IV Methergine and Periprocedural Blood Pressures During Cesarean Section

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- Uterine atony is the leading cause of postpartum hemorrhage
- During C/S, methylergonovine maleate (MM) is an ecbolic agent that can be given IM or IV to treat uterine atony
- MM IV onset is more rapid than IM, but IV is rarely used due to concerns about potential hypertension
- Is fractionated dosing of IV MM associated with acute hypertension during C/S?

Study Design and Methods

- Unique practical approach: fractionated dosing of MM
- Retrospective case series analysis
- Multicenter Perioperative Outcomes Group (MPOG) registry – single institution analysis
- C-sections between 2020-2025
- Primary outcome: maximum % change in MAP over baseline within the first hour after MM administration

Results

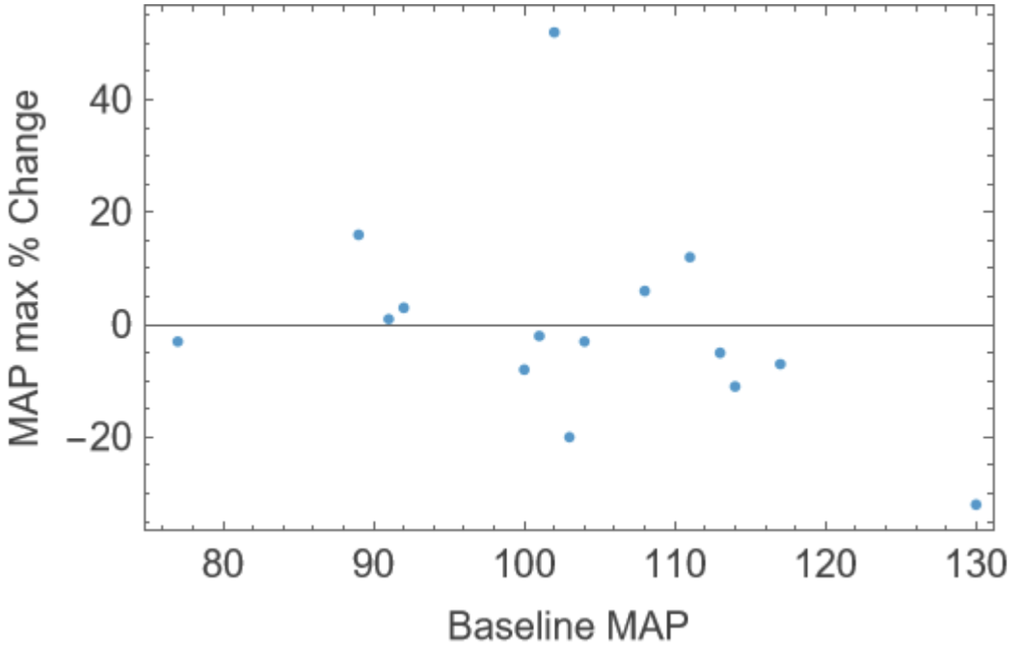

Figure 1: Plot of max % change in MAP for each baseline MAP

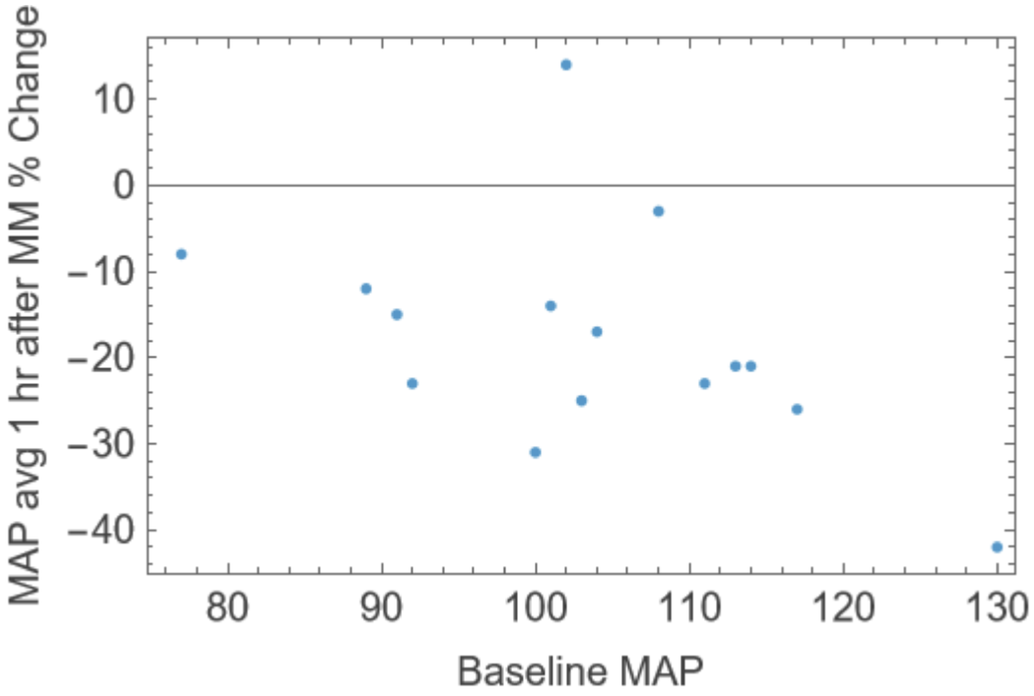

Figure 2: Plot of mean MAP for 1hr after MM for each baseline MAP

Conclusion and Discussion

- MM can be administered in fractionated doses without associated clinically significant elevation of MAP
- Potential to:
  - Decrease morbidity and mortality
  - Decrease medication administration
  - Decrease blood transfusions