Obstetric hemorrhage is one of the leading causes of mortality among pregnant women. Maternal mortality has declined considerably in the Region of the Americas, but death from obstetric hemorrhage remains the principal cause of maternal mortality in some countries. Analysis of this problem indicates that the factors behind these deaths are multiple and complex. Accordingly, the various departments of the Pan American Health Organization have developed the Zero Maternal Deaths from Hemorrhage project, which focuses on a comprehensive approach to identifying and implementing the most effective response to the problem.

The Zero Maternal Deaths from Hemorrhage project attempts to analyze and overcome the gaps that hinder pregnant women’s access to quality services, and to strengthen health networks by implementing plans to improve services. The project regards human resources in health as key actors who require constant technical support and whose awareness of gender and ethnicity issues must be increased. Support is also needed to improve data collection for vital statistics that can be used as a basis for further action.

Taking an interdepartmental approach, the project seeks to align the work done in different programmatic areas: health systems, health analysis, human resources training, medical and blood derivatives, normative and legal issues, and rights, gender and ethnicity, which the Organization defines as cross-cutting issues. The recognized potential of this proposal is based on the interaction of key partners such as the Latin American Federation of Obstetrics and Gynecology (FLASOG), national gynecology and obstetrics associations, the International Confederation of Midwives (ICM), and ministries of health.

The project is being executed at the subnational level in areas identified as critical by the countries. The goal is a 5% reduction in the maternal mortality ratio (MMR) from obstetric hemorrhage in areas of intervention where MMR > 70 per 100,000 live births, where hemorrhage represents 30% of maternal deaths and where there are at least 10,000 births per year.

Countries in the Project:
Bolivia, the Dominican Republic, Guatemala, Haiti, and Peru, Honduras.

Personnel of the interdepartmental PAHO project:
- Department of Family, Gender and Life Course – FOL;
- Latin American Center for Perinatology, Women and Reproductive Health – CLAP/WR;
- Department of Health Systems and Services – HSS;
- Department of Communicable Diseases and Health Analysis – CHA;
- Department of Sustainable Development and Health Equity – SDE;
- Office of the Legal Council – LEG;
- Department of Noncommunicable Diseases and Mental Health – NMH;
- Office of Knowledge Management, Bioethics and Research – KBR;

Important partners:
- International Federation of Gynecology and Obstetrics – FIGO;
- Latin American Federation of Obstetrics and Gynecology – FLASOG;
- International Confederation of Midwives – ICM.

Partners in countries
- Health ministries;
- National gynecology and obstetrics associations;
- PAHO country offices.

Find more information
- www.paho.org/clap

Over 90% of maternal deaths in the Region are preventable.

One out of five maternal deaths in the Region of the Americas is due to obstetric hemorrhage.

The final period of pregnancy and the first 24 hours of life are responsible for 75% of maternal deaths due to hemorrhage.

Keys for success:
- Active management of birth for 100% of pregnant women (whether giving birth vaginally or by caesarian section);
- Correct management of delivery, avoiding traumatic and untimely maneuvers;
- Reduce the number of unnecessary caesarians;
- Dealing with hemorrhagic complications as a team;
- Ensuring that there are human resources trained to systematize the management of hemorrhagic complications, including the use of new technologies when needed (hydrostatic balloons, non-pneumatic anti-shock garments, etc.);
- Availability of safe blood, along with professional health teams trained to use it correctly;
- Personnel of the interdepartmental PAHO project;
Zero maternal deaths from hemorrhage

Project’s institutional framework:


