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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](#)!



SMFM 2024 is Right Around the Corner!

The event will be held in National Harbor, Maryland from February 10-14 and will feature postgraduate workshops, roundtables, forums, presentations, and more! Learn more and register [here](#). **The deadline for online registration is February 3rd.**

Note: The [SMFM Global Conference](#) will take place in Rome, Italy from September 25-28, 2024. Abstracts will open February 21st.

Overview

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

Announcements

March is Women's History Month!

Is your team holding an event highlighting women's health during Women's History Month or for International Women's Day (March 8th)? Share your event with us so that we can feature it on our Twitter account!

Email: uniteglobenow@gmail.com

Twitter: [@uniteglobenow](https://twitter.com/uniteglobenow)

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: 27 women (updated Jan 2024)

COPE

- 1144 women randomized (updated Jan 2024)

New in Research and Innovation

Arya P et al. published, "Tranexamic Acid, a Trivial in Preventing Postpartum Blood Loss in Vaginal Delivery- a Double Blinded, Randomized Controlled Trial" in American Journal of Obstetrics and Gynecology in December 2023 ([link](#)).

Out of 886 expectant women who were approached, 650 instances that met the study's inclusion criteria were enrolled and a total of 320 women in group A and 321 in group B were analyzed. Maternal characteristics did not differ between the two groups. Mean blood loss did not differ significantly among the intervention and placebo groups (378.5 ± 261.2 ml vs. 383 ± 258.9 ml; $p = 0.93$). The incidence of primary postpartum hemorrhage was comparable in both groups (Group A: 15.9%, Group B: 15.3%, $p = 0.814$). The median fall in haemoglobin within 12-24 hours following delivery in both groups was comparable (group A: 0.60 g% with interquartile range (IQR) 0.4-0.9 g %; group B: 0.6 g% with IQR 0.4-0.8 g %; $p = 0.95$). The most common adverse effect reported was dizziness. No thromboembolic events were reported at the follow-up of three months in both groups.

Lee K et al. published, "Effect of pelvic artery embolization for postpartum hemorrhage on subsequent pregnancies: a single-center retrospective cohort study" in The Journal of Maternal, Fetal, and Neonatal Medicine in December 2023 ([link](#)).

Of the 62 women included, 66% (41/62) had received PAE for the previous PPH, while 21 had not. Pregnancy outcomes for subsequent pregnancies were compared between the PAE and non-PAE groups. The PAE group had a higher estimated blood loss volume for the present delivery than the non-PAE group (600 vs. 300 mL, $p = 0.008$). The PAE group also demonstrated a higher incidence of placenta previa (4.8% vs. 24.4%, $p = 0.080$) and placenta accreta (0% vs. 14.6%, $p = 0.082$) than the non-PAE group, although the difference was not statistically significant.

Liu Z et al. published, "Predicting risk of postpartum hemorrhage associated with vaginal delivery of twins: A retrospective study" in Medicine (Baltimore) in December 2023 ([link](#)).

Model accuracy was evaluated with the concordance index (C-index). There were 36 (13.14%) and 238 (86.9%) patients in the PPH and no PPH groups, respectively. Univariate analysis identified twin chorionicity, hypertensive disorders complicating pregnancy (HDCP), anemia in pregnancy, delivery mode of the second twin, oxytocin use during labor, postpartum curettage, cervical laceration, intrapartum fever, fibrinogen degradation products (FDP), and platelet count (PLT) as significant PPH factors. On multivariate analysis, HDCP, anemia in pregnancy, intrapartum fever, oxytocin use during labor, fetal distress, PLT, direct bilirubin, and FDP were noted as significant PPH factors and were included in the prediction model.

WOMAN-2 Trial (NCT03475342)

- Current enrollment: 15,068 women (updated Jan 2024)

TRAAPrevia

- Current status: recruiting (updated Jan 2024)

Want your trial to be featured in our newsletter? Email uniteglobenow@gmail.com and tell us about your study!

Deniau B et al. published, "Association of severe postpartum hemorrhage and development of psychological disorders: results from the prospective and multicentre HELP MOM study" in the Anesthesia Critical Care and Pain Medicine in December 2023 ([link](#)).

