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**Misoprostol Information,
Education and Communication:**
Examples from the Field



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Acronyms

ANC	Antenatal Care
AMOG	Associação Moçambicana de Obstetrícia e Ginecologia
AMTSL	Active Management of the Third Stage of Labor
CHEW	Community Health Extension Worker
IEC	Information, Education and Communication
MSI	Marie Stopes International
PPH	Postpartum hemorrhage
PSI	Population Services International
TBA	Traditional Birth Attendant
VSI	Venture Strategies Innovations
WHO	World Health Organization

Introduction

The following document is a guide to assist program planners on developing information, education and communication (IEC) campaigns as part of a misoprostol program (Box 1). While misoprostol may be used for multiple gynecologic and obstetric indications, the focus of the content and messaging is on misoprostol for the prevention and treatment of postpartum hemorrhage (PPH) in a developing country context. The ultimate goal is to generate awareness of and demand for misoprostol in countries where the drug is registered and being legally marketed and distributed.

Venture Strategies Innovations (VSI) is leading efforts to create access to the life-saving drug misoprostol for the control of the leading cause of maternal death worldwide, PPH. A primary activity is the facilitation of regulatory approval of misoprostol for this important maternal health indication. Registration of misoprostol allows for its legal importation, distribution and marketing for specific indications. Additionally, VSI works closely with in-country partners, the Ministry of Health and medical communities to ensure that misoprostol is integrated into safe motherhood initiatives countrywide and with a strong emphasis on community-level access, given the burden of death and disability from PPH is greatest for the proportion of the population that delivers without a skilled attendant and/or at home.

Increasingly as country programs move into the implementation stage, VSI and our distributor partners, have drawn upon the use of IEC to generate both demand and awareness of the drug and to ensure accurate and rational use. This document provides examples of VSI's IEC materials that have been developed in conjunction with in-country consultants and other non-profit organizations, most notably Population Services International (PSI), Marie Stopes International (MSI) and DKT.

Print and media examples included in this document include:

1. Pictorial directions for taking misoprostol printed in brochures, flip charts, posters, or on product packaging
2. Promotional posters highlighting a specific misoprostol product
3. Health Facility Job Aids - the adaptation of nationally approved clinical guidelines or standard treatment guidelines into job aids for health care providers at facilities (posters in delivery wards, training cards, etc.)
4. Radio messages
5. Product packaging guidelines

Box 1: Defining IEC

"Information, education and communication (IEC) combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in IEC is the process of learning to empower people to make decisions, modify behaviors and change social conditions.

IEC initiatives are grounded in the concepts of prevention and primary health care. Largely concerned with individual behavior change or reinforcement, and/or changes in social or community norms, public health education and communication seek to empower people vis-à-vis their health actions, and to garner social and political support for those actions.

When carefully carried out, health communication strategies help to foster positive health practices individually and institutionally, and can contribute to sustainable change toward healthy behavior."

—WHO, 2001
Information, Education and Communication
Lessons Learned

This document will be periodically updated, as new materials and information are made available.

Key Concepts to Consider in Designing an IEC Campaign

A media campaign should strive to use diverse broadcast and distribution channels, combining radio, print, audio-dramas/skits and traditional media, in order to maximize penetration and impact. Key considerations are the reach and the frequency of these channels.

To be most effective, mass media campaigns should be reinforced by interpersonal communication. Interpersonal communication can be broadly interpreted as person-to-person interaction and mutual understanding. It is an extremely important part of any communication strategy—particularly one focused on preventing postpartum hemorrhage (PPH) at the community level. In a community-based study in Northern Nigeria conducted by VSI, the Bixby Center at the University of California, Berkeley and the Population and Reproductive Health Partnership of Ahmadu Bello University, interpersonal communications was the most important source of information on safe birth and misoprostol, eclipsing that of the radio and print materials.

Box 2: Knowing the Culture in Somaliland

The development of locally specific and culturally appropriate messages is a key to ensuring relevance and comprehension. In Somaliland, our program partner PSI conducted focus groups with traditional birth attendants (TBAs) to craft messages on misoprostol for PPH prevention. Through these discussions the TBAs shared that a simple warning to not provide misoprostol until all babies have been delivered was insufficient. Instead they needed to “remember to think to check that there is no twin” which informed subsequent drawing in the pictorial directions for the drug’s use. Additionally, PSI and VSI conducted separate focus groups on packaging and pricing.

Equally important is the use of local artists and art forms when possible. Somaliland has a rich oral tradition therefore a revered Somali poet crafted a poem for TBAs to memorize which will tell the story of how to use misoprostol for PPH prevention.

Misoprostol IEC interventions ideally are linked with a health care service delivery program—either facility- or community-based. Two models that VSI is deploying are antenatal (ANC) distribution of tablets to pregnant women and distribution by frontline health workers in the community who also refer women to nearby facilities to deliver. It is therefore important that the quality of client-provider contact be monitored, supported, reinforced, and updated as necessary. If health care providers lack a supportive environment, individual behavior change (e.g. the use of misoprostol as PPH prevention, timely referral to a facility, or presenting at a facility to deliver) may be compromised. Moreover, the relevant health services infrastructure needs to be prepared to meet the increased demand for services created by the campaign.

“Very rarely does a person make a decision alone. To make a lasting change in one individual, the ‘key influentials’ must be identified and encouraged to support these changes.”

WHO, 2001

Consider local birthing practices and customs (see Box 2). The key influential in one area may be the husband, elsewhere a mother-in-law, traditional birth attendant or sister. For this reason, projects to introduce misoprostol for the control of PPH after delivery must consider most importantly the pregnant mother herself—who is guaranteed to be at the birth—and any other family member or birth assistant who may attend the birth. Therefore, where ANC distribution of misoprostol is ongoing, messaging encourages both the pregnant mother and a support person to attend ANC together.

