

**Table 1.3: Literature based event probabilities used for PPH utilization calculation of healthcare facilities**

Input	Value	Reference
PPH incidence in vaginal delivery	3 percent	[35,36]
PPH incidence in caesarean delivery	6 percent	[35,36]
Atonic PPH incidence	80 percent	[37]
Atonic PPH controlled with medical management	90 percent	[38]
Clinical effectiveness of condom-UBT device in controlling atonic PPH	92.3 percent	Calculated from literature review of 33 studies reported in Table 1.1
Clinical effectiveness of ESM-UBT device in controlling atonic PPH	95.3 percent*	Calculated from literature review of 33 studies reported in Table 1.1
Clinical effectiveness of condom-UBT device in controlling atonic PPH	84.3 percent	Calculated from literature review of 33 studies reported in Table 1.1
Probability of stepwise devascularization procedure for uncontrolled atonic PPH cases after UBT insertion	0.85	[38]
Probability of obstetric hysterectomy for uncontrolled atonic PPH cases after UBT insertion	0.15	[38]
Probability of delivery at primary care level	0.19	[39]
Probability of delivery at secondary care level	0.33	[39]
Probability of delivery at tertiary care level	0.48	[39]

\* - Estimated from limited evidence from 3 case-series studies reported in Table 1.1

PPH incidence rate in vaginal/caesarean section delivery was applied to reported number of deliveries at each health facility (Table 1.4) to estimate number of PPH and thus proportional atonic PPH cases at the facility. Proportion of these atonic PPH cases uncontrolled after medical and supportive management were eligible for UBT device insertion. Literature review based clinical effectiveness of individual UBT device determined number of patients consequently needing conservative (devascularization) or obstetric hysterectomy surgical intervention at each facility. Table 1.4 shows results of these calculations for each chosen facility.

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