

POST-PARTUM HAEMORRHAGE

1^o Post-Partum Haemorrhage

>500mls of blood in first 24 hours post-delivery

ONE (very common): uterine atony +/- distended bladder

TISSUE (common): retained placenta or clots

TRAUMA (sometimes): lacerations of uterus, cervix or vagina

THROMBIN (rare): pre-existing or acquired coagulopathy

ED MANAGEMENT

Call for help

ABC resuscitation

Large bore IV access x2

Bloods + Cross-Match

Low threshold for Major Haemorrhage Protocol

Fluid/Blood product resuscitation

Examine Placenta for missing parts

Abdominal Massage

To stimulate contraction

Medications

Oxytocin (Syntocinon) 10IU Slow IV

onset by 2 mins and peak effect by 5 mins

feel for uterine change when massaging and/or reduced PV bleeding

less duration of action if retained placental part

and/or

Ergometrine 0.5mg IM

Ensure bladder is empty

Catheterise

Temporising Measures

If drugs fail or not available

INTERNAL BIMANUAL COMPRESSION

Insert gloved fist into vagina and push up against uterus

Press other hand on uterine fundus and compress between hands

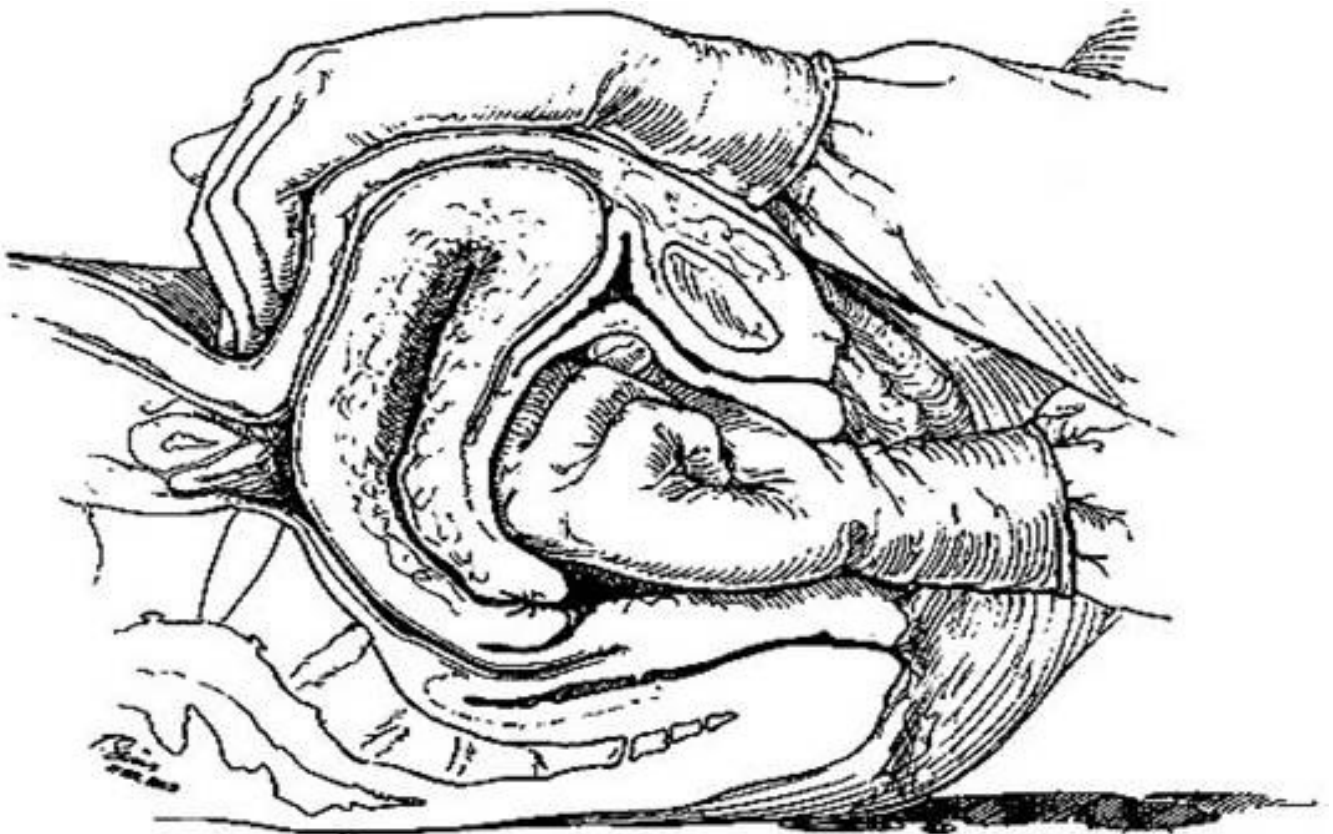
Maintain for at least 8-10mins

EXTERNAL AORTIC COMPRESSION

Push hard with fist onto abdominal aorta (upper abd + left of midline)

Successful compression is when femoral pulses no longer palpable

INTERNAL BIMANUAL COMPRESSION



EXTERNAL AORTIC COMPRESSION

