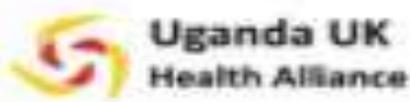
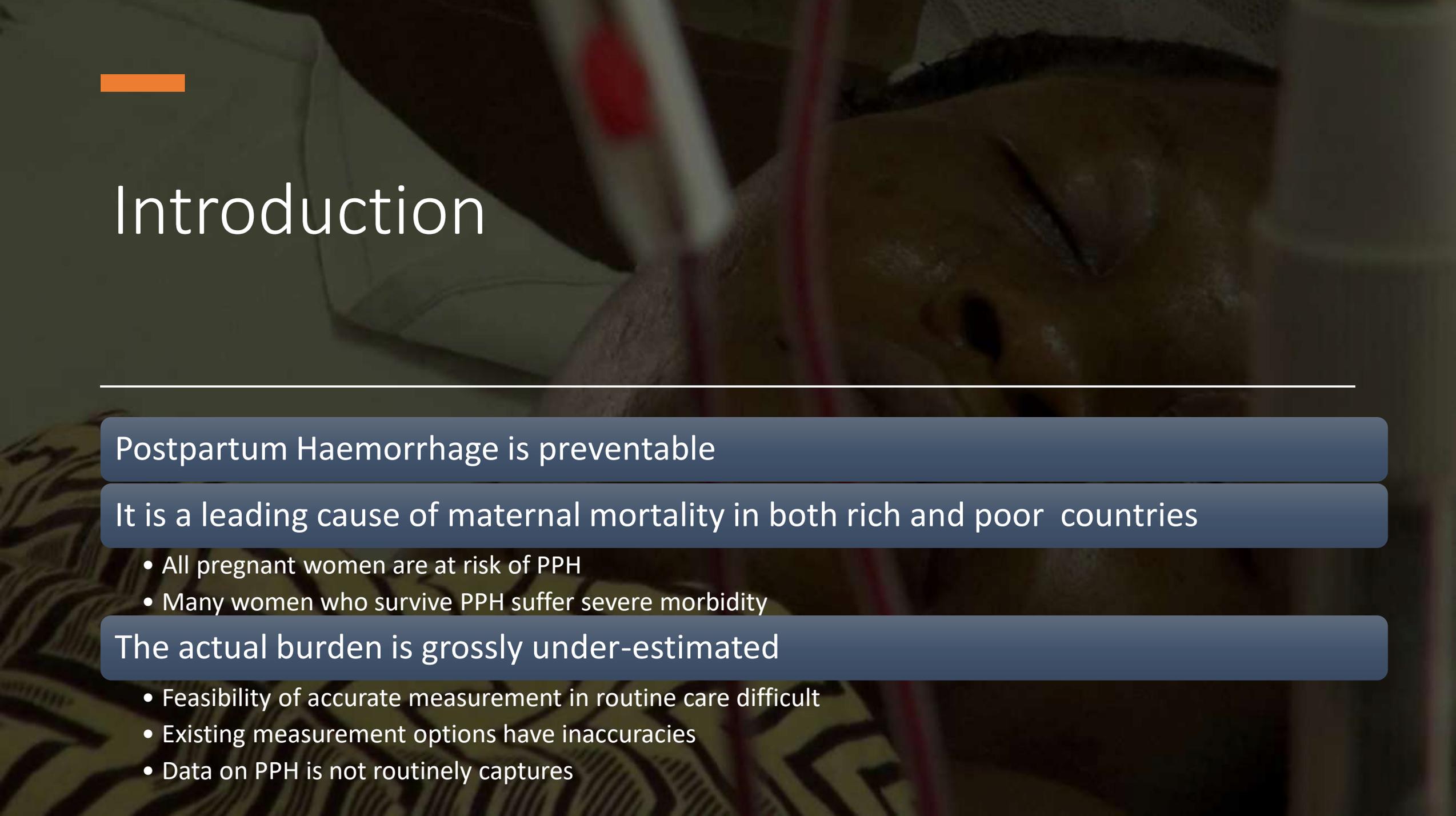




Overview of Postpartum Haemorrhage in Uganda

Burden of PPH In Uganda





Introduction

Postpartum Haemorrhage is preventable

It is a leading cause of maternal mortality in both rich and poor countries

- All pregnant women are at risk of PPH
- Many women who survive PPH suffer severe morbidity

The actual burden is grossly under-estimated

- Feasibility of accurate measurement in routine care difficult
- Existing measurement options have inaccuracies
- Data on PPH is not routinely captured

Background – *How big is the problem?*

Global burden of Post-partum haemorrhage (PPH) 5% -25%

Prevalence per 100 women delivering: ≥ 500 mls: (Highest in Africa at 25.7% (CI: 13.9-39.7%); & severe PPH of $\geq 1,000$ mls: highest in Africa at 5.1% (CI: 0.3-15.3%)

PPH is the leading cause of maternal death worldwide, responsible for 25% of delivery associated deaths

8.0% of maternal deaths in developed countries

Case fatality rate (Woman trial & HMS)

