

Tranexamic Acid Use in Postpartum Haemorrhage – a Quality Improvement Project

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INTRODUCTION

Postpartum haemorrhage (PPH) is the commonest cause of maternal death worldwide. Tranexamic acid (TXA) is an anti-fibrinolytic used in haemorrhage management.

The RCOG recommends TXA is considered in PPH management [1], citing the association of TXA administration with the lower incidences of blood losses of > 500ml from vaginal birth and >1000ml from caesarean section.

The WOMAN trial, 2017 [2] found that death due to postpartum bleeding was significantly reduced in women given TXA, especially if given within three hours of giving birth.

METHODS

1. 2022 AUDIT

36 cases of PPH for which the estimated blood loss (EBL) was >1000ml were auditted.

2. TARGETTED INTERVENTIONS

- **posters** displayed in delivery suite/theatres
- inclusion of TXA into the **MDT obstetric emergency mandatory training**
- presentation to multiprofessional staff groups at **teaching/audit meetings**
- encouraging buy-in **across the MDT**

3. 2023 RE-AUDIT

Following these interventions, 40 cases of PPH for which the measured or estimated blood loss (EBL) was >500ml (vaginal) or >1000ml (caesarean) were auditted.

INTERVENTION POSTER:

Tranexamic Acid in Post Partum Haemorrhage

500ml blood loss or more and continuing blood loss



Find the box of Tranexamic Acid (in the labelled cupboard)



Take 2 vials of Tranexamic Acid (500mg/5ml)



Draw up 10mls NEAT into 10ml syringe



Give **SLOWLY** over 10 minutes (1ml/minute)
N.B can be repeated after 30 mins



TXA Contraindications: DIC, thromboembolism

OBJECTIVE

Improve the use of TXA in PPH management in our department using targeted improvement interventions.

AIM

To achieve 100% of patients with PPH >1000ml (following any mode of delivery) receiving 1g intravenous TXA within three hours of delivery.

RESULTS

Delivery suite and Theatres both achieved the aim, improving compliance from 63% and 82% (respectively) to 100% patients with PPH >1000ml receiving TXA.

The rate of giving TXA is lower however, when blood loss is 500-1000mL



CONCLUSION

- **100% compliance target met**
- Able to implement changes and measure the impact through audit
- Further work needed in some areas, which this audit helped to identify
- **Real, tangible change**
- Systematic approach, sustainable and can to be taken forward for future audit, to contribute to a high standard of care in our centre
- Fundamentally a trainee-led QI Project – our small part of a key change in practice which is much greater

NEXT STEPS

- Keep auditing and maintaining good practice
- Improve rates of TXA administration to patients with PPH of 500-1000mls following vaginal delivery
- Documentation of swab weighing - ongoing
- PPH drugs grab box
- **PPH risk assessment**

REFERENCES AND ACKNOWLEDGEMENTS

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[2] Shakur, H., Roberts, I., Fawole, B., Chaudhri, R., El-Sheikh, M., Akintan, A., Qureshi, Z., Kidanto, H., Vwalika, B., Abdulkadir, A. and Etuk, S., 2017. Effect of early tranexamic acid administration on mortality, hysterectomy, and other morbidities in women with post-partum haemorrhage (WOMAN): an international, randomised, double-blind, placebo-controlled trial. **The Lancet** 389(10084), pp.2105-2116

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