

Abstract

Secondary postpartum hemorrhage is an uncommon but significant cause of maternal morbidity. We present delayed postpartum hemorrhage after vaginal birth after c-sections (VBAC) caused by uterine atony and intrauterine clot burden. Initial measures were insufficient, and second-line uterotonics were limited by comorbidities. Placement of a JADA vacuum-induced hemorrhage control device resulted in rapid clinical improvement. This case highlights the potential role of JADA in selected cases of secondary postpartum hemorrhage requiring prompt, source-directed intervention.

Background

- Postpartum hemorrhage (PPH) $\geq 1,000$ mL blood loss within 24 hrs
- PPH leading cause of preventable maternal morbidity/mortality
- #1 cause = uterine atony
- Common risk factors (RF):
 - Placenta previa or accreta, stratified by presence or absence of prior cesarean delivery.
 - Antepartum hemorrhage (i.e. placental abruption)
 - Obesity
 - Chronic Hypertension
 - Complicated delivery
 - Multiparity
- JADA® = vacuum-induced uterine collapse

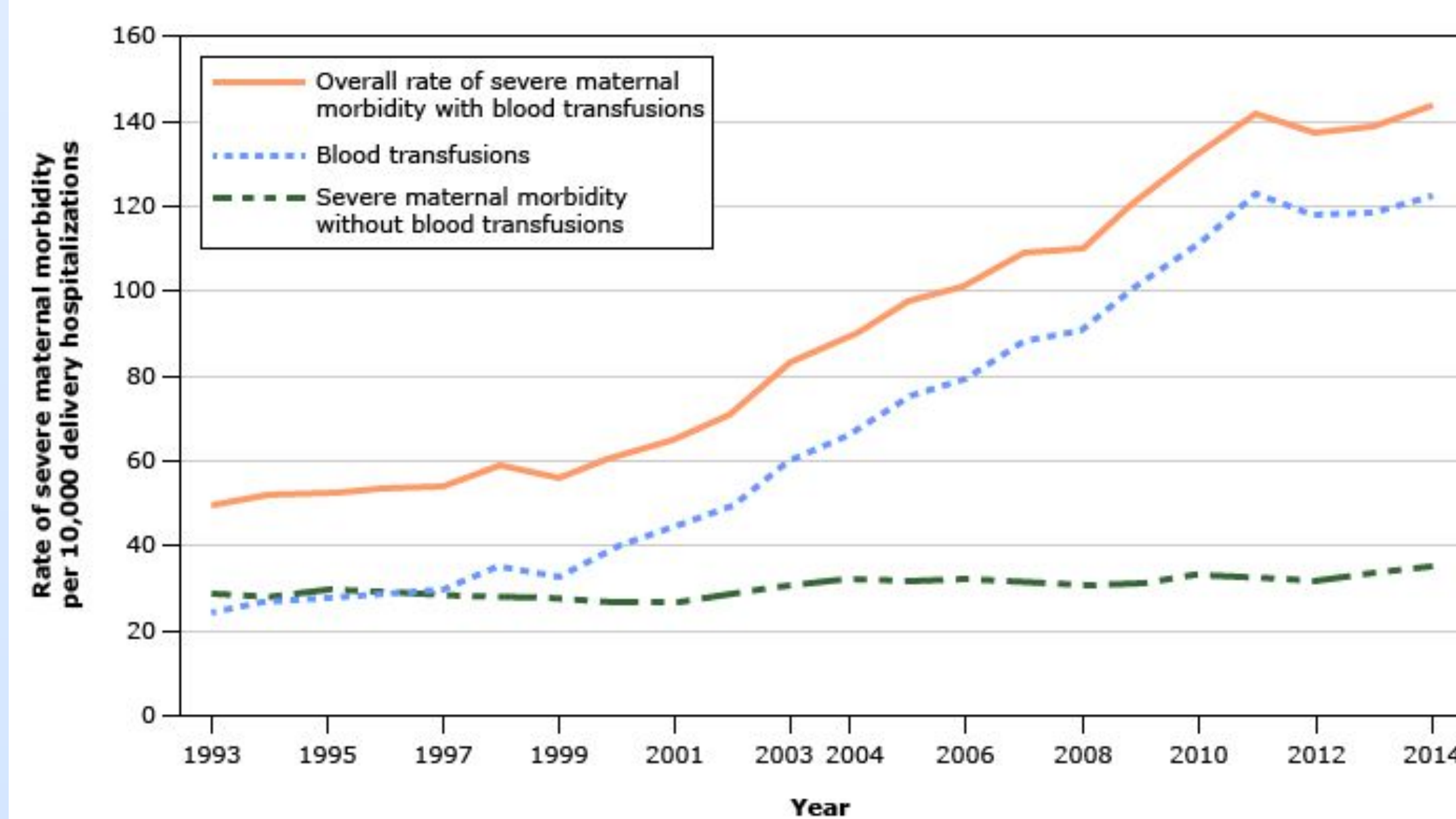


Figure 1: Maternal Morbidity in US as it increase in rates of transfusion

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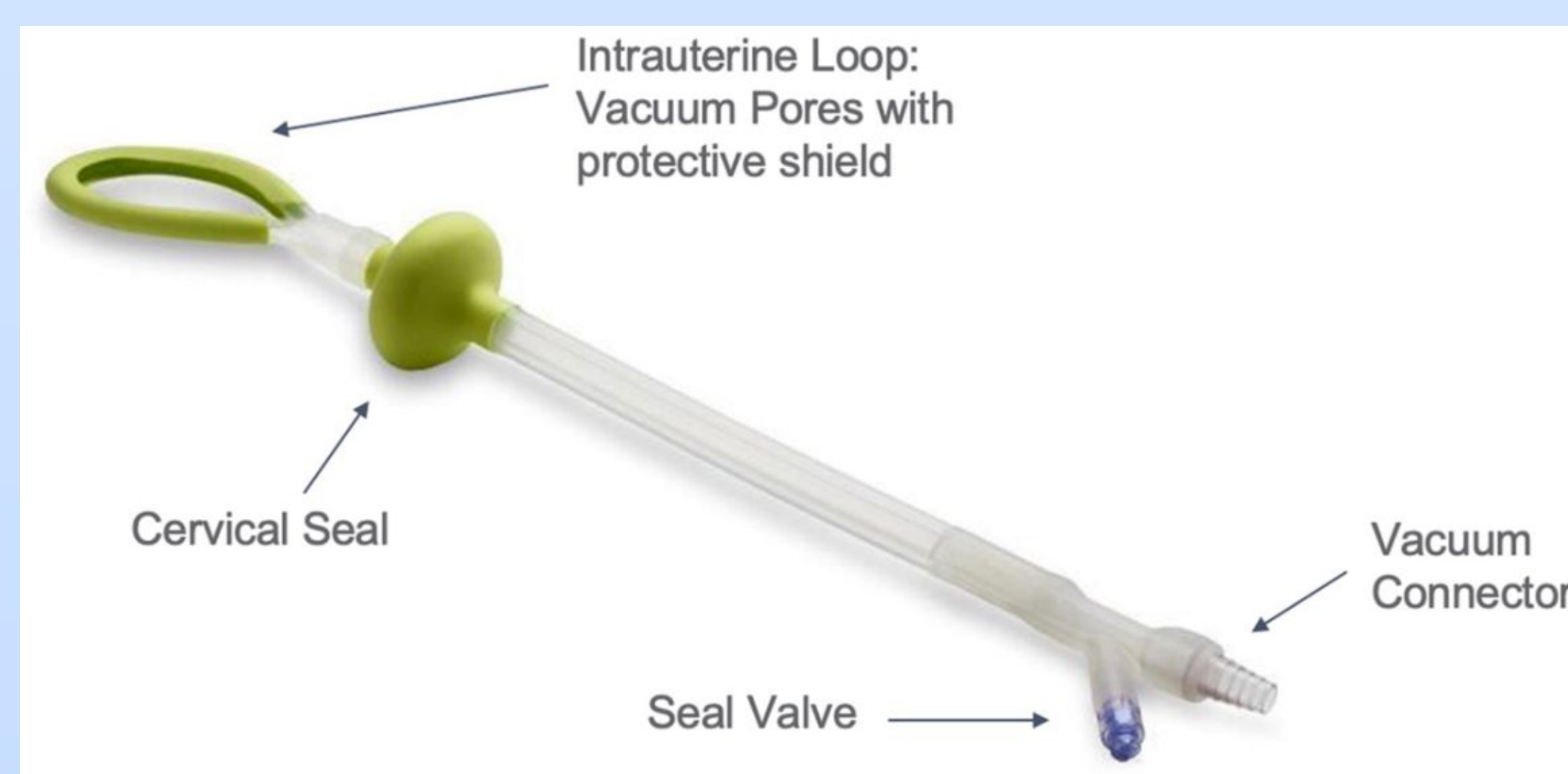