- 3% in Africa
- 1.7% in Asia

Being referred from another facility due to PPH; 3X likely to die



Between 12% pregnant women experience PPH after childbirth

One in three women have anaemia in pregnancy

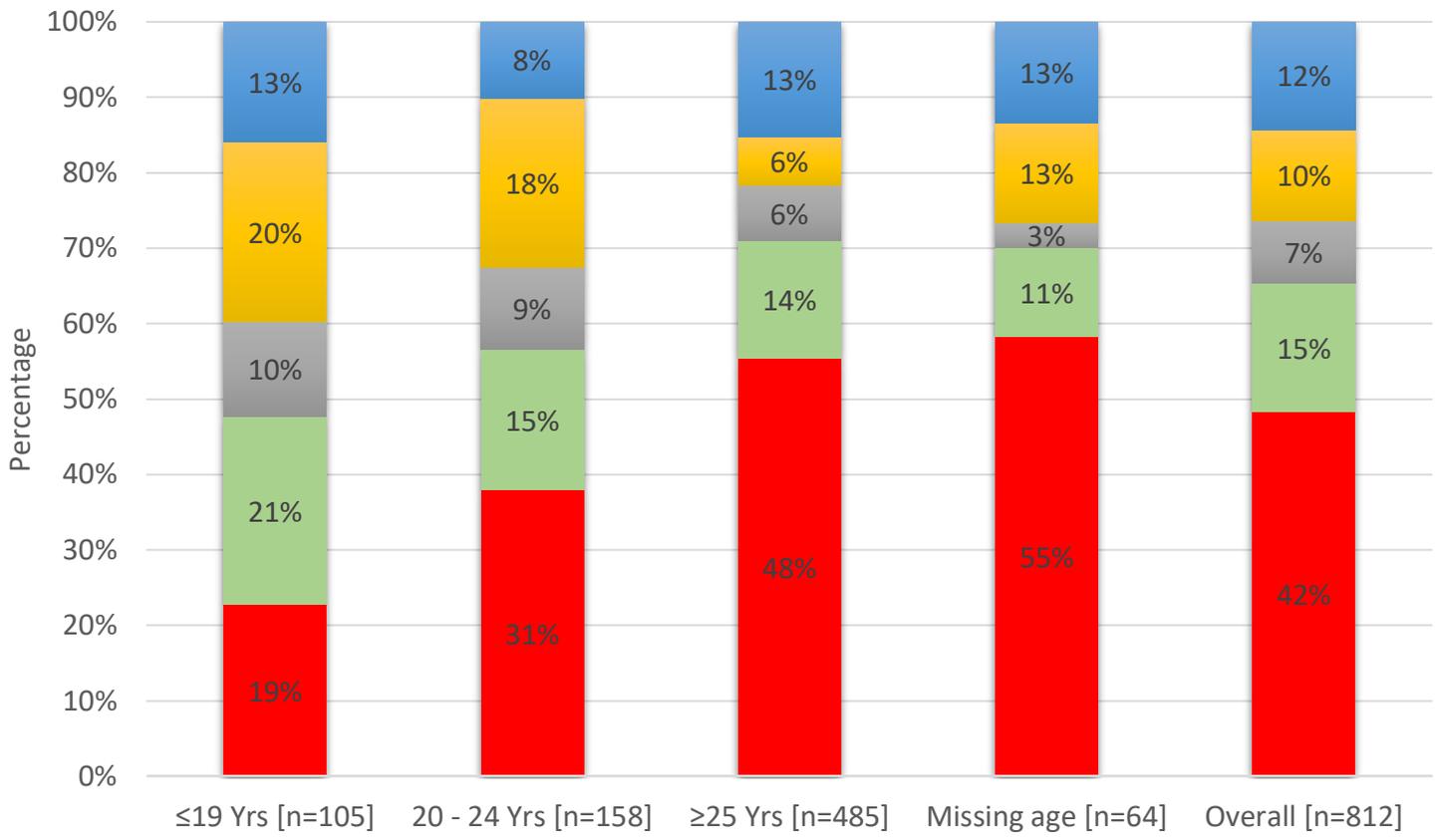
- Risk of PPH when anaemic is 50%

PPH Case fatality 2.3%

PPH is responsible for 34% of all maternal deaths reviewed



Five (5) leading causes by maternal age

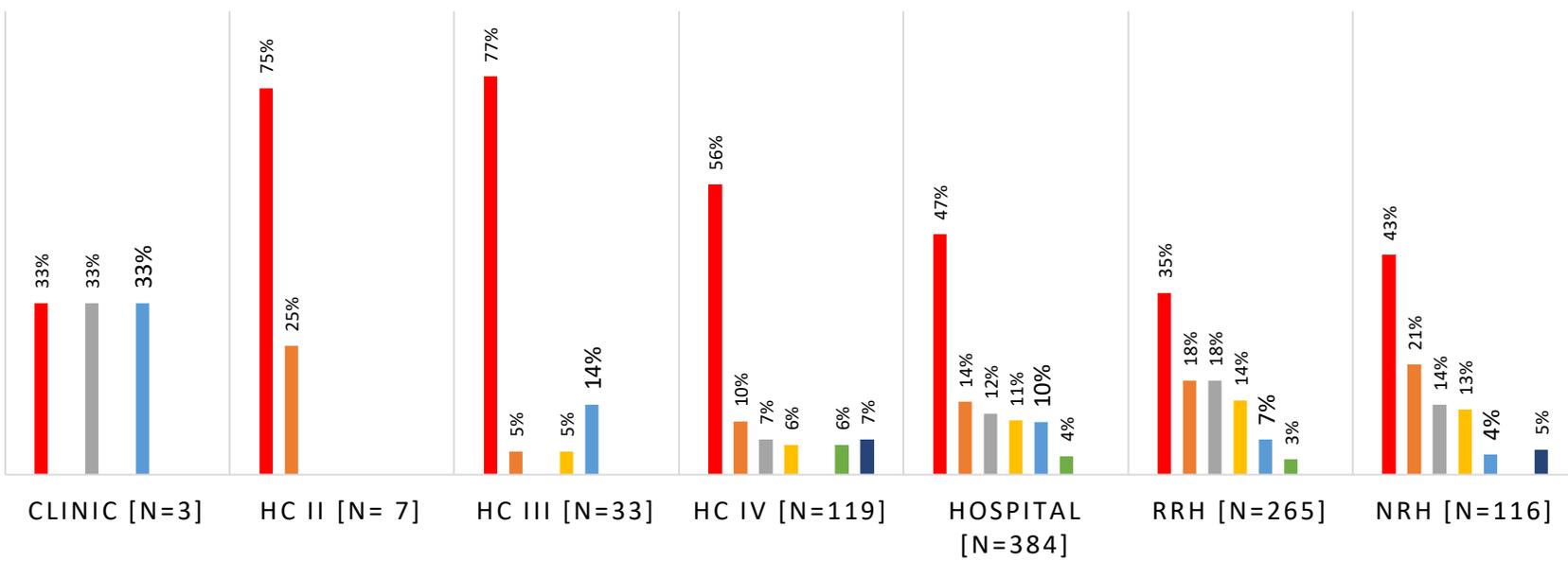


- Haemorrhage
- Hypertensive disorders of Pregn.
- Abortion complications
- Pregn. related Sepsis
- Indirect causes

- 42% of facility MDs are obstetric haemorrhage
