Postpartum haemorrhage

Things to consider during pregnancy

the women's
the royal women's hospital

This fact sheet explains the chance of heavy bleeding, or postpartum haemorrhage, after the birth of a baby. It explains why it can happen and what it might mean for you.

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.

PPH can also happen up to 6 weeks after birth. This is called secondary PPH. It affects less than 2 in 100 pregnancies.

PPH can happen if you give birth vaginally or by caesarean section.

Why does it happen?

The most common reason for a PPH is that the uterus does not contract properly after the birth of the placenta.

This can happen if the placenta has not fully separated from the wall of the uterus. If the uterus cannot contract properly, the blood vessels where the placenta is still attached continue to bleed.

Other reasons for PPH include:

- bleeding from a tear that happens during birth
- bleeding from an episiotomy - this 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.

Things that can increase your chance of postpartum haemorrhage

Some things can increase your chance of heaving a of PPH. They include:

- a very quick or very long labour
- carrying more than one baby
- having a large amount of fluid around your baby
- having a very big baby
- giving birth more than 5 times.
- having a PPH in the past
- having significant bleeding during pregnancy or labour.

Your chance of having a PPH may also be higher if:

- your labour is induced or sped up with oxytocin
- your placenta is lower in your uterus than is usual - this is called a low-lying placenta or placenta praevia
- your placenta is abnormally attached to your uterus
- you have an infection
- your baby is stillborn
- you have an assisted birth using forceps or vacuum extraction
- you have a caesarean section
- you have any fibroids in your uterus
- you have had surgery on your uterus in the past.

Can it be prevented?

A postpartum haemorrhage can't always be prevented.

Using medicines to help birth the placenta can reduce the chance of a PPH. It can also reduce the amount of blood you lose.

During your pregnancy and birth, your healthcare team will assess your chance of heavy bleeding. They will work with you to develop a plan to help reduce the chance of a PPH after birth.

How could it affect you?

A postpartum haemorrhage can affect people in different ways.

It depends on:

- how much blood you lose
- your health before and during pregnancy
- the treatment you receive.

If you have a PPH, you may feel:

- very tired
- weak
- dizzy when you stand up.

These symptoms can be a sign of anaemia. Anaemia is when you don't have enough red blood cells to carry oxygen around your body.

If this happens, we may recommend an iron infusion or blood transfusion.

How is it treated?

If you have a PPH, your healthcare team will work quickly to find the cause and manage your bleeding.

Many staff will come into your birthing room and start your treatment immediately.

During treatment, we may:

- massage your uterus to help it contract, which can feel uncomfortable
- insert a tube called a catheter into your bladder to keep it empty
- take a blood sample for testing
- give you medicines and fluids through a drip
- monitor your blood pressure and oxygen levels.

In most cases, these treatments control the bleeding before too much blood is lost.

After the bleeding slows down or stops, you will be closely monitored for several hours in the birth room.

If bleeding does not stop

If the medicines do not quickly control your bleeding or the bleeding is severe, we may recommend that you go to the operating theatre.

In the operating theatre, you will be given an anaesthetic to make you sleep.

Your healthcare team will examine your uterus. They will remove any remaining placenta or tissue.

They may also need to:

- place a special balloon called a Bakri balloon inside your uterus to help stop the bleeding. It is removed 8 to 24 hours later.
- perform surgery on your abdomen (tummy) to help stop the bleeding. This is rare.
- perform a hysterectomy to remove your uterus. This is very rare.

These treatments can save lives by controlling severe bleeding.

If possible, we will ask for your consent before moving you to the operating theatre.

After treatment, you will receive one-to-one care from a nurse or midwife. In some cases, you may need transfer to another hospital for intensive care.

Getting support

It is important to have support around you after having your baby, especially if you have had a postpartum haemorrhage (PPH).

Support from family, friends and healthcare professionals can help while you recover and care for your baby.

If you do not have enough support, speak with your midwife or doctor. They can help you find the support you need.

Talk with your healthcare team

You can discuss any of this information at your next appointment with your midwife or doctor. You can also ask for more information in Childbirth Education classes.

We're here to help you.

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

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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