Table D-18. Evidence table for studies addressing management of PPH (Froessler 2013)

| **Study** **Description** | **Intervention** | **Inclusion/Exclusion** **Criteria & Population** | **Outcomes** |
| --- | --- | --- | --- |
| Author:Froessler et al., 201323Country:AustraliaEnrollment period: 2009-2010Birth setting: NRFacility characteristics: NRFunding: NR Design: RCT | **Intervention:** **Intravenous Iron sucrose:** 400 mg of Intravenous iron sucrose divided into two 200 mg infusions of 30 minutes duration, given a minimum of 24 hours apart, plus folate tablets (folic acid 600 µg) until delivery.**FGF tablets:** Two FGF tablets (containing ferrous iron sulfate 250 mg, equiv. elemental iron 80 mg, folic acid 600 µg) totaling 160 mg of elemental iron daily until delivery or for six weeks following delivery, depending on the timing of recruitment (either antenatal or postnatal).**Groups:****G1:** Iron sucrose**G1a:** Antenatal cohort**G1b:** Postnatal cohort**G2:** FGF tablets**G2a:** Antenatal cohort**G2b:** Postnatal cohortN at enrollment: **G1:** 137**G2:** 134N at follow-up: **G1:** 100**G1a:** 69**G1b:** 31**G2:** 94**G2a:** 51**G2b:** 43Duration of treatment: NRTiming of treatment: NR Order of treatment: NRLength of follow-up: NR | **Operational definition of PPH:** NR**Definition of success of treatment**: NR**Method of blood loss measurement:** NR**Severity:** NRInclusion criteria: * Women who met the criteria for iron deficiency anemia (Hb <110 g/L and ferritin <12 µg/L) and were hemodynamically stable
* Women identified during either the antenatal period (at routine clinic appointments between 28 and 36 weeks gestation) or within 72 hours of birth following either a caesarean section or vaginal delivery with blood loss > 500 ml

Exclusion criteria: * Women who did not consent to the study
* Women who presented with other causes of anemia, acute systemic infection, vitamin B12 or folate deficiency, hepatitis, HIV, severe asthma
* Allergy to iron
* Pre-treatment ferritin levels >300 ng/mL
* Multiple pregnancy or high risk of premature birth.

**Maternal age, yrs, median (IQR):****G1:** 27 (23-32)**G1b:** 28 (26-32)**G2:** 29 (25-33)**G2b:** 30 (26-34)**Parity, n:** NR**Weeks gestation, median (IQR):** NR**Single pregnancy:** NR**Multiple pregnancy:** NR**Race/ethnicity:** NR**BMI, (kg/m2), mean ± SD:****G1b:** 29 ± 6**G2b:** 30 ± 7**Baseline hemoglobin (g/L), median (IQR):****G1b:** 96 (87-102)**G2b:** 95 (89 -106)**Ferritin (µg/L)****G1b:** 18 (11-32)**G2b:** 21 (12-36)**SES:** NR**Mode of birth, n:** NR**Risk factors:** NR**Primary etiology of PPH:** NR  | **Blood loss at delivery (mL), median (IQR):****G1b:** 775 (500-1175)**G2b:** 800 (637-1100)**G1b Vs G2b:** p = 0.6**Received transfusion, n (%):**RBC **G1b:** 0**G2b:** 1 (2.2)**Hemoglobin (g/L),median (IQR):**Post deliveryDay 14:**G1b:** 115 (107-123)**G2b:** 118 (110-127)**G1b Vs G2b:** p =0.2Day 42:**G1b:** 124 (118-132)**G2b:** 127 (120-132)**G1b Vs G2b:** p =0.7p Value (across time within group) for all groups <0.001**Ferritin (µg/L) median (IQR):**Day 14:**G1b:** 101 (82-141)**G2b:** 37 (24-52)**G1b Vs G2b:** p < 0.001Day 42:**G1b:** 46 (24-64)**G2b:** 19 (13-33)**G1b Vs G2b:** p 0.01p Value (across time within group) for all groups <0.005**ICU admission:** NR**Length of stay:** NR**Mortality:** NR**Uterine preservation:** NR**Future fertility:** NR **Breastfeeding:** NR**Psychological impact:** NR**Harms of intervention:** **G1b:** n=1 excluded due to arrhythmia during first transfusion (authors stated it appeared unrelated as it had occurred previously)No other serious adverse effects observed**.****Confounders:** NR**Effect modifiers:** NR |