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LETTER TO THE EDITOR

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Non-Pneumatic Anti-Shock Garments and Postpartum Haemorrhage Transfer in Bunia [Letter to the editor]

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To the Editor,

Neema et al. (2026) provide valuable qualitative evidence on the dangers faced by women with postpartum haemorrhage (PPH) during referral in the urban–rural health zone of Bunia. Their findings are especially important because they document what frontline midwives already recognize: transfer is not merely transport, but a period of clinical vulnerability during which women can rapidly deteriorate or die.

One correctable weakness, however, is the article's handling of the non-pneumatic anti-shock garment (NASG). In the abstract, the device is misnamed as "shock-absorbing trousers," a phrase that obscures both its mechanism of action and its evidence base. Later, the text alternates between "anti-shock trousers" and "non-pneumatic anti-shock garments," but provides little explanation of what the NASG is, when it should be used, or why participants' comments about it are clinically important.

This distinction matters because the midwives' recommendations were not simply requests for generic equipment. One participant explicitly stated, *"We need equipment and training on the use of anti-shock trousers,"* asking why a lifesaving technique was not used locally (Neema et al., 2026). That observation could have been developed into a stronger implication for practice. The NASG is a low-technology, lower-body compression device used to stabilize women in hypovolemic shock from obstetric haemorrhage while definitive care—such as blood transfusion, surgery, or transfer—is being arranged. This is precisely the clinical context described in Bunia: remote facilities, poor roads, limited ambulances, blood shortages, insecurity, and long delays to referral-level care.

Current World Health Organization (WHO, 2025) guidance recommends the NASG as a context-specific, temporizing measure until appropriate care is available, including while awaiting transfer, during transfer, or while awaiting a blood transfusion or surgery. The recent *Lancet* postpartum haemorrhage Series similarly identifies delays in implementing temporizing measures, including the NASG, as one of the critical bottlenecks to avoid in the "race against time" in PPH management (Oladapo et al., 2026). Furthermore, a systematic review of clinical trials found that NASG use was associated with a 48% reduction in maternal mortality in observational studies, with similar robust results reported in implementation studies (Mbaruku et al., 2018; Pileggi-Castro et al., 2015).

The article's recommendations would therefore be stronger if they named the NASG consistently, distinguished it clearly from older pneumatic anti-shock trousers, and explicitly linked participants' requests to global PPH guidance and outcome evidence. For conflict-affected, resource-limited settings such as Bunia, the NASG is not a discretionary device. It serves as an evidence-based bridge between diagnosis and definitive treatment, and between peripheral facilities and referral hospitals. A clearer discussion of the NASG's role could help transform the study's qualitative findings into a highly actionable call for training, procurement, referral protocols, and implementation research.

Data Availability Statement: Data sharing is not applicable to this article, as no new datasets or transcripts were generated or analyzed during this commentary. All examined material is derived from the publicly available primary text under critique.

Ethical Approval: As a Letter to the Editor, this commentary critiques previously published data and did not involve the collection of new primary data or the participation of human subjects. Consequently, institutional review board approval was not required. The original study under discussion received ethical clearance from the Ethics Committee of

the Higher Institute of Medical Techniques of Kinshasa (Certificate No. 106/SF/2025).

Conflicts of Interest: The author declares a potential conflict of interest as they have previously conducted clinical research on the non-pneumatic anti-shock garment (NASG).

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