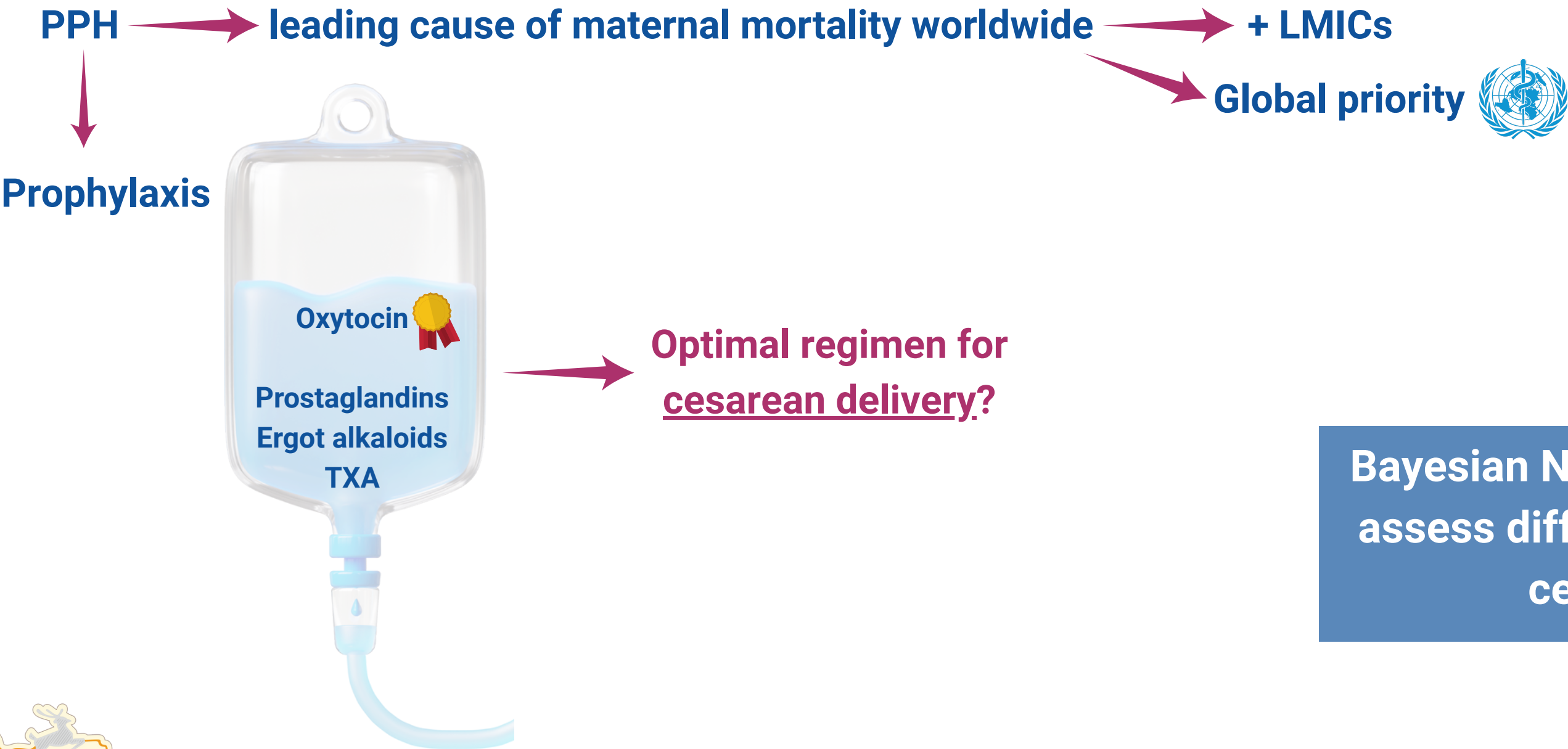


Prophylactic Strategies for Prevention of Postpartum Hemorrhage in Cesarean Delivery

