

Key points from first Community-based Prevention of Postpartum Hemorrhage Task Force meeting

December 20, 2005

- The group suggests creating a site on POPPHI's website for all four postpartum hemorrhage (PPH) task forces and posting relevant literature.
- Task force members reached agreement on the definition of community-based to be used by the group. All PPH-related interventions occurring within the household and in the community, excluding those occurring in any health facility, will be classified as community-based. Included in this definition are PPH-related activities by sole providers such as domiciliary midwives, traditional birth attendants, dispensers/pharmacists, and traditional healers. PPH-related actions taken by the pregnant women and their relatives or friends fall within the definition.
- The group tentatively reached consensus to use as the reference timeframe for PPH interventions as the period starting antenatal through delivery to 24 hours after childbirth. However, the group recommended that the first two hours following childbirth is the most crucial, and women should be closely monitored. Marge Koblinsky will check with Jelka Zupan of World Health Organization (WHO) to get their recommended definition of immediate postpartum period.
- A number of countries were cited as having midwives who conduct active management of third stage of labor (AMTSL) during home deliveries. Some of the countries cited were Indonesia, Bangladesh, Tajikistan, Nepal, and Ghana. However, detailed information on these programs could not be provided. The group agreed that there was need to have more information on the issue, and it was recommended that POPPHI undertake a literature review, including in-depth interviews with appropriate persons involved in the identified programs, to document what is known about use of AMTSL in home deliveries.
- Nigeria and Tanzania are in the process of formulating national policies and protocols for rolling out misoprostol as treatment for PPH by traditional birth attendants and other community health workers. The group recommended that information on the use of misoprostol for treatment of PPH should be pooled together and disseminated.
- Nepal and Indonesia are expanding their program on the use of misoprostol for prevention of PPH. The group recommended that information should be gathered on these programs, especially on the process they are using for scaling up. Also, a strong evaluation should be part of the process to answer some of the impact questions such as money spent on referrals, survival of women, and amount of blood loss. Bangladesh, Ethiopia, and Afghanistan are conducting operations research on the same issue with the aim of adopting misoprostol for community-based distribution to prevent PPH.
- Understanding women's perception of bleeding was identified as an area that needs attention since self-recognition or diagnosis of PPH depends on the woman's or the community's perception of excessive bleeding and what that means. Even though bleeding was flagged, the group did not make a decision on whether this is an area that the team should be addressing in its current scope of work.

- The group decided to develop two separate technical briefs: one for policymakers and the second for implementers.
- The group will meet with the other three task forces during the March 2006 PPH working group meeting.