PAHO/WHO initiative seeks to reduce maternal deaths from hemorrhage in the Americas

*One in five maternal deaths in the region results from hemorrhage during the third trimester of pregnancy or immediately following childbirth*

Washington, D.C., 18 March 2015 — One in five maternal deaths in the Americas is the result of obstetric hemorrhage during or immediately after childbirth. To prevent these deaths, the Pan American Health Organization/World Health Organization (PAHO/WHO) recently launched the “Zero maternal deaths from hemorrhage” initiative.

An average of 16 women in the Americas die every day from causes related to pregnancy or childbirth, most of which are preventable. Hemorrhage is the leading cause of these deaths. Overall, an estimated 8.2% of mothers who give birth in Latin America suffer a severe postpartum hemorrhage that requires transfusion.

“No woman should die in the process of becoming a mother,” said PAHO/WHO Director Carissa F. Etienne. “We have the knowledge and tools to keep women from dying from these preventable causes. We need to promote effective practices and improve access to sexual and reproductive health services, so women can plan their families as they wish.”

The PAHO/WHO initiative, which is initially being implemented in five countries, consists of a series of actions to improve both access to health services for pregnant women and the quality of care for women with hemorrhagic complications from pregnancy. Specific components of the project include:

- Training for health professionals in how to reduce the number of hemorrhages and how to ensure timely and effective treatment for cases that do occur
- Equipment for use in training these professionals
- Support for health services reorganization to improve care for women, reduce gaps in access to quality services, and ensure the availability of essential medicines and safe blood for transfusions.

The initiative, initially budgeted at just over US$1.8 million, is currently being implemented in Bolivia, the Dominican Republic, Guatemala, Haiti, and Peru, the countries that have the region’s highest high maternal mortality rates and where hemorrhage is the main cause of maternal death. Guyana, Honduras, Mexico and Paraguay have also expressed interest in participating.

PAHO/WHO, together with its partners the Latin American Federation of Obstetrics and Gynecology (FLASOG) and the International Confederation of Midwives (ICM), so far has trained health professionals from eight countries on prevention, early diagnosis and treatment of obstetric hemorrhage. These professionals will in turn train others in their respective countries.
The training sessions teach participants how to stop severe hemorrhages using simulations and tools including non-pneumatic anti-shock garments, which can be placed around the lower body of a woman experiencing obstetric hemorrhage, and uterine balloon tamponades, which can be inserted into the uterus to reduce or halt hemorrhaging.

Participants also receive training in “Code Red,” an emergency bleeding management tool, as and in conservative and salvage (last-resort) surgical practices. The training also helps health professionals gain a better understand of factors related to ethnicity, gender and human rights that impact patient care.

Between 1990 and 2010, maternal mortality declined 43% in Latin America and 30% in the Caribbean. However, progress has been insufficient to achieve the 75% maternal mortality reduction target set by the United Nations' Millennium Development Goals (MDGs) for 2015.

"We still have a way to go to achieve the goal of zero maternal deaths," said PAHO/WHO Director Etienne. "As we embark on the new, post-2015 Sustainable Development Goals, women’s health must remain an essential focus to ensure a healthy and productive future not only for women but also for their children, families and countries."