


## Making Her Journey Safe: Preventing Postpartum Hemorrhage at Homebirth




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Jhpiego in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health

## Perspectives on scale up


- Innovations to address different components of problem
- Building global, regional and in-country consensus
  - FIGO-ICM
  - WHO
  - Regional conferences
- Developing in-country
  - champions, capability, experience
- Achieving coverage
- Ensuring coverage of rural and most vulnerable



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## Preventing Mortality from PPH

- We know what to do:
  - AMTSL integrated within skilled care at birth
  - CBD of uterotonic (misoprostol) within an integrated community package of care
  - Basic EmOC that is delivered as close to births as possible
  - Timely access to comprehensive EmOC
- Big gaps exist between
  - Knowing what to do
  - &
  - Consistent utilization of what is known



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## Ethiopia AMTSL: Missing the opportunity to maximize on a cost effective intervention

- Practice of AMTSL: 29% of facility births
- Use of uterotonic only: 100%
  - Oxytocin 68%,
  - 28% Ergometrine (mostly after placenta),
  - 1% both
- Most Ergometrine stored inappropriately
- Harmful practices in third stage in more than 1/3 of facility births.

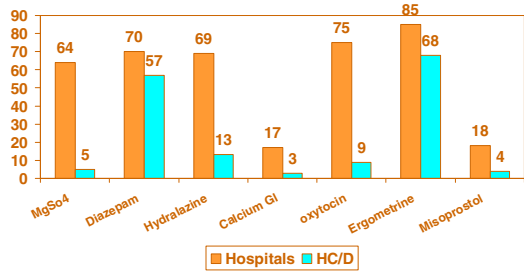


Facility based management and community perceptions of PPH, Ethiopia 2006




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## Availability of Selected Drugs in Birthing Areas in Health Facilities: Tanzania



Drug	Hospitals (%)	HC/D (%)
MgSo4	64	5
Diazepam	70	57
Hydralazine	69	13
Calcium Gl	17	3
oxytocin	75	9
Ergometrine	85	68
Misoprostol	18	4

EmOC situation analysis 2006



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## Creating Champions: Maternal and Newborn Regional Expert Program

- 43 regional experts from 18 countries providing technical leadership in 48 countries
- developing the next generation of regional experts (now 320+) from additional 48 countries
- Leading the Development of a large number of in-country trainers and service providers
- Scaling up adoption of evidence based practices



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## Bangladesh: Scaling up use of AMTSL



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## Bangladesh: Evaluating Impact

Evaluation visits to 48 sites within 6 months of training

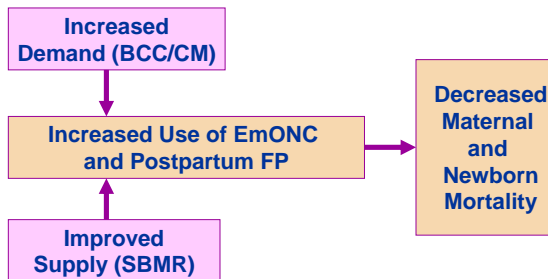
Evaluation conducted by change management team:  
MNH regional experts: 3 Obstetricians, 3 Midwives, 1 anesthetist

- 93% of all cases (1870 births) in month prior to visit had AMTSL.
- Reduction in cases of PPH (2.8% vs 7.8% in previous year)
- No PPH related deaths from any of 48 sites.



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## Nigeria: Integrated Household to Hospital Continuum: Put simply.....

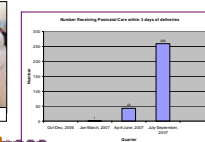
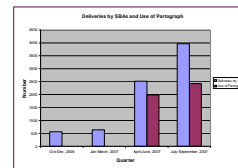


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## ACCESS-Nigeria

Deliveries –Partograph use

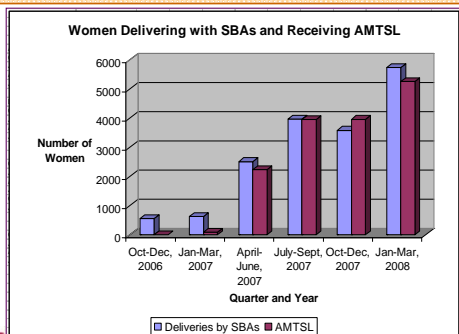
Essential newborn care



Postnatal Care

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## ACCESS-Nigeria: Deliveries by SBA and Use of AMTSL



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## Seeking Solutions for Births That Occur Without Skilled Care

- We cannot predict PPH on the basis of risk factors.
- In most countries fewer than 50% births are attended by a "skilled" attendant.
- Once severe PPH occurs, death follows very rapidly
- Timely referral and transport to facilities is not easily available or affordable
- Availability of emergency obstetric care services is grossly limited.



