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PII: S2352-5568(17)30201-1
DOI: http://dx.doi.org/doi:10.1016/j.accpm.2017.08.002
Reference: ACCPM 285

To appear in:

Received date: 28-7-2017
Revised date: 30-7-2017
Accepted date: 7-8-2017

Please cite this article as: Anne-Sophie Ducloy-BouthorsAnne Godier Should we add tranexamic acid to postpartum haemorrhage protocols after the WOMAN trial publication? (2017), http://dx.doi.org/10.1016/j.accpm.2017.08.002

Editorial

Should we add tranexamic acid to postpartum haemorrhage protocols after the WOMAN trial publication?

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Keywords: tranexamic acid, postpartum haemorrhage, WOMAN trial, fibrinolysis, maternal mortality

Postpartum haemorrhage (PPH) is defined as a blood loss of more than 500mL within 24 hours following delivery, whatever its mode. PPH remains the leading cause of maternal death worldwide, including in France, and these deaths are mainly considered preventable [1,2]. PPH management is a timely multidisciplinary standardised challenge based on obstetric, radiological and surgical interventions associated to medical treatment, including uterotonics, oxygenotherapy, fluid therapy, red blood cell transfusion and correction of the coagulopathy [1]. The World Health Organization also recommends tranexamic acid (TA) for the treatment of PPH if uterotonics fail to stop the bleeding [1]. However, the place of TA is still discussed [3]. The results of the WOMAN (World Maternal Antifibrinolytic) trial recently published in the Lancet journal, contribute to strengthen the place of TA in PPH [4]. In this short editorial, we review the evidence as to whether TA should be used early in PPH.