



Postpartum Hemorrhage (PPH) Implementation Framework

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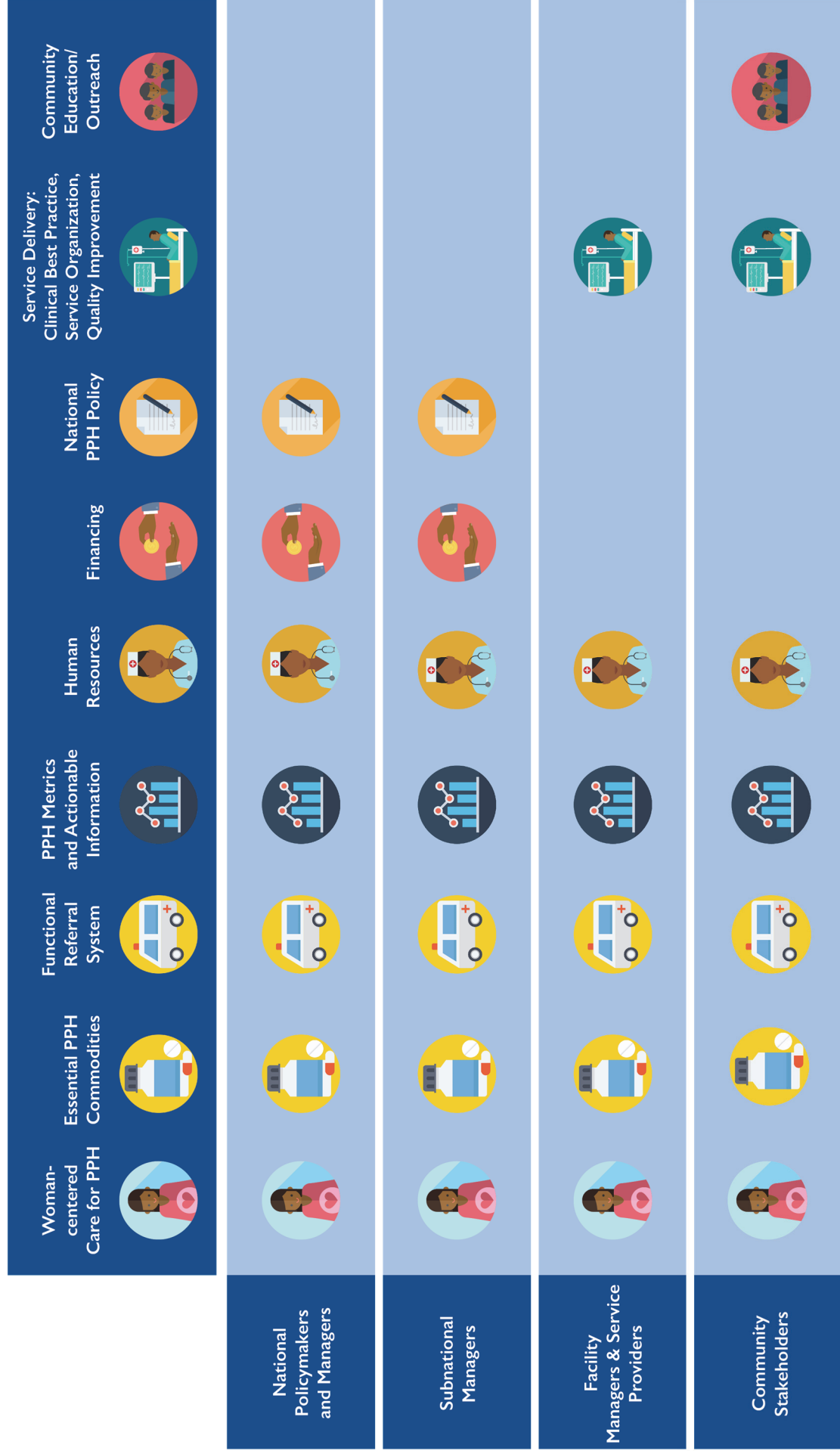
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Purpose

The PPH implementation framework is a “living” document for use by members of the PPH implementation community of practice and other interested program implementers. The framework outlines key elements for consideration by PPH program implementers working at scale in low-resource settings. The framework is not intended to be a “how-to manual” or to provide detailed operational guidance. Rather the framework provides a high-level snapshot of key elements and activities for planning effective PPH programming at scale.