 - PPH contributed **80%**
 - APH contributed **20%**
- 15% hypertensive disorders of pregnancy
- 10% are sepsis



Six (6) leading causes of maternal deaths by Health Facility level, FY2020/21

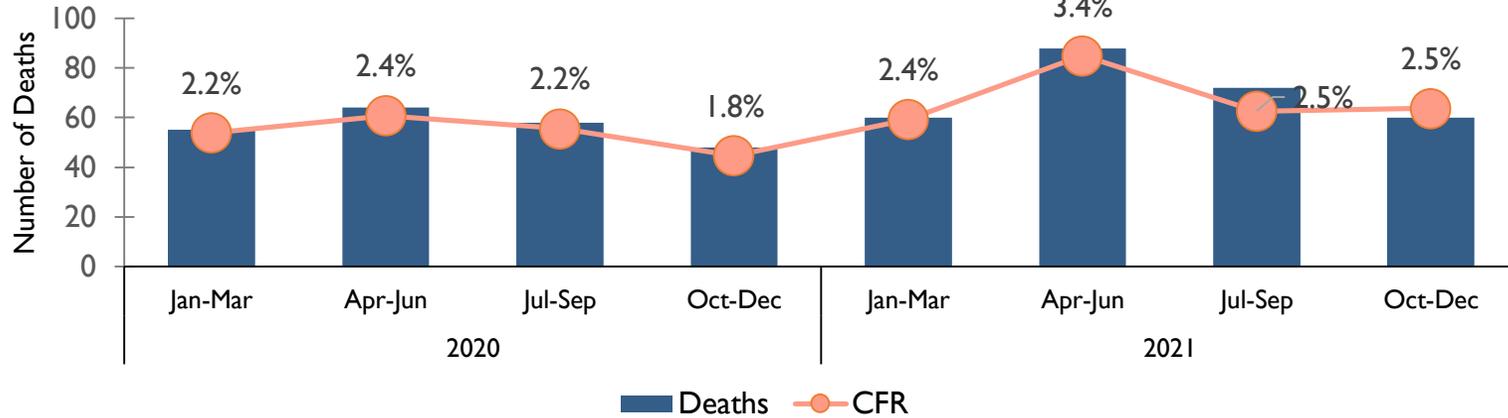


- Haemorrhage was the leading cause of death across all levels of health care with the biggest contribution at health centre II and III levels.
- At HC IV and above, the maternal deaths were due to multiple causes.



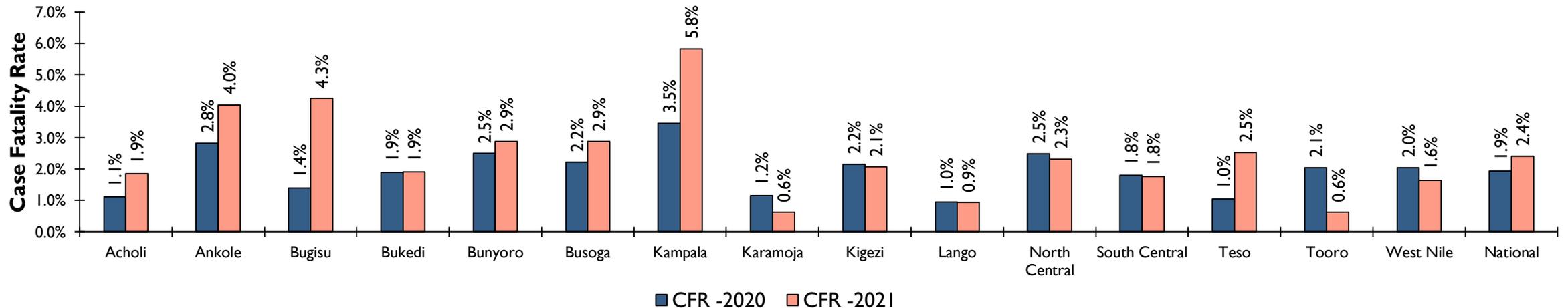
Trends in Reported PPH cases

Case Fatality Rate for Haemorrhage related to pregnancy (APH or PPH)



