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# Dr Shobha N Gudi

 Dr Shobha N Gudi




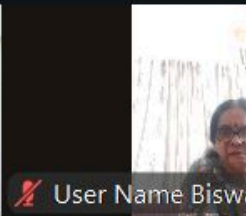
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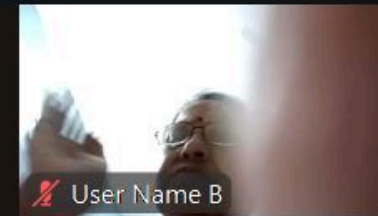
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 User Name Malini




 User Name Biswas



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 Dr. Swati Sharma



 Dr. Riya Datta



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Video



Participants 78



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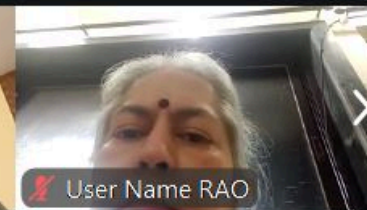
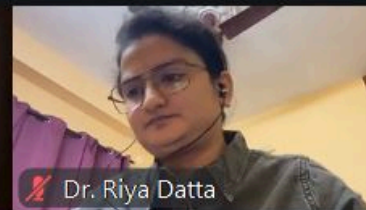
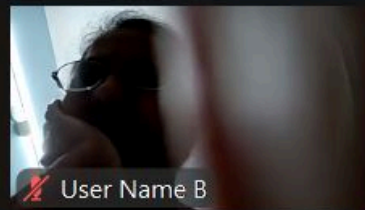
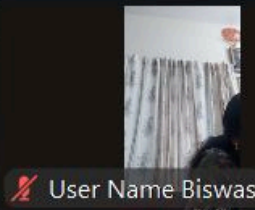
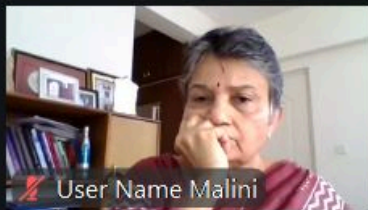


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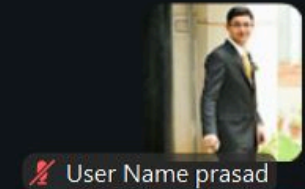
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# INTRODUCTION

- PPH - most common complication of childbirth
- One fifth of all maternal deaths
- Step towards the **achievement of the health targets of the third Sustainable Development Goal**
- WHO-FIGO-ICM – Released recent maternal health guideline change - October 2025 - addresses health system challenges
  - **delayed diagnosis of PPH**
  - **contradictory international guidelines**
  - **weak supply chains and human resource constraints**
  - **limited capacity for ancillary infrastructure**



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- First, the prevention package moves from best available to available best.
- Oxytocin 10 IU given intramuscularly or intravenously remains the first-line treatment where quality-assured supply and a reliable cold chain exist; heat-stable carbetocin (100 µg given intramuscularly or intravenously) is preferred where the cold chain is unreliable.
- Oral misoprostol (400–600 µg) is the alternative only in cases where injections and a reliable cold chain are not feasible.
- That pragmatic hierarchy reduces vulnerability to stock-outs and power cuts, which remain a daily reality in many settings with a high burden of postpartum haemorrhage.
- It also allows national programmes to choose confidently between good options rather than be immobilised by an ideal they cannot reliably deliver.



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# RATIONALE BEHIND RECOMMENDATION 22

## Prognostic accuracy of clinical markers of postpartum bleeding in predicting maternal mortality or severe morbidity: a WHO individual participant data meta-analysis

Ioannis Gallos, Caitlin R Williams, Malcolm J Price, Aurelia Tobias, Adair Devall, John Allotey, Fernando Althabe, Jenny A Cresswell, Jill Durocher, A Metin Gülmezoglu, Christian Haslinger, Rodolfo C Pacagnella, Loïc Sentilhes, Soha Sobhy, Idnan Yunus, Jonathan J Deeks, Arri Coomarasamy, Olufemi T Oladapo, for the WHO Consortium on Postpartum Haemorrhage Definition\*

