

Saving Maternal and Newborn Lives with Misoprostol and Chlorhexidine

With only about 2% of the world's population, Nigeria ranks second-highest in the world for rates of maternal deaths, accounting for 14% of the global burden. Still, evidence reveals that 1-in-5 women, equal to over one million births in Nigeria, are completely alone when they give birth. This leaves women defenseless against birth complications, and many die from excessive blood loss. **Nigeria also has the continent's highest number of newborn deaths, as every year more than 250,000 babies die in their first month of life.**

Over the past decade, Nigeria recorded less progress in addressing the high rate of newborn deaths when compared to maternal and child health interventions. Non-availability of life-saving newborn health commodities and poor umbilical cord care practices are some of the factors responsible for these negative outcomes. Presently, 95% of all births in Sokoto State take place at home, so the ability to deliver life-saving, low-cost drugs to women in their homes is critical.

One of TSHIP's most successful campaigns pioneered a two-drug initiative through culturally appropriate, low-tech, and high-impact interventions to protect both mother and newborn during and after birth. The first drug, misoprostol, protects the mother from excessive bleeding after birth (postpartum hemorrhage). While misoprostol is available in Nigeria, TSHIP's advocacy led to the development of the single-dose, three-pill prescription suitable for preventing postpartum hemorrhage (PPH). A second medicine, chlorhexidine (CHX), is an easy-to-use antiseptic gel, which when applied on the newborn's cord stump within an hour after birth, seals the wound, preventing bacteria from latching on the cord, and allowing it to heal. When used together, misoprostol and CHX offer critical protection to both mother and child in the delicate time just after childbirth, commonly referred to as the 'golden hour.'

In 2013, Sokoto imported CHX from Nepal, thus becoming the first government in Africa to adopt CHX gel for cord care. Delegations from 31 of 36 Nigerian states, plus the capital, Abuja, have so far undertaken study tours

of Sokoto's program and are at various levels of adoption. In 2014, a Nigerian pharmaceutical company pioneered the manufacture of CHX in Africa. USAID improved commodity security from zero local producers in 2013 to two producers in 2015 with a combined annual capacity to produce over 60 million tubes of CHX, 8 times the national need. Additionally, TSHIP also assisted Nigeria to bring on board an additional supplier of misoprostol thereby pushing down the product's unit price. The United States Government donated 200,000 tubes of CHX to project states to ensure that there was no interruption in supply as Nigeria planned sustainable local production.

USAID and partners successfully advocated for the inclusion of the two drugs in the essential medicines lists at state and national levels. Trained community-level volunteers deliver misoprostol and CHX as part of their integrated, high-impact maternal, newborn, and child health interventions. So far, more than one million newborns in Nigeria have been reached with CHX. In target states, data is already showing reductions in both cord infections and PPH.

31^{OF} 36 NIGERIAN STATES

