While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer
The Digital Clinical Practice Manual is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.


This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en

For copyright permissions beyond the scope of this license please contact: Clinical.Guidelines@ambulance.qld.gov.au
Primary post-partum haemorrhage (PPH) occurs within 24 hours of birth and constitutes bleeding from, or into, the genital tract of:

- > 500 millilitres following vaginal birth
- > 1 litre after C-section; or
- sufficient to cause deterioration of the mother’s condition.[1]

The normal signs of haemodynamic compromise are often masked by the physiological changes during pregnancy, therefore symptoms of (mild) shock may not develop until blood loss exceeds one litre.[2] Clinical staff have been shown to significantly underestimate PPH blood loss when making visual assessments, sometimes by more than 50%.[2]

Therefore, with any PPH paramedics need to have a high degree of vigilance with close monitoring of the patient to ensure early recognition of a poor perfusion status. Be alert to tachycardia and hypotension. The principle management of primary PPH is to promote uterine contractions, so that the ‘living ligatures’ can naturally limit blood loss.[3,4,5,6]

PPH is the most common form of obstetric haemorrhage and is a leading cause of morbidity and mortality.

Risk factors for primary post-partum haemorrhage include:

- multiparity
- previous history
- past C-section
- prolonged labour
- multi pregnancy
- polyhydramnios

Clinical features

- PV bleeding – can be torrential and uncontrolled
- Signs of shock
- Restlessness
- Enlarged and soft uterus on palpation

Risk assessment

- Massaging a fundus that is firm, central and contracted may interfere with normal placental post birth separation and worsen bleeding. Apply fundal massage when the fundus is not firm and after the placenta has birthed.[3,6]
CPG: Clinician safety
CPG: Standard cares

Haemodynamically unstable?

Consider:
- Direct pressure dressing
- Pain relief

Obvious external tear?

Y

Placenta birthed?

N

Initiate Active Management of the third stage of labour (to birth the placenta)
- Reassure and calm mother
- Administer oxytocin
- Guard uterus and apply gentle controlled and steady cord traction

Placenta birthed?

N

Consider:
- Pain relief
- Breast feeding
- Emptying bladder
- IV fluid
- High flow O2
- PRBC
- External aortic compression
- Bimanual compression

Transport to hospital
Pre-notify as appropriate

Y

Note 1: Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.

Note 2: Pressure applied to the perineum will result in a significant escalation in pain for the mother.

Note 3: in the presence of PPH the active management of the third stage of labour is to be encouraged.

Haemorrhage control?

Y

Consider:
- Massage fundus until firm and central
- Encourage mother to empty bladder

Monitor PV loss and fundus for firmness every 5 minutes

Y