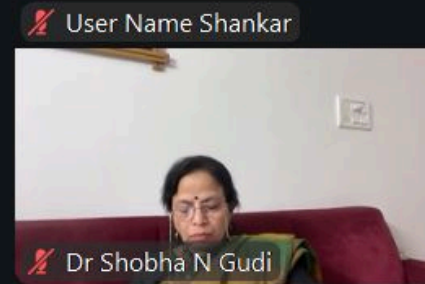


- based on a **meta-analysis** of individual participant data including **over 300 000 women from 12 datasets across 23 countries (28)**, offering moderate-certainty, individual-level evidence with global representativeness.
- The findings show that a **threshold of  $\geq 300$  mL blood loss combined with any abnormal haemodynamic sign offers a good balance between sensitivity and specificity** in identifying women at increased risk of severe adverse outcomes from postpartum bleeding, outperforming the conventional  $\geq 500$  mL threshold, in both accuracy and clinical utility.



Dr. Swati Sharma

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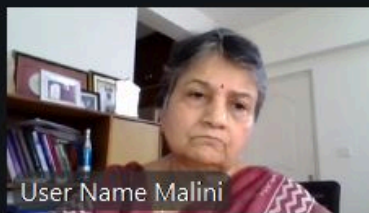
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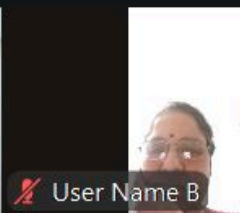
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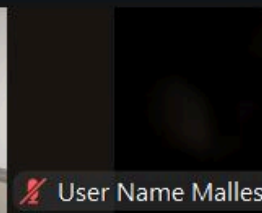
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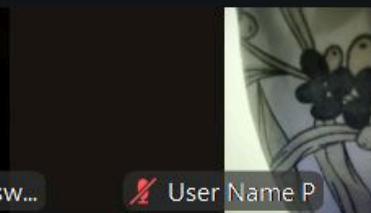
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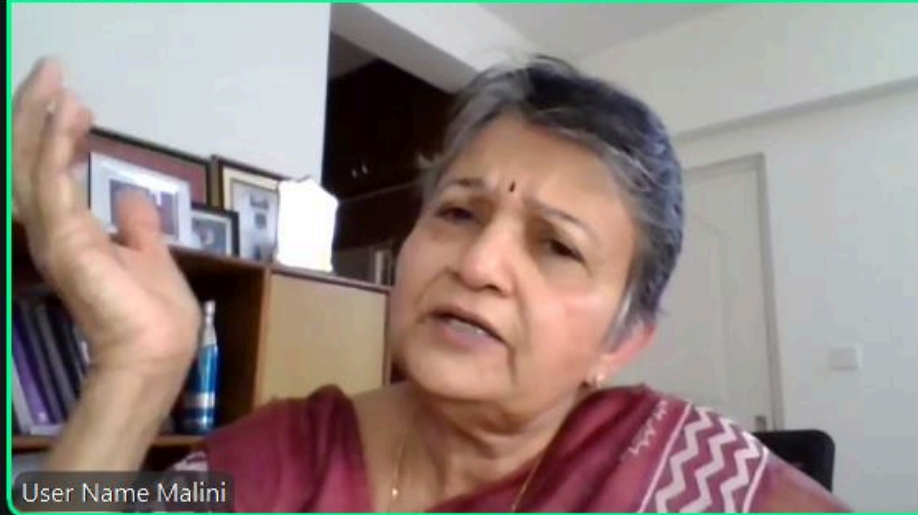
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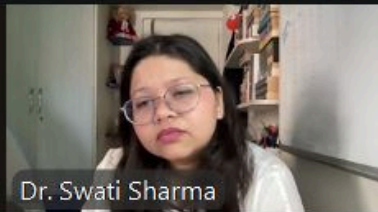


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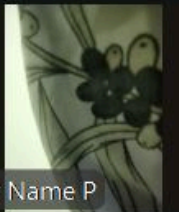
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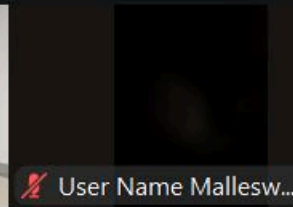
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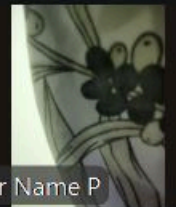
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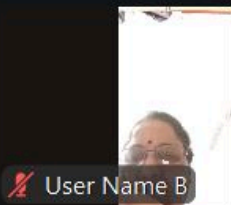


