



Postpartum Haemorrhage New policy

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NCCEMD Recommendations

- Prevent anaemia by providing iron and folate supplementation to all pregnant women
- Ensure safe use of uterotonics in labour.
- New protocols for management of PPH, and the use of tranexamic acid, non-pneumatic anti-shock garment (NASG) and the locally manufactured balloon tamponade need to be introduced.
- The Safe CD programme needs to be implemented
- Practice emergency drills for haemorrhage; with a focus on problem recognition, resuscitation and practical procedures e.g. manual removal of the placenta, uterine compression sutures
- Ensure safe and adequate supplies of blood and blood products

Seventh Saving Mothers report:

- 22% reduction in maternal deaths from obstetric haemorrhage from 2011-2016.
- Numbers remain high (624 in 2014-2016 compared to 684 in 2011-2013).
- In 2018 three new components have been added to the PPH algorithms used for South Africa:

Tranexamic acid (TXA)- Cyklokapron®

- This includes uterotonic drugs to contract the uterus which are given sequentially;
- Oxytocin infusion followed in 10-15 minutes if no response by syntometrine or ergometrine (if no hypertension or cardiac pathology)
- Tranexamic acid- a fibrinolytic inhibitor
- WOMAN trial published in 2017 indicated it reduces PPH mortality compared to placebo, when given in addition to standard therapy (1)
- WHO guideline - using it early in the PPH algorithmic approach since its effect is reduced if given after 3 hours of onset of PPH (2).
- Contraindications include artificial heart valves and current or previous thrombo-embolic disease.

Problems during referral of critically ill women especially following haemorrhage

- Transferred in severe shock with a shock index (pulse/systolic BP) more than 1.7.
- Many of these women die en-route or shortly after arrival at the next facility.
- Also many do not have a paramedic accompanying them to continue resuscitation.
- This problem has been assisted in some countries such as Ethiopia, where referral times are long due to mountainous terrain, by the NASG (non-pneumatic anti- shock garment).

NASG in SA

- The NASG is a neoprene garment with compression panels on the lower limbs and abdomen which treats shock by maintaining blood flow to essential organs during transit (3).
- A systematic review in 2015 of six observational studies showed a 50% reduction MMR using NASG (significant) with one cluster RCT showing a non-significant reduction MMR but significantly faster recovery from shock.
- It is currently being procured in South Africa and will be piloted in KZN(38)
- The garment is reusable after washing and the aim is for it to be carried by ambulances for transporting shocked patients between facilities.
- Vaginal and abdominal surgery can also be performed with the garment still applied if the patient is still unstable. Removing the NASG needs to be done slowly and in a systematic way or sudden decompensation will occur.

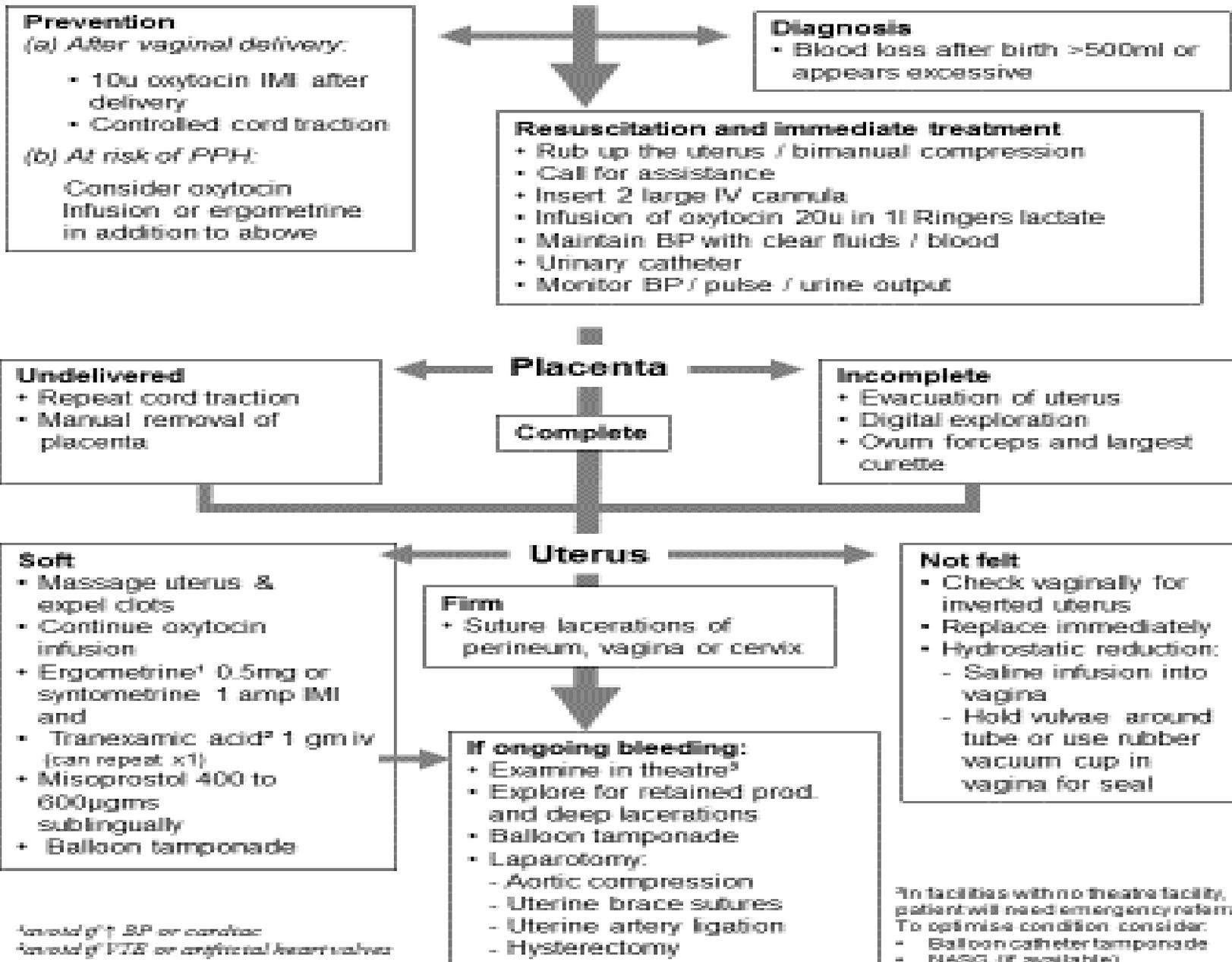
Used 23/0/2018:

BP 82/65mmHg, Pulse 108- Immediate recovery



Postpartum Haemorrhage (PPH)

Management



References

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2. WHO recommendation on tranexamic acid for the treatment of postpartum haemorrhage. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
3. Pileggi-Castro C, Nogueira-Pileggi V, Tuncalp O, Oladapo O, Vogel JP, Souza JP. Non-pneumatic anti-shock garment for improving maternal survival following severe postpartum haemorrhage : a systematic review. *Reproductive Health* 2015; 12: 28. DOI 10.1186/s2978-015-0012-0

Balloon tamponade

- Purpose-made devices such as the Bakri balloon or Rusch catheter have been used.
- Home-made devices; the condom balloon or surgical glove balloon tamponade system
- Recently, a more affordable purpose-made device, the **Ellavi** balloon, has been developed by the University of Stellenbosch with a technical team.