



# uterine balloon tamponade



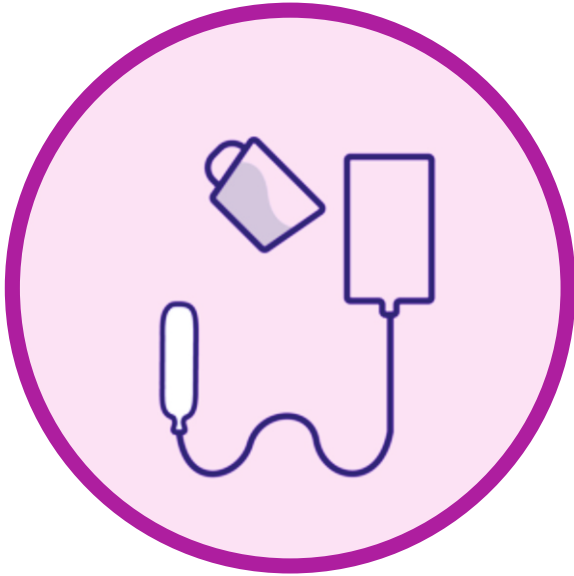
"a mother is the whole world  
help us

to a child  
save that world"

Reducing mortality due to postpartum hemorrhage

## ADVANTAGES

### DEPLOYS QUICKLY



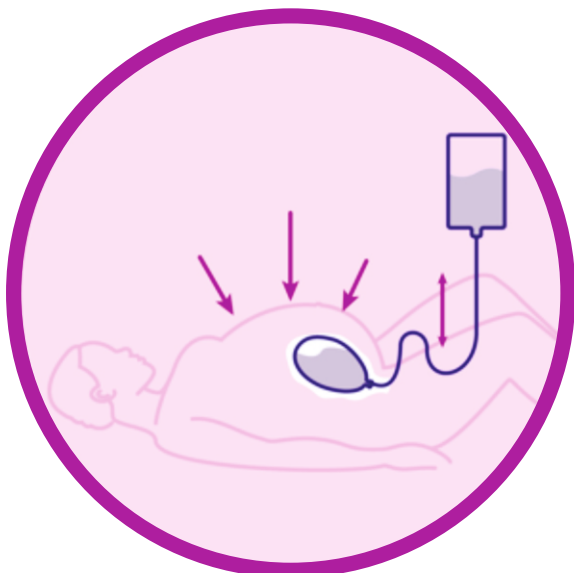
Ellavi UBT is pre-assembled and easy to use. It can be inserted by any trained maternal health care provider. The balloon fills with water in less than one minute and swiftly stops bleeding.

### FREE-FLOW SYSTEM



When the uterus regains its contractility, water is expelled from the balloon and pushed back towards the bag. This visual indication of improved uterine contractility facilitates faster balloon removal.

### VERTICAL PRESSURE



Lifting the bag allows water to fill the balloon. Adjusting the height of the bag controls the pressure that the balloon exerts on the uterus wall. This pressure needs to be slightly higher than blood pressure.

### COST EFFECTIVE



Ellavi bridges the gap between expensive commercially available UBTs and condom catheters that require assembly. 1/20th of the cost of UBTs produced in developed countries.

## POSTPARTUM BLEEDING

Postpartum hemorrhage (PPH) is estimated to cause 25 % of all maternal deaths and is the leading direct cause of maternal mortality worldwide. The majority of these deaths are preventable.

Current options for managing PPH include uterotonics, uterine massage, or bimanual compression followed by invasive surgical treatments. When uterotonics fail or are unavailable, health providers have few options.

