Fact Sheet for Health Care Providers

POSTPARTUM BLEEDING (PPH) DETECTION AND TREATMENT

MEASURE.
RECOGNIZE.
RESPOND.

Accelerating Measurable Progress and Leveraging Investments for PPH Impact

Unitaid SAVE LIVES FASTER

Global Gateway

How is postpartum bleeding (PPH) diagnosed?

To identify women at risk of adverse outcomes from postpartum bleeding and initiate first-response treatment, it is recommended to use the following criteria: **1.Objectively measured blood loss threshold of ≥300 mL with any abnormal haemodynamic sign (pulse >100 bpm, shock index >1, systolic blood pressure <100 mmHg, or diastolic blood pressure <60 mmHg),** or

2. Objectively measured blood loss of ≥500 mL, whichever occurs first within 24 hours after birth, and with particular vigilance during the first 2 hours.

* The blood loss thresholds apply to both caesarean section (CS) & vaginal delivery.

* Shock Index (SI) = Heart Rate ÷ Systolic Blood Pressure

PPH detection using calibrated tool

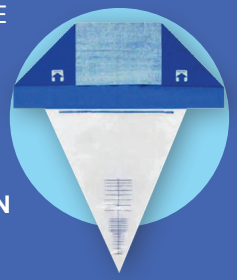
The E in the -E-MOTIVE

E-MOTIVE: Early detection, MOTIVE -PPH treatment bundle

E = EARLY DETECTION

Measure blood loss objectively using:

- Calibrated blood collection tool eg Calibrated drapes



Note: Do not rely on visual estimation alone. Visual estimation frequently underestimates blood loss and may delay treatment.

When should first-response treatment be started?

Initiate the PPH treatment bundle if either of the following occurs within 24 hours after birth.

Trigger 1

Objectively measured blood loss ≥300 mL PLUS one abnormal haemodynamic sign

Abnormal haemodynamic signs:

- Pulse >100 beats/minute
- Shock Index >1
- Systolic Blood Pressure <100 mmHg
- Diastolic Blood Pressure <60 mmHg

Trigger 2

Objectively measured blood loss ≥500 mL in caesarean section and virginal births

Whichever occurs first. Particular vigilance is required during the first 2 hours after birth, when severe bleeding most commonly occurs.

PPH treatment: Words which are used to refer to PPH treatment

1. First-Response Treatment for PPH
2. **MOTIVE** = Massage the uterus, Oxytocics, Tranexamic Acid (TXA), Intravenous Fluids and Examination & Escalation
3. PPH treatment bundle

Note: All treatment elements delivered simultaneously "in a bundle" within **15 minutes** of PPH detection

EVERY BIRTH: WHAT HEALTH CARE PROVIDERS SHOULD DO

- Measure blood loss objectively
- Monitor pulse and blood pressure regularly
- Calculate Shock Index where feasible
- Watch closely during the first 2 postpartum hours
- Act early—do not wait for severe bleeding
- Activate the MOTIVE bundle immediately when trigger criteria are met



KEY MESSAGE

MEASURE. RECOGNIZE. RESPOND. For all deliveries (Vaginal Birth & Caesarean Section (CS))

Start first-response PPH treatment or MOTIVE when:

- Blood loss ≥300 mL + abnormal haemodynamic sign, OR
- Blood loss ≥500 mL OR
- Clinical judgement

Early detection and rapid implementation of the MOTIVE bundle can significantly reduce severe postpartum bleeding, blood transfusions, and maternal deaths.

Reference:

Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage

Bleeding after birth materials https://www.who.int/tools/bleeding-after-birth