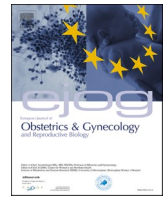




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Guidelines

Active labour management and multiprofessional teamwork are cornerstones in preventing postpartum haemorrhage: EBCOG commentary on “The new world health Organization’s (WHO) postpartum haemorrhage (PPH) guideline 2025”



Keywords

Postpartum haemorrhage; Maternal mortality; WHO guideline; Blood loss quantification; Calibrated drapes; Early intervention; Second stage of labour; Prolonged labour; Pushing time; Risk factors; Multi-disciplinary teamwork; Simulation training; Debriefing; Obstetric emergencies; Maternal health.

Comment

The launch of the new World Health Organization’s (WHO) postpartum haemorrhage (PPH) guideline represents a significant and commendable advancement in the prevention, early detection and clinical management of PPH [1]. By stressing the routine and objective quantification of blood loss using calibrated drapes, combined with earlier and more stringent thresholds for intervention, these steps help to address head-on one of the most persistent challenges in obstetric practice, namely the under-recognition and delayed treatment of PPH due to reliance on visual estimation [1,2]. Additionally, with a measured blood loss of 300 mL or more, in conjunction with any abnormal vital signs such as tachycardia or hypotension as a trigger for intervention rather than observation, this represents a paradigm shift that prioritises early action [3,4].

PPH remains the leading cause of maternal death worldwide, accounting for nearly one in four deaths [1]. The new guideline is therefore a timely and much-needed step forward. Yet, if we are to make real progress in reducing PPH, the global health community must remain proactive, addressing not only the physiological causes of bleeding but also the systems-level challenges that determine how quickly and effectively women receive care. In this regard, we wish to underscore two critical aspects that are insufficiently emphasised in the current guideline, namely the *recognition and active management of a prolonged second stage of labour*, and the pivotal role of structured *multiprofessional team training* in enhancing preparedness and response to PPH.

It is well recognised in clinical research that a prolonged second stage of labour, especially when pushing continues for an extended period, is associated with a higher risk of PPH [5,6]. Despite this evidence, the new guideline makes only brief mention of this relationship under intrapartum interventions and offers little guidance for maternal health providers on how to prevent or manage a prolonged second stage in practice. In a large, population-based study by Looft et al. [5], the risk of PPH rose steadily with every additional hour spent in the second stage of labour. Compared with women whose second stage lasted less than one hour, those whose labour extended to one to two hours had a 10 % higher risk of PPH, increasing to 15 % for two to three hours, 28 % for three to four hours, and 40 % for four hours or longer (Table 1). Simply

put, each extra hour in the second stage raised the risk of PPH by around 10–15 %. A similar pattern was seen for pushing time, with women who pushed actively for 30–44 min having an 8 % higher risk, which increased to 11 % for 45–59 min and 20 % for one hour or more.

Another often overlooked factor that is crucial for the effective prevention and timely management of PPH is the strength of multidisciplinary teamwork, the collaboration between midwives, obstetricians, anaesthetists, nurses, and other key professionals who must work in harmony when every minute counts [7]. As emphasised in the recent European Board and College of Obstetrics and Gynaecology (EBCOG) statement on “Ending Preventable Maternal Deaths due to PPH” [8], seamless coordination within a multi-professional team is essential for the rapid recognition of complications and prompt, decisive action during obstetric emergencies. Evidence consistently shows that regular team-based simulation training enhances how clinical teams respond to crises: it sharpens recognition, strengthens communication under pressure, and promotes the kind of coordinated teamwork that saves lives [8,9]. Just as important, structured post-PPH debriefings provide space for reflection and learning, helping teams process difficult events, share experiences, and continuously improve how they respond when the next emergency arises [10].

Therefore, a prolonged second stage of labour, particularly when pushing is extended, is a well-recognised yet often underappreciated risk factor for PPH, and the current guideline offers little practical guidance on how to prevent or manage it. Equally important is the power of teamwork: when midwives, obstetricians, anaesthetists, and nurses work seamlessly together, outcomes can change dramatically. Regular simulation training, clear communication, and thoughtful debriefing after critical events help teams respond faster, more effectively, and with greater confidence when emergencies arise.

If we strengthen both clinical vigilance and team coordination, we move closer to a world where PPH is not a tragedy waiting to happen, but a preventable event, and where every mother has the chance to survive childbirth.

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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Table 1
Risk of Postpartum Haemorrhage (PPH) by Duration of Second Stage of Labour and Pushing Time [5].

Duration	Adjusted Relative Risk (RR)	95 % Confidence Interval (CI)	Interpretation
Second stage of labour			
<1 h (ref)	1.00	–	Baseline risk
1–<2 h	1.10	1.07–1.14	~10 % higher risk
2–<3 h	1.15	1.10–1.20	~15 % higher risk
3–<4 h	1.28	1.22–1.33	~28 % higher risk
≥4 h	1.40	1.33–1.46	~40 % higher risk
Pushing time			
15–29 min (ref)	1.00	–	Baseline risk
<15 min	0.98	0.94–1.03	No increased risk
30–44 min	1.08	1.04–1.12	~8% higher risk
45–59 min	1.11	1.06–1.16	~11 % higher risk
≥60 min	1.20	1.15–1.25	~20 % higher risk

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