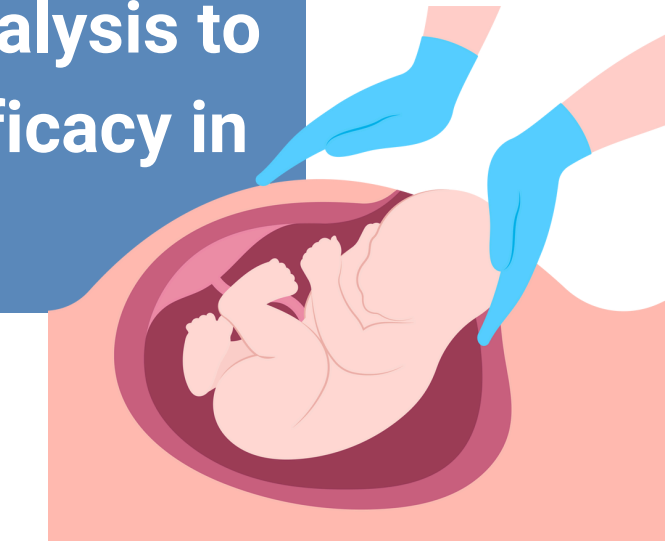
A Bayesian Network Meta-analysis of Randomized Controlled Trials

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BACKGROUND



Postpartum hemorrhage (PPH)
Low- and middle-income countries (LMICs)
Tranexamic acid (TXA)



METHODS



- Only RCTs
- Adult pregnant women
- Undergoing cesarean delivery
- Any prophylactic strategy for PPH

search



- PPH incidence ($\geq 1000\text{mL}$ after cesarean delivery)
- Need for blood transfusion
- Need for additional use of uterotonics
- Intraoperative blood loss
- Need for additional surgical procedures
- Hysterectomy incidence
- Any adverse events
- Maternal mortality

Sensitivity
analyses

- High-risk patients
- LMICs
- RCTs with low risk of bias

RESULTS



44,817 patients
167 RCTs

2,657 PPH events
2 cases of mortality

Oxytocin + TXA
Carbetocin
Most effective strategies

Same results after sensitivity analyses

High-risk patients
LMICs
RCTs with low risk of bias

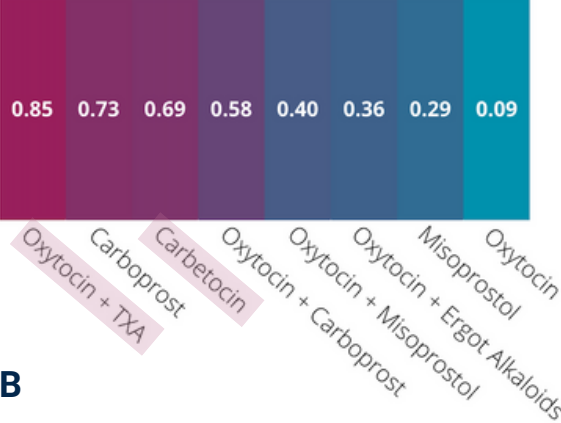
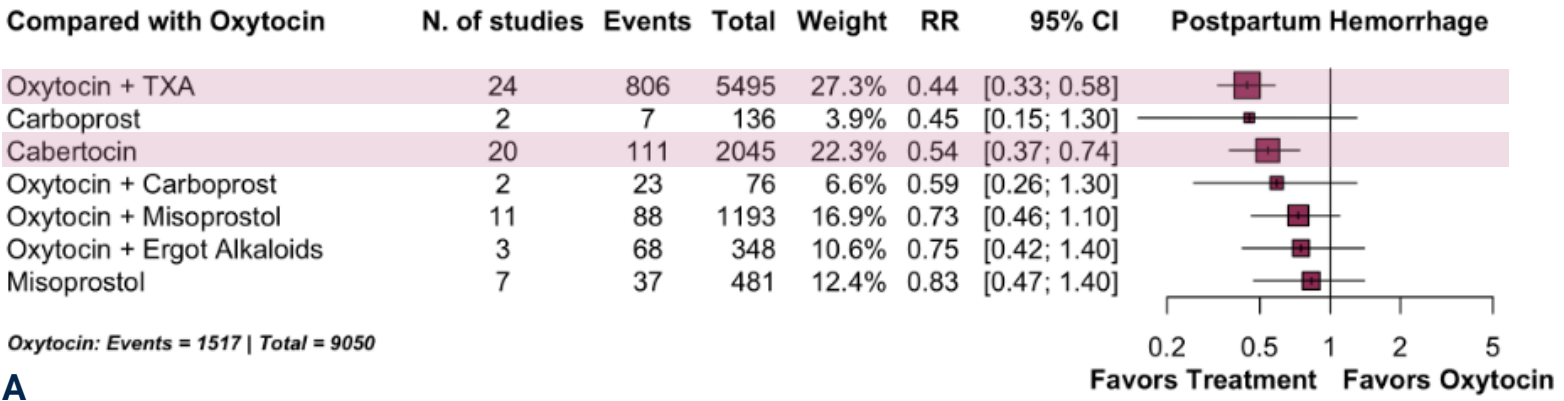


