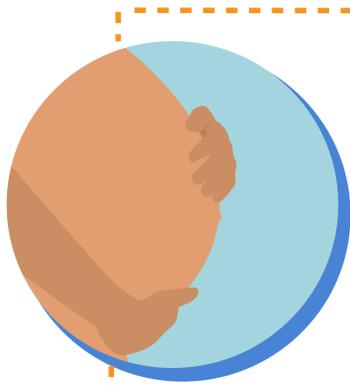


CARBETOCIN

To prevent life-threatening pregnancy complications



Postpartum haemorrhage (PPH) is commonly defined as a blood loss of at least 500 ml within 24 hours after birth, and affects about **5%** of all women giving birth around the world.



Globally, **nearly one quarter** of all maternal deaths are associated with PPH, and in most low-income countries it is the main cause of maternal mortality.

The **use of good quality prophylactic uterotonics** can avoid the majority of PPH-associated complications during the third stage of labor (the time between the birth of the baby and complete expulsion of the placenta).

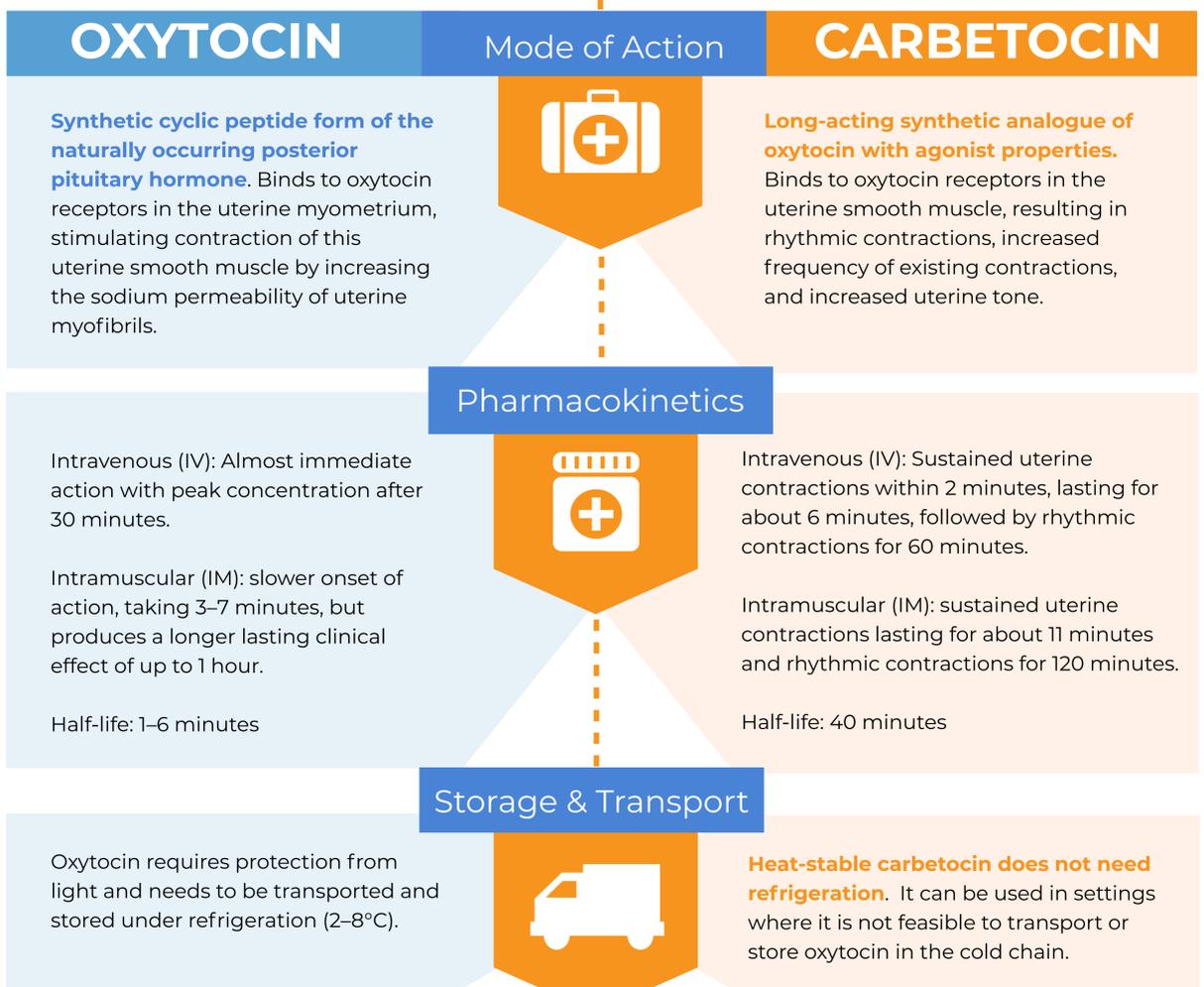
In settings where oxytocin is unavailable or its quality cannot be guaranteed, the use of other injectable uterotonics (carbetocin, or if appropriate ergometrine/methylergometrine, or oxytocin and ergometrine fixed-dose combination) or oral misoprostol is **recommended for the prevention of PPH**.



