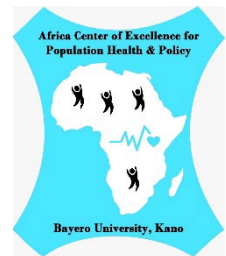


# Research on the Horizon



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# Outline of Presentation

**01**

The global burden of postpartum haemorrhage

**02**

The WHO first response bundle for reducing the burden of postpartum haemorrhage

**03**

Challenges in managing postpartum haemorrhage → proposed solutions

**04**

Trial design

**05**

Progress to date and next steps

**06**

Emotive Partners

# Disclosures

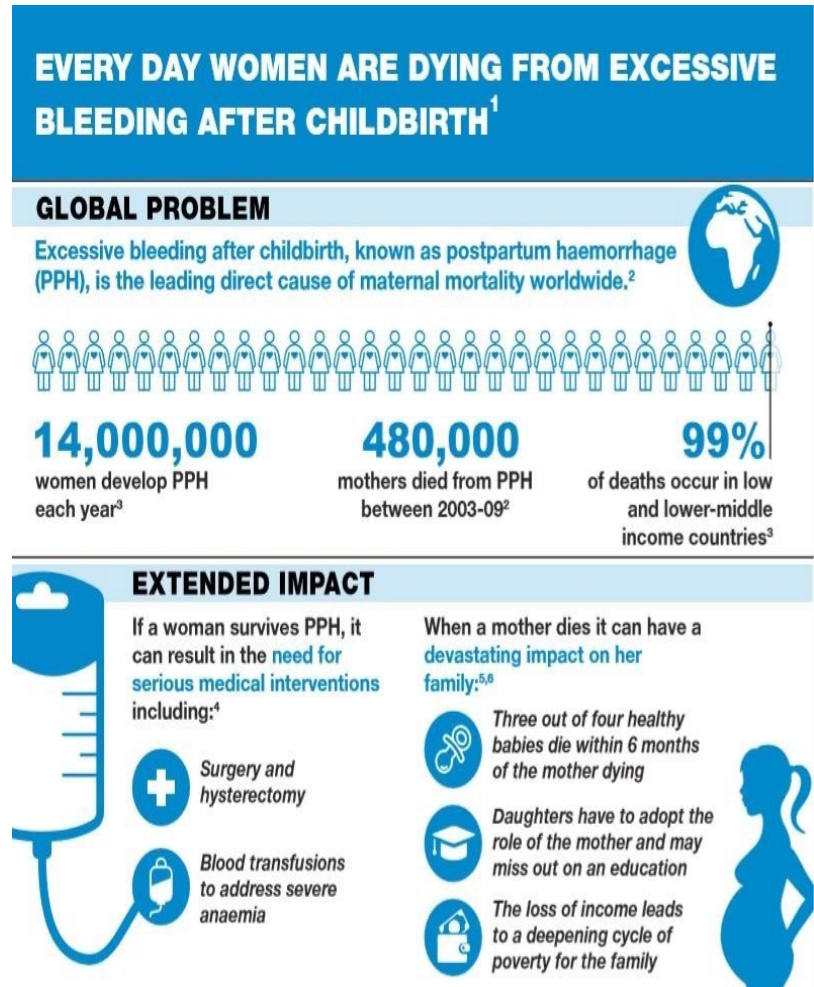
Nigerian PI of the E-MOTIVE program funded by the Bill & Melinda Gates Foundation

# 1. The global burden of postpartum haemorrhage

Postpartum haemorrhage (PPH) is the leading cause of maternal death worldwide.

Every 2 minutes a mother dies giving birth.

Globally, nearly one quarter of all maternal deaths are associated with PPH. In most low-income countries, it is the main cause of maternal mortality.

