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Postpartum Hemorrhage Implementation Framework

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Purpose

The *Postpartum Hemorrhage Implementation Framework* is a “living” document to be used by members of the postpartum hemorrhage (PPH) implementation community of practice and other interested program implementers. The framework outlines key elements that PPH program implementers working at scale in low-resource settings should consider. The framework is not intended to be a how-to manual or provide detailed operational guidance. Rather, it provides a high-level snapshot of key elements and activities for planning comprehensive and coordinated PPH programming at scale.

The framework is loosely organized around the World Health Organization Quality, Equity, Dignity Network country implementation guidance. It focuses on four categories of country actors/stakeholders across the health system: national policy and health system decision-makers, subnational (regional/district) ministry of health managers, facility managers and health workers supporting PPH services, and community stakeholders and providers. Although the framework specifies key considerations at individual system levels, it is important that programs align and coordinate PPH activities across system levels and maintain a focus on equity, coverage, quality, and sustainability of all program activities. At the global level, it is important that evidence is generated and rapidly disseminated as a public good, and that all actors advocate for resources and continuous shared learning to accelerate reduction of PPH mortality and morbidity. In the end, it will take a unified and integrated health system and multiple actors working together to eliminate women’s deaths from PPH.

Postpartum Hemorrhage Activity Spheres and Country Actors

	Woman-Centered Care for PPH	Essential PPH Commodities	Functional Referral System	PPH Metrics and Actionable Information	Human Resources	Financing	Policy and Governance	Service Delivery Best Practices and Quality Improvement	Community Education/Outreach
National Policymakers and Managers									
Subnational Managers									
Facility Managers & Service Providers									
Community Stakeholders and Health Workers									

Key Elements for Postpartum Hemorrhage Planning and Programming Categorized by Country Actors

Area	Key Activities
National Policymakers and Managers	
<p>Woman-Centered Care</p> 	<ul style="list-style-type: none"> • Include women’s voices in planning and monitoring of countrywide PPH strategies. • Incorporate PPH into woman-centered reproductive, maternal, newborn, and child health policies and strategies. • Promote community engagement and accountability strategies as part of national PPH policy (e.g., community and facility scorecards).
<p>Policy and Governance</p> 	<ul style="list-style-type: none"> • Review PPH content of national reproductive, maternal, newborn, and child health policies. • Ensure national PPH policy and strategies include an intentional mix of facility- and community-based PPH prevention and treatment strategies tailored to the country context based on analysis of: <ul style="list-style-type: none"> ▪ National/regional PPH burden/causes ▪ Institutional birth coverage ▪ Health system structure and functionality ▪ Costs • Offer clear guidance on PPH prevention and management strategies and protocols, including PPH clinical treatment algorithms. • Specify provider cadres authorized to provide specific PPH prevention and treatment interventions (e.g., community health worker [CHW], nurse, midwife, general health officer, obstetrician). • PPH (and other obstetric emergencies) referral and counter-referral guidelines tailored to system level with supporting materials. • Develop costed and budgeted operational plan for implementing PPH policy. • Engage public and private sector (e.g., professional associations, private pre-service education/training institutions).
<p>Financing</p> 	<ul style="list-style-type: none"> • Conduct financial analysis of proposed PPH strategies/interventions, including: <ul style="list-style-type: none"> ▪ Cost of human resources and capacity development (e.g., training needs) ▪ Costs of commodities, related products, and supply chain management ▪ Other facility operational costs ▪ Costs associated with referral • Determine resource requirements to implement PPH policy (and any specific strategies). • Advocate for and mobilize PPH resources. • Develop costed budgeted national plan and ensure regular disbursement of designated funds. • Remove financial barriers to emergency access to lifesaving treatment, commodities, and referral/transport for women with PPH.
<p>Human Resources</p> 	<ul style="list-style-type: none"> • Specify workforce regulations related to: <ul style="list-style-type: none"> ▪ Which provider cadres are authorized to provide specific PPH interventions (e.g., IV uterotonic, uterine balloon tamponade [UBT], IV tranexamic acid [TXA]) ▪ Certification requirements and strategies to build and maintain provider competencies to administer PPH interventions • Ensure that pre-service and in-service PPH curricula and education materials are up-to-date, comprehensive, and competency-based. • Design and regularly update evidence-based user-friendly PPH continuing professional development materials and job aids; ensure materials are accessible to private- and public-sector facilities and CHWs (as appropriate).

