

# Bleeding news



## Early viscoelastometric guided fibrinogen replacement combined with escalation of clinical care reduces progression in postpartum haemorrhage: a comparison of outcomes from two prospective observational studies

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Haemostatic treatment in patients with postpartum haemorrhage (PPH) is still controversial, given the special characteristics of third-trimester pregnant women, including a significant increase in plasma fibrinogen levels, which in normal conditions is above 4 grams/litre. Thus, previous studies have shown that early treatment with fibrinogen, aimed at maintaining levels over 2 g/L, improves the outcomes and reduces the progression to massive bleeding in PPH patients.

The authors approach a comparison of 2 prospective studies in the same site, before and after the introduction of a set of measures for PPH management. This set of measures included the use of a quantitative blood loss method from the time of delivery, the administration of tranexamic acid when the estimated loss was at 1000 ml, and the use of the viscoelastic test (ROTEM). This allowed for management to go from empirical or based on laboratory-based tests of coagulation to ROTEM-based, with a 2 g/L fibrinogen threshold, reducing the percentage of women progressing to massive PPH.

These improved outcomes result from a number of changes, including an early diagnosis of the coagulopathy and an early start of the treatment. In that regard, as already proven in other studies, clinical concern plays a major role, reinforced by the quantitative measurement of blood loss, triggering the alert and the start of PPH management. After such an alert, using a viscoelastic test as part of management and treatment guide leads to time savings and a global overview of the coagulopathy, which translates into a decrease/removal of fresh plasma in favour of fibrinogen replacement, by means of a concentrate.

The implementation of the viscoelastic test also meant an early management in patients with hypofibrinogenaemia (levels below 2 g/L) at the start of delivery, thus curbing the progression of PPH. As a matter of fact, none of the patients in the article progressed to massive bleeding.

This article is a clear example of how applying different evidence leads to an improved diagnosis, management and, consequently, outcome in complex situations such as PPH.