President’s Message

Dear members,

As the 2018 president of the Washington Metropolitan Society of Health-System Pharmacists (WMSHP), I am honored for the recognition and appreciate all the support of the society. I would like to thank all the previous board members and volunteers who have laid the foundation for sustaining the organization and contributing to a successful year.

Throughout this year, the organization has continued our role as educators with our CE events and non-CE events. We have received feedback from participants and have taken this feedback to improve upon our programming. Additionally, we have increased our collaboration with pharmacy schools adding a new student board member position in which students from Howard University College of Pharmacy and University of Maryland School of Pharmacy have an opportunity to participate in official board activities.

Other accomplishments for this year include obtaining directors and officers insurance, receiving full affiliation status with the next date of reaffiliation review in 2021, presentation of the annual budget, and increasing collaboration with other regional pharmacy organizations.

As we soon move to the closeout of this year, I want to encourage all members and associates to reach out to WMSHP leadership to let us know your interest and volunteer to help support our organization and our incoming President-elect, Dr. Sadhna Khatri.

Sincerely yours,

Ivan P. Cephas, PharmD
President, WMSHP
Join or Renew Today!

The Washington Metropolitan Society of Health-System Pharmacists (WMSHP) represents its members affiliated with institutional and other organized health care settings in Washington DC.

The mission of the organization is to provide leadership in promoting high quality pharmaceutical care in these settings by:

1) Providing opportunities for continuing education and exchange of information for and among its members
2) Advancing pharmacy as an essential component of the health care team through public and professional awareness efforts
3) Promoting the development of properly qualified candidates into the institutional environment. Furthermore, WMSHP will actively work to safeguard the integrity of institutional pharmacy practice.

Membership benefits include:

• Live CEs every year to fulfill licensure requirements for DC, MD, and VA
• Discounted registration fees for Spring and Fall Pharmacy Meetings
• Promotes professional networking, active involvement opportunities in our committees and socialization in our profession
• Updated pharmacy info in our newsletter
• Fabulous non-CE drug disease topic dinners
• Provide family events for our members
• Mentoring system service for new practitioner (1st year graduates), students, technicians

Membership Registration
Pharmacist – 1 year: $95; 2 years: $160
Supporting Associate – $95
Retired Pharmacist – $60
Resident/Fellow – $45
Student – $25
1st year Pharmacist – $60
Technician – $45

Membership form included at the end of the newsletter.

Upcoming Events
Visit our website for updates on our latest events!
http://wmshp.org/
Clinical Capsule

**Role of Tranexamic Acid in Postpartum Hemorrhage Management**

By Stephanie Liu, Pharm.D.

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The FDA-approved indications of tranexamic acid (TXA) are limited to cyclic heavy menstrual bleeding and tooth extraction in patients with hemophilia. Yet TXA is also used for a multitude of off-label bleeding conditions, notably including postpartum hemorrhage.

The use of tranexamic acid in this setting is expected to increase due to a recently-published clinical trial in *Lancet*. Though TXA had previously been studied for use in postpartum hemorrhage, this study was a robustly designed randomized international trial. Its findings showed a significant reduction in morbidity and mortality versus placebo when tranexamic acid was used.

In this aforementioned research, abbreviated the WOMAN trial, 1 gram of IV TXA given via slow injection was compared against placebo in the setting of postpartum hemorrhage. If bleeding continued after 30 min or stopped and restarted within 24 h of the first dose, a second dose of 1 g of TXA or placebo could be given. Results include a significant reduction of mortality in the subgroup of death from obstetric hemorrhage (1.5% versus 1.9%, P=.045) and when the treatment was given within 3 hours of birth, the mortality rates from obstetric hemorrhage were 1.2% versus 1.7% (P=.008), both in favor of TXA. However, the composite primary endpoint of death from all causes or hysterectomy was not reduced with TXA (5.3% in TXA group vs 5.5% in placebo group RR 0.97, 95% CI 0.87-1.09; p=0.65).1

Guidelines have already been updated to address these findings. While data is insufficient for the American College of Obstetricians and Gynecologists to recommend the use of TXA as prophylaxis, its use in the setting of hemorrhage is now encouraged when initial medical therapy fails. The World Health Organization echoes this guidance, with an emphasis on earlier treatment and avoiding delays in care.

Postpartum hemorrhage is a frightening and potentially devastating consequence of childbirth. The use of tranexamic acid in this setting has the potential to improve care and save lives. Likely, we will hear much more about tranexamic acid for postpartum hemorrhage in the years to come. Perhaps, as dosing strategies and timing are perfected, a greater benefit may be observed.

References:
WMSHP Summer Picnic

[Image of group at picnic]

Photo credits: Maria Pamela Uy & Mary Li
WMSHP Summer Picnic

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