

Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage

Implementation guide



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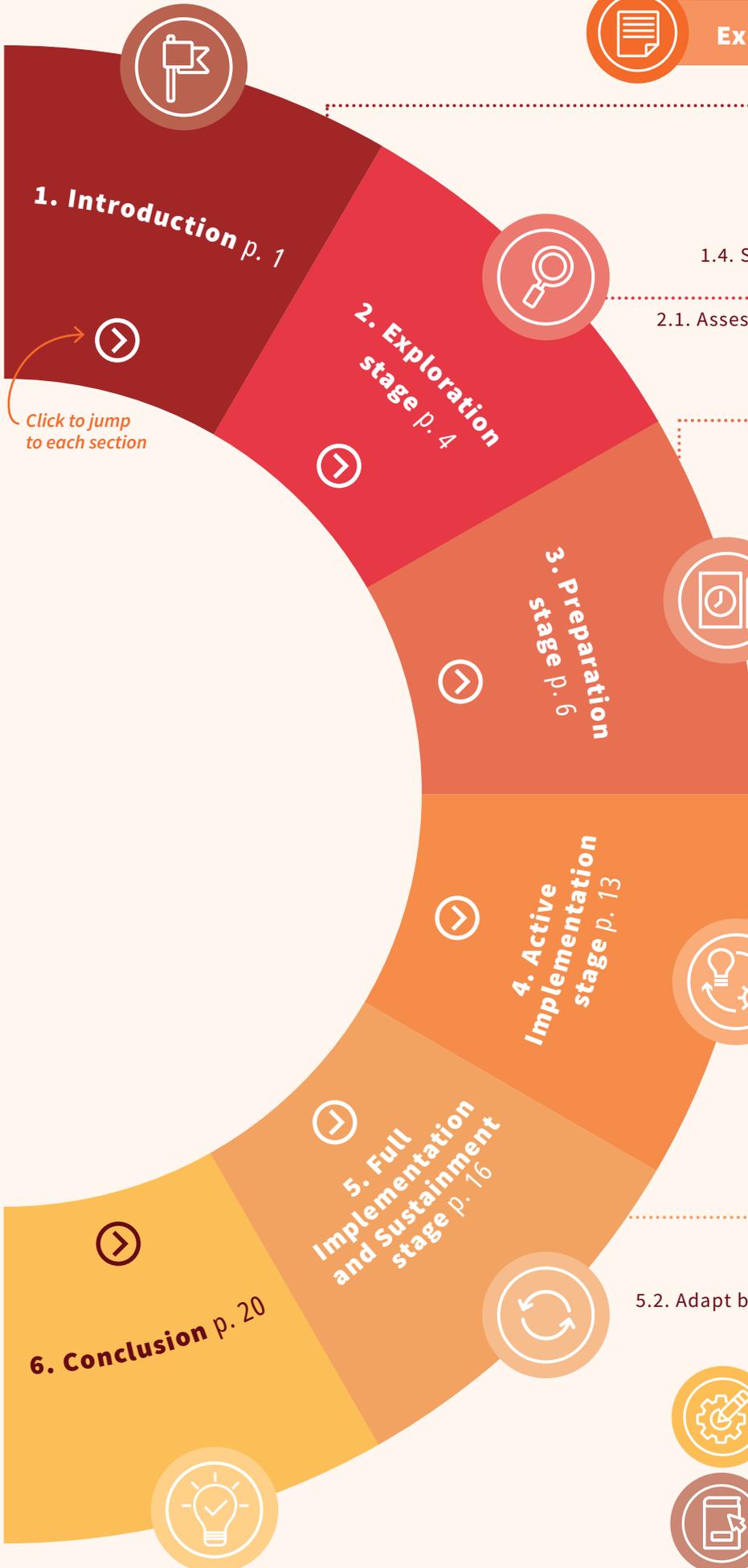
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Executive Summary

Postpartum haemorrhage (PPH) represents one of the most critical yet preventable causes of maternal mortality worldwide. Despite the availability of evidence-based interventions, implementation remains inconsistent and inadequate, perpetuating preventable maternal deaths and undermining international commitments to ensure women's fundamental rights to survive pregnancy and childbirth, and to access respectful, gender-responsive maternity care that upholds their dignity and autonomy.

The World Health Organization has developed this implementation guide in collaboration with FIGO, ICM, Jhpiego and UNFPA to directly address challenges to operationalizing evidence-based PPH recommendations. This systematic approach provides national health systems with a comprehensive framework for translating the *Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage (2025)* into sustained clinical practice and policy reform.

Strategic imperative

Current evidence demonstrates that while effective PPH interventions exist, their lifesaving potential remains unrealized due to systemic implementation failures. These include misaligned policies, compromised supply chains, inadequate health worker capacity and delayed diagnosis and treatment. The consequences are profound: preventable maternal deaths continue at unacceptable rates, particularly in fragile health systems where timely access to quality care remains limited.

In response to stakeholder consultations involving over 130 experts, WHO developed the *Roadmap to combat postpartum haemorrhage between 2023 and 2030*, which identified implementation barriers as the primary obstacle to reducing PPH-related morbidity and mortality. This guide directly addresses these challenges through an evidence-informed, systematic methodology designed for national adaptation and scale-up.

Framework and methodology

This guide employs the EPIS (Exploration, Preparation, Implementation, Sustainment) conceptual framework, providing a structured four-stage approach validated through implementation science research. The information contained within this guide was developed through extensive stakeholder consultation, including a technical workshop in Dar es Salaam, United Republic of Tanzania with policymakers, programme managers and clinical leaders from Democratic Republic of Congo, Kenya, Pakistan, South Africa and United Republic of Tanzania. The EPIS framework provides a robust, evidence-based structure for guiding implementation, offering a clear sequence of stages that link planning, action and long-term sustainability. However, introducing change within a health system is not only a technical process, but also a human and organizational one. To address this, elements that strengthen leadership, communication and individual adoption throughout the change process can be valuable complements to EPIS. In addition, focusing on the strengths and assets that can be leveraged to support change, rather than solely on the barriers and bottlenecks that prevent change, can foster inclusive stakeholder engagement and motivation. Policymakers and managers using this guide may want to consider combining approaches that take into consideration both the technical and human dimension of change, ensuring that new practices are not only implemented effectively but also embraced and sustained within the health system.



