Tranexamic acid – much more than a treatment for PPH

Postpartum Hemorrhage Community of Practice Annual Meeting

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Tranexamic acid reduces PPH deaths (the only proven treatment)

Effective regardless of the cause of PPH (unlike oxytocin)

Heat stable (unlike oxytocin) and inexpensive

Reduces the need for re-operation to control bleeding

No increase in adverse events
TXA reduces surgical bleeding

TXA cuts major surgical bleeding by 25%

TXA reduces blood transfusion by a third

Whatever the site of bleeding

No increase in thrombotic adverse events
Bad bleeding in 9% of the TXA group and 12% of placebo group (HR 0.76; 95% CI 0.67 to 0.87) P<0.001 superiority.

Cardiovascular event in 14% in the TXA group and 14% in the placebo group (hazard ratio, 1.02; 95% CI, 0.92 to 1.14).

Article published April 2, 2022, at NEJM.org.
There is a shortage of blood in many low income countries
If TXA was used in surgery there would be more blood for treatment of PPH

If TXA was used in surgery there would be fewer women with HIV and hepatitis
Traumatic and surgical bleeding are similar
TXA reduces death from traumatic bleeding

<table>
<thead>
<tr>
<th>Bleeding deaths</th>
<th>TXA</th>
<th>Placebo</th>
<th>RR (95%CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 hour</td>
<td>198 (5.3%)</td>
<td>286 (7.7%)</td>
<td>0.68 (0.57–0.82)</td>
<td>&lt;0.001</td>
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<tr>
<td>1-3 hours</td>
<td>147 (4.8%)</td>
<td>184 (6.1%)</td>
<td>0.79 (0.64-0.97)</td>
<td>0.03</td>
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Avoidable mortality from giving tranexamic acid to bleeding trauma patients: an estimation based on WHO mortality data, a systematic literature review and data from the CRASH-2 trial

Katharine Ker, Junko Kriya, Pablo Perel, Phil Edwards, Haleema Shakur and Ian Roberts

Lives saved with TXA (every year)

TXA < 1 hour = 128,000 lives
TXA < 3 hours = 112,000 lives
Pregnant women are also trauma victims

Original Research

Homicide During Pregnancy and the Postpartum Period in the United States, 2018–2019

Maeve Wallace, PhD, Veronica Gillispie-Bell, MD, Kiara Cruz, MPH, Kelly Davis, MPA, and Dovile Vilda, PhD

OBJECTIVE: To estimate the national pregnancy-associated homicide mortality ratio, characterize pregnancy-associated homicide victims, and compare the risk of homicide in the perinatal period (pregnancy and up to 1 year postpartum) with risk among nonpregnant, nonpostpartum females aged 10–44 years.

METHODS: Data from the National Center for Health Statistics 2018 and 2019 mortality files were used to identify all female decedents aged 10–44 in the United States. These data were used to estimate 2-year pregnancy-associated and nonpregnancy-associated homicide mortality ratios (deaths/100,000 live births) for comparison with homicide mortality among nonpregnant, nonpostpartum females (deaths/100,000 population) and to mortality ratios for direct maternal causes of death. We compared characteristics and estimated homicide mortality rate ratios and 95% CIs between pregnant or postpartum and nonpregnant, nonpostpartum victims for the total population and with stratification by race and ethnicity and age.

RESULTS: There were 3.62 homicides per 100,000 live births among females who were pregnant or within 1 year postpartum, 16% higher than homicide prevalence among nonpregnant and nonpostpartum females of reproductive age (3.12 deaths/100,000 population, \( P <.05 \)). Homicide during pregnancy or within 42 days of the end of pregnancy exceeded all the leading causes of maternal mortality by more than twofold. Pregnancy was associated with a significantly elevated homicide risk in the Black population and among girls and younger women (age 10–24 years) across racial and ethnic subgroups.

CONCLUSION: Homicide is a leading cause of death during pregnancy and the postpartum period in the United States. Pregnancy and the postpartum period are times of elevated risk for homicide among all females of reproductive age.

(Obstet Gynecol 2021;138:762–9)

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Tranexamic acid reduces heavy menstrual bleeding
Menstruation should not be overlooked in control of anaemia

Hillary D Critchley + Malcolm G Munro + Haleema Shakur-Still + Ian Roberts

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The 2020 WHO report on global reduction efforts for anaemia in women of reproductive age (15–49 years) shows clearly that without new approaches the global target of a 50% reduction in the percentage of women with anaemia by 2025 will not be met. In most countries, the prevalence of anaemia in women of reproductive age has increased and, even in countries where there has been some reduction, no country is on target for a 50% reduction by 2025. To date, global health efforts to reduce anaemia focus largely on nutrition. Menstrual bleeding is a major contributor to anaemia in women of reproductive age,2,3 but interventions to reduce menstrual blood loss are neglected and were overlooked by WHO.1 Dietary intervention for anaemia involves daily iron and folate supplementation and compliance is limited by gastrointestinal side-effects. Women with anaemia and debilitating heavy menstrual bleeding might be more motivated to comply with effective treatments for heavy bleeding than with dietary interventions for anaemia.4 The contribution of menstruation and heavy menstrual bleeding to iron deficiency and anaemia deserves wide recognition by people who menstruate, their families, employers, and society. Menstruation can no longer be a taboo topic.
Anaemic women bleed more
Tranexamic acid is more than a treatment for PPH
Surgical use will increase the availability of blood
   Trauma use will reduce maternal trauma deaths
   It can help to prevent maternal anaemia
TXA is an essential medicine for many reasons