

Updated WHO PPH recommendations

PPH Community of Practice Annual Meeting
July 21–23, 2020

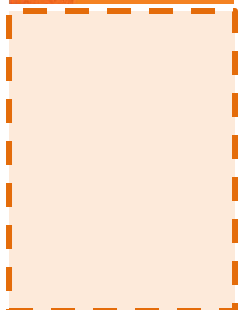
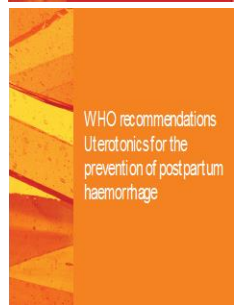
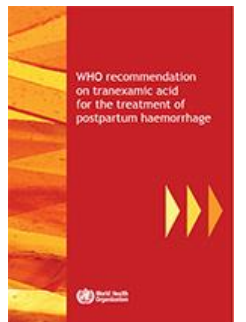
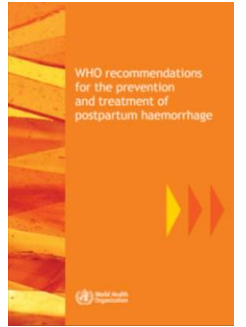
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WHO recommendations on PPH

- In 2012 WHO published the first PPH recommendations on prevention and treatment of PPH
- End 2016 Living Guidelines approach to prioritizing, updating and developing individual WHO MPH recommendations
- In 2017, in response to new evidence (WOMAN trial), WHO updated the recommendation on TXA for **PPH treatment**
- In 2018, in light of the new evidence (WHO CHAMPION trial), the recommendations on uterotonics for **PPH prevention** were updated.
- In 2020, four recommendations were updated:
 - UBT for the **treatment of PPH**
 - Umbilical vein injection of oxytocin for the treatment of retained placenta
 - Routes of oxytocin administration for the **prevention of PPH** after vaginal birth
 - Advance misoprostol distribution to pregnant women for **prevention of PPH**



2017 TXA Recommendation (*PPH Treatment*)

Early use of intravenous tranexamic acid (within 3 hours of birth) in addition to standard care is recommended for women with clinically diagnosed postpartum haemorrhage following VD or CS

- TXA administration should be considered as part of the standard PPH treatment package
- TXA should be given as soon as possible after birth to achieve clinical benefits; the administration beyond 3h does not confer clinical benefit
- If bleeding continues after 30 minutes, or if bleeding restarts within 24 hours of completing 1st dose, a second dose of TXA of 1g IV is possible



WHO recommendation
on tranexamic acid
for the treatment of
postpartum haemorrhage

