or stop haemorrhage is a godsend, say many. But the evidence for the safety and efficacy of misoprostol, which can also be used to bring about abortion, continues to be furiously contested.

Seldom has there been a drug which has excited as much controversy as misoprostol. It is used in rich countries to prevent gastric ulcers, but in poor countries, it is increasingly given to women to prevent them bleeding to death in childbirth. Some people believe it is saving countless lives. Others violently disagree.

Misoprostol causes the uterus to contract, which is why it can stop post partum haemorrhage, the cause of around a quarter of maternal deaths. But there has been a huge fight over whether and how well it works, which in some quarters has been ideologically motivated, because misoprostol can also bring about an abortion. Finally last year, the World Health Organization put misoprostol on its essential drugs list, which gave it the seal of approval. That is a recommendation to all nations to stock it.

But a paper just published by the journal of the Royal Society of Medicine shows that the furore is not going away any time soon. The paper, written by Professor Allyson Pollock from the Centre for
Primary Care and Public Health at Queen Mary, University of London and colleagues, calls on the WHO to take misoprostol off the essential drugs list.

Pollock and her team say that there is not enough evidence from studies that misoprostol works in preventing post partum haemorrhage. They looked at 172 studies and dismissed as inadequate all but six. Those six were randomised controlled trials (RCTs), which means that women who took part were either randomly allotted misoprostol or nothing or an alternative if they began to haemorrhage. This is the gold-standard way to test whether a drug works and is safe. But the team found even these six were not without problems and overall, concluded the evidence base was not good enough for the drug to be listed by the WHO.

Pollock put it more strongly than that on the phone “It is like giving snake oil to women and saying it is better than nothing”

Please find the full article on The Guardian: http://www.guardian.co.uk/society/sarah-boseley-global-health/2012/aug/23/maternal-mortality-maternal-health

More international coverage:

http://uk.reuters.com/article/2012/08/20/us-childbirth-haemorrhage-drug-idUKBRE87J0I220120820
http://af.reuters.com/article/ugandaNews/idAFL6E8JK87B20120820
http://in.reuters.com/article/2012/08/20/us-childbirth-haemorrhage-drug-idINBRE87J0I220120820
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http://www.lse.co.uk/FinanceNews.asp?ArticleCode=fwyieixxyzkvi6&ArticleHeadline=Poor_evidence_on_WHObacked_haemorrhage_drug_study
http://medcitynews.com/2012/08/study-says-cytotec-for-postpartum-bleeding-should-not-be-on-who-drug-list/