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Ending preventable maternal deaths in Europe – Position statement of the European Board and College of Obstetrics and Gynaecology (EBCOG)

Mehreen Zaigham [a,b,*], Frank Louwen [c], Sambit Mukhopadhyay [d], Tahir Mahmood [e]

[a] Department of Obstetrics and Gynaecology, Skånes University Hospital, Malmö, Sweden
[b] Obstetrics and Gynaecology, Institution of Clinical Sciences Lund, Lund University, Lund, Sweden
[c] European Board and College of Obstetrics and Gynaecology (EBCOG), FIGO, and Department of Obstetrics and Fetomaternal Medicine, Goethe-University and University Hospital, Frankfurt, Germany
[d] European Board and College of Obstetrics and Gynaecology (EBCOG), and Department of Obstetrics and Gynaecology, Norfolk and Norwich University Hospital, Norwich, England, United Kingdom
[e] EBCOG Standing Committee of Standards and Position Statements, and Spire Murrayfield Hospital, Edinburgh, Scotland, United Kingdom

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Introduction

At term, a woman's uterus can carry extraordinary levels of blood flow, about 500–800 ml every minute. This is nearly 10–15 % of her entire cardiac output and if the uterus fails to contract after birth, as happens in postpartum haemorrhage (PPH), this lifeline can rapidly turn in to a deadly torrent, with blood loss reaching up to a litre each minute [1,2]. In such moments, a mother's life can slip away in minutes. This physiological truth is why PPH remains one of the most feared emergencies in obstetrics, responsible for up to a quarter of all maternal deaths, around 70,000 women every year [1–4]. What makes this loss even more tragic is that PPH is both sudden and silent, often striking without warning, yet it is also largely preventable. With simple, low-cost medicines and skilled care, the lives of these women could be saved.

The Importance of the Problem

PPH remains a global emergency. In Europe, where overall maternal mortality rates are low compared to global averages, the PPH burden is smaller in relative terms but not negligible, persisting with an incidence rate of around 13 % [5]. In a descriptive analysis of maternal mortality in eight European countries, Diguisto and colleagues [6] identified PPH as the cause of death in 9 % of Finish, 11 % of French, and 14 % of Italian maternal deaths reported. Severe haemorrhage therefore remains a leading direct cause of maternal death in several European countries, with variations in incidence and outcomes highlighting disparities in care.

Beyond mortality, the morbidity associated with PPH can be devastating. Survivors may endure long-term health problems such as organ damage, extended hospital stays, Sheehan's syndrome, and other complications that may affect future pregnancies [7]. Many women will also carry invisible scars, with post-traumatic stress, depression, or lasting

* Corresponding author.
E-mail address: mehreen.zaigham@med.lu.se (M. Zaigham).

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anxiety casting a shadow over their motherhood experiences. Additionally, the burden is not shared equally, with migrant women and those with little or no antenatal care, facing greater risks, making PPH not only a medical emergency but also an issue of equity and justice.

On 11 October, Postpartum Haemorrhage Day, the European Board and College of Obstetrics and Gynaecology (EBCOG) stands with mothers, families, clinicians and the international community in recognising PPH as a true public health emergency [8]. We call on all stakeholders to come together to close the gaps in care, so that no woman, anywhere in the world, loses her life to bleeding after childbirth, a tragedy we know can be prevented.

EBCOG's position

EBCOG asserts that PPH is both an urgent clinical priority and a test of health system resilience in Europe. On this Postpartum Haemorrhage Day, we set forth our stance across three domains: clinical, policy, and systems-level priorities (Fig. 1).

Clinical priorities: delivering evidence-based, woman-centred care

i. *Standardised prevention and early recognition*
   - o Active management of the third stage of labour (AMTSL) should remain a cornerstone of practice with universal availability and early use of uterotonics.
   - o Identify early and manage appropriately women with known risk factors (e.g., prolonged second stage of labour, multiple gestation, previous PPH, placenta previa, polyhydramnios, previous caesarean birth, anaemia). Anticipatory planning is recommended is such cases.

ii. *Clear, tiered response protocols*
   - o Maternity units should implement and routinely rehearse team-structured PPH protocols. These protocols should include early use of tranexamic acid, stepwise escalation of uterotonics, mechanical interventions (balloon tamponade), surgical techniques, and massive transfusion protocols.
   - o Algorithms must be visible, accessible, and rehearsed regularly.

