

**Accelerating access to heat-stable  
carbetocin for prevention, and tranexamic  
acid for treatment, of post-partum  
haemorrhage (PPH):  
Successes, challenges, and opportunities**



**Concept**  
Foundation

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**PPH CoP Annual Meeting**

**Tuesday 28th June 2022**

# Considerations for ensuring access to PPH medicines recently recommended by WHO

Policy updates:  
National  
guidelines, EMLs  
and HBPs

WACI Health

Developing  
national PPH  
protocols and  
job aids

FIGO and ICM

Generating  
local evidence  
on safe and  
appropriate use

Concept Foundation

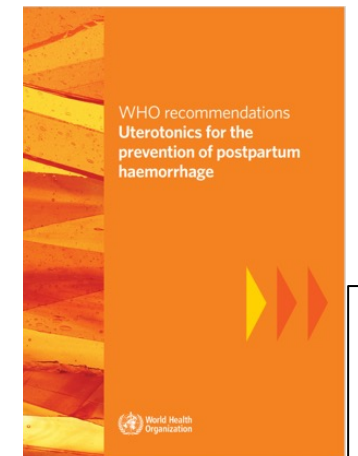
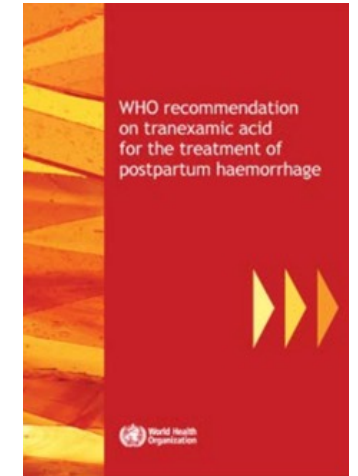
## Project countries:

- |                 |            |                 |
|-----------------|------------|-----------------|
| 1. Burkina Faso | 4. Ghana   | 7. Sierra Leone |
| 2. DRC          | 5. Liberia | 8. South Sudan  |
| 3. Ethiopia     | 6. Rwanda  | 9. Uganda       |

EML – Essential  
Medicines List  
HBP – Health Benefit  
Package

# Project objectives and approach

Objectives	Approach/Activities
<p>Update national guidelines and EMLs to include HSC for prevention, and TXA for management of PPH</p>	<p>Advocacy initiatives including:</p> <ul style="list-style-type: none"> <li>• Engagements with Health Secretariats of the two Regional Economic Communities</li> <li>• Conducting regional and national country workshops</li> <li>• Working collaboratively with Ministries of Health and national key stakeholders</li> </ul>
<p>Develop PPH clinical protocols and job aids</p>	<ul style="list-style-type: none"> <li>• FIGO and ICM developed and published a generic protocol on PPH prevention and treatment</li> <li>• Forming expert working groups and conducting country workshops</li> <li>• Working with in-country designers to develop complementary job aids</li> </ul>
<p>Conduct implementation pilots in a sub-set of project countries</p>	<p>Aim:</p> <ul style="list-style-type: none"> <li>• To assess the uptake of the recent WHO guidelines on prevention and treatment of PPH and safe and appropriate use of HSC and TXA</li> <li>• To generate evidence to identify factors that influence safe introduction of the guidelines in clinical practice</li> </ul>



**HSC** –  
Heat-stable  
carbetocin

**TXA** –  
Tranexamic  
acid

# PPH national guideline and EML updates to include HSC and TXA: Successes

Country	Updated and validated EML 2019–2022	Updated and validated guidelines 2019–2022
Burkina Faso (2020)	Green	Green
Ghana (2021)	Green	Green
Ethiopia (2022)	Red	Green
Ivory Coast (2021)	Green	Red
Liberia (2021)	Yellow	Yellow
Rwanda (2020)	Yellow	Green
Senegal	Red	Red
Sierra Leone (2021)	Yellow	Yellow
South Sudan (2020)	Green	Yellow
Uganda (2022)	Yellow	Green

