

## Community-based Prevention of PPH Task Force Meeting

**Date:** December 11, 2006  
**Location:** PATH office  
**Purpose:** Discuss literature review on community-based PPH interventions and follow-up action  
**Present:** Joseph deGraft-Johnson, Mona Moore, Winnie Mbwesa, Deborah Armbruster, Jim Litch, Marcela Tapia, Niamh Darcy, Meghan Greeley

Participants reviewed minutes from the March 20, 2006 meeting and discussed the draft literature review on community-based prevention of postpartum hemorrhage (CB-PPH). There was also a brief update on misoprostol and discussion on appropriate community PPH indicator(s). Review of the March 20, 2006 meeting revealed that the group has not received a definite answer to the question as to whether community midwives in Yemen practice AMSTL during home deliveries. A colleague volunteered to find the answer to this question. Another issue which was still pending was the World Health Organization (WHO) definition for postpartum period. Again, a member of the group will be following up on this.

Group members thought the literature review was generally good but could be improved by:

- Rearranging the text into four main categories – AMSTL; Uterotonics; Basic routine care; and Community mobilization/health education.
- Providing additional information for each of the subheadings.
- Summarizing key findings in a matrix format with the following column headings -

Intervention type; Location of intervention; Provider type; Level of evidence; challenges (e.g., misuse); program issues (e.g., drug registration, supply, storage, lack of referral facilities). Participants also felt the need to include columns on women, family, and community perspectives. The literature review will be revised to reflect these suggestions.

Deb Armbruster updated members on the status of misoprostol use at the community level. A recent WHO consultative meeting on the issue agreed that uterotonics including misoprostol could be used by non-skilled birth attendants.

Discussion on indicators for tracking the impact of CB-PPH activities led to the conclusion an indicator that measures the use of an uterotonic, irrespective of the type and time administered, could be an appropriate measurement. Members felt it will be difficult to ascertain the timing of the administration of the uterotonic. Another indicator offered by members was the application of uterine massage after the delivery of the placenta. Members thought measuring the duration and frequency of the massage is not feasible in community settings so it should not be included in the definition of the indicator.

For next steps, it was agreed that a member of the group will format the draft report as discussed above, and the original writer of the report will work to incorporate additional information suggested during the meeting. The revised report will be ready for second round of reviews by January 31, 2007. Members of the group will have two weeks to review and provide feedback on the paper. A meeting to discuss the CB-PPH factsheet or matrix will be arranged after the report has been finalized, most likely early or mid-March.