

Is there favoritism towards postpartum hemorrhage in the high income world?

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Editor:

As a little girl, I remember my traveling salesman father literally carrying his heavy suitcase. Then someone patented the idea to put wheels under suitcases. This amazing idea was immediately adapted and in time, improved upon with better designs. No randomized trials were needed to test whether wheels attached to the bottom of suitcases were useful. The same will hopefully be true of expedient delivery of the placenta in squatting. Expedient delivery of the placenta in squatting prevents all postpartum hemorrhage and results in very little postpartum bleeding.

Human postpartum hemorrhage was eliminated by natural selection millions of years ago. Since it is a deadly trait at the time of birth, it cannot be passed on. Great apes and chimpanzees have the same placenta as humans and lose a spoon full of blood at birth except in the rare occurrence that the chimp or ape birth is interfered with by people. I was motivated to prevent postpartum hemorrhage to optimize birth outcomes. I found that if the woman delivers the placenta like a chimpanzee, she never hemorrhages. One minute after the birth, the woman gets into squatting and pushes the placenta out in squatting without waiting for a contraction. <https://youtu.be/AAJPW4p6rzU> I have delivered 1,120 consecutive births in which this was done and not a single woman lost 1000 cc or more and only one (suicidal) woman lost more than 500 cc. The protocol appeared in the literature in 2010. (1) It has not caught on like attaching wheels under suitcases. For the past 100 years, throughout the high income world, 1 in 20 women has a postpartum hemorrhage, losing at least one liter of her approximately 3 liter blood volume at birth. Some of them need a blood transfusion which involves the risks of transfusions such as bloodborne diseases and transfusion reactions. Women after hemorrhaging who do not get blood transfusions are more prone to infections.

Attempts to publish this data retrospectively has been rejected because it is not a randomized controlled trial (RCT). This censorship of a logical, life saving protocol is dubious at best since a RCT could never be blinded. The same doctor or midwife who assists the woman to deliver the placenta in squatting would also be measuring blood loss, making the study no more objective than a retrospective cohort study. In addition, a RCT is only needed if there is risk of untoward effects from an intervention such as from a drug, vaginal checks or breaking the sac. Here nothing is done to the woman. The woman getting into a squat a minute or two after the birth and pushing out the placenta has no side effects other than limiting blood loss. Like suitcase wheels, there is no scientific justification for RCT testing for expedient squatting delivery of the placenta.

To date, a reasonable explanation for not publishing this retrospective cohort study does not appear to exist. Could it be the desire to maintain the status quo is due to the profitability of hemorrhage in all birth settings? What I do know is, like wheels on suitcases, all you have to do is try it once to see how well it works.

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1.Cohain JS. A Proposed Protocol for Third Stage Management-Judy's 3,4,5,10 minute method. Birth 2010; 37(1)84-5.