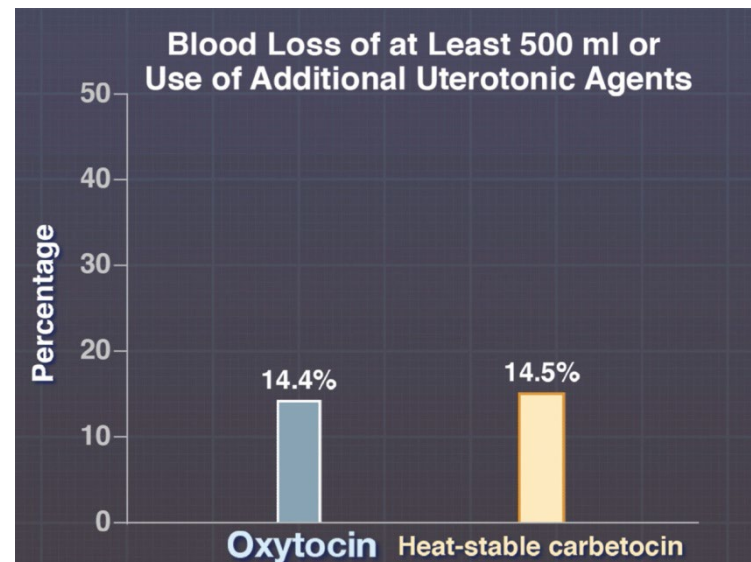


# 1. The global burden of postpartum haemorrhage

- ❑ PPH is common despite effective prevention
- ❑ Women suffering PPH of 500 ml or more the risk of death or severe morbidity such as admission to intensive care unit was 100 times higher compared to women that did not suffer PPH (1.49%; 45/3,018 women versus 0.015%; 4/26,521)

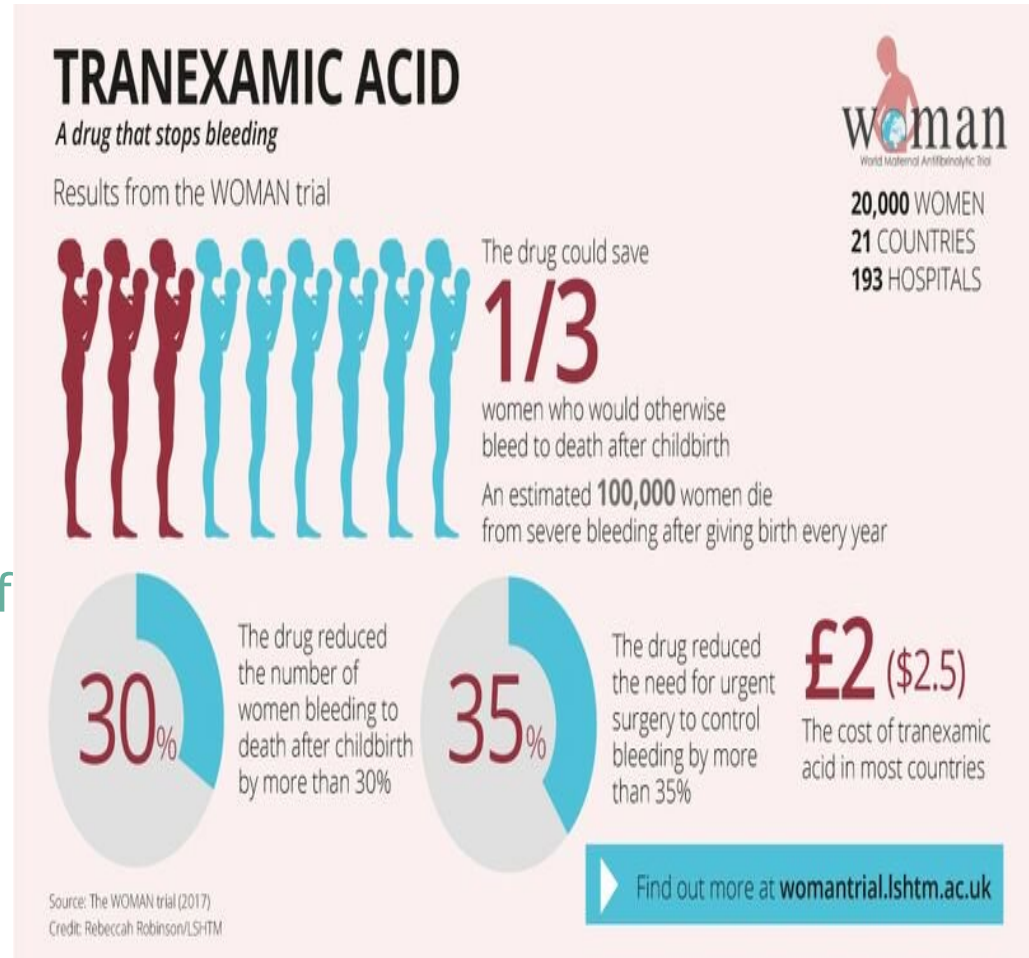
## Heat-Stable Carbetocin versus Oxytocin to Prevent Haemorrhage after Vaginal Birth

