MOMENTUM

IMPROVING CHILDBIRTH OUTCOMES BY OPTIMIZING THE USE OF UTEROTONICS: SHARING LEARNING AND TOOLS

Questions and answers extracted from the Q&A function during MOMENTUM webinar on July 25, 2024

*Edited for clarity, with additional responses added by speakers after the webinar. Responses cover the majority of questions asked during the webinar.

Questions for Megan Marx Delaney

Labor Induction and Augmentation Practices in India: How the Use of Uterotonic Medications Affects Stillbirth, Neonatal Mortality, and Use of Cesarean Deliveries

MARY KACHONDE-MWALE: What is India doing to reinforce adherence to protocols and guidelines?

MEGAN MARX DELANEY: Thank you for this question! This issue is being addressed through many nurse mentoring programs, but it is agreed that more is needed to sustain behavior change, as the pressures and underlying drivers of labor augmentation and induction are very significant. Agreement that this is a major concern is an important first step.

JUSTUS HOFMEYR: Is your work addressing the option of promoting safer labor induction with Foley catheter balloon rather than uterotonics?

MEGAN MARX DELANEY: Our work focused only on the use of uterotonics for induction and augmentation. As we think about potential solutions for the overuse of uterotonic medications, the safer option of balloon catheters is an important option to consider.

JUSTUS HOFMEYR: The slides indicated uterine balloon tamponade as desirable but did not refer to uterine vacuum tamponade, which has been used in India for at least 10 years. What is your take on UVT?

MEGAN MARX DELANEY: Our work focused only on the use of uterotonics for induction and augmentation.

Questions for Megan Marx Delaney

Heat Stable Carbetocin—Proposed Evaluation Strategy for the Introduction of a New Medication to Prevent Postpartum Hemorrhage: Learnings from Madagascar

FATIMA MUHAMMAD: Curious to know if the HSC roll out in Madagascar is entirely product focused or incorporates other system strengthening interventions.

MEGAN MARX DELANEY: My understanding of the HSC roll-out in Madagascar is that it is currently part of a broader PPH training curriculum to improve knowledge and skills of health workers, and it pairs with ongoing strengthening of commodity management systems.

How are you addressing HSC distribution challenges to facilities?

MEGAN MARX DELANEY: One goal of the HSC evaluation framework is to better understand challenges and barriers to HSC distribution and use.

BIRUK HAILU TESFAYE: I want to further understand the roll out of HSC, what strategies used in terms of using HSC and oxytocin with one not affecting the utilization of the other.

MEGAN MARX DELANEY: During the convening in Antananarivo in October 2023, many midwives noted that they appreciated that there were now multiple medications that could be used to prevent hemorrhage. This redundancy helps to ensure that a uterotonic medication is always available to prevent hemorrhage. Most midwives at the time voiced feeling most comfortable with oxytocin or misoprostol, but the introduction of HSC meant that if there is an oxytocin stockout, then HSC is available. The potential for inappropriate use of HSC for labor induction or augmentation is significant, which is why the evaluation strategy incorporates potential measures and monitoring for harm, especially during large-scale roll-outs.

JACKIE RAMASODI: How are you addressing HSC distribution challenges to facilities?

MEGAN MARX DELANEY: HSC distribution and incorporation of HSC into existing medication tracking systems is a major years-long undertaking. This evaluation framework takes this into consideration and documents if and how reliably HSC is able to reach the front lines of care. Understanding the scope of the problem and identifying common bottlenecks is an important step in actualizing the roll-out.

Questions for Gaurav Sharma and Suzanne Stalls

Results of the 2022 Global Survey on National Programs for the Prevention and Management of Postpartum Hemorrhage and Hypertensive Disorders of Pregnancy

EATIMAD ABBAS: Can you share the latest cold chain guidelines for oxytocin?

GAURAV SHARMA: There is a WHO, UNICEF and UNFPA joint statement on oxytocin. Please see: https://iris.who.int/bitstream/handle/10665/311524/WHO-RHR-19.5-eng.pdf

Basically, the recommendations are: 1. Ensure that oxytocin is managed in a cold chain of 2-8 °C (35-46 °F) for distribution and storage; 2. Procure oxytocin that meets the quality requirements established by WHO or a regulatory authority recognized by WHO; 3. Label oxytocin to clearly indicate storage and transport requirements at 2-8 °C (35-46 °F).

EATIMAD ABBAS: Any guidelines for PPH in humanitarian settings with very limited resources?

SUZANNE STALLS: WHO will be releasing their PPH Guidelines in early 2025. Those guidelines should be instructive.

The global survey on PPH and PE shows that policy and coverage of the relevant interventions are not bad. But the MMR data from these countries probably implies a disconnect. Does the survey have granular data on quality of PPH and PE care?

GAURAV SHARMA: This was a national survey of PPH and PE/E and only covered policy and guidelines, quality and procurement policies, capacity building and training, midwifery scope and national reporting. We don't have granular data on quality of care at facilities. However, for all the 31 countries included there are detailed country briefs.

FLORIS NESI: Many countries are facing lacking of essential drugs like Oxytocin to manage PPH particularly in rural areas. How you can advocate to make it available for those countries to reduce maternal deaths?

SUZANNE STALLS: Our PPH/HDP survey was purposefully designed to understand current policies, practices and updates to guidelines. When we asked about availability of essential medications and security/safety of the supply chain, we were asking about these criteria from a national level and not a sub-national level. Such sub-national discussion tends to be intensive in terms of time, person-power and resources and it was not the primary objective of the survey. That being said, it seems that the questions used in the survey could be used as springboards for an in-country deeper analysis.

GAURAV SHARMA: In the *survey report,* we have developed a call to action that outlines national, sub-national and facility level opportunities for scaling up PPH treatment. This includes developing tailored plans and strategies for ensuring consistent distribution of essential drugs and commodities. Advocates and champions in countries might also like to disseminate the survey results, use our presentations and tools to sensitize MOH and relevant stakeholders on the importance of managing PPH to prevent maternal deaths, improve public private collaboration, strengthen quality assurance and quality improvement work. There are also individual country profiles for 31 countries in the report which should be useful for advocacy purposes.