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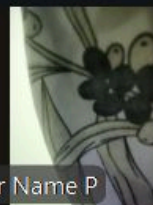
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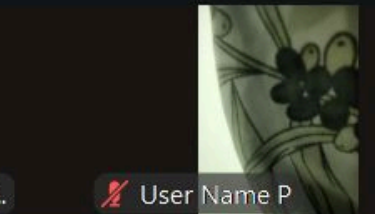
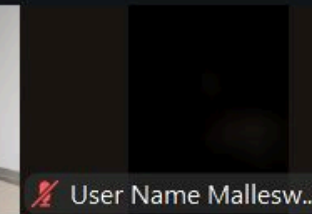
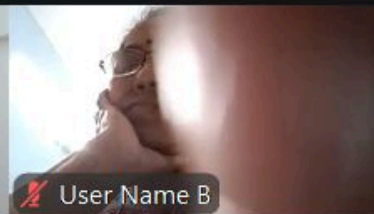
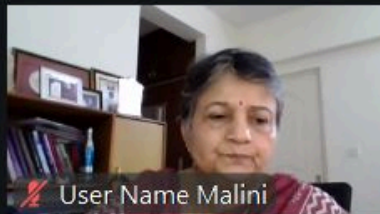


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Original Investigation | Obstetrics and Gynecology

## Guidelines on Placenta Accreta Spectrum Disorders A Systematic Review

Giulia Bonanni, MD; Maria C. Lopez-Giron, MD; Lisa Allen, MD; Karin Fox, MD, MEd; Robert M. Silver, MD; Sebastian R. Hobson, MD, MPH, PhD; Alvaro J. Nieto-Calvache, MD; Sally Collins, BSc, BMBCh, DPhil; Mirosław Wielgos, MD, PhD; Eric Jauniaux, MD, PhD; Helena C. Bartels, MD, PhD; Loïc Sentilhes, MD, PhD; John Kingdom, MD; Frederic Chantraine, MD, PhD; Joseph R. Wax, MD; Alison Cahill, MD, MSCI; Alfred Abuhamad, MD; Diogo Ayres de-Campos, MD, PhD; Kjersti Aagaard, MD, PhD; Amir A. Shamshirsaz, MD; Scott A. Shainker, DO; Alireza A. Shamshirsaz, MD

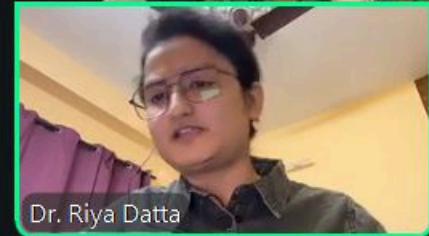
**Journal Source:** JAMA Open Network, July 2025.

### NEED FOR THE STUDY:

- PAS is a life-threatening condition characterized by placental invasion into adjacent organs leading to severe haemorrhage and significant morbidity.
- Management requires a multidisciplinary approach involving obstetrics, maternal-fetal medicine, and various surgical/medical specialties.
- Multiple national and international clinical practice guidelines exist; however, **vari recommendations and gaps in evidence persist.**



Dr Shobha N Gudi



Dr. Riya Datta


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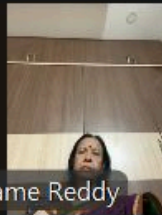
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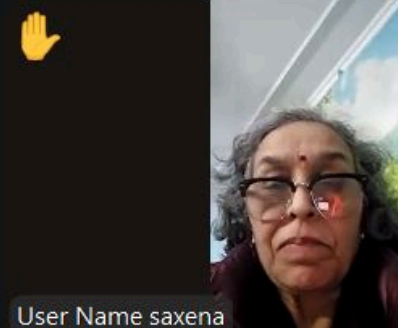
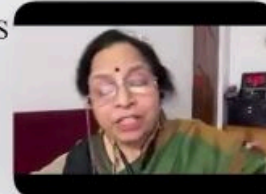


