

Rapid and Effective control of Uterine Postpartum Haemorrhage (PPH)

Extensive clinical experience demonstrating:

- **100% haemostasis** for grade 1 & 2 (up to 2500mls) bleeding in all deliveries¹
- **78% reduction in hysterectomies** vs current standard of care^{2, 3, 4}
- **Safe and Easy to use** with minimal product training requirements^{1, 2, 3, 4}



“All attempts should be made to reduce PPH using cost effective, resource appropriate interventions”

The International Federation of Gynaecology and Obstetrics

“Most common cause of maternal death worldwide”

World Health Organisation

20%

Failure rates of existing devices¹

14m

Women impacted Globally by PPH⁵

20%

Maternal deaths due to PPH worldwide⁶

80k

Annual Deaths caused by PPH⁷

Postpartum Haemorrhage is the leading cause of maternal mortality worldwide representing over 80,000 deaths worldwide.

7.2% to 25.7%

Rate of PPH (Blood loss >500ml) across all global markets⁸

The rate of PPH varies significantly across both low income and developed nations with an incidence ranging from 7.2% to 25.7% variable by geographic region (defined as >500ml blood loss in vaginal births) representing over 14 million pregnant woman who suffer from this condition.



With such significant global challenges associated with PPH we are passionate about supporting research and development across reproductive health, with a versatile, easy to use, cost effective, clinically successful device.

OUR MISSION

Our Mission is to make a significant global impact in helping to reduce maternal death worldwide. We aim to support at every delivery across the world through access to a safe and clinically effective technology which is fast acting in all conditions providing versatility and ease of use.

Globalisation of technology enabled through **Easy to Use** design

- Compact and small package with 5 year shelf life
- Ready to use in seconds
- Minimal product training requirements



OUR CELOX™ TECHNOLOGY

Fast acting haemostat:

- Creates a robust gel plug sealing the bleed site⁹
- Works independent of classic clotting pathway⁹

Safe and clinical effective supported by a range of peer reviewed published clinical papers^{2, 3, 4}

With over 17 years of leading the way in global management of haemostasis using CELOX™ technology across trauma, emergency services and military applications, we are passionate about extending the application of this innovative solution to create a unique approach to help solve the global challenge posed by PPH.



**FAST ACTING
SAFE
EFFECTIVE
VERSATILE
EASY TO USE**

OUR INNOVATION

CELOX PPH provides Rapid and Effective Control of Uterine Postpartum bleeding

- **Fast Acting** - Unique mode of action reducing the need for further intervention
- **Safe & Clinically Effective** - 10 years of clinical efficacy vs standard of care
- **Versatile & Easy to Use** - Allowing globalisation of the technology in Developed and Developing Nations

“At every delivery across the world”

OUR EVIDENCE

10 years of clinical evidence (within PPH applications) vs standard of care demonstrating a **Safe and Clinically effective** technology



CELOX PPH clinical data supports the following claims:

<p>“CELOX PPH is highly effective in the control and treatment of uterine PPH”</p>	<p>“CELOX PPH achieved a success rate of 100% haemostasis for grade 1 & 2 bleeding (up to 2500mls)”¹</p>
<p>“CELOX PPH achieved a success rate of 95.6% haemostasis for grade 1 to 3 bleeding (vaginal deliveries)”¹</p>	<p>“The use of CELOX PPH results in a reduction in hysterectomy rates of up to 78%”^{2, 3, 4}</p>
<p>“CELOX PPH achieves haemostasis and avoids further surgical therapy”^{2, 3, 4}</p>	<p>“Can be used with patients on anticoagulant therapy or trauma induced coagulopathy”¹</p>



FAST ACTING | SAFE AND CLINICALLY EFFECTIVE | VERSATILE AND EASY TO USE

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References

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- 4 C. Biele et al., "Does the use of chitosan covered gauze for postpartum hemorrhage reduce the need for surgical therapy including hysterectomy? A databased historical cohort study." (in eng). *J Perinat Med*, May 25 2022, doi: 10.1515/jpm-2021-0533.
- 5 TheWorldHealthReport 2005: make every mother and child count. Geneva: World Health Organisation; 2005.
- 6 Say L et Al. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014 Jun;2(6):e323-33.
- 7 Borovac-Pinheiro A, Pacagnella RC, Cecatti JG, et al Postpartum hemorrhage: new insights for definition and diagnosis. *Am J Obstet Gynecol*. 2018;219:162-168.
- 8 Identifying regional variation in the prevalence of postpartum haemorrhage: a systematic review and meta-analysis. Clara Calvert 1, Sara L Thomas, Carine Rosmans, Karen S Wagner, Alma J Adler, Veronique Filippi. *PLoS ONE*, July 2012| volume 7| Issue 7| e41114.
- 9 Millner RWJ, et al. Chitosan arrests bleeding in major hepatic injuries with clotting dysfunction: an in vivo experimental study in a model of hepatic injury in the presence of moderate systemic heparinisation. *Ann R Coll Surg Engl* 2010; 92: 559-561. (In-View).

*See Instructions for use for intended use, contraindications, warnings and precautions.