Contextual adaptation

Recognizing the diversity of health system contexts, this guide provides flexible frameworks that accommodate local adaptation while maintaining fidelity to evidence-based recommendations. Special consideration is given to fragile and humanitarian contexts, including complex emergencies, where additional constraints may require modified implementation approaches.

This guide emphasizes community engagement and cultural responsiveness, recognizing that sustainable implementation requires local ownership and alignment with existing social structures. Implementation strategies are designed to leverage local expertise and innovative approaches that may enhance long-term sustainability.

Critical success factors

This guide emphasizes several essential elements for successful implementation. Leadership engagement at all health system levels provides the authority and political will necessary to address technical challenges and generate widespread support. Strategic stakeholder engagement ensures that implementation efforts benefit from diverse expertise and maintain broad-based commitment throughout the process. Successful implementation also requires that women and girls are placed at the centre of programme design and monitoring, ensuring equity, rights-based approaches and quality respectful care, with mechanisms for accountability and feedback built into implementation efforts.

Resource alignment represents another critical factor, requiring explicit matching of available human, financial and material resources with implementation requirements. This includes development of costed national implementation plans and advocacy for sustained financing beyond the Active Implementation stage.

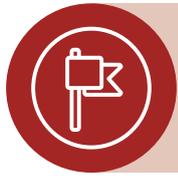
Capacity strengthening extends beyond standard health worker training (pre-service, in-service) to encompass community engagement, referral network strengthening and supply chain optimization. This guide advocates for comprehensive step-down training models that create peer coaching networks and ongoing mentorship systems rather than one-off educational interventions.

Conclusion

This guide provides national health systems with a comprehensive, evidence-informed approach to reducing one of the most significant causes of preventable maternal mortality. Success requires sustained political commitment, adequate resource allocation and systematic application of implementation science principles.

The framework presented offers flexibility for contextual adaptation while maintaining the rigour necessary to achieve meaningful health outcomes. By addressing the implementation gaps that have limited the impact of existing PPH interventions, this guide represents a critical resource for advancing global maternal health objectives and fulfilling international commitments to women's reproductive rights.

National adoption and adaptation of these implementation strategies, supported by appropriate technical assistance and continued monitoring, can deliver transformative improvements in maternal health outcomes and contribute significantly to broader sustainable development goals related to maternal mortality reduction.



1. Introduction

Postpartum haemorrhage (PPH) remains one of the most frequent and life-threatening complications of childbirth. Although PPH is a common complication of childbirth, deaths from PPH are largely preventable. Yet, PPH remains one of the leading causes of maternal mortality globally, with approximately 80% of related deaths occurring in low- and middle-income countries, particularly in sub-Saharan Africa and South Asia (1). These deaths often occur in fragile health systems where access to necessary health commodities, trained personnel and timely care is limited. International human rights law obliges states to ensure that women and adolescent girls can survive pregnancy and childbirth as part of their rights to sexual and reproductive health and a life of dignity. Preventing and treating PPH is integral to the broader agendas of sexual and reproductive health and rights (SRHR), primary health care (PHC) and universal health coverage (UHC). Centring women's and girls' voices and lived experiences in design and delivery of interventions is critical to ensuring equitable impact.

Implementation of effective interventions for preventing, diagnosing and treating PPH has been inconsistent and slow, contributing to preventable maternal deaths. Lifesaving measures are often underutilized or applied too late due to delayed diagnosis and systemic barriers. Broader health system challenges, such as misaligned policies, weak supply chains and shortages of trained personnel, hinder efforts to reduce PPH-related mortality and morbidity. These persistent gaps highlight the urgent need for stronger, more coordinated global action to improve the quality and timeliness of PPH care.

In response, WHO collaborated with over 130 stakeholders to develop *the Roadmap to combat postpartum haemorrhage between 2023 and 2030* (2). This Roadmap outlines global research, normative, implementation and advocacy priorities to accelerate progress towards reducing maternal mortality due to PPH. In the Roadmap, failure to implement evidence-based interventions was identified as the single greatest challenge to achieving improved PPH outcomes. Addressing barriers to implementation was named as potentially the most impactful action the PPH community could take to reduce PPH-related morbidity and mortality.

1.1. Purpose and rationale

This guide and the accompanying toolkit are designed to support national adaptation and uptake of the *Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage*, including in humanitarian and complex emergency settings. Implementing PPH recommendations through a national programme requires the concerted efforts of many diverse stakeholders, and their efforts need to be strategically aligned to ensure maximal progress. This guide provides a structured, systematic and adaptable approach to support country adoption, adaptation, roll-out and sustainment of evidence-based PPH recommendations.



1.2. Target audience

This guide is designed for policymakers, programme managers and implementers working at national, sub-national (regional, provincial or state) and district levels to implement recommendations on the prevention, diagnosis and treatment of PPH. Professional associations, development partners and humanitarian organizations supporting implementation of recommendations will also find this guide useful. As women's groups, community advocates and civil society organizations are key stakeholders to ensure accountability and demand for quality care, they will also find this guide helpful to be able to monitor implementation.

