



Clinical Practice Guidelines: Obstetrics/Primary post-partum haemorrhage

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Date	January, 2020
Purpose	To ensure consistent management of primary post-partum haemorrhage.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Primary post-partum haemorrhage

January, 2020

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:

- *thrombin* – coagulopathy disorders
- *tone* – uterine hypotonicity
- *tissue* – retained products
- *trauma* – ruptured uterus, uterine inversion, tears of upper or lower genital tract

Risk factors for primary post-partum haemorrhage include (cont.):

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

Clinical features

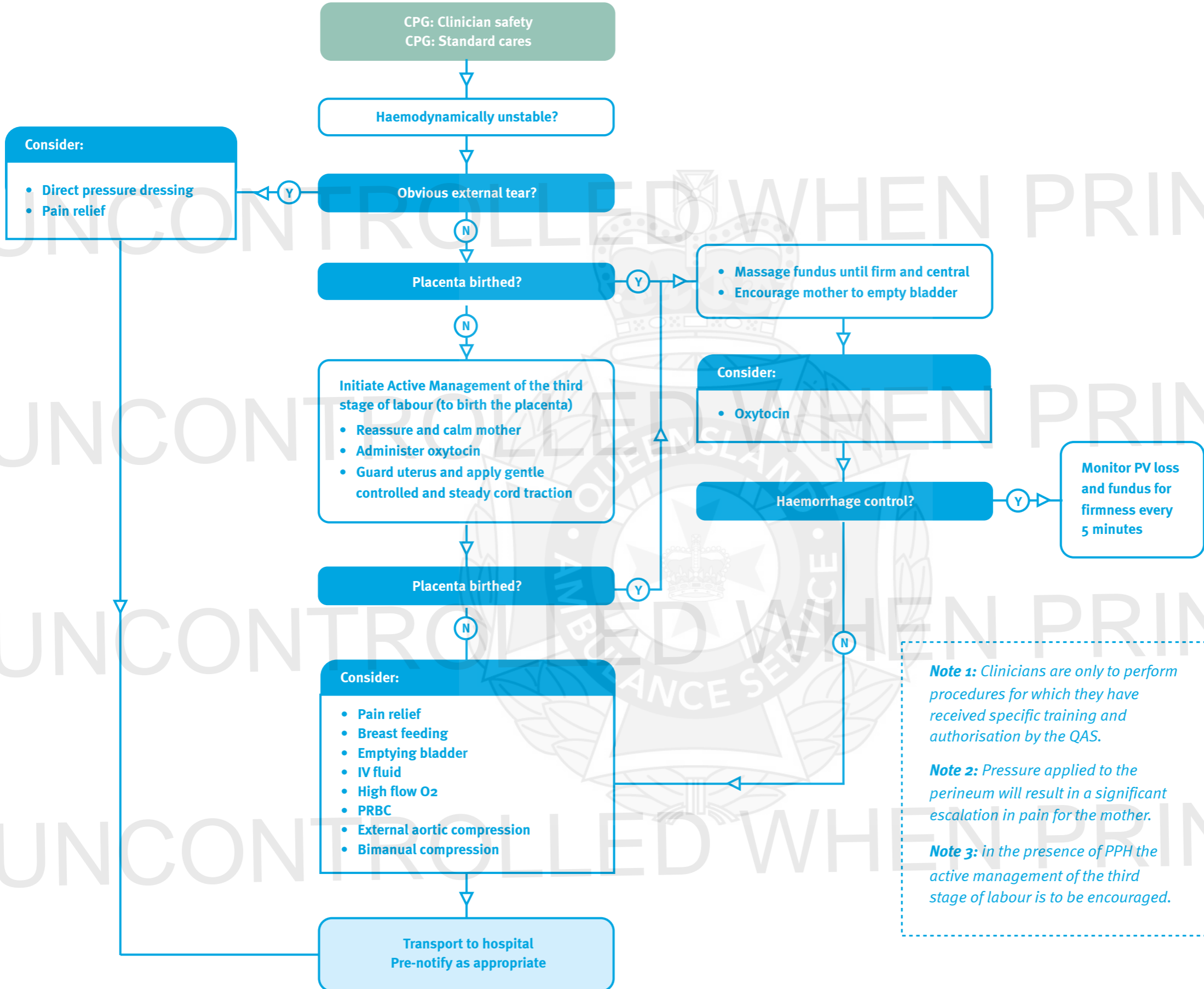


- PV bleeding – can be torrential and uncontrolled
- Signs of shock
- Restlessness
- Enlarged and soft uterus on palpation

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]



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.