O201
HIGH DOSE TRANEXAMIC ACID REDUCES BLOOD LOSS IN POST-PARTUM HAEROMRAGE

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O201
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Objectives: Post-partum haemorrhage (PPH) is a leading cause of maternal death. Given the beneficial effects of tranexamic acid (TXA) in elective surgery and bleeding trauma, we hypothesized that TXA can reduce blood loss in PPH.

Materials: In this French randomized controlled trial, women with PPH > 800 mL following vaginal delivery were assigned to receive TXA (loading dose 4 g/1 hour, then infusion of 1 g/hour over 6 hours), or not.

Methods: At 4 time-points (T1=inclusion, T2=T1+30 min and T3=T1+2 hours, T4=T1+6 hours), the volume of blood loss, and the use of packed red blood cells (PRBC) and of colloids were recorded. Procoagulant treatments (fresh frozen plasma, platelets, fibrinogen) or invasive procedures could be used after T3, or at any time in case of intractable bleeding.

Primary objective was to assess the efficacy of TXA in the reduction of blood loss. Secondary objectives were the effects of TXA on 1) bleeding duration, 2) anaemia, 3) transfusion requirement, and 4) need for invasive procedures.

Results: 144 women (72 TXA and 72 controls) fully completed the protocol. Blood loss between T1 and T4 was lower in the TXA group (median 173 [1st-3rd quartiles 59–377] mL than in controls (221 [105–564] mL, p = 0.040). In the TXA group, bleeding duration was shorter, and progression to severe PPH and PRBC transfusion were less frequent than in controls (p < 0.03). Invasive procedures were performed in 4 women in the TXA group and in 7 controls (p = NS). PPH stopped after only uterotonic and PRBC in 93% of women in the TXA group vs 79% of controls (p = 0.016).

Mild transient adverse manifestations (vomiting, blurred vision) occurred more often in the TXA group (p = 0.002).

Conclusions: This study brings the first demonstration that TXA reduces blood loss and maternal morbidity in PPH. Adverse effects were mild and transient. A larger study should be performed to investigate whether TXA could reduce maternal morbidity worldwide.

O202
QUARITE (QUALITY OF CARE, RISK MANAGEMENT AND TECHNOLOGY IN OBSTETRICS): A CLUSTER-RANDOMISED TRIAL OF A MULTIFACETED INTERVENTION TO IMPROVE EMERGENCY OBSTETRIC CARE IN SENEGAL AND MALI

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Objectives: QUARITE aims to evaluate the effectiveness of the ALARM International Program (AIP) in reducing maternal mortality in referral hospitals in Senegal and Mali. Secondary objectives include evaluation of effectiveness in terms of resource availability, service organisation, medical practices, and satisfaction among health personnel.

Materials: QUARITE is an international, multi-centre, controlled cluster-randomized trial of a complex intervention. To avoid contamination bias between clinicians in the same service, the unit of randomization and of intervention is the participating health care facility. 46 referral hospitals were included in the trial (24 in Senegal and 22 in Mali). A continuous clinical data collection system has been set up in all participating centres. This, along with the inventory of resources and the satisfaction surveys administered to the health personnel, allowed us to measure results before, during, and after the intervention.

Methods: The intervention is based on the implementation of facility-based maternal death review and in-site training. The primary endpoint measure is the overall rate of maternal mortality (rate of maternal deaths among women giving birth in the facility). As secondary endpoints, we also assessed the following measures of the effectiveness of the intervention: indicators of resource availability, indicators of quality of care, maternal morbidity, perinatal mortality and health personnel satisfaction.

Results: QUARITE Trial is registered on Current controlled trials with the following number: ISRCTN49695068. The intervention period lasted from November 1, 2008 to October 31, 2010. Data collection ended at October 31, 2011. Reporting date of the results is March 1, 2012. The analyses will be completed by June 2012.

Conclusions: Our primary hypothesis is that the ALARM International Program (AIP) reduces the overall rate of maternal mortality, as measured in the hospitals in the post-intervention period, by 30% in comparison with the control group. If this hypothesis is verified, these findings will provide a scientifically validated safe motherhood program and will help to promote the scaling-up of such intervention as AIP in low-income countries to reduce maternal mortality.

O203
EFFECT ON CA125 REQUEST NUMBERS OF THE INTRODUCTION OF NICE CLINICAL GUIDANCE 122 “THE RECOGNITION AND INITIAL MANAGEMENT OF OVARIAN CANCER”

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Objectives: To investigate how the introduction of the NICE guidelines in April 2011 have affected the number of serum CA125 levels being taken, the financial implications of this, and if it has affected the number of cases of ovarian cancer being diagnosed per month.

Materials: Biochemistry lab data base Cancer Office data base.

Methods: The following data sets were obtained in and represent the findings in the Nottinghamshire Trust. Ca125 requests for the 6 months prior to and 6 months following the introduction of the NICE guidelines in April 2011 were counted and analysed. This covered the time period from the 01/10/10 to the 30/09/11 and a total of 5080 Ca125 requests.

Results: Number of Ca125 requests: 53% increase in requests per month 185 extra tests per month 24% of the tests were >35 iU/ml.