When developing messages and materials it is important to segment your audience. In misoprostol IEC programs, VSI crafts messages for expectant mothers, birthing support persons, husbands and health care providers.

Health care providers themselves are not a homogeneous group. When developing job aids one must consider the level of education, nature of their interaction with the client (delivering a laboring woman or outreach/ education to a pregnant mother), and what services they are permitted to provide. For example, in some countries misoprostol is being introduced as part of an effort to increase the practice of the active management of the third stage of labor (AMTSL).¹ Depending upon the provider's skill level or the country's nationally approved clinical guidelines they may or may not be allowed to perform AMTSL. This has implications for materials developed for different cadres of health workers.

Box 3: Misoprostol Day and the Power of Women's Groups in Ethiopia

Ethiopia was the first country in the world to implement the model of using women's groups on a large scale to share the knowledge of PPH and misoprostol. In Ethiopia, virtually every region has influential women's associations that represent constituents from the regional down to village levels. These groups provide direct support and informal education and training programs for agriculture, health, vocational skills, and education for women and girls; they are a major source for systematically sharing information, raising awareness, and fostering community activism among women.



At the 2008 Women's Association annual meetings in Tigray and Amhara regions Venture Strategies and our partner DKT-Ethiopia sponsored a Misoprostol Day to generate awareness among the delegates. Over 800 women attended. Women immediately identified with the message of birth preparedness and misoprostol as a feasible option for their deliveries. The conference highlighted education and empowered women to understand how misoprostol works, its importance in preventing death from excessive bleeding after childbirth and where they will be able to obtain the tablets in the near future. For the purposes of our marketing efforts, it was significant that women vowed to take misoprostol information back to their constituents.

¹ AMTSL is an evidenced-based practice proven to decrease the incidence of PPH after delivery. Upon delivery of the infant(s) AMTSL involves the prompt administration of a uterotonic (oxytocin or misoprostol), controlled cord traction and upon delivery of the placenta, uterine massage to stimulate contractions. WHO recommends oxytocin as the first-line uterotonic in AMTSL.

Primary Planning Considerations

1. Time must be devoted to ensure stakeholder buy-in. Support of community leaders, public opinion leaders and decision-makers can lead to stronger results, greater credibility, relevance, and acceptance of the campaign. Equally important is the time to achieve consensus among the Ministry of Health, implementing partners and stakeholders and approval on materials (especially if public endorsements are desired)
2. Sufficient time and money must be allocated to producing relevant materials (see Box 4), including:
 - a. Carefully crafting and testing messages
 - b. Field testing early versions of graphics/pictorials for comprehension and cultural appropriateness
 - c. Translation of materials and back translation to confirm fidelity to the message
 - d. Printing in sufficient quantity either in-country or in the US and shipping
3. Adequate forecasting of quantity of materials needed and a workable distribution and reordering system must be established.
4. Service providers/community outreach workers must be taught how to use materials. Consider local language and alternate teaching methodologies, such as song and role-plays with low literacy populations. Use the developed materials in all trainings.



Role-plays with traditional birth attendants in Mozambique

Box 4: Getting it Right

VSI recommends the following strategies to ensure accurate, culturally appropriate and relevant pictorials:

- Hire a local illustrator who can convey consistency across frames, and reproduce identifiably similar subjects.
- In the illustrations consider factors such as dress, ethnicity and setting so that the subject will have broad appeal and will not distract from main messages.
- Your illustrator may not be the best person for translation of text. Contract translation services separately and always back-translate to ensure comprehension.
- Stage your pictures. Healthcare providers with the technical knowledge may take photos of themselves acting out scenes for the illustrator to then duplicate, accurately depicting body and hand position, attendants' position, location of the baby and tablets.
- Incorporate broader public health initiatives in the illustrations: delayed child bearing (not too young of a mother); kangaroo care, immediate breast feeding after delivery, swaddling, or hand washing/clean delivery.
- Field test illustrations among your target audience. (shown below)



Information, Education and Communication Examples

Standardized Messages for the Facility Level

Key messages at the facility should emphasize:

- Oxytocin is the first-line drug for the prevention and treatment of PPH.
- If oxytocin is unavailable, misoprostol is an effective drug to prevent or treat excessive bleeding after childbirth.
- Misoprostol is a simple tablet—not injection—and may be stored at room temperature.
- Misoprostol should not be taken while pregnant.
- For deliveries that occur in a health center or health post: excessive bleeding after childbirth may be PREVENTED if the patient swallows three (3) tablets by mouth (taken orally), immediately after the birth of the infant(s) and *before* delivery of the placenta and any signs of bleeding.
 - For prevention of PPH, do NOT wait to see if the placenta delivers in a normal amount of time. Immediately after delivery of the infant, check to ensure there is no twin. Administer three (3) tablets orally after delivery of the last infant.
 - Monitor the woman closely. Expected symptoms associated with misoprostol use are shivering; vomiting/ nausea; and fever. Symptoms typically resolve on their own. For chills, cover the woman with a blanket. For fever, administer paracetamol and apply cool, wet cloths.
 - If postpartum bleeding occurs, immediately refer the women to a higher level facility. (Depending upon the country’s clinical guidelines, administration of five (5) tablets rectally (per rectum) OR four (4) tablets sublingually may or may not be recommended prior to transfer).
- When a woman presents at the facility and is already bleeding with postpartum hemorrhage, while preparing to transfer her to a referral facility, administer five (5) tablets of misoprostol per rectum OR four (4) tablets sublingually —particularly if there is no referral facility nearby.
- Discuss with women at antenatal care where a woman can purchase or receive misoprostol (e.g. pharmacy, patent medicine vendors, community health extension workers (CHEWs) or at the clinic or hospital during a facility birth)

Standardized Messages for Community Outreach Workers/ Interpersonal Communication

Community outreach by traditional birth attendants, community resource persons, community health extension workers or health educators should emphasize:

- Bleeding after childbirth is a life-threatening condition and there are no warning signs.
- A facility is the safest place to deliver.
- Misoprostol or “Miso” is a tablet *—not an injection—*that is swallowed after delivery of the baby to prevent bleeding after childbirth that can lead to death.
- “Miso” is available at [the facility] but for women who cannot reach a facility and deliver at home, “miso” may be purchased from [specify alternate outlets] to have ready at delivery.
- “Miso” must not be taken while pregnant.