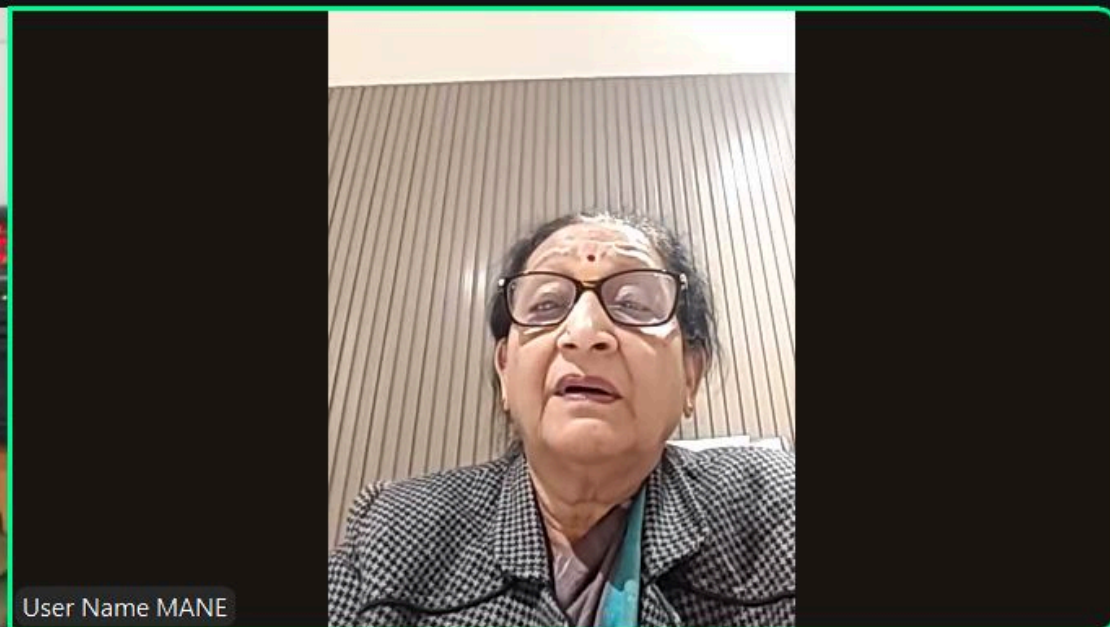
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## CLINICAL RELEVANCE

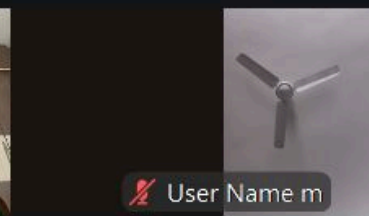
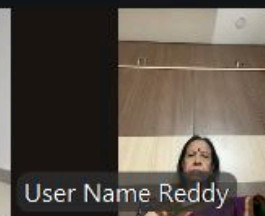
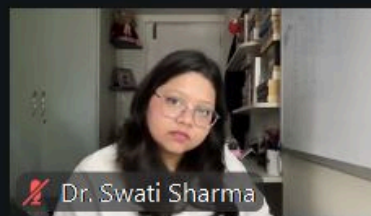
- **Reinforces risk stratification in routine practice:** Confirms prior cesarean delivery and placenta previa as the dominant risk factors, strengthening antenatal screening and referral pathways.
- **Supports ultrasound-based diagnosis as standard of care:** Validates ultrasonography with color Doppler as the primary diagnostic modality, reserving MRI for selected, problem-solving scenarios.
- **Emphasizes early referral to specialist centers:** Demonstrates universal agreement that suspected PAS should be managed in multidisciplinary, high-resource centers to reduce maternal morbidity.
- **Guides informed counseling and shared decision-making:** Highlights which recommendations are evidence-based versus expert-opinion driven, enabling transparent patient counseling—especially regarding fertility-preserving options.
- **Identifies high-risk areas lacking evidence:** Alerts clinicians to domains where practice varies widely (surgical techniques, conservative management, postnatal care), encouraging individualized, experience-based decisions.
- **Informs protocol development and audit:** Provides a framework for institutions to align local PAS areas of global consensus while acknowledging unavoidable evidence gaps.



