

# Postpartum Hemorrhage Reduction in Africa: Challenges and Opportunities

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## Background

Post-partum haemorrhage (PPH) has been reported to be the leading cause of maternal death worldwide, accounting for approximately 19.7% of maternal deaths as of 2020. PPH accounts for 8% of maternal deaths in developed countries and almost 20% in developing countries. This disparity may be accounted to key differences in implementation and adoption of interventions aimed at reducing PPH and maternal deaths. Some studies conducted in Sub Saharan Africa show that most available interventions did not prevent or treat the overall condition of PPH, but rather sub-conditions associated with hemorrhage and thus prevented only a fraction of the associated deaths. This paper therefore discusses some interventions used, the opportunities and challenges in interventions aimed to reduce PPH and as a result reduction in maternal mortality in Africa.

## Methods

Purposively sampled interventions in countries that had significant change in maternal mortality rates between 2009 and 2017. Secondary data collected from WHO data on maternal mortality in the 54 countries. Further, documented interventions in these countries were then reviewed to identify the opportunities and challenges.

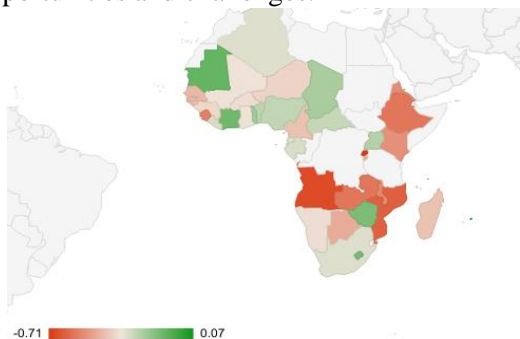


Figure 1: % change in maternal mortality 2000 - 2017

## Results

Intervention	County	Result	Opportunity	Challenge
Use of prostaglandin misoprostol	Multiple	Misoprostol reduced PPH cases significantly	The uteronic is low-cost, stable at room temperature and easy to administer.	
Using quality improvement approach, we implemented four tests of change in Three PDSA cycles	Nigeria	Three PDSA cycles that reduced the monthly incidence by half	Adoption of different methods depending on settings	The location at which mother and infant receive care affects intervention effectiveness and, therefore, the potential to save lives.
Uterine massage	Egypt and South Africa	Uterine massage was less effective than oxytocin for reducing blood loss after delivery. When oxytocin was used, there was no additional benefit from uterine massage	The effectiveness of uterine massage in the absence of oxytocin was not studied	
Oral ergometrine	Multiple	little effect on blood loss after childbirth in order to be a good alternative to parenteral prophylactic management.	community mobilization can have a significant impact on the successful distribution and uptake of a potentially life-saving health intervention, in turn helping promote policy change.	
Community mobilization of community oriented resource persons, drug keepers and traditional birth attendants	Nigeria	Community mobilization efforts reached most women with information about postpartum hemorrhage and misoprostol (88%), resulting in high comprehension of intervention messages		Availability of misoprostol at the community level
Use of Tranexamic Acid	Multiple	With tranexamic acid only in the hospitals, less than 2% of the PPH mortality would be reduced. However, if tranexamic acid were available in the home and clinic settings for PPH prophylaxis and treatment, a nearly 30% reduction (nearly 22,000 deaths per year) in PPH mortality is possible		
Use of misoprostol prevention doses	Niger	Health provider training increased while knowledge of each PPH intervention varied. Near-universal uterotonic coverage for PPH prevention and treatment was achieved and sustained throughout the evaluation period.	Gaps in service delivery were identified, results demonstrate the complexities of training, managing stock, and implementing system-wide interventions to reach women in varying contexts.	
Using task-shifting to build on existing community strengths	Uganda	Opportunities to integrate and coordinate across tiers to serve communities exist; VHTs may help bridge gaps. Task-shifting can be a useful strategy for community-based oral misoprostol interventions to reduce PPH. WHO guidelines endorse the use of community health workers to distribute misoprostol in low-resource settings.		

## Conclusion and Recommendation

A one-size-fit-all approach in PPH interventions cannot be used. The opportunities and challenges in the interventions assessed categorised into three broad areas. These areas include the knowledge gap among healthcare workers and mothers; thirist stage of labour care during pregnancy and opportunities/challenge sin supply chain. The study recommends that There is need therefore to develop and adapt simple tailored training materials or routine upskilling for healthcare workers handling of third stage labour, build capacity of health workers on best practices for storage of uterotonics, support the facilities develop simple internal protocols for recording consumption, and adopt innovative methods to supply chain challenges. This will require policy changes in high level and lowest levels of healthcare delivery. The study also presents opportunities to assess any new challenges or opportunities in the wake of the COVID-19 Pandemic