Peripheral or localized hyperfibrinolysis and which patients would benefit most from antifibrinolytic therapy. Our study does provide evidence against significant systemic hyperfibrinolysis on ROTEM at the reported TXA plasma concentrations during PPH.

We found a weak positive correlation between TXA concentration and both EXTEM MCF ($r = 0.32$; 95% confidence interval [CI], 0.21–0.46) and FIBTEM MCF ($r = 0.30$; 95% CI, 0.16–0.44). Although TXA has been associated with increased MCF, it is reassuring that the MCF in our cohort remained within the normal range for pregnancy. As the authors note, the dynamic process of PPH with fluid shifts during resuscitation may alter TXA concentrations. If the correlation of plasma TXA concentrations with MCF was caused erroneously through hemodilution or hemoconcentration, then it is reassuring in terms of the thrombosis risk of TXA. We agree that additional work is needed in this area, as our study was not powered to evaluate these secondary aims. We also agree that further studies are warranted to refine the optimal threshold for TXA plasma concentrations in the context of PPH to optimize effective and safe dosing regimens.

**REFERENCES**


aortic cross-clamping and REBOA. However, PAC is potentially safer than aortic cross-clamping and REBOA, with no incidence of vessel injury, thromboembolic phenomenon, or reperfusion injury in 158 procedures performed across 7 centers in India over the past decade.4

In the event of unexpected obstetrical hemorrhage owing to PAS, we recommend that the operator immediately use the IMAC technique to occlude the aorta while the assistant applies the PAC within seconds. If the aorta is difficult to reach, a pair of the same clamps can be applied on the common iliac arteries, achieving temporary pelvic devascularization. We believe these techniques, working complementary to each other, can hasten hemostasis safely and avoid hemorrhage-associated maternal morbidity and/or mortality.

Vakkanal P. Paily, MD, FRCOG
Department of Obstetrics and Gynecology
Rajagiri Hospital
Aluva, Ernakulam
Kerala, India

V.P.P. intends to obtain a patent for the “Paily Common Iliac/Aorta Clamp.”

REFERENCES

º 2022 Elsevier Inc. All rights reserved. https://doi.org/10.1016/j.ajog.2022.08.024

Internal manual aortic compression is an important piece of the puzzle

We appreciate the interest of Paily1 in our article on internal manual aortic compression (IMAC); he makes several points that merits further discussion as follows:

1. IMAC is a temporary move. It should be used immediately in the event of massive bleeding while other strategies for definitive control of bleeding are applied. IMAC is just 1 resource among many that obstetrical care teams must have. IMAC can and should be combined with other interventions as an essential piece of the puzzle for treating postpartum hemorrhage.