

# Safer childbirth for women everywhere

January 29 2015

---

Few women in developed countries die of blood loss in childbirth, but in remote areas and developing countries, an estimated 100,000 die every year from post-partum haemorrhage.

The difference is [oxytocin](#) – an injected hormone that stimulates continued contractions to aid blood clotting where the placenta has detached. In Western countries, it is routinely injected but this is not possible in developing countries where conditions make it difficult to keep the drug at the consistent cold temperature required and where sterile syringes are not always available.

A new, more climatically stable form of the life-saving drug is set to change that. Researchers from Monash University recently signed a co-development agreement with global pharmaceutical company GlaxoSmithKline (GSK) that will bring an inhaled form of the drug a step closer to reality.

The agreement will allow for the conduct of clinical trials, which, if successful, will lead to manufacture of the product at scale for use in [developing countries](#).

Dr Michelle McIntosh, the project leader and a senior lecturer at the Monash Institute of Pharmaceutical Sciences (MIPS), said inhaled oxytocin was ideal for low-resource settings because it remains stable in the heat; it is cheap, portable and, as pre-clinical trials have shown, simple to administer; and it is effectively absorbed through the lungs. In a best-case scenario, an inhaler product could be in use by 2018, she

said.

Dr McIntosh and her Monash team have been involved in the product's design and development since its beginning seven years ago.

"Now we really feel we could achieve our aim to prevent post-partum haemorrhage in women, wherever they live," she said.

The team has received significant funding from donor organisations including the Planet Wheeler Foundation, Geneva-based McCall MacBain Foundation and Grand Challenges Canada. This supports the core research program and enables the Monash team to investigate cultural, logistical and training issues.

"We could make the best possible oxytocin product that is stable for years and works brilliantly but if we don't educate people to use it, it will sit on the shelf and gather dust," Dr McIntosh said.

"We need to map out a clear implementation and access strategy to ensure the product gets into the hands of the women who need it, and they can use it effectively."

Provided by Monash University

Citation: Safer childbirth for women everywhere (2015, January 29) retrieved 24 April 2024 from <https://medicalxpress.com/news/2015-01-safer-childbirth-women.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--