Table D-32. Evidence table for studies addressing management of PPH (Poujade 2012)

| **Study** **Description** | **Intervention** | **Inclusion/Exclusion** **Criteria & Population** | **Outcomes**  |
| --- | --- | --- | --- |
| Author:Poujade et al., 201237Country:FranceEnrollment period: Jan 2007 to Nov 2009Birth setting: HospitalFacility characteristics: Tertiary care? Funding:NR (Authors report no conflicts of interest)Design: Case series | **Intervention:** Emergency pelvic angiography and pelvic embolization for intractable PPHPrior to embolization women were treated with standard protocol including: Exam of uterine cavity and/or manual removal of placenta, manual compression, uterine massage. Ultrasound exam performed.IV oxytocin (10 IU during delivery and 10 IU diluted in 50 ml of 0,.9% sodium chloride solution infused up to 120 ml/min)If persistent atony, IV sulprostome (500 µg diluted in 50 ml 0.9% sodium chloride infused at rate 500 µg /hour and subsequently 500 µg at rate of 100 µg/hourIn case of persistent PPH, pelvic angiography and pelvic arterial embolizationIn case of major PPH, uterine compression sutures and/or uterine or hypogastric artery ligation or stepwise uterine devascularization and ultimately hysterectomy**Groups:****G1:** interventionN at enrollment: **G1:** 98**G1a:** 90 success**G1b:** 8 failureDuration of treatment: NRTiming of treatment: NR Order of treatment: NRLength of follow-up:As reported/NR | **Operational definition of PPH:** 1 or more of the following: peripartum Hgb ? of 4g/dL or more, hemodynamic instability, or hypovolemic shock**Definition of success of treatment:** cessation of hemorrhage with hemodynamic stability and absence of subsequent surgical procedure**Method of blood loss measurement:** NR**Severity:** NRInclusion criteria: * Women with PPH referred for emergency pelvic angiography and Uterine artery embolization

Exclusion criteria: * NR

**Maternal age, yrs, mean ± SD:****G1a:** 32.3 ± 5.7**G1b:** 31.2 ± 6.4**Parity, n:** **G1a:** 2.1 ± 1.3**G1b:** 2.1 ± 1.7**Weeks gestation, mean ± SD:** **G1a:** 38.6 ± 3.1**G1b:** 39.5 ± 1.1**Twin pregnancy, n (%):****G1a:** 6 (6.6)**G1b:** 0**Race/ethnicity:** NR**BMI:** NR**Baseline hemoglobin:** NR**SES:** NR**Mode of birth, n:** Vaginal**G1:** 45 (45.9)Instrumental extraction**G1:** 14 (14.2)Cesarean before labor**G1:** 28 (28.5)Emergency cesarean**G1:** 11 (11.2)**Risk factors, n (%):** History of ceasarean**G1a:** 12 (13.3)**G1b:** 1 (12.5)p = 0.93Gestational diabetes mellitus**G1a:** 8 (8.8)**G1b:** 2 (25)p=0.14Gestational hypertension**G1a:** 6 (6.6)**G1b:** 2(25)p=0.06Preeclampsia**G1a:** 13 (14.4)**G1b:** 0p=0.24Labor induction**G1a:** 25 (27.7)**G1b:** 3 (37.5)p= 0.64Cervical or vaginal tear**G1a:** 25 (27.7)**G1b:** 3 (37.5)p = 0.80Third or fourth degree perineal tear**G1a:** 3 (3.3)**G1b:** 0p=0.56Prolonged labor (second stage)**G1a:** 10 (11.1)**G1b:** 1 (12.5)p=0.75**Primary etiology of PPH, n (%):** Atony**G1a:** 80 (88.8)**G1b:** 8 (100)p=0.65Retained placenta**G1a:** 11 (12.2)**G1b:** 2 (25)p=0.71Placenta accreta**G1a:** 4 (4.4)**G1b:** 3 (37.5)p = <.0005Placenta previa**G1a:** 4 (4.4)**G1b:** 1 (12.5)p = .35Lower genital tract lacerations**G1a:** 10 (11.1)**G1b:** 3 (37.5)p = 0.11 | **Harms pre-specified:** No**Harms, n (%):**Pulmonary edema with transfusion-associated circulatory overload **G1:** 1 (1)Uterine necrosis (diagnosed 21 days after embolization and requiring hysterectomy) **G1:** 1 (1)Endometritis **G1:** 11 (11.2)Wound infection **G1:** 1 (1) |