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# UNITE GLOBE

[www.uniteglobe.org](http://www.uniteglobe.org)

## 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](#)!



FOUNDATION FOR  
**Women & Girls**  
with Blood Disorders

### FWGBD 2022 Highlights and Recap

The Foundation for Women and Girls with Blood Disorders recently hosted a conference, in Arlington, VA on September 23rd and 24th. Sessions included expert faculty addressing the management of pain, barriers to clinical research participation, management of pregnancy, gender affirming care, and a special highlight on provider advocacy for reproductive healthcare.

## Overview

- New in Research and Innovation
- Clinical Trials Updates
- PPH Highlights from AJOG-MFM Supplemental Issue
- Advocacy & Education
- Upcoming Conferences and Meetings

## Announcements

### FWGBD 2022 Highlights and Recap Continued:

Post-conference highlights include the awareness of disease processes and treatment, especially TXA and DOACs, the most updated recommendations and evidence based approaches to care, and ways to be more inclusive to all patients. Stay tuned for upcoming events hosted by FWGBD, and see <https://www.fwgbd.org/> for more information.

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)

- Pending results/publication

### COPE

- 633 women randomized (updated Oct 2022)

## New in Research and Innovation

**Carr BL et al published, "Predicting postpartum haemorrhage: A systematic review of prognostic models" in The Australian & New Zealand Journal of Obstetrics & Gynaecology in Aug 2022 ([link](#)).**

Sixteen studies met the inclusion criteria after screening 1612 records. All studies were hospital settings from eight different countries. Models were developed for women who experienced vaginal birth (n = 7), caesarean birth (n = 2), any type of birth (n = 2), hypertensive disorders (n = 1) and those with placental abnormalities (n = 4). All studies were at high risk of bias due to use of inappropriate analysis methods or omission of important statistical considerations or suboptimal validation. No existing prognostic models for PPH are ready for clinical application.

**Tolossa, T et al published, "Magnitude of postpartum hemorrhage and associated factors among women who gave birth in Ethiopia: a systematic review and meta-analysis" in Reproductive Health in Sept 2022 ([link](#)).**

A total of 876 studies were identified from several databases and nine studies fulfilled eligibility criteria and were included in the meta-analysis. The pooled magnitude of PPH in Ethiopia was 11.14% (95% CI 7.21, 15.07). The current meta-analysis revealed that lack of antenatal care follow-up (ANC) (OR = 6.52, 95% CI 2.87, 14.81), being multipara (OR = 1.88, 95% CI 1.25, 2.85), and having the previous history of PPH (OR = 7.59, 95% CI 1.88, 30.55) were found to be significantly associated with PPH.

**Kuwabara M et al "Effectiveness of preventive B-Lynch sutures in patients at a high risk of postpartum hemorrhage" in Journal of Obstetrics and Gynaecology Research in Sept 2022 ([link](#)).**

The B-Lynch suture was performed in 38 patients, and hysterectomy was avoided in all patients. Only one patient required intrauterine balloon tamponade as an additional treatment 5 days after the cesarean section. No apparent postoperative bleeding occurred within 2 h after the cesarean section in 35 patients (92%), and blood transfusion was avoided in 14 patients (37%). Thirty-three adverse events occurred in 23 patients; these included an inflammatory response, hematomas, retained products of conception, and ileus in one, two, and two patients, respectively. In most cases, the events were not severe and were unrelated to the procedure. In one patient, a second-look operation was performed and no complications were observed in the uterus and abdominal cavity.

### WOMAN-2 Trial (NCT03475342)

- 10,236 Women Randomized (updated Oct 2022)
- Sample size: 15,000 women

### E-MOTIVE (NCT04341662)

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

### TRACES PK (NCT02797119)

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

### TRACES Biomarkers

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

**Cohain JS published, "Novel third stage protocol <https://www.youtube.com/watch?v=AAJPW4p6rzU> reduces postpartum hemorrhage at vaginal birth" in European Journal of Obstetrics and Gynecology and Reproductive Biology in Sept 2022 ([link](#)).**

Expedient delivery of the placenta in squatting within 3-5 min postpartum resulted in an average blood loss of 100 mL in the first 2 h after birth and no cases of PPH  $\geq$  500 mL in the first 24 h after birth. The lowest previously published PPH  $\geq$  1000 mL rate at vaginal birth is 4 %. The PPH  $\geq$  1000 mL using Active Management is 5 %.