CHAMPION  
Carbetocin H<sub>A</sub>eMorrhage Prevent<sub>ION</sub> trial



## 2. The WHO first response bundle for reducing the burden of postpartum haemorrhage

- ❑ Oxytocic drugs are the mainstay of prevention and treatment
- ❑ Safe and effective manoeuvres to treat PPH such as uterine massage, examination for the source of PPH and initial fluid resuscitation with isotonic crystalloids are also recommended



## 2. The WHO first response bundle for reducing the burden of postpartum haemorrhage

- WHO produced a first response bundle after a technical consultation supported by BMGF

Received: 5 May 2019 | Revised: 16 September 2019 | Accepted: 8 November 2019

DOI: 10.1002/ijgo.13028

**CLINICAL ARTICLE**  
**Obstetrics**

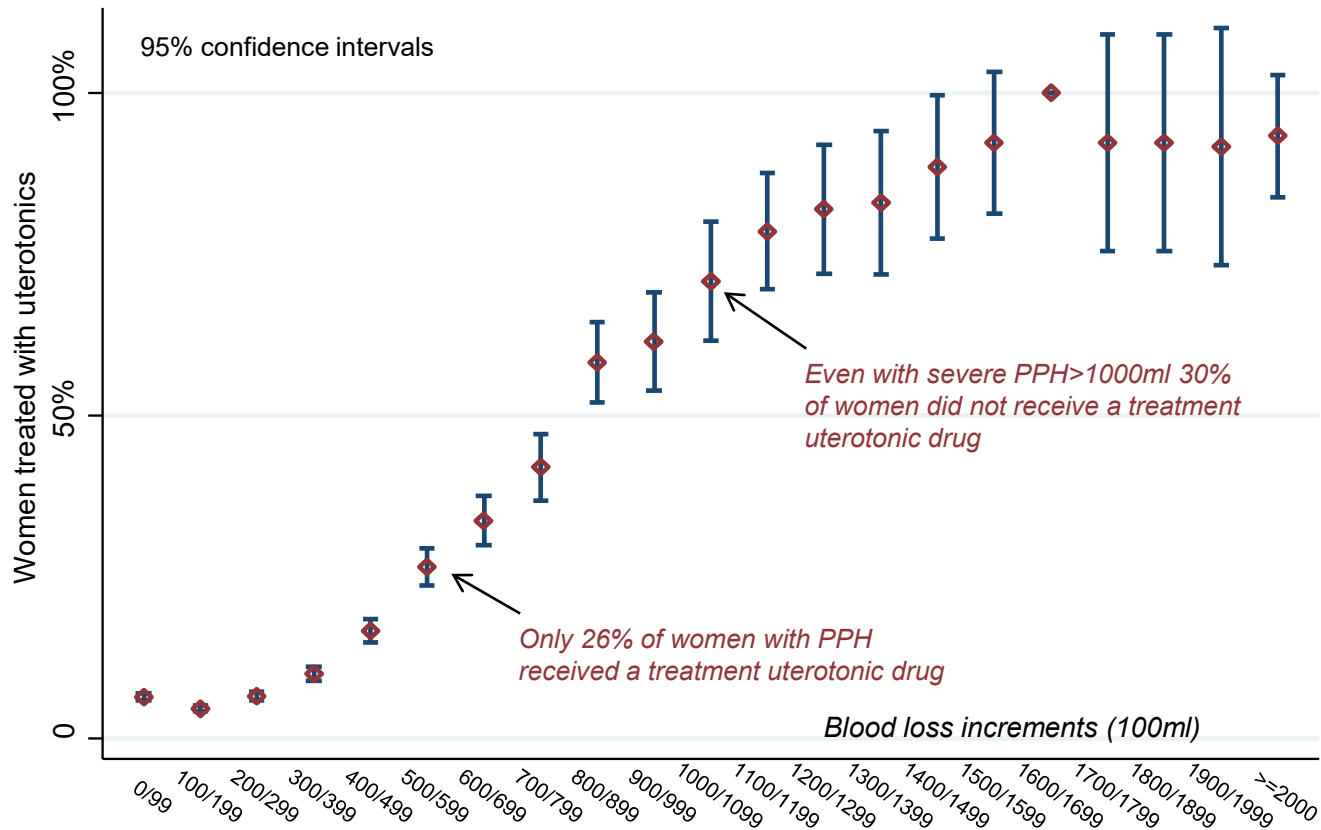
WILEY   

### Postpartum hemorrhage care bundles to improve adherence to guidelines: A WHO technical consultation<sup>☆</sup>

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# 3. Current challenges and solutions

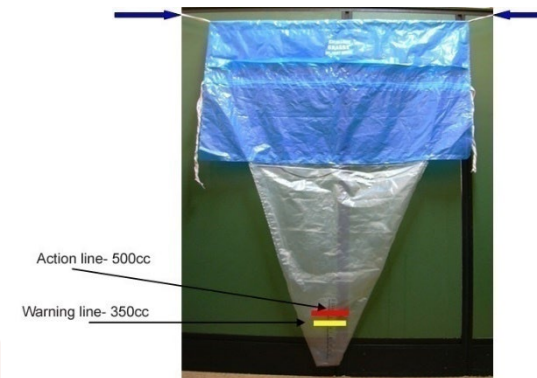
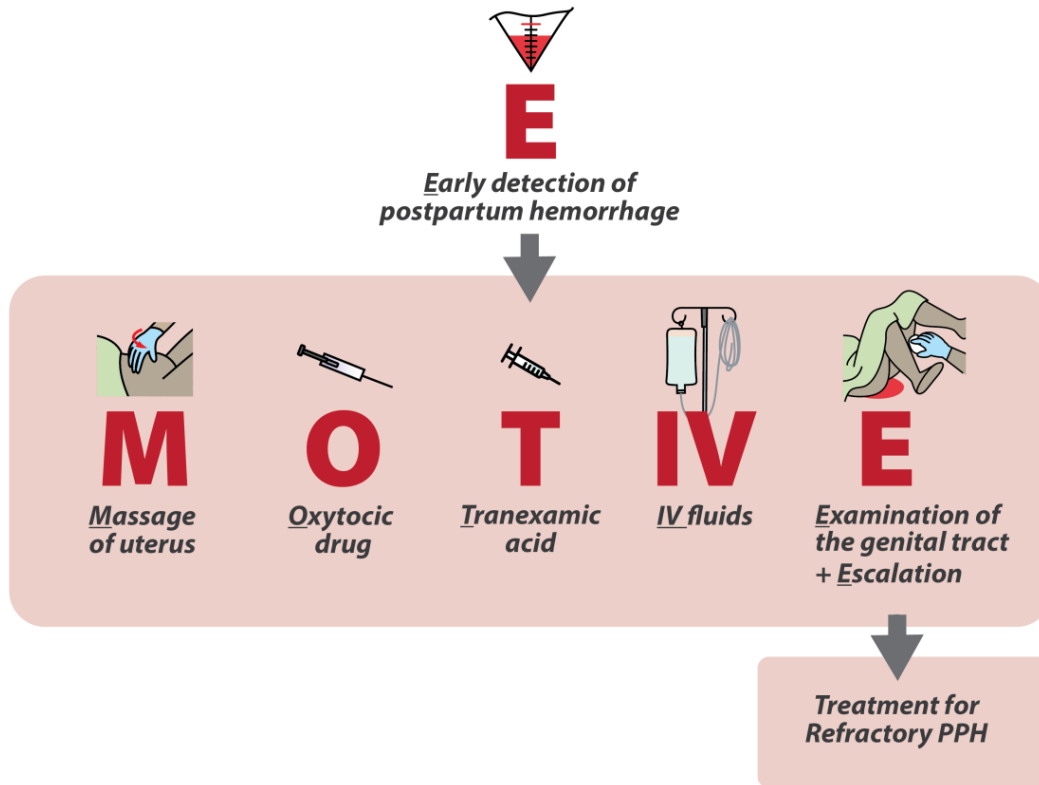
1. PPH is often not detected early; thus life-saving treatment is not promptly initiated → Solution: Early detection and treatment of PPH





