# WHO Recommendations on the Prevention of Postpartum Hemorrhage

## A summary of the results from a WHO Technical Consultation

**OCTOBER 18–20, 2006**

The World Health Organization (WHO) held a Technical Consultation in Geneva to discuss the various issues related to the prevention of PPH and to develop recommendations. This document highlights key recommendations from the report

**P**ostpartum hemorrhage (PPH) or excessive bleeding after childbirth is the single most important direct cause of maternal deaths in developing countries. According to WHO, there are about 14 million cases of obstetric hemorrhage each year. Over one hundred thousand of these women die within a few hours after childbirth and many more experience long-term morbidity.

Fortunately, research has demonstrated the effectiveness of active management of the third stage of labor (AMTSL) as a feasible and low-cost intervention to prevent PPH. In several major studies, active management was associated with a significant decrease in PPH. It is estimated that AMTSL can eliminate more than half of postpartum hemorrhage cases—potentially saving thousands of women's lives. Active management of the third stage of labor consists of three inter-locking components:

- Administering an uterotonic drug (oxytocin being the drug of choice).
- Assisting with the delivery of the placenta by "controlled cord traction" (CCT).
- Massaging the uterus after the placenta has been delivered.

While it is generally agreed that AMTSL has clear benefits, there are still many important factors to consider to ensure safe implementation, particularly in settings with limited resources. Such factors include: level of provider performing AMTSL, timing of cord clamping, the choice of uterotonic and route of its administration. A discussion of these issues at the WHO Technical Consultation on PPH resulted in recommendations which are summarized as follows.

1. **AMTSL should be offered by skilled attendants to all women.** This was a strong recommendation based on a review of five trials.The panel did not recommend use of AMTSL by non-skilled attendants.

2. **Oxytocin is the drug of choice for AMTSL.** This strong recommendation specifies that a dose of oxytocin 10 IU IM be offered to all women during AMTSL.

- In the context of AMTSL, skilled attendants should offer oxytocin in preference to ergometrine (0.2 mg. IM) or methylergometrine (0.2 mg. IM). If oxytocin is not available, skilled attendants should offer ergometrine, methylergometrine or the fixed drug combination of ergometrine and oxytocin to women without hypertension or heart disease for the prevention of PPH.
- In the context of AMTSL, skilled attendants should offer oxytocin in preference to oral misoprotosol.
- In the context of AMSTL, skilled attendants should not offer misoprostol by sublingual, buccal or rectal administration in preference to oxytocin. There is still some uncertainty about the role of sublingual misoprostol in PPH prevention and whether rectal misoprostol is equivalent.
- In the context of AMTSL, skilled attendants should not offer carboprost/sulprostone in preference to oxytocin.

3. In the absence of AMTSL, WHO strongly recommends that a uterotonic drug (oxytocin

or misoprostol) should be offered by a health worker trained in its use for prevention of PPH.

4. **Because of the benefits to the baby, the cord should not be clamped earlier than necessary for applying cord traction in AMTSL.** For the sake of clarity, it is estimated that this will normally take around three minutes. Though newborn anemia has been reported as an important outcome of early cord clamping, it is unclear whether the timing of cord clamping has an effect on PPH.

In practice, delayed cord clamping will include the following steps for this recommendation:

- Following childbirth, give oxytocin
- Dry and warm the baby
- Await uterine contraction (usually occurs in 2-3 minutes)
- Clamp and cut the cord
- Proceed with CCT and other AMTSL steps.

Early clamping may be required if the newborn is asphyxiated and immediate resuscitation is necessary

5. Given the current evidence regarding controlled cord traction for active management, the panel does not recommend any change in the current practice. Further research is needed.

**Skilled Attendants:** For these recommendations, the skilled attendant is defined as health care providers who have been educated and trained to proficiency in skills needed to manage normal labor and delivery, recognize the onset of complications, perform essential interventions, start treatment and supervise the referral of mother and baby for interventions that are beyond their competence or are not possible in the particular setting. Depending on the setting, providers such as auxiliary nurse-midwives, community midwives, village midwives and health visitors may also have acquired appropriate skills if they have been specially trained.

Reference

1. WHO Geneva 2007. WHO Recommendations for the Prevention of Postpartum Hemorrhage (report)

**Five Key Recommendations to Prevent PPH**

1. **AMTSL should be offered by skilled attendants to all women.**
2. **Oxytocin is the drug of choice for AMTSL in preference to ergometrine, methylergometrine, misoprostol and carboprost/sulprostone**
3. **In the absence of other components of AMTSL, a uterotonic drug (oxytocin or misoprostol) should be offered to all women by a health worker trained in its use for the prevention of PPH.**
4. **Because of the benefits to the baby, the cord should not be clamped earlier than necessary for applying cord traction in AMTSL (around 3 minutes).**
5. **Given the current evidence, the panel recommends no change in the practice of controlled cord traction as one of the components of AMTSL**

**For a complete report on the WHO PPH Technical Consultation, visit www.who.int/making_pregnancy_safer/en**

*The Prevention of Postpartum Hemorrhage Initiative (POPPHI) is implemented by PATH along with partners RTI International, EngenderHealth, International Federation of Gynecologists and Obstetricians (FIGO) and International Consortium of Midwives (ICM).*