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NOTICE: INTRAVENOUS TRANEXAMIC ACID APPROVED FOR INCLUSION IN THE PRIMARY HEALTH CARE LEVEL (PHC) STANDARD TREATMENT GUIDELINES (STGs) AND ESSENTIAL MEDICINES LIST (EML) FOR THE INDICATION OF POSTPARTUM HAEMORRHAGE (PPH)

In October 2023 the National Essential Medicines List Committee (NEMLC) approved the inclusion of tranexamic acid injection (TXA IV) for the indication of postpartum haemorrhage (PPH), at all levels of care, including PHC level. TXA IV may be initiated by a nurse at PHC level, for this indication, but only with prior approval of a medical practitioner.

As PPH remains a main cause of maternal death and morbidity, it was imperative to review the use of TXA IV for PHC level especially since late administration of TXA IV (after 3 hours) does not give any benefit and might be detrimental to outcomes for the patient.

The E-MOTIVE (WHO) trial¹ published in May 2023 provided the updated evidence for the use of TXA IV; extrapolated to PHC level.

The PHC STG has been updated as follows:

6.7.1 POSTPARTUM HAEMORRHAGE (PPH)

O72.0-3

DESCRIPTION

Primary postpartum haemorrhage (PPH) is blood loss >500 mL that occurs within 24 hours of birth. Secondary PPH occurs 24 hours to 12 weeks after delivery (late or delayed PPH).

The most common cause of primary PPH is an atonic uterus.

GENERAL MEASURES

Massage fundus and expel clots from vagina.

Empty the bladder.

Two intravenous lines (wide bore if possible).

Bimanually compress the uterus to stop the bleeding.

If no response to medicine treatment, insert a condom catheter (an open condom slipped over a large Foley's catheter and secured at its base with string to provide a makeshift balloon catheter) into uterus, inflate with 400-500mL of saline and clamp. Pack vagina with swabs to prevent expulsion and refer urgently.

¹ Gallos I, Devall A, Martin J, Middleton L, Beeson L, Galadanci H, et al. Randomized Trial of Early Detection and Treatment of Postpartum Hemorrhage. New England Journal of Medicine. 2023 May 9;0(0):null

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MEDICINE TREATMENT

Replace fluids:

Sodium chloride 0.9%, IV, infused as fast as possible in one IV line.

AND

Oxytocin, IV 20 units in 1 000 mL sodium chloride 0.9% infused at 250 mL/hour in 2nd IV line.

AND

Tranexamic acid, 1g in 200mL IV over 10 minutes, or 1g by slow IV injection.

which may be initiated by a nurse, but only with prior approval of a medical practitioner.

If no response:

Ergometrine, IM, 0.5 mg.

OR

Oxytocin/ergometrine, IM, 5 units/0.5 mg.

Avoid ergometrine in hypertensive women and those with heart disease, unless haemorrhage is life threatening (woman haemodynamically unstable).

Repeat after 10–15 minutes if no response to 1st dose, while arranging referral.

Only in settings where oxytocin is not available:

Misoprostol, sublingual/rectal, 600mcg as a single dose.

REFERRAL

All cases.

The updated PHC Chapter 6: Obstetrics and Gynaecology, corresponding NEMLC report and TXA review document have been uploaded on the Knowledge Hub (KH) platform's eLibrary in the folder labelled 'Primary Healthcare (PHC) Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) 7th edition – 2020', refer to Annexure A on page 3. Alternatively, the documents can be accessed via the following link: https://knowledgehub.health.gov.za/elibrary/primary-healthcare-phc-standard-treatment-guidelines-stgs-and-essential-medicines-list-eml

Provinces and Healthcare facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees. Kindly share with all healthcare

professionals and relevant stakeholders.

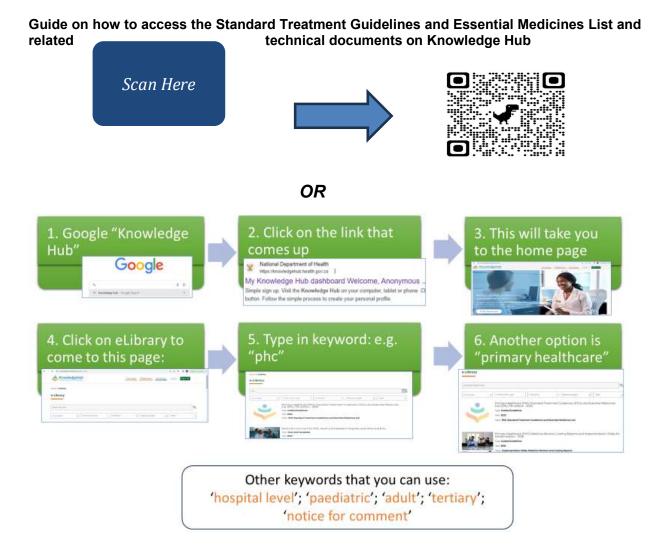
Kind regards

MS K JAMALOODIEN

& Janaroo Sien

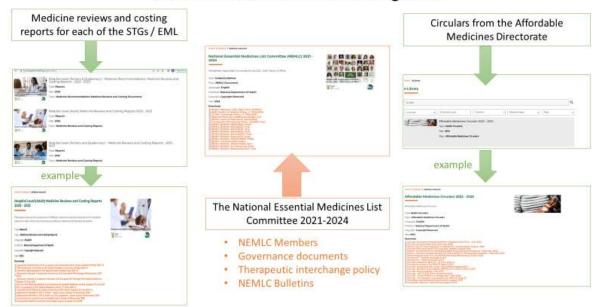
CHIEF DIRECTOR: SECTOR-WIDE PROCUREMENT

DATE: 10 December 2023



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How the STGs/EML are presented on KnowledgeHub