	Area	Key Activities
	<p>Essential Commodities</p> 	<p>Policy for PPH Commodities</p> <ul style="list-style-type: none"> Ensure that commodities recommended in standard treatment guidelines/PPH policy are registered for distribution in-country, and are included in national- and/or state-level Lists of Essential Medicines and any relevant commodities policies. <p>Forecasting and Supplies</p> <ul style="list-style-type: none"> Forecast need and support robust supply systems to ensure essential PPH commodities are available to all health care workers (e.g., CHWs, health centers, hospitals) without stock-outs. Implement robust logistics information system to track availability of commodities and provide reliable data for forecasting. <p>Procurement and Use</p> <ul style="list-style-type: none"> Procure quality-assured essential commodities (uterotonics, IV TXA, gloves, IV fluid, and other supplies used in the prevention and treatment of PPH). Collect data on commodity wastage rates and on transportation and storage costs. Provide guidance on and monitoring for appropriate storage of essential commodities. Ensure immediate onsite access to essential PPH commodities for every woman with PPH (i.e., “stocked ready PPH cart in the maternity/postpartum area;” remove all barriers to immediate access to lifesaving commodities, such as requirement for families to purchase from pharmacy; locking commodities without access 24 hours a day, 7 days a week).
	<p>Functional Referral System</p> 	<ul style="list-style-type: none"> Ensure national PPH policy includes specific referral guidelines (including stabilization) for women with PPH tailored to each health system level and including both public and private sectors. Develop and support use of standardized referral communication protocols and tools. Allocate funding to support referral processes, including timely emergency transport of women with PPH by a skilled provider and other obstetric complications.
	<p>Metrics and Actionable Information Systems</p> 	<ul style="list-style-type: none"> Ensure availability of high-quality registers and patient records for primary and hospital levels that include essential clinical information for clinical case management and data for calculation of prioritized indicators. Define a small number of priority PPH measures for tracking and use at the national level to support national PPH surveillance and inform PPH programming. <p>Illustrative PPH indicators for consideration/adaptation at country level include:</p> <ul style="list-style-type: none"> Proportion of (institutional and community) maternal deaths due to PPH PPH incidence and case fatality Percentage of women delivering in facilities administered immediate postpartum uterotonic <p>Potential community-level indicator, based on national policy:</p> <ul style="list-style-type: none"> Percentage of women delivering at home who received immediate postpartum misoprostol for PPH prevention (or oxytocin, if skilled birth attendant present)

Subnational (Regional/District) Managers	
Area	Key Activities
Woman-Centered Care 	<ul style="list-style-type: none"> Engage women and families in the design, implementation, monitoring, and evaluation of PPH activities. Support an enabling environment for health care workers. Ensure availability of essential infrastructure, commodities, and staffing for provision of woman-centered care (e.g., adequate number of beds, basic sanitation and water for women/families and staff, etc.).
Policy and Governance 	<ul style="list-style-type: none"> Implement national PPH policy and strategies at subnational level; if a decentralized health system, formulate and implement complementary subnational PPH policy and strategies. Provide feedback to the national level on regional needs and performance. Manage district/regional PPH program activities. Regularly monitor and use prioritized PPH indicators to inform decision-making, management, and continuous quality improvement (QI). Promote regular shared learning across subnational service delivery sites to accelerate dissemination and uptake of local learning and contextual best practices.
Financing 	<ul style="list-style-type: none"> Include high-value PPH activities in costed annual work plans and itemized budgets (regional/district). Ensure regular disbursement of budgeted funds for maternal and newborn health and PPH activities.
Human Resources 	<ul style="list-style-type: none"> Manage regional/district human resources to support delivery of high-impact PPH services, including: <ul style="list-style-type: none"> Rational subnational human resources distribution and management Human capacity development and human resources oversight (e.g., on-the-job training, supportive supervision, mentoring) Continuing professional development Clear job descriptions and performance management, including recognition of strong performance and opportunities for career advancement
Essential Commodities 	<ul style="list-style-type: none"> Manage equitable distribution and prevention of stock-outs of PPH commodities across all subnational service delivery sites, ensuring: <ul style="list-style-type: none"> Robust logistics information system to track availability of commodities and provide reliable data for forecasting Blood transfusion readiness (cross and type, etc.) Adequate storage and maintenance of essential PPH commodities (e.g., cold chain)
Functional Referral System 	<ul style="list-style-type: none"> Develop and implement clear referral protocols tailored to system level, including initial stabilization (e.g., CHW, health post, health center, district hospital, tertiary hospital). Establish a mechanism for tracking and supporting functional maternal and newborn referral system at subnational level with clear accountability and focal points.
Metrics and Actionable Information Systems 	<ul style="list-style-type: none"> Regularly track a menu of PPH indicators and use data to monitor and promote equitable coverage and quality of PPH services at the subnational level (e.g., measures of service utilization, coverage, quality, and equity of PPH care). Standardize patient records and registers, and ensure availability (no stock-outs) in all facilities. Ensure registers/records include essential data for effective clinical case management and calculation of quality measures to support continuous improvement of PPH services. Support PPH content in community health information systems (as appropriate to context).

