Postpartum Hemorrhage As a Marker of Cancer

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No competing interests to declare

Background

- The association between carcinogenesis and subsequent bleeding is established
- We investigated whether postpartum hemorrhage (PPH) may be a marker of clinically unrecognized cancer in women of reproductive age

Aim

To examine an association between PPH and cancer

CONCLUSION

This study found no evidence to support a hypothesis that postpartum hemorrhage may be a marker of a clinically unrecognized cancer in women of reproductive age.

Methods

- Nationwide registry-based cohort study
- Individual-level data
- Population of singleton deliveries, 1996-2011
- Excluded deliveries with a history of PPH and cancer
- Eligible women with a delivery without PPH comprised a comparison cohort
- Outcomes in women were any cancer, cancer by site, and by stage at diagnosis (local or regional)
- Death was treated as a competing event
- Main analyses: all included deliveries and separately analyzed deliveries of primiparous women
- Potential confounders: calendar period, age, chronic pulmonary disease, obesity, diabetes, sub-fertility, smoking, and parity
- Cox proportional hazards regression











Results

- In the full population, 51 224 women comprised the PPH cohort, and 536 016 women comprised the comparison cohort. In the primiparous population, 27 885 women comprised the PPH cohort, and 378 730 women comprised the comparison cohort.
- During the first year of the follow-up, the hazard ratio (HR) of any cancer adjusted for women's morbidity, smoking, and parity, in the full and primiparous PPH populations was 1.13 (95% confidence interval [CI]: 0.89-1.44) and 0.97 (95%CI: 0.69-1.36), respectively. At 18 years of follow-up, HR of any cancer was 1.08 (95% CI: 1.02-1.16) for the full PPH population and 1.13 (95% CI: 1.04-1.24) for the primiparous PPH population.

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FIGURE 1. Hazard ratios for any cancer and common site-specific cancers in the PPH cohort vs comparison cohort, Denmark



