Postpartum haemorrhage
Explaining your treatment

the women's
the royal women's hospital

Heavy bleeding after birth can be unexpected and frightening. This fact sheet explains what a postpartum haemorrhage is, why it can happen and the treatment you received.

What is a postpartum haemorrhage?

It is normal to bleed after you have a baby.

Sometimes the bleeding is much heavier than expected. This is called a postpartum haemorrhage or PPH.

A postpartum haemorrhage is heavy bleeding after birth or losing more than 500mls of blood.

It is common and affects about 25 in 100 pregnancies.

The bleeding usually comes from the area of your uterus (womb) where the placenta (afterbirth) was attached. It can also come from tears or cuts that happened during birth.

Bleeding is usually heaviest just after birth. It then becomes lighter over the next few hours, days, and weeks.

In most cases, doctors treat the bleeding with medicines while you are in hospital. Most people recover without ongoing problems.

A severe postpartum haemorrhage is when you lose more than 1,500mls of blood. This is much less common and affects only 4 in 100 people after birth.

Why did you have a postpartum haemorrhage?

A postpartum haemorrhage can happen for several reasons.

- After birth, your uterus may not contract properly, or the placenta may not fully separate from the uterus. This can cause the blood vessels where the placenta was attached to keep bleeding.
- Bleeding from a tear that occurred during birth or from an episiotomy. An episiotomy is a cut made to your perineum (the area between the vagina and anus).
- Part of your placenta remains inside your uterus after birth.
- Having a bleeding disorder that affects your body's ability to clot blood.

Risk factors

Some things can increase the risk of a postpartum haemorrhage. They include:

- a very quick or a very long labour
- an assisted birth using forceps or vacuum
- having a caesarean section
- carrying more than one baby
- having a big baby
- having a large amount of fluid around your baby
- giving birth more than 5 times
- bleeding during pregnancy
- having labour induced or sped up with oxytocin
- having a placenta that sits low in your uterus or is attached abnormally
- having fibroids in your uterus
- having had surgery on your uterus.

Often, more than one factor contributes to a PPH.

Your healthcare team will talk with you about what caused your PPH during your hospital stay.

How is it treated?

Common treatments include:

- massaging your uterus to help it contract
- inserting a tube called a catheter into your bladder to keep it empty
- giving you medicines by mouth and injection to help your uterus contract
- inserting 2 plastic tubes called cannulas into your hand or arm to take blood samples, give medicines and provide fluids
- monitoring your blood pressure and oxygen levels
- examining your vagina and perineum while your legs are supported in stirrups.

These treatments often help to slow or stop the bleeding.

If the bleeding did not stop

Sometimes, your healthcare team may recommend going to the operating theatre.

While you were asleep under anaesthetic, your healthcare team examined your uterus. They removed any placenta that was left behind.

Your healthcare team may also have:

- placed a special balloon called a Bakri balloon inside your uterus to stop the bleeding
- performed surgery on your abdomen (tummy) to help stop the bleeding. This is rare.
- removed your uterus in an operation called a hysterectomy. This is very rare.

Your healthcare team will explain the treatment you received and answer your questions.

Blood transfusions

Some people need a blood transfusion after a PPH. You may have received a blood transfusion as part of your treatment.

In most cases we ask for consent before giving a blood transfusion however, in an emergency, this may not be possible.

What happens after a postpartum haemorrhage?

We monitored you closely for the first 24 to 48 hours. This included frequently checking your:

- blood pressure
- heart rate
- oxygen levels.

We also did blood tests. This helped us decide whether you needed a blood transfusion or iron infusion.

Most people who lose less than 1,000mls of blood do not need a blood transfusion.

Before you left hospital, your healthcare team made sure it was safe for you to go home.

Follow-up care

We recommend you see your local doctor (GP) for your postnatal check 6 weeks after birth.

They can check your blood levels and talk with you about any ongoing symptoms.

Getting support

A postpartum haemorrhage can be a distressing experience for you and the people who supported you during birth.

Before you go home, your healthcare team will talk with you about what happened.

If you want more information, you can ask to speak with a senior member of the team.

Many people find it hard to remember exactly what happened during a PPH. Your support people may also have questions or want to talk about what happened.

If you continue to feel upset after you go home, or if you develop anxiety or depression, talk to your:

- midwife
- maternal and child health nurse
- GP.

When to ask for help

If you notice any of these signs or symptoms, see your GP urgently or go to the nearest Emergency Department.

- Your bleeding suddenly gets heavier.
- Your bleeding does not stop.
- Your feel faint or dizzy.
- Your heart feels like it is beating too fast (palpitations).
- You have a fever or chills.
- You have tummy pain.
- The blood or discharge from your vagina smells bad.
- You have headaches, changes in your vision and feel sick or vomit within 3 days of having your baby.
- Your calf (the back of your lower leg) is red, swollen and painful.
- You are short of breath or find it hard to breathe.
- You can't wee at all.
- You have redness on your breast.

If you have a sore throat, please see your GP as soon as possible.

For more information and support

Maternal and Child Health Help Line

T: 13 22 29

PANDA - Perinatal Anxiety & Depression Australia

T: 1300 726306
W: panda.org.au

Australasian Birth Trauma Association

W: birthtrauma.org.au

Consumer Liaison Officer

If you have any more questions after you are discharged, contact our Consumer Liaison Officer.

T: (03) 8345 2290 or (03) 8345 2291
E: consumer.liaison@thewomens.org.au
Hours of operation:
Monday to Friday
9am to 5pm

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.
You can call any time of day or night.
1800 737 732
1800respect.org.au

Do you need an interpreter?



You can ask for an interpreter if you need one.

Disclaimer: This fact sheet provides general information only. For specific advice about your or your baby's healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department.
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