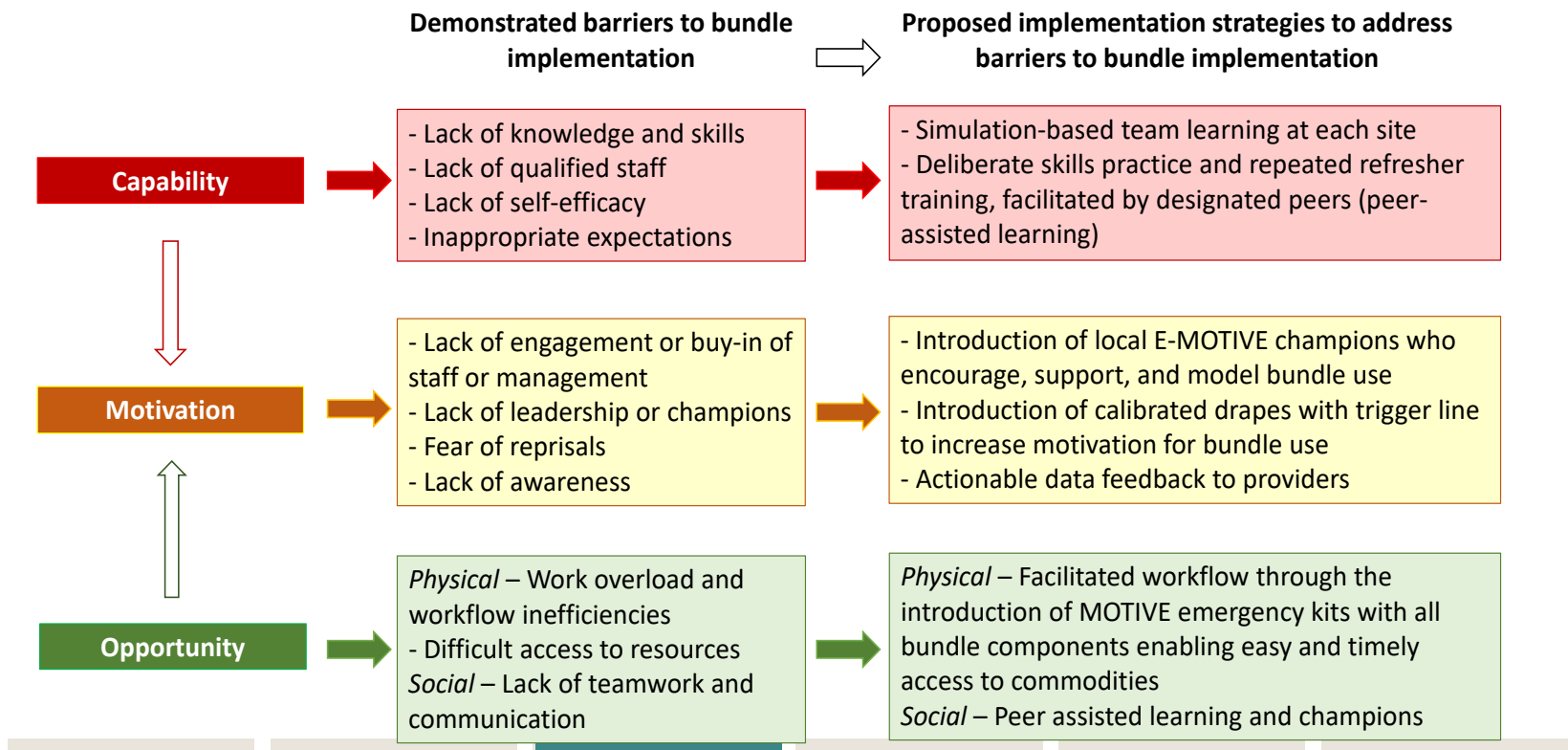
# 3. Current challenges and solutions

2. Delayed or inconsistent use of interventions for PPH management → Solution: the bundle



# 3. Current challenges and solutions

3. Despite guideline dissemination, many care providers do not provide effective care → Solution: Implementation strategy targeting Capabilities, Opportunities and Motivations for Behavior change (COM-B)



