



# Effective Health Care

## Postpartum Hemorrhage

### Nomination Summary Document

#### Results of Topic Selection Process & Next Steps

- The topic, *Postpartum Hemorrhage*, will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

#### Topic Description

**Nominator(s):** Health care professional association

**Nomination Summary:** The nominator asserts treatment strategies of postpartum hemorrhage (PPH) vary widely among providers. In addition, the nominator states that current clinical guidelines may be out of date due to the availability of new research. The nominator would like to develop a comprehensive clinical guideline on postpartum hemorrhage in order to reduce variation in provider practices and improve patient outcomes.

**Staff-Generated PICO**

**Population(s):** Pregnant women

**Intervention(s):** Strategies for the prevention and treatment of postpartum hemorrhage, including, but not limited to, active management of labor, uterine massage, uterotonics (e.g., oxytocin, misoprostol), and uterine packing

**Comparator(s):** Those listed above (i.e., compared to each other)

**Outcome(s):** Mortality and complications related to postpartum hemorrhage, including loss of fertility, adult respiratory distress syndrome, and shock

**Key Questions from Nominator:**

1. What should be considered in the initial evaluation of a patient with excessive bleeding in the immediate postpartum period?
2. What is the appropriate medical management approach for excessive postpartum bleeding?
3. When is packing or tamponade of the uterine cavity advisable?
4. When are surgical techniques used to control uterine bleeding?
5. What are the clinical considerations for suspected placenta accreta?
6. Under what circumstances is arterial embolization indicated?
7. When is blood transfusion recommended? Is there a role for autologous

transfusions or directed donor programs?

8. What is the management approach for hemorrhage due to a ruptured uterus? •  
What is the management approach for an inverted uterus?
9. What is the management approach for secondary postpartum hemorrhage?
10. What is the best approach to managing excessive blood loss in the postpartum period once the patient's condition is stable?

## Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Postpartum hemorrhage (PPH), defined as blood loss of more than 500 mL following vaginal delivery or more than 1000 mL following cesarean delivery, is the leading cause of maternal mortality around the world. Hemorrhage that occurs within the first 24 hours postpartum is defined as primary PPH and hemorrhage that occurs after the first 24 hours is defined as secondary PPH.
- There are many possible causes for PPH, but generally PPH occurs due to one of the “four Ts”: loss of tone in the uterine musculature (tone), trauma to the uterus or the genital tract (trauma), retention of the placenta (tissue), or failure of the blood to clot (thrombin). Options for the prevention and treatment of PPH include active management of labor, uterine massage, uterotonics (e.g., oxytocin, misoprostol), uterine packing, and in some cases hysterectomy
- Since the release of a 2006 clinical guideline from the American College of Obstetricians and Gynecologists (ACOG) and two systematic reviews from the Cochrane Collaboration on primary and secondary PPH, a large volume of new literature focused on the prevention and treatment of PPH has been published. However, it should be noted that nearly all of the newly published studies occur in international settings. There are also 25 ongoing studies related to PPH which will likely provide additional evidence on the clinical benefits and harms of uterotonics. Due to these findings a new systematic review by AHRQ is warranted.