

VOL. 6 | JULY 2022

# UNITE GLOBE

## United Efforts to Reduce Global Obstetric Hemorrhage



### In the Spotlight

## Welcome new members!

Newsletter base has been growing. Please help spread the word through this [link](#). You can find more information about our organization on our new [website](#)!



## ISTH 2022 Congress is Right Around the Corner!

The event will be held in London July 9-13 and will highlight a number of abstracts related to pregnancy complications including: *Clinical timing of uterotonic medications, tranexamic acid (TXA), and blood transfusions in postpartum hemorrhage (PPH) management, A Tertiary Centre Experience of Late Amniocentesis in Obstetric Management of Women with Inherited Bleeding Disorders, and more!*

## Overview

- New in Research and Innovation
- Clinical Trials Updates
- Advocacy
- Upcoming Conferences and Meetings

## Announcements

The Postpartum Hemorrhage Community of Practice (CoP) Annual Meeting was held virtually on **June 28-29, 2022** by **USAID's Momentum Country and Global Leadership**.

Discussions focused on implementing PPH global guidelines and exploring opportunities to close coverage, equity, and quality gaps in PPH prevention and treatment in low-resource settings. Experts in the field also discussed the use of tranexamic acid (TXA) for PPH and the intersection of PPH and cesarean section. If you missed it, you can find an agenda of the meeting and included PowerPoint presentations at [this link](#).

UNITE GLOBE is a newsletter committed to delivering current cutting-edge advancements in research, innovation, and advocacy related to reducing postpartum hemorrhage-related maternal mortality and morbidity internationally to improve the lives of women and families worldwide.

# Clinical Trials Update

## **MFMU TXA Study (NCT03364491)**

- Enrollment completed: 11,000 participants
- Presented at SMFM on February 4, 2022
- Pending results/manuscript

## **WOMAN-PHARMACO TXA (NCT04274335)**

- Enrollment completed: 120 women
- Anticipated study completion date: July 2023

## **COPE**

- 445 women randomized (updated July 2022)

## **New in Research and Innovation**

**Yoshikawa M et al published, "A Case of Preeclampsia with Uterine Necrosis after Uterine Artery Embolization for Postpartum Hemorrhage" in Hindawi Case Reports in Obstetrics and Gynecology in May 2022 ([link](#)).**

Uterine necrosis is a rare complication in uterine artery embolization (UAE) for postpartum hemorrhage (PPH). Preeclampsia (PE) is a condition characterized with systemic endothelial damage and intravascular volume depletion. Whether a patient with PE is at high risk for uterine necrosis after UAE for PPH has been unknown. A 30-year-old primipara woman was diagnosed with PE based on hypertension and proteinuria during delivery. UAE was performed for PPH after forceps delivery. After UAE, the patient presented with pleural effusion and massive ascites as well as persistent fever unresponsive to antibiotics.

**Tchuinte Lekuikou LS & Moreland C published, "Retained Placenta and Postpartum Hemorrhage: A Case Report and Review of Literature" in Cureus in April 2022 ([link](#)).**

We report the case of a 32-year-old female, gravida 4 para 3, who was diagnosed with a retained placenta after delivering at term (39 weeks gestation). The retained placenta was complicated by postpartum hemorrhage and was treated within 15 minutes of fetal delivery with several uterotonics (misoprostol, oxytocin, carboprost, and tranexamic acid) and several passes of ultrasound-guided suction curettage. Sharp curettage was also used with ultrasound to confirm that the uterus was empty, followed by one more suction curettage to remove any products of conception that were scraped off with sharp curettage. Vaginal bleeding was significantly reduced; minor bleeding was noted from a first-degree vaginal laceration, which was repaired by suture.

**Biele C et al "Does the use of chitosan covered gauze for postpartum hemorrhage reduce the need for surgical therapy including hysterectomy? A databased historical cohort study" in Journal of Perinatal Medicine in May 2022 ([link](#)).**

A total of 666 women were included in the study. 530 received medical therapy only, 51 the balloon tamponade and 85 the chitosan tamponade. There were no significant differences in the need for surgical therapy, but a significantly lower number of hysterectomies in the chitosan tamponade group than in the balloon tamponade group. There were no relevant differences in secondary outcomes and no adverse events related to the chitosan tamponade. Since the introduction of chitosan tamponade, the number of PPH related hysterectomies dropped significantly by 77.8%

## **WOMAN-2 Trial (NCT03475342)**

- 8,853 Women Randomized (updated July 2022)
- Anticipate results in August 2022

## **E-MOTIVE (NCT04341662)**

- Estimated enrollment: 337920
- Anticipated completion date: January 2023

## **TRACES Trial (NCT02797119)**

- Published!
- See the publication [here](#).

**Thams AB et al published, "Incidence of postpartum hemorrhage and risk factors for recurrence in the subsequent pregnancy" in Archives of Obstetrics and Gynecology in May 2022 ([link](#)).**

We included 44,800 women with 95,673 deliveries. The overall incidence of PPH was 6.3%. Women with previous PPH had a 3.5-fold increased risk of PPH in a subsequent delivery compared to unaffected women (19.1 vs. 5.4%; OR 4.1; 95% CI 3.7-4.5). Major risk factors for recurrence were PPH in combination with blood transfusion or manual removal of placenta at the index delivery. Labor induction in subsequent pregnancy increased the risk of recurrent PPH compared to spontaneous onset (OR 1.5; 95% CI 1.2-1.9), while planned caesarean section reduced the risk, compared to planned vaginal delivery (OR 0.6; 95% CI 0.4-0.7).

