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FIGO / ICM Global Initiative to Prevent Post-Partum Hemorrhage

Every year, more than 529 000 women die from complications of pregnancy and childbirth.[1] Ninety percent of these deaths occur in developing countries due mostly to a woman's (or her family's) inability to access quality emergency obstetrical services. At least 1/4 of these deaths result from postpartum haemorrhage.[2] Recent evidence shows that active management of the third stage of labour effectively reduces the occurrence of post-partum haemorrhage, the quantity of blood loss, and the use of blood transfusion.[3]

In November 2003, the International Federation of Obstetrics and Gynecology (FIGO) and the International Confederation of Midwives (ICM) launched a joint statement on the management of the third stage of labour to prevent postpartum haemorrhage and thus to avert maternal deaths. The statement (also known as the Ottawa Statement) and 10 accompanying key actions had been developed at a technical meeting hosted by the Society of Obstetricians and Gynaecologists of Canada (SOGC) in Ottawa in August 2002. It is with pleasure that we present, in the following pages, the joint statement and 10 key actions FIGO and ICM committed to in an effort to reduce maternal mortality and morbidity worldwide.

JOINT STATEMENT

MANAGEMENT OF THE THIRD STAGE OF LABOUR TO PREVENT POST-PARTUM HAEMORRHAGE

ICM and FIGO are key partners in global Safe Motherhood efforts to reduce maternal death and disability in the world. Their mission statements share a common commitment in promoting the health, human rights and well-being of all women, most especially those at greatest risk for death and disability associated with childbearing. FIGO and ICM promote evidence-based, effective interventions that, when used properly with informed consent, can reduce the incidence of maternal mortality and morbidity in the world.

Severe bleeding is the single most important cause of maternal death worldwide. More than half of all maternal deaths occur within 24 hours of delivery, mostly from excessive bleeding. Every pregnant woman may face life-threatening blood loss at the time of delivery; women with anaemia are particularly vulnerable since they may not tolerate even moderate amounts of blood loss. Every woman needs to be closely observed and, if needed, stabilized during the immediate post-partum period.

Upon review of the available evidence, FIGO and ICM agree that active management of the third stage of labour is proven to reduce the incidence of post-partum haemorrhage, the quantity of blood loss, and the use of blood transfusion.

Active management of the third stage of labour should be offered to women since it reduces the incidence of post-partum haemorrhage due to uterine atony.

Active management of the third stage of labour consists of interventions designed to facilitate the delivery of the placenta by increasing uterine contractions and to prevent PPH by averting uterine atony. The usual components include:

- Administration of uterotonic agents
- Controlled cord traction
- Uterine massage after delivery of the placenta, as appropriate.

Every attendant at birth needs to have the knowledge, skills and critical judgment needed to carry out active management of the third stage of labour and access to needed supplies and equipment.

In this regard, national professional associations have an important and collaborative role to play in:

- Advocacy for skilled care at birth;
- Dissemination of this statement to all members of the organisation and facilitation of its implementation;
- Public education about the need for adequate prevention and treatment of post-partum haemorrhage;

[1]WHO, UNICEF, and UNFPA. Maternal Mortality in 2000. Estimates Developed by WHO, Unicef and UNFPA. Geneva: WHO. 2003.
[2]UNICEF. Programming for Safe Motherhood — Guidelines for Maternal and Neonatal Survival. NY: UNICEF. 1999.
[3]FIGO. A Global Emergency Killing Mothers Can Be Reversed. Press Release. Santiago: FIGO. 2003

- Publication of the statement in national midwifery, obstetric and medical journals, newsletters and websites;
- Address legislative and other barriers that impede the prevention and treatment of post-partum haemorrhage;
- Incorporation of active management of the third stage of labour in national standards and clinical guidelines, as appropriate;
- Incorporation of active management of the third stage into pre-service and in-service curricula for all skilled birth attendants;
- Working with national pharmaceutical regulatory agencies, policymakers and donors to assure that adequate supplies of uterotonics and injection equipment are available.

