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Non-pneumatic anti-shock garments and postpartum haemorrhage transfer in Bunia

To the Editor,

Neema and colleagues provide valuable qualitative evidence on the dangers faced by women with postpartum haemorrhage during referral in the urban-rural health zone of Bunia [1]. 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 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 and its evidence base. Later, the article refers to "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 important.

This distinction is important because the midwives' recommendations were not simply requests for generic equipment. One participant stated, "We need equipment and training on the use of anti-shock trousers," and asked why a lifesaving technique was not used locally [1]. That observation could have been developed into a stronger practice implication. The NASG is a low-technology lower-body compression device used to stabilize women in hypovolemic shock from obstetric haemorrhage while definitive care, 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 WHO guidance recommends the NASG as a context-specific, temporizing measure until appropriate care is available, including while awaiting transfer, during transfer, or while awaiting blood transfusion or surgery [2]. The recent Lancet postpartum haemorrhage Series similarly identifies delay in temporizing measures, including NASG, as one of the critical delays to avoid in the "race against time" in PPH management [3]. A systematic review of clinical trials found that NASG use was associated with a 48% reduction in maternal mortality in observational studies, with similar results in implementation studies [4,5].

The article's recommendations would therefore be stronger if they named the NASG consistently, distinguished it from older pneumatic anti-shock trousers, and 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 is an evidence-based bridge between diagnosis and definitive treatment, and between peripheral facilities and referral hospitals. Clearer discussion of the NASG's role could help transform the study's qualitative findings into a more actionable call for training, procurement, referral protocols, and implementation research.

Conflict of interest: The author has conducted research on the NASG.

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