**Seifert SM et al published, "Tranexamic Acid Administered During Cesarean Delivery in High-Risk Patients: Maternal Pharmacokinetics, Pharmacodynamics, and Coagulation Status" in American Journal of Obstetrics and Gynecology in June 2022 ([link](#)).**

After standard 1g IV dosing of tranexamic acid during cesarean delivery in patients at high-risk for hemorrhage, a plasma concentration of >10µg/mL was sustained for at least 60 minutes. Plasma tranexamic acid levels correlated inversely with body mass index. Concurrent use of rotational thromboelastometry may demonstrate tranexamic acid impact on clot firmness but not a hyperfibrinolysis-derived trigger for therapy.

**Sullivan J et al published, "The prevalence of blood product transfusion after the implementation of postpartum hemorrhage bundle: a retrospective cohort at a single safety net academic institution" in the American Journal of Obstetrics & Gynecology MFM in May 2022 ([link](#)).**

Compared to the pre-bundle counterparts, patients with PPH in the post-bundle cohort had higher utilization of intrauterine balloon placement (10.30% (24/233) vs. 16.95% (60/354),  $p=0.024$ ). There were no significant differences among other secondary outcomes. The overall compliance with the bundle among those with blood loss  $\geq 1000$  mL was 92.1%. The implementation of PPH bundle did not decrease the overall prevalence of blood product transfusion and may have led to the higher utilization of resources.

# From Global Maternal Newborn Child Health Researchers at UCSF: *Why Can't We Stop The Bleeding?*

"Women are still dying from postpartum hemorrhage (PPH). We know what to do, it just doesn't always work. The good news is that new tools are on the horizon, including suction devices and sponge tamponades (see figure below). The bad news is that there is limited evidence about any of them to date."

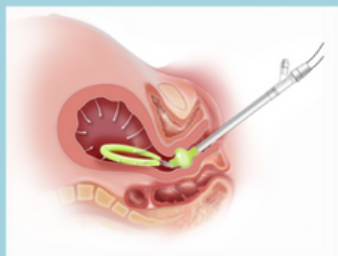
Global Maternal Newborn Child Health Researchers at UCSF recently sent a number of surveys to seek input from healthcare providers, hospital administrators, policymakers, researchers, etc. regarding these new tools to prioritize the research needed to accelerate uptake in LMICs, where the need is greatest.

### Topics addressed in the two surveys included:

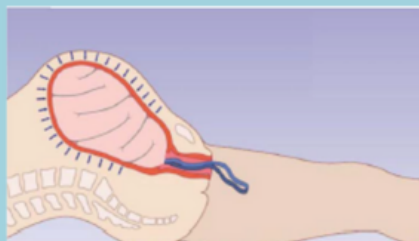
1. Product profiling: to provide input on clinical needs and end-user attributes.
2. Research prioritization: to inform research priorities.

We hope to include preliminary results derived from these survey responses in a future newsletter edition.

**JADA device** by Organon, intrauterine tubing loop with holes and inflatable cervical seal connected to wall suction (Purwosunu 2016, D'Alton 2020)



**Modified XStat™ Mini Sponge Tamponade** by Obstetrx, Inc. (Rodriguez 2017 & 2020)



**Celox™** by Medtrade, uterine packing with a chitosan-covered gauze tamponade (Schmid 2013, Dueckelmann 2019)



Stainless steel or plastic **cannula** with thick walled suction tube connected to vacuum device or pump (Panicker 2014 & 2017, Meena 2018)



**Levin suction tube** connected to suction tubing and wall suction or MVA syringe (Hofmeyr 2019 & 2020, Cebekuhu 2021)



Vacuum-induced tamponade using a **modified balloon system** connected to vacuum device (Haslinger 2021)





## Upcoming Conferences and Meetings

- ISTH: July 2022
- FWGBD: Sept 2022
- COGI: Sept 2022
- ACOG: April 2023
- SOAP: May 2023
- FIGO: Oct 2023



Annual Clinical and Scientific meeting



Society for Obstetric Anesthesia and Perinatology Annual Meeting



All about Women's Health

International Congress on Controversies in Obstetrics, Gynecology, and Infertility



World Congress of Gynecology and Obstetrics



FWGBD Conference



Congress of the International Society on Thrombosis and Haemostasis

## Conference Highlight: FWGBD

Sept 24-25, 2022 in Arlington, VA



The 2022 FWGBD Conference will include presentations related to "Addressing Key Issues in the Management of Pregnancy." Topics will include mechanisms of PPH, TXA use in PPH, HELLP Syndrome, APS, and prediction models in PPH. Register for the event [here](#).

## UNITE GLOBE Meeting

July 11th, 2022

10am EDT/ 3pm BST

Attend via Zoom using [this link](#).

MONDAY, JULY 11TH

10AM EDT / 3PM BST

**UNITE GLOBE**

*United Efforts to Reduce Global  
Obstetric Hemorrhage*

### Featuring:

*The Effectiveness of Prophylactic Methylergonovine and Oxytocin Compared with Oxytocin Alone in Patients Undergoing Intrapartum Cesarean Birth: A Randomized Controlled Trial*

Dr. Cynthia Wong and Dr. Nicole Masse  
(University of Iowa)

*Is low dose Tranexamic acid less effective than a standard dose at reducing blood loss and inhibiting hyperfibrinolysis in hemorrhagic caesarean section? Multicenter double-blind placebo-controlled dose-ranging (TRACES) trial.*

Dr. Anne-Sophie Bouthors & Dr. Sixtine Gilliot  
(Centre Hospitalier Régional Universitaire de Lille)

If there is anything you feel should be included in the newsletter that you don't see in this edition, please feel free to email us at [sonyagelfand@gwu.edu](mailto:sonyagelfand@gwu.edu) and we will consider the update as an addition to our next newsletter edition which will be released in three months.

If you would like to receive future updates of this newsletter, please join here:

<https://forms.office.com/r/v1fkPQhyww>