



POPPHI

Prevention of Postpartum
Hemorrhage Initiative



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Saving Women's Lives: Prevention of Postpartum Hemorrhage

Postpartum hemorrhage (PPH) is excessive bleeding of greater than 500 ml after childbirth. Even a small amount of blood loss can be life-threatening for anemic women—the great majority of women in the developing world. PPH is a major cause of more than 500,000 maternal deaths occurring annually. Additionally:

- Up to 60 percent of maternal deaths are due to PPH.
- There are 14 million cases of obstetric hemorrhage per year, the majority of which occur postpartum.
- Many more women experience long-term morbidity.

Facts about postpartum hemorrhage (PPH):

1. PPH is mostly unpredictable; up to 90 percent of women who experience PPH have no identifiable risk factors.
2. Uterine atony (relaxation of the uterine muscle that allows increased bleeding) accounts for 70 to 90 percent of all PPH cases.
3. Active management of the third stage of labor (AMTSL) can prevent 60 percent of uterine atony and is an evidence-based, feasible, low-cost intervention.
4. Prevention of PPH will significantly reduce maternal mortality and morbidity.

What is the evidence on active management of the third stage of labor (AMTSL) and postpartum hemorrhage?

The Bristol¹ and Hinchingsbrooke² randomized control trials provided conclusive evidence that AMTSL significantly reduces postpartum hemorrhage, decreases blood loss, and decreases the need for blood transfusions.

What can be done to prevent postpartum hemorrhage?

The International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) are promoting AMTSL to save mothers' lives. In their November 2003 joint statement, they state that the usual components of **active management of the third stage of labor** include:

- **Administration of uterotonic agents (the drug of choice is oxytocin, 10 units IM).**
- **Controlled cord traction.**
- **Uterine massage after delivery of the placenta.**

ICM and FIGO further state that “*Every attendant at birth needs to have the knowledge, skills and critical judgment needed to carry out active management of the third state of labour and access to needed supplies and equipment.*”³

Evidence has also proven that oxytocin is the most effective uterotonic drug for prevention of PPH.

¹ Prendiville WJ, Harding JE, Elbourne DR, Stirrat GM. The Bristol third stage trial: active versus physiological management of the third stage of labour. *British Medical Journal*. 1988; 297:1295–1300.

² Rogers J, Wood J, McCandlish R, Ayers S, Truesdale A, Elbourne D. Active versus expectant management of third stage of labour: the Hinchingsbrooke randomized controlled trial. *Lancet*. 1998; 351:693–699.

³ ICM and FIGO. *Joint statement: management of the third stage of labour to prevent post-partum haemorrhage*. [joint statement] 2003.