Introduction: Peripartum hysterectomy is one of the most serious complications of modern obstetrics and is usually undertaken to control severe postpartum haemorrhage. Recent CEMACH reports have recommended that peripartum hysterectomy be considered sooner rather than later in cases of life-threatening haemorrhage. However, the most recent triennial report has suggested an increase in deaths from haemorrhage despite this advice. There have been no national population-based studies undertaken to determine the incidence of peripartum hysterectomy, its risk factors, associated management or outcomes. This national study was therefore undertaken to provide baseline incidence data and to describe the outcomes and associated management.

Method: A national surveillance and case-control study using the new UK Obstetric Surveillance System (UKOSS).

Results: 100% of UK consultant-led obstetric units contributed to UKOSS. 144 peripartum hysterectomies were reported over the first six months, representing an estimated incidence of 4.0 per 10,000 births (95%CI 3.3-4.7 per 10,000 births). There was associated maternal mortality of 1% (0-3%) and perinatal mortality of 2% (0-6%). 19% of women had an associated major morbidity (11-27%). 10% of women had no documented treatment for haemorrhage other than hysterectomy. Other treatments used were: syntocinon infusion (76% of women), prostaglandin F2α (53%), ergometrine (43%), intrauterine balloons (24%), B-Lynch suture (11%), intra-abdominal packing (9%), factor VII (6%) and uterine artery ligation (5%). Women undergoing hysterectomy received a median of 12 units of blood (range 0-80), 4 units of FFP (0-21), 0 units of platelets (0-6) and 0 units of cryoprecipitate (0-27). 88% of women were admitted to ITU, with a median stay of 2 days (range 1-25).

Conclusion: The national incidence of peripartum hysterectomy has been established. The condition has considerable associated mortality and morbidity. Both the severity of associated haemorrhage and its management appear very heterogeneous suggesting there is a place for national evidence-based guidelines on this topic.

References