- To prevent excessive bleeding after childbirth: Immediately after the birth of the baby, check to make sure there is no twin. *Before* delivery of the placenta, the mother swallows (or drinks) three (3) tablets of “miso”.
 - Monitor the woman closely. Expected symptoms are shivering; vomiting/ nausea; and fever. Symptoms typically resolve on their own. For chills, cover the woman with a blanket. For fever, apply cool, wet cloths.
 - If postpartum bleeding occurs, immediately refer the women to a higher level facility.
- If a mother has not taken misoprostol after delivery of her baby and starts to bleed excessively after childbirth, five (5) tablets of misoprostol should be administered rectally (per rectum) OR four (4) tablets sublingually (under the tongue and left to dissolve) to prevent death from excessive bleeding. Monitor the mother closely and transfer her to the nearest facility if bleeding continues.
- Emphasize again that the facility is the safest place to deliver.




Skit being performed as part of a community awareness campaign in Zambia on birth preparedness and misoprostol for PPH

Pictorial Directions for Misoprostol for Prevention of PPH (TANZANIA):
Venture Strategies, Ifakara Health Institute

PANGA MAPEMA... JIFUNGUE SALAMA


TUMIA DAWA YA MISO IPASAVYO KWA UZAZI SALAMA

TAHADHARI
Ukiwa ungali mjamzito usimeze vidonge vya MISO .




1

Mama mjamzito anajifungulia nyumbani akisaidiwa na mmoja wa wanafamilia yake.





2


TAHADHARI
Hakikisha hakuna mtoto pacha tumboni kabla ya kumeza vidonge vya MISO.



3





Endapo mama atameza dawa za MISO na damu nyingi inaendelea kutoka (Zaidi ya doti moja ya khang'anga kulowa damu) Apelekwe kituo cha tiba



5


Mara baada ya mtoto au watoto wote kuzaliwa meza vidonge vitatu vya MISO kujikinga na uwezekano wa damu nyingi kuendelea kutoka




4


Baada ya kumeza MISO, mama anaweza akajisikia joto au baridi - hizi ni hali za kawaida ambazo zinaweza kujitokeza

