

DISCUSSION

- early infusion of FC of Fibtex ≤ 15 mm did not lead to reduction in transfusion requirements or blood loss
- >12 mm or fib >2 g/L are adequate for haemostasis
- below this threshold, requires more investigation
- fib <2 g/L uncommon during PPH
- FIBTEM remained >15 mm and PT and APTT normal in $>90\%$ of cases with bleeding controlled w/o haemostatic support - early empirical FFP may be harmful
- fewer than expected randomised with fibrinogen <2 g/L
- 2 thrombotic events, one in each group

CONCLUSION

- fibrinogen levels approx double at term
- aetiology of haemorrhage affects likelihood of coagulopathy
- fibrinogen $<2\text{g/L}$ is uncommon in PPH, but is a trigger for transfusion of FFP or cryoprecipitate as it is predictive of progression to severe PPH
- POCT is advocated by AAGBI and can be used to guide the administration of haemostatic products, although thresholds are debated