**Table D-58. Evidence table for studies addressing management of PPH (Baruah 2008)**

| **Study** **Description** | **Intervention** | **Inclusion/Exclusion** **Criteria & Population** | **Outcomes** |
| --- | --- | --- | --- |
| Author:Baruah et al., 200859Country: USEnrollment period: July 2000 to Feb 2005Birth setting: HospitalFacility characteristics: Academic, Research and Teaching HospitalFunding: NRDesign: Retrospective cohort | **Intervention:** Rectal misoprostol as second line therapy, dose varied from 800 to 1,000 µgControl group received methylergonovine maleate 0.2 mg IM**Groups:****G1:** Misoprostol**G2:** Methyergonovine Maleate**N at enrollment:** **G1:** 40**G2:** 18N at follow-up: **G1:** 40**G2:** 18Duration of treatment: NRTiming of treatment: NR Order of treatment: Second line therapyLength of follow-up: NR | **Operational definition of PPH:** Primary PPH: Bleeding within first 24 hours after delivery and blood loss > 500 mL**Definition of success of treatment**: NR**Method of blood loss measurement:** NR**Severity:** NRInclusion criteria: * who were between 37 and 42 weeks gestational age,
* who received a clinical diagnosis of PPH following delivery of singleton pregnancy and
* Required uterotonics as second-line treatment after failed initial oxytocin therapy

**Maternal age, yrs, n:**Under 20**G1:** 6**G2:** 1 20-29**G1:** 14**G2:** 930-39**G1:** 19**G2:** 8 ≥ 40**G1:** 1**G2:** 0 **Parity, n:** Primparous**G1:** 14**G2:** 6Multiparous**G1:** 26**G2:** 12**Weeks gestation:** NR**Single pregnancy, %:** 100**Multiple pregnancy, n (%):** 0**Race/ethnicity, n:**White**G1:** 26**G2:** 7Hispanic**G1:** 5**G2:** 3Black**G1:** 5**G2:** 4 Native American**G1:** 4**G2:** 4 **BMI:** NR**Baseline hemoglobin:** NR**SES:** NR**Mode of birth:** NR**Risk factors:** NR**Primary etiology of PPH:** NR | **Need for third line (medical/surgical) therapy, n (%):****G1:** 27 (67.5)**G2:** 14 (77.77)p=0.91**Medical treatment as third line therapy, n (%):****G1:** 22 (55)**G2:** 10 (55.5)p=0.96**Surgical intervention as third or fourth line therapy, n (%):****G1:** 5 (12.5)**G2:** 4 (22.2)p=0.51**Dilation and curettage:****G1:** 8 (30)**G2:** 4 (22)p=0.84**Uterine packing:****G1:** 2 (5)**G2:** 0p=0.92**Uterine artery embolization:****G1:** 1 (3)**G2:** 0p=0.49**Uterine artery ligation:****G1:** 1 (3)**G2:** 1 (6)p=0.55**Blood loss:** NR**Transfusion, needed, n (%):G1:** 5 (12.5)**G2:** 0p=0.11**ICU admission:** NR**Anemia:** NR **Length of stay:** NR**Mortality:** NR **Uterine preservation, n (%):**Hysterectomy**G1:** 1 (3)**G2:** 1 (6)p=0.55**Future fertility:** NR **Breastfeeding:** NR**Psychological impact:** NR**Harms of intervention:** NR (Side effects listed in discussion)**Confounders:** NR **Effect modifiers:** NR  |

**Comments:** Third-line treatments d a medical intervention (e.g., the administration of either carboprost, misoprostol, methylergonovine maleate) and / or surgical intervention (e.g., dilation and curettage, uterine packing, uterine artery ligation, uterine artery embolization and hysterectomy) and/ or blood transfusion.