Mama anayeendelea kutokwa damu nyingi akipelekwa kituo cha tiba kilicho karibu



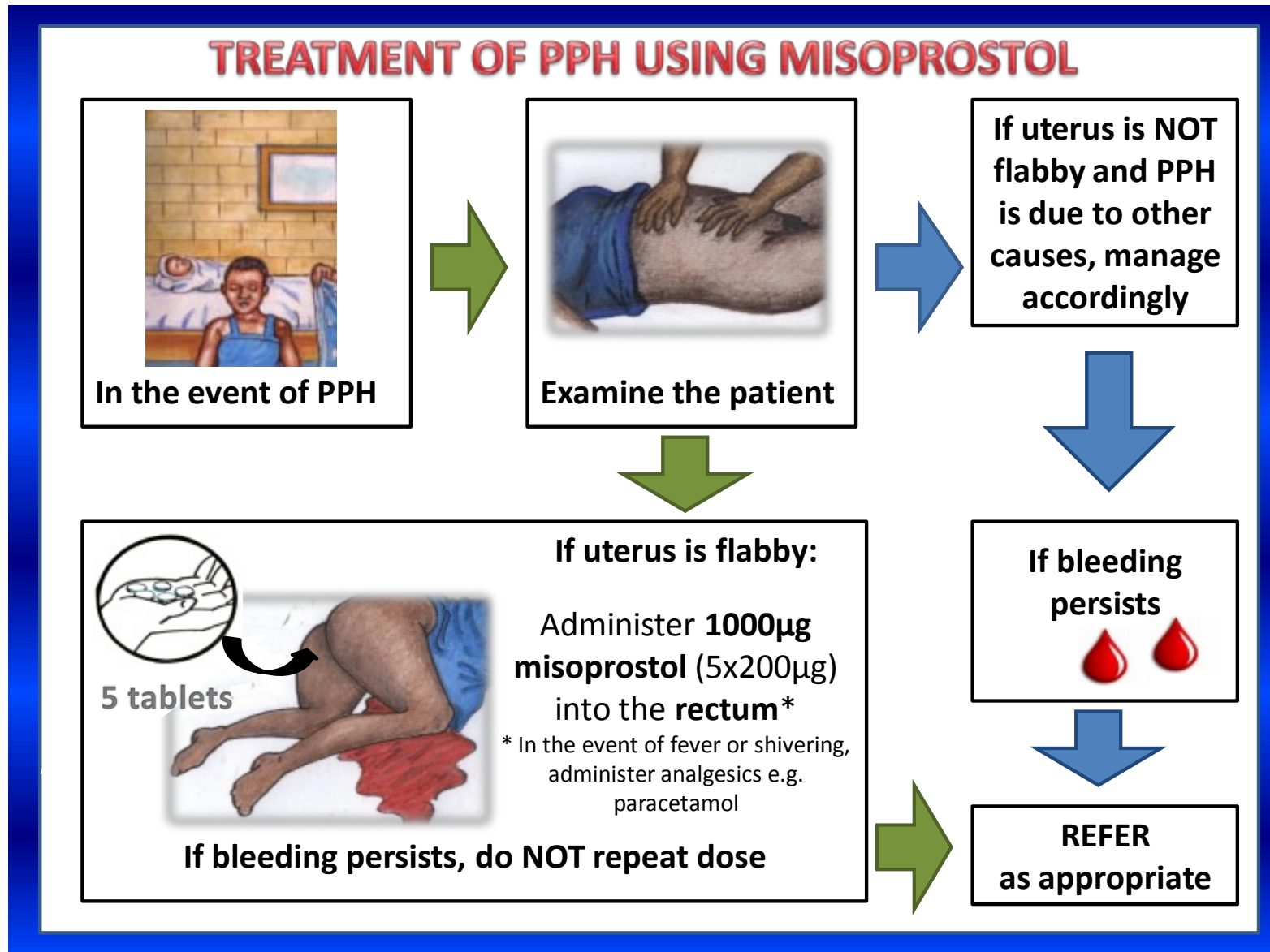
6





Ifakara Health Institute P.O. Box 78373 Dar es Salaam Tel: +255 22 277 4714, Fax +255 22 277 1714 email: info@ihi.or.tz

Adaptation of National Clinical Guidelines into a Facility Job Aid (NIGERIA):



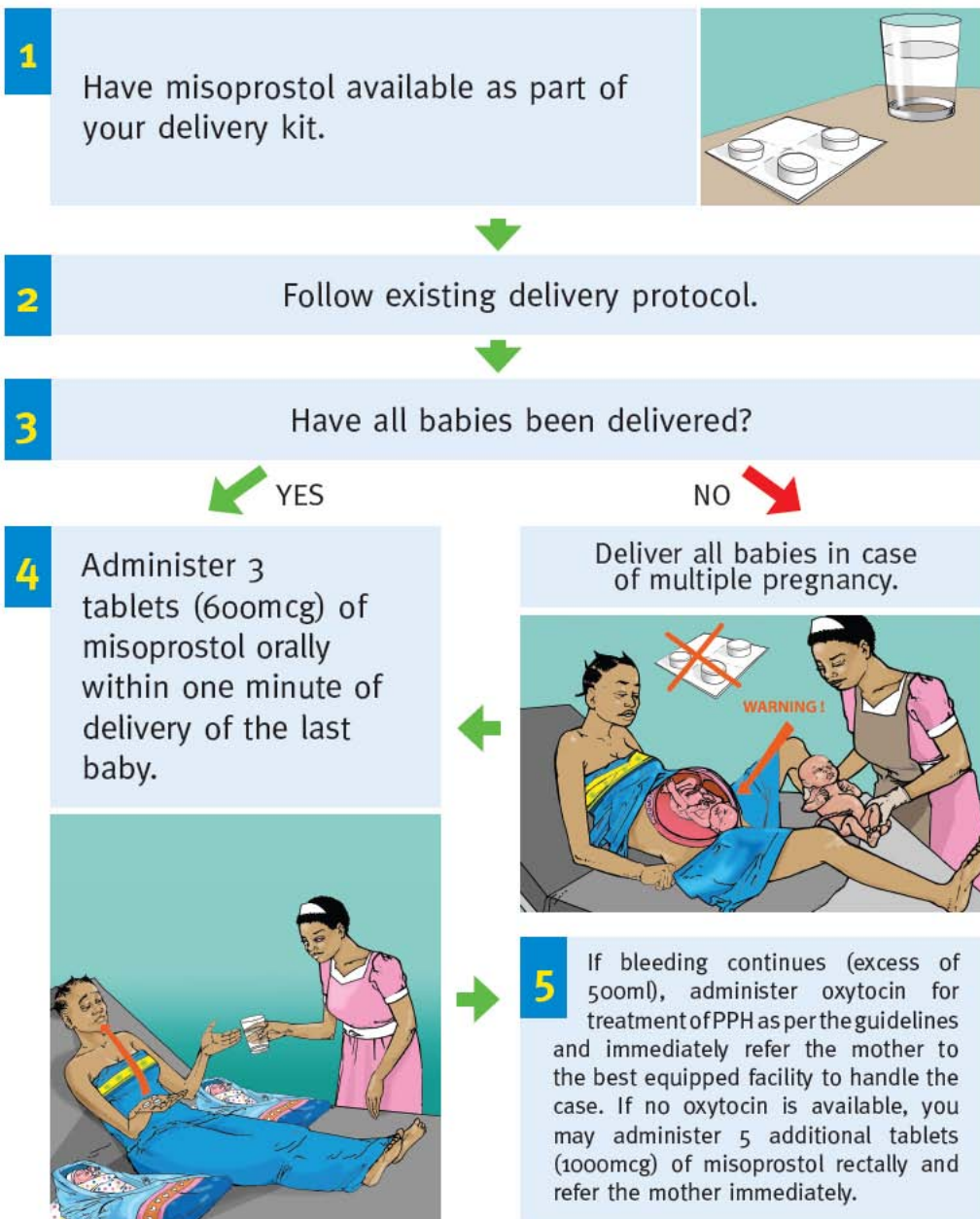
Facility Job Aid for PPH Prevention (UGANDA):

Association of Obstetricians and Gynecologists of Uganda, Management Sciences for Health, Marie Stopes-Uganda, Ministry of Health, PACE, WHO



