



ASIA & OCEANIA FEDERATION OF OBSTETRICS & GYNAECOLOGY

14th May 2024

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Dear Presidents of Member National Societies

I am sure everyone is busy planning to participate in the AOFOG 2024.

I am happy to inform you that AOFOG will be releasing two recommendations related to the Management of PPH during the Session 'PPH - Global Challenge-Proposed Actions', on the 18th May 2024, 1400-1530 Hrs. in the Auditorium 2F.

- **AOFOG Recommendation on Postpartum Haemorrhage Care Bundle Approach to improve Adherence to the WHO Guidelines**
- **AOFOG Recommendation on the Use of Heat Stable Carbetocin in the Prevention of PPH**

The President and the Members of the Exec Board of the AOFOG are pleased to invite you to join in the releasing of the 2 recommendations.

We look forward to seeing you along with members of your Society at the event.

With kind regards

Dr Rohana Haththotuwa
Secretary General-AOFOG



Asia & Oceania Federation of Obstetrics & Gynaecology

AOFOG RECOMMENDATION ON THE USE OF HEAT STABLE CARBETOCIN (HSC) IN THE PREVENTION OF POSTPARTUM HAEMORRHAGE

Postpartum Haemorrhage (PPH) - defined as the loss of more than 500 mL of blood within 24 hours after birth - is the leading cause of maternal mortality worldwide more so in the Lower Middle-Income Countries (LMICs) in the Asia Oceania region. It affects an estimated 14 million women each year and results in around 70 000 deaths equivalent to 1 death every 6 minutes. Globally attempts had been made to curtail the morbidity and mortality without major success to meet the SDG-3 maternal mortality targets (1). Even when women survive, they often need urgent surgical interventions to control the bleeding and may be left with lifelong morbidity especially reproductive disability.

Uterotonics are recommended for use in active management of the third stage of labour. Oxytocin is supported as first-line uterotonic but needs continuous cold chain preservation to remain effective. Oxytocin is the recommended uterotonic for preventing and treating PPH, as well as for labour induction and augmentation.

In contrast, heat-stable Carbetocin (HSC) plays a critical role in resource-challenged and warm-climate settings, where cold chain transport and storage is often not available and the quality of oxytocin and other injectable uterotonics are compromised (2). HSC can be stored up to 30° for 3 years without losing its potency. (3)

HSC is recommended only for PPH prevention. The inappropriate use of HSC, similar to other existing uterotonics, can endanger the lives of women and babies. Education and monitoring, including pharmacovigilance, are paramount. But HSC is of immense value in saving mothers' lives when used appropriately.

When given Intravenously, sustained uterine contractions occur within 2 minutes, lasting for about 6 minutes and this is followed by rhythmic contractions for 60 minutes. Whereas given intramuscularly sustained uterine contractions lasts for about 11 minutes and rhythmic contractions for 120 minutes. Its half-life is 40 minutes.

The use of HSC (100 µg, IM/IV) is recommended for the prevention of PPH for all births in contexts where its cost is comparable to other effective uterotonics and was added by the World Health Organization (WHO) to the core list of reproductive health medicines in the Model List of Essential Medicines 2019. (4)

Asia Oceania Federation of Obstetrics and Gynaecology supports the joint statement on the use of uterotonics of the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) and the WHO statement in the use of heat stable Carbetocin for the prevention of Postpartum Haemorrhage in its member countries in the region.

REFERENCES:

1. World Health Organisation (WHO). Evidence brief. Maternal Mortality 2019 <https://apps.who.int/iris/bitstream/handle/10665/329886/WHO-RHR-19.20-eng.pdf>
2. International Federation of Gynaecology and Obstetrics (FIGO) and International Confederation of Midwives (ICM). Joint statement of recommendation for the use of uterotonics for the prevention of postpartum haemorrhage. <https://www.figo.org/joint-statement-recommendation-uterotonics-prevention-pph>.
3. UNFPA: Carbetocin to prevent life-threatening pregnancy complications May 2021. <https://www.unfpa.org/sites/default/files/resource-pdf/carbetocin-unfpa.pdf>
4. WHO recommendations: uterotonics for the prevention of postpartum haemorrhage. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Acknowledgement

The process of developing the AOFOG recommendation on the use of Heat Stable Carbetocin (HSC) in the prevention of Postpartum Haemorrhage was initiated by Prof. Pisake Lumbiganon, President of AOFOG and spearheaded by the Maternal & Fetal Medicine Committee of AOFOG. AOFOG and the committee would like to acknowledge the support and inputs received from the members of the Executive Board.