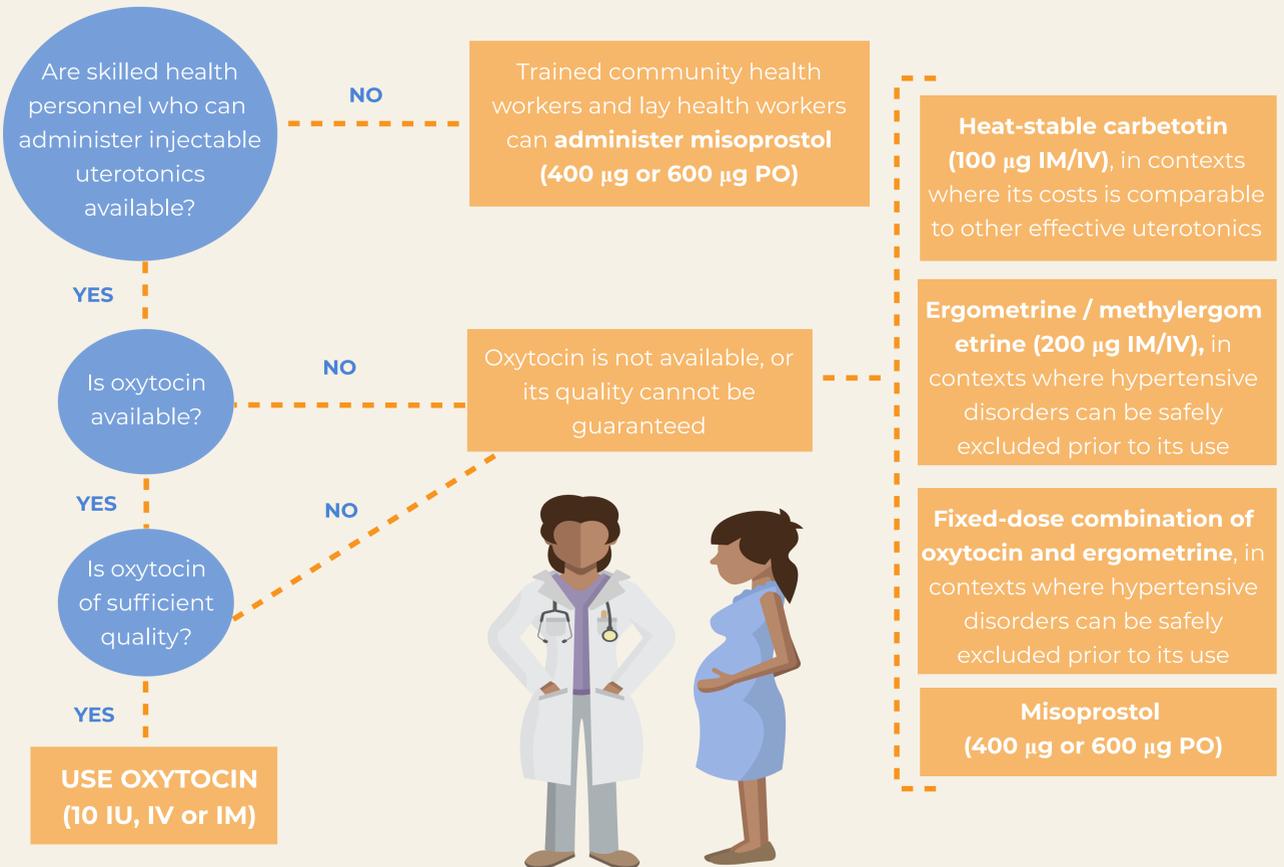
The use of **carbetocin (100 µg, IM/IV)** is recommended for the prevention of PPH for all births in contexts where its cost is comparable to other effective uterotonics.



Carbetocin is **only recommended for the prevention of postpartum hemorrhage** and not recommended for other obstetric indications, such as labor induction, labor augmentation or treatment of PPH.



WHEN TO USE HEAT-STABLE CARBETOCIN?



MAKING MOTHERHOOD SAFER

Ensuring that women receive good quality and effective prophylaxis uterotonics during the third stage of labor will contribute to **reducing inequities in maternal health globally** and save lives.

How to improve access to heat-stable carbetocin? Encourage in-country registration and inclusion of carbetocin in national guidelines.