**Zhou, Y et al published, "Ultrasound-based nomogram for postpartum hemorrhage prediction in pernicious placenta previa" in Frontiers in Physiology in Aug 2022 ([link](#)).**

Older age, larger gestational age, larger neonatal birth weight, presence of gestational diabetes mellitus, larger amniotic fluid index, absence of gestational bleeding, and higher ultrasonic risk single score were selected to establish a nomogram for postpartum hemorrhage in PPP. The area under the curve of the nomogram constructed by Lasso regression analysis was higher than that of the ultrasonic total score alone (0.887 vs. 0.833). Additionally, DCA indicated better clinical efficacy in the former nomogram than in the later nomogram. Furthermore, internal verification of the nomogram constructed by Lasso regression analysis showed good agreement between predicted and actual values.

AJOG MFM also published a supplemental issue focused around PPH. See next page for included publications!

## Highlights from AJOG MFM PPH Supplemental Issue

American Journal of Obstetrics & Gynecology  
**AJOG MFM**  
Maternal-Fetal Medicine

**Recognizing who is at risk for postpartum hemorrhage: Targeting Anemic Women and Scoring Systems for Clinical Use ([link](#))**

*Faysal H, Araj T, Ahmadzia HK*

**Postpartum hemorrhage protocols and benchmarks: Improving care through standardization ([link](#))**

*Federspiel JJ, Eke AC, Eppes CS*

**Traditional uterine tamponade and vacuum-induced uterine tamponade devices in obstetric hemorrhage management ([link](#))**

*Phillips JM, Eppes CS, Rodriguez M, Sakamoto S*

**Preventing postpartum hemorrhage with combined therapy rather than oxytocin alone pharmacologic therapy ([link](#))**

*Jones AJ, Federspiel JJ, Eke AC*

**Emerging Technology for Early Detection and Management of Postpartum Hemorrhage to Prevent Morbidity ([link](#))**

*Lord MG, Calderon JA, Pacheco LD, Ahmadzia HK*

**Tranexamic acid for bleeding. Much more than a treatment for postpartum hemorrhage ([link](#))**

*Roberts I, Brenner A, Shakur-Still H*

**Immediate postpartum care in low- and middle-income countries: a gap in health care quality research and practice ([link](#))**

*Clarke-Deelder E, Opondo K, Oguttu M, Burke T, Cohen J, McConnell M*

## Advocacy & Education



**HEMOSTASIS**  
**connect**<sup>®</sup>

POWERED BY **COR2ED**

1. **Women with Bleeding Disorder micro e-learning programme** aims to increase awareness, knowledge and understanding of bleeding disorders and their management among healthcare professionals who are the first to see women and girls with signs and symptoms of bleeding disorders. 2 modules, each consists of a short animation video, downloadable slide set and flashcard. CME credits available
2. **Short video** to help girls with a bleeding disorder (in the family) understand what to expect from the start of menstruation and what can be done about heavy menstrual bleeding, could be useful for your audience to share with patients and their families.
3. **Podcast series** recognizing, diagnosis and management), and newly launched podcast on **bleeding disorders and pregnancy**, all of which are aimed to HCPs who may be involved in the care of a women with a bleeding disorder.

## Upcoming Conferences and Meetings

- COGI: Nov 2022
- SMFM: Feb 2023
- ISTH: April 2023
- ACOG: April 2023
- SOAP: May 2023
- FIGO: Oct 2023



Annual Clinical and Scientific meeting



Society for Obstetric Anesthesia and Perinatology Annual Meeting



World Congress of Gynecology and Obstetrics



Society for Maternal-Fetal Medicine



International Congress on Controversies in Obstetrics, Gynecology, and Infertility



Congress of the International Society on Thrombosis and Haemostasis

## UNITE GLOBE Meeting

October 17th, 2022

10am EDT/ 3pm BST

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

### Speaker Contact Information:

Nikolett Wohner:

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Rachel Collis:

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MONDAY, OCTOBER 17TH

10AM EDT / 3PM BST

## UNITE GLOBE

*United Efforts to Reduce Global  
Obstetric Hemorrhage*

### Featuring:

***Obstetric coagulopathy: What we know and what we don't.***

Dr. Rachel Collis (University Hospital of Wales Cardiff, Anesthetics)

***Synergy of red blood cells and tranexamic acid in the inhibition of fibrinolysis.***

Dr. Nikolett Wohner (Semmelweis University, HCEMM-SU Thrombosis and Hemostasis Research Group)

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/v1fkPQhywv>