Figure 2: JADA Device with labelled attachments

JADA Mechanism

- JADA creates low-level intrauterine vacuum
- Vacuum causes the uterus to collapse inward
- This promotes myometrial contraction
- Contraction helps compress bleeding vessels
- Helps evacuate pooled blood/clots
- Result: rapid control of uterine bleeding

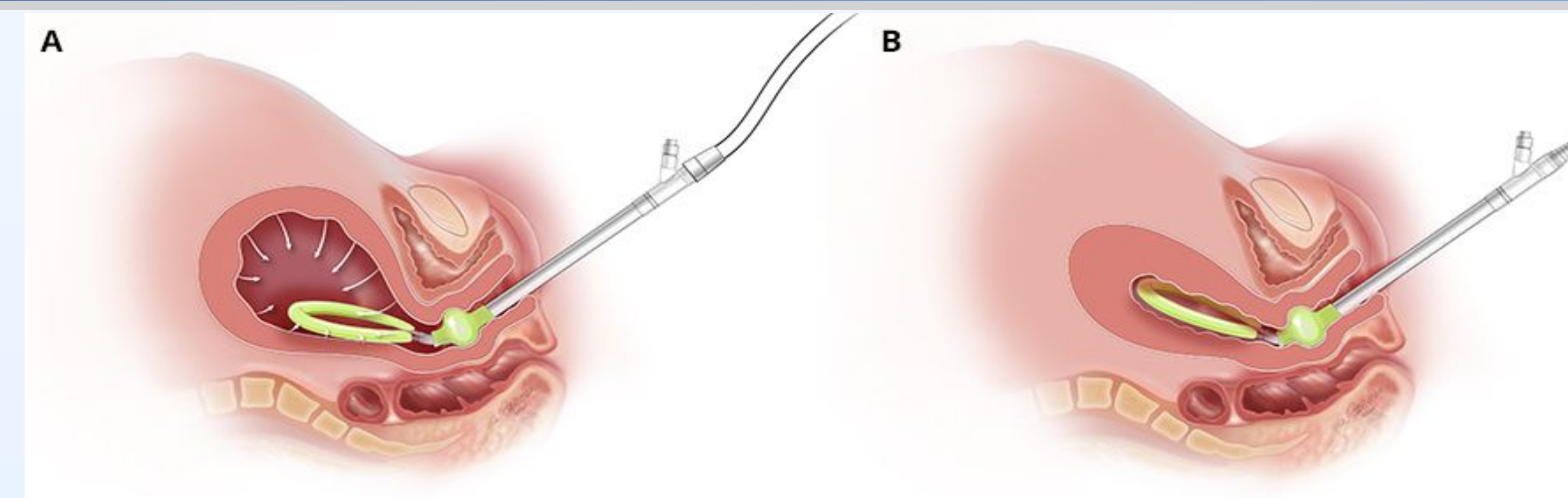


Figure 3: (A) JADA placed within uterus, with vacuum suction (B) JADA within collapsed uterus after successfully managing PPH