### 3. Current challenges and solutions

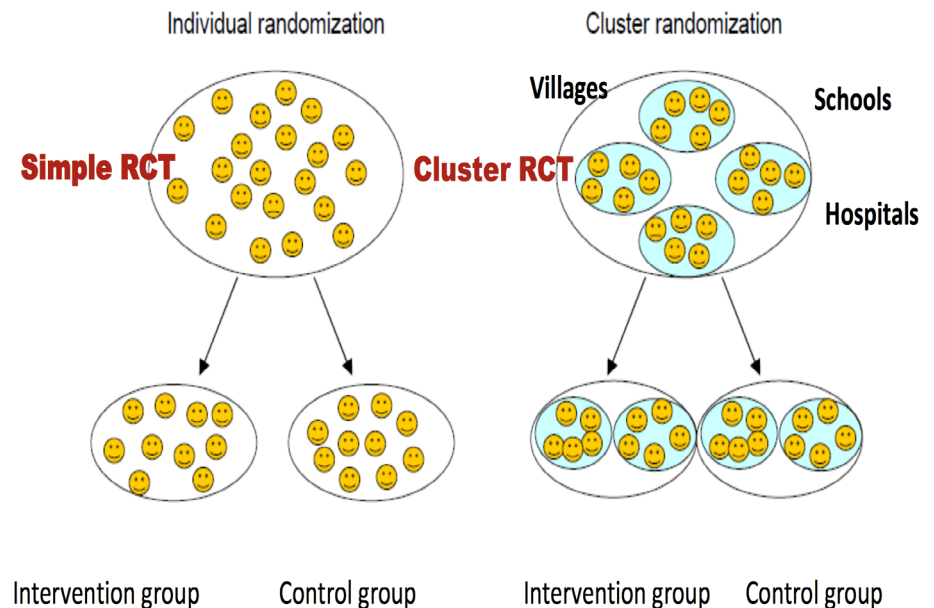
4. *Lack of evidence and confidence that the proposed E-MOTIVE intervention is effective and cost-effective → Solution: A cluster randomized trial with health economic analysis (the E-MOTIVE study)*



## 4. Trial design

**Design:** Multi-country, parallel **cluster randomised trial** with a baseline control phase, along with mixed-methods and health economic evaluations

