

# Postpartum Hemorrhage Community of Practice (PPH CoP)

## Implementation Considerations of New WHO Recommendations for PPH

Webinar Recap: March 6, 2024

### Webinar Snapshot

**443 participants**

**2 languages (English and French)**

### Webinar Theme

Learning from WHO and country experts about the **new PPH guidelines** on measurement of blood loss at birth and the WHO 1st response bundle and how to overcome implementation barriers.

### Webinar Presentations

#### **WHO recommendations on the assessment of postpartum blood loss and use of a treatment bundle for postpartum haemorrhage**

Teesta Dey

Maternal and Perinatal Health Unit, World Health Organization (WHO)

#### **Nigerian E-MOTIVE Roll out**

Hadiza Galadanci

Professor of Obstetrics and Gynaecology, Aminu Kano Teaching Hospital, Nigeria

Director of Africa Center of Excellence for Population Health and Policy, Bayero University Kano, Nigeria

#### **Translating E-MOTIVE trial learnings to practice; Kenya's experience**

Michael Muthamia

Program lead-AMPLI-PPHI, Jhpiego-Kenya

#### **Challenges and proposed solutions**

Cherrie Evans

PPH CoP Co-Chair

MOMENTUM Country and Global Leadership

# Webinar Recap and Key Takeaways

## WHO Recommendations on PPH

Read the full WHO recommendations [here](#)



### Recommendation 1: Takeaways

- Visual estimation is frequently inaccurate.
- Evidence for blood loss collection is primarily from vaginal births. Blood loss collection is also important in cesarean births.
- Blood loss collection methods should respect women's choices and comfort.
- Investment and development into climate friendly drapes is important.

### Recommendation 2: Takeaways

- All interventions within the treatment bundle are all individually recommended in the [WHO 2012](#) and [WHO 2017](#) PPH guidelines.
- Early detection must be linked to the bundle as the first-responsive intervention.
- The bundle requires initiation of all interventions within first 15 minutes of diagnosis of PPH. Should not *all* interventions be available, those that are should be initiated.

### Key Implementation Considerations: Presentation Takeaways

- Need for adoption into national guidelines coupled with education and training to support behavior change among providers.
- National health systems must strive to provide sufficient staff and consistent supplies of quality medicines and equipment.
- Key implementation strategies necessary to facilitate the recommendations include:
  - 1) Onsite team training,
  - 2) Audit and feedback;
  - 3) Facility level champions;
  - 4) PPH trolley or carry case.
- Review of prescription and administration authorizations particularly for TXA administration.



## Webinar Recap: Continued

### Country Implementation Experience: Nigeria

#### Training and Supplies

- 41 E-MOTIVE trial sites were used as hub sites for rollout.
- Getting health care providers to change their usual practice is difficult.
- It requires **TRAINING, TRAINING, and TRAINING!**
  - Use the training package (which will be incorporated into the national training materials to be developed);
  - Supply the sites with training and implementation materials and train all HCPs using “low-dose, high-frequency” approach – onsite, team-based, hands on;
  - Ensure supply of quality oxytocin and tranexamic acid where such are not available;
  - Advocate for procurement of good quality drugs for sustainability
  - Use MamaNatalie for training;
  - Train all HCP in maternity and encourage refresher training in LDHF approach;
  - It requires mentoring, supervision and feedback.

#### Stakeholder Engagement

- Stakeholder engagement is important:
  - Ministry of Health;
  - Society of Gynaecology and Obstetrics of Nigeria (SOGON);
  - Association of Fetomaternal Medicine of Nigeria;
  - National reproductive health working group;

#### Additional Challenges

- Main implementation barriers include:
  - Staff shortage;
  - Weak health systems;
  - Poor quality of drugs;
  - Competing priorities.

# Webinar Recap: Continued

## Country Implementation Experience: Kenya



### Continuum of Care

- Important that early detection and 1st response bundle are part of the **continuum of care** so that focus on prevention and refractory treatment are not forgotten.

### How to translate evidence – E-MOTIVE trial – into practice and scale up

- **Disseminate learnings** to key stakeholders – webinars, technical working groups, CPD sessions, professional association congresses.
- Anchor evidence and recommendations WHO guidance.
- Identify decision makers and **determine key advocacy asks** – QA medicines and supplies in supply chain, revise guidelines and training package, update HMIS, costed implementation plan for scale.
- **Engage decision makers** with specific asks.
- Obtain **government ownership and leadership**.
- Create a **coordination mechanism**.
- **Build consensus** on interventions required to attain institutionalization (**vertical scale up**).
- **Build consensus** on interventions required to achieve expansion (**horizontal scale up**).
- Collaborate to prioritize and cost the interventions and develop a **Costed Implementation Plan**.
- **Mobilize resources** and implement.
- Monitor and evaluate.

### Challenges

- Perception that “we already do these things.”
- Risk of losing fidelity to all elements of the approach.
- Limited resources for scale up, including drugs, supplies, training, and drapes.
- Limited advocacy by global players at the national level.
- Risk of losing gains in prevention with focus on treatment.
- Poor quality medicines.
- Lengthy process to get medicines and supplies into supply chain.

## Webinar Recap: Continued

### Identifying Implementation Challenges

A survey of webinar participants showed that **24% of respondents** were not familiar with any type of clinical bundle.

A second survey of webinar participants showed a variety of concerns about what would be the biggest challenge to implement the WHO recs:

- 39% QBL/Drapes
- 37% Training providers
- 27% Quality of drugs/access to drugs

### Selection of Comments from Webinar Participants

**Challenges and Solutions:** The perception that this is already done is a problem - it isn't about doing any one thing - but doing them all together - AFTER objectively measuring blood. Also, the teamwork - drills/simulations/debriefs - and the organized trolleys - are all part of it." With at least 12 positive reactions.

**PPH Bundle:** Ensuring availability of all components of the PPH bundle, especially uterotonics and tranexamic acid, as well as supplies like calibrated drapes.

**PPH Bundle:** Objective measurement of blood loss using calibrated drapes is important but not sufficient on its own - it must be linked to timely treatment using a PPH bundle within 15 minutes.

**E-MOTIVE:** Implementation strategies like on-site training, use of PPH carts/kits, identification of local champions, and audit and feedback were important factors in the success of the E-MOTIVE trial and scaling up best practices.

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