

Tranexamic Acid in Obstetric Haemorrhage – is it for Everybody?

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The Evidence

CRASH-2 vs MATTERS trial

Civilian vs military

All cause mortality NNT 67 vs 7

Thrombotic complications rare vs higher risk

Obstetrics

Few poor quality RCTs

EBL volumes small

Inadequately powered for SEs

The Uncertainties

1. CRASH-2 results applicable to Obstetrics?
2. Higher thrombotic potential of TXA in Obstetrics?
3. ROTEM data base
 - How common is fibrinolysis in obstetric bleeding population?
 - Who is at risk?

The Data

One year of ROTEM data - 310 obstetric patients

- Patients with evidence of coagulopathy (EXTEM A5 <47)
 - 148 traces (97 patients)
 - Reviewed each
 - Blood loss 0.5- 4.5L
 - Fibrinolysis (LY30 < 95, ML 15%) – 1
 - TXA before ROTEM – 14 excluded
 - 1 in 83 patients (incidence 1.2%)

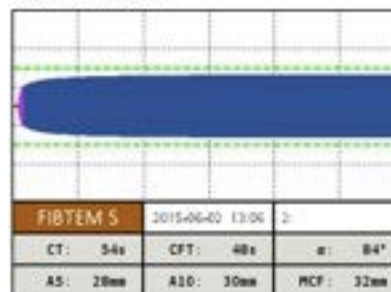
Healthy (A) and Hypofibrinogenaemia (B) obstetric coagulation profiles

A. Normal ROTEM

normal extem

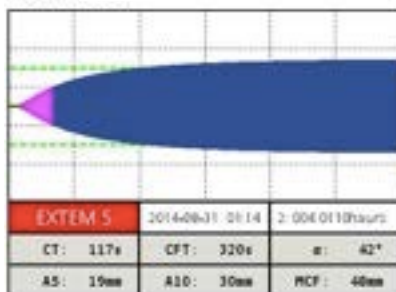


normal fibtem

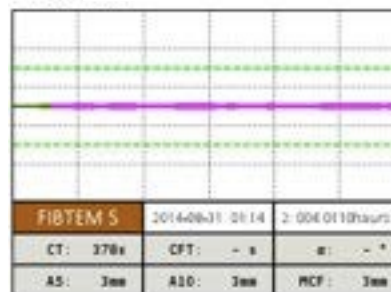


B. Hypofibrinogenaemia ROTEM

Extem

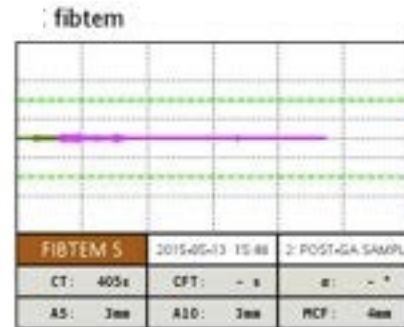
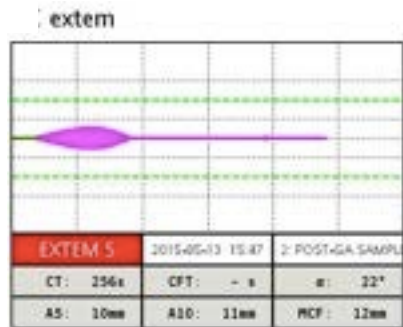


fibtem



Hyperfibrinolytic (C) obstetric coagulation profile

C. Hyperfibrinolytic ROTEM



Conclusions

Observation

Low incidence fibrinolysis

Limitation of ROTEM

WOMAN trial

Thank you



References

CRASH-2: a randomised, placebo-controlled trial.
Lancet 2010; 376: 23–32

The subgroup reanalysis in *Lancet* 2011; Mar 26;
377(9771):1096

MATTERS trial *Arch Surg* 2012; 147:113-119

Tranexamic acid for the prevention and treatment of
postpartum haemorrhage. *BJA* 2015;114(4): 576–87

Clinical Detail of 97 abnormal EXTEM A5

Clinical Detail	n
Emergency LSCS PPH	27
Traumatic PPH	26
MRP PPH	7
Placental abruption	7
Placenta praevia	6
Elective LSCS PPH	6
PET +/- HELLP emergency LSCS	5
Uterine rupture	4
Secondary PPH	3
IUD	2
Unknown	2
PET +/- HELLP instrumental	1
TOTAL	97