Table D-20. Evidence table for studies addressing management of PPH (Kim 2013a)

| **Study** **Description** | **Intervention** | **Inclusion/Exclusion** **Criteria & Population** | **Outcomes** |
| --- | --- | --- | --- |
| Author:Kim et al., 201325Country:KoreaEnrollment period: Feb 2002 to Dec 2009Birth setting: HospitalFacility characteristics: Tertiary care hospital.Funding: NRDesign: Retrospective cohort study | **Intervention:** Uterine artery embolization performed by two interventional radiologists; preferred for patients with stable systolic and diastolic BP or heart rate. Performed using gelfoam pieces approximately 4 mm in diameter.**Other medications received, n (%):**Oxytocin**G1:** 60 (100)**G2:** 60 (100)Sulprostone**G1:** 41 (68)**G2:** 37 (60.6)Ervin**G1:** 22 (36)**G2:** 12 (19.6)**Groups:****G1:** Uterine artery embolization **G2:** Complete hysterectomy (CH)N at enrollment: **G1:** 60**G2:** 61N at follow-up: NRDuration of treatment: NRTiming of treatment: NR Order of treatment: NRLength of follow-up: NR | **Operational definition of PPH:** Blood loss of 500ml or more as measured by the pad count in the first 24 hours following delivery**Definition of success of treatment**: Cessation of bleeding and stable vital signs**Method of blood loss measurement:** Pad count**Severity:** NRInclusion criteria: * Diagnosed with PPH or referred from primary care facility with diagnosis

Exclusion criteria: * Three patients who did not undergo Uterine artery embolization or

CH within 24 hours after delivery**Maternal age, yrs, mean ± SD:****G1:** 31.0 ± 4.8 **G2:** 31.8 ± 4.0 p = 0.358**Parity, mean ± SD:** **G1 + G2:** 2.5 ± 0.2**Primaparous, n:****G1:** 17**G2:** 22**Weeks gestation, mean ± SD:****G1 + G2:** 36.6 ± 2.5**Preterm deliveries, n:****G1:**14**G2:**15**Single pregnancy:** NR**Multiple pregnancy, n (%):**Twins**G1:** 5 (8.3)**G2:** 4 (6.5)**Race/ethnicity:** NR**BMI:** NR**Baseline hemoglobin (g/dL), mean ± SD:** **G1:** 10.5 ± 2.3**G2:** 9.0 ± 2.8p = 0.004**SES:** NR**Mode of birth, n (%):** Vaginal**G1:** 23 (38)**G2:** 33 (54) p = 0.081**Risk factors:** NR**Primary etiology of PPH, n (%):** Atony**G1 + G2:** 101(83.4)**G1:** 55 (92.4)**G2:** 46 (75.4)Placenta previa with Placenta accrete:**G1 + G2:** 4 (3.3)**G2:** 4 (6.5)Placenta previa without Placenta accrete:**G1 + G2:** 4 (3.3)**G1:** 4 (7.5)Vaginal wall laceration:**G1 + G2:** 12 (9.8)**G1:** 1 (1.6)**G2:** 11 (18.0) | **Blood loss (ml), mean:****G1:** 676.7**G2:** 1769.1**Transfusion, n (%):****G1:** 25 (41.6) **G2:** 57 (93.4)**ICU admission, n:****G1:** 5 (8.3)**G2:** 39 (63.9)**Duration (days), mean:****G1:** 5**DIC, n (%):****G1:** 4 (6.6)**G2:** 34 (55.7)p<0.001**Anemia:** NR **Length of stay in days, mean:****G1:** 8.60**G2:** 11.5**Length of time in ICU, mean:****G1:** 5**Mortality, n (%):****G1 + G2:** 5 (4)**Uterine preservation:**Subsequent complete hysterectomy:**G1:** 2**Future fertility:**Ovarian failure after Uterine artery embolization , n**G1:** 1 **Breastfeeding:** NR**Psychological impact:** NR**Harms of intervention, n:**Surgical complicationsTransient fever (> 38.5 C)**G1:** 11**G2:** 14Skin wounds in CH revision**G2:** 2Continued bleeding after CH, n**G2:** 4**Confounders:** NR**Effect modifiers:** NR |

**Comments:** The patient with ovarian failure had a previous history of pelvic arterial embolization as a result of adenomyosis and uterine multiple myomas and a history of infertility. She had conceived the present pregnancy through in vitro fertilization.

Study hospital is a bloodless medical center serving Jehovah’s Witnesses