**Red** – Drafted documents but not yet completed

**Yellow** – Final signature pending MoH clearance

**Green** – Validated (final approval obtained) documents

# PPH national guideline and EML updates to include HSC and TXA: Challenges and opportunities



## Challenges

Political will key for success

Approval time of normative policy updates

Under-resourcing of technical working groups

Availability of essential and quality-assured PPH medicines

## Opportunities

Timing of initiative (some countries were already due for a guideline/EML update)

Forming strategic partnerships with Ministries of Health and civil society organizations

Prioritizing safe and appropriate use of uterotonics and TXA in high-burden countries

Contributing to Universal Health Coverage (UHC) attainment through updating HBPs

# National PPH clinical protocols and job aids: Successes



## FIGO Generic Postpartum Haemorrhage Protocol and Care Pathways

First published - March 2022



### Joint statement of recommendation for the use of tranexamic acid for the treatment of postpartum haemorrhage

June 2021

Postpartum haemorrhage (PPH) is a devastating but preventable condition that affects mothers and their children around the world. PPH occurs when a mother has serious bleeding after giving birth. When not treated quickly, it can be fatal. Most deaths from PPH could be avoided through active management of the third stage of labour, and prompt and effective application of the first response bundle (use of uterotonics, uterine massage, fluid replacement and tranexamic acid [TXA]).

#### Preventing and treating PPH

As leading organisations representing specialists in midwifery, obstetrics and gynaecology, the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) draw attention to a range of aspects of care that are essential to the prevention and treatment of PPH. These include:

- organisation of care
- pre-service and in-service training of care providers
- identification and treatment of anaemia in women of childbearing age
- increased availability of contraception and family planning
- improved referral pathways
- development of clinical protocols for prevention and treatment of PPH.<sup>1</sup>

#### FIGO and ICM recommendations

FIGO and ICM recommend the early use of TXA within three hours of birth, in addition to standard care for women with clinically diagnosed PPH following vaginal birth or caesarean section.

Standard care in the context of this recommendation covers routine care for PPH, including fluid replacement, administration of uterotonics, monitoring of vital signs, non-surgical (e.g. bimanual compression, intrauterine balloon tamponade, non-pneumatic antishock garment, aortic compression) and surgical interventions (e.g. brace sutures, arterial ligation, or hysterectomy) in accordance with WHO guidelines, FIGO recommendations or adapted local PPH treatment protocols.

TXA is a competitive inhibitor of plasminogen activation. It can reduce bleeding by inhibiting the enzymatic breakdown of fibrinogen and fibrin clots. TXA is in routine clinical use for reduction of blood loss in surgery and trauma and is listed on the WHO Essential Medicines List for management of postpartum haemorrhage.

[www.internationalmidwives.org](http://www.internationalmidwives.org)

[www.figo.org](http://www.figo.org)



### Joint statement of recommendation for the use of uterotonics for the prevention of postpartum haemorrhage

June 2021

Postpartum haemorrhage (PPH) is a devastating but preventable condition that affects mothers and their children around the world. PPH occurs when a mother has serious bleeding after giving birth. When not treated quickly, it can be fatal. Most deaths from PPH could be avoided through active management of the third stage of labour, and prompt and effective application of the first response bundle (use of uterotonics, uterine massage, fluid replacement and tranexamic acid [TXA]).

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- improved referral pathways
- development of clinical protocols for prevention and treatment of PPH.<sup>1</sup>

#### FIGO and ICM recommendations

In response to the availability of new evidence, FIGO and ICM strongly recommend the use of uterotonics during active management of third stage of labour to prevent PPH during vaginal birth or caesarean section. Our recommendations align with those made in the WHO 2018 recommendations on uterotonics for the prevention of postpartum haemorrhage.<sup>2</sup>

All health care providers should be trained and competent in both physiological and active management of third stage of labour.<sup>3</sup> Women may choose physiological management of third stage of labour. In some settings, uterotonics may not be available or of good quality.

