



Universiteit  
Leiden  
The Netherlands

## **Recognition and management of persistent postpartum haemorrhage: Time to take timing seriously**

Henriquez, D.D.C.A.

### **Citation**

Henriquez, D. D. C. A. (2020, December 1). *Recognition and management of persistent postpartum haemorrhage: Time to take timing seriously*. Retrieved from <https://hdl.handle.net/1887/138245>

Version: Publisher's Version

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/138245>

**Note:** To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The handle <http://hdl.handle.net/1887/138245> holds various files of this Leiden University dissertation.

**Author:** Henriquez, D.D.C.A.

**Title:** Recognition and management of persistent postpartum haemorrhage: Time to take timing seriously

**Issue date:** 2020-12-01

**Stellingen** behorend bij het proefschrift getiteld *Recognition and management of persistent postpartum haemorrhage; time to take timing seriously*

- 1) Early recognition of women with postpartum haemorrhage at high risk of adverse outcome may be achieved by extending the current definitions of postpartum haemorrhage with *refractoriness to treatment*. (this thesis)
- 2) Women with persistent postpartum haemorrhage and concurrent preeclampsia are at high risk of haemorrhage-related adverse maternal outcomes, as compared with women without concurrent hypertensive disorders of pregnancy. (this thesis)
- 3) Excessive fluid resuscitation with crystalloids and colloids in women with persistent postpartum haemorrhage may worsen maternal outcome by causing dilutional coagulopathy. (this thesis)
- 4) Empirical early plasma transfusion in women with persistent postpartum haemorrhage does not seem to improve maternal outcomes, as compared with no or later plasma transfusion in these women, independent of severity of bleeding. (this thesis)
- 5) Tools to quickly diagnose coagulopathy in women with severe postpartum haemorrhage are the key for personalised, haemostatic interventions in these women. (this thesis)
- 6) A large proportion of women who develop postpartum haemorrhage do not have identifiable risk factors, so all women must be considered at risk. (Abdul-Kadir, Transfusion 2014)
- 7) A woman with postpartum haemorrhage will probably be saved with timely obstetric interventions, rather than with interventions to correct coagulopathy.
- 8) The implementation of point-of-care coagulation tests in bleeding patients should be suspended, until we have a sound scientific basis for their use.
- 9) It is odd that we tend to consider death due to exsanguination a substitute for overall mortality in patients with life-threatening haemorrhage.
- 10) 2020, the year we all experienced one of the foundations of science: *panta rhei*.

Leiden, 1 december 2020  
Dacia Henriquez