# PPH Visual Estimation Poster

**Download:**

- PPH Visual Estimation Poster

---

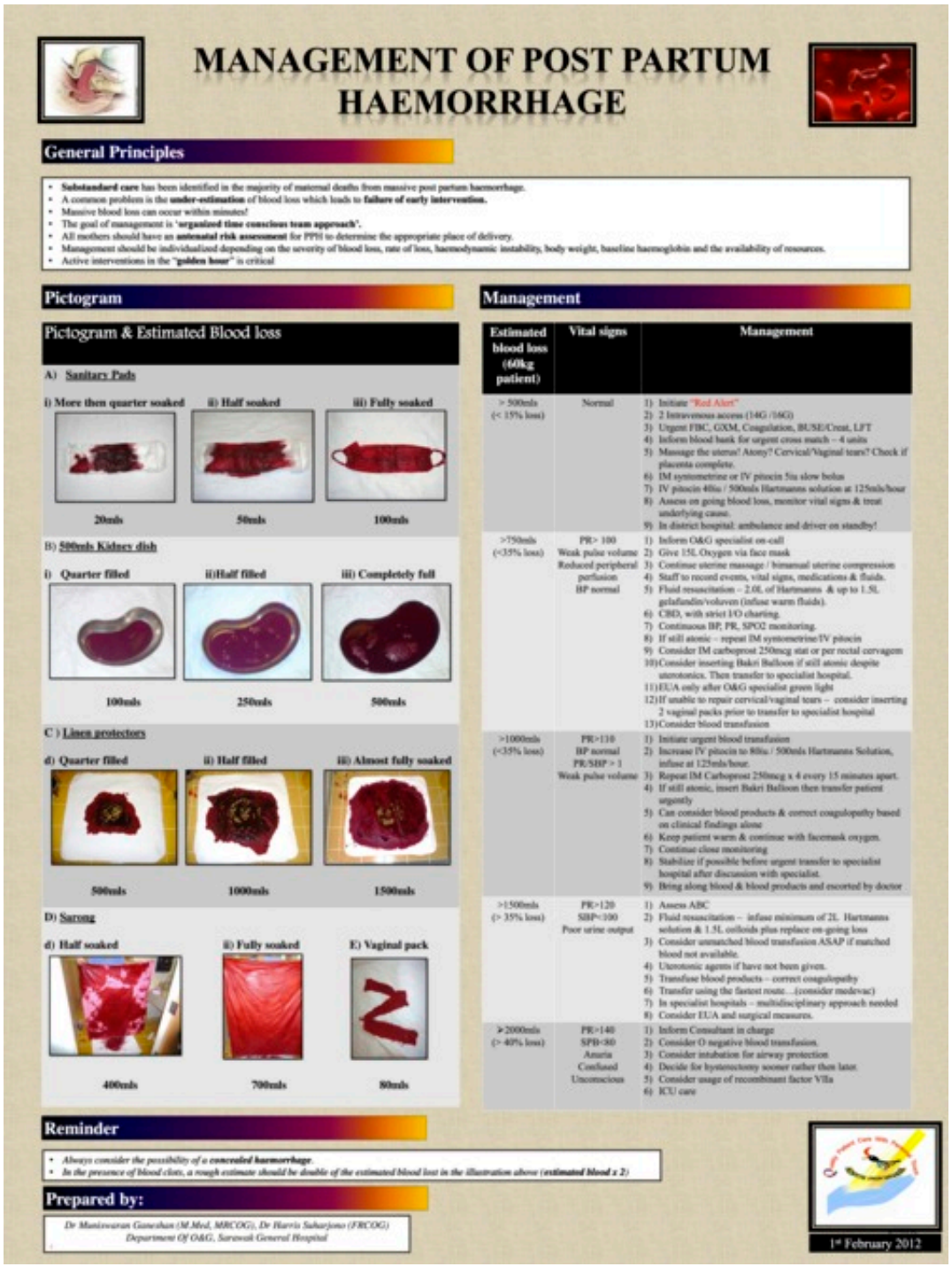
**General Principles**

- Substandard care has been identified in the majority of maternal deaths from massive post partum haemorrhage.

- A common problem is the under-estimation of blood loss which leads to failure of early intervention.
- Massive blood loss can occur within minutes!
- The goal of management is ‘organized time conscious team approach’.
- All mothers should have an antenatal risk assessment for PPH to determine the appropriate place of delivery.
- Management should be individualized depending on the severity of blood loss, rate of loss, haemodynamic instability, body weight, baseline haemoglobin and the availability of resources.
- Active interventions in the “golden hour” is critical

**Reminder**

- Always consider the possibility of a concealed haemorrhage.
- In the presence of blood clots, a rough estimate should be double of the estimated blood lost in the illustration above (estimated blood x 2)



# MANAGEMENT OF POST PARTUM HAEMORRHAGE

## General Principles

- **Substandard care** has been identified in the majority of maternal deaths from massive post partum haemorrhage.
- A common problem is the **under-estimation** of blood loss which leads to **failure of early intervention.**
- Massive blood loss can occur within minutes!
- The goal of management is **'organized time conscious team approach'.**
- All mothers should have an **antenatal risk assessment** for PPH to determine the appropriate place of delivery.
- Management should be individualized depending on the severity of blood loss, rate of loss, haemodynamic instability, body weight, baseline haemoglobin and the availability of resources.
- Active interventions in the "**golden hour**" is critical

## Pictogram

### Pictogram & Estimated Blood loss

A) Sanitary Pads

i) More then quarter soaked — 20mls

ii) Half soaked — 50mls

iii) Fully soaked — 100mls

B) 500mls Kidney dish

i) Quarter filled — 100mls

ii)Half filled — 250mls

iii) Completely full — 500mls

C ) Linen protectors

d) Quarter filled — 500mls

ii) Half filled — 1000mls

iii) Almost fully soaked — 1500mls

D) Sarong

d) Half soaked — 400mls

ii) Fully soaked — 700mls

E) Vaginal pack — 80mls

## Management

| Estimated blood loss (60kg patient) | Vital signs | Management |
|---|---|---|
| > 500mls (< 15% loss) | Normal | 1) Initiate "Red Alert"<br>2) 2 Intravenous access (14G /16G)<br>3) Urgent FBC, GXM, Coagulation, BUSE/Creat, LFT<br>4) Inform blood bank for urgent cross match – 4 units<br>5) Massage the uterus! Atony? Cervical/Vaginal tears? Check if placenta complete.<br>6) IM syntometrine or IV pitocin 5iu slow bolus<br>7) IV pitocin 40iu / 500mls Hartmanns solution at 125mls/hour<br>8) Assess on going blood loss, monitor vital signs & treat underlying cause.<br>9) In district hospital: ambulance and driver on standby! |
| >750mls (<35% loss) | PR> 100<br>Weak pulse volume<br>Reduced peripheral perfusion<br>BP normal | 1) Inform O&G specialist on-call<br>2) Give 15L Oxygen via face mask<br>3) Continue uterine massage / bimanual uterine compression<br>4) Staff to record events, vital signs, medications & fluids.<br>5) Fluid resuscitation – 2.0L of Hartmanns & up to 1.5L gelafundin/voluven (infuse warm fluids).<br>6) CBD, with strict I/O charting.<br>7) Continuous BP, PR, SPO2 monitoring.<br>8) If still atonic – repeat IM syntometrine/IV pitocin<br>9) Consider IM carboprost 250mcg stat or per rectal cervagem<br>10)Consider inserting Bakri Balloon if still atonic despite uterotonics. Then transfer to specialist hospital.<br>11)EUA only after O&G specialist green light<br>12)If unable to repair cervical/vaginal tears – consider inserting 2 vaginal packs prior to transfer to specialist hospital<br>13)Consider blood transfusion |
| >1000mls (<35% loