United Efforts to Reduce Global Obstetric Hemorrhage

Overview

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

Announcements

WOMAN-2 Trial Hits a Major Milestone

At the end of September, the WOMAN-2 Trial announced that is total of 15,000 amazing women had been randomized in Nigeria, Pakistan, Tanzania, & Zambia thus far. This is an incredible accomplishment in PPH and anemia research. Congratulations to the incredible team for their hard work and contribution to improving women's health worldwide!

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. Follow and share with your colleagues!

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: 22 women (updated Oct 2023)

COPE

- 908 women randomized (updated July 2023)

WOMAN-2 Trial (NCT03475342)

- Current enrollment: 15,068 women (updated Oct 2023)

Want your trial to be featured in our newsletter?

Email uniteglobenow@gmail.com and tell us a little bit about your study!

New in Research and Innovation

Gruneberg D et al. published, "Fibrinolytic potential as a risk factor for postpartum hemorrhage" in Fronteirs in Medicine in September 2023 ([link](#)).
Blood samples of 217 parturient women were analyzed between June 2020 and December 2020 at Heidelberg University Women's Hospital, and 206 measurements were eligible for the final analysis. Women experiencing severe PPH showed increased fibrinolytic potential already at the time of hospital admission. When compared to non-PPH, the difference persisted 30-60 min after placental separation. A higher fibrinolytic potential was accompanied by a greater drop in fibrinogen and higher d-dimer values after placental separation. While 70% of women experiencing severe PPH showed fibrinolytic potential, 54% of those without PPH showed increased fibrinolytic potential as well.

Nakajima K et al. published, "Efficacy of prompt administration of cryoprecipitate in severe postpartum hemorrhage of preeclampsia patients" in The Journal of Obstetrics and Gynaecology Research in September 2023 ([link](#)).
The median fibrinogen levels before transfusion were 2.24 and 2.34 g/L in the CRYO group and the not using group, respectively. Although blood loss before transfusion was comparable between the two groups, blood loss after transfusion was significantly less in the CRYO group (median: 520 vs. 2352 mL, p = 0.015), as well as the total blood loss (median: 2285 vs. 3825 mL, p = 0.005) and total transfusion volume (median: RBC 6 vs. 16 U, p = 0.01, FFP 10 vs. 20 U, p = 0.017). Prompt replenishment of coagulation factors using CRYO to patients with PE who experience severe PPH could decrease further bleeding.

Ahmadzia HK et al. published, "Predicting risk of peripartum blood transfusion during vaginal and cesarean delivery: A risk prediction model" in the Journal of Neonatal and Perinatal Medicine in Sept 2023 ([link](#)).
Of 156,572 deliveries, 5,463 deliveries (3.5%) required transfusion. Women who had deliveries requiring transfusion were more likely to have a number of comorbidities such as preeclampsia (6.3% versus 4.1%, OR 1.21, 95% CI 1.08-1.36), placenta previa (1.8% versus 0.4%, OR 4.11, 95% CI 3.25-5.21) and anemia (10.6% versus 5.4%, OR 1.30, 95% CI 1.21-1.41). Transfusion was least likely to occur in university teaching hospitals compared to community hospitals. The c statistic was 0.71 (95% CI 0.70-0.72) in the derivation sample. The most salient predictors of transfusion included type of hospital, placenta previa, multiple gestations, diabetes mellitus, anemia, asthma, previous births, preeclampsia, type of insurance, age, gestational age, and vertex presentation. The model was well-calibrated and showed strong internal validation.

Kaur M et al. published, "A survey evaluating practice pattern in management of obstetric hemorrhage" in the Journal of Neonatal and Perinatal Medicine in September 2023 ([link](#)).
A total of 78 surveys were analyzed. Participants preferred methylergonovine as a first line agent (n = 57; 73%, n = 62; 80%). Most participants would consider using cell salvage when also activating MTP (28, 48%) or during scheduled deliveries who are high risk of hemorrhage (40, 69%). Approximately a third of providers would use TXA (tranexamic acid) prophylactically (n = 21; 28%). Only 26% of MFM fellows felt comfortable performing cesarean hysterectomy without Gynecologic Oncology.

Lu T et al. published, "Diffusion kurtosis and intravoxel incoherent motion in predicting postpartum hemorrhage in patients at high risk for placenta accreta spectrum disorders" in Quantum Imaging in Medicine and Surgery in September 2023 ([link](#)).
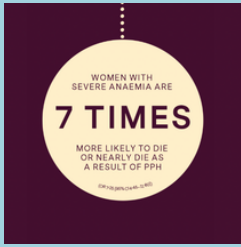This cross-sectional study enrolled 109 patients suspected of having PAS disorders based on previous ultrasound results or clinical risk factors from November 2018 to March 2022 in Sichuan Provincial People's Hospital. Magnetic resonance imaging (MRI) including diffusion-weighted imaging (DWI), intravoxel incoherent motion (IVIM), and diffusion kurtosis imaging (DKI) was performed for each patient and the apparent diffusion coefficient (ADC) from DWI, perfusion fraction (f), pure diffusion coefficient (D), and pseudo-diffusion coefficient (D*) from IVIM, and mean diffusion kurtosis (MK) and mean diffusion coefficient (MD) from DKI were measured and compared. IVIM and DKI parameters are correlated with EBL.

