



**19th International Conference on New Findings
in Midwifery, Women, Maternity and Infertility
(ICMWWMI 2026)**

<http://icmwwmi.ir>
info@icmwwmi.ir

18 September 2026 -TBILISI GEORGIA

Strategies for the Management of Postpartum Hemorrhage in Low-Resource Settings: A Scoping Review

Shirin Jaldani

M.Sc. in Midwifery, School of Nursing and Midwifery, Ahvaz Jundishapur university of Medical
Sciences, Ahvaz, Iran.

Shirin.Jaldani@gmail.com

Abstract

Background:

Postpartum hemorrhage (PPH) remains a leading cause of maternal mortality globally, disproportionately affecting low- and middle-income countries (LMICs) due to high maternal anemia rates, skilled attendant shortages, fragile cold chains, and delayed emergency referrals [1–4]. This review systematically mapped evidence-based strategies for early detection, first-line management, stabilization, referral, and health system strengthening in resource-limited settings.

Methods:

Guided by Arksey and O'Malley's framework and PRISMA-ScR guidelines [5,6], PubMed, Scopus, Web of Science, Cochrane Library, and WHO repositories were searched through August 2026. Keywords included *postpartum haemorrhage*, *low-resource settings*, *tranexamic acid*, *uterotonics*, *uterine balloon tamponade*, *non-pneumatic anti-shock garment*, and *E-MOTIVE*. LMIC-focused guidelines, randomized controlled trials, and implementation studies were screened and extracted descriptively.



19th International Conference on New Findings in Midwifery, Women, Maternity and Infertility (ICMWMI 2026)

<http://icmwmi.ir>
info@icmwmi.ir

18 September 2026 -TBILISI GEORGIA

Results:

Fourteen eligible sources established four pivotal domains:

1. Objective blood loss quantification via calibrated drapes combined with simultaneous initiation of the E-MOTIVE care bundle;
2. Prompt administration of first-line uterotonics (oxytocin, or misoprostol where cold chains fail) alongside tranexamic acid within three hours;
3. Intrauterine balloon tamponade (UBT), including low-cost condom-catheter assemblies, for atony refractory to medical therapy; and
4. Hemodynamic stabilization and transfer facilitation using the non-pneumatic anti-shock garment (NASG) [7–13].

The E-MOTIVE trial demonstrated significant reductions in the composite outcome of severe bleeding, laparotomy, or maternal death [7]. However, UBT and NASG efficacy strictly depended on structured provider training, close monitoring, and timely surgical and referral access [11–14].

Conclusion:

Effective PPH management in LMICs demands an integrated, time-critical care bundle rather than piecemeal interventions. Priorities include objective early detection, concurrent protocol execution, reliable pharmaceutical supply, simulation training, and functional referral networks. Context-appropriate solutions—such as misoprostol, low-cost UBT, and NASG—substantially reduce clinical delays and geographic inequities when embedded in responsive obstetric systems. Future research should emphasize cost-effectiveness, supply chain sustainability, and tailored local implementation models.

Keywords: Postpartum Hemorrhage, Low-Resource Settings, Maternal Mortality, Emergency Obstetric Care



19th International Conference on New Findings in Midwifery, Women, Maternity and Infertility (ICMWWMI 2026)

<http://icmwwmi.ir>
info@icmwwmi.ir

18 September 2026 -TBILISI GEORGIA

References

Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014;2(6):e323–e333. doi:10.1016/S2214-109X(14)70227-X.

Calvert C, Thomas SL, Ronsmans C, Wagner KS, Adler AJ, Filippi V. Identifying regional variation in the prevalence of postpartum haemorrhage: a systematic review and meta-analysis. *PLoS One*. 2012;7(7):e41114. doi:10.1371/journal.pone.0041114.

Carroli G, Cuesta C, Abalos E, Gulmezoglu AM. Epidemiology of postpartum haemorrhage: a systematic review. *Best Pract Res Clin Obstet Gynaecol*. 2008;22(6):999–1012. doi:10.1016/j.bpobgyn.2008.08.004.

World Health Organization. *WHO recommendations for the prevention and treatment of postpartum haemorrhage*. Geneva: World Health Organization; 2012.

Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19–32. doi:10.1080/1364557032000119616.

Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169(7):467–473. doi:10.7326/M18-0850.

Gallos ID, Devall A, Martin J, Middleton L, Cheed V, Daniels J, et al. Randomized trial of early detection and treatment of postpartum hemorrhage. *N Engl J Med*. 2023;389(1):11–21. doi:10.1056/NEJMoa2303966.

WOMAN Trial Collaborators. Effect of early tranexamic acid administration on mortality, hysterectomy, and other morbidities in women with post-partum haemorrhage (WOMAN): an international, randomised, double-blind, placebo-controlled trial. *Lancet*. 2017;389(10084):2105–2116. doi:10.1016/S0140-6736(17)30638-4.

Winikoff B, Dabash R, Durocher J, Darwish E, Ngoc NTN, León W, et al. Treatment of post-partum haemorrhage with sublingual misoprostol versus oxytocin in women receiving prophylactic oxytocin: a double-blind, non-inferiority, randomised controlled trial. *Lancet*. 2010;375(9710):210–216. doi:10.1016/S0140-6736(09)61924-3.

Widmer M, Piaggio G, Nguyen TMH, Osoti A, Owa OO, Misra S, et al. Heat-stable carbetocin versus oxytocin to prevent hemorrhage after vaginal birth. *N Engl J Med*. 2018;379(8):743–752. doi:10.1056/NEJMoa1805489.

World Health Organization. *WHO recommendation on uterine balloon tamponade for the treatment of postpartum haemorrhage*. Geneva: World Health Organization; 2021. ISBN: 978-92-4-001384-1.

Miller S, Martin HB, Morris JL. Anti-shock garment in postpartum haemorrhage. *Best Pract Res Clin Obstet Gynaecol*. 2008;22(6):1057–1073. doi:10.1016/j.bpobgyn.2008.08.006.

FIGO Safe Motherhood and Newborn Health Committee. FIGO recommendations on the management of postpartum hemorrhage 2022. *Int J Gynaecol Obstet*. 2022;157(Suppl 1):3–50. doi:10.1002/ijgo.14116.



**19th International Conference on New Findings
in Midwifery, Women, Maternity and Infertility
(ICMWMI 2026)**

<http://icmwmi.ir>
info@icmwmi.ir

18 September 2026 -TBILISI GEORGIA

World Health Organization. *Consolidated guideline on interventions for the prevention, diagnosis and treatment of postpartum haemorrhage*. Geneva: World Health Organization; 2025. ISBN: 978-92-4-011563-7.