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# Postpartum Hemorrhage Prevention and Management Require Strengthening:

## Findings from a National Quality of Care Assessment in Rwanda

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# Objectives

- To determine the frequency and quality of interventions related to postpartum hemorrhage (PPH) in facility-based care in Rwanda.
- To determine compliance with globally accepted standards for clinical practice in ANC and labor/delivery as they relate to PPH prevention.

# Methods

- Data collection techniques included structured clinical observations of ANC consultations and of women in labor, healthcare worker interviews, facility inventory, and clinical records review.
- A cross-sectional national assessment was conducted in high birth caseload facilities in Rwanda

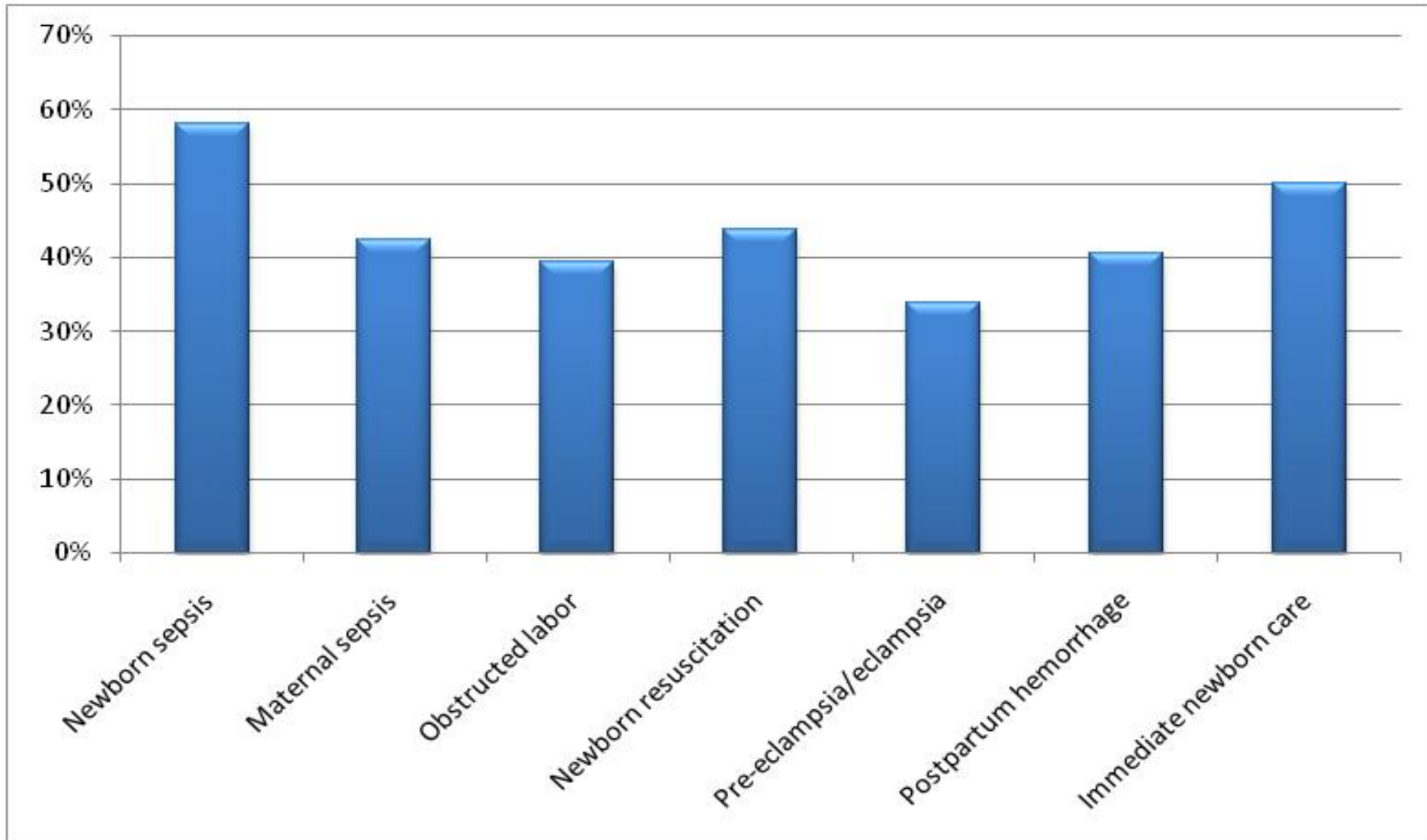
# Results : ANC

- Observations of 310 ANC consults showed that only 33% of pregnant women were given iron/folate (IFA) on their first ANC visit and 75% of women given IFA were counseled on how to use it.
- Less than 44% of women were asked about bleeding during the current pregnancy and only 36% about bleeding in a previous pregnancy.

# Results : Labor and Delivery

- Providers had low knowledge of signs to assess for PPH (mean score 48%).
- Few providers knew how to assess for atonic uterus (mean score 41%) or knew the steps in managing retained placenta (40%).