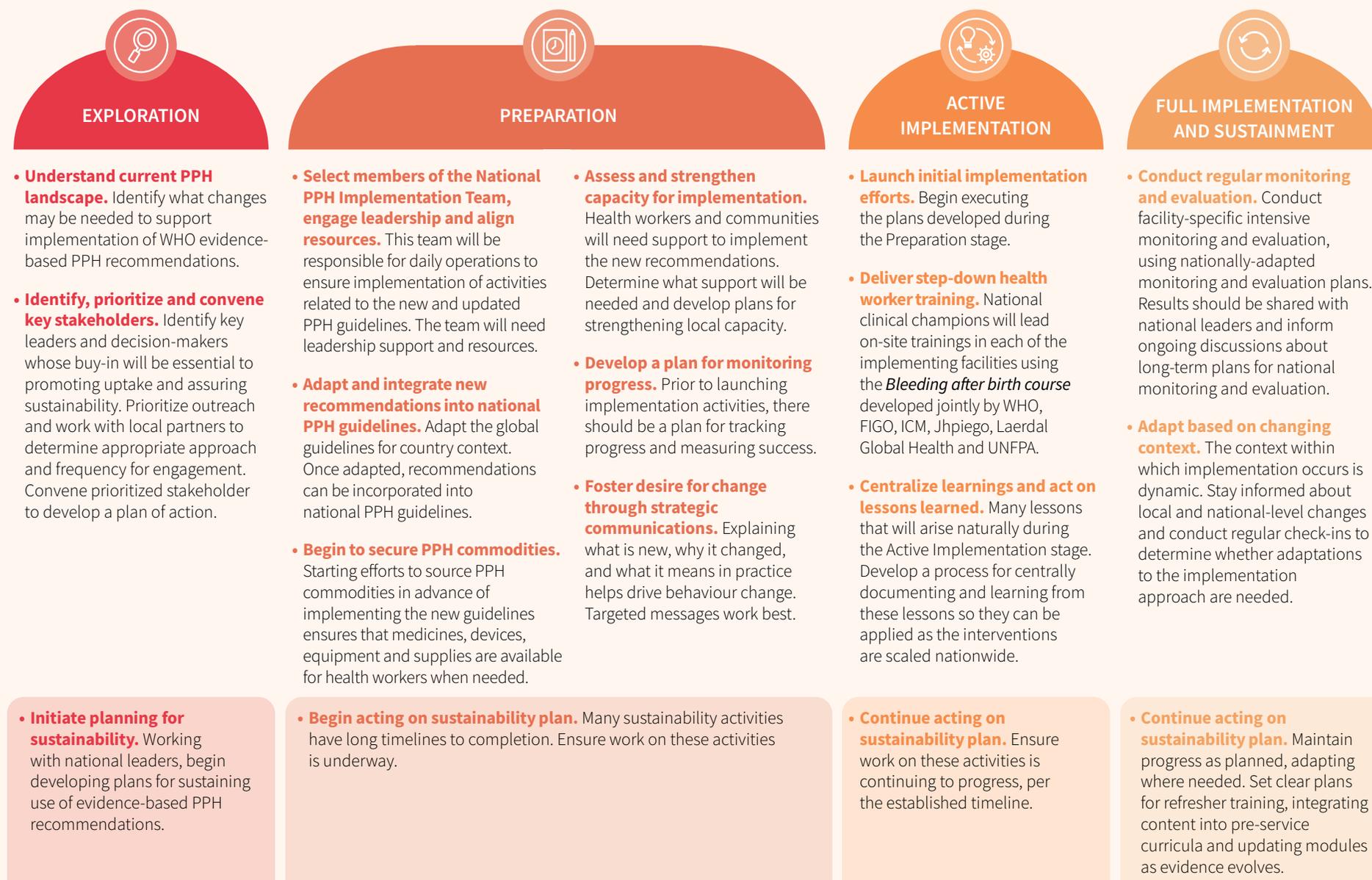
1.3. Methods for developing the implementation guide

The initial outline for the implementation guide and proposed accompanying toolkit was developed by the WHO Secretariat. The outline was shared with stakeholders for an initial round of input at a two-day workshop in Dar es Salaam, United Republic of Tanzania, 18–20 November 2024. Meeting participants included national policymakers, PPH programme managers, clinical leaders, academics, implementing partners and funders involved in implementing PPH early diagnosis and first-response treatment in Democratic Republic of Congo, Kenya, Pakistan, South Africa and United Republic of Tanzania. Based on this input, the WHO Secretariat convened a core working group of experts in implementation science, national implementation of PPH recommendations, training of health workers and adaptation of recommendations for implementation in humanitarian contexts, including complex emergency settings, to develop this guide and toolkit. This working group structured this guide and toolkit around the EPIS (Exploration, Preparation, Implementation, Sustainment) framework on the stages of implementation, a systems-level conceptual model that outlines the steps at which different implementation-related activities occur (3). Implementation is not always linear. It is possible to begin a new stage before completing the previous stage. However, these stages can be useful for organizing and planning purposes. The working group drew on insights from the *Implementation guide for the medical eligibility for contraceptive use and selected practice recommendations for contraceptive use guidelines* (4) and *Toolkit for implementation of the WHO intrapartum care and immediate post-natal care recommendations in health-facilities* (5), as well as more recent developments in the implementation science and PPH implementation literatures (6–11). Once drafted, this guide and accompanying toolkit were shared with FIGO, ICM, Jhpiego and UNFPA for additional input and refinement. The refined implementation guide and accompanying toolkit were then field tested in partnership with the Ministry of Health of Uganda, before being further refined and prepared for publication.

1.4. Structure of this implementation guide

This implementation guide and toolkit provide guidance, recommendations and practical tools to support the adoption and use of PPH guidelines across health systems. High-level guidance on what needs to be done in each stage of implementation is provided in this guide, with additional resources providing step-by-step guidance linked in the “Resources” chapter.

Figure 1: Using the Implementation Guide and Toolkit At-A-Glance





2. Exploration stage

The objectives of the **Exploration stage** are:

- ✓ **Assess the current state** of PPH-related policies and practices, and determine which changes may be needed to support adoption and implementation of PPH recommendations.
- ✓ **Identify, prioritize and convene key stakeholders** who are critical in advancing implementation of PPH recommendations.