iii. *Multidisciplinary teamwork*
   - o Optimal PPH management requires midwives, obstetricians, anaesthetists, nurses, and haematologists to work seamlessly (9). Regular team simulation training improves recognition, communication, and team performance in real emergencies.
   - o Post PPH debriefing can provide valuable insight not only for patients and families, but also for healthcare providers

iv. *Respectful, woman-centred care*
   - o During a clinical emergency, it is imperative to protect women's dignity, provide reassurance with clear communication, and avoid unnecessary trauma.
   - o Post-PPH debriefing should be standard, supporting psychological recovery and helping families understand what occurred.

v. *Access to essential medicines and technologies*
   - o Equitable access to blood and blood products, oxytocin, tranexamic acid, misoprostol, and uterine balloon tamponade devices must be guaranteed across Europe. Stock-outs or lack of availability are unacceptable in high-resource regions.

Policy Priorities: Building a Framework for equity and safety

i. *Harmonisation of European guidelines*
   - o While national variations exist, EBCOG advocates for harmonised, evidence-based European standards on prevention, recognition, and management of PPH. Shared protocols enhance clinical practice, reduce variations, and ensure all women receive a minimum standard of care regardless of geography.

ii. *Workforce capacity and training*
   - o Policymakers must invest in sufficient numbers of obstetricians, midwives, anaesthetists, and support staff.
   - o Training in PPH management, including team simulation and crisis resource management, should be a mandatory part of specialist and midwifery curricula.

iii. *Addressing inequities*
   - o Migrant women, women with limited antenatal engagement, and those from disadvantaged communities must not face systemic barriers to safe childbirth.
   - o Policies should prioritise culturally competent maternity care and equitable access to services.

iv. *Blood safety and supply*
   - o Governments should safeguard robust national blood supply chains. Systems must guarantee timely access to safe blood products for obstetric emergencies.

Systems-level priorities: ensuring resilient and learning health systems

i. *Surveillance and data systems*
   - o Europe needs comprehensive maternal health surveillance systems that capture PPH incidence, outcomes, and contributory factors.
   - o Confidential enquiries into maternal deaths should remain a gold standard, but must also systematically cover severe morbidities.

ii. *Quality assurance and accountability*
   - o Maternity units should conduct regular audits of PPH cases, identify avoidable factors, and report transparently.

iii. *Emergency preparedness*
   - o Health systems must prepare for surge scenarios, ensuring PPH management remains robust even under strain (e.g., pandemics, workforce shortages).

iv. *Innovation and research*
   - o Investment in new technologies (e.g., AI-based early warning systems, portable blood testing) should be a priority.

Call to action

On this Postpartum Haemorrhage Day, EBCOG urges all stakeholders

Definition:

- Postpartum haemorrhage (PPH) is as an estimated blood loss of more than 500 mL following *vaginal birth* or more than 1000 mL during *caesarean birth.*
- Blood loss at birth is routinely underestimated. There have been calls to update this definition to reflect a cumulative blood loss >1000 mL accompanied by signs or symptoms of hypovolemia within 24 h of birth, regardless of the mode of birth [9].
- Blood loss exceeding 500 mL after a vaginal birth should still be regarded as abnormal and warrants prompt intervention.