**Setting:** Secondary level health facilities in Kenya, Tanzania, Nigeria, South Africa and Sri Lanka



*Health facilities rather than patients are randomised*

# . Trial design

## OUTCOMES

**Primary:** Composite of the following three clinical outcomes:

severe PPH defined as blood loss  $\geq 1000$  ml

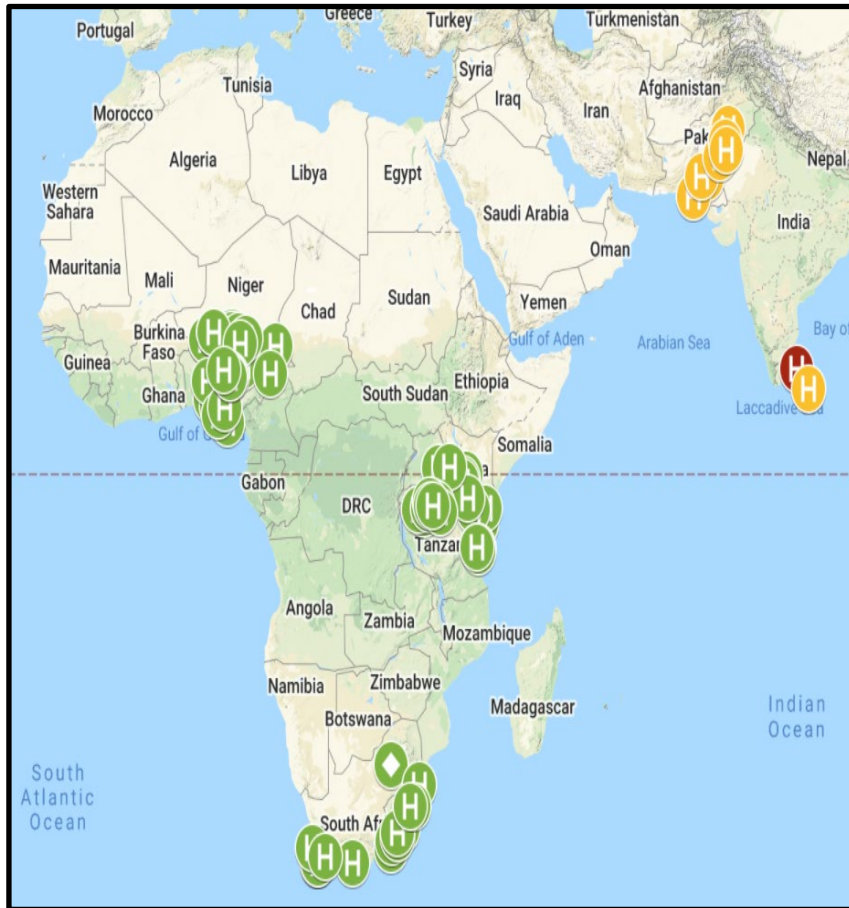
-postpartum laparotomy for bleeding

-postpartum maternal death from bleeding

**Key Secondary:** 1) postpartum haemorrhage detection rate (defined as recording of diagnosis of PPH by birth attendant), and 2) compliance with the MOTIVE bundle

**Secondary:** blood transfusion, uterine tamponade, Intensive Care Unit admissions or higher-level facility transfers, and new-born deaths along with implementation and resource use outcomes

