

Tranexamic Acid
for
Postpartum Hemorrhage (PPH)

Tranexamic Acid (TXA):

1. Antifibrinolytic Agent. Prevents fibrin binding and degradation
2. TXA is recommended in all cases of PPH.
3. To be effective, it should be given as soon as possible after PPH is identified.
4. Use TXA within 3 hours and as early as possible after onset of PPH. Do not initiate TXA more than 3 hours after birth, unless being used for bleeding that restarts within 24 hours of completing the first dose.

Indications (PPH):

1. Estimated blood loss (EBL) > 1,000 ml after vaginal delivery or,
2. EBL > 1,500 ml during cesarean delivery or,
3. EBL considered sufficient to compromise hemodynamic stability

Dosing & Administration:

1. TXA 1 g added to 100 ml NS mini-bag administered intravenously (IV) over 10 minutes as soon as PPH is identified. The first dose will be mixed and administered by anesthesia. Do not exceed infusion rate (1 g IV over 10 minutes) to avoid hypotension.
2. If bleeding continues after 30 minutes or if bleeding restarts within 24 hours of completing the first dose, a second dose of TXA 1 g may be given. This dose will be obtained from the pharmacy as **Stat** and given by the nurse.

Contraindications with IV administration (per Lexicomp Online):

- Hypersensitivity to TXA
- Active intravascular clotting
- Subarachnoid hemorrhage – may cause cerebral edema and cerebral infarction

Warnings/Precautions (per Lexicomp Online):

- Patients at risk of thrombotic complications
- Tranexamic acid is cleared mainly by the kidney; increase dose interval in patients with renal impairment.
- Acquired defective color vision; discontinue treatment if ocular changes occur
- However, in case of life-threatening PPH, risk/benefit must be considered.

Adverse Effects with IV administration (per Lexicomp Online):

- Allergic dermatitis
- Hypotension (with rapid IV injection)
- Dizziness, headache, CNS depression
- Blurred vision, visual abnormalities (after use for more than several days)
- Seizures

Breastfeeding (per Lexicomp Online):

- Tranexamic acid is present in breast milk. Infant risk cannot be ruled out.
- The decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and the benefits of treatment to the mother. TXA should only be used in a nursing mother only if clearly needed.