For active management of third stage of labour, it is recommended that one of the following uterotonics be used, preferably within one minute after birth. In settings where multiple uterotonic options are available, oxytocin (10IU, IM/IV) is the recommended uterotonic agent for the prevention of PPH for all births.<sup>4</sup>

In settings where oxytocin is unavailable (or its quality cannot be guaranteed), the use of other uterotonics (carbetocin, ergometrine/methylergometrine, oxytocin/ergometrine fixed-dose, misoprostol) are recommended for the prevention of PPH. Administration of uterotonics does not impede the delay of cord clamping.

[www.internationalmidwives.org](http://www.internationalmidwives.org)

[www.figo.org](http://www.figo.org)

## Successes:

- Generic PPH protocol published
- National PPH protocols developed in Ghana, Rwanda, Uganda, Ethiopia, and South Sudan
- Job aids close to completion in Ethiopia, Uganda, Ghana, Ethiopia, and Rwanda

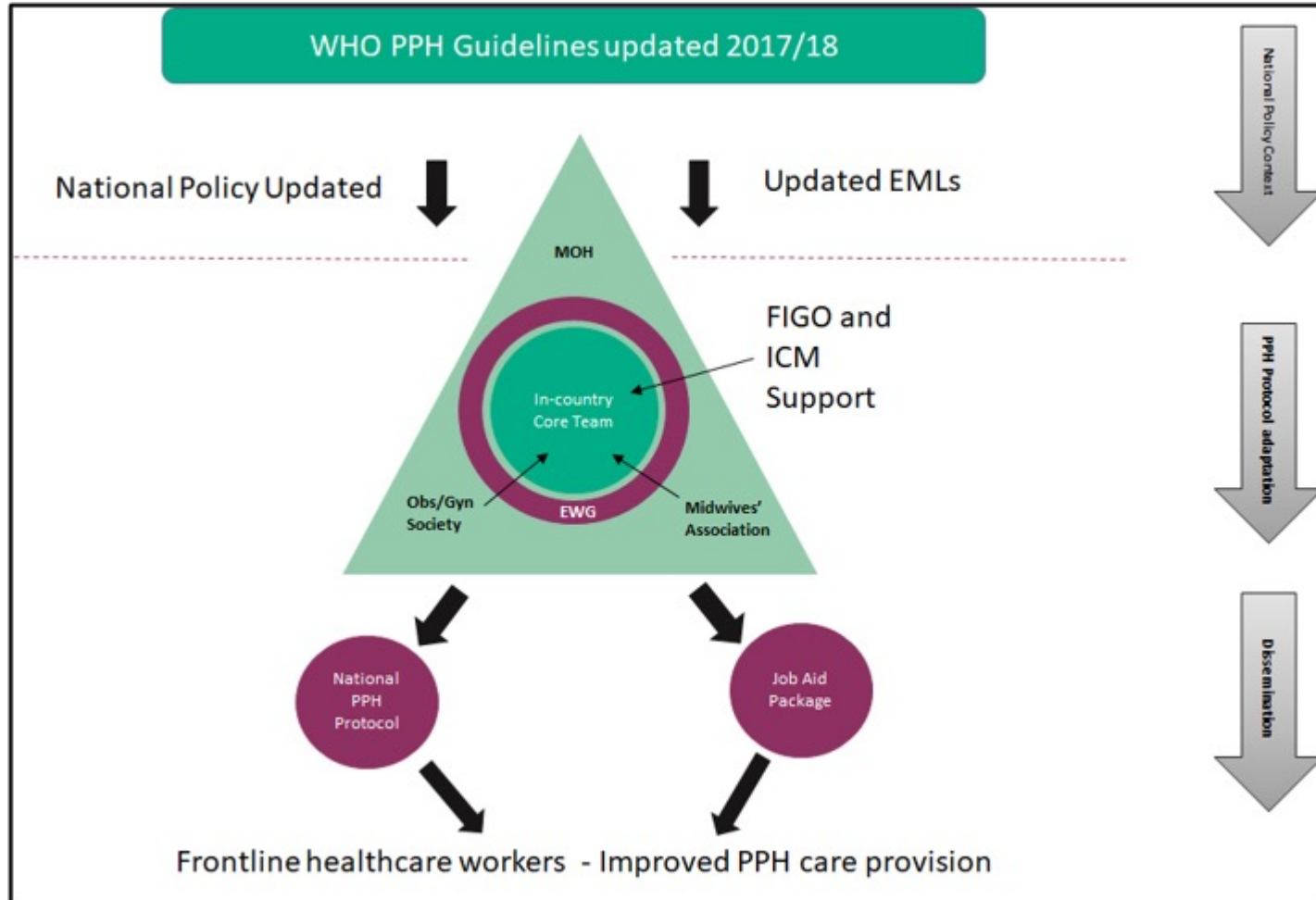
## Additional resources:

