

Updated WHO recommendation on intravenous tranexamic acid for the treatment of postpartum haemorrhage



Global burden of postpartum haemorrhage

- PPH affects ~5% of women giving birth
- Nearly 25% of maternal deaths due to PPH
- Majority of PPH-associated deaths could be avoided :
 - Prophylactic uterotonics during the third stage of labour
 - Rapid, appropriate treatment for women with PPH



Tranexamic acid

- ❑ Reduces bleeding by inhibiting breakdown of fibrinogen and fibrin clots
- ❑ On the WHO Essential Medicines List for management of anticoagulation (in surgery and trauma)
- ❑ WHO has updated the recommendation on tranexamic acid for PPH treatment
- ❑ Supersedes the 2012 WHO recommendation

WHO recommendation questions

- **For women with postpartum haemorrhage (P), does treatment with tranexamic acid in addition to standard care (I), compared with standard care alone (C), improve outcomes (O)?**
 - If so, when is the most appropriate period to administer tranexamic acid to improve outcomes?

Two relevant trials identified

- ❑ **French Trial (2005-2008)** - a multi-centre, randomized, open-label trial of 152 women at 8 units in France.
- ❑ **The WOMAN Trial (2010 – 2016)** - A multi-country, multicentre, placebo-controlled randomized trial of over 20 000 women in 21 high-, middle- and low-income countries.
- ❑ Both trials assessed use of tranexamic acid in addition to standard care, for women with PPH.

Updated WHO recommendation

Early use of intravenous tranexamic acid (within 3 hours of birth) in addition to standard care is recommended for women with clinically diagnosed postpartum haemorrhage following vaginal birth or caesarean section.

Strong recommendation, moderate quality of evidence

Applying the recommendation

- ❑ Administration of tranexamic acid (TXA):
 - Fixed dose of 1 g (100 mg/ml) intravenously (IV) at 1 ml per minute
 - Second dose of 1 g IV if bleeding continues after 30 minutes, or if bleeding restarts within 24 hours of completing the first dose

- ❑ Clinically diagnosed PPH is:
 - More than 500 ml after a vaginal birth, or
 - More than 1000 ml after caesarean section, or
 - Any blood loss sufficient to compromise haemodynamic stability

- ❑ Reference point for the start of the 3-hour window is **time of birth**. If unknown, use the **best estimate of time of birth**

- ❑ Should be given **as soon as possible** to maximize benefits.

- ❑ **Do not use beyond 3 hours after birth** – it does not confer clinical benefit, and is suspected of causing potential harm.

Applying the recommendation

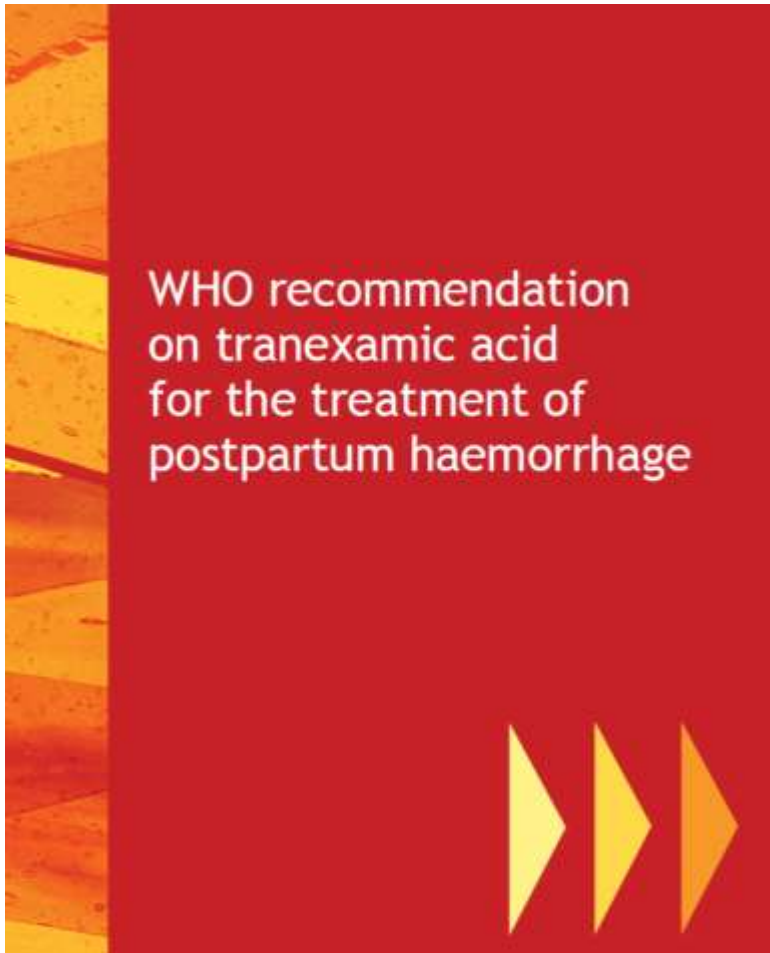
- ❑ TXA should be a part of the **standard PPH treatment package**.
- ❑ Use TXA in **all cases of PPH, regardless of cause**.
- ❑ Avoid using TXA in women with a clear contraindication to antifibrinolytic therapy.
- ❑ Applies only to **intravenous use** of TXA only

Tranexamic acid is **a life-saving intervention**

It should be **readily available** wherever emergency obstetric care is provided



Updated WHO recommendation is online



[WHO/RHR website](#)

[WHO Reproductive Health Library](#)

[Lancet Global Health](#)

[WHO-USAID-MCSP-Jhpiego evidence brief](#)