MANAGEMENT OF THE THIRD STAGE OF LABOUR TO PREVENT POST-PARTUM HAEMORRHAGE

HOW TO USE UTEROTONIC AGENTS

- Within one minute of the delivery of the baby, palpate the abdomen to rule out the presence of an additional baby(s) and give oxytocin 10 units IM. Oxytocin is preferred over other uterotonic drugs because it is effective 2-3 minutes after injection, has minimal side effects and can be used in all women.
- If oxytocin is not available, other uterotonics can be used such as: ergometrine 0.2 mg IM, syntometrine (1 ampoule) IM or misoprostol 400-600 mcg orally. Oral administration of misoprostol should be reserved for situations when safe administration and/or appropriate storage conditions for injectable oxytocin and ergot alkaloids are not possible.
- Uterotonics require proper storage:
  - Ergometrine: 2-8°C and protect from light and from freezing.
  - Misoprostol: room temperature, in a closed container.
  - Oxytocin: 15-30°C, protect from freezing
- Counselling on the side effects of these drugs should be given.

Warning! Do not give ergometrine or syntometrine (because it contains ergometrine) to women with pre-eclampsia, eclampsia or high blood pressure.

HOW TO DO CONTROLLED CORD TRACTION

- Clamp the cord close to the perineum (once pulsation stops in a healthy newborn) and hold in one hand.
- Place the other hand just above the woman's pubic bone and stabilize the uterus by applying counter-pressure during controlled cord traction.
- Keep slight tension on the cord and await a strong uterine contraction (2-3 minutes).
- With the strong uterine contraction, encourage the mother to push and very gently pull downward on the cord to deliver the placenta. Continue to apply counter-pressure to the uterus.
- If the placenta does not descend during 30-40 seconds of controlled cord traction do not continue to pull on the cord:
  - Gently hold the cord and wait until the uterus is well contracted again;
  - With the next contraction, repeat controlled cord traction with counter-pressure.

Never apply cord traction (pull) without applying counter traction (push) above the pubic bone on a well-contracted uterus.

- As the placenta delivers, hold the placenta in two hands and gently turn it until the membranes are twisted. Slowly pull to complete the delivery.
- If the membranes tear, gently examine the upper vagina and cervix wearing sterile/disinfected gloves and use a sponge forceps to remove any pieces of membrane that are present.
- Look carefully at the placenta to be sure none of it is missing. If a portion of the maternal surface is missing or there are torn membranes with vessels, suspect retained placenta fragments and take appropriate action (ref Managing Complications in Pregnancy and Childbirth).

HOW TO DO UTERINE MASSAGE

- Immediately massage the fundus of the uterus until the uterus is contracted.
- Palpate for a contracted uterus every 15 minutes and repeat uterine massage as needed during the first 2 hours.
- Ensure that the uterus does not become relaxed (soft) after you stop uterine massage.

In all of the above actions, explain the procedures and actions to the woman and her family. Continue to provide support and reassurance throughout.

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ICM/FIGO Global Initiative on the Prevention of Post-Partum Haemorrhage

"We need to stop the deaths of 200,000 women each year from bleeding during childbirth"

A. Acosta, FIGO President
November 7th, 2003
Santiago, Chile

TEN KEY ACTIONS

ICM AND FIGO WILL:

1. Disseminate the joint statement to all national societies of obstetrician-gynaecologists and midwives' associations and encourage the national groups to disseminate it to their members.
2. Obtain support for the joint statement from agencies in the field of maternal and neonatal health care, such as UN agencies, development and others.
3. Recommend that this Global Initiative on the prevention of PPH be integrated into the curricula of medical, midwifery and nursing schools.
4. Recommend that the Global Initiative be adopted by health policy makers and politicians.

ICM AND FIGO WILL WORK TOGETHER TOWARD ENSURING THAT:

5. Every mother giving birth anywhere in the world will be offered active management of the third stage of labour for the prevention of PPH.
6. Every skilled attendant will have training in active management of the third stage of labour and in techniques for the treatment of PPH.
7. Every health facility where births take place will have adequate supplies of uterotonic drugs, equipment and protocols for both the prevention and treatment of PPH.
8. Blood transfusion facilities are available in centres that provide comprehensive health care (secondary and tertiary levels of care).
9. Physicians are trained in simple conservative techniques such as compression sutures and devascularisation.
10. Promising new drugs and technologies for the prevention and treatment of PPH, such as the tamponade technique, are evaluated.