

# **Resolution on Delegated Use of Uterotonics for Prevention and Treatment of Post-Partum Haemorrhage**

Post-partum haemorrhage (PPH) remains the most significant contributor to maternal mortality globally. In health care facilities, Active Management of the Third Stage of Labour, including the use of uterotonics, is the recommended standard of practice for all births in order to prevent and treat PPH. In some countries, hospitals or health regions, uterotonics require a specific order by a physician and this may create dangerous delays in appropriate management by skilled birth attendants such as midwives who are appropriately trained. Globally only 62% of births are attended by a skilled birth attendant either in a health facility or at home. Furthermore, research has shown that in the absence of oxytocin, misoprostol can be safely used by cadres of health workers who are not skilled birth attendants but have specific training in its use. Requiring a physician's order for skilled birth attendants therefore creates an unnecessary barrier to timely management. Mechanisms must be developed to facilitate the safe use of uterotonics so that women do not die or experience preventable severe morbidity from PPH. To this end, a resolution is presented to demonstrate our professional responsibility and commitment to decreasing maternal mortality

**Recalling** that The Millennium declaration in 2000 set out Millennium Development Goals that include a reduction of three quarters in maternal mortality by 2015

**Recognising** that post partum haemorrhage remains the most common global cause of maternal mortality

**Recognising** that maternal mortality and severe morbidity lead to increased neonatal and child mortality and morbidity

**Recognising** that in many countries, trained midwives are the primary health professionals providing skilled birth attendance

**Recognising** that in some countries trained midwives are not permitted to administer oxytocics without a physician's order

**Recognising** that delays in providing oxytocics can increase mortality and morbidity from post partum haemorrhage

**Recalling** that the right to life of the pregnant woman is already recognized in national, regional and international instruments

**Affirming** that improvements in women's health worldwide require the advocacy and action of Obstetrician/Gynaecologists

**Acknowledging** that Obstetricians and Gynaecologists are obligated by the special professional privileges granted to them by nations and societies, as well as their unique knowledge, to promote and protect women's health in their individual and professional encounters

**The FIGO General Assembly:**

**Confirms** its commitment to continue to collaborate with The International Confederation of Midwives (“ICM”), the United Nations system and other organisations at the national, regional and international level,, to reduce maternal mortality

**Calls** on FIGO member societies to:

- Work with health facilities and licensing bodies to ensure appropriately trained midwives are able to administer uterotonics for prevention and treatment of postpartum haemorrhage, without requiring a physician’s order, for the purposes of decreasing maternal mortality and improvement of quality of care as well as reducing barriers of time delays, recognizing that these may contribute to mortality and morbidity.
- Urge Ministries of Health, training institutions for health professionals and others to develop competency based training for the appropriate delegated administration of uterotonics for prevention and treatment of postpartum haemorrhage in the community by available health workers.

*\* Maternal mortality: According to the Tenth International Classification of Diseases, a maternal death is defined as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.”*