

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](#)!



SMFM 2023 is Right Around the Corner!

The event will be held in San Francisco, CA from February 6-11th and will provide an opportunity to connect with leaders in the maternal-fetal medicine field. Online registration closes January 30th, and onsite registration begins February 6th. Click [here](#) to register online and learn more about the upcoming conference.

Overview

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

Announcements

Happy New Year from the UNITE GLOBE team!

Help us grow in 2023 by sharing our quarterly meeting invites and newsletter releases with colleagues, friends, and students! Those interested in joining our subscriber list can join [here](#). Find our past newsletters and more information about UNITE GLOBE through [our website](#).

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.

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

- 695 women randomized (updated Jan 2023)

New in Research and Innovation

Jokinen S et al published, "Thromboelastometry-guided treatment algorithm in postpartum haemorrhage: a randomised, controlled pilot trial" in the British Journal of Anaesthesia in Dec 2022 ([link](#)).

The study randomised 60 parturients with postpartum haemorrhage of more than 1500 ml to receive either ROTEM-guided or conventional treatment, with 54 patients included in the final analysis. The primary outcome was consumption of blood products, and secondarily we assessed for possible side-effects of managing blood loss such as thromboembolic complications, infections, and transfusion reactions. The study concluded that ROTEM-guided treatment of postpartum haemorrhage could have a plasma-sparing effect but possibly only a small reduction in total blood loss.

Elmas, B et al published, "Could Birth Weight to Placental Weight Ratio Predict Postpartum Haemorrhage and Neonatal Intensive Care Unit Admission?" in Journal of the College of Physicians and Surgeons Pakistan Health in Dec 2022 ([link](#)).

The number of patients included in the study was 812. Approximately 7% of women had postpartum haemorrhage. The FPR was found as an independent predictor for PPH by nearly 3.5 fold. Women who experienced PPH had heavier placenta and lower fetoplacental ratio. Patients whose babies were admitted to NICU also had lower FPR with statistically significant differences. The fetoplacental ratio could be a promising predictor for PPH and NICU admission in the postpartum period. Since novel studies are needed using ultrasonographic measurements during antenatal surveillance to predict PPH or NICU admission.

Abdul A et al "Safety and efficacy of intrauterine balloon tamponade vs uterine gauze packing in managing postpartum hemorrhage: A systematic review and meta-analysis" in AJOG Global Reports in Nov 2022 ([link](#)).

Intrauterine balloon tamponade seemed to be a superior option to uterine gauze packing. Intrauterine balloon tamponade was better in reducing intraoperative blood loss, with a statistically significant improvement ($P < .0001$). Cases managed with intrauterine balloon tamponade seemed to have statistically significant shorter operative time ($P = .023$) and hospital length of stay ($P = .020$) in one study. Intrauterine balloon tamponade remains more effective and safer as a first-line surgical management option for postpartum hemorrhage compared with uterine gauze packing.

WOMAN-2 Trial (NCT03475342)

- 11,371 Women Randomized (updated Jan 2023)
- Sample size: 15,000 women

E-MOTIVE (NCT04341662)

- Estimated enrollment: 215040
- Anticipated completion date: June 2023

Dang X et al, "Interactions Between Ultrasonographic Cervical Length and Placenta Accreta Spectrum on Severe Postpartum Hemorrhage in Women with Placenta Previa" in International Journal of Gynaecology and Obstetrics in Dec 2022 ([link](#)).

To explore the interactions between cervical length (CL) and placenta accreta spectrum (PAS) on severe postpartum hemorrhage (SPPH) in patients with placenta previa, a retrospective case-control study was conducted at four medical centers in China, and 588 patients with placenta previa were included. The logistic regression analysis and restricted cubic splines (RCS) were used to evaluate the association between CL and SPPH. Furthermore, the joint effect of CL and PAS on SPPH was assessed, and the additive and multiplicative interactions were calculated. The study concluded that if CL was routinely performed during PAS evaluation, the increased OR of short CL and PAS can allow better patient preparation through counseling.

Kazma et al published, "Impact of anemia and thrombocytopenia on postpartum hemorrhage risk among women with term singleton pregnancy" in the Journal of Thrombosis and Thrombolysis in Jan 2023 ([link](#)).

The study sought to evaluate the association between thrombocytopenia and anemia in increasing risk of PPH. They performed a secondary analysis of a retrospective cohort of pregnant women from 19 hospitals across the United States from 2016 to 2021. Women who had a term singleton pregnancy and hematocrit (Hct) $\leq 33\%$ at delivery were included in the study. The primary outcome was PPH (defined as blood loss ≥ 1000 mL or blood transfusion). The study also analyzed the effect of severe anemia (Hct $< 28\%$) on the association between PPH and thrombocytopenia. In conclusion, anemic women with term singleton pregnancies who delivered with thrombocytopenia had a higher frequency of PPH. Normal platelet count at delivery was protective against PPH in the setting of anemia regardless of severity.

Advocacy & Education



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.
 - a. Check out **this new podcast episode** featuring Dr. Sarah O'Brien and Dr. Homa Ahmadzia discussing gynecological considerations in women with bleeding disorders!

Upcoming Conferences and Meetings

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



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



World Congress of Gynecology and Obstetrics



International Congress on Controversies in Obstetrics, Gynecology, and Infertility

January UNITE GLOBE Meeting Recap

UNITE GLOBE United Efforts to Reduce Global Obstetric Hemorrhage

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



DR. DILYS WALKER
UCSF
OB/GYN AND GLOBAL HEALTH

What do we know, and what should we know?: Emerging sponge and suction tools for PPH management.



DR. JONATHAN WATERS
UPMC-MAGEE WOMENS HOSPITAL
ANESTHESIOLOGY

The history of autotransfusion in obstetrics.

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

Thank you to those who attended the January UNITE GLOBE meeting!

Our next meeting will be on April 17th at 10am EDT/ 3pm BST. Attend via Zoom using [this link](#). Speakers TBA.

Speaker Contact Information:

Dr. Dilys Walker: dilys.walker@ucsf.edu

Dr. Jonathan Waters: watejh@upmc.edu

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