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A Randomized Placebo-Controlled Trial of Oral Misoprostol 600 mcg for Prevention of PPH at Four Primary Health Center Areas of Belgaum District, Karnataka India

Primary Outcome	Misoprostol (N= 812) N (%)	Placebo (N=808) N (%)	Relative Risk (95% CI)	NNT
Postpartum Hemorrhage (blood loss ≥ 500 ml)	53 (6.5)	97 (12.0)	0.53 (0.39, 0.74)	18
Severe Postpartum Hemorrhage (blood loss ≥ 1,000 ml)	2 (0.2)	10 (1.2)	0.20 (0.04, 0.91)	100



Gouder et al Lancet 2007

WHO Recommendations for the Prevention of PPH (WHO 2007)

7. In the absence of AMTSL, should uterotonics be used alone for prevention of PPH?

Recommendation:

- In the absence of AMTSL, a uterotonic drug (oxytocin or misoprostol) should be **offered** by a health worker trained in its use for prevention of PPH (strong recommendation, moderate quality evidence)

The complex and thorough process of evaluating evidence and gaining consensus for global guidelines on PPH has now been adopted by WHO for all guidelines



Indonesia: evidence from community based PPH prevention programs



Indonesia: Photo by Harshad Sanghvi

In partnership with Depkes, POGI, IBI & supported by USAID through the MNH program

CBD misoprostol is now being introduced in 7 provinces in Indonesia with access and UNICEF support

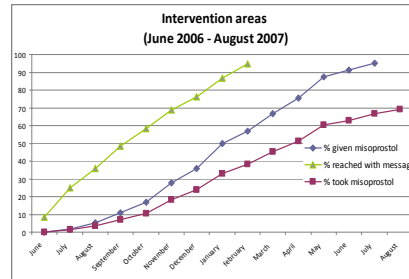
Indonesia

- Safety:** No women took medication at wrong time
- Acceptability:** women who used medication said they would recommend it and purchase the drug for future births
- Feasibility:** Community volunteers successfully offered information about PPH and safely distributed the medication
- Effectiveness:** the combination of skilled providers using oxytocin and community distribution of misoprostol allowed 94% coverage with PPH prevention method

Sanghvi et al 2004



Afghanistan: High Coverage Is Possible Even in Difficult Areas



Estimates of eligible women based on CSO 2006 data, 3.7% CBR. Target eligible population is 2334. over 10 months

Steady coverage though out by CHW even when external monitoring reduced during winter



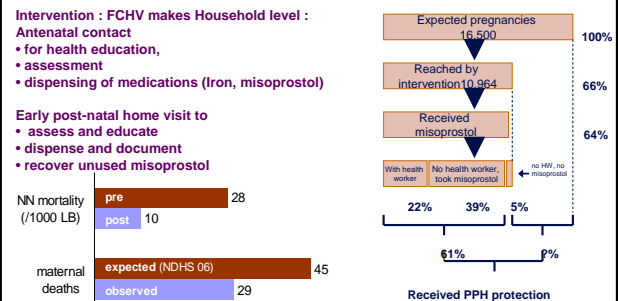
Afghanistan: Near Universal Coverage with Uterotonic is possible

Uterotonic drugs	Control (1148)	Intervention (2039)
Used misoprostol only	0	67%
Received injection only : presumed oxytocin	25.7%	26.5%
Used any uterotonic	25.7%	96.2 %
Did not use any uterotonic	74.3%	3.8%

