



Joint statement of recommendation for the use of tranexamic acid for the treatment of postpartum haemorrhage

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Postpartum haemorrhage (PPH) is a devastating but preventable condition that affects mothers and their children around the world. PPH occurs when a mother has serious bleeding after giving birth. When not treated quickly, it can be fatal. Most deaths from PPH could be avoided through active management of the third stage of labour, and prompt and effective application of the first response bundle (use of uterotonics, uterine massage, fluid replacement and tranexamic acid [TXA]).

Preventing and treating PPH

As leading organisations representing specialists in midwifery, obstetrics and gynaecology, the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) draw attention to a range of aspects of care that are essential to the prevention and treatment of PPH. These include:

- organisation of care
- pre-service and in-service training of care providers
- identification and treatment of anaemia in women of childbearing age
- increased availability of contraception and family planning
- improved referral pathways
- development of clinical protocols for prevention and treatment of PPH.¹

FIGO and ICM recommendations

FIGO and ICM recommend the early use of TXA within three hours of birth, in addition to standard care for women with clinically diagnosed PPH following vaginal birth or caesarean section.

Standard care in the context of this recommendation covers routine care for PPH, including fluid replacement, administration of uterotonics, monitoring of vital signs, non-surgical (e.g. bimanual compression, intrauterine balloon tamponade, nonpneumatic antishock garment, aortic compression) and surgical interventions (e.g. brace sutures, arterial ligation, or hysterectomy) in accordance with WHO guidelines, FIGO recommendations or adapted local PPH treatment protocols.

TXA is a competitive inhibitor of plasminogen activation. It can reduce bleeding by inhibiting the enzymatic breakdown of fibrinogen and fibrin clots. TXA is in routine clinical use for reduction of blood loss in surgery and trauma and is listed on the WHO Essential Medicines List for management of postpartum haemorrhage.



Use of tranexamic acid for the treatment of PPH

FIGO and ICM strongly recommend the use of TXA for the treatment of PPH as a component of the first response bundle when the bleeding is thought to be due or partly due to trauma. Our recommendations (below) align with those made in the WHO 2017 recommendation on tranexamic acid for the treatment of postpartum haemorrhage, in response to moderate supporting evidence from the WOMAN Trial.^{1,2,3}

- Initial dose of TXA should be administered within 3 hours of birth, at a fixed dose of 1g (100mg/ml), IV at 1ml per minute (i.e. administered over 10–20 minutes). Infusion rate of more than 1ml/minute can cause hypotension.
- Initial administration of TXA beyond 3 hours does not confer any clinical benefit.
- If needed after initial dose, a second dose of TXA of 1g (100mg/ml), IV at 1ml per minute should be administered if bleeding continues after 30 minutes, or if bleeding restarts within 24 hours of completing the first dose.
- TXA should be used in all cases of PPH regardless of whether the bleeding is due to genital tract trauma or other causes.
- Use of TXA should be avoided in women with a contraindication to antifibrinolytic therapy or thromboembolic disorder during pregnancy.
- Standard IV infusion equipment is required, as well as health care providers with sufficient training to safely administer IV bolus infusions.
- TXA should be recognised as a life-saving intervention and be made readily available for the management of PPH in settings where emergency obstetric care is provided.

Actions for midwives' associations and OBGYN societies

FIGO and ICM recommend that national professional midwives' associations and obstetrics and gynaecology societies have an important and collaborative role to play in:

- the dissemination and implementation of recommendations for the use of tranexamic acid for the treatment of PPH
- advocacy to increase women's access to quality maternal health care at all levels
- strengthening capacity at all levels of health care facilities to ensure the provision of high-quality services to all women giving birth
- translating recommendations into care packages and programmes at country and facility level, where appropriate to the context.

References

¹ World Health Organization. *WHO recommendation for the prevention and treatment of postpartum haemorrhage*. 2012. www.who.int/maternal_child_adolescent/documents/postpartum_haemorrhage/en/

² WOMAN Trial Collaborators. Effect of early tranexamic acid administration on mortality, hysterectomy, and other morbidities in women with post-partum haemorrhage: an international, randomised, double-blind, placebo-controlled trial. *The Lancet*. 389(10084):2105-2116. [https://doi.org/10.1016/S0140-6736\(17\)30638-4](https://doi.org/10.1016/S0140-6736(17)30638-4)

³ World Health Organization. *WHO recommendation on tranexamic acid for the treatment of postpartum haemorrhage*. 2017. <http://apps.who.int/iris/bitstream/handle/10665/259374/9789241550154-eng.pdf;jsessionid=6531461E34BFCD79B66F059354589757?sequence=1>



International
Confederation
of Midwives

Strengthening Midwifery Globally



FIGO

International Federation of
Gynecology and Obstetrics

the Global Voice for Women's Health

About our organisations

ICM and FIGO work together and with their extensive and globally diverse network of professional members to support women to achieve the highest standards of health and wellbeing, to keep birth normal and to promote equity for all women's sexual, reproductive health and rights. ICM and FIGO promote the use of respectful, dignified and evidence-based care to reduce the global burden of maternal morbidity and mortality, of which the most significant contribution is postpartum haemorrhage (PPH), occurring during or within 24 hours of childbirth.

Quality care provided by midwives, obstetricians and gynaecologists contributes to the achievement of the Sustainable Development Goals (SDG) and the attainment of universal health coverage (UHC). FIGO and ICM develop standards and guidance for their respective professions that are aligned with World Health Organization (WHO) recommendations.

FIGO

FIGO is a professional organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

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ICM

The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world. The ICM has 143 members associations, representing 124 countries across every continent. ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn. ICM's mission is to strengthen midwives' associations and advance the profession of midwifery.

ICM is an accredited non-governmental organisation representing midwives and midwifery to organisations worldwide to achieve common goals in the care of mothers and newborns. ICM works closely with the WHO, UNFPA and other UN Agencies; global professional health care organisations including FIGO, the International Pediatric Association (IPA), the International Council of Nurses (ICN), non-governmental organisations, and bilateral and civil society groups.

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Referencing this statement

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