

EP16.150. Clinical Experience with a Vacuum-Induced Hemorrhage Control Device in Postpartum Hemorrhage.

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THE JADA[®] SYSTEM

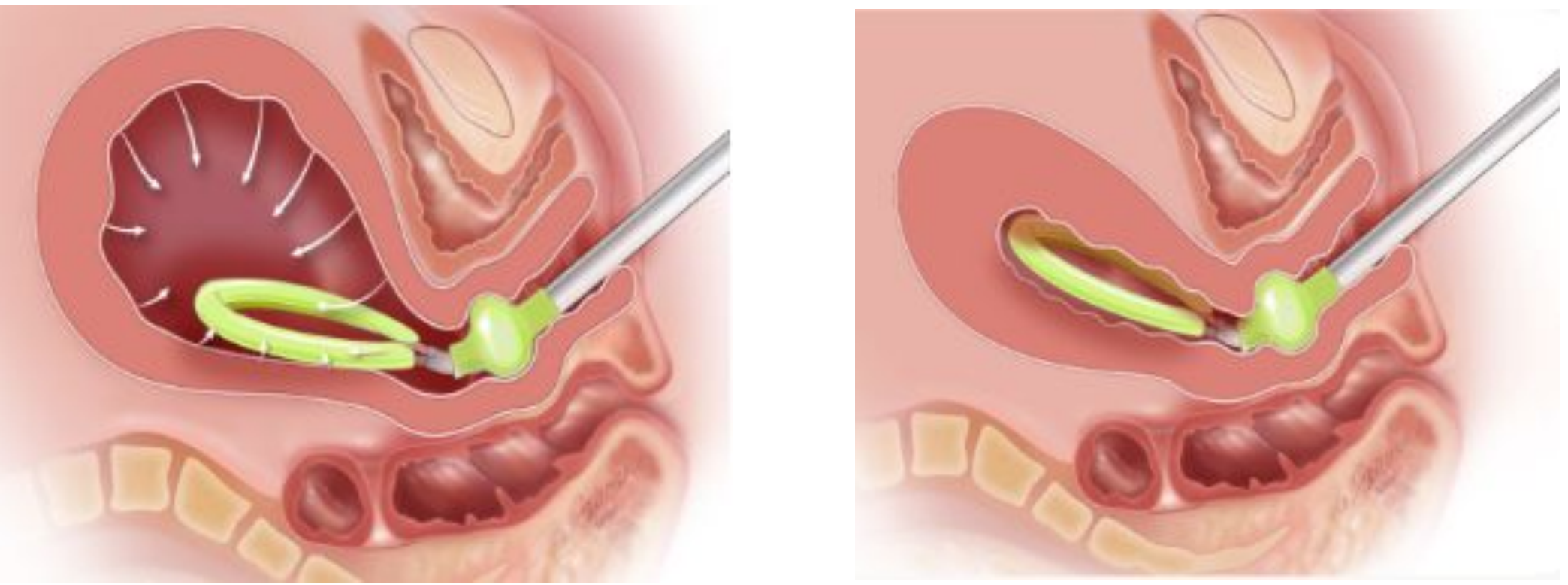


Fig. 1. JADA[®] System (from Organon website)

Mechanism: Low-level intrauterine vacuum (80 ± 10 mmHg) promotes **uterine contraction** and **evacuation of retained blood/clots**.

Key Advantages: Rapid/physiologic control compatible with uterotonics

TIMELINE AND KEY RESULTS



Bleeding onset

Recognized



2.0 h

Median time to insertion



JADA[®]