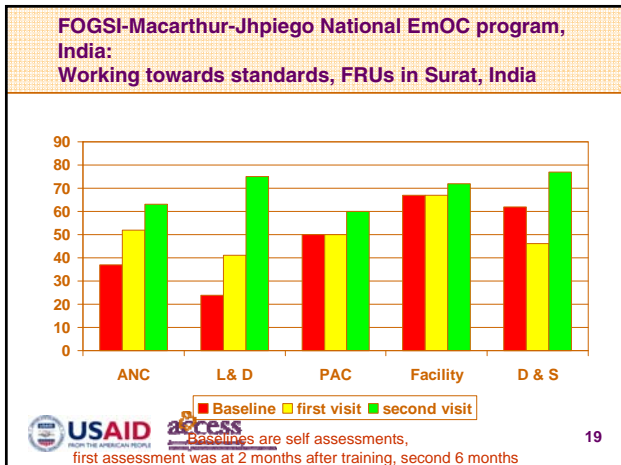
National TAG, have reviewed results in January 2008 and are pursuing inclusion in Basic Health Care Package



Nepal: Integrating into Female Community Health Volunteer program: NFHP, Nepal



Nepal TAG approved scale up and is program incorporated in current years budget planning



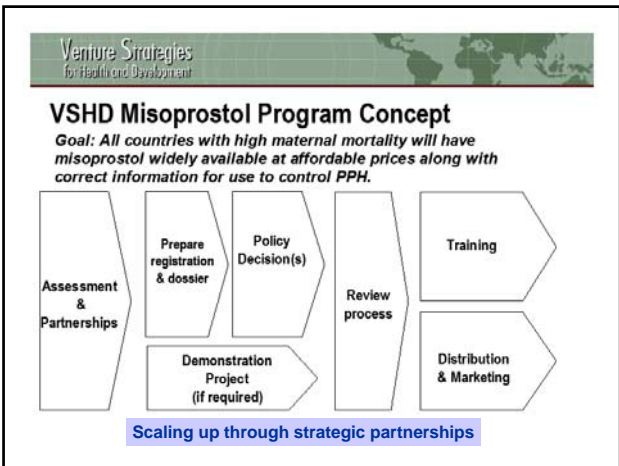
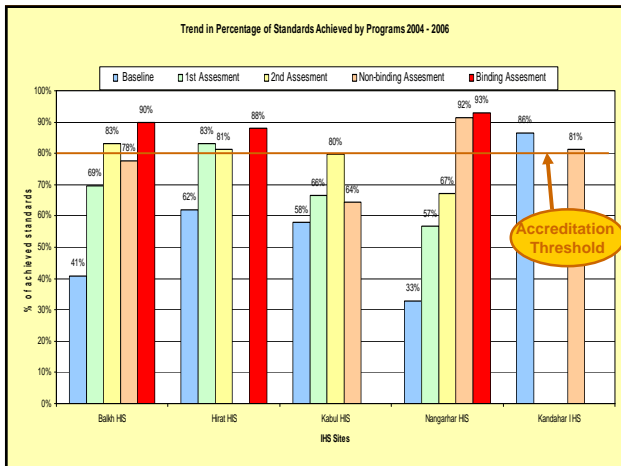
### Midwifery schools in Afghanistan: Scaling up through Midwifery education

Set Standards  
1

Implement Standards  
2

4 Reward Achievements

3 Measure Progress



### Venture Strategies for Health and Development

#### Misoprostol for PPH: gaining worldwide momentum (countries receiving VSHD assistance)

	Evaluation & Partnerships	Study/ OR/ Demo Project (Optional)	Policy Decision	Prepare & Submit Dossier	Miso registered for PPH	Training	Marketing
Egypt	✓	✓ (hospitals)	In process	In process			
Ethiopia	✓	Ongoing (TBAs)	✓ (EM List)	✓	Pending inspection	In process	
Nigeria	✓	Ongoing (TBAs)	✓ (STG)	✓	✓	In process	✓
Tanzania	✓	✓ (TBAs)	✓ (EM List)	✓	Pending inspection		
Zambia	✓	Ongoing (hospitals)		In process			

Scaling up through strategic partnerships

### Take Home Message: Creating Change

- Implementers must perceive a benefit
- Someone they trust believes the change can work in their setting (early adaptors or Champions)
- They feel they can adapt the practice to their setting
- Managers (e.g. investors) feel they can try it at low risk
- Some "quick wins" are seen in the early stages

USAID ACCESS

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District Shura (council)  
meeting



*"Our wives will not die anymore because of bleeding, if they take this drug after birth of the baby and before expulsion of Baar (placenta). We must support and encourage you. Thank you for distributing the drug to our district."  
(A community leader)*