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# UNITE GLOBE

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## 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](https://twitter.com/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. Follow and share with your colleagues!

## Overview

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

## Announcements

### Spotlight Article

*Maternal anaemia and the risk of postpartum haemorrhage: a cohort analysis of data from the WOMAN-2 trial*

Recently published in Lancet Global Health ([linked here](#)), this is the largest study of an association between anemia and PPH risk. The team emphasizes how worldwide, half a billion young women are anaemic and 20 million are severely anaemic. This publication provides insight into the importance of focusing on anemia as it relates to PPH.

UNITE GLOBE is an organization 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

### OPTIMUM-OB TXA (NCT05370820)

- Current enrollment: 14 women (updated July 2023)

### COPE

- 908 women randomized (updated July 2023)

### MFMU TXA Study (NCT03364491)

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

## New in Research and Innovation

### **Lord MG et al. published, "The AccuFlow sensor: a novel digital health tool to assess intrapartum blood loss at cesarean delivery" in the Journal of Perinatal Medicine in May 2023 ([link](#)).**

During obstetric hemorrhage, peripheral vasoconstriction maintains heart rate and blood pressure until compensatory mechanisms are overwhelmed and patients deteriorate rapidly. Real-time perfusion measurements could quantify vasoconstriction, improving early recognition of hemorrhage and facilitating early intervention to reduce morbidity and mortality. The AccuFlow device makes rapid, non-invasive, quantitative measurements of perfusion, but has not been studied for hemorrhage detection or used in surgical settings. This study evaluated feasibility, tolerability, and preliminary efficacy of the AccuFlow for assessment of blood loss at cesarean delivery (CD). The AccuFlow sensor is well-tolerated and shows promise in detecting intrapartum hemorrhage, though larger studies are needed.

### **Bernitz S et al. published, "Association of oxytocin augmentation and duration of labour with postpartum haemorrhage: A cohort study of nulliparous women" in Midwifery in May 2023 ([link](#)).**

Both duration of labour and use of oxytocin for augmentation are known risk factors for postpartum haemorrhage but distinguishing between the significance of these factors is complex. This study aimed to investigate the association between labour duration and oxytocin augmentation, for postpartum haemorrhage. The study found that both oxytocin augmentation and labour duration were associated with postpartum haemorrhage. The potent drug oxytocin should be carefully administered, as doses of  $\geq 20$  mU/min were associated with an increased risk of PPH, regardless of the duration of oxytocin augmentation.

### **Kim BM et al. published, "Usefulness of transcatheter arterial embolization for eighty-three patients with secondary postpartum hemorrhage: Focusing on difference in angiographic findings" in the World Journal of Clinical Cases in May 2023 ([link](#)).**

Transcatheter arterial embolization (TAE) has been widely used as an effective and a safe treatment method and was often used as an alternative to the surgical management, but there are limited studies on the efficacy and the safety for patients undergoing their secondary postpartum hemorrhage (PPH). The aim of this study was to evaluate the usefulness of TAE for secondary PPH focusing on the angiographic findings. The study concluded that TAE is an effective and a safe treatment method for controlling secondary PPH regardless of angiographic findings.

### WOMAN-2 Trial (NCT03475342)

- Current enrollment: 13,766 participants (updated July 2023)

### E-MOTIVE (NCT04341662)

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

### WOMAN-PHARMACO TXA (NCT04274335)

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

### **Anouilh F et al. published, "Family history of postpartum hemorrhage is a risk factor for postpartum hemorrhage after vaginal delivery: results from the French prospective multicenter HEMOTHEPP cohort study" in AJOG MFM in June 2023 ([link](#)).**

Among 16,382 included women, PPH prevalence was 5.37%. A first-degree family history of PPH (aOR=1.63, 95%CI 1.24-2.14) and a personal transfusion history (aOR=1.90, 95%CI 1.23-2.92) were significantly associated with PPH. The use of oxytocin during labor was also a risk factor for PPH (aOR=1.24, 95%CI 1.06-1.44). Inversely, smoking during pregnancy and intrauterine growth restriction were associated with a reduced risk of PPH (aOR=0.76, 95%CI 0.63-0.91, and 0.34, 95%CI 0.13-0.87, respectively). The association of PPH with a family history of PPH suggests a hereditary hemorrhagic phenotype and calls for genetic studies. Identifying women at risk for PPH is a key element in being prepared for this complication.

### **Haury J et al. published, "Risk of disseminated intravascular coagulation in postpartum hemorrhage associated with intrauterine infection" in the Journal of Gynecology Obstetrics and Human Reproduction in June 2023 ([link](#)).**

The goal of this study was to evaluate the risk of disseminated intravascular coagulation (DIC) in postpartum hemorrhage (PPH) associated with intrauterine infection. Of 2,093 patients with PPH, 49 exposed to a clinical intrauterine infection were compared to 49 unexposed patients. The rate of DIC was higher in patients with than without infection (22 (45.8%) vs. 7 (14.6%),  $P = .001$ ), and coagulation anomalies occurred sooner in patients with than without infection (7, 2-11 h vs. 14, 9-19 h,  $P < .001$ ). In PPH, intrauterine infection had a major direct effect on the occurrence, timing, and severity of DIC.