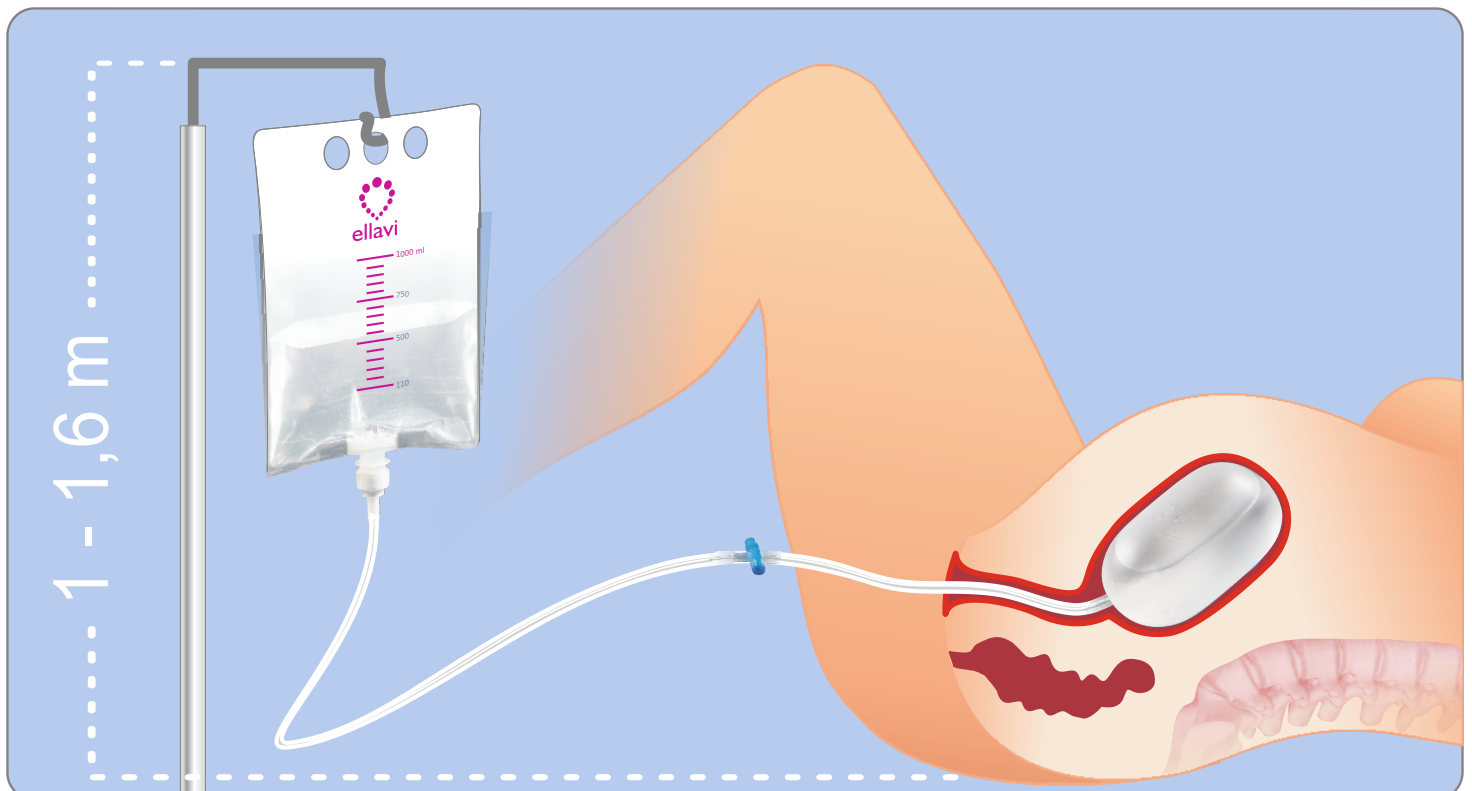
The uterine balloon tamponade (UBT) is a minimally invasive, easy-to-use, and effective intervention for treating and managing severe postpartum bleeding

The intervention involves inserting a balloon into the uterus and then filling the balloon with liquid, which applies pressure to the uterine until the bleeding stops.

Effective tamponade occurs rapidly, within 5 to 15 minutes after insertion and inflation of the balloon.

Even when UBT cannot completely control severe PPH, it serves a critical role by reducing blood loss until the woman can be transported to a facility with surgical and other treatment options.

PPH is the leading direct cause of maternal mortality worldwide.  
The majority of these deaths are preventable.



14 000 000

Annual cases of post partum hemorrhage

approx.  
120 000

Deaths from post partum hemorrhage

estimated  
800 000

Ineffective uterotonic drugs

about  
11 000

Hysterectomies averted annually

**-14 million annual cases of PPH.** Abou-Zahr C. The Global burden of maternal death and disability. Br Med Bull. 2003;67:1–11

**-800,000 estimated annual cases where uterotonics are ineffective.** Herrick T, Mvundura M, Abu-Haydar E. (Running title) Modeling potential health impact of a low-cost UBT on maternal mortality and morbidity in sub-Saharan Africa. April 2016. (Unpublished)

**-Between 115-120,000 estimated annual deaths from PPH. 99 % of these deaths occur in low income countries.-** World Health Organization. WHO maternal mortality fact sheet N°348 [Internet]. Geneva: WHO; 2015 [updated November 2015; cited 20 January 2016]. Available from: <http://www.who.int/mediacentre/factsheets/fs348/en/>.

**-11,000 hysterectomies could be averted in one year** - sub-Saharan Africa: Norad, Bill & Melinda Gates Foundation, United States Agency for International Development, PATH. The Ic2030 Report. Reimagining global health: 30 high-impact innovations to save lives. Seattle: PATH; 2015. Available at <http://ic2030.org/wp-content/uploads/2015/07/ic2030-report-2015.pdf>.

**-Women who survive severe PPH are significantly more likely to die in the year following PPH.** Impact International. Measuring and Addressing Outcomes After Pregnancy: A Holistic Approach to Maternal Health. Impact International: Aberdeen, United Kingdom; February 2007. Available at: [www.prb.org/pdf07/Outcomes.pdf](http://www.prb.org/pdf07/Outcomes.pdf). Accessed September 26, 2012.

**-12 % of women who survive PPH will have long-term debilitating health conditions.** WHO. Maternal Health and Safe Motherhood Programme. Mother-baby package: implementing safe motherhood in countries. WHO/FHE/MSM/94.11. Geneva: WHO; 1996.

**-The success rates for the control and management of PPH with a UBT range between 70 - 100 %.** Doumouchtsis S, Papageorghiou A, Arulkumaran S. Systematic review of conservative management of postpartum hemorrhage: What to do when medical treatment fails. Obstetrical and Gynecological Survey. 2007;62(8):540–547.

**-Global effort to save 169,000 lives by 2030:** Norad, Bill & Melinda Gates Foundation, United States Agency for International Development, PATH. The IC2030 Report. Reimagining global health: 30 high-impact innovations to save lives. Seattle: PATH; 2015. Available at <http://ic2030.org/wp-content/uploads/2015/07/ic2030-report-2015.pdf>.

**Evaluating the Ellavi UBT clinically resulted in no complications and all patients included in the case series had a good outcome. The device will contribute towards reducing maternal deaths due to postpartum hemorrhage.** G.B. Theron, Emeritus professor and former head of Department of Obstetrics & Gynecology, Stellenbosch University, South Africa.



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