Making the World a Healthier Place for Mothers:

Preventing postpartum hemorrhage

Overview

IHME modeled the impact that having access to heat-stable carbetocin (HSC) in low and lower-middle-income countries* could have on reducing deaths due to postpartum hemorrhage (PPH).

Implementation approaches

Targeted approach: Replace standard of care with HSC,† prioritizing availability in facilities currently without access to uterotonics.±

20% of women giving birth receive HSC by 2025
4,194 women saved | **1.3M** fewer cases of PPH

50% of women giving birth receive HSC by 2025
6,400 women saved | **2.3M** fewer cases of PPH

80% of women giving birth receive HSC by 2025
8,578 women saved | **3.2M** fewer cases of PPH

Broad approach: Replace current standard of care with use of HSC in any facility, regardless of current uterotonic availability and use.

20% of women giving birth receive HSC by 2025
1,881 women saved | **761,872** fewer cases of PPH

50% of women giving birth receive HSC by 2025
4,704 women saved | **1.9M** fewer cases of PPH

80% of women giving births receive HSC by 2025
7,526 women saved | **3.0M** fewer cases of PPH

The issue at a glance

Nearly **36,000**** women die in LMICs each year due to PPH.

20% of total maternal mortality in LMICs is due to PPH.

67% of all deliveries in LMICs take place in hospitals and other facilities.

Understanding the impact of transitioning from the current standard of care for PPH prevention to the use of HSC for PPH prevention

A swift and targeted approach to making HSC available in health facilities in these settings by 2025 could ensure 8,500 more women will survive childbirth and over 3 million more than predicted will avoid PPH than currently expected by 2030.

* As defined by the World Bank (LMIC).

** All statistics are for ages 10–54, IHME Global Burden of Disease 2017

† According to Network Meta-Analysis, HSC used in the prevention of PPH due to atony may be more effective than oxytocin.

± Uterotonics are agents used to prevent and treat PPH.

Data sources and references include, IHME Global Burden of Disease, Network Meta-Analysis (Gallos et al. 2018)

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