Save lives by ending postpartum haemorrhage

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The World Health Organization (WHO) launched the Consolidated Guidelines on the Prevention, Diagnosis and Treatment of Postpartum Haemorrhage (PPH) at the International Federation of Gynecology and Obstetrics (FIGO) World Congress in South Africa on the first-ever World Postpartum Haemorrhage Awareness Day on 5 October 2025.[1]

Postpartum haemorrhage, severe bleeding after childbirth – diagnosed as a blood loss of 500 mL or more – is a leading cause of maternal mortality worldwide, and "affects millions of women annually and causes nearly 45,000 deaths."[1]

South Sudan has one of the highest maternal mortality ratios globally at 692 deaths per 100,000 live births in 2023.[2] One of the key contributors is PPH, with infection and obstructed labour rounding up as the top three.

According to the FIGO President, Professor Anne Beatrice Kihara, the new guidelines "take a proactive approach of readiness, recognition and response. They are designed to ensure real-world impact – empowering health workers to deliver the right care, at the right time, and in a wide range of contexts."

These guidelines were recommendations derived from the WHO study[3] on deploying the "**MOTIVE bundle**" of actions when PPH is diagnosed, which in turn was partly based on the **E-MOTIVE** randomized controlled trial.[4] They cover:

- **M**assage of the uterus;
- **O**xytocic drugs to stimulate contractions;
- **T**ranexamic acid (TXA) to reduce bleeding;
- **I**ntravenous fluids;
- **V**aginal and genital tract examination; and
- **E**scalation of care if bleeding persists.

In addition to managing anaemia in pregnancy and discouraging unsafe practices such as routine episiotomies, the recommendations focus on the management of the third stage of pregnancy. The guidelines "recommend administering a quality-assured uterotonic to support uterine contraction, preferably oxytocin or heat-stable carbetocin as an alternative. If intravenous options are not available and the cold chain is unreliable, misoprostol may be used as a last resort." [1]

One of the studies that most likely contributed to the recommendation for the use of misoprostol was a study in South Sudan on the advanced distribution of misoprostol for home births, where a cold chain is not required.[5] Because of the widespread effects and deaths during delivery from PPH, women who experienced PPH in their previous delivery came and requested the three magic tablets of misoprostol, even though they resided outside the study area. The study proved that we can increase uterotonic coverage by using misoprostol for home deliveries through community distribution.

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The new recommendations are timely as many countries, including South Sudan, have failed to fully institutionalise knowledge on PPH prevention and management due to a lack of funding and other commitments. This lack of action needs to change for the betterment of women's health.

By marking the first World Postpartum Haemorrhage Day to raise awareness, improve clinical training, and speed up the adoption of life-saving treatment guidelines, the maternal health community is not only putting the issue front and centre, but also emphasizing that the commitment that "no woman should lose her life while giving life" is not lost.

Let the work continue.

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