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UNITE GLOBE

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 [website](#)!



Find UNITE GLOBE on Social Media!

We have launched a Twitter account for UNITE GLOBE (@[uniteglobenow](#))! This account will supplement our quarterly meetings and newsletters by providing real-time updates regarding advancements in research, innovation, and advocacy related to obstetric hemorrhage prevention and management. This is also a great way for us to engage more with our member base!

Overview

- Clinical Trials Updates
- New in Research and Innovation
- Advocacy & Education
- Upcoming Conferences and Meetings
- UNITE GLOBE Meeting Recap & Upcoming Events

Announcements

Innovative Approaches to Improve Maternal Health Hybrid Workshop

Bethesda, MD (NIH Campus), May 8-9

Panel session experts will focus on the best ways to move new maternal health technology into the community, how to address health disparities faced by pregnant people, and improve access to diagnostic and treatment tools. Topics include technology, clinical implications, community engagement, implementation, regulatory considerations, government funding, payers and investors, and more. Register [here](#).

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)

- Published! Check it out [here](#).

WOMAN-PHARMACO TXA (NCT04274335)

- Published! Check it out [here](#).

COPE

- 908 women randomized (updated April 2023)

New in Research and Innovation

Litman EA et al. published, "Recent trends in tranexamic acid use during postpartum hemorrhage in the United States" in the Journal of Thrombosis and Thrombolysis Journal of Anaesthesia in Feb 2023 ([link](#)).

During delivery, TXA was used approximately 1% of the time (12,394 / 1,262,574). Pregnant patients who did and did not receive TXA during delivery had similar demographic characteristics. Pregnant patients who underwent cesarean delivery (4,356 / 12,394), had a term delivery (10,199 / 12,394), and had comorbid conditions were more likely to receive TXA during hospitalization for delivery. The majority of TXA use was concentrated in Arizona, Colorado, Idaho, New Mexico, Nevada, Utah, and Wyoming. During the study period the use of TXA increased in both patients with PPH and those without. The data illustrate a rapid increase in the use of TXA after 2017 while the total number of pregnancies remained relatively constant.

Clarke-Deelder E et al. published, "Quality of care for postpartum hemorrhage: A direct observation study in referral hospitals in Kenya" in PLOS Global Public Health in March 2023 ([link](#)).

The study measured adherence to World Health Organization and Kenyan guidelines for PPH risk assessment, prevention, identification, and management and the timeliness of care in each domain. Lowest adherence was observed for taking vital signs and for timely administration of a prophylactic uterotonic. Providers did not follow guidelines for postpartum monitoring in any of the observed deliveries. When suspected PPH occurred, providers performed all recommended actions in 23% (6% - 40%) of cases.

Guan CS et al. published, "Racial Disparities in Care Escalation for Postpartum Hemorrhage Requiring Transfusion" in AJOG MFM in March 2023 ([link](#)).

Patients receiving higher levels of intervention were more likely to have greater EBL ($p < 0.001$), more transfusions ($p < 0.001$), and be of advanced maternal age ($p = 0.004$). Compared to White patients, Black and Hispanic patients were less likely to have received higher levels of intervention ($p = 0.034$). After adjusting for EBL, advanced maternal age, placenta accreta spectrum, and fibroids, Black patients remained significantly less likely to receive higher levels of intervention (aOR 0.55, 95% CI 0.30-0.98). This difference persisted at EBL ≥ 3000 mL, with Black and Hispanic patients being significantly less likely to receive higher levels of intervention compared to White patients (OR 0.31, 95% CI 0.10-0.92 and OR 0.10, 95% CI 0.01-0.53 respectively).

WOMAN-2 Trial (NCT03475342)

- 11,853 Women Randomized (updated April 2023)
- Sample size: 15,000 women

E-MOTIVE (NCT04341662)

- Enrollment completed - 210132 participants total.
- Pending results.

Vahid M et al. published, "Prediction of postpartum hemorrhage using traditional statistical analysis and a machine learning approach." in AJOG Global Reports in February 2023 ([link](#)).

Women who gave birth at the Khaleej-e-Fars Hospital in Bandar Abbas, Iran, were evaluated retrospectively between January 1, 2020, and January 1, 2022. These pregnant women were divided into 2 groups, namely those who had postpartum hemorrhage and those who did not. We used 2 approaches for the analysis. At the first level, we used the traditional analysis methods. Demographic factors, maternal comorbidities, and obstetrical factors were compared between the 2 groups. A bivariate logistic regression analysis of the risk factors for postpartum hemorrhage was done to estimate the crude odds ratios and their 95% confidence intervals. In the second level, we used machine learning approaches to predict postpartum hemorrhage.

Gulersen M et al. published, "Vacuum-induced hemorrhage control versus uterine balloon tamponade for postpartum hemorrhage" in the Journal of Obstetrics and Gynaecology Canada in March 2023 ([link](#)).