2.1. Assess the current state of implementation and prioritize change efforts

Before beginning any implementation effort, it is critical to understand the current landscape of national policies relevant to PPH, as well as current clinical practices. The process of reviewing the current state of national PPH policy and clinical practice can be undertaken by:

- Identifying alignments and inconsistencies between national PPH guidelines and the *Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage*.
- Determining whether recommendations in both national PPH guidelines and the *Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage* are being implemented as intended in clinical practice.

2.2. Identify, prioritize and convene key stakeholders

Planning for and implementing changes to national policy and clinical practice relies on the collective work of various stakeholders. Implementation is often faster and easier when both decision makers and people impacted by the proposed changes (for example, pregnant women and their partners, family members and other key decision-makers; health workers; facility managers and district health teams) are included in planning, alongside women's and girls' rights organizations, community members, academics and professional association representatives. These stakeholders can help identify possible barriers to implementation and often have useful solutions for addressing barriers when they arise.



Key activities include:

- **Identifying stakeholders involved in implementing evidence-based PPH recommendations.** Identify the key people, organizations and institutions needed to put PPH recommendations into practice. Clarify what each stakeholder does and how they are connected to one another, to then map out the network of relationships required for effective implementation.
- **Prioritizing relationships, determining engagement levels and developing an outreach plan.** Review current and potential partnerships and decide which stakeholders should be prioritized, especially those with the greatest influence—such as funders, policymakers and facility leaders. Define the level of engagement required with each stakeholder (from simply sharing information to full collaboration). Then develop a targeted outreach plan and strengthen collaboration through both formal and informal channels, including technical working groups, consultations and existing maternal health platforms.
- **Analysing the assumptions, risks and unintended consequences** of the change approach as the stakeholder plan is established.
- **Convening prioritized stakeholders to develop a plan of action.** After identifying and establishing contact with key stakeholders, convene stakeholders to review the assessment of the current landscape (output from step 2.1). Together, stakeholders should brainstorm and document barriers to adopting and implementing PPH recommendations, as well as assets and strengths that can be used to introduce positive change. Finally, the stakeholder group should prioritize the identified barriers and make an action plan that leverages identified assets and strengths.

Planning for long-term sustainability: Exploration stage

Even before beginning preparatory activities, it is essential to consider sustainability. Planning for sustainability from the beginning increases the likelihood of long-term success and can guide which aspects of the guidelines are implemented first. Exploration-stage planning for sustainability might include:



Aligning new and updated PPH recommendations with existing health system structures, policies and workflows to ensure integration and avoid duplication.

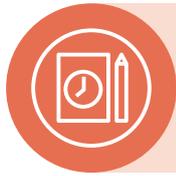


Identifying stakeholders critical to sustainability, such as leaders in health education and accreditation programmes, who can embed PPH capacity-building into pre- and in-service training curricula.



Creating budget line-items for ongoing health worker training and procurement of PPH commodities.

By embedding sustainability considerations into each stage of the process, implementation efforts are more likely to result in lasting impact.



3. Preparation stage

The objectives of the **Preparation stage** are:

- ✓ Select members of the National PPH Implementation Team, including humanitarian sector representation (as relevant), engage support from leadership and align resources with required activities.
- ✓ Adapt and integrate global PPH recommendations into national (and sub-national) guidelines and policies, including ensuring recommended commodities are registered and included in the national Essential Medicines List (EML).
- ✓ Conduct accurate quantification, procurement and distribution of PPH commodities. Ensure that commodities are included in the national procurement plan and are costed to avoid excessive out of pocket expenses, and if possible, include in the minimum service package under the UHC agenda.
- ✓ Assess and prepare to strengthen capacity for implementation.
- ✓ Design a monitoring and evaluation plan for efforts to implement the PPH guideline.
- ✓ Foster desire for change through strategic communication and outreach.

3.1. Select members of the National PPH Implementation Team, engage leadership and align resources with required activities

After identifying priorities in the Exploration stage, the next step is to select and build the team responsible for leading efforts to address these priorities. Throughout the rest of this guide, this team will be referred to as the National PPH Implementation Team. The National PPH Implementation Team is not intended to be a permanent structure. Rather, this team is established to coordinate and execute Preparation stage activities, coordinate integration of recommendations into national guidelines and actively support the development of local implementation teams during the Active Implementation stage. In some countries such teams are known as Task Forces. As the new and updated recommendations are integrated into routine practice and institutionalized into existing public health structures, the National PPH Implementation Team can be dissolved, or reassigned to assist with implementation of other public health priorities.

Forming the National PPH Implementation Team does not require new staff. In fact, the National PPH Implementation Team may be most effective when composed of existing staff with deep knowledge of the current landscape and existing systems. Ideally, the National PPH Implementation Team is composed of 3–5 core members with dedicated time for managing and executing the work of implementation, especially in the Preparation and Active



Implementation stages. This team is accountable for driving change and will coordinate efforts to scope and ensure completion of the activities outlined in this Implementation Guide.

Selecting the members of the National PPH Implementation Team requires careful consideration. The ideal members have a demonstrated track record of driving change across the health system, have the time and expertise to be involved in the everyday operations of getting the recommendations adopted and implemented in clinical practice and hold or can easily build relationships with key stakeholders. The exact composition of the National PPH Implementation Team may depend on the priorities identified during the Exploration stage. For example, if pharmaceutical registration and ensuring stable stocks of PPH commodities are identified as priority barriers, it may be prudent to include an individual with a strong understanding of how commodities are registered, procured and distributed.

Assuring strong support from leadership is critical for successfully implementing evidence-based PPH recommendations. Health system leaders can address technical challenges outside of the scope and authority of the National PPH Implementation Team (for example, by enacting a needed policy change) and generate widespread support and political will for enacting behavior change.

