We read with interest the Comment by Saumya RamaRao and colleagues entitled “Postabortion Care: Going to Scale” [2011, 37(1):40–44]. Misoprostol, a uterotonic drug that contracts the uterus and ripens the cervix, has been approved by the World Health Organization (WHO) for the treatment of incomplete abortion and included in WHO’s priority medicines list for mothers and children. According to studies that compared misoprostol with manual vacuum aspiration (MVA), the two treatments were equally effective and had minimal side effects. The drug has been added to essential medicines lists in many countries, including Ethiopia, Tanzania, Nigeria, Kenya and Zambia, for the treatment of incomplete abortion.

The different treatment options for incomplete abortion should complement each other, depending on the drug’s availability and a woman’s screening and eligibility for medical treatment. Inclusion of this simple method (a single 600 mcg oral or 400 mcg sublingual dose) obviously has medical method (a single 600 mcg oral or 400 mcg sublingual dose) 

Misoprostol has other advantages for expanding the availability of postabortion care: It is easy to train health care providers to use the misoprostol treatment regimen. Overall, it may be more cost-effective when integrated into PAC services because it decreases treatment time and lowers the cost of supplies and equipment. In several studies, women who could choose between treatment with misoprostol and MVA have selected misoprostol. We agree with RamaRao and colleagues that research findings on PAC should guide the scale-up of services; strong evidence supports the immediate integration of misoprostol into PAC services.

We believe that any PAC delivery program should include misoprostol as a key tool for expanding services, and that misoprostol should be included directly and extensively in the treatment of incomplete abortion. Moreover, any international guidance for scaling up PAC should provide full integration of all proven and approved methods, so that all stakeholders, including funders, can follow it.

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REFERENCES