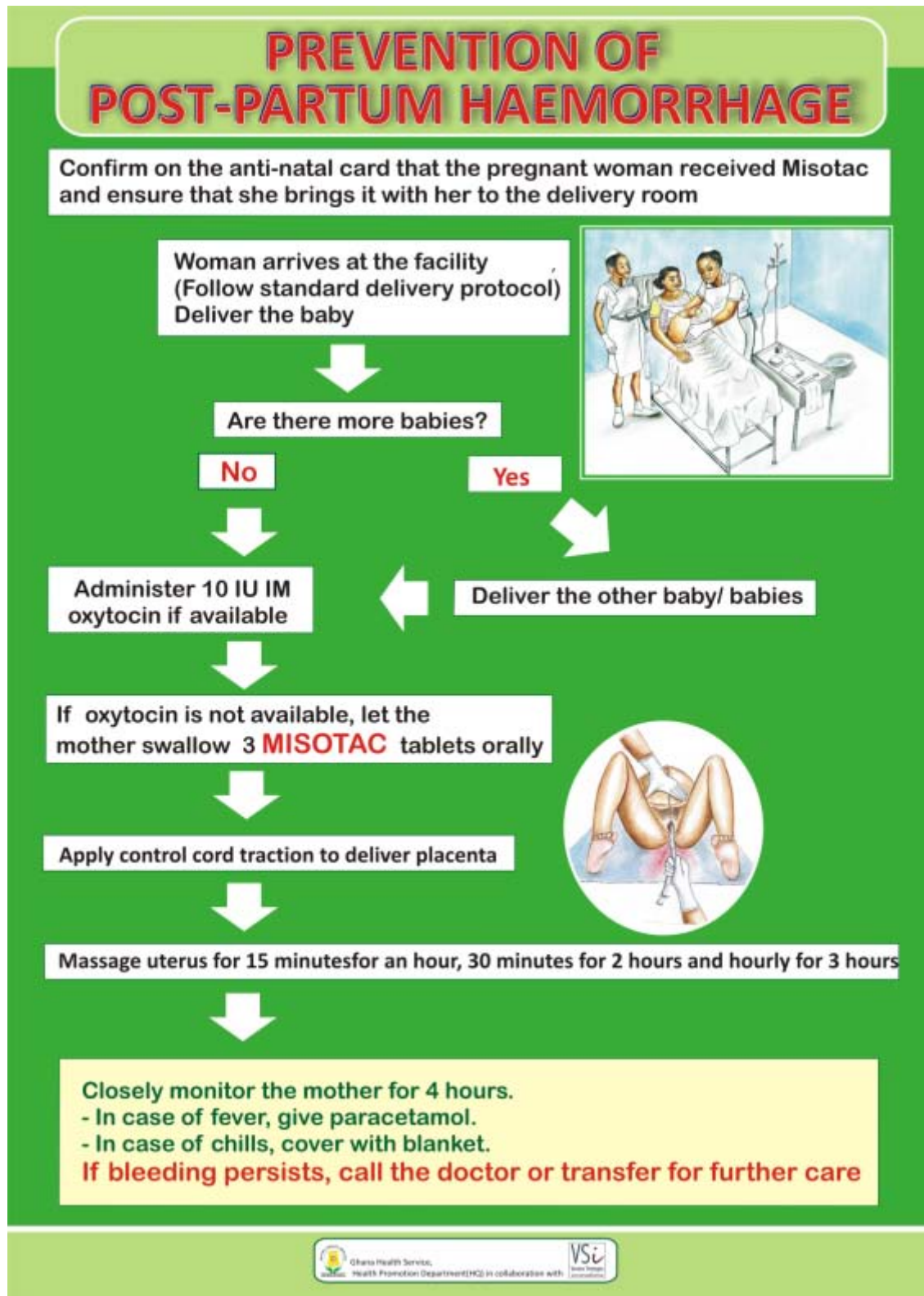
Use of misoprostol for prevention and treatment of postpartum haemorrhage

Misoprostol is an alternative uterotonic for the prevention and treatment of postpartum haemorrhage in both single and multiple pregnancies.



Service Delivery Job Aid for PPH Prevention (GHANA):

Ghana Health Services, VSI, Reproductive Health Division, Health Promotions Unit,
Regional and District Health Directorates in pilot project districts and control districts



Misoprostol Brochure (ETHIOPIA):

DKT-Ethiopia

□

3. የሚሆፕሮስቶል አወሳሰዱ እንዴት ነው?

የሚሆፕሮስቶል እንክብል እያንዳንዱ 200 ማይክሮ ግራም ይዘት እንዲኖረው ተደርጎ የተዘጋጀ ነው። ሚሆፕሮስቶልን ከመጠቀማችን አስቀድሞ የመንትፍሽ እርግዝና አለመኖሩ መረጋገጥ ይኖርበታል። ስለዚህ እናቶች ከወሊድ በኋላ የሚያጋጥማቸውን ብርቱ የደም መፍሰስ ለመከላከል እንዲያስችላቸው ሕፃኑ እንደተወለደ የእንግዶ ልጅ ባይወጣም አስቀድሞ 3 ፍራ ሚሆፕሮስቶል በውኃ መዋጥ ያስፈልጋል።

ማሳሰቢያ ሕፃኑ ሳይወለድ መድሀኒቱን መውሰድ ፈፅሞ የተከለከለ ነው።

4. ሚሆፕሮስቶል በተጠቃሚ እናት ላይ የሚያስከትለው የጤና ችግር ይኖር ይሆን?

ሚሆፕሮስቶል በጤና ላይ ጉዳት የማያስከትል ሲሆን አልፎ አልፎ በተጠቃሚ ወላድ እናቶች ላይ ጊዜያዊ የሆኑ ማቅለሽለሽ፣ ማስታወክ፣ እንዲሁም መጠነኛ ትኩሳት ሊከሰት ይችላል። ይህ ጊዜያዊ ችግር በመሆኑ በራሱ ጊዜ ሊጠፋ የሚችል ነው።

5. የሚሆፕሮስቶል አገልግሎትን የት ማግኘት ይቻላል?

