

PREVENTING MORTALITY FROM POST PARTUM HAEMORRHAGE (PPH), March 2007

Overview

Severe bleeding after childbirth is the largest cause of maternal mortality worldwide, accounting for at least one quarter of maternal deaths. In Kenya, according to the 2003 Kenya Health Demographic Survey (KDHS), there are approximately 414 maternal deaths per 100,000 live births. However, evidence based interventions exist for the prevention and treatment of PPH. Following best practices recommended by lead organizations such as International Federation of Gynaecology and Obstetrics (FIGO) and the International Conference of Midwives (ICM) in collaboration with U.S Agency for International Development, Office of Health, Population and Nutrition (USAID/HPN), nations are pursuing evidence based prevention practices.

Subsequently, a regional conference was held in Entebbe, Uganda, 4-7 April, 2006, to advance programming in African countries to prevent and treat PPH in facilities and in the community in support of Millennium Development Goal number X to reduce maternal mortality by 75% by 2015.

The conference gathered country teams that:-

1. Reviewed the evidence that supports strategies for prevention and treatment of PPH in health care and home birth settings by skilled providers as well as by community health workers and the family;
2. Examined best practices for implementing large-scale programs for preventing and treating PPH; and
3. Developed action plans to prevent and treat PPH at the facility and community levels using evidence-based approaches and program best practices.

The Kenya action plan that was drafted in collaboration with the Ministry of Health undertakes to achieve the following:-

1. A review of national policies and service delivery guidelines in relation to PPH;
2. An assessment of pre-service and in-service education curricula in relation to PPH;
3. Conduct technical updates/clinical skills standardization of providers especially in the Active Management of Third Stage Labour (AMTSL).

As a first step, JHPIEGO will work with the Ministry of Health, Division of Reproductive Health, to complete the first two tasks listed above, and to begin the third task (clinical updates on AMTSL) by the end of September 2007. Should additional funding become available, an expanded plan to roll-out AMSTL services will be implemented after September 2007.