Figure 1 Forest plot (A) and SUCRA heatmap (B) of network meta-analysis displaying the comparative effects of various prophylactic therapies evaluated for PPH.

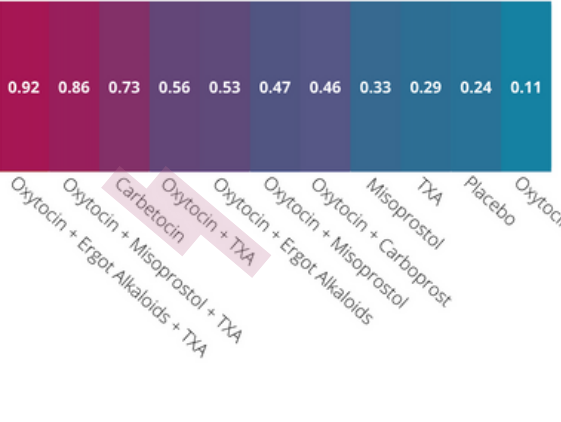
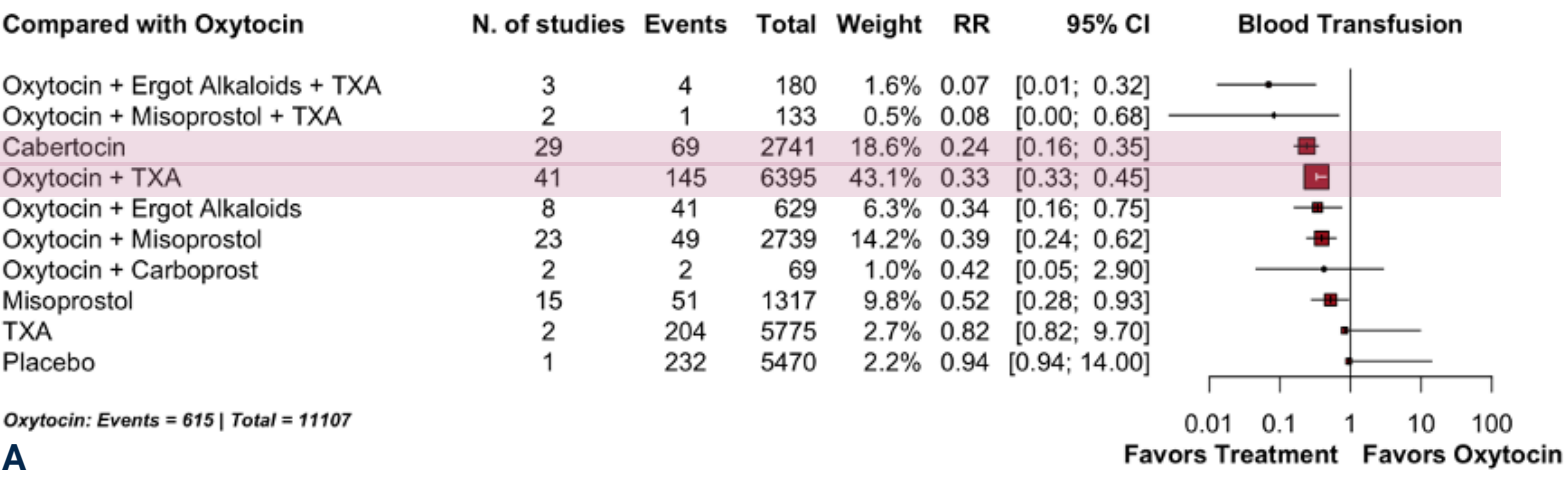