- Published joint FIGO and ICM statements on safe use of uterotonics for PPH prevention, and TXA for PPH treatment
- IJGO PPH supplement (launched today!)

FIGO/ICM joint statements: <https://www.figo.org/figo-icm-pph-statements>

FIGO/ICM generic PPH protocol: <https://www.figo.org/improving-access-essential-medicines-reduce-postpartum-haemorrhage-pph-morbidity-and-mortality-iap>

# National PPH clinical protocols and job aids: Challenges and opportunities



## Challenges:

- Ministry of Health approval of national protocol (waiting time)
- Onboarding of national focal points
- Process of designing and developing job aids

## Opportunities:

- Developing protocols that are country and context-specific
- Strengthened national level partnerships between OB/Gyns and midwives
- Raising the profile of key focal points to advance national efforts on safe use of PPH medicines with Ministries of Health

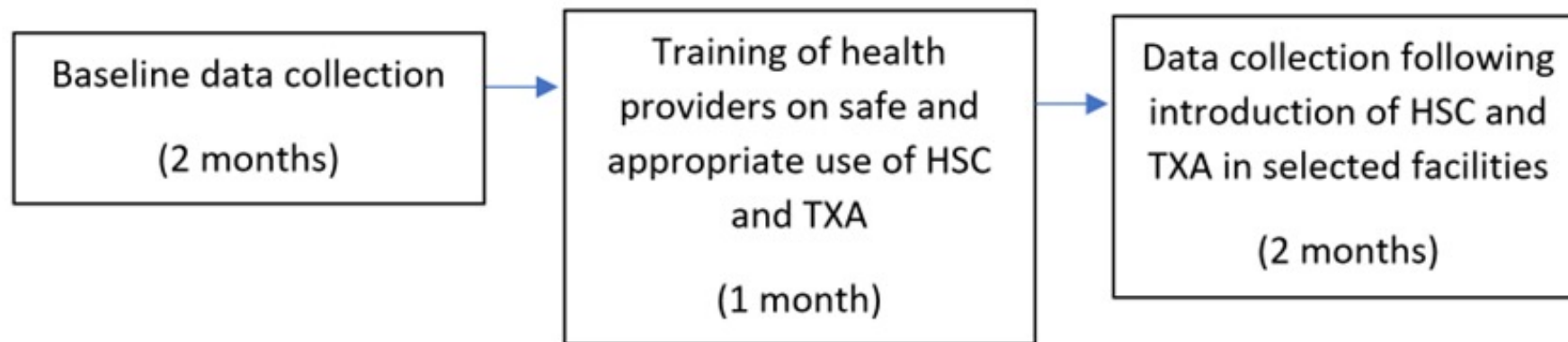
# Generating local evidence on safe and appropriate use of HSC and TXA



In selected countries (Burkina Faso, Ethiopia, Ghana, Sierra Leone, Uganda), Concept Foundation and its country partners are conducting pilot implementation research in 4 selected BEMONC/CEMONC facilities per country

We are using a mixed-methods approach to assess:

1. Safe and appropriate use of HSC and TXA following training of health providers
2. Safe integration of HSC and TXA into routine PPH care management