- National CFR = 2.4
- Region with highest PPH CFR = Kampala (5.8%)
- Region with lowest CFR = Karamoja (0.6) and Tooro (0.6%)
- Most regions reported an increase

Case Fatality Rate for Haemorrhage related to pregnancy (APH or PPH) by Region





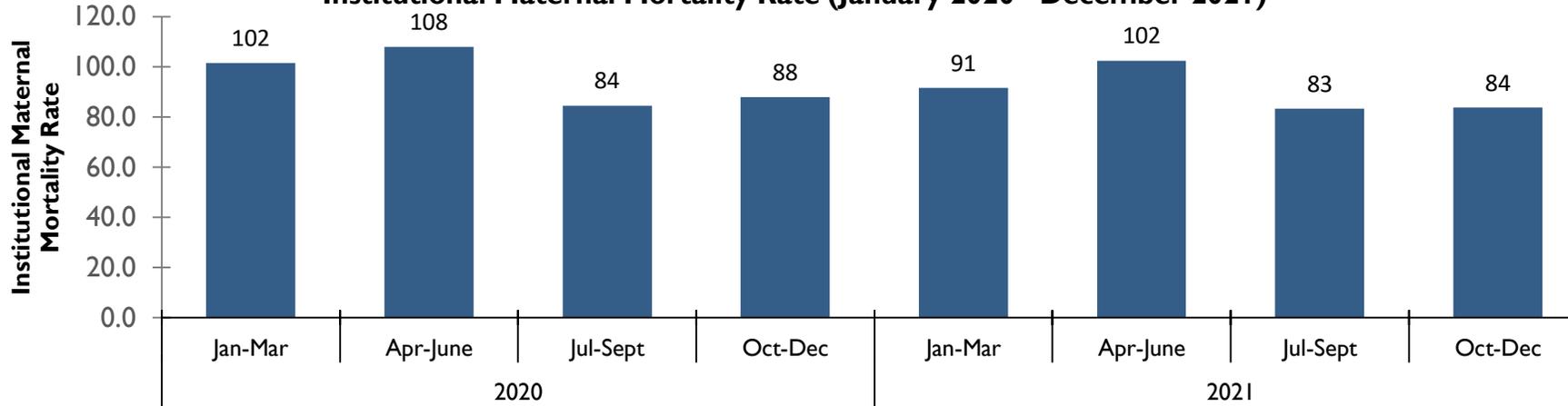
Trends in Reported Case Fatality rated for PPH vs other Obstetric Complications (January 2020 – December 2021)

Years	Quarters	Haemorrhage related to pregnancy (APH or PPH)	Abortions due to Gender Based Violence (GBV)	Sepsis related to pregnancy	High blood pressure in pregnancy	Abortions due to other causes	Malaria in pregnancy	Obstructed labor	Obstetric Fistula
2020	Jan-Mar	2.2%	1.7%	1.1%	0.9%	0.6%	0.7%	0.6%	0.0%
	Apr-Jun	2.4%	1.4%	1.9%	1.2%	0.6%	0.4%	0.4%	3.2%
	Jul-Sep	2.2%	0.7%	1.6%	0.6%	0.6%	0.3%	0.5%	0.0%
	Oct-Dec	1.8%	0.6%	2.4%	0.8%	0.5%	0.5%	1.1%	0.5%
2021	Jan-Mar	2.4%	1.0%	1.1%	0.6%	0.3%	0.3%	0.3%	0.0%
	Apr-Jun	3.4%	2.4%	1.2%	2.3%	0.5%	0.4%	0.3%	1.5%
	Jul-Sep	2.5%	2.9%	2.0%	2.1%	0.4%	0.1%	0.3%	0.0%
	Oct-Dec	2.5%	1.1%	2.3%	1.2%	0.7%	0.3%	0.7%	0.0%

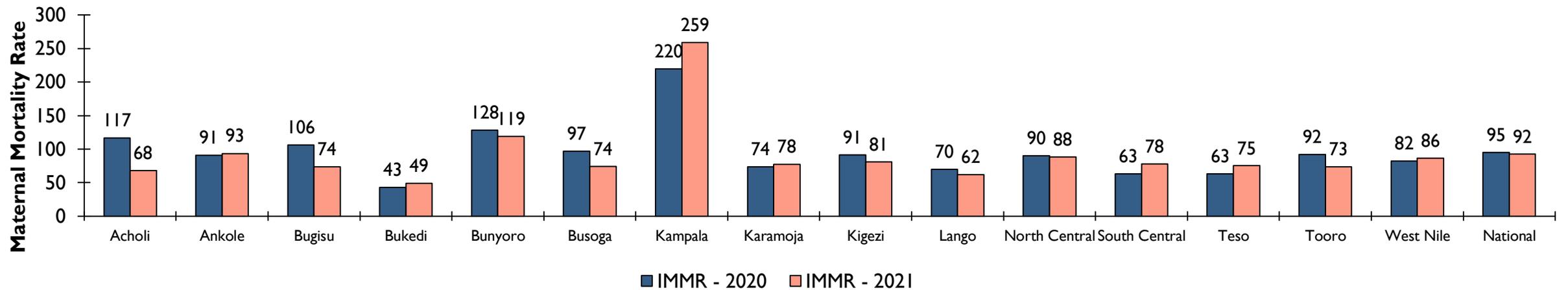


Maternal Mortality Trends

Institutional Maternal Mortality Rate (January 2020 - December 2021)



