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No clear prophylactic benefit of tranexamic acid in preventing postpartum haemorrhage after vaginal birth

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CONTEXT

Postpartum haemorrhage (PPH) is defined as blood loss of 500 mL or more within 24 hours after birth. Tranexamic acid (TXA) is an antifibrinolytic drug that is effective for the treatment of PPH ; however, its effectiveness for the prevention of PPH after vaginal birth is uncertain.

CLINICAL QUESTION

What are the effects of TXA compared with placebo, both given in addition to uterotonics, for preventing PPH in women after vaginal birth?

BOTTOM LINE

TXA results in little to no difference in blood loss ≥ 500 mL **(high-certainty evidence)** and probably results in little to no difference in blood loss ≥ 1000 mL within 48 hours of vaginal birth **(moderate-certainty evidence).** TXA results in little to no difference in receipt of blood transfusion **(high-certainty evidence)** and probably results in little to no difference in severe morbidity **(moderate-certainty evidence).** The evidence suggests that TXA may result in little to no difference in surgical interventions to control PPH **(low-certainty evidence).** The evidence is very uncertain about the effect of TXA on maternal death, thromboembolic events, and hysterectomy **(very low-certainty evidence).** In women with anaemia, TXA results in little to no difference in additional uterotonics and clinical diagnosis of PPH **(high-certainty evidence).** In women with no anaemia, TXA results in a slight reduction in additional uterotonics and a slight reduction in clinical diagnosis of PPH **(high-certainty evidence).**

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CAVEATS

This review is an update of a review first published in 2010 and previously updated in 2015. It includes three randomized controlled trials at low risk of bias, involving a total of 18,974 women. No studies from the 2015 version were included, as they involved women undergoing caesarean section and used retrospective data.

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Author contributions

All authors contributed equally and validated the final version of record.

Declarations

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The Authors declare that there is no conflict of interest.

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Registration

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Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethical approval

Ethical approval for this study was not required.

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