

Tranexamic Acid for Post partum Haemorrhage: Current state of Implementation in Nigeria

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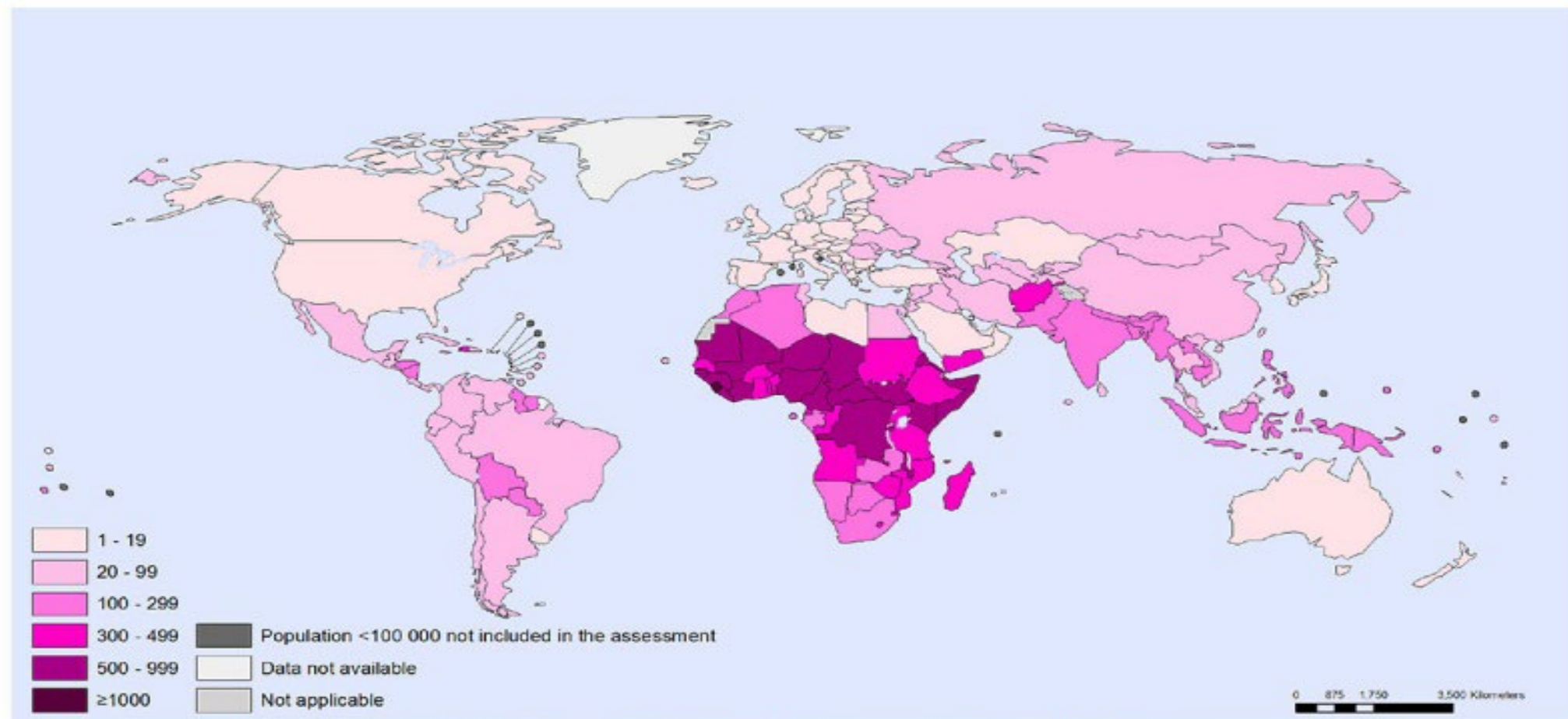
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Post Partum Hemorrhage in Nigeria