Facility Managers and Service Providers	
Area	Key Activities
Woman-Centered Care 	<ul style="list-style-type: none"> Organize services to meet the needs of women, families, and facility staff for provision of person-centered care. Ensure that informed consent, respect, equity, and dignity are central to care, and promote social accountability mechanisms. Elicit feedback from women and families, and adapt services to address their concerns (e.g., periodic questionnaires). Engage community members as members of facility management and QI committees.
Service Delivery Best Practices and Quality Improvement 	<ul style="list-style-type: none"> Organize services and providers to facilitate efficient workflows for reliable provision of high-impact PPH prevention, early detection, and timely treatment for every woman with PPH (e.g., designated distinct triage and postpartum monitoring areas with clear protocols and delegated auxiliary workers). In hospitals with capacity for comprehensive emergency obstetric and newborn care, ensure readiness along the patient pathway from arrival at the hospital, to triage, to timely clinical decision-making and actions, to operating room and postoperative care (if indicated) through discharge. Equip maternal health providers with tools and resources to optimize prevention and treatment of PPH across antenatal, intrapartum, and postpartum phases of care, including: <ul style="list-style-type: none"> Clinical PPH prevention and treatment best practices for antenatal, intrapartum, and postnatal phases (e.g., anemia control, postpartum family planning to prevent future unwanted pregnancies) PPH clinical case management algorithms/protocols (e.g., sequencing of interventions, including uterotonics, TXA, UBT, and IV fluid per cause of PPH) Referral protocols and communication tools PPH emergency readiness kits (e.g., uterotonics, TXA, UBT, and IV fluid supplies) Support to frontline QI teams that include all essential staff involved in PPH care (e.g., nurses, laboratory technicians, pharmacists, midwives, doctors, auxiliary health aids, housekeeping, etc.) Prioritization and regular monitoring of PPH quality indicators by QI teams
Human Resources 	<ul style="list-style-type: none"> Support capacity-building and supportive supervision/mentoring focused on effective team performance for provision of timely, evidence-based care for every woman with PPH. Promote emergency drills. Support facility-based PPH champions/mentors and peer-to-peer feedback and support.
Essential Commodities 	<ul style="list-style-type: none"> Engage facility managers and health providers in commodity forecasting and supply planning. Establish mechanisms to replenish stock before stock-outs occur by tracking and preventing stock-outs of key PPH commodities within all facilities. Maintain fully stocked emergency trolley in labor and postnatal areas (e.g., oxytocin, misoprostol, large-bore IV equipment, IV fluids, suture materials, TXA, UBT supplies). Ensure 24/7 blood transfusion readiness (cross and type, standardized blood transfusion forms, risk assessment, prioritization, etc.).
Functional Referral System 	<ul style="list-style-type: none"> Promote timely identification of women with PPH. Promote prompt referral and stabilizing measures, in line with standardized referral protocols tailored to system level. Promote clear documentation and real-time communication between system levels (e.g., community, primary, hospital), including use of mHealth tools as appropriate. Regularly monitor and improve referral processes, involving the community and representatives of all system levels.
Metrics and Actionable Information Systems 	<ul style="list-style-type: none"> Support facility managers and health providers to collect and use prioritized PPH indicators for decision-making, management, and continuous improvement of services.

Area	Key Activities
Community Stakeholders and Health Workers	
<p>Woman-Centered care</p> 	<ul style="list-style-type: none"> Establish channels for community members to provide feedback on community- and facility-based PPH care (especially experience of care seeking, referral, and PPH care at distinct levels of the system). Share community feedback with key stakeholders. Engage community members as part of facility/subnational QI committees. Promote community scorecards and periodic monitoring of women's/families' experience of care by health care workers, managers, and community members.
<p>Community Education/Outreach</p> 	<ul style="list-style-type: none"> Build community awareness of PPH as a leading cause of maternal deaths. Strengthen early recognition and care seeking for PPH. Explore and address barriers in the community to PPH recognition, prompt care seeking, and access to care, including financial, geographic, and sociocultural factors, and community mistrust of the health system.
<p>Service Delivery Best Practices and Quality Improvement</p> 	<ul style="list-style-type: none"> Support community-based delivery of PPH prevention and early referral/stabilizing services where feasible and safe. Support community awareness, recognition, and action in the face of PPH danger signs, including administration of a first uterotonic dose (as permitted by national policy).
<p>Human Resources</p> 	<ul style="list-style-type: none"> Support CHWs and traditional birth attendants (per national policy), including training, supportive supervision, and commodities. Build capacity of facility health care workers to support and supervise community agents to provide PPH prevention and stabilizing/referral services as appropriate. Support health care providers to be aware of and responsive to community needs and priorities.
<p>Essential Commodities</p> 	<ul style="list-style-type: none"> Engage community members in designing and facilitating systems for advance distribution of misoprostol for self-administration for prevention of PPH. Elicit community feedback on access to commodities and address identified barriers. Build community awareness of what essential commodities are available to women giving birth in the facility and whether commodities are free and/or their cost if any (e.g., posting of "free essential medicines" lists at health facilities).
<p>Functional Referral System</p> 	<ul style="list-style-type: none"> Engage community in supporting emergency readiness and local referral processes for obstetric complications, including emergency transport mechanisms. Strengthen community engagement in design and implementation of emergency transport mechanisms. Elicit community feedback on referral experience and incorporate into ongoing efforts to improve referral processes. Build capacity of CHWs (e.g., traditional birth attendants) to recognize, stabilize, and promptly facilitate referral and transport of women with PPH.
<p>Metrics and Actionable Information Systems</p> 	<ul style="list-style-type: none"> Collect and analyze community-level data on community-based services, such as advance distribution of misoprostol. Engage community in tracking and responding to program results. Engage community in monitoring maternal and newborn health community scoreboards.