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.,  201237  Country:  France  Enrollment period:  Jan 2007 to Nov 2009  Birth setting:  Hospital  Facility characteristics:  Tertiary care?  Funding:  NR (Authors report no conflicts of interest)  Design:  Case series | **Intervention:**  Emergency pelvic angiography and pelvic embolization for intractable PPH  Prior 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/hour  In case of persistent PPH, pelvic angiography and pelvic arterial embolization  In case of major PPH, uterine compression sutures and/or uterine or hypogastric artery ligation or stepwise uterine devascularization and ultimately hysterectomy  **Groups:**  **G1:** intervention  N at enrollment:  **G1:** 98  **G1a:** 90 success  **G1b:** 8 failure  Duration of treatment: NR  Timing of treatment: NR  Order of treatment: NR  Length 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:** NR  Inclusion 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 = 0.93  Gestational diabetes mellitus  **G1a:** 8 (8.8)  **G1b:** 2 (25)  p=0.14  Gestational hypertension  **G1a:** 6 (6.6)  **G1b:** 2(25)  p=0.06  Preeclampsia  **G1a:** 13 (14.4)  **G1b:** 0  p=0.24  Labor induction  **G1a:** 25 (27.7)  **G1b:** 3 (37.5)  p= 0.64  Cervical or vaginal tear  **G1a:** 25 (27.7)  **G1b:** 3 (37.5)  p = 0.80  Third or fourth degree perineal tear  **G1a:** 3 (3.3)  **G1b:** 0  p=0.56  Prolonged 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=0.65  Retained placenta  **G1a:** 11 (12.2)  **G1b:** 2 (25)  p=0.71  Placenta accreta  **G1a:** 4 (4.4)  **G1b:** 3 (37.5)  p = <.0005  Placenta previa  **G1a:** 4 (4.4)  **G1b:** 1 (12.5)  p = .35 Lower 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) |