**Table D-63. Evidence table for studies addressing management of PPH (Touboul 2008)**

| **Study** **Description** | **Intervention** | **Inclusion/Exclusion** **Criteria & Population** | **Outcomes** |
| --- | --- | --- | --- |
| Author:Touboul et al., 200864Country:FranceEnrollment period: Jan 1998 to Jan 2002Birth setting: HospitalFacility characteristics: University teaching hospitalFunding:None to reportDesign: Case series | **Intervention:** Selective arterial embolization (SAE)Prior to SAE: Management for vaginal delivery: bimanual uterine exam, removal of retained placental parts, inspection for laceration or tears; surgical tears repaired prior to SAE.For cesarean delivery: abdominal ultrasound to verify absence of retained placenta pieces and rule out hemoperitoneum. Medical management d uterine massage, i.v. oxytocicin up to 55IU, and sulprostone (first injection 500 µg over an hour and second injection 500 µg over 4 hours).12 (11.7%) at their hospital and 90 (88.3) transferred from other obstetric units**Groups:****G1:** SAEN: **G1:** 102Duration of treatment: NRTiming of treatment: Following procedures as listed above. Order of treatment: NRLength of follow-up: NR | **Operational definition of PPH:** Severe PPH: blod loss > 1500 cc and either hemodynamic shock (defined by need for continuous perfusion of vasopressors) or disseminated intravascular coagulation (platelet count < 50,000 per mm3 , elevated prothrombin time defined as greater than twice the control values, hypofibrinogenemia, defined as less than 150 mg/dl and a prothrombin rate < 50%) or both.**Definition of success of treatment**: Uterine preservationSAE effective: 73 (71.5%) 14 required second embolization during 1st 24 hoursSurgery required: 29 **Method of blood loss measurement:** Collection bag placed at end of delivery. For transfer patients added estimated blood loss evaluated by medical team of hospital of origin.**Severity:** NRInclusion criteria: * Women with life threatening PPH who underwent SAE
* Either gave birth at hospital or were transferred from other institutions that did not have ICU or vascular imaging unit

Exclusion criteria: NR**Maternal age, yrs, mean ± SD:****G1:** 31.8 ± 5.9 (21-45)**Parity, n:** **G1:** 2.01 ± 1.11 (1-6)**Weeks gestation, n (%):** **G1:** 38.3 ± 2.9 (28-42)**Single pregnancy:** NR**Multiple pregnancy, n (%):****G1:** 4 (3.9)**Race/ethnicity:** NR**BMI:** NR**Baseline hemoglobin:** NR**SES:** NR**Mode of birth, n:** Vaginal**G1:** 82 (79.4)Forceps: 28/81 (34.5)Cesarean**G1:** 22 (20.6)**Risk factors:** NR**Primary etiology of PPH, n (%):** Atony**G1:** 44 (43.1)Cervical or vaginal tears**G1**: 20 (19.6)Abnormal placentation including placenta accrete and percreta)**G1:** 14 (13.6)Vaginal thrombosis**G1:** 11 (10.7)Intrauterine retention**G1:** 7 (6.8)Placental abruption**G1:** 4 (3.9)Repaired uterine rupture**G1:** 2 (1.9) | **Harms pre-specified:** No**ICU admission:** 100% post procedure **Mortality:G1:** 2**Harms, n (%):**Cardiogenic pulmonary edemas related to hemorrhage **G1:** 5Transient renal failure**G1:** 7 (1 patient developed cortical necrosis and end stage renal failure)Myocardial ischemia**G1:** 3Ischemia of lumbar plexus**G1:** 1Gluteal pain (4 months)**G1:** 1 |