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Obstetric Course and Delivery

- 25 y.o. G8P4043, 38 weeks 3 days
- Presented in labor for TOLAC with history of 1 prior cesarean and 2 prior successful VBACs
- Achieved successful VBAC, complicated by a 45-second shoulder dystocia, w/ US showing clot burden

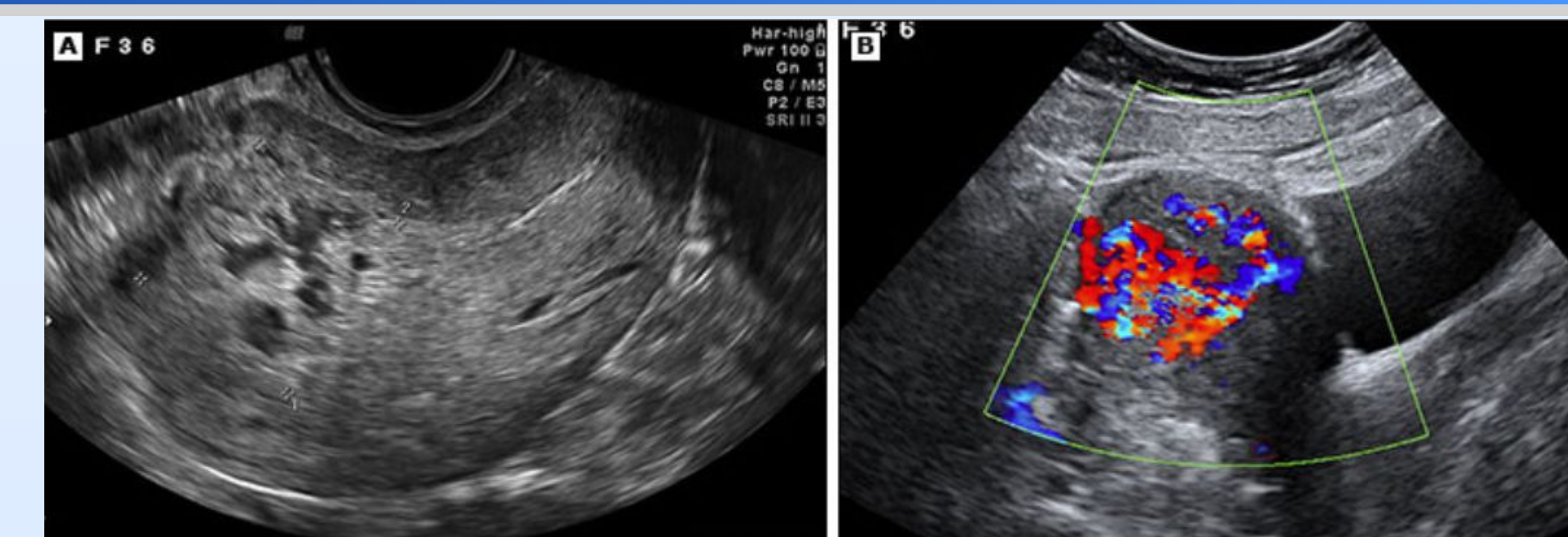


Figure 4: (A) US showing intrauterine clot burden w/ color doppler (B)

