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SCHOOL OF MEDICINE

Delayed Postpartum Hemorrhage Requiring Transfusion Including Prothrombin Complex Concentrate

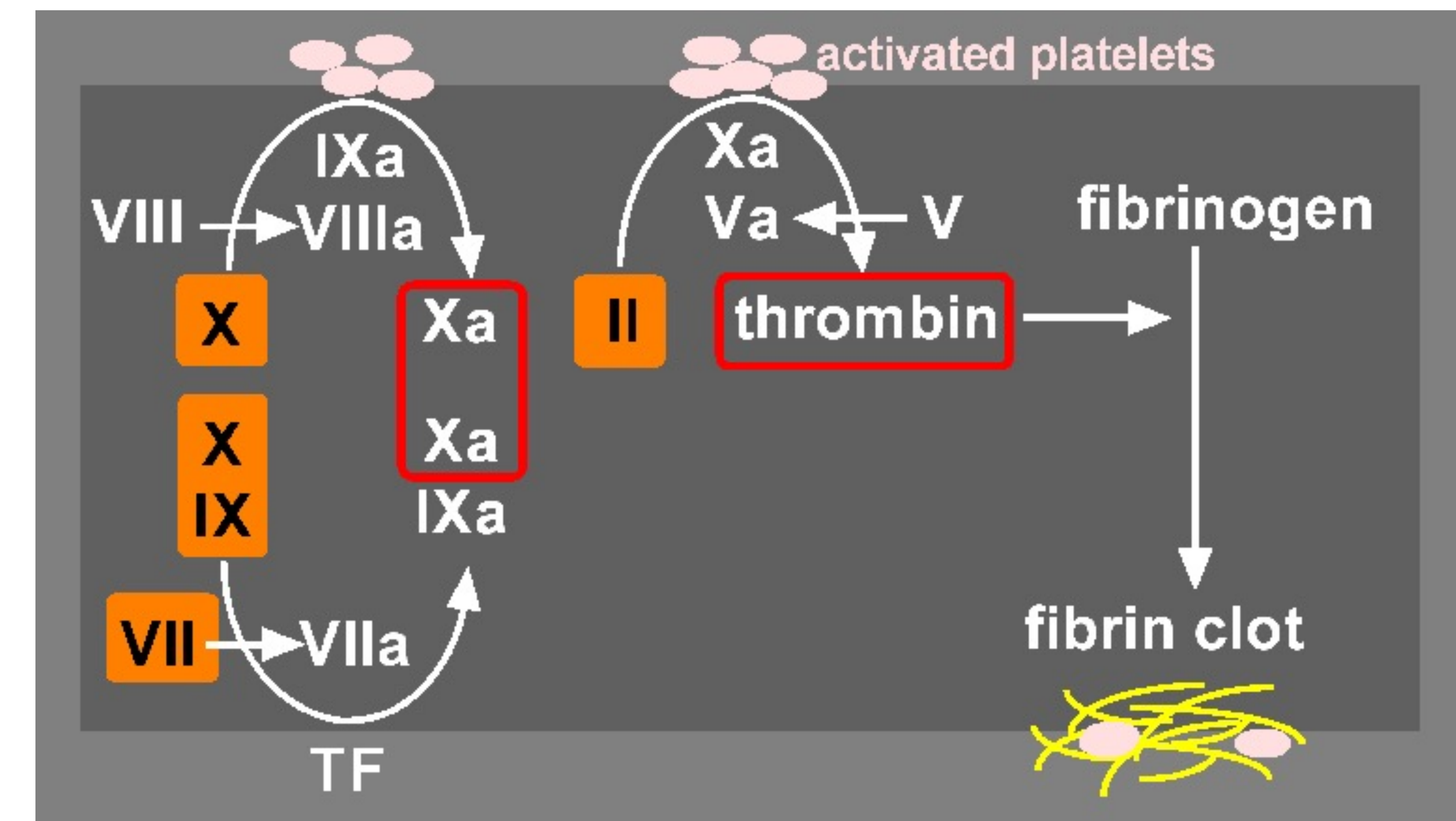
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Case

- 30 year old 115 kg G6P5005 at 36 weeks and 4 days' gestation with twin intrauterine pregnancy presented for scheduled sixth repeat cesarean section.
- 10 hours postpartum fundal massage expressed 1 liter of vaginal bleeding
- Massive transfusion protocol (MTP) was activated and patient was taken emergently to the operating room for dilation and curettage under general anesthesia
- Final QBL was 8 L and 20 units of packed red blood cells, 23 units of FFP, 2 units of platelets, 2 units of cryoprecipitate, 1 gram of tranexamic acid and 36 units/kg (4248 units) of PCC were administered
- Given continuous need for blood and factor replacement in the setting of intractable bleeding and largely unknown coagulation lab values, PCC was administered



Key Points

- The safety of PCC has been questioned in postpartum patients given its prothrombotic mechanism
- In the setting of intractable hemorrhage, avoiding exsanguination from surgical bleeding and coagulopathy was our top priority
- Although PCC is not recommended for routine use in obstetric hemorrhage, we believe it aided in achieving hemostasis without the addition of thrombotic events in this patient
- **References**
- Muñoz M, Stensballe J, Ducloy-Bouthors AS, et al. Patient blood management in obstetrics: prevention and treatment of postpartum haemorrhage. A NATA consensus statement. *Blood Transfus.* 2019;17(2):112-136. doi:10.2450/2019.0245-18