REPLY

Brian T. Bateman, MD,
Division of Obstetric Anesthesia, Department of Anesthesia, Critical Care, and Pain Medicine, Massachusetts General Hospital, Harvard Medical School, 55 Fruit St., Boston, MA 02114

William M. Callaghan, MD, MPH, and
Division of Reproductive Health

Elena V. Kuklina, MD, PhD
Division of Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA

Brian T. Bateman: BBateman@partners.org

We appreciate the interest of Drs Alouini and Mesnard in our study. We share the authors’ enthusiasm for uterine compression sutures as a treatment of severe postpartum hemorrhage and agree that in many circumstances their use may prevent the need for peripartum hysterectomy.1,2

While our study showed a substantial rise in the rate of peripartum hysterectomy in the United States from 1994 through 2007, particularly for uterine atony,3 we do not interpret this to suggest a lack of efficacy for these techniques. Rather, as the authors suggest, it likely reflects the lack of integration of these approaches into routine clinical practice.

Our paper should not be read as a pessimistic commentary on efficacy of this approach, but rather as a call to action to disseminate these techniques and encourage their use in appropriate patients.

References


The authors report no conflict of interest. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.