The framework is loosely organized around the WHO Quality, Equity, Dignity (QED) Network¹ country implementation guidance and focuses on four categories of country actors/stakeholders across the health system: National policy and health system decision-makers, subnational (regional/district) MOH managers, managers and health workers supporting PPH services at facility level, and community stakeholders and providers. Although this framework specifies key considerations at individual system levels, it is important that programs align PPH activities across system levels and maintain a focus on equity, quality, affordability, and sustainability of all program activities. In the end, it will take a unified and integrated health system and multiple actors to eliminate women’s deaths from PPH.

¹ <http://qualityofcarenetwork.org/>



Key Elements and Activities for PPH Planning and Programming

National policy and health system decision makers		
Area	Key activities	
Woman-centered care 	• Include women's voices in planning and monitoring of countrywide PPH strategies • Incorporate PPH into woman-centered policies	
Policy 	• Review national RMNCH policies to determine where PPH is included • Strengthen national PPH policy and strategy considering the following elements (and others as appropriate): • Does it include a purposeful mix of facility- and community-based PPH prevention and treatment interventions tailored to the country context and based on analysis of: ▪ National/regional PPH burden/causes? ▪ Institutional birth coverage? ▪ Health system functionality (skilled workforce, commodities, etc.)? ▪ Costing? • Does it contain clear guidance on prevention and management of PPH, including PPH clinical treatment algorithms? • Does it specify which PPH prevention and treatment interventions should be administered at which health system level and by which provider cadre (e.g. community health worker [CHW], nurse, midwife, general health officer, and obstetrician)? • Does it include referral and counter-referral guidelines for women with PPH (and other obstetric emergencies)? • Is there a costed strategy for implementing PPH policy? • Does it address the public and the private sector (e.g. engagement of professional associations, linking with private pre-service institutions and universities)?	
Financing 	• Conduct financial analysis of proposed PPH strategies/interventions, including: • Determining resource requirements to implement PPH policy (and any specific strategies) • Advocating for and mobilizing resources for PPH • Include in financial analysis: • Cost of human resources (HR) and capacity development (e.g. training needs) • Costs of commodities, related products, and supply chain management • Other facility operational costs • Costs associated with referral	
HR 	• Define workforce regulations on: • Which provider cadres are authorized to provide specific PPH interventions (e.g. oral/intramuscular/intravenous (IV) uterotonic, uterine balloon tamponade [UBT], IV tranexamic acid [TXA]) • Requirements to maintain certification/competence to perform PPH interventions • Ensure that pre-service and in-service PPH curricula and education materials are up to date, comprehensive, and competency-based • Design evidence-based continuing professional development materials on PPH and ensure such materials are accessible to providers in the community as well as private- and public-sector facilities	

National policy and health system decision makers		
	Area	Key activities
	Essential commodities 	Policies - 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 EMLs and any relevant commodities policies Forecasting and supplies - Forecast need and support robust supply systems to ensure essential PPH commodities are available to all providers (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 Procurement and use - Procure quality-assured essential commodities (uterotonics, TXA, and other supplies used in the prevention and treatment of PPH) - Collect data on commodity wastage rates, and transportation, and storage costs - Provide guidance and monitoring for appropriate storage of essential commodities
	Functional referral system 	- 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 communication protocols and tools - Allocate funding to support referral processes, including transport of women with obstetric complications
	Metrics and actionable information systems 	- Define a small number of priority PPH measures for tracking and use at national level to support national PPH surveillance and inform PPH programming. Example measures for consideration/adaptation at country level: - Proportion of (institutional and community) maternal deaths due to PPH - PPH incidence and case fatality % of women delivering in facilities administered immediate postpartum uterotonic Potential community-level indicator, based on national policy: % of women delivering at home who received immediate postpartum misoprostol (or oxytocin if skilled birth attendant present)