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Asia & Oceania Federation of Obstetrics & Gynaecology

AOFOG RECOMMENDATION ON POSTPARTUM HAEMORRHAGE CARE BUNDLE APPROACH TO IMPROVE ADHERENCE TO THE WHO GUIDELINES

Global estimates indicate that there were 287 000 maternal deaths in 2020, most of which occurred in the world's least developed countries - 87% of the world's maternal deaths occurred in sub-Saharan African and South Asian countries. Postpartum hemorrhage (PPH) is the leading cause of maternal mortality, accounting for 27% of all maternal deaths occurring worldwide each year. The World Health Organization (WHO) estimates that about 14 million women experience PPH each Year.¹

Delays in the detection or treatment of PPH can result in complications or death.² Three key challenges contribute to this mostly preventable cause of maternal death.

The first challenge is that PPH is often undetected or detected late; thus, lifesaving treatment is not promptly initiated. The current approach for blood-loss assessment at birth is visual estimation, which is widely recognized to be inaccurate and underestimates blood loss.³

The second challenge is delayed or inconsistent use of interventions for the management of PPH. Treatments for PPH are often administered in a sequential manner. Health care provider administers an intervention and waits to see whether it has had an effect before another intervention is administered thus losing valuable time with increased blood loss.⁴

The third challenge is that despite the availability of clear recommendations regarding PPH management and their wide dissemination, uptake of the advice and proper implementation is poor at the health facilities.⁵

For all women giving birth, routine objective measurement of postpartum blood loss is recommended to improve the detection and prompt treatment of PPH. Methods to objectively quantify blood loss, such as use of calibrated drapes for women having vaginal birth, can achieve this.¹

A standardized and timely EMOTIVE care bundle approach to the management of PPH is recommended for all women having a vaginal birth. The care bundle for the first-line treatment of PPH should include rapid and simultaneous execution of E-early detection, M-uterine massage, O-administration of an oxytocic agent, T-tranexamic acid, IV-intravenous fluids, and E-examination of the genital tract and escalation of care for simple or complex surgical therapy. All elements of the care bundle treatment should be initiated within the first 15 minutes after a diagnosis of PPH (Brisk bleeding, blood loss>500ml or haemodynamic changes).¹

Awareness and implementation of the EMOTIVE need strengthening of the delivery care facilities. e.g. Infrastructure, skilled health care workers, availability of drugs and equipment, blood transfusion and operation theater facilities.

The Asia Oceania Federation of Obstetrics and Gynaecology (AOFOG) highly recommends the use of care bundle approach proposed by the WHO for detection and treatment which should result in 60% reduction in the composite primary outcome of severe PPH, or laparotomy or maternal death from PPH.

REFERENCES:

1. WHO recommendations on the assessment of postpartum blood loss and treatment bundles for postpartum haemorrhage. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
2. Gallos I, Devall A, Martin J, Middleton L, Beeson L, Galadanci H, et al. Randomized Trial of Early Detection and Treatment of Postpartum Hemorrhage. *N Engl J Med.* 2023 Jul 6;389(1):11-21. doi: 10.1056/NEJMoa2303966. Epub 2023 May 9. PMID: 37158447.
3. Hancock A, Weeks AD, Lavender DT. Is accurate and reliable blood loss estimation the 'crucial step' in early detection of postpartum haemorrhage: an integrative review of the literature. *BMC Pregnancy Childbirth* 2015; 15:230
4. Althabe F, Therrien MNS, Pingray V, et al. Postpartum hemorrhage care bundles to improve adherence to guidelines: a WHO technical consultation. *Int J Gynaecol Obstet* 2020; 148:290-9
5. Akter S, Forbes G, Miller S, et al. Detection and management of postpartum haemorrhage: qualitative evidence on healthcare providers' knowledge and practices in Kenya, Nigeria, and South Africa. *Front Glob Womens Health* 2022; 3:1020163

Acknowledgement

The process of developing the AOFOG recommendation on Postpartum Hemorrhage Care Bundle approach to improve adherence to the WHO guidelines was initiated by Prof. Pisake Lumbiganon, President of AOFOG and spearheaded by Dr. Rohana Haththotuwa, Sec. General of the AOFOG and Dr. U D P Ratnasiri & the Maternal & Fetal Medicine Committee of AOFOG. AOFOG and the committee would like to acknowledge the support and inputs received from the members of the Executive Board.