The most effective leaders:

- **Demonstrate commitment** by ensuring ownership of the initiative and driving momentum across all levels of the health system.
- **Provide clear vision** through articulating goals and strategies that unify teams and align implementation efforts.
- **Enable decision-making** by addressing barriers, allocating necessary resources and navigating competing priorities effectively.
- **Foster collaboration** by building partnerships, maintaining trust and engaging relevant stakeholders throughout the implementation process.
- **Support implementation teams** by providing mentorship and empowerment to individuals involved in the initiative.
- **Ensure that diverse voices are included** in both planning and decision-making processes.

Keeping open and collaborative channels of communication between health leaders and the National PPH Implementation Team is critical for keeping implementation of the PPH guidelines moving smoothly.

Intentional and explicit alignment of resources available and work required will support more effective implementation of the PPH guidelines.

Successful resource alignment begins with assessing needs across all stages of implementation to identify the full scope of human, financial and material resources required. Identifying available existing assets that can be utilized will reduce costs and maximize efficiency.

Resources should then be allocated strategically to ensure they are distributed where they are most needed. This requires balancing immediate implementation priorities with longer-term sustainability goals, including securing ongoing resources to maintain implementation once the initial work is complete. Such sustainability planning may involve integrating costs into national budgets or donor programmes.



When existing resources are insufficient, the National PPH Implementation Team may need to advocate for additional support by building a strong case for funding that clearly communicates the potential impact of successfully implementing evidence-based PPH recommendations on maternal health outcomes. Developing a Costed National Implementation Plan (or incorporating PPH-specific activities into an existing Costed National Implementation Plan for Maternal, Newborn and Child Health) will address many of these considerations and provide a framework for effective resource management.

3.2. Integrate global PPH recommendations into national (and sub-national) guidelines and policies

Adapting, adopting and integrating global recommendations into national (and sub-national) guidelines and other policies can help to align public health programmes and clinical practices with existing evidence. However, integrating global guidelines into national and sub-national policies requires careful consideration of context. Adaptations that address cultural (such as, linguistic and population needs) or logistical (such as, available resources) variation may be needed to effectively and equitably implement new and updated PPH recommendations. Outputs from Exploration stage, step 2.1. (Assess the current state of implementation and prioritize change efforts), should already have identified which recommendations might benefit from adaptations to improve uptake and adherence.

Humanitarian settings and complex emergencies may have specific additional considerations that impact implementation, including whether specific PPH recommendations can be implemented at all. In such settings, humanitarian aid organizations and other humanitarian-development partners can be important partners in determining how to most effectively implement PPH recommendations.

3.3. Conduct accurate quantification, procurement and distribution of PPH commodities

Effectively implementing many of the PPH recommendations is dependent on the availability of quality PPH commodities. In addition, national programme managers must ensure that the mix of commodities is adequate for the settings in which the recommendations will be delivered. This is true for both 'context-specific' and general recommendations.

Accurate quantification of need and usage (such as, forecasting and supply planning) is essential for ensuring the availability of quality PPH commodities. However, quantification efforts are only as accurate as the data underpinning them, underscoring the need for quality public health surveillance data on, for example, the number of births in a catchment area and the prevalence of PPH (the indicators suggested for monitoring and evaluating implementation of the *Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage* were selected in part because they can be helpful in informing commodities forecasting efforts). Accurate quantification is integral in designing and executing plans for implementing PPH guidelines, assuring appropriate use of the medical products for better maternal outcomes and supporting responsible stewardship of limited financial resources.

Once accurate quantification estimates have been developed, the National PPH Implementation Team will need to work with relevant stakeholders to mobilize financial resources (ideally a dedicated government budget line) and procure needed commodities. These can often pose barriers to implementation, so it can be helpful to initiate financing and procurement



discussions as early as possible, perhaps even before accurate quantification is completed. The National PPH Implementation team should also map global and regional supply chain resources that may be available, such as matching funds and grants to support the introduction of new innovations.

Integrating all recommended PPH commodities into the national quantification exercises of RMNCH products (annual, multi-year forecasts) and into the national supply plan is critical for ensuring steady and sustainable supply.

Effective and timely distribution of PPH commodities is an essential and often overlooked aspect of implementation. Well-organized logistics and supply chain teams can make it possible to meet audacious implementation goals that reduce PPH-related mortality. Pharmacy and supply chain actors (including regulatory authorities, procurement units, directorates of pharmacy and supply chain logisticians) are key partners in designing and executing plans for implementing PPH guidelines. Ideally, National PPH Implementation Teams will be in close communication with those in charge of forecasting, finance mobilization, procurement and distribution of commodities. Local and international manufacturers often require a lead time to supply new commodities; this needs to be considered when developing the procurement plan.

3.4. Assess and prepare to strengthen capacity for implementation

Effectively implementing recommendations to prevent, diagnose and treat PPH requires that both health workers and communities have the capacity to implement. Health workers need the skills and motivation to provide evidence-based, effective, respectful and dignified care when a PPH occurs. Community members need to understand that diagnosing and treating PPH is time-sensitive, so they are best positioned to support women in accessing quality PPH care (such as through supporting referral networks and resourcing of facilities). Key points include:

- **Ensuring midwives are able to fulfil their full scope of practice** within an enabling environment, either within the public and/or private sector as autonomous practitioners, will increase access to quality care for women and girls. *The midwifery accelerator: expanding quality care for women and newborns (12)* is a resource for policymakers and leaders, and offers a unified, evidence-driven approach catalysing collective efforts for maternal and newborn health and well-being by expanding access to care provided by midwives in line with *Transitioning to midwifery models of care: global position paper (13)*.
- **Ensure adequate staffing:** Evaluate whether sufficient staff are available at each level of the health system to support implementation efforts across all care settings. This assessment should examine current staffing levels against the human resource requirements for implementing PPH recommendations, including coverage for emergency situations and 24-hour care provision. Considerations should include not only absolute numbers of staff but also their distribution across facilities, shifts and geographical areas. Based on this evaluation, determine what changes are needed to make implementation of the PPH recommendations possible, whether through recruitment, redistribution of existing staff, task-shifting strategies or adjustments to service delivery models.



