

Introduction

Cesarean section (CS) rate has increased to as high as 25 to 30% in many areas of the world (***Kambo et al., 2002***). Delivery by CS can cause more complications than normal vaginal delivery and one of the most common complications is postpartum bleeding, which can be life threatening. To reduce maternal mortality and morbidity caused by bleeding, it is important to reduce the extent of bleeding during and after CS (***Declercq et al., 2007***).

To control the bleeding after CS, some medications such as oxytocin, prostaglandins (E1, E2 and F2 α) and methylergometrine have been used (***Munn et al., 2001***).

Tranexamic acid is a synthetic derivative of the amino acid lysine that exerts its antifibrinolytic effect through the reversible blockade of the lysine binding sites on plasminogen molecules (***Wellington and Wagstaff, 2003***).

It has been routinely used for many years to reduce hemorrhage during and after surgical procedures, such as coronary artery bypass, scoliosis surgery and knee arthroplasty it has been shown to be very useful for reducing blood loss and blood transfusion (***Ido., et al 2000***)

In gynecology and obstetric, Tranexamic acid is most commonly used to treat idiopathic menorrhagia and is an effective and well tolerated treatment when administered orally. (***Bolton., et al 2003 . Dunn., et al 2003 & Novikova., et al 2010***).

Bleeding associated with pregnancy (placental abruption, placenta previa) has also been treated with TA. Furthermore, three small randomized controlled studies have shown that TA reduce blood loss after CS. (***AS., et al.1996, GiaMY., et al.2004, Gohel M., et al. 2007 & Sekhavat L., et al2009***)

In this study, the efficacy and safety of tranexamic acid in reducing blood loss after CS will be investigated.