- Nigeria has one of the highest Maternal Mortality ratio in the world
- Post partum Haemorrhage is one of the leading causes of death among women in Nigeria
- PPH accounts for 20-25% of all maternal deaths in Nigeria

Maternal mortality ratio (per 100 000 live births), 2015



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Data Source: World Health Organization
 Map Production: Health Statistics and Information Systems (HSI)
 World Health Organization
 Source - WHO Trends in Maternal Mortality 1990 to 2015



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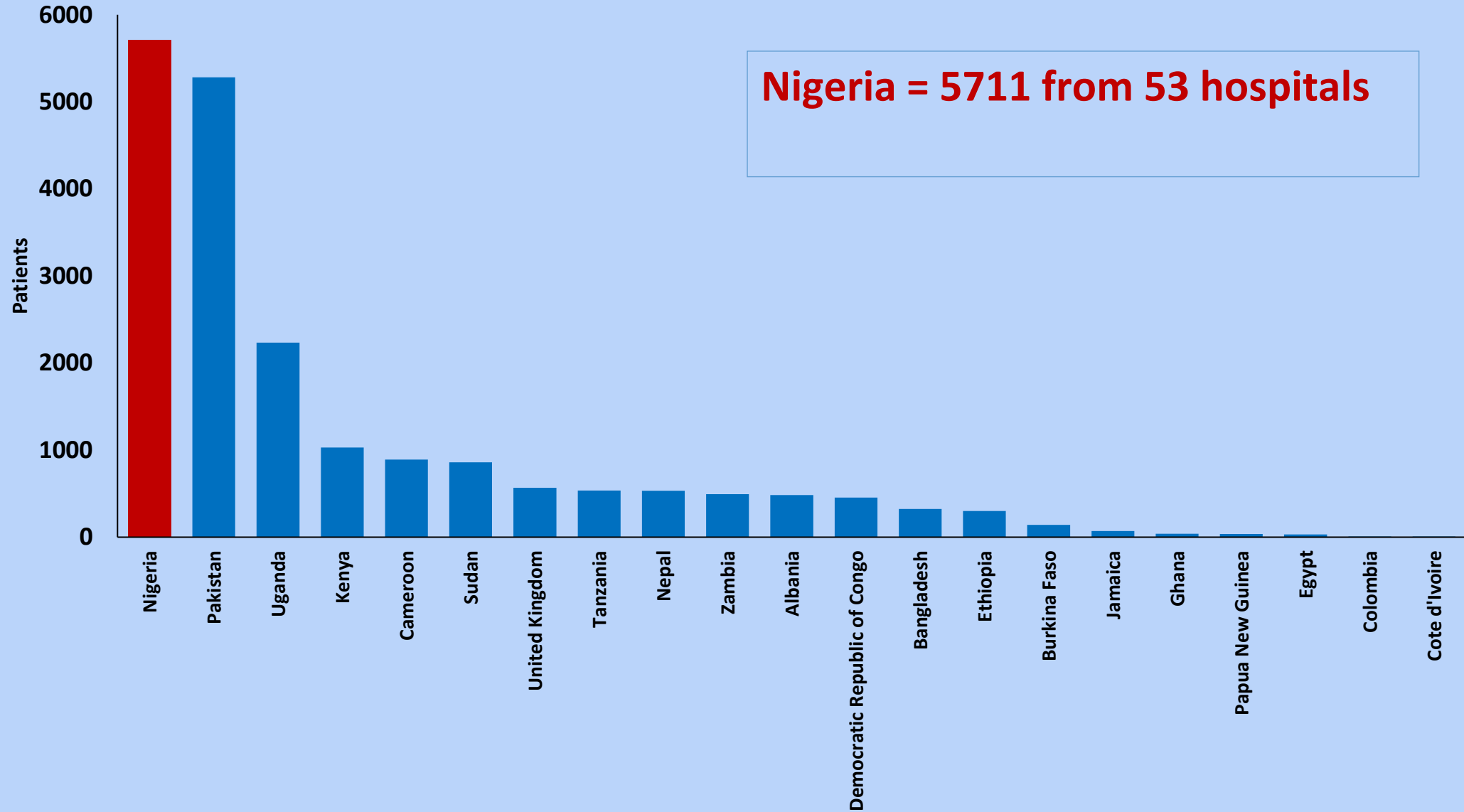
WOMAN trial: Conceived in Nigeria



