



ASIA & OCEANIA FEDERATION OF OBSTETRICS & GYNAECOLOGY

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To: The Presidents, Secretaries & the Representatives of the NSs

Dear All,

In the recent past several developments has taken place regarding the management of postpartum hemorrhage particularly following the recently concluded PPH summit of the WHO in Dubai.

Taking into consideration the benefits of Heat Stable Carbetocin particularly in countries having difficulties in transporting and storing oxytocin, AOFOG has produced a recommendation on **THE USE OF HEAT STABLE CARBETOCIN (HSC) IN THE PREVENTION OF POSTPARTUM HAEMORRHAGE.**

A copy of the recommendation is attached to this email, and it has been uploaded in our website *aofog.net* under news & publication.

We would like you to kindly disseminate it to your membership and use it as a supporting document for your submission for registering HSC in your country.

With kind regards,
Yours Sincerely,

Prof. Pisake Lumbiganon
President

Dr. Rohana Haththotuwa
Secretary General

When given Intravenously, sustained uterine contractions occur within 2 minutes, lasting for about 6 minutes and this is followed by rhythmic contractions for 60 minutes. Whereas given intramuscularly sustained uterine contractions lasts for about 11 minutes and rhythmic contractions for 120 minutes. Its half-life is 40 minutes.

The use of HSC (100 µg, IM/IV) is recommended for the prevention of PPH for all births in contexts where its cost is comparable to other effective uterotonics and was added by the World Health Organization (WHO) to the core list of reproductive health medicines in the Model List of Essential Medicines 2019. (4)

Asia Oceania Federation of Obstetrics and Gynaecology supports the joint statement on the use of uterotonics of the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) and the WHO statement in the use of heat stable Carbetocin for the prevention of Postpartum Haemorrhage in its member countries in the region.

REFERENCES:

1. World Health Organisation (WHO). Evidence brief. Maternal Mortality 2019
<https://apps.who.int/iris/bitstream/handle/10665/329886/WHO-RHR-19.20-eng.pdf>
2. International Federation of Gynaecology and Obstetrics (FIGO) and International Confederation of Midwives (ICM). Joint statement of recommendation for the use of uterotonics for the prevention of postpartum haemorrhage.
<https://www.figo.org/joint-statement-recommendation-uterotonics-prevention-pph>.
3. UNFPA: Carbetocin to prevent life-threatening pregnancy complications May 2021.
<https://www.unfpa.org/sites/default/files/resource-pdf/carbetocin-unfpa.pdf>
4. WHO recommendations: uterotonics for the prevention of postpartum haemorrhage. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Acknowledgement

The process of developing the AOFOG recommendation on the use of Heat Stable Carbetocin (HSC) in the prevention of Postpartum Haemorrhage was initiated by Prof. Pisake Lumbiganon, President of AOFOG and spearheaded by the Maternal & Fetal Medicine Committee of AOFOG. AOFOG and the committee would like to acknowledge the support and inputs received from the members of the Executive Board.



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Asia & Oceania Federation of Obstetrics & Gynaecology

AOFOG RECOMMENDATION ON THE USE OF HEAT STABLE CARBETOCIN (HSC) IN THE PREVENTION OF POSTPARTUM HAEMORRHAGE

Postpartum Haemorrhage (PPH) - defined as the loss of more than 500 mL of blood within 24 hours after birth - is the leading cause of maternal mortality worldwide more so in the Lower Middle-Income Countries (LMICs) in the Asia Oceania region. It affects an estimated 14 million women each year and results in around 70 000 deaths equivalent to 1 death every 6 minutes. Globally attempts had been made to curtail the morbidity and mortality without major success to meet the SDG-3 maternal mortality targets (1). Even when women survive, they often need urgent surgical interventions to control the bleeding and may be left with lifelong morbidity especially reproductive disability.

Uterotonics are recommended for use in active management of the third stage of labour. Oxytocin is supported as first-line uterotonic but needs continuous cold chain preservation to remain effective. Oxytocin is the recommended uterotonic for preventing and treating PPH, as well as for labour induction and augmentation.

In contrast, heat-stable Carbetocin (HSC) plays a critical role in resource-challenged and warm-climate settings, where cold chain transport and storage is often not available and the quality of oxytocin and other injectable uterotonics are compromised (2). HSC can be stored up to 30° for 3 years without losing its potency. (3)

HSC is recommended only for PPH prevention. The inappropriate use of HSC, similar to other existing uterotonics, can endanger the lives of women and babies. Education and monitoring, including pharmacovigilance, are paramount. But HSC is of immense value in saving mothers lives when used appropriately.