TIP

Partnering with authorities in charge of Human Resources for Health can help the National PPH Implementation Team understand not just the current reality, but also future projections and trends. This knowledge can inform strategic decisions around how and when to roll out training and other capacity-building efforts.

- **Identify skill gaps:** Assess whether health workers have the necessary skills to implement the PPH recommendations. Some recommendations will be new to health workers and holistic training will be needed. Other recommendations will be familiar, so refresher training will be sufficient. Health worker turnover and the continual integration of new graduates into the health workforce necessitate ongoing plans for training.
- **Leverage local expertise:** The details of *how* PPH recommendations are best implemented may vary from setting to setting. For example, the most feasible and acceptable approach for objectively assessing blood loss may vary between health facilities and community settings. Involving individuals familiar with the local context—including community members, local leaders and community health workers—can support the development of innovative strategies for implementing recommendations. Encourage teams to work across disciplines and sectors to pool knowledge and resources effectively.

TIP

Communities often have creative solutions for ensuring the sustainability of interventions. Engaging community leaders as valued and active partners in designing the implementation approach from the beginning can sometimes lead to the development of unexpected paths towards sustainability that may not have otherwise been considered by national decision-makers. Though unconventional, these approaches may have better staying power because they are owned by the local community.

Community-driven transport innovations have proven highly effective in reducing delays for women experiencing PPH, particularly in rural and hard-to-reach settings. Across multiple countries, communities have organized their own emergency solutions by mobilizing local transport providers, establishing small emergency savings or loan funds and creating rapid communication networks between households, community health workers and referral facilities. Volunteer taxi drivers, motorcycle ambulance riders and pre-contracted vehicle owners can be activated immediately when heavy bleeding is recognized, bypassing the cost and distance barriers that often delay care. These locally governed systems – such as Nigeria’s Emergency transport scheme (14) and Mozambique’s community transport funds (15) – demonstrate that even in low-resource settings, communities can design reliable, low-cost mechanisms that ensure women reach higher-level facilities quickly for lifesaving PPH management.



3.5. Design a monitoring and evaluation plan for efforts to implement the PPH guideline

The *Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage* outline nine potential indicators for tracking efforts to implement PPH guidelines, which point towards the new and most impactful interventions not yet fully implemented in all countries. These programmatic indicators are intended for monitoring implementation once recommendations are fully incorporated into national policy.

However, especially early during implementation, it may be helpful to consider different project indicators that will be used to track progress and drive accountability. For example, it may be important to develop project indicators specific to a new recommendation to determine whether it is being incorporated into practice.

Each indicator has resource implications and it may not be sustainable to monitor all project indicators at scale. Ideally, the National PPH Implementation Team will engage early and often in conversations with the national authorities charged with leading health system monitoring and evaluation (M&E) efforts to determine which project indicators can be integrated into national level programmatic efforts (such as routine surveillance and Health Information Management Systems) beyond the Active Implementation stage.

3.6. Foster desire for change through strategic communication and outreach

Understanding the need and urgency for change increases motivation among stakeholders at all levels of the health system. Different stakeholder groups require tailored information to understand their role in implementation.



National, sub-national and district leaders typically need details on changes to the existing national guidelines, their rationale and evidence base, the implementation requirements and the expected impact on health outcomes. Leaders need to ensure the changes are good value for money, so economic assessments including costing studies and cost-effectiveness analyses are often helpful.



Professional organizations usually require information on the evidence supporting changes and the support needed for health workers and managers. Often it is the professional organizations that are the champions of change, and are active in developing new clinical protocols, training and clinical support for frontline health workers.



Health facility managers, maternal health programme managers and implementing partners often want to understand why the guidelines were updated and the implications of non-adoption for service delivery.



Health workers need clear explanations on what is changing, why these changes are necessary and the clinical consequences of implementation or non-implementation.



Women, girls, families and advocates have a right to be informed about their care, expectations and how PPH management may change to improve outcomes.



Effective communication typically begins with establishing an overarching strategy that outlines target audiences, key messages and communication timelines. Compelling messaging can be developed and aligned with local context by clearly communicating why evidence-based PPH recommendations are necessary, how they will be implemented and the expected benefits for maternal health outcomes. Messaging often acknowledges implementation barriers to improve credibility while staying focused on solutions that are known to be effective and to address equity gaps. Communication strategies can be tailored to resonate with local cultural, social and systemic factors. Finally, effective communication involves selecting appropriate channels based on the audience and available resources, with materials available in local languages and suited to different literacy levels.

Planning for long-term sustainability: Preparation stage

Developing a strong sustainability plan during the Preparation stage ensures that changes are embedded within the health system and have longevity. As part of sustainability planning, consider how to sustain both the clinical interventions and the implementation strategies that support long-term adoption.

Options might include:



Clinical interventions

Ensuring that PPH commodities are available, stocks are routinely checked and expired commodities are removed from shelves. Forecasting, procurement and distribution of new PPH commodities should be integrated into existing systems for managing maternal health supplies.



Implementation strategies

Ensuring that supportive strategies such as coaching, champions, training and data monitoring are embedded into existing systems. These strategies should be designed from the outset to be sustainable (such as policies on routine refresher training and simulation drills, institutionalized data collection, integrating PPH recommendations into routine pre- and in-service education).



4. Active Implementation stage

The aim of the **Active Implementation stage** is to action the plans developed in the **Preparation stage**.

Specific objectives are:

- ✓ Launch initial implementation efforts.
- ✓ Deliver comprehensive step-down training to health workers and support with implementation strategies (facility champions, audit and feedback, etc.).
- ✓ Collect, review learning and act on lessons learned.

