AMPLI-PPHI

ACCELERATING MEASURABLE PROGRESS AND LEVERAGING INVESTMENTS FOR PPH IMPACT

Leadership Team

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Postpartum hemorrhage is the leading cause of maternal death worldwide

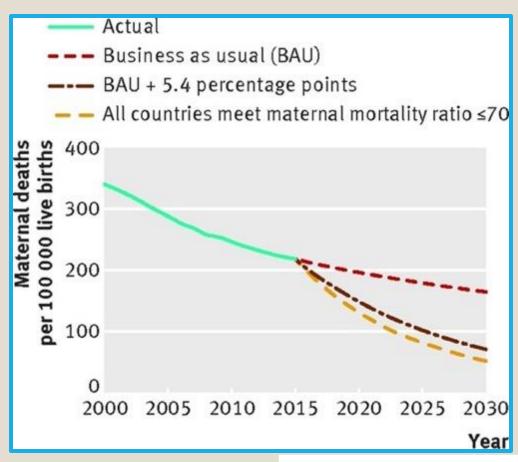
810²

Women die from pregnancy and childbirth related causes every day

87%

Of deaths are in sub-Saharan Africa & S.
Asia

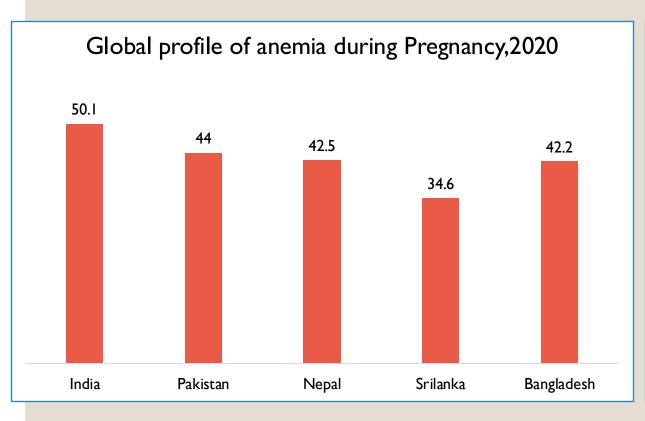
Progress against 2030 MMR target¹

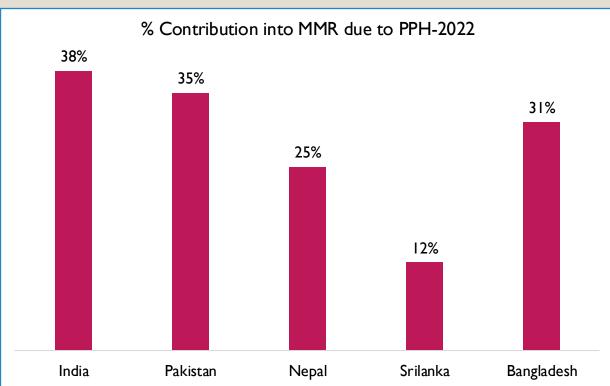


¹BMJ 2018; 360 doi: https://doi.org/10.1136/bmj.k373 (Published 15 February 2018) Cite this as: BMJ 2018; 360:k373

²Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO

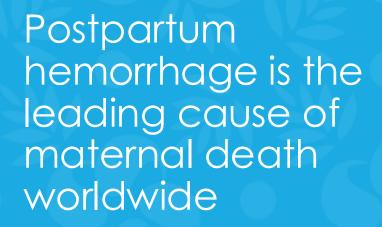
PPH in the Region





On an average PPH contributes 36% of all maternal deaths in the region!

https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-(-)



Significant Progress in India!!

A lot still needs to be done..
25 mio births/yr*
MMR 97/100,000 Live births*
25000 maternal deaths/yr*

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SRS2018-20, Unicef*

Project Funder:











AMPLI-PPHI at a Glance:

 Project countries: India, Democratic Republic of the Congo, Guinea, Kenya, Nigeria, Zambia

Learning exchange States – UP, Bihar, Assam,
 Chattisgarh, Odisha

 Learning exchange Countries – Nepal, Srilanka, Bangladesh

AMPLI-PPHI Goal:

Catalyze early adoption and scale-up of new and recently recommended drugs to prevent or treat PPH in highburden countries as part of an integrated package of PPH

- Heat stable carbetocin (HSC) Prevention of PPH during AMTSL in facilities
- Tranexamic Acid (TXA) Treatment of PPH together with uterotonics and IV fluids
- Misoprostol Prevention of PPH during community births through advance distribution to women for self administration



What have we done so far?