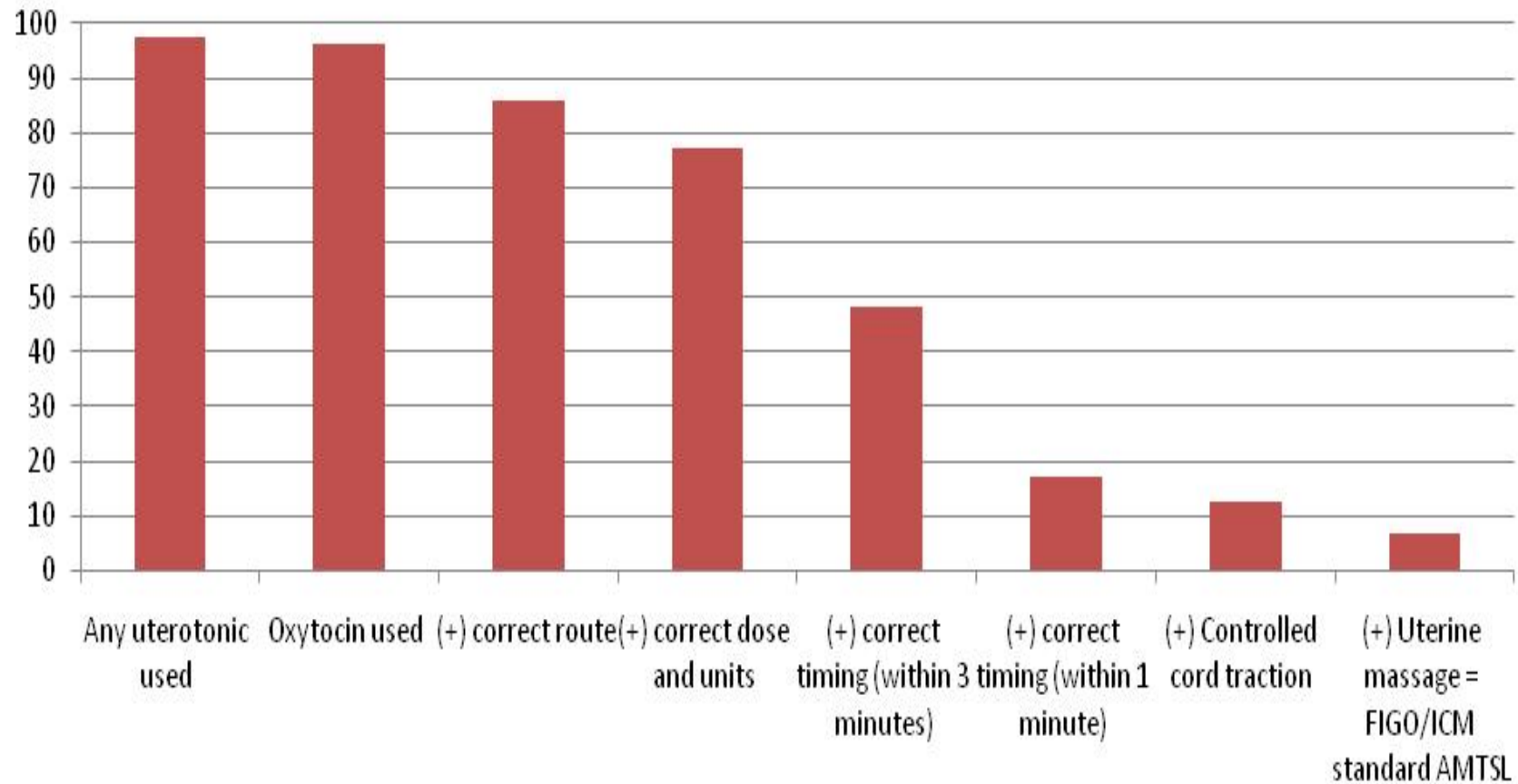
# Knowledge scores for key areas



# Results : Labor and Delivery , Cont'I

- During labor, 97% of women received oxytocin during active management of third stage of labor (AMTSL) and of those, 86% received by the correct route.
- However, only 48% of providers provided the uterotonic within the recommended 3-minute window.
- 7% of deliveries received all components of AMTSL.

# Barriers to practice of AMTSL





# Results : Availability of products

- Inventories were reviewed at 71 facilities; Oxytocin was available in 87% of facilities and equipment and supplies (e.g., syringes, suture material) were almost always available (97%).
- 90% of facilities had items needed for removal of retained placenta.

# Conclusion

- Prevention of PPH using AMTSL is very low and needs to be improved dramatically through improved provider knowledge and skills.
- Even when all materials were available, very few providers performed all components of AMTSL. Continuing training and consistent supervision of providers as well as effective facility job aids are recommended to improve PPH prevention.
- Further training and supervision of ANC providers is also necessary to ensure that prevention measures are taken as early in the pregnancy as possible.