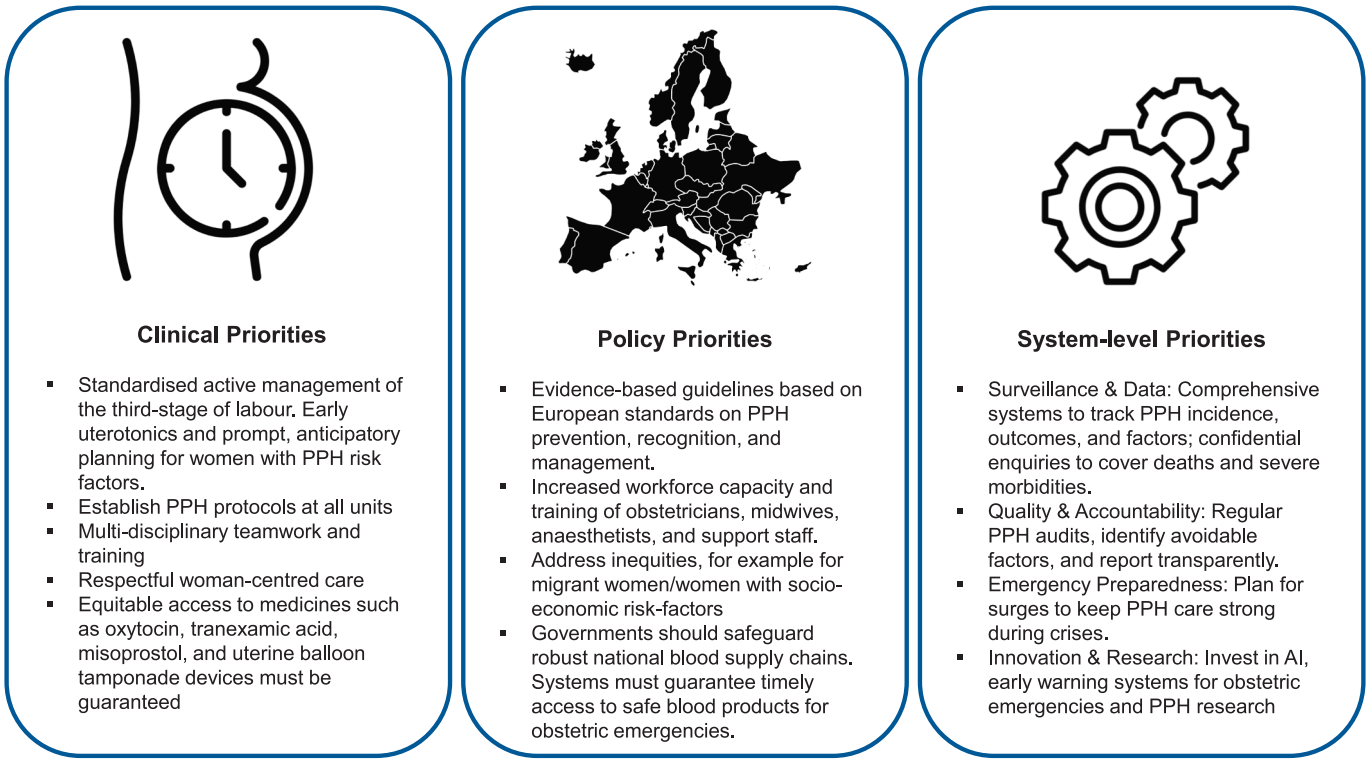

Fig. 1. EBCOG's clinical, policy, and systems-level priorities for tackling preventable maternal deaths due to postpartum haemorrhage.

including clinicians, policymakers, educators, researchers, and communities-to take coordinated action:

- **Clinicians:** Commit to guideline-based care, regular team simulation training, and respectful engagement with women and families.
- **Hospitals and health systems:** Ensure protocols, medicines, blood, and equipment are always available, and foster cultures of teamwork and learning.
- **Governments and policymakers**: Invest in equitable maternal health, safeguard workforce training, and guarantee access to life-saving interventions.
- **Researchers**: Pursue innovations that make prevention and treatment simpler, faster, and more equitable. Fund research for better PPH management, prevention and medical education.
- **Communities and advocates:** Raise awareness, support mothers and families, and demand accountability.

No woman should die from preventable bleeding after childbirth. Europe has the knowledge, resources, and responsibility to eliminate PPH-related maternal deaths and reduce morbidity. What is needed now is sustained will and harmonised action. EBCOG affirms its unwavering commitment to making PPH a priority at the clinical, policy, and systems levels. Progress is possible, but only if Europe recognises PPH as not just a medical emergency, but a measure of our societal values.

Every woman matters. Every birth counts. Together, we can end preventable deaths from postpartum haemorrhage.

Contributors

TM conceived the idea for the study.

MZ wrote the first draft with major inputs from TM.

All authors have approved the final version of the manuscript for submission.

Reviewers

The manuscript was reviewed by Professor Charles Savona Ventura (Malta), Associate Professor Alexandra Kristufkova (Bratislava), Professor Diana Ramasauskaite (Lithuania) and Associate Professor Justina Kacerauskiene (Lithuania). The final draft was approved by the EBCOG Standing Committee on Standards of Care and Position Statements.

Availability of data

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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