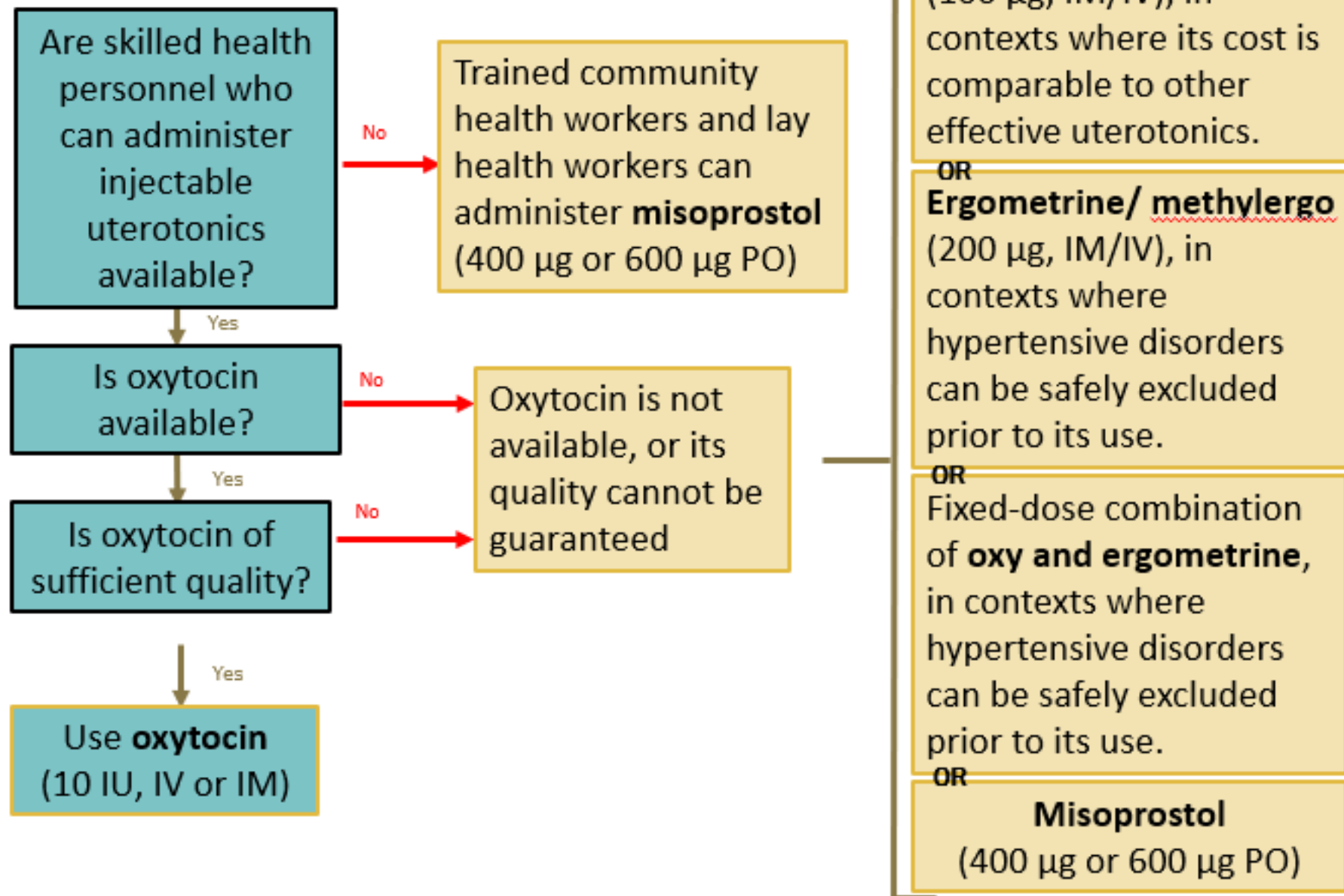


2018 Recommendations (*PPH Prevention*)

WHO recommendations Uterotonics for the prevention of postpartum haemorrhage

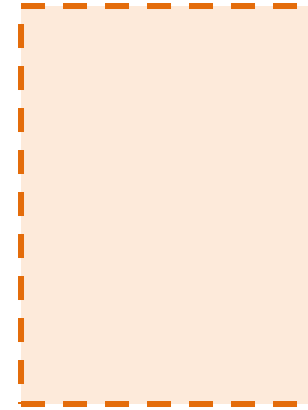
1. The use of an effective uterotonic for the prevention of PPH during the third stage of labour is recommended for all births.
2. In settings where multiple uterotonic options are available, oxytocin (10 IU, IM/IV) is the recommended uterotonic agent for the prevention of PPH for all births.
3. In settings where oxytocin is unavailable (or its quality cannot be guaranteed), the use of other injectable uterotonics (carbetocin, or if appropriate ergometrine/methylergo or oxytocin and ergometrine fixed-dose combination) or oral misoprostol is recommended
4. In settings where skilled health personnel are not present to administer injectable uterotonics, the administration of misoprostol (either 400 µg or 600 µg PO) by community health care workers and lay health workers is recommended for the prevention of PPH.

Implementing the recommendations



2020 Recommendations on PPH

(2 PPH Prevention, 2 PPH Treatment)



- Routes of oxytocin administration for the prevention of PPH after vaginal birth
- Advance misoprostol distribution to pregnant women for prevention of PPH
- Umbilical vein injection of oxytocin for the treatment of retained placenta
- UBT for the treatment of refractory PPH

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