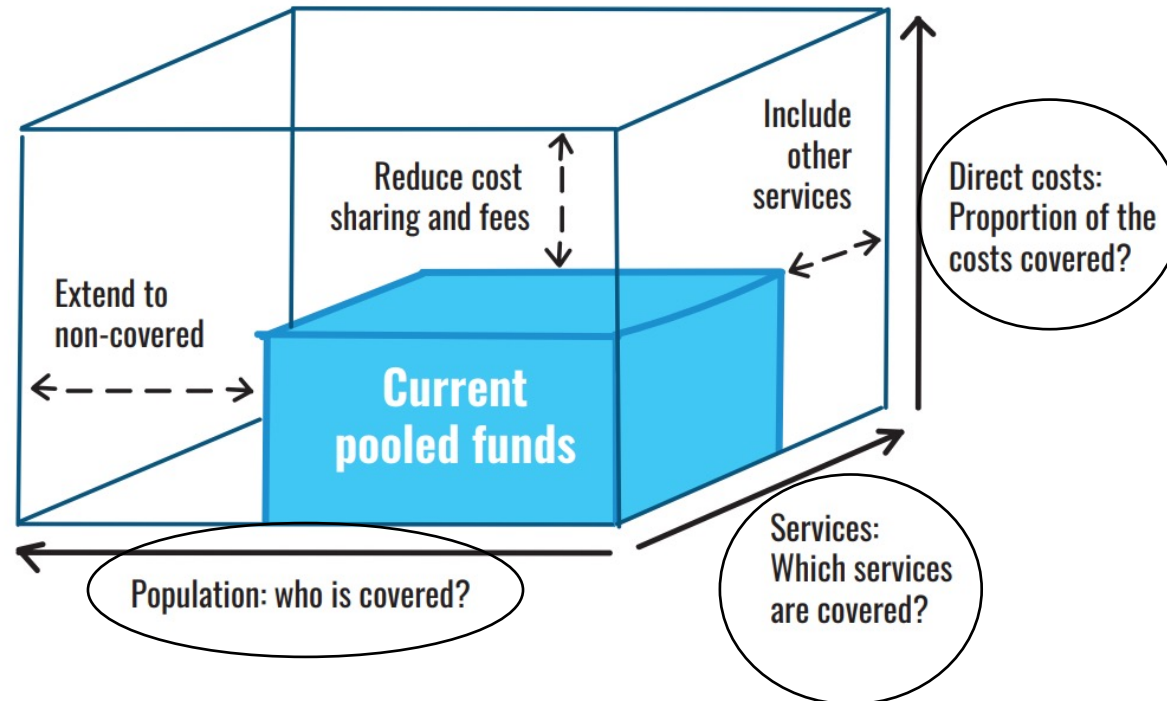




# Health Benefit Packages (HBPs)

HBPs are a set of evidence-informed services that will be financed with available public resources while moving toward UHC

Figure 1: The "UHC Cube" representing the three dimensions of improvement required for Progressive Realization of UHC



WHO (2021) Principles of health benefit packages. Retrieved from <https://apps.who.int/iris/handle/10665/340723>

# Updating HBPs: learnings so far

## Dimensions to consider when updating HBPs:

- Government policies (e.g., EMLs, national guidelines)
- Financial coverage (e.g. procurement lists and national health insurance schemes)

Maternal health services are generally well represented in HBPs, however ensuring these are well-resourced funded services is a challenge

## National decision makers need to:

- Assess information on health system capacity
- Services included in the HBP are reflected in the countries' EMLs (as well as national clinical guidelines)

# Summary

- ❑ Our goal is to support countries in accelerating access and safe use of heat-stable, and quality-assured, PPH medicines in line with the recent WHO recommendations
- ❑ Generating local evidence of HSC and TXA is important to the process of transitioning policy updates into clinical implementation
- ❑ Despite the challenges, our project serves to shorten the interval in getting WHO PPH recommendations adopted within countries, and we aim to close the gap between national and facility-level adaptation of the recommendations ensuring safe and appropriate use
- ❑ Updating HBPs requires government commitment to ensure access to medicines and services with reduced financial barriers to care

**Thank you**

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