ከወሊድ በኋላ የሚያጋጥም ከፍተኛ የደም መፍሰስን እደጋ ለመከላከልና ለማዳን በእና የሚወሰድ ይህ እንክብል መድኃኒት በመንግስት የጤና ተቋም፣ በገጠር ቀበሌ ውስጥ በሚያገለግሉ የጤና ኤክስቴንሽን ባለሙያዎች ዘንድ ይገኛል።

ወሊድ የሕይወት አርካታ እንጂ የሞት ፍርጃ መሆን የለበትም!



No matter where a woman lives, giving birth should be a time of joy, not a sentence to death

ሚሆፕሮስቶል
Misoprostol



በሚሆፕሮስቶል የእናቶችን ሕይወት መታደግ



Package Insert for Misoprostol for Prevention of PPH (ZAMBIA):
Society for Family Health/PSI, Venture Strategies



1
A pregnant woman giving birth at home assisted by one of her family members



2
Immediately after childbirth, mother should swallow three MISOPROSTOL tablets to keep her from excessive bleeding, and remain closely monitored.



3
Fever:
Apply a wet cool piece of cloth; if it persists she should be taken to HF



4
Shivers:
Cover her with a piece of sheet or a blanket. If it persists she should be taken to HF



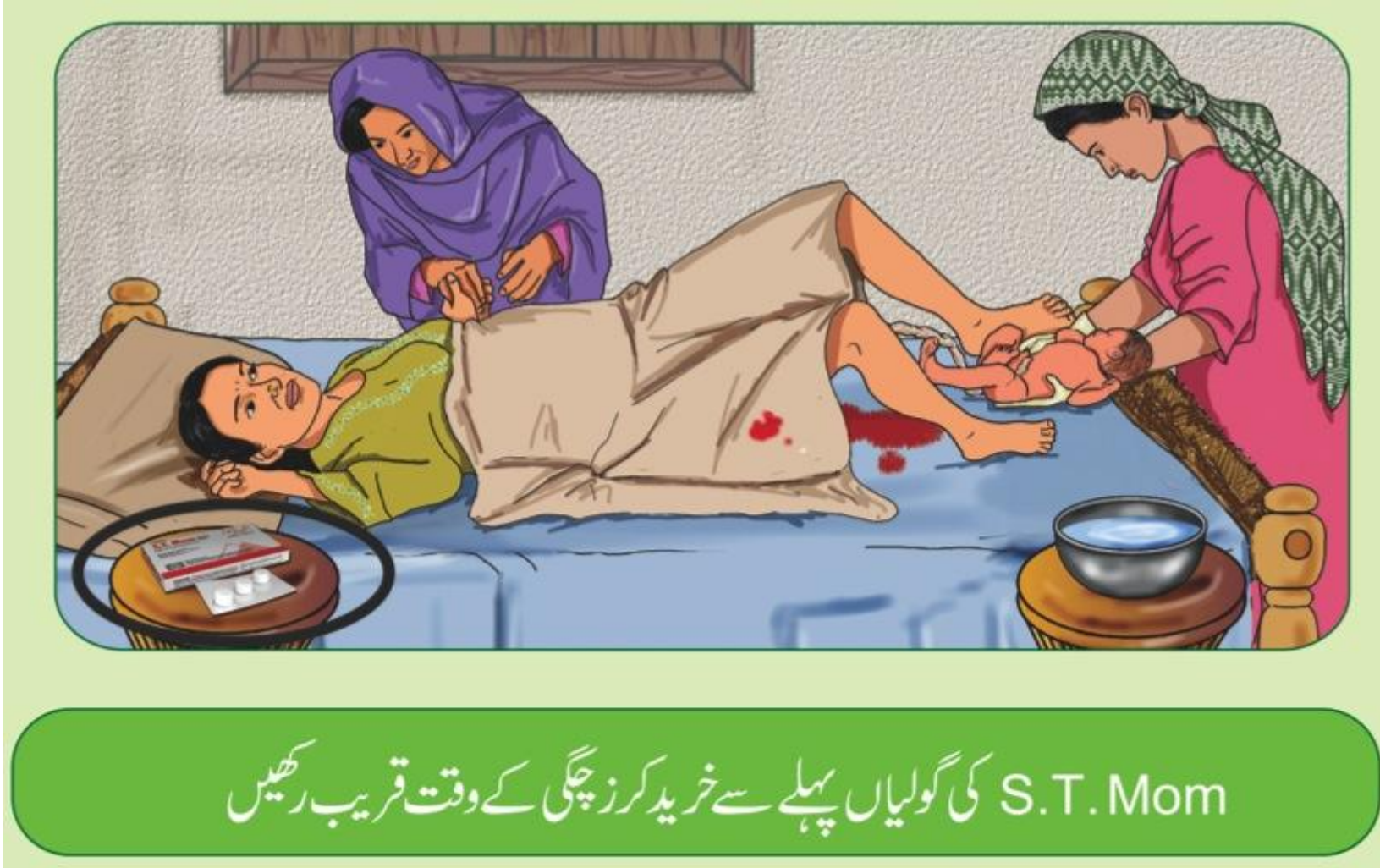
5
If excessive bleeding continues (2 chitenges soaked in blood)...



