Management of Primary Postpartum Haemorrhage

TONE

Summon HELP and simultaneously:
- Reassure the woman
- Massage uterus (rub up)
- IV Ergometrine 0.25mg
- Indwelling urinary catheter

Resuscitation including:
- Insert large bore IV (> or = 16g)
- Collect blood for group & cross match FBS, coagulation studies including D-dimer
- Anaesthetist
- Continue to measure blood loss
- Commence Fluid Balance Chart

Ensure third stage drug management has been completed

Oxytocics	- IV Ergometrine (repeat 0.25mg if necessary) - IV Metoclopramide 10mg
OR	- IV Syntocinon 10 units (if blood pressure elevated)
CONSIDER	- Prostaglandin F2 alpha Concentration = 1mg/ml Dose: 1 mL intramyometrially or intramuscularly, repeat up to 5 mL
CONSIDER	- 1mg (5 tablets) Misoprostol PR
PLUS	- Commence IV OXYTOCIN INFUSION (40 UNITS) 1 litre Hartmann's or Normal Saline or 4%Dextrose 1/5 N/Saline @ 4/24 rate

TISSUE

- **Deliver placenta** – controlled cord traction (CCT)
- Examine placenta for completeness
- Placenta undelivered – manual removal of placenta

Link: CPG

TRAUMA

Assess
- Episiotomy
- Tears (lower and upper genital tract)

THROMBIN

- Coagulation studies if fails to respond to first line management/or not collected at first blood sampling as above.
- Be aware of risk factors
- Multidisciplinary team:
  – Obstetrician – Haematologist – Anaesthetist – Midwife
- Bleeding continues / > 1000 mL blood loss

Transfer to Operating Theatre

CONTINUED RESUSCITATION

- **ABC** (Airway/Breathing/Circulation)
- Continue to **Replace Fluid**
  – Volume expanders
  – Packed cells
  – Clotting factors

Link: Anaesthetic management PPH

- **Analgesia management**
- **Massage uterus**

Oxytocic if not already repeated

- Bimanual uterine compression
- Aorta compression

Examine under anaesthetic:
- Vaginal tears
- Cervical tears
- Retained products (incomplete placenta/membranes)
- Uterine Rupture

Prostaglandin F_2 α:
- Concentration= 1mg/mL
- Dose: 1 mL intramyometrially or intramuscularly, repeat up to 5 mL

BLEEDING PERSISTS Consider:

Packing uterus – leave pack in for maximum 24 hours
IV Antibiotics
Oxytocic infusion as required

- Uterine artery ligation
- Internal iliac artery ligation
- B-Lynch suture before hysterectomy
- Hysterectomy
- Radiologic intervention

Transfer to ICU or HDU