Vacuum applied



1.0 h

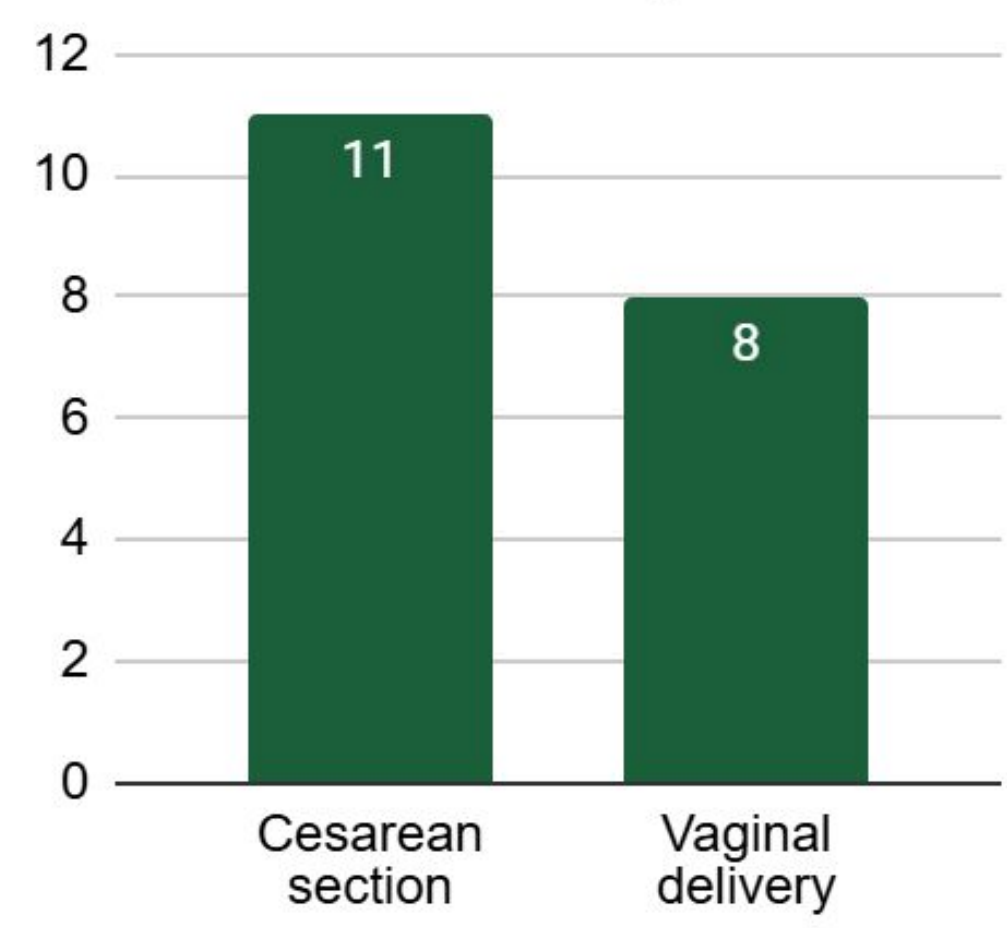
Median time of treatment



Bleeding controlled

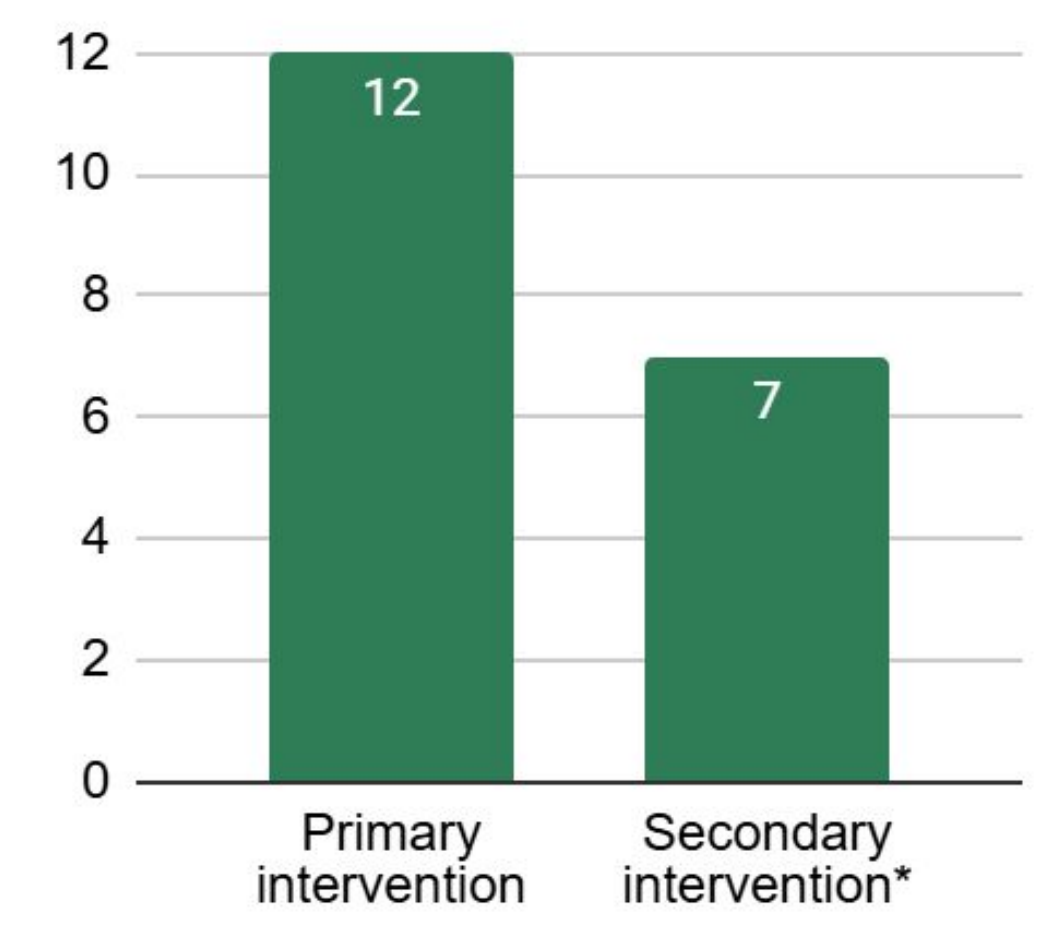
94.7%(18/19) success

Mode of Delivery



Mode of Delivery	Count
Cesarean section	11
Vaginal delivery	8

Intervention



Intervention	Count
Primary intervention	12
Secondary intervention*	7

- 89.5%(N=17/19) patients had blood transfusion (median: 4 units of pRBC).
- One patient with failed hemorrhage control (twin pregnancy, PE) sequentially went through embolization and hysterectomy.