Figure 2 Forest plot (A) and SUCRA heatmap (B) of network meta-analysis displaying the comparative effects of various prophylactic therapies evaluated for need for blood transfusion.

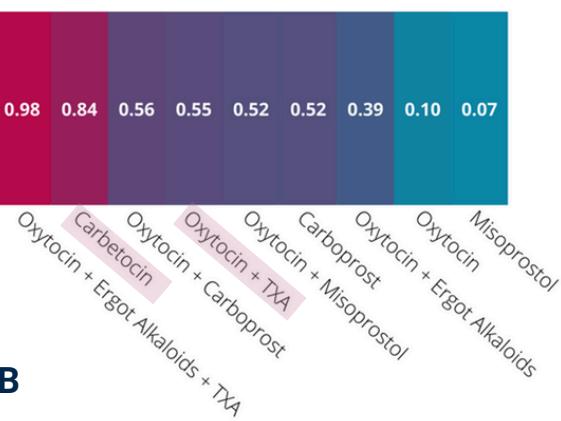
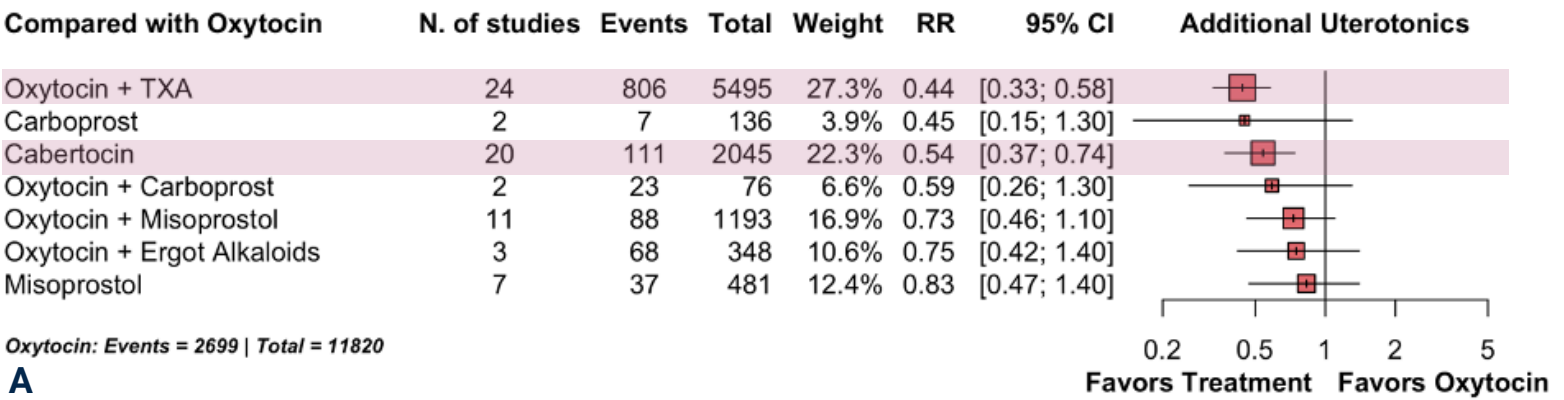
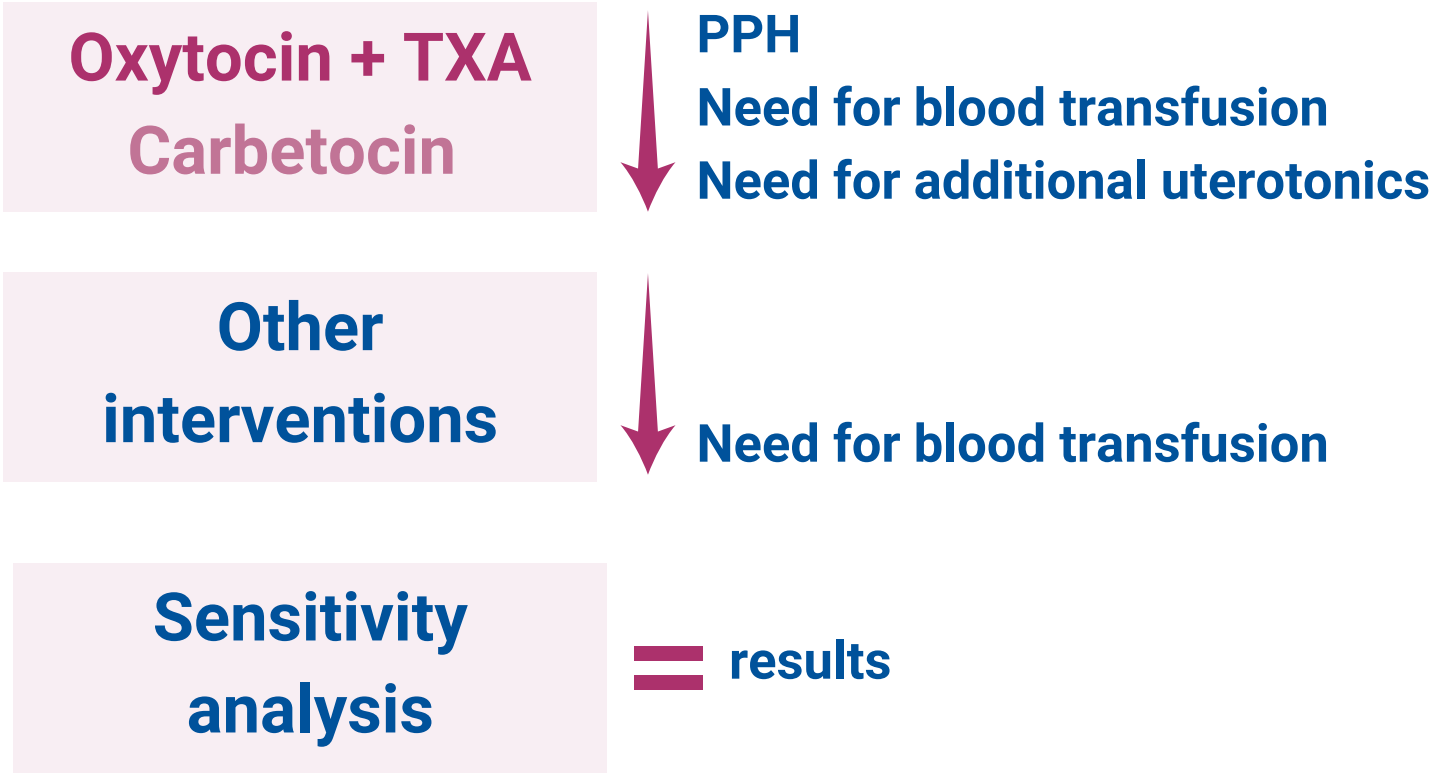


Figure 3 Forest plot (A) and SUCRA heatmap (B) of network meta-analysis displaying the comparative effects of various prophylactic therapies evaluated for need for use of additional uterotonics.

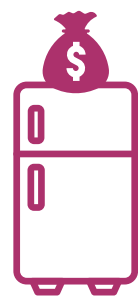
NO INCREASE IN MEDICATION ASSOCIATED COMPLICATIONS.




DISCUSSION AND CONCLUSION



Considerations:

- 
- Availability
 - Cost-effectiveness
 - Logistical constraints



Oxytocin + TXA
should be prioritized

FUTURE DIRECTIONS

- Oxytocin/TXA vs Carbetocin
- Policy changes
- Refine global guidelines

