



# Clinical Practice Guidelines: Obstetrics/Secondary post-partum haemorrhage

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<b>Date</b>	April, 2016
<b>Purpose</b>	To ensure consistent management of secondary post-partum haemorrhage.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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# Secondary post-partum haemorrhage

April, 2016

**Secondary post-partum haemorrhage** is defined as bleeding from, or into, the genital tract > 24 hours, or up to six weeks after delivery.<sup>[1]</sup> Furthermore, the amount of blood should be 500 millilitres or more, or sufficient loss to cause a deterioration in the mother's condition. Secondary PPH can be caused by:

- infection
- retained fragments of the placenta or membranes.

This results in a failure of the uterus to contract (sub-involution).

## Definitive Care

- drug therapy – antibiotic, oxytocics, hormone therapy
- surgical management.

### Clinical features



- ongoing PV bleed
- change in lochia – regression to bright red increasing amounts, the lochia may be offensive
- pain – usually lower abdominal/pelvic
- anaemia
- pyrexia, rigors
- shock (e.g. septic or haemorrhagic)

### Risk assessment



- Nil

