

Title: Identifying Clinical Factors Associated with Post-partum Hemorrhage in Women with Inherited Bleeding Disorders (CLIF-PPH): A Population-based Cohort Study of Women in Ontario

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Stage in Program: Active in data collection and analysis

Abstract

Background: Postpartum hemorrhage (PPH) is the most common cause of global maternal morbidity. PPH may result from failure of the uterus to contract or other causes (retained placenta). An increased risk of PPH has been reported in women with inherited bleeding disorders compared to those without inherited bleeding disorders, and is thought to be associated with increased morbidity, health care utilization and disease burden. Limited information exists concerning patterns of health care use and impact of PPH among Canadian women with inherited bleeding disorders.

Problem statement: This project aims to identify and compare the maternal characteristics associated with development of PPH in women with and without inherited bleeding disorders, and to describe and compare the postpartum health care utilization of both groups up to 12 weeks following delivery.

Methods: This retrospective, population-based cohort study uses administrative health data housed within the Institute for Clinical and Evaluative Sciences (ICES). All live & stillborn deliveries (>20 weeks' gestation) between 2014-2019 were included. Diagnostic & billing codes were used to identify maternal characteristics, deliveries & outcomes, as well as maternal postpartum health care encounters & medical care.

Results to date: 799,301 deliveries met the inclusion criteria. 0.35% (n=2726) were to women diagnosed with inherited bleeding disorders. Approximately 4.7% (n=36,804) of all deliveries were associated with PPH. Within the bleeding disorders group, 7% of deliveries (190/2726) were associated with PPH, compared to 4.7% of deliveries (36,614/776,575) in the non-bleeding disorders group.

Implications for Nursing: Guidelines exist for treatment and prevention of PPH in women with inherited bleeding disorders; however, the focus is on the prevention of primary PPH through medical treatment. Study results will illuminate the health care utilized and needed by women following PPH and will have implications for maternal health policy development, particularly with respect to access to specialized multidisciplinary care.