

CADTH Reference List

Vasopressin for Vaginal Bleeding Following Miscarriage

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Key Messages

- We did not find any studies on the clinical effectiveness of vasopressin versus alternative pharmacologic interventions for the management of significant vaginal bleeding following miscarriage.
- We did not find any relevant evidence-based guidelines on the use of vasopressin for the management of significant vaginal bleeding following miscarriage.

Research Questions

1. What is the clinical effectiveness of vasopressin versus alternative pharmacologic interventions for the management of significant vaginal bleeding following miscarriage?
2. What are the evidence-based guidelines regarding the use of vasopressin for the management of significant vaginal bleeding following miscarriage?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Database of Systematic Reviews, the International HTA Database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were vasopressin and miscarriage, vasopressin and vaginal bleeding, and pregnancy loss. CADTH-developed search filters were applied to limit retrieval to guidelines for a secondary search of the concepts vaginal bleeding and miscarriage or pregnancy loss. Where possible, retrieval was limited to the human population. The search was completed on September 14, 2022, and limited to English-language documents published since January 17, 2017. Internet links were provided, where available. Open access full-text versions of evidence-based guidelines were reviewed when available, and relevant recommendations were summarized.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in [Table 1](#). Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications.

Table 1: Selection Criteria

Criteria	Description
Population	People who have significant vaginal bleeding following miscarriage
Intervention	Vasopressin
Comparator	Q1: Alternative pharmacologic interventions (e.g., ergonovine maleate, carboprost tromethamine, oxytocin, misoprostol) Q2: Not applicable
Outcomes	Q1: Clinical benefits (e.g., severity of bleeding) and harms (e.g., adverse events) Q2: Recommendations regarding best practices (e.g., treatment protocols, appropriate patient populations)
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines

Results

No relevant health technology assessments, systematic reviews, randomized controlled trials, or non-randomized studies were identified about the clinical effectiveness of vasopressin versus alternative pharmacologic interventions for the management of significant vaginal bleeding following miscarriage. No relevant evidence-based guidelines about the use of vasopressin for the management of significant vaginal bleeding following miscarriage were identified.

References of potential interest that did not meet the inclusion criteria are provided in [Appendix 1](#).

Overall Summary of Findings

No relevant literature was found about the clinical effectiveness of vasopressin versus alternative pharmacologic interventions for the management of significant vaginal bleeding following miscarriage. Additionally, no evidence-based guidelines were found about the use of vasopressin for the management of significant vaginal bleeding following miscarriage; therefore, no summary can be provided.

References

Health Technology Assessments

No literature identified.

Systematic Reviews

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix 1: References of Potential Interest

Randomized Controlled Trials

Alternative Population- People with Abnormally Invasive Placenta who had a Postpartum Hysterectomy

Ghotbizadeh Vhdani F, Nasiri Khormoji N, Eftekhar N, et al. A double-blind randomized trial on subendometrial injection of vasopressin to control bleeding in postpartum hysterectomy due to abnormally invasive placenta. *Int J Gynaecol Obstet.* 2021;153(2):228-233. [PubMed](#)

Additional References

McDougall ARA, Goldstein M, Tuttle A, et al. Innovations in the prevention and treatment of postpartum hemorrhage: Analysis of a novel medicines development pipeline database. *Int J Gynaecol Obstet.* 2022;158(Suppl 1):31-39. [PubMed](#)