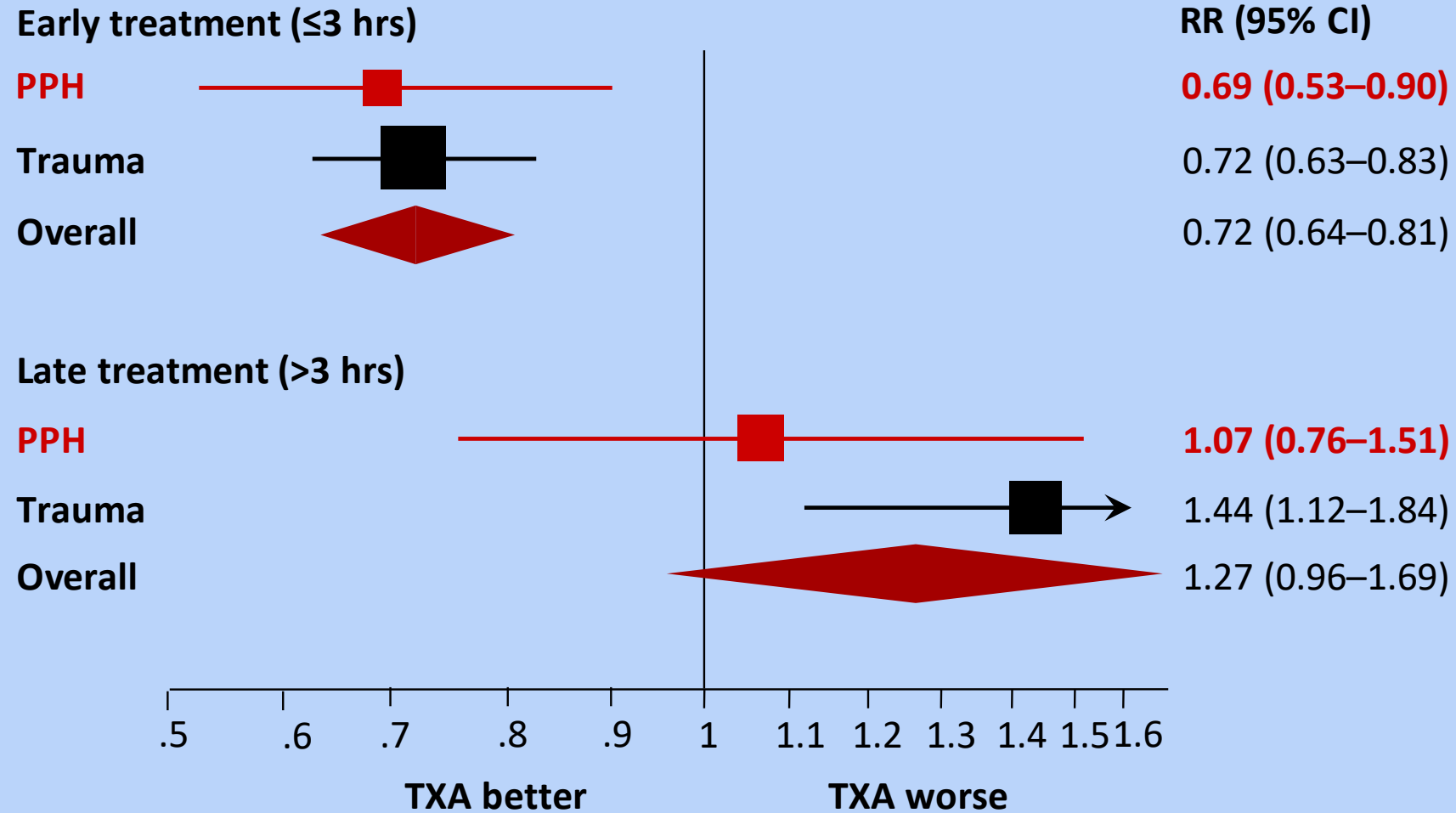
2010 – start of WOMAN trial in Nigeria



Nigeria trial leaders



Death due to bleeding in trauma and PPH



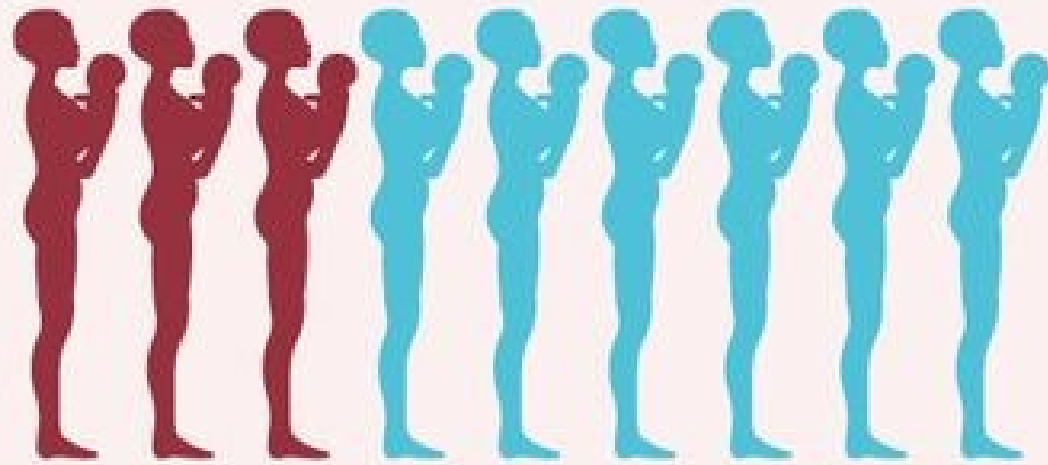
TRANEXAMIC ACID

A drug that stops bleeding

Results from the WOMAN trial



20,000 WOMEN
21 COUNTRIES
193 HOSPITALS



The drug could save

1/3

women who would otherwise
bleed to death after childbirth

An estimated **100,000** women die
from severe bleeding after giving birth every year



The drug reduced
the number of
women bleeding to
death after childbirth
by more than 30%



The drug reduced
the need for urgent
surgery to control
bleeding by more
than 35%

£2 (\$2.5)

The cost of tranexamic
acid in most countries



Implementation

- Principal Investigators Pledge
- Globally WHO guideline
- Meeting with the Minister of health
- Presentation at Scientific Conferences in Nigeria
- SOGON Guideline on Management of PPH
- New Research involving centers in Nigeria



Principal Investigators Pledge



- After WOMAN trial dissemination meeting
- Champions of use for TXA in their Hospitals and States
- Ensure that TXA is on the Hospital Drug list
- Inform other health workers about its effectiveness and use

Collaboration



Tranexamic acid for PPH



**Cochrane
Library**

Cochrane Database of Systematic Reviews

Antifibrinolytic drugs for treating primary postpartum haemorrhage (Review)

Shakur H, Beaumont D, Pavord S, Gayet-Ageron A, Ker K, Mousa HA

WHO recommendation
on tranexamic acid
for the treatment of
postpartum haemorrhage

