PPH – why now?

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PPH Community of Practice Annual Meeting
July 21–23, 2020
The biggest maternal killer

- Often compounded by anemia
- Most amenable to action (?)
- Improved PPH control  => reach SDG by 2030

- Three new perspectives have made FIGO act
1. Large increase of facility births

Lancet Maternal health, September 2016
2. New or refined methods for PPH control & prev.

- UBT (e.g. ESM-UBT and Ellavi)
- NASG
- TXA
- Heat-stable carbetocin

- A bundled approach  (WHO: Althabe F et al, IJOG Nov 2019)
2. New or refined methods for PPH control & prev.

• UBT  e.g. ESM-UBT and Ellavi
• NASG
• TXA
• Heat-stable carbetocin

• A bundled approach  (WHO: Alhabe F et al, IJOG Nov 2019)  => Standardize! Simplify!

- massage, IV fluid, uterotonic, TXA
- aorta or bimanual compression, UBT, NASG
3. All can be done at PHC level!

Requires support in the network => “Networks of Care” now in focus
Example of Networks of Care
Quality PPH Emergency Care

- Teamwork and Communication
- Data, Monitoring and Improvement Activities
- Network Integration
- Facility Readiness

PPH Emergency Response
www.savemothers.org