4.1. Launch initial implementation efforts

In consultation with senior national and local leadership, the National PPH Implementation Team should establish a selection process for determining where to start initial implementation efforts. Often if districts, regions or sites self-select for initial implementation, this increases the level of ownership. Consider whether available resources support a phased approach that begins with selected sites and scales up based on lessons learned, or immediate large-scale implementation. Phased approaches to implementation allow for iterative refinements to the implementation approach based on lessons learned, while immediate large-scale implementation can allow for faster achievement of coverage targets. The National PPH Implementation Team should weigh the benefits and disadvantages of both approaches—including national preferences for approaching implementation—before determining the way forward.

Ideally, sites will have local leaders who can help tailor the implementation plan to account for local realities. At minimum, sites should designate a main point of contact between the national team and the local site. Existing data infrastructure at implementation sites may help facilitate the monitoring and evaluation of implementation efforts.

4.2. Deliver comprehensive step-down training to health workers and support with implementation strategies

Effective implementation of PPH guidelines requires a systematic approach to health worker training that extends beyond standard one-off educational sessions. The comprehensive step-down training model creates a sustainable cascade of knowledge transfer, beginning with national-level clinical champions who deliver facility-level training, establishing facility clinical champions who provide ongoing peer coaching and support and using ongoing coaching, audit and feedback to strengthen the provision of care.



This comprehensive approach ensures that knowledge and skills are not only transferred effectively but sustained through continuous mentorship and support systems.

This approach involves first selecting National Clinical Champions, who will be responsible for leading train-the-trainers sessions in-country and building the capacity of other trainers. These are likely to be senior-level clinical leaders who are well-respected as national experts and authorities on PPH. Ideally, they are also recognized as supportive and effective coaches, mentors and teachers, as their role will require collaborative problem-solving, extensive coaching and encouragement of peers who are trying to motivate others to make lasting change.

Next, the National PPH Implementation Team will need to select Facility Clinical Champions in collaboration with facility leaders. Facility Clinical Champions will attend a train-the-trainers session led by the National Clinical Champions and then will be responsible for leading on-site training for their peers. Regular opportunities for check-in and communication should be established between the National Clinical Champions and the Facility Clinical Champions to support ongoing learning, coaching and support. Social media platforms including private mobile phone group chats can be an effective ongoing communication channel but should not entirely replace more formal checks on overall progress and lessons learned.

If a phased approach to implementation is employed, the highest performing Facility Clinical Champions from the first facilities may graduate into serving as the National Clinical Champions in later stages of scale-up.

4.3. Collect, review learning and act on lessons learned

Documenting progress and lessons learned from initial sites provides valuable information to guide implementation processes in other locations. Early in implementation efforts, it may be useful to actively solicit informal qualitative learnings (such as Facility Clinical Champions' observations of what works and what does not work in coaching sessions and audit and feedback efforts). This information should be regularly shared back with sites to inform learning and improvements. In addition, encouraging collaboration between local sites and sharing early wins can build momentum across the network. Some sites, particularly those with lower resources or staffing levels, may require additional support to achieve their outcomes. Including sites in actively planning implementation in their settings will increase ownership of changes and can enhance longer-term sustainability.

“ Documenting progress and lessons learned from initial sites provides valuable information to guide implementation processes in other locations. ”



Planning for long-term sustainability: Active Implementation stage

The Active Implementation stage presents critical opportunities to establish foundations for long-term sustainability while also generating evidence for full-scale implementation. During this stage, the National PPH Implementation Team should systematically collect learnings about implementation successes and challenges to identify optimal strategies to support broader adoption. Key activities include:



Cataloguing contextual factors that facilitate or hinder implementation.



Documenting which implementation strategies proved effective at addressing those contextual factors.



Capturing stakeholder feedback about the experience of implementation to continue to refine implementation strategies for scale-up.

Concurrently, the National PPH Implementation Team will need to engage in ongoing dialogues with the stakeholders responsible for institutionalizing the various components of the guidelines. This might include securing commitments for embedding training into pre- and in-service educational curricula, establishing agreements for sustained financing and procurement of quality-assured commodities, revising national monitoring and evaluation plans to incorporate PPH-specific indicators and refining Universal Health Coverage (UHC) financing models to ensure adequate reimbursement for treating PPH. Early engagement with health system leaders, professional associations and regulatory bodies during initial implementation creates the institutional momentum required for long-term success and ensures that effective practices can be systematically scaled and sustained across the health system.



5. Full Implementation and Sustainment stage

The aim of the **Full Implementation and Sustainment stage** is to build on the initial implementation efforts conducted during the Active Implementation stage to support full implementation across the jurisdiction, which can be maintained long-term.

During this stage, activities include:

- ✓ Ongoing monitoring of implementation progress.
- ✓ Adapting based on changing needs and contexts.
- ✓ Continuing to plan for sustainability.

5.1. Ongoing monitoring of implementation progress

It is important to monitor whether health workers are implementing the evidence-based PPH recommendations correctly. Research demonstrates that a common reason desired outcomes are not achieved is because guidelines are not implemented with sufficient fidelity (11). In the Preparation stage, the National PPH Implementation Team selected project indicators and designed a Monitoring and Evaluation (M&E) plan for assessing implementation progress. This plan was useful in assessing fidelity to the guidelines during the Active Implementation stage but may be too resource-intensive for ongoing monitoring. As the implementation effort transitions into the Full Implementation and Sustainment stage, the National PPH Implementation Team may need to collaborate with colleagues responsible for broader M&E efforts to determine how to feasibly embed indicators related to the PPH guidelines into routine public health data surveillance systems.

To complement indicator data, regular consultation with partners provides ongoing feedback and keeps relevant stakeholders informed of implementation progress. Ongoing communication with local sites, either through Facility Clinical Champions or other main contacts, supports strong connections across levels of the health system and facilitates sustainable implementation. Sharing stories about implementation successes can be motivating for stakeholders while also spreading effective strategies, and so should constitute a regular part of ongoing communication efforts.