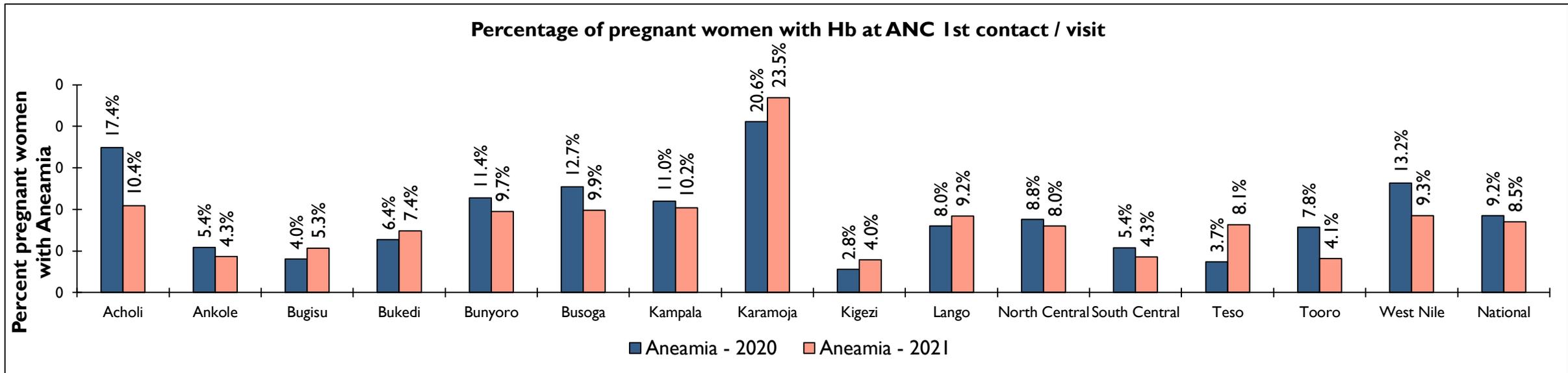
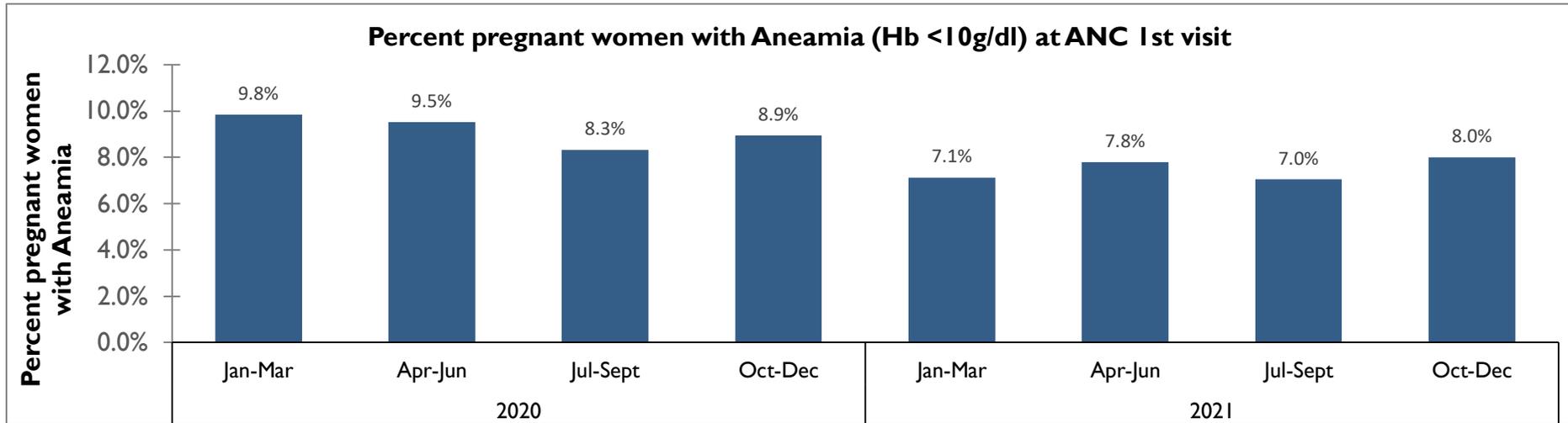
Institutional Maternal Mortality Rate (IMMR) by Region (January 2020 - December 2021)