6
She should be taken to nearest health facility for treatment

Pictorial drawing for S.T. Mom product insert (PAKISTAN):

Zafa Pharmaceuticals, Association for Mothers and Newborns, Greenstar/PSI, Ipas, Marie Stopes Society-Pakistan (MSS), Midwifery Association of Pakistan, National Committee for Maternal and Neonatal Health



Package Insert for Misoprostol for Prevention and Treatment of PPH and Treatment of Incomplete Abortion (MADAGASCAR):

Marie Stopes International (MSI)

MISOCLEAR

Misoprostol 200 mcg

Fisorohana ny fahaverezan-drà aorian'ny fahaterahana

⚠️ TANDREMO: fadilo ny mihisana ny MISOCLEAR raha mbola tsy tenaka

⚠️ TANDREMO: samantva tsara fa tsy misy asa antonony an'ny-tila ahahany jilimamena ny MISOCLEAR

- Mihidana MISOCLEAR telo (03) avy hatrany, raha vao tenaka ny zaka
 - raha mangovitra, nitaha lamba malana
 - raha misy hafanana, asi lamba tena mangatsiatriaka
- Raha misy ny fahaverezan-drà tafahoana (mahafano) taha-dra ma
- Manatona ny tobim-pahasalamana izay akaky indrindra

MISOCLEAR

Misoprostol 200 mcg

Fitsaboana ny fahaverezan-drà aorian'ny fahaterahana

- Aorian'ny fahaterahany ny zaka, araho maso akaky ny fahasalamany ny ny
- Raha misy ny fahaverezan-drà tafahoana
- Ataovy vonona ny MISOCLEAR
- Ataovy aminy tena-boly ny pilina MISOCLEAR dehy (03)
 - raha mangovitra, nitaha lamba malana
 - raha misy hafanana, asi lamba tena mangatsiatriaka
- Raha mbola tsy misy fahaverezan-drà tafahoana, manatona ny tobim-pahasalamana izay akaky indrindra

MISOCLEAR

Misoprostol 200 mcg

Fitsaboana ny fahafahan-jaza tsy tomombana

⚠️ TANDREMO: fadilo ny mihisana ny MISOCLEAR raha mbola an'ny-tila ny zaka

- Raha aorian'ny fanatan-jaza ka misy
 - fahaverezan-drà tafahoana
 - fahasalamana an'ny antonony ny zaka
- Ahahany ny pilina MISOCLEAR telo (03)
- Raha mbola tsy misy fahaverezan-drà tafahoana (mahafano) ny al'asa hita
- Manatona ny tobim-pahasalamana izay akaky indrindra
- Raha mbola tsy misy fahaverezan-drà tafahoana, manatona ny tobim-pahasalamana izay akaky indrindra

Promotional Poster (TANZANIA):

**PANGA MAPEMA... JIFUNGUE SALAMA
KUTOKWA NA DAMU NYINGI
BAADA YA KUJIFUNGUA**

Ni hatari kwa mama wajawazito

MISO

**Ni dawa ya kuinga
na kutibu damu
nyingi kuendelea
kutoka baada ya
kujifungua**



- Kila mjamzito ni muhimu kuhudhuria Kliniki pamoja na mmoja wa wanafamilia yake
- Hakikisha mjamzito anajifungua kituo cha afya au Zahanati
- Endapo mama atajifungulia nyumbani ameze vidonge vitatu vya MISO mara baada ya mtoto au watoto wote kuzaliwa

Mama akiendelea kutokwa damu nyingi (kiasi cha doti moja ya khanga kulowa damu) apelekwe Kituo cha tiba kwa uchunguzi na tiba


WIZARA YA AFYA
NA USTAWI WA JAMII

 **IFAKARA HEALTH INSTITUTE**
research | training | services


Venture Strategies
for Health and Development

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Promotional Poster (MOZAMBIQUE):

AMOG, VSI, PSI



Use o MISO
após o parto
para proteger
a vida da
mãe.

O QUE É MISO?
O MISO são comprimidos que servem para prevenir a hemorragia (perda de muito sangue) após o parto. A prevenção da hemorragia pode salvar a vida da mãe.

Para mais informações, dirija-se ao centro de saúde mais próximo.

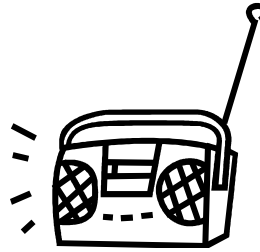


Promotional Poster (ZAMBIA):
Society for Family Health/PSI



Prevent 'excessive bleeding' after childbirth

**Take Misoprostol tablets
immediately after giving birth**



Radio Scripts (TANZANIA):

Radio spot 1

Title:	Awareness on PPH problem/Availability of MISO
Target Audience:	Primary, secondary and tertiary- pregnant women, her family member(s), traditional birth attendants and community in general
Message:	Importance to all pregnant women to visit antenatal care during pregnancy and give delivery at Health Facility or under traditional birth attendant care
Approach:	Uses women (wife) as an agent of change and support to adaptation of desired behavior.
Format:	Dialogue
Language:	Kiswahili
Duration:	30 - 45 sec

SFX: RURAL MORNING TIME SOUND

Wife:	My husband, you know I am pregnant; we are supposed to start attending antenatal care both of us.
Husband:	Heeh my wife... since when men attend antenatal care? Ask your sister to take you there!
Wife:	It's ok my husband, but when my sister was pregnant, my brother in-law used to go with her to a clinic. This helped both of them to know important issues on pregnancy and delivery, such as: <ul style="list-style-type: none">- Necessitate delivering in health facility.- How to handle PPH if such problem occurs.
Husband:	True, you have reminded me an important issue, many women lost their lives during delivery due to PPH problem. Get ready and let us go.

SFX POURING WATER INTO CUP: MUSIC UP AND DOWN

PPH problem costs lives of many women during delivery in the country...take action now, it's possible to protect them and prevent the situation!!

Warning:

MISO tablets should never be taken by pregnant women before delivery of a child or if there is a twin baby in the womb; this is for the baby's safety. Save women's lives by using MISO effectively.

