Quality of Maternal Health Supplies Today

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Quality of uterotonics

Articles published until April 2019

- **Ergometrine**: 75.4% samples failed (500 samples)
- **Oxytocin**: 39.7% samples failed (979 samples)
- **Misoprostol**: 38.7% samples failed (411 samples)

Articles published between April 2019 - Jan 2023

- **Oxytocin**: 16-67% substandard prod. (4 studies/204 samples)
- **Misoprostol**: 20-40% substandard prod. (3 studies/135 samples)
- **Ergometrine**: no new studies reported

- The quality of uterotonics is still a problem in LMICs
- New studies are methodologically of better quality.
- Anglophone and Francophone African countries reported to have SF uterotonics
Substandard samples: public and private sector, all levels of the supply chain.
Côte d’Ivoire: most of the products were not registered.
Oxytocin stored in fridges without proper Temp. monitoring.
SF products were recalled in both countries.
<table>
<thead>
<tr>
<th>Quality of Uterotonics Perceptions</th>
<th>Quantitative studies</th>
<th>Qualitative studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. studies</td>
<td>3 (7065 HCP)</td>
<td>2 (292 HCP)</td>
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<tr>
<td>Countries</td>
<td>Nigeria (Lagos); Nigeria (National); Malawi</td>
<td>Ghana; India-Ethiopia-Myanmar</td>
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<td>Oxytocin perception</td>
<td>Lagos state: 12.6% oxytocin ineffective.</td>
<td>Ghana: perceived oxytocin to be more reliable due to false belief that it is heat-stable.</td>
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<td>Nigeria: 21.3% oxytocin poor quality.</td>
<td>India, Ethiopia: OK</td>
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<td>Malawi: 8.2% oxytocin ineffective.</td>
<td>Myanmar: oxytocin ineffective.</td>
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<td>Misoprostol perception</td>
<td>Malawi: 3.3% misoprostol ineffective.</td>
<td>No report</td>
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<td>Action taken</td>
<td>Nigeria: change med. or double dose</td>
<td>Increased dose + add. uterotonics</td>
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<td>Perception reported</td>
<td>HCP do not administratively report, or document suspected poor quality oxytocin or misoprostol.</td>
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Key messages

• The quality of uterotonic available in LMICs is still a concern.

• The problem exists in anglophone and in francophone countries.

• A proportion of HCPs from LMICs perceive oxytocin to be of low-quality. However, there is very limited evidence on their perceptions about misoprostol.

• Many HCPs do not report suspected low-quality uterotonic but change to another medicine or increase the dose of that uterotonic.

• National regulatory authorities do not have enough resources to do adequate surveillance
Thank you