* Balloon tamponade or hemostatic gauze was used prior to JADA[®] placement.

METHODS

Design: Retrospective case series
Single tertiary center, Sept 2025–Mar 2026

Population: Clinically significant PPH patients treated with JADA[®] (N=19)

Data collected: EBL, transfusion, time to insertion, device duration, prior interventions, ultrasound findings, and clinical outcomes

CONCLUSION

- The JADA[®] system provided rapid, effective control for both cesarean (57.9%) and vaginal (42.1%) deliveries.
- The device performed effectively as primary intervention and as rescue therapy after failure of conventional measures.
- Bedside ultrasound may serve as a valuable adjunct to confirm accurate placement of the JADA[®].



Fig. 2. Pre-placement huge intrauterine hematoma



Fig. 3. Post-placement uterine cavity collapse and evacuated hematoma

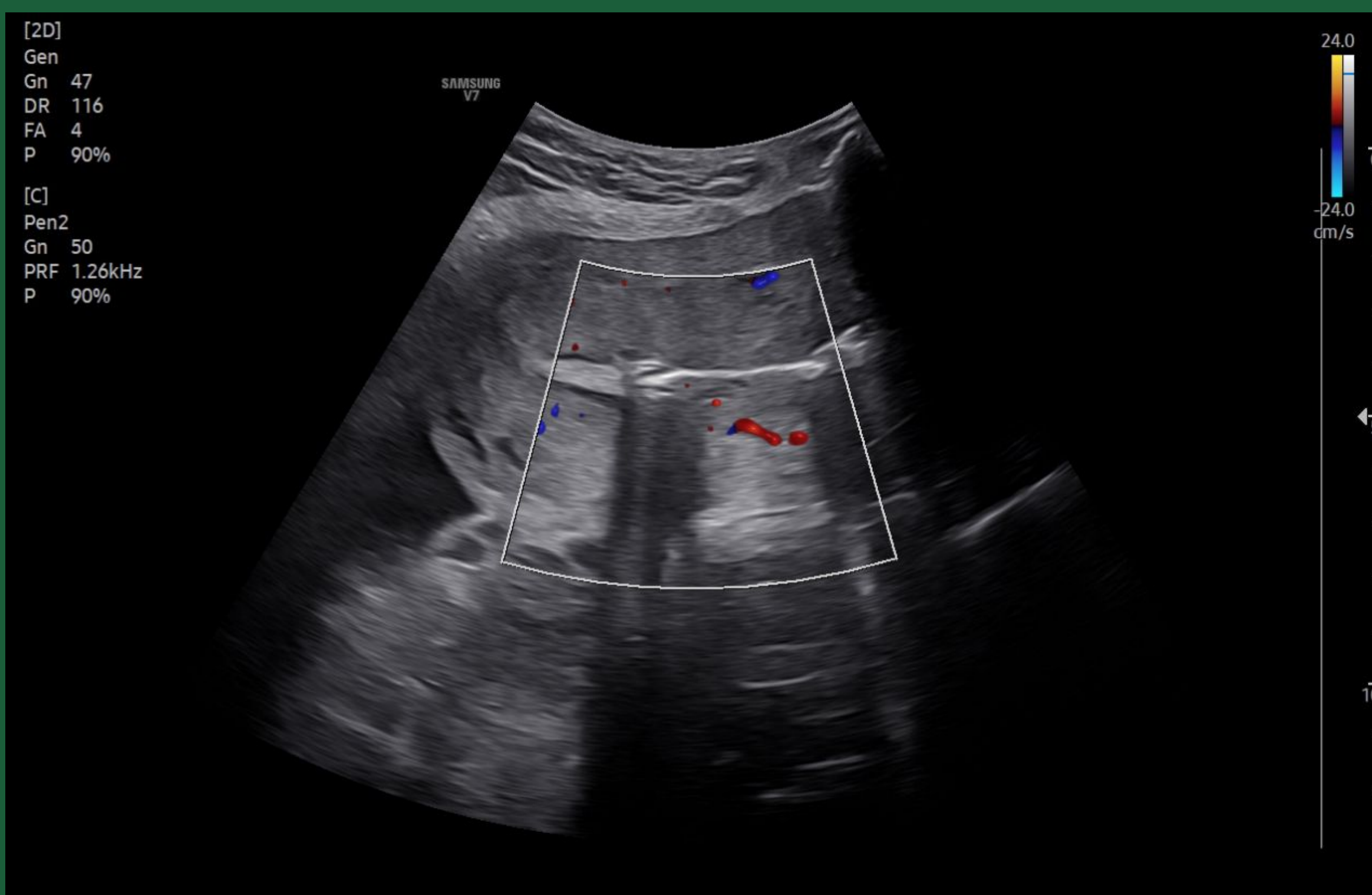


Fig. 4. Device in situ; clear EM line with intact perfusion