**World Health Organization
Model List of Essential Medicines**

21st List
2019

**Tranexamic acid
(for treating
postpartum
haemorrhage)**

**Injection: 100
mg/mL in 10-mL
ampoule**



World Health
Organization

Global Guidelines adopted

- WHO guideline on use of TXA adopted in Nigeria
- Basis for guidelines within Nigeria
- Use of TXA was included in both the pre-service and in-service curricula of all cadres of health workers
- All Chief Medical Directors urged to procure TXA as an emergency drug for widespread use, in a letter from the Honourable Minister of Health in 2017

Meetings with the Honorable Ministers of Health



- Meeting with Prof I F Adewole and with his successor, Dr Osagie Ehanire
- These meetings were important in getting Tranexamic acid on the list of essential drug list

Presentations at Conferences in Nigeria

- Presentations at 2017 and 2018 SOGON conferences
- More Recently at AFEMSON conference last year
- Audience included policy makers and health professionals in reproductive health

Tranexamic acid for postpartum haemorrhage: too simple to be of interest?

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AFEMSON 2021





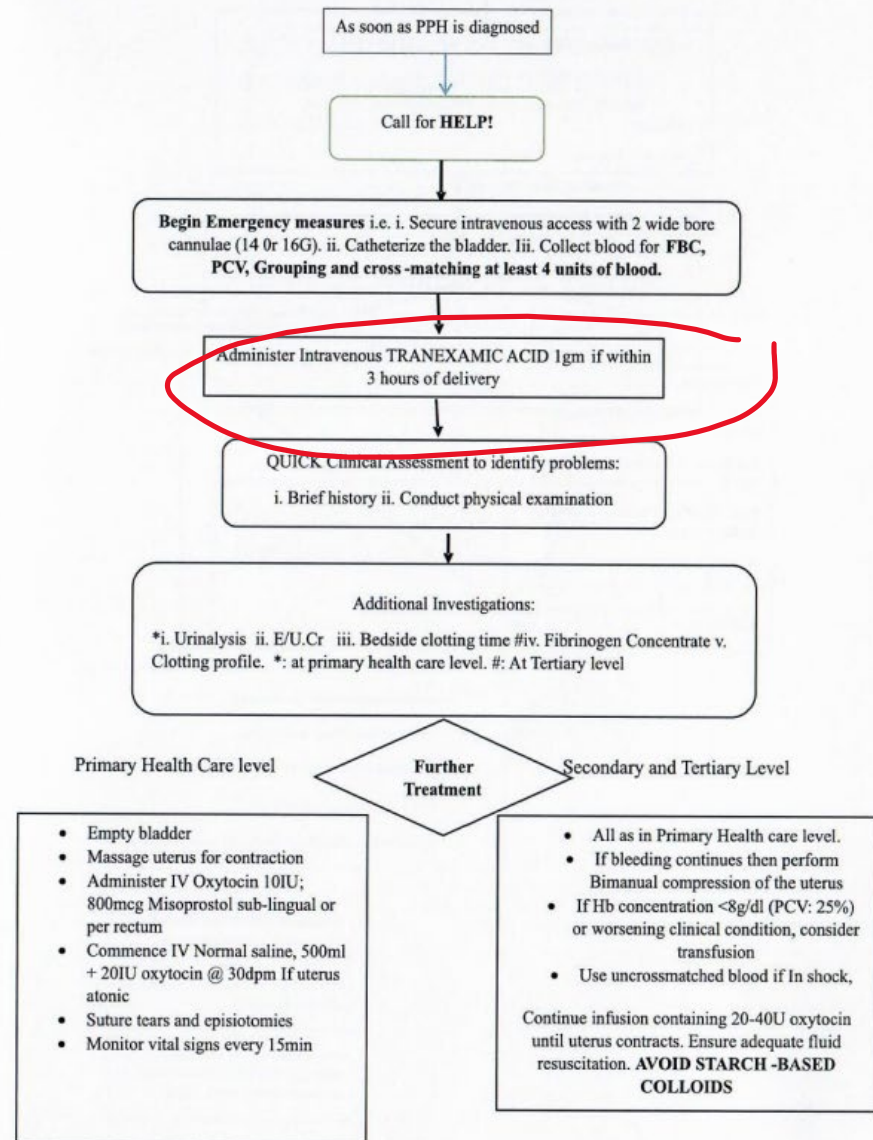
**SOCIETY OF GYNAECOLOGY AND
OBSTETRICS OF NIGERIA
(SOGON)**