Glenzer MM et al. published, "Post-Partum Hemorrhage in Sub-Saharan Africa - A Prospective Study in Metropolitan Mozambique" in the Journal of Thrombosis and Hemostasis in September 2023 ([link](#)).
Of 8,799 deliveries, ≈40% occurred in women residing outside Maputo City ("Non-Local"), with similar demographic characteristics between Local and Non-Local women. However, compared to Local women, Non-Local women had worse outcomes, including higher rates of MM (1.52% vs 0.78%, P=0.0012) and PPH (16.51% vs 12.39%, P<.0001), whereby PPH was strongly associated with MM (adjusted OR=5.56, P<.0001). Nearly all women with uterine atony (≈1%) experienced PPH. For women receiving labs on admission (drawn only if in distress; Local, n=561; Non-Local, n=514), both cohorts revealed similar distributions of hemoglobin levels and platelet counts. Prepartum anemia (≈57%) and thrombocytopenia (≈21%) were prominent risk factors for PPH; risk increased with increasing severity and was additive in the presence of both.

Advocacy & Education

Resources from the WOMAN-2 Trial

What role does maternal anemia play in PPH?

Click here to see an infographic outlining the association between maternal anemia and PPH risk!

WOMEN WITH SEVERE ANAEMIA ARE
7 TIMES
MORE LIKELY TO DIE OR NEARLY DIE AS A RESULT OF PPH

How does maternal anaemia increase risk of postpartum hemorrhage?

Click here to watch a video describing how maternal anemia causes bleeding in childbirth!

Resources from Cor2Ed

COR2ED
THE HEART OF MEDICAL EDUCATION

Dr. Homa K. Ahmadzia
Obstetrics and Gynecology
The George Washington University Hospital
United States (US)

Dr. Jarmila A. Zdanowicz
Senior Consultant in Obstetrics and Gynecology
Bern University Hospital
Switzerland

Featuring Dr. Homa Ahmadzia and Dr. Jarmila Zdanowicz: Each year, around 14 million women experience PPH, resulting in approximately 70,000 maternal deaths globally. In this first episode of a 4-part podcast series exploring the clinical considerations and challenges of PPH, obstetrics and gynaecology specialists share their experiences and views on managing this life-threatening complication. Listen to Dr. Ahmadzia and Dr. Zdanowicz discuss:

- How severe PPH is defined Real-world incidence
- How incidence and outcomes differ between low-resource and high-resource countries
- Their experiences of diagnosis and identifying risk factors

Upcoming Conferences and Meetings

- **COGI: Nov 2023**
- **SMFM: Feb 2024**
- **ACOG: May 2024**
- **SOAP: May 2024**
- **ISTH: June 2024**
- **FWGBD: Sept 2024**

Society for Maternal-Fetal Medicine

Society for Maternal-Fetal Medicine

ACOG

ACOG Annual Clinical and Scientific meeting

SOAP ANNUAL MEETING

Society for Obstetric Anesthesia and Perinatology Annual Meeting

ISTH2024 BANGKOK
JUNE 22-26 CONGRESS
#ISTH2024 • ISTH2024.ORG

Congress of the International Society on Thrombosis and Haemostasis

COGI
All about Women's Health

International Congress on Controversies in Obstetrics, Gynecology, and Infertility

FWGBD Case Conversation Series
Register Today!
Case Conversation:
Alternative routes for tranexamic acid treatment in obstetric bleeding
(WOMAN-PharmacoTXA trial)

Foundation for Women & Girls with Blood Disorders

UNITE GLOBE Meeting Updates

UNITE GLOBE
HTTP://UNITEGLOBE.ORG/
United Efforts to Reduce Global Obstetric Hemorrhage

January 15th, 2024 | 10AM EDT / 3PM BST
Join using this link

DR. FADHLUN M. ALWY AL-BEITY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OB/GYN
Early detection of postpartum haemorrhage and treatment using the WHO MOTIVE 'first response' bundle: A cluster randomised trial: findings and lesson learnt

STEFANIE MODRI, MSN, RN, C-MNN
UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING
OBSTETRICS
Vasowatch: A novel PPH risk prediction algorithm.

Thank you for attending the October UNITE GLOBE meeting!
If you missed it, watch a recording of the meeting here.

October Speaker Contact Information:
Dr. Martin Mangino:
martin.mangino@vcuhealth.org
Dr. Grethe Berger Heitmann:
grethe.heitmann@exac.no

Our next meeting will be on **January 15th, 2024** at 10am EDT/ 3pm BST. Attend via Zoom using this link. See the graphic to the left for event details.