Subnational (regional/district) managers		
Subnational (regional/district) managers	Area	Key Activities
	Woman-centered care 	Engage women and families in the design, implementation, monitoring, and evaluation of PPH activities
	Policy 	- Lead regional implementation of national PPH policy - Provide feedback to national level - Manage district/regional PPH program activities - Regularly use data to inform decision making
	Financing 	Include high-value PPH activities in costed annual work plans and itemized budgets (regional/district)
	HR 	Manage regional/district HR to support delivery of high-impact PPH services including: - Rational subnational HR distribution and management - Human capacity development and HR oversight (on-the-job training, supportive supervision, mentoring) - Continuing professional development - Clear job descriptions and performance management including recognition for strong performance and improved outcomes
	Essential commodities 	Manage commodities to ensure equitable distribution of PPH commodities across all service delivery sites in the region so there is constant availability at facilities where women give birth. This includes: - 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 commodities (e.g. cold chain)
	Functional referral system 	- Develop and implement clear protocols tailored to system level (e.g. CHW, primary health center, district hospital, tertiary hospital) - Establish a mechanism for tracking and supporting functional referral systems at subnational level
	Metrics and actionable information systems 	- Regularly track a menu of PPH measures and use data to monitor and promote equitable coverage and quality of PPH services at subnational level (e.g. measures of service utilization and quality of care: inputs, process, outcome, and equity) - Standardize patient records and registers and ensure their availability (no stock-outs) in all facilities - Ensure registers/records include essential data for clinical case management and for extraction of data to calculate quality measures to support continuous improvement of PPH services

Managers and health workers supporting PPH services at facility level		
Managers and health workers supporting PPH services at facility level	Area	Key Activities
	Woman-centered Care 	- Organize services to meet the needs of women - Ensure that informed consent, respect, equity, and dignity are central to care - Elicit feedback from women and families and adapt services to address their concerns
	Service delivery: Clinical best practices, service organization, quality improvement 	- Organize services and providers to ensure 24/7 prompt provision of high-impact PPH prevention, early detection, and treatment care for every woman (e.g. separate triage and postpartum monitoring areas with delegated auxiliary workers) - In hospitals with capacity for comprehensive emergency obstetric and newborn care, ensure readiness along the patient pathway from referral to arrival at the hospital through to operating theater and postop care through discharge - Equip maternal health providers with tools and resources to optimize prevention and treatment of PPH from antepartum to postpartum, including: - Clinical best practices guidelines relevant for reducing PPH mortality (e.g. PPH prevention/management, anemia control, postpartum family planning to prevent future unwanted pregnancies) - Clear PPH clinical case management algorithms/protocols (e.g. sequencing of interventions such as uterotonics, TXA, uterine balloon tamponade (UBT), and Intravenous fluid (IVF) per cause of PPH) - Referral protocols and communication tools - PPH emergency readiness kits (e.g. uterotonics, TXA, UBT supplies, IV fluids and equipment) - Priority PPH intervention bundles and associated quality measures for improving PPH prevention and treatment - Functional quality improvement teams - Emergency drills, etc.
	HR 	Promote team-focused capacity-building and supportive supervision/mentoring to build and maintain effective team performance for provision of timely, evidence-based care for every woman with PPH
	Essential commodities 	- 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 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 	Support implementation of referral pathways through timely identification of clients needing referral, clear documentation, and communication between facilities
	Metrics and actionable information systems 	Support facility managers and health providers to collect and use prioritized PPH indicators for decision-making, service management, and continuous improvement of services

Community stakeholders and providers		
Community stakeholders and providers	Area	Key Activities
	Woman-centered care 	- 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
	Community education/outreach 	- Ensure community is aware of PPH as a leading cause of maternal mortality, signs of PPH, and availability, location, and hours of local community- and facility-based PPH services - Support community engagement in symptom recognition, care-seeking and awareness of where to seek care
	Service delivery 	- Support community-based delivery of 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.)
	HR 	- Support CHWs and traditional birth attendants (TBAs)(per national policy) including training, supportive supervision, commodities - Build capacity of facility health care workers to support and supervise community agents and to provide services at the community level as appropriate - Support health care providers to be aware of and responsive to community needs
	Essential commodities 	- Engage community members in designing and facilitating systems for advance distribution of misoprostol for prevention of PPH - Elicit community feedback on challenges with advance distribution of misoprostol - Increase community awareness of what essential commodities should be available for women giving birth in the facility and their cost (if any) (e.g. posting of “free essential medicines” lists at health facilities)
	Functional referral system 	- Engage community in supporting readiness and local referral processes for obstetric complications, including emergency transport mechanisms. - Elicit community feedback on referral experience and share recommendations with stakeholders - Build capacity of community providers (e.g. CHWs, TBAs) to recognize, stabilize, and promptly facilitate referral and transport of women with PPH
	Metrics and actionable information systems 	- 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

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