## 5. PROGRESS TO DATE



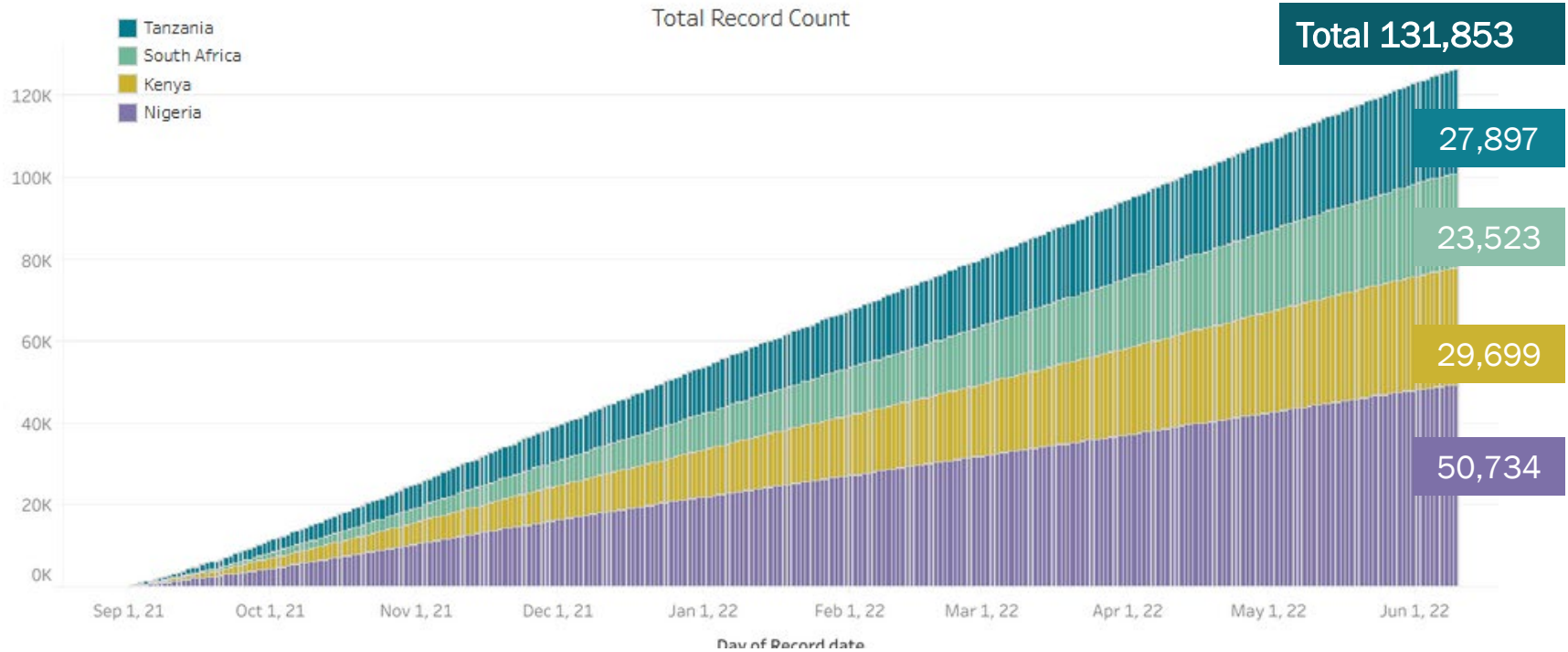
78 main trial sites in total

- Nigeria: 38
- Kenya: 14 (2 sites dropped)
- Tanzania: 12 (2 sites dropped)
- South Africa: 14

12 adaptive cycle (AC) sites (3 per country)



# TOTAL RECORD COUNT



Number of validated records from start of SDV implementation (02/08/2021) to 08/06/2022

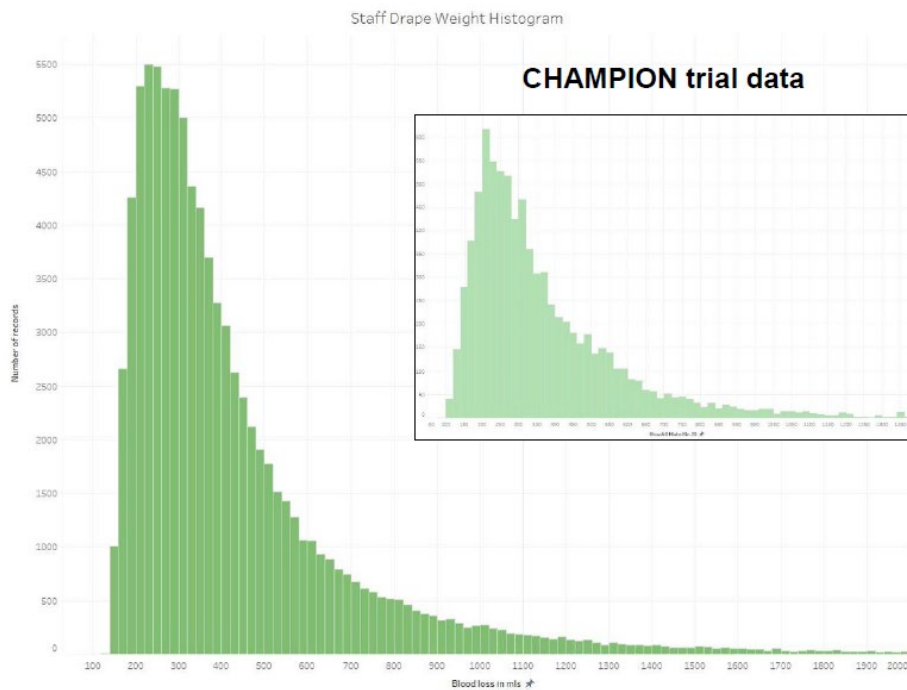
# SOURCE DATA VERIFICATION



## Example photo



Histogram for blood loss





## ADAPTIVE CYCLE SITES OVERVIEW

Use of oxytocin in AC sites in baseline and intervention in PPH cases

	Baseline % OXY use	Intervention % OXY use
Kenya	69%	83%
Nigeria	65%	95%
South Africa	47%	80%
Tanzania	100%	100%
Total	54%	88%

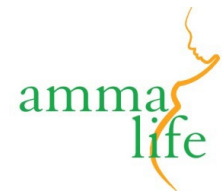
Use of tranexamic acid in AC sites in baseline and intervention in PPH cases

	Baseline % TXA use	Intervention % TXA use
Kenya	36%	83%
Nigeria	4%	90%
South Africa	25%	68%
Tanzania	50%	100%
Total	24%	83%

# 6 The E-MOTIVE & partners



UNIVERSITY OF BIRMINGHAM



# E-MOTIVE



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