The Effects of Reclassifying Misoprostol on Access and Equity in Louisiana

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Purpose/Objectives

This study evaluates the impact of Louisiana's recent legislative changes passed in Senate Bill 246 on women experiencing postpartum hemorrhage during and after parturition in Orleans Parish.

Materials and Methods

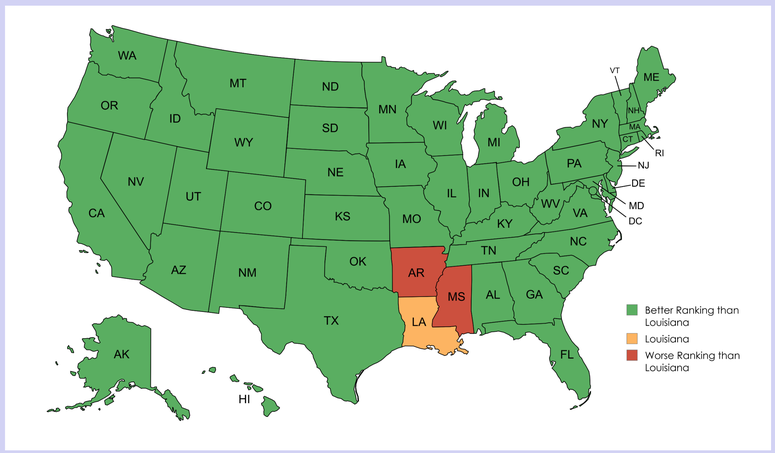
This is a retrospective chart review study using LCMC Healthcare and Ochsner Health's electronic database. Using EPIC to access patients' electronic medical records, we will select for people who have given birth during the period between October 1st, 2023-April 1st, 2025. We will examine the change in uterotonic medication use, adverse maternal outcomes, and management of postpartum hemorrhage. We will also document the hospital of birth, relevant previously existing medical conditions, pregnancy history, gestational age, medications used during parturition (Methergine, Carboprost, TXA, Misoprostol, and Oxytoxin), quantitative blood loss, hemoglobin and hematocrit lab values upon admission and immediately postpartum. Demographics will also be collected and will include age, race, ethnicity, height, weight, BMI, marital status, health insurance, education level, language spoken, and neighborhood deprivation index. We expect n=725, with an expected end date of December 2025.

On October 1st, 2024, Louisiana became the first state to reclassify Misoprostol as schedule IV drug by passing Senate Bill 246 (SB 246).[1] Traditionally, this drug has been used in women's reproductive healthcare in a variety of ways, using both uterotonic and therapeutic properties to assist in managing complicated indications.[2]

The purpose of this project is to determine if the reclassification has impacted Louisiana physician's ability to provide timely and effective care to women who have medically indicated uses for this medication as compared to before the reclassification. More specifically, this research will evaluate the impacts that reclassification may have on usage rate of misoprostol, quantitative numbers including blood loss for any postpartum hemorrhage that occurred, alternative methods used to treat a postpartum hemorrhage, and cost analysis of treating a hemorrhage.

This research will provide invaluable information to both citizens and lawmakers in Louisiana, allowing them to see the real-time outcomes that their legislation has on constituent's access to reproductive healthcare. Additionally, the data collected will allow other lawmakers in the United State to see the generated outcomes of a bill like SB 246 before they consider implementing a similar law.

The Maternal Healthcare Outcomes audit published by the Louisiana Department of Health on March 12th, 2025, states that Louisiana ranks 48th nationally for health of women across social factors, economic factors, physical, environmental, clinical care, behaviors, and health outcomes.[3]



Per a cross-sectional study published in May 2020, postpartum hemorrhage is still a leading cause of maternal morbidity in the US, with the rates of severe postpartum hemorrhage increasing despite recent medical advancements.[4]

Predicted Outcomes

We anticipate a decrease in uterotonic use of misoprostol and increased uses of mechanical and other medical interventions, such as use of the Bakri balloon or a JADA negative suction device, regarding management of uterine atony-related hemorrhage. We also anticipate a significant increase in adverse maternal outcomes in various categories, such as the quantity of blood lost, required transfusions, unplanned surgical procedures, hysterectomies, worsening of previously existing medical conditions, and ICU admissions. We will be gathering similar data regarding misoprostol use during and after spontaneous abortions.

References

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