Anaemia in Pregnancy in pregnancy

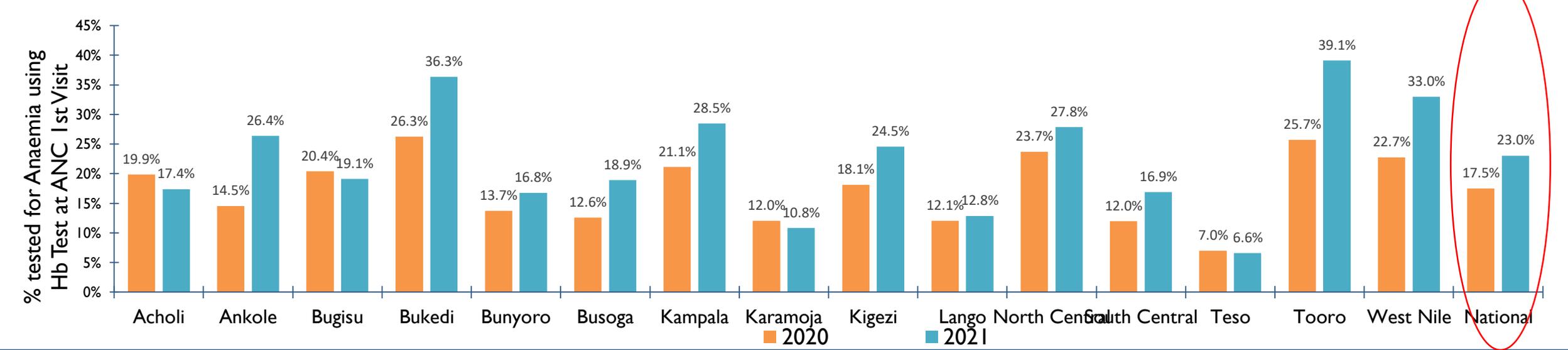
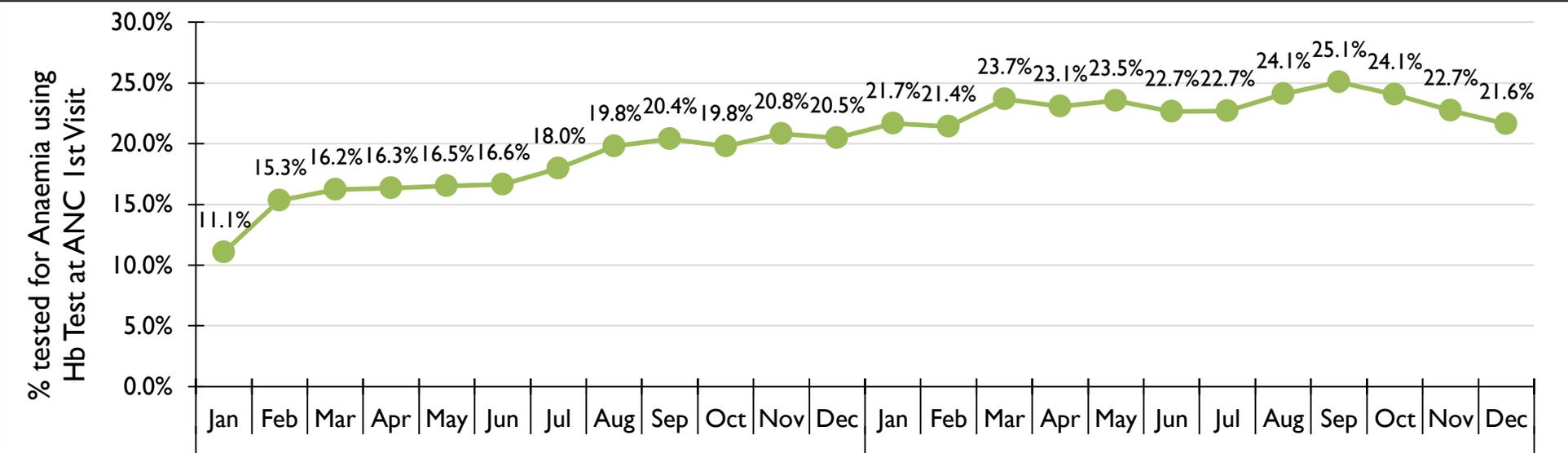
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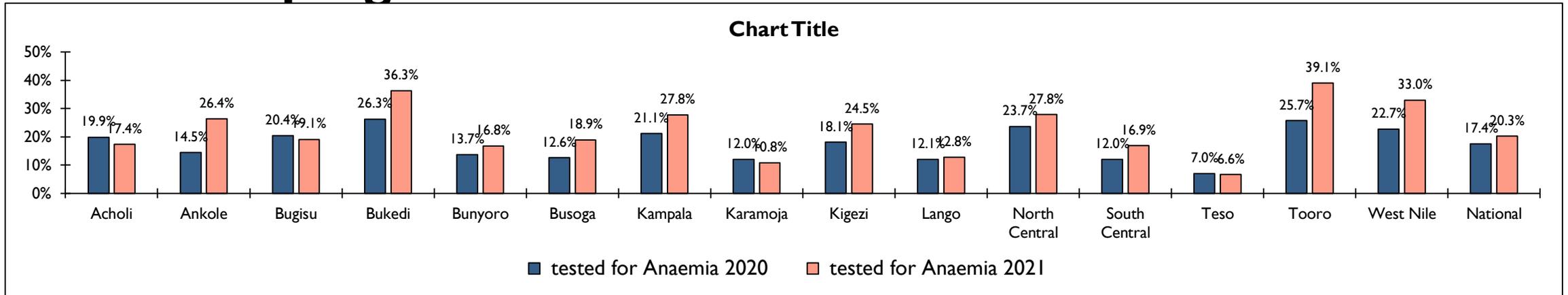
% of pregnant women who were tested for anaemia using Hb test at ANC 1st visit

- National: 23.0%
- Improved from 11.1% to above twenties
- Highest: Tooro and Bukedi and Karamoja while lowest: Teso
- Efforts are in place to deliver some testing equipment under NMS