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Treatment Course

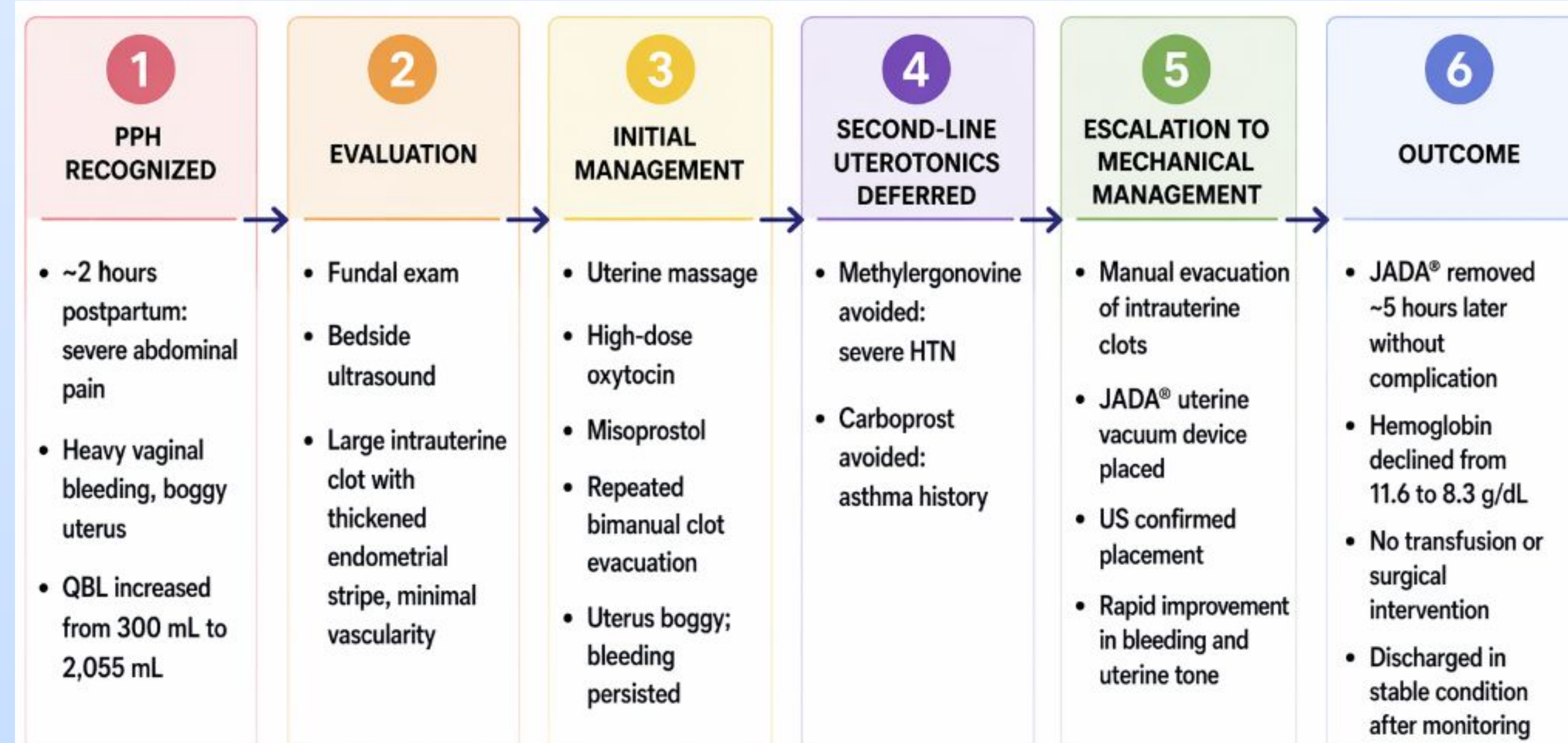


Figure 5: Stepwise management flowchart of case presentation

Key Discussion Points

- Secondary PPH may occur rapidly after an initially stable postpartum course.
- Prompt reassessment with bedside ultrasound can identify retained clot burden and expedite source-directed management.
- Uterine atony and retained intrauterine clot burden may coexist and contribute to ongoing hemorrhage.
- Comorbidities may restrict second-line uterotonic use, requiring individualized treatment decisions.
- JADA provides a minimally invasive bedside option by using vacuum-induced uterine collapse to promote hemorrhage control.
- In this case, JADA achieved rapid bleeding control and helped avoid transfusion and surgical escalation.

References

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5. Organon. How JADA works (2025). <https://organonpro.com/en-us/product/the-jada-system/how-jadasystem-works/>.