**CLINICAL PRACTICE GUIDELINES
GUIDELINES FOR THE
MANAGEMENT OF POSTPARTUM
HEMORRHAGE**

GUIDELINES FOR THE MANAGEMENT OF POSTPARTUM HEMORRHAGE

**ALGORITHM OF MANAGEMENT OF
POST-PARTUM HAEMORRHAGE (PPH)**



Cost efficiency analysis

Tranexamic acid for treatment of women with post-partum haemorrhage in Nigeria and Pakistan: a cost-effectiveness analysis of data from the WOMAN trial

Bernadette Li, Alec Miners, Haleema Shakur, Ian Roberts, on behalf of the WOMAN Trial Collaborators

Summary

Background Sub-Saharan Africa and southern Asia account for almost 85% of global maternal deaths from post-partum haemorrhage. Early administration of tranexamic acid, within 3 h of giving birth, was shown to reduce the risk of death due to bleeding in women with post-partum haemorrhage in the World Maternal Antifibrinolytic (WOMAN) trial. We aimed to assess the cost-effectiveness of early administration of tranexamic acid for treatment of post-partum haemorrhage.

Methods For this economic evaluation we developed a decision model to assess the cost-effectiveness of the addition of tranexamic acid to usual care for treatment of women with post-partum haemorrhage in Nigeria and Pakistan. We used data from the WOMAN trial to inform model parameters, supplemented by estimates from the literature. We estimated costs (calculated in 2016 US\$), life-years, and quality-adjusted life-years (QALYs) with and without tranexamic acid, calculated incremental cost-effectiveness ratios (ICERs), and compared these to threshold values in each country. Costs were assessed from the health-care provider perspective and discounted at 3% per year in the base case analysis. We did a series of one-way sensitivity analyses and probabilistic sensitivity analysis to assess the robustness of the results to parameter uncertainty.

Findings Early treatment of post-partum haemorrhage with tranexamic acid generated an average gain of 0.18 QALYs at an additional cost of \$37.12 per patient in Nigeria and an average gain of 0.08 QALYs at an additional cost of \$6.55 per patient in Pakistan. The base case ICER results were \$208 per QALY in Nigeria and \$83 per QALY in Pakistan. These ICERs were below the lower bound of the cost-effectiveness threshold range in both countries. The ICERs were most sensitive to uncertainty in parameter inputs for the relative risk of death due to bleeding with tranexamic acid, the discount rate, the cost of the drug, and the baseline probability of death due to bleeding.

Interpretation Early treatment of post-partum haemorrhage with tranexamic acid is highly cost-effective in Nigeria and Pakistan, and is likely to be cost-effective in countries in sub-Saharan Africa and southern Asia with a similar baseline risk of death due to bleeding.