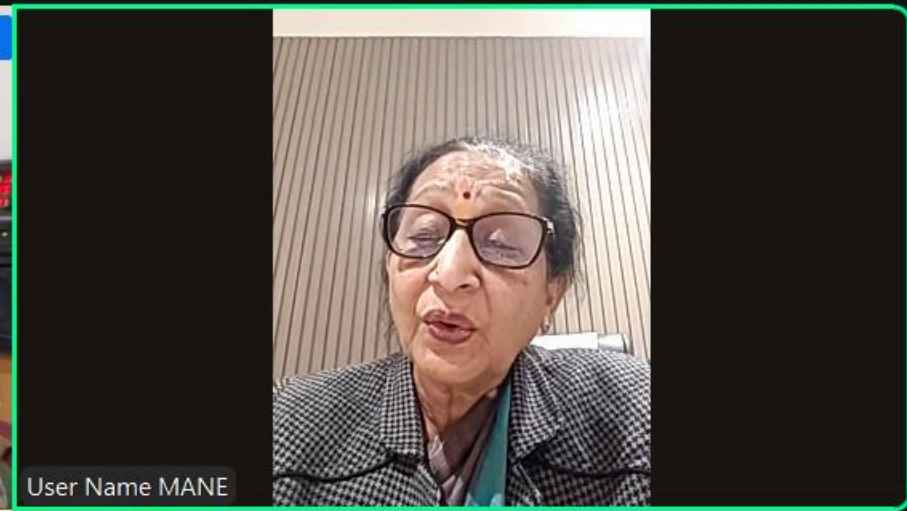


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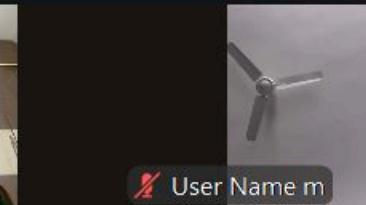
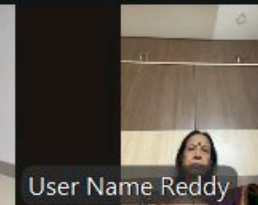
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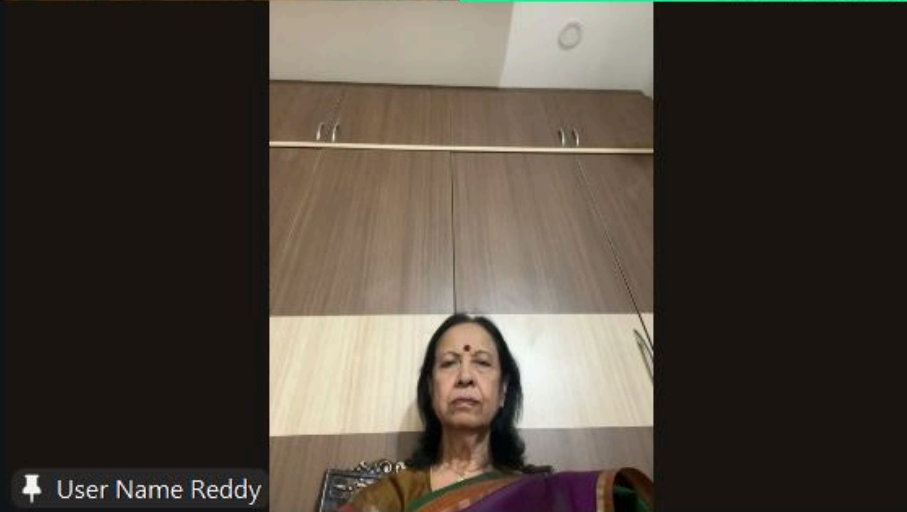






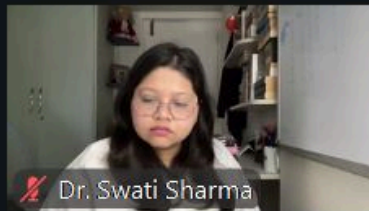
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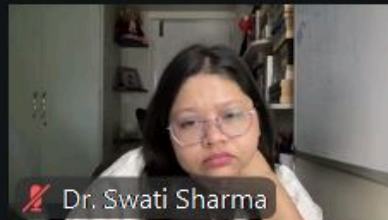
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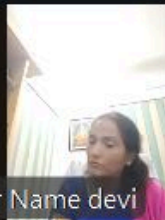
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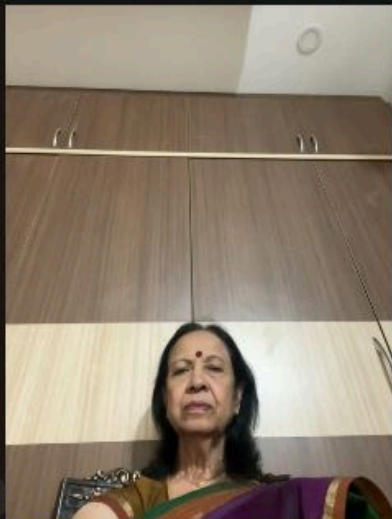


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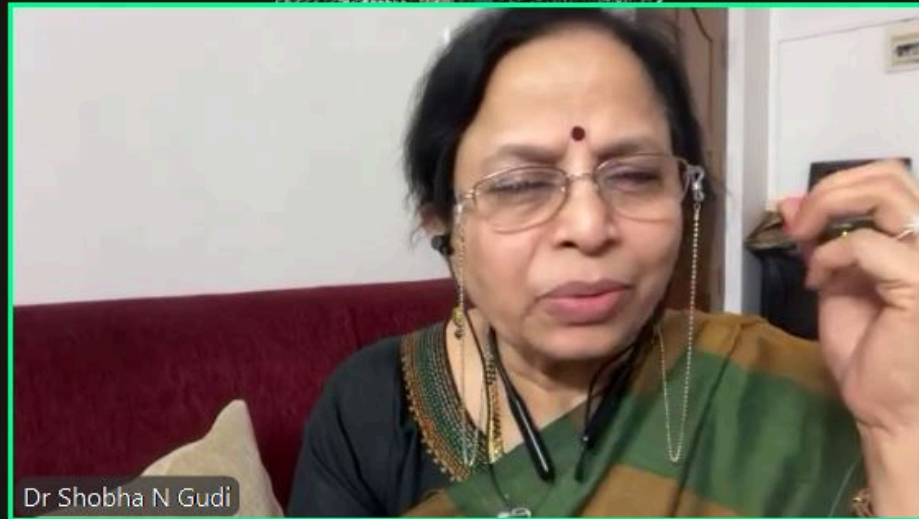
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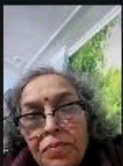
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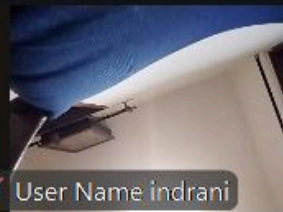
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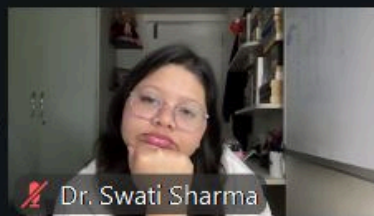
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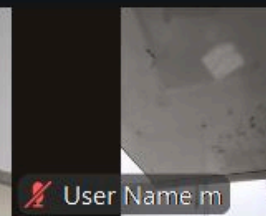


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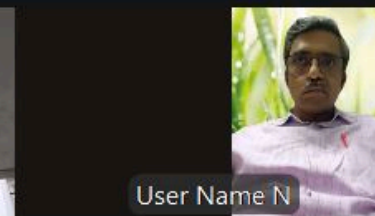
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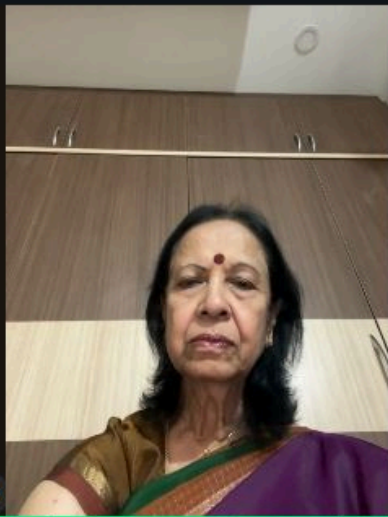


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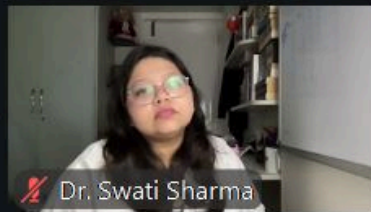
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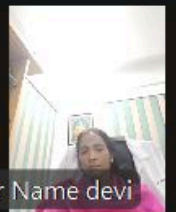
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