5.2. Adapting based on changing needs and contexts

Implementation contexts are dynamic and require awareness of changing policies, macro-economic trends, socio-political environments, norms, values and beliefs (16). Local changes, such as changes in staffing or emergent competing priorities, can also impact implementation progress, for example by causing delays or shifting focus areas.

Though not all contextual changes will require adapting implementation plans, situational awareness can help inform decisions about whether adaptation is necessary. Regular communication with both implementation sites and national-level partners can help the National PPH Implementation Team stay informed of changes to the external environment that may affect implementation.

Decisions about whether to adapt the implementation plan should not be taken lightly. Often, challenges arise during implementation simply because the new guidelines require behavior change which is inherently difficult. The National PPH Implementation Team may find it useful to schedule regular group meetings to discuss what members have learned about contextual changes and decide whether the changes are substantial enough to warrant adapting the plan for implementation. Often, meeting once per quarter is sufficient, but teams may choose to meet more frequently if there are major contextual changes occurring or less frequently in times of relative stability.

5.3. Continuing to foster sustainability

In earlier stages of implementation, the National PPH Implementation Team led efforts to introduce the new and updated PPH recommendations. In this stage, the work shifts to building institutional scaffolding and infrastructure that will sustain the changes.

Sustainability strategies can focus on institutionalizing changes across different system levels:



| Level | Sample Strategies for Institutionalizing Change | Specific Example |
|------------------|---|---|
| National | <ul style="list-style-type: none"> Integrate items that support PPH guidelines into adjacent national health policies, such as midwives' scope of work. Mainstream PPH recommendations into professional education curricula, including pre-service and in-service training. Earmark funding to ensure continued prioritization. Register and include PPH commodities on the EML. Ensure procurement processes focus on quality-assured commodities. | Indicators for monitoring and evaluating implementation of the PPH guidelines are included in national-level indicator sets and incorporated into routine public health M&E systems. |
| District | <ul style="list-style-type: none"> Strengthen district oversight through routine collection and review of PPH-related surveillance data. Ensure efficient and effective delivery of PPH care, including through strengthening referral networks. Incorporate PPH-related content into routine community engagement and awareness-raising activities. Ensure community-based Maternal and Perinatal Death Surveillance and Response (MPDSR) is conducted. | The District Health Office commemorates World PPH Day with a week-long community campaign to raise awareness around PPH, actions to reduce risk during pregnancy (such as, nutritional interventions), warning signs of excessive bleeding and when to seek help. |
| Facility | <ul style="list-style-type: none"> Establish routine processes to keep quality PPH care embedded in everyday practice. Incorporate PPH commodities into facility-wide inventory systems. | Clinical teams schedule monthly interprofessional PPH simulation drills to practice early detection and timely response together and keep their skills updated. |
| Community | <ul style="list-style-type: none"> Prioritize saving, loans and transport schemes to ensure women and girls can access maternal health care. Support advanced distribution of misoprostol, where access to skilled birth attendants is limited. | Village and facility health communities are involved in the planning and implementation of the changes. |

At this stage, securing long-term funding and policy commitments is essential to sustaining implementation gains. Advocacy for government budgets or donor support can help fund continued training, data collection and procurement of essential commodities. Embedding sustainability strategies into existing health governance structures may help ensure leadership accountability for maintaining PPH guideline adoption over time.



Planning for long-term sustainability: Full Implementation and Sustainment stage



Sustainability is not an end point. That is, sustainability is not something that can be achieved at a single point in time, such as once health workers routinely use new PPH interventions. Rather, ensuring sustainability requires continuous refinement based on lessons learned. The items outlined here are just a starting point for brainstorming context-appropriate avenues for institutionalizing the changes required to ensure ongoing implementation of evidence-based recommendations for the prevention, diagnosis and treatment of PPH.



6. Conclusion

Successful implementation of evidence-based PPH recommendations requires a systematic approach that engages stakeholders across all levels of the health system. The strategies outlined in this guide provide a framework for navigating the process of translating clinical guidelines into practice.

Effective implementation begins with careful preparation, including the formation of a dedicated National PPH Implementation Team, engagement of leadership support and alignment of resources with required activities. Communication efforts that clearly articulate the need and urgency for change help build readiness and motivation among diverse stakeholder groups. The implementation process itself benefits from phased approaches that allow for learning and adaptation, supported by ongoing monitoring and regular communication with local sites and partners.

Sustainability planning from the outset ensures that gains achieved during earlier implementation stages are maintained over time through institutional changes, policy support and continued financial commitment. As contexts and priorities evolve, successful implementation requires flexibility and responsiveness to changing circumstances while maintaining focus on the ultimate goal of improving maternal health outcomes through evidence-based PPH care.

“ As contexts and priorities evolve, successful implementation requires flexibility and responsiveness to changing circumstances while maintaining focus on the ultimate goal of improving maternal health outcomes through evidence-based PPH care. ”



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7. Resources and support in the implementation of PPH guidelines



The **Implementation Toolkit** which accompanies this implementation guide can be found online at:
<https://www.who.int/tools/bleeding-after-birth>

The following WHO published guidance and websites contain additional resources for successful implementation of PPH guidelines locally:



A roadmap to combat postpartum haemorrhage between 2023 and 2030 (2023).
<https://iris.who.int/handle/10665/373221>



Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage (2025).
<https://iris.who.int/handle/10665/382923>



Bleeding after birth: course on prevention, diagnosis and treatment of postpartum haemorrhage (2025).
<https://iris.who.int/handle/10665/382922>



The midwifery accelerator: expanding quality care for women and newborns (2025).
[https://www.unfpa.org/sites/default/files/pub-pdf/The Midwifery Accelerator.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/The%20Midwifery%20Accelerator.pdf)



Transitioning to midwifery models of care: a global position paper (2024).
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