% of pregnant Women Tested for Aneamia at Ist ANC



Region	2020			2021		
	ANC 1st Visit	Tested for Anaemia	% Tested	ANC 1st Visit	Tested for Anaemia	% Tested
Acholi	80,815	16,042	19.9%	86,889	15,093	17.4%
Ankole	129,299	18,762	14.5%	132,350	34,911	26.4%
Bugisu	86,912	17,696	20.4%	95,818	18,291	19.1%
Bukedi	103,601	27,214	26.3%	106,564	38,709	36.3%
Bunyoro	135,461	18,621	13.7%	132,498	22,199	16.8%
Busoga	208,301	26,209	12.6%	204,575	38,680	18.9%
Kampala	107,510	22,695	21.1%	112,910	31,361	27.8%
Karamoja	45,834	5,502	12.0%	48,314	5,226	10.8%
Kigezi	61,244	11,061	18.1%	63,176	15,508	24.5%
Lango	122,995	14,830	12.1%	122,702	15,713	12.8%
North Central	207,727	49,169	23.7%	206,015	57,358	27.8%
South Central	205,430	24,559	12.0%	203,626	34,338	16.9%
Teso	98,585	6,911	7.0%	100,237	6,616	6.6%
Tooro	141,747	36,441	25.7%	141,952	55,506	39.1%
West Nile	142,735	32,470	22.7%	148,256	48,920	33.0%
Total	1,878,196	328,182	17.5%	1,905,882	438,429	23.0%



Quantifying Anaemia in Pregnancy in pregnancy by Region

Region	January – December 2020			January – December 2021		
	Tested for Anaemia using Hb	Hb <10g/dl	%age	Tested for Anaemia using Hb	Hb <10g/dl	%age
Acholi	16,042	2,799	17.4%	15,093	1,573	10.4%
Ankole	18,762	1,017	5.4%	34,911	1,505	4.3%
Bugisu	17,696	711	4.0%	18,291	976	5.3%
Bukedi	27,214	1,729	6.4%	38,709	2,865	7.4%
Bunyoro	18,621	2,117	11.4%	22,199	2,162	9.7%
Busoga	26,209	3,333	12.7%	38,680	3,828	9.9%
Kampala	22,695	2,489	11.0%	31,361	3,201	10.2%
Karamoja	5,502	1,132	20.6%	5,226	1,226	23.5%
Kigezi	11,061	312	2.8%	15,508	613	4.0%
Lango	14,830	1,190	8.0%	15,713	1,445	9.2%
North Central	49,169	4,331	8.8%	57,358	4,581	8.0%
South Central	24,559	1,324	5.4%	34,338	1,476	4.3%
Teso	6,911	255	3.7%	6,616	539	8.1%
Tooro	36,441	2,858	7.8%	55,506	2,278	4.1%
West Nile	32,470	4,283	13.2%	48,920	4,529	9.3%
Total	328,182	29,880	9.2%	438,429	32,797	8.5%

Caesarean Section: PPH mortality

- Uganda prevalence of CS is 12%
- Maternal mortality after CS is 50-100X in LMIC than in the of developed work
- Uganda 54% of MDs were after CS¹
- 67% of MD were attributed to PPH



¹UBT study in 6 health facilities

BLOOD



Image: [Contemporary OB/GYN](#)



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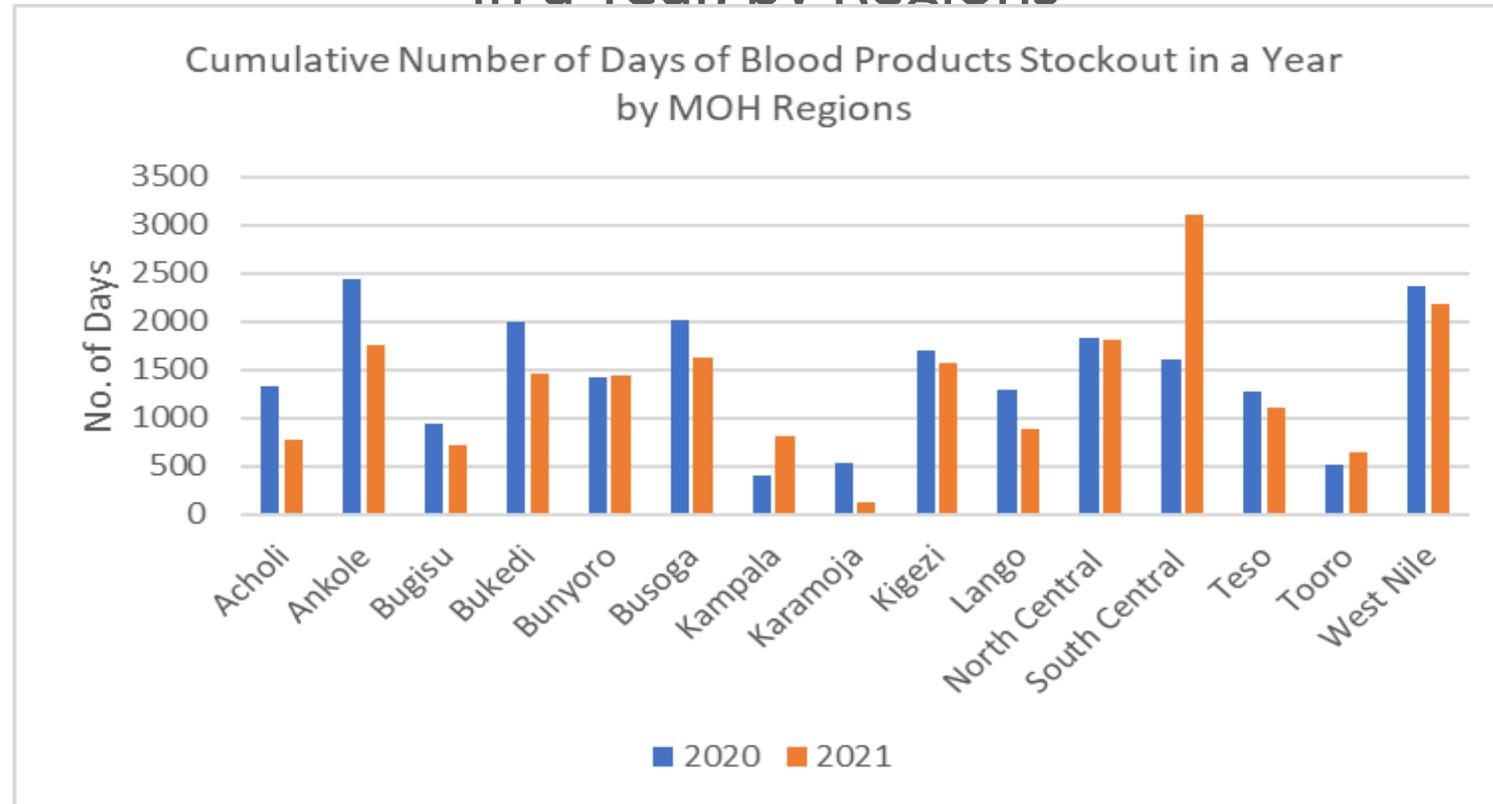