This message has brought to you by:

[name(s) of supporting/ coordinating agencies such as the Ministry of Health, Venture Strategies, etc...]

Radio spot 2

Title:	Awareness on PPH problem/Availability of MISO
Target audience:	Primary, secondary and tertiary- pregnant women, her family member(s), traditional birth attendants and community in general
Message:	Availability of MISO, a prevention and treatment of PPH to all Health Facility offered for free to all pregnant women who attend antenatal clinics
Format:	Narrations
Language:	Kiswahili
Duration:	30 sec

SFX: **TERRIFYING SOUND**

MISO...MISO...medication for prevention and treatment of PPH!!!

It has been approved by World Health Organization and authorized by Ministry of Health and Social Welfare to be used all over in the country. MISO is available in all government health facilities in [specify geographic area/districts].

Right after women deliver a baby and examined confirming there is no another baby in the womb, she should take three tables of MISO. If there is still more excessive bleeding with an average of two kanga soaked blood, she should be taken to the nearest health facility for more examination and treatment.

MUSIC **SOFT, HAPPY MUSIC UP AND DOWN**

Warning:

MISO tablets should never be taken by pregnant women before delivery of a child or there is a twin baby in the womb; this is for the baby's safety. Save women's lives by using MISO effectively.

This message has brought to you by:

[name(s) of supporting/ coordinating agencies such as the Ministry of Health, Venture Strategies, etc...]

Misoprostol Packaging Guidelines

The following guidelines provide minimum messages for Misotac® packaging and should serve as a checklist for platforms developing customized packaging. Minimum messages on packaging ensure that the product information is technically correct and adhere to international guidelines on misoprostol packaging.

In addition to maintaining compliance with international guidelines, country misoprostol programs should compare packaging instructions with national guidelines.

In most countries, there may be a second language included on the external packaging.

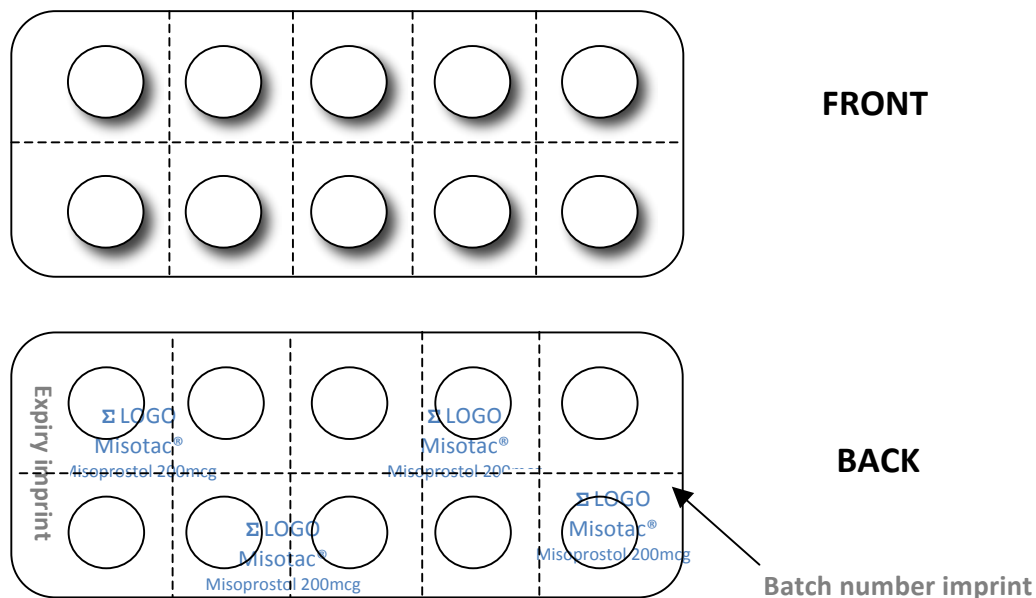
These guidelines also hold for Misoclear® product packaging.

Blister Packs: Minimum messaging

The product blister for Misotac® is standard and cannot be altered. Blister packs are produced in packs of 10 tablets. Fewer tablets may be requested in a blister pack with blister packs produced with empty tablet wells.

1. Product Brand Name: Misotac®
2. Expiry date imprint
3. Batch number imprint
4. Logo for SIGMA Pharmaceutical Industries
5. Active Ingredient
 - Misoprostol 200µg

Blister Pack Example



Product Outer Box: Minimum messaging

1. Product brand name: Misotac®
 - The Misotac® brand on the packaging must be shown exactly as it is on the sample enclosed.
2. Active ingredient
 - Misoprostol 200µg
3. Package quantity : 20 tablets
4. Regulatory agency registration number
5. Bar code
6. Batch number
7. Manufacture date (non-coded)
8. Expiry date(non-coded)
9. Logo of SIGMA Pharmaceutical Industries
10. Wording: “To prevent PPH take 3 tablets (600 µg) orally, immediately after delivery of the newborn(s); To treat PPH take 5 tablets rectally (1000 µg) to treat signs of excessive bleeding”
11. Warnings:
 - “Make sure there is no second twin before taking misoprostol”
 - “Do not exceed the recommended dose”
 - “Do not repeat the dose”
12. Storage conditions as follows:
 - “Store in a dry place at room temperature”
 - “Store safely out of reach of children”
13. Wording: “Produced by SIGMA pharmaceutical industries – Egypt- S.A.E”
14. Pictorial warning and the message: “Never take misoprostol before delivery”
15. Consider security seals to avoid counterfeiting

Product Packaging Examples:
Ummul-Gargaar (PSI-Somaliland)



Misoclear (Marie Stopes-Madagascar)