Baseline characteristics were similar between the 2 groups. The proportion of patients who received ≥ 4 units of PRBC was significantly lower in the VHD group compared to the UBT group (2.8% vs. 20.5%, $P = < 0.01$). The proportion of patients who were transfused ≥ 2 units of PRBC and median estimated blood loss (EBL) were also both significantly lower in the VHD group compared to the UBT group (36.1% vs. 57.7%, $P = < 0.01$, and 1 500 mL vs. 1 875 mL, $P = 0.02$, respectively). Rates of other secondary outcomes were similar between the 2 groups.

Xiao C et al. published, "Bakri Balloon for Treatment of Postpartum Hemorrhage: A Real-World 2016-2020 Study in 279 Women from a Single Center" in Medical Science Monitoring in March 2023 ([link](#)).

The primary outcome was the success rate of BBT. The secondary outcomes were the perinatal outcomes. RESULTS The success rate of BBT was 88.89% (248/279). A blood transfusion rate of 65.95% (184/279) was observed. After using the BBT, significant differences were observed in intervention ($P < 0.001$), blood loss ($P < 0.001$), indwelling time of BBT ($P < 0.001$), and blood transfusion ($P < 0.001$) between the Success group and Failure group. The Success group showed greater range of descent in blood loss (991.56 ± 13.65 mL in Success group vs 816.23 ± 7.57 mL in Failure group).

New PPH Studies

TXA IPD Meta-Analysis

Aim: Consolidate all the pharmacokinetic (PK) data available for tranexamic acid (TXA) to prevent and treat postpartum hemorrhage (PPH)

Studies that have been included thus far:

1. Li et al. *Br J Clin Pharmacol* 2021 ([link](#))
2. Gilliot et al. *Pharmaceutics* 2022 ([link](#))
3. Seifert et al. *AJOG* 2022 ([link](#))
4. Gilliot et al. *Eur J Pharm Sci* 2020 ([link](#))
5. Ducloy-Bouthors et al. *Trials* 2018 ([link](#))
6. Shakur-Still et al. *BJOG* 2023 ([link](#))

Do you know of any studies that discuss pharmacokinetics of TXA in pregnancy that are missing from this list? Email uniteglobenow@gmail.com.

Want to advertise your PPH-related study? Email uniteglobenow@gmail.com to be included in our next newsletter edition!

UNITAID Projects

Aims:

1. Expand access to WHO recommended treatments,
2. Simplify administration of TXA
3. Evaluate the use of HSC as a potential treatment for PPH.



Expanding access to underutilized drugs to prevent and treat postpartum haemorrhage (PPH)



Evaluate a proven postpartum haemorrhage prevention product for use as treatment

Click [here](#) to learn more about the **UNITAID Projects**

Advocacy & Education



Click [here](#) to hear a powerful poem about *The Mamagusha*, motivated by the suffering caused by postpartum hemorrhage. This poem was inspired by the work being done through The WOMAN Trials at the London School of Hygiene & Tropical Medicine (LSHTM). Click [here](#) to learn more about the WOMAN Trials.

COR2ED
THE HEART OF MEDICAL EDUCATION



Cor2Ed recently published a video for patients to highlight the impact of a bleeding disorder across a woman's lifetime. They hope to share this video with healthcare professionals for them to use with their patients and share amongst their network. Click [here](#) to watch the video.

Upcoming Conferences and Meetings

- KFOG: April 2023
- ACOG: May 2023
- SOAP: May 2023
- ISTH: June 2023
- FIGO: Oct 2023
- COGI: Nov 2023
- SMFM: Feb 2024



Society for Maternal-Fetal Medicine



Congress of the International Society on Thrombosis and Haemostasis



KFOG Labour Congress



ACOG Annual Clinical and Scientific meeting



Society for Obstetric Anesthesia and Perinatology Annual Meeting



World Congress of Gynecology and Obstetrics



International Congress on Controversies in Obstetrics, Gynecology, and Infertility

UNITE GLOBE Meeting Updates

UNITE GLOBE

United Efforts to Reduce Global Obstetric Hemorrhage

[HTTP://UNITEGLOBE.ORG/](http://uniteglobe.org/)

July 17th, 2023 | 10AM EDT / 3PM BST
Join using [this link](#)



DR. MEGAN BRENNER
UCLA DAVID GEFFEN SCHOOL OF MEDICINE
SURGERY

Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) for Post-partum Hemorrhage



DR. SUELLEN MILLER
SAFE MOTHERHOOD PROGRAM, UCSE
OBSTETRICS, GYNECOLOGY & REPRODUCTIVE SCIENCES

Non-pneumatic Anti-Shock Garment (NASG): From Space to Saving Lives in Low-Resource Settings, New Implications for Rising Hemorrhage-Related Maternal Mortality in the United States.

Thank you for attending the April UNITE GLOBE meeting!

April Speaker Contact Information:

Dr. V P Paily: vp.paily@rajagirihospital.com

Dr. Maha Othman: othman@queensu.ca

Click [here](#) for a video recording of Dr. Maha Othman's UNITE GLOBE presentation!

Our next meeting will be on July 17th at 10am EDT/ 3pm BST. Attend via Zoom using [this link](#). See the graphic to the right for event details.

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](#) and we will consider the update as an addition to our next newsletter edition.