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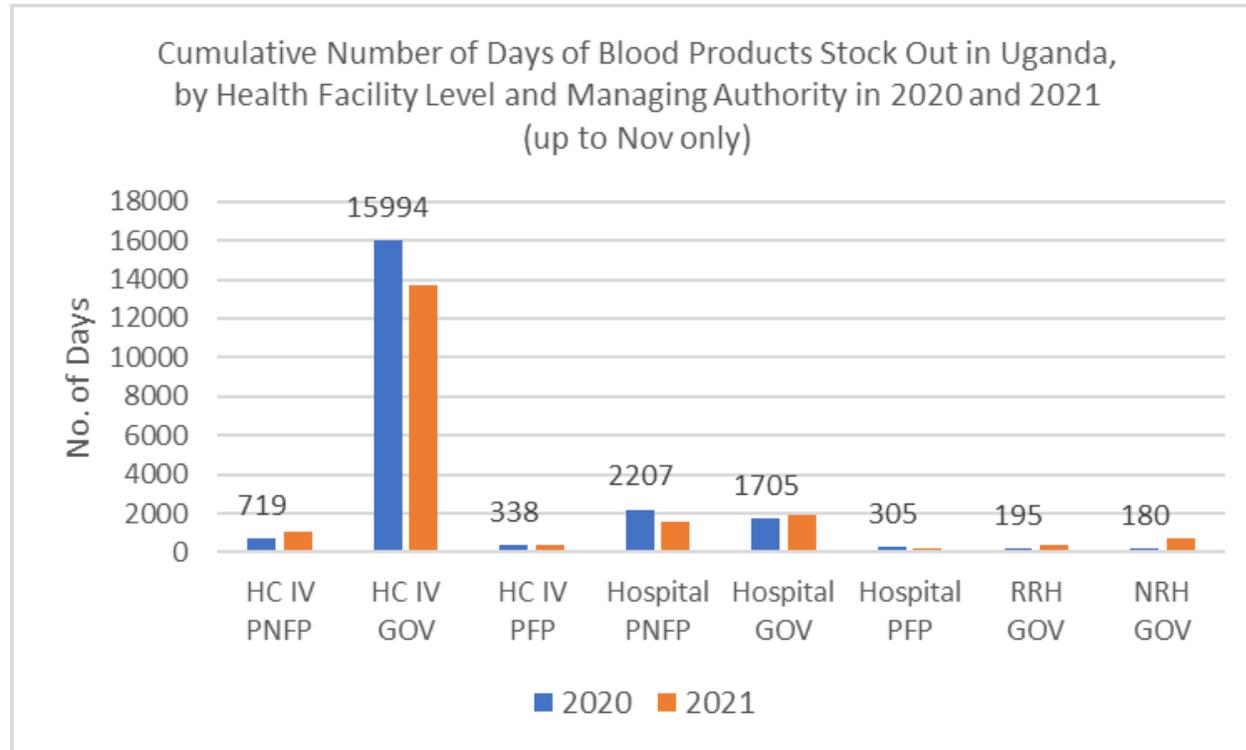


Cumulative Number of Days of Blood Products Stockout in a Year, by Regions





Cumulative Number of Days of Blood Products Stockout in a Year, by Health Facility Level and Managing Authority



- All health facility levels and managing authorities experienced blood stockout
- Government HC IVs experienced the greatest number of stockouts

Challenges in Management of PPH

- Delays in detection of PPH
 - Delayed treatment
- Lack of essential equipment, supplies and medicines (*Bp machines, syringes, uterotonics*)
- Blood shortages
- Lack of skills to implement recommended guidelines
- Lack of infrastructure to support the interventions (*electricity and refrigeration for temperature sensitive uterotonics*)
- Many health providers do not follow guidelines
- Guidelines are not updated



Conclusion

The burden is high

PPH is underestimated

Impact on maternal outcomes is very high

We must act, NOW