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Introduction:
The use of FFP is associated with an increased incidence of complications such as acute respiratory distress and infections, and the rate of complications increased with the quantities of FFP transfused (1). PCC contain several important coagulation factors and it has been suggested that they could replace FFP. This has been shown mainly in case reports or series in which coagulation factor deficit was detected by using POC viscoelastic tests in trauma (2) or traditional hemostatic tests in obstetric patients (3).

Methods:
Multicenter observational study of the safety and efficacy of the prothrombin complex concentrate. A survey of anesthetists was conducted in 19 maternity hospitals at various levels of care in the Russian Federation. Data has been collected and processed. As a result, 251 patients were analyzed. PPH was determined as a volume of blood loss more than 500 ml during vaginal delivery or CS.

Results:
The most significant risk factors for PPH were: preeclampsia or arterial hypertension and a history of postpartum hemorrhage. 32.3% had no risk factors for PPH. It was determined that the use of Prothromplex 600 IU decreased the number of patients with transfusion FFP 12-15 ml/kg by 27.8% and increased the number of patients without transfusion by 25.9%, compared with patients without use of Prothromplex 600 IU. No complications were detected.

Conclusion:
The use of PCC safety and efficacy reduce use of FFP during PPH.

References:

Image:

The use of Prothromplex and a decrease in the volume of transfusion FFP

<table>
<thead>
<tr>
<th>No PCC (PPH = 1667 ml)</th>
<th>PCC 600 units (PPH = 1426 ml)</th>
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<tbody>
<tr>
<td>No transfusion FFP</td>
<td>4.2%</td>
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<tr>
<td>12.15 ml/kg</td>
<td>62.5%</td>
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<td>20-30 ml/kg</td>
<td>33.3%</td>
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<td>27.8%</td>
<td>34.7%</td>
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<tr>
<td>25.9%</td>
<td>59.2%</td>
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Use of Prothromplex and a decrease transfusion of FFP