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6: e222–28

See [Comment](#) page e132

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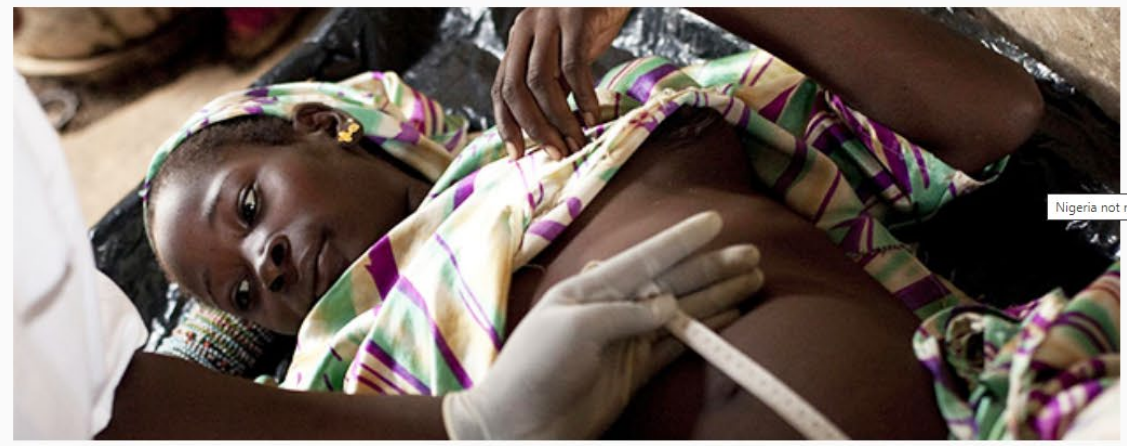
Dell Technologies Learn more > + Windows 10
Dell recommends Windows 10 Pro for business



NEWS
Nigeria not making significant progress in reducing maternal death — SOGON

Published February 23, 2020

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A pregnant woman. Photo: WHO

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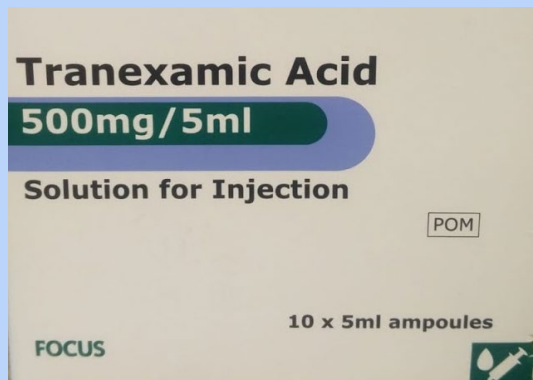
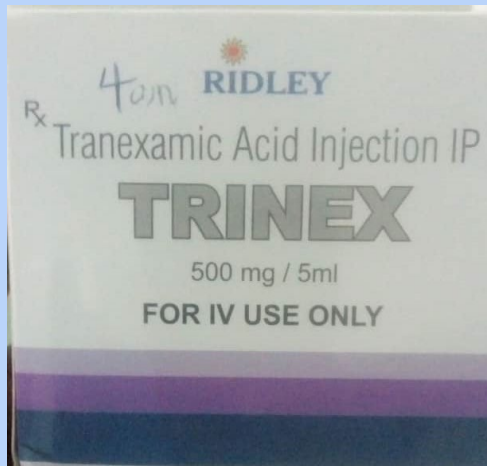
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Barriers to Implementation in Nigeria

- National issues
 - Availability and Cost of Tranexamic Acid
- Health care Workers
- Institutional Barriers

TXA – generic, widely available



Barriers to the Use of Tranexamic Acid: Health Care Workers

- Awareness and Training in the management of TXA in the management of PPH
- Do the health workers consider the addition of tranexamic acid a burden?
- Can the health care workers be motivated or incentives provided to use tranexamic acid?

Barriers to the Use of Tranexamic Acid: Institutional

- Are the institutions prioritizing the use of TXA for PPH?
- Are there Institutional Policies to make TXA available?
- Are the heads of Institutions aware of the evidence for use of TXA in managing PPH?
- Do the heads of institutions consider the additional cost of introducing TXA into the system cost effective?

Additional Research in Nigeria

- E-MOTIVE trial includes the formative aspect which will provide information to barriers
- Has identified that most women do not get uterotonics and tranexamic acid
- WOMAN2 trial ongoing to provide evidence for prophylactic use of Tranexamic acid
- Trials needed to provide evidence for intramuscular use of TXA
- Will allow health worker at all levels to be able to administer TXA

THANK YOU