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.

Full recording available
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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.

  - **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.

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

- 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.

Challenges

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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:** 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.

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

**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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