Between November 2014 and November 2016, 332 patients experienced a severe PPH and 236 (72%) answered self-questionnaires at 1, 3, and 6 months. A total of 161 (68%) patients declared a psychological disorder following severe PPH (146 (90.1%) were screened positive for anxiety, 96 (58.9%) were screened positive for post-traumatic stress disorder, and 94 (57.7%) were screened positive for post-partum depression). Severe PPH was associated with significant psychosocial morbidity including anxiety, post-traumatic disorder, and depression. This should engage a psychological follow-up. Large cohorts are urgently needed to confirm our results.

Kartal YA et al. published, "Effects of oxytocin induction on early postpartum hemorrhage, perineal integrity, and breastfeeding: a case-control study" in Revista da Associacao Medica Brasileira in December 2023 ([link](#)).

The study sampling included 44 pregnant women who received oxytocin induction (case group) and 44 pregnant women who did not receive oxytocin (control group). The amount of hemorrhage in the first 24 h of the postpartum period and the mean Redness, Edema, Ecchymosis, Discharge, and Approximation Scale score were significantly higher in the case group. While 47.7% of the oxytocin-induced women had 1st or 2nd, and 11.4% had 3rd or 4th degrees of lacerations, 20.5% of the control group had 1st or 2nd, and 2.3% had 3rd or 4th degrees of lacerations. There was no significant difference between the mean scores of the Breastfeeding Self-Efficacy Scale and LATCH Breastfeeding Assessment Tool in both groups.

Zdanowicz JA et al. published, "A Retrospective before and after Assessment of Multidisciplinary Management for Postpartum Hemorrhage" in the Journal of Clinical Medicine in December 2023 ([link](#)).

This study retrospectively compared PPH management and administration of RBC and hemostatic products before and after international guideline implementation. The primary endpoint was RBC administration for PPH. The number of RBC units transfused per case was significantly lower in 2018 (two vs. four units in 2011, $p = 0.013$). A significantly reduced transfusion of fresh frozen plasma and platelets was observed in 2018 ($p < 0.001$ and $p = 0.002$, respectively). In 2011, additional surgeries for PPH in both the acute and subacute phase were performed more frequently. Local implementation of multidisciplinary PPH guidelines is feasible and was associated with a significant reduction in transfused blood products.

WHO Roadmap to Combat PPH



In October 2023, the World Health Organization (WHO) released its first roadmap to address postpartum hemorrhage (PPH). As the leading cause of maternal death worldwide, this represents an important step in the effort to improve the lives of women and mothers globally. To see the WHO's *A roadmap to combat postpartum hemorrhage between 2023 and 2030*, click [here](#).

Cor2Ed: Podcast Episode

Latest strategies for prevention and management of PPH



Listen at [this link!](#)

Upcoming Conferences and Meetings

- SMFM: Feb 2024
- ACOG: May 2024
- SOAP: May 2024

SOAP abstract deadline: 1/31

- ISTH: June 2024
- FWGBD: Sept 2024
- COGI: Nov 2024



Society for Maternal-Fetal Medicine



ACOG Annual Clinical and Scientific meeting



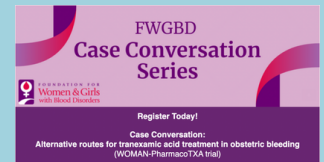
Society for Obstetric Anesthesia and Perinatology Annual Meeting



Congress of the International Society on Thrombosis and Haemostasis



International Congress on Controversies in Obstetrics, Gynecology, and Infertility



Foundation for Women & Girls with Blood Disorders

UNITE GLOBE Meeting Updates

UNITE GLOBE United Efforts to Reduce Global Obstetric Hemorrhage

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

April 15th, 2024 | 10AM EDT / 3PM BST
Join using [this link](#)



DR. SHAD DEERING
BAYLOR COLLEGE OF MEDICINE
OB/GYN

Simulation to address Postpartum Hemorrhage: A Statewide initiative that includes patients as partners



TO BE ANNOUNCED

**Missed our January 2024 meeting?
Watch a recording of it [here](#).**

January Speaker Contact Information:

Stefanie Modri:

modris@nursing.upenn.edu

Dr. Fadhlun M. Alwy Al-Beity:

fadhlundr@gmail.com

Our next meeting will be on **April 15th, 2024** at 10am EDT/ 3pm BST. Attend via Zoom using [this link](#).