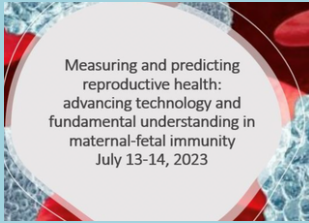
### **Tsuchiya N et al. published, "A case of cardiac arrest due to postpartum hemorrhage treated with hysterectomy and extracorporeal membrane oxygenation" in Clinical Case Reports in June 2023 ([link](#)).**

Extracorporeal membrane oxygenation (ECMO) is a life-support for respiratory function that is introduced for severe respiratory and circulatory failure and following resuscitation in cardiopulmonary arrest. The introduction of ECMO is relatively contraindicated in patients with DIC5, and there are no reports on the introduction of ECMO in PPH patients with DIC. This report describes a case of respiratory failure after resuscitation from cardiac arrest due to PPH complicated with DIC. This patient was successfully treated by the introduction of ECMO without any complications due to the use sufficient anti-DIC therapy.

## Advocacy & Education

### Highlights from a National Institute of Allergy and Infectious Diseases (NIAID) Workshop:

*Measuring and Predicting Reproductive Health: Advancing Technology and Fundamental Understanding in Maternal-Fetal Immunity*



This workshop took place on July 13th-14th, and highlighted a number of abstracts and lectures revolving around determining technology gaps and opportunities and leveraging immune metrics to improve diagnosis and care of pregnant individuals. Check out the agenda [here](#).



### Educational Videos from Cor2Ed's Hemostasis Connect Program

Cor2Ed recently published two videos on their website. Check them out below:

1. *How Coagulation Cascade Deficiencies Lead to Bleeding Disorders* linked [here](#).
2. *Iron Deficiency in Women and Girls with Bleeding Disorders* linked [here](#).



## Upcoming Conferences and Meetings

- FWGBD: July 2023
- FIGO: Oct 2023
- COGI: Nov 2023
- SMFM: Feb 2024
- ACOG: May 2024
- SOAP: May 2024
- ISTH: June 2024



Society for Maternal-Fetal Medicine



ACOG Annual Clinical and Scientific meeting



Society for Obstetric Anesthesia and Perinatology Annual Meeting



Congress of the International Society on Thrombosis and Haemostasis



International Federation of Gynecology and Obstetrics



International Congress on Controversies in Obstetrics, Gynecology, and Infertility



Foundation for Women & Girls with Blood Disorders

### Event Highlight: FWGBD

Wednesday July 26, from 12:00-1:00 p.m. ET



Dr. Jamil Kazma will moderate a presentation with faculty members Dr. Homa Ahmadzia and Dr. Monica Arribas on the recent article, *Alternative routes for tranexamic acid treatment in obstetric bleeding (WOMAN-PharmacTXA trial): a randomised trial and pharmacological study in caesarean section births*. Their presentation will include an overview of the study, their findings, impact on practice, and future research opportunities to advance management of postpartum bleeding.

**For more information and registration details, click [here](#).**

# UNITE GLOBE Meeting Updates

## UNITE GLOBE United Efforts to Reduce Global Obstetric Hemorrhage

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

October 16th, 2023 | 10AM EDT / 3PM BST  
Join using [this link](#)



**DR. GRETHE BERGER HEITMANN**  
ØSTFOLD HOSPITAL TRUST  
(NORWAY), EXAC (EXAC.NO)  
ANESTHESIOLOGY

*External aortic compression, a forgotten lifesaving manual maneuver. - Can it provide a paradigmatic change in the management of PPH?*



**DR. MARTIN MANGINO**  
VIRGINIA COMMONWEALTH  
UNIVERSITY SCHOOL OF MEDICINE  
SURGERY, PHYSIOLOGY, AND  
BIOPHYSICS

*PM-208- A new approach to resuscitation from severe blood loss: Mechanisms and field use.*

***Thank you for attending the July UNITE GLOBE meeting!***

### **July Speaker Contact Information:**

**Dr. Megan Brenner:**

[mbrenner@mednet.ucla.edu](mailto:mbrenner@mednet.ucla.edu)

**Dr. Suellen Miller:**

[suellenmiller@gmail.com](mailto:suellenmiller@gmail.com)

Our next meeting will be on **October 16th** at 10am EDT/ 3pm BST. Attend via Zoom using [this link](#). See the graphic to the right for event details.



### ***NASG Resources from Dr. Suellen Miller***

#### **NASG for US and HICs:**

Check out Dr. Miller's PowerPoint on NASG use in the US and HICs worldwide! Linked [here](#).



### ***Information on the PREGO Trial from Dr. Megan Brenner*** **PREGO Prophylactic and Resuscitative Endovascular balloon for Gynecology and Obstetrics) Trial**

AAST (American Association of Surgery in Trauma) is enrolling patients in the Multi-institutional PREGO trial. PREGO is a retrospective and prospective observational study examining outcomes following post-partum hemorrhage. Patients who receive Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) AND those who did not receive a REBOA are enrolled. For information visit [this link](#).

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.