

# Intrapartum care: management of postpartum haemorrhage

## Call for help:

Make call if blood loss is 500 ml or more. Major obstetric haemorrhage call if blood loss is 1000 ml or more.

- Summon senior midwives, obstetrician and obstetric anaesthetist; alert haematologist
- Arrange transfer to obstetric-led care



## Designated roles and tasks

### Team leader

- Delegates tasks based on **ABCDE** approach
- Follows management as guided by PPH/MOH algorithm
- Regularly reviews overall status

### Scribe

- Completes MOH scribe sheet/proforma
- Prompts actions
- Records estimated blood loss and temperature every 15 mins

### Runner

- Measures blood loss every 15 mins
- Sources drugs and equipment
- Reassures woman or person who has given birth and family regularly

## Arm 1 - In (C)

- Assess circulation
- Set up 2 points of intravenous access (14 to 16 G)
- Warm intravenous fluid (for example, 2 litres balanced crystalloid such as Hartmann's)
- Blood/blood products
- Consider cell salvage

## Drugs (D)

Give uterotonics taking into account what has already been given as part of active management. Do not give repeat doses of ergometrine or carbetocin.

- Oxytocin 5 units slow intravenous, or 10 units intramuscular
- Ergometrine 0.5 mg intramuscular
- Combined oxytocin and ergometrine (5 units/0.5 mg) intramuscular
- Tranexamic acid 1 g intravenous repeated if needed after at least 30 minutes
- Misoprostol 800 micrograms SL or PR
- Oxytocin infusion 40 units in 500 ml over 4 hours
- Carboprost 250 micrograms intramuscular (repeated at intervals of 15 mins or more, max 8 doses)
- Carbetocin 100 micrograms slow intravenous

## Head (A and B)

- Lie person flat; consider raising legs
- Reassure
- Assess airway
- Assess breathing and respiratory rate
- Apply pulse oximetry
- Give oxygen 15 litres/min if needed, aim for O<sub>2</sub> saturation 94 to 98%
- Check temperature every 15 mins
- Consider warming devices

## Arm 2 - Out (C)

- Assess circulation – continuous electrocardiogram, blood pressure and heart rate
- Set up 2 points of intravenous access (14 to 16 G)
- Take 20 ml venous blood for full blood count, clotting screen including fibrinogen group and cross-match 4 units
- Serial venous/arterial blood gas measurement every 15 to 30 mins
- Use point of care testing for haemoglobin, clotting and lactate
- Aim for haemoglobin >90 g/litre and correct coagulopathy as per major obstetric haemorrhage (MOH) algorithm

## Uterus (E)

- Empty bladder
- Insert urinary catheter
- Check 4Ts: tone, tissue, trauma and thrombin
- Rub-up contraction
- Bimanual compression
- Check placenta: controlled cord traction if not yet delivered
- Check for genital tract trauma

## If haemorrhage continues:

- Move to theatre
- Examine under anaesthetic
- Ensure uterus is empty and repair trauma
- Consider balloon tamponade before surgical options