(Aug 2022 - March 2025)



Building capacities. Advocacy

- AICOG Platform to hosted dedicated sessions 2022 to 2025. Hosted and conducted Exchange Country Hub meeting – Nepal, Srilanka and Bangladesh.
- Participated in 33 meetings, trainings, conferences at State and Society levels across India. Build capacity. Advocacy. Reached 3000+ fellow OG's/Paramedics.
- National FOGSI SAFOG Conference.
- National FOGSI FIGO GUCOG Conference
- South South Conclave Conference

SAFOG



Dissemination in SAFOG conference in Maharashtra with Gol, USAID and state representatives

FOGSI Leadership Advocating at various forums









Program Reviews, Sharing and Learning Sessions, Recognition, Awards









Supporting JHPIEGO, PATH

- LRP development
- District Level W/s
- Co-investigator W/s
- Research data collectors training
- Stake holders' consultation "Improving Access to Drugs for Postpartum Hemorrhage Management"

Job Aids

Prepared, Released, Available for downloads and your use

Carbetocin Injection 100 mcg/ml

Solution for injection For single use only

कार्वेटोसिन

Room Temperature Stable up to 30°C

For intramuscular or intravenous use only. 10 x 1 ml ampoules



Unitaid Accelerating Measurable Progress and

Inj Heat Stable Carbetocin

Composition

100 mcg Carbetocin solution/ml, For IM or IV use ONLY. IV over 1 min

Mechanism of action

Long acting oxytocin agonist. Selectively binds to oxytocin receptors at uterine smooth muscles (Uterotonic)

Onset of action

1 min after IV injection and 2 min after IM injection

Duration of action

1 hour after IV and 2 hours after IM injections

Storage

RTS upto 30 degree C. Do not freeze. Use immediately after opening. Discard unused solution. Protect from light.

Uses

In AMTSL for prevention of PPH for single use ONLY & for all types of deliveries

Dose

100 mcg IM/IV given within one minute of birth after last baby, preferably before delivery of placenta

Getting ready

Be sure to have the carbetocin out and ready to give, before hand

Precaution

Always rule out another baby before any uterotonic for AMTSL

Contraindications

Pregnancy, serious cardiovascular disorders, epilepsy, liver and kidney disorders. IT SHOULD NOT BE USED FOR INDUCTION OR AUGMENTATION OF LABOUR

Side effects

Nausea, Abdominal pain, headache, shivering and fever

1 ampoule contains 500 mg of tranexamic acid in 5 ml

Composition .

Franexamic Acid Injection
IP 500 mg/5 mL

Absorption & Elimination

Rapid after intravenous infusion. Half-life: approximately 3 hours.

Storage

Heat stable. Do not store above 30°C, Protect from light

Dose

•1 gm i.e 10 mL intravenously over 10 minutes (1 ml/min).

•Give a second dose of TXA if bleeding continues 30 minutes after the first dose OR if bleeding restarts within 24 hours.

Uses

 WHO & Gol strongly recommend early use of TXA in the treatment for PPH, within 3 hours of birth in addition to standard care

•For all women with clinically diagnosed PPH in all types of deliveries.

> •Give as soon as possible to maximize benefits. Use beyond 3 hours of birth does not confer any clinical benefit.

Mechanism of action

TXA prevents clots from breaking down at the bleeding site

INJECTION

TRANEXAMIC

ACID (TXA)

Precaution

Risk of Medication Errors Due to Incorrect Route of Administration.

- •IV injections should be given very slowly.
- •Tranexamic acid should not be administered by the IM route.
- •Special precaution in OT: medication error with Inj. Bupivacaine. Intrathecal administration may lead to seizures

Contraindications

- Hypersensitivity to the active substance or to any of the excipients
- Acute venous or arterial thrombosis
- Fibrinolytic conditions
- •Severe renal impairment (risk of accumulation)
- History of convulsions

Side effects

Most common adverse reactions are nausea, vomiting, diarrhea, allergic dermatitis, giddiness, hypotension, and thromboembolic events.









