



## New agreement will help save mothers' lives in low-income countries

April 8, 2015

An agreement announced today will reduce the achievable cost per use of the non-pneumatic anti-shock garment (NASG) by over 75 percent and expand access to this innovative new product, which has been shown to safely and effectively reduce mortality due to post-partum hemorrhage, a leading cause of the nearly 290,000 maternal deaths reported annually around the world. The agreement represents a partnership between the UN Commission on Life-Saving Commodities for Women and Children, the Clinton Health Access Initiative, Inc., the Safe Motherhood Program at the University of California, San Francisco (UCSF), and the Blue Fuzion Group, which supplies the product – the Lifewrap™ NASG.

When a woman undergoes post-partum hemorrhage, she can die from hypovolemic shock within two hours. The NASG can be used to control bleeding, reverse shock, and temporarily stabilize the patient, allowing time for her to be transported to a health facility for proper care.

Under the agreement, the Blue Fuzion Group has reduced the achievable cost per use excluding shipping of the Lifewrap™ NASG from US\$1.30 to below US\$0.30 for all public sector purchasers in 51 countries, including all of the [Every Woman, Every Child Global Strategy countries](#), effective today.

The NASG is a lightweight, washable, and reusable first-aid neoprene compression garment fastened with velcro hook-and-loop closures over a foam compression ball. Once applied, the NASG reverses shock and reduces blood loss in women experiencing post-partum hemorrhage by decreasing blood flow in the lower extremities and abdomen and increasing blood flow to the heart, brain, and lungs.

The Blue Fuzion Group's Lifewrap™ device is made from an advanced neoprene composition known as Durapren™, which has been tested to be substantially more durable than the previously used materials. UCSF's Safe Motherhood Program, which conducted the NASG clinical trials, has also developed a simple field testing protocol to assist health workers in verifying that the NASG meets necessary compression performance standards after each use.

“If a woman starts hemorrhaging after giving birth, she could die within two hours, so buying time to reach effective treatment is key,” says Dr. Yirgu Gebrehiwot, Former President of the Ethiopian Society of Obstetricians & Gynecologists and the African Federation of Obstetrics and Gynaecology. “The NASG can be highly valuable in affording this additional time, especially in rural or resource-limited settings.”

Post-partum hemorrhage, typically prevented and treated in high-resource settings using uterotonic drugs, causes an estimated 60,000 maternal deaths annually, mostly in developing countries. When uterotonics are unavailable or ineffective in preventing and treating post-partum hemorrhage, women can bleed so rapidly that they go into hypovolemic shock, which is the direct cause of maternal death from hemorrhage. The required medical interventions to treat such conditions are often not available in low-resource settings.



A [recent review of the NASG clinical trials](#), conducted in over 3,200 women with post-partum hemorrhage in Egypt, Nigeria, India, Zambia, and Zimbabwe, showed a 48 percent lower risk of maternal death in women with hemorrhagic shock who received the NASG.

Results of these clinical trials prompted the World Health Organization (WHO) to include the NASG as a recommended temporizing measure until appropriate care is available in the 2012 *WHO Recommendations for the Prevention and Treatment of Postpartum Haemorrhage*. In a 2013 advisory publication, USAID, the Maternal and Child Health Integrated Program, and the WHO further recommended that maternal health policymakers and program planners include NASGs in national guidelines and training curricula and procure NASGs for low-resource settings.

NORAD provided financial support to establish this partnership. PATH developed quality standards for the garment, sourced low-cost, high-quality manufacturing, conducted market research, and facilitated the market entry of new, low-cost NASG suppliers through its MacArthur Foundation-supported project completed in 2012. This work was foundational to the agreement announced today.

*For more information about the Lifewrap<sup>TM</sup> NASG, please visit [www.lifewrap-nasg.com](http://www.lifewrap-nasg.com) or contact [inquiries@lifewrap-nasg.com](mailto:inquiries@lifewrap-nasg.com).*

*For more information on NASG clinical trials, cleaning and pressure testing trials, training curricula, and the NASG Toolkit, please visit the UCSF Safe Motherhood Program [www.safemotherhood.ucsf.edu](http://www.safemotherhood.ucsf.edu) or contact Dr. Suellen Miller at [suellen.miller@ucsf.edu](mailto:suellen.miller@ucsf.edu).*

*For more information on the UN Commission on Life-saving Commodities for Women and Children, please visit [www.lifesavingcommodities.org](http://www.lifesavingcommodities.org) or contact Bénédicte Walter at [bwalter@unicef.org](mailto:bwalter@unicef.org) or at +1 917 385 4287.*

*For more information on the Clinton Health Access Initiative, Inc., please visit [www.clintonhealthaccess.org](http://www.clintonhealthaccess.org) or contact [press@clintonhealthaccess.org](mailto:press@clintonhealthaccess.org).*