

Zero maternal death from haemorrhage

2023

PAHO



CLAP/WR

Latin American Center for Perinatology
Women and Reproductive Health



maternal death from haemorrhage

Haemorrhage is the second leading cause of maternal death in the Americas and the first in several countries in the Region.

Almost all deaths from haemorrhage are preventable. Providing women with adequate access, respecting their rights, strengthening the work force, equipping workers with simple technologies and addressing geographic and cultural barriers were the pillars of the **Zero Maternal Deaths from haemorrhage Project of the Pan American Health Organization (PAHO/WHO)**.

The objective of this project was to reduce haemorrhage-related maternal morbidity and mortality in Latin America and the Caribbean through interdepartmental comprehensive interventions for women's health care, including prevention, timely diagnosis and adequate treatment.

To this end, we worked on

Strengthening the response capacity of health services

Eliminating access barriers

Building capacities and competencies of professionals to treat obstetric haemorrhage

Ensuring the availability of essential drugs and safe blood for transfusions.

Improving the strengthening of maternal surveillance system

This was an initiative driven by the Pan American Health Organization (PAHO/WHO) through the Latin American Center for Perinatology - Women's and Reproductive Health (CLAP/WR) that began in 2015.

What did the intervention consist of?

1

Assessment of the health system (geographical, cultural, economic constraints, social inequalities)

2

Knowing the legal and regulatory frameworks available to protect the health of pregnant women as well as to identify existing legal barriers to a timely access and quality care

3

Correcting failures in the continuum of care, strengthening the Integrated Health Services Network and addressing the referral and counter-referral of obstetric hemorrhage emergencies

4

Training of health teams and provision of intervention packages for the management of obstetric hemorrhage

5

Tools for monitoring, evaluation and epidemiological surveillance of severe maternal morbidity and maternal mortality



Twelve countries participated and partially or fully incorporated the different components of the project.

More than 100 workshops were held.

Approximately 5,000 professionals (gynecologists, midwives, nurses, general practitioners, anesthesiologists, internists and emergency physicians, among others) were trained.

Low, medium and high fidelity simulators were incorporated for the development of professional competencies according to the different levels of care, as well as non-pneumatic anti-shock garment, intrauterine balloons and other technologies.

What were the components of the workshops?

*** Postpartum haemorrhage prevention * Crisis management team for obstetric emergencies * Effective communication during obstetric emergencies * Obstetric red code - Non-pneumatic anti shock garment * Uterine balloon tamponade * Hemostatic sutures * Damage control * Management of placenta accreta**

Reported country results

Institutionalization of protocols

Improved record keeping in medical records and data collection to support indicators

Timely identification of haemorrhage conditions

Improved relationships between network managers (medical transport, blood center regulator, etc.) and managers of other departments (pharmacy, warehouse, transfusion agency, etc.)

Increased surveillance in the postpartum period

Partners: Canadá - USAID - ICM - CRMA - FIGO - FLASOG

Considerations: The CLAP/WR - PAHO/WHO initiative was adopted by several countries of the Region, as well as professional associations, who continued to advance and deepen the strategy as a way to reduce maternal mortality from obstetric hemorrhage. Given its adherence and impact, the intervention methodology for this project is being applied to other initiatives promoted in the region (e.g., Zero Maternal Deaths from Obstetric Hemorrhage). For the implementation of Zero Maternal Deaths from Hemorrhage, alliances were made with strategic partners (Ministries of Health, Professional Associations, United Nations System Agencies and other partners).

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