Clinical Practice Guidelines:
Obstetrics/Secondary postpartum haemorrhage

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of Secondary postpartum haemorrhage.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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Secondary postpartum haemorrhage is defined as bleeding from, or into, the genital tract > 24 hours, or up to six weeks after delivery.\[1\] 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

Consider:

- IV fluid
- Analgesia
- Fundal massage

Transport to hospital

Pre-notify as appropriate

Manage as per:

- CPG: Sepsis

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