

Prophylactic use of tranexamic acid not beneficial in cesarean delivery

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For patients undergoing cesarean delivery, prophylactic use of

tranexamic acid does not lead to a lower risk for a composite of maternal death or blood transfusion, according to a study published in the April 13 issue of the *New England Journal of Medicine*.

Luis D. Pacheco, M.D., from the University of Texas Medical Branch in Galveston, and colleagues randomly assigned [patients](#) undergoing cesarean delivery at 31 hospitals to receive [tranexamic acid](#) or placebo after [umbilical cord](#) clamping (5,529 and 5,471 participants, respectively). The primary outcome was a composite of maternal death or blood transfusion by hospital discharge or seven days postpartum.

The researchers found that a primary outcome event occurred in 3.6 and 4.3 percent of participants in the tranexamic acid and placebo groups, respectively (adjusted relative risk, 0.89; 95.26 percent confidence interval, 0.74 to 1.07; $P = 0.19$). Estimated intraoperative blood loss of more than 1 L occurred in 7.3 and 8.0 percent of those in the tranexamic acid and placebo groups, respectively (relative risk, 0.91; 95 percent confidence interval, 0.79 to 1.05). Interventions for bleeding complications occurred in 16.1 and 18.0 percent of those in the tranexamic acid and placebo groups, respectively (relative risk, 0.90; 95 percent confidence interval, 0.82 to 0.97). The two groups had similar frequencies of thromboembolic events and other adverse events.

"Prophylactic administration of tranexamic acid during cesarean delivery did not lead to a lower risk of maternal death or [blood transfusion](#)," the authors write.

More information: Luis D. Pacheco et al, Tranexamic Acid to Prevent Obstetrical Hemorrhage after Cesarean Delivery, *New England Journal of Medicine* (2023). [DOI: 10.1056/NEJMoa2207419](https://doi.org/10.1056/NEJMoa2207419)

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