

Oxytocin injection by health workers without midwifery skills can prevent bleeding after delivery

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Community health officers (health workers who are not trained midwives) can safely give injections of the drug oxytocin to prevent severe bleeding after delivery (postpartum hemorrhage) when attending home births in rural areas of Ghana, according to a study by US and Ghanaian researchers in this week's *PLOS Medicine*.

The researchers, led by Cynthia Stanton from the Johns Hopkins Bloomberg School of Public Health in the US, also found that oxytocin injections halved the risk of [postpartum hemorrhage](#) in women who delivered at home—an important finding given that postpartum hemorrhage kills many women in sub Saharan African countries.

The researchers reached these conclusions by conducting a cluster-randomized controlled trial in four [rural areas](#) of Ghana in which [community health](#) workers in one of the two groups gave a preventative oxytocin injection to the mother at every birth they attended using a pre-filled, disposable device called Uniject that is easier and quicker to use than a syringe and needle.

The researchers found that women who were given the preventative oxytocin injection lost less blood after birth than women who did not receive a preventative injection. Women in the intervention group also experienced less postpartum hemorrhage—2.6% compared to 5.5%.

These findings highlight a possible option for the prevention of postpartum hemorrhage in rural communities although the study had some limitations such as the imbalance between the two groups of [women](#) and some different practices among the Community Health Officers.

The authors say: "This trial provides evidence that administration of intramuscular prophylactic oxytocin in Uniject by peripheral [health](#) care providers without midwifery skills can effectively decrease the risk of [postpartum hemorrhage] at home births under research conditions."

They continue: "Maternal health care planners can consider adapting this model to extend the use of oxytocin into peripheral settings including, in some contexts, home births."

In an accompanying Perspective João Paulo Souza from the World Health Organization says: "Successful completion of this challenging trial is important because it demonstrates the feasibility, safety, and impact of a community-based [postpartum hemorrhage] prevention strategy."

Souza adds: "It should be noted that this evidence contributes to equity in health as it extends the application of the most efficacious uterotonic for [postpartum hemorrhage] prevention to the community and under-resourced settings."

More information: Stanton CK, Newton S, Mullany LC, Cofie P, Tawiah Agyemang C, et al. (2013) Effect on Postpartum Hemorrhage of Prophylactic Oxytocin (10 IU) by Injection by Community Health Officers in Ghana: A Community-Based, Cluster-Randomized Trial. *PLoS Med* 10(10): e1001524. [DOI: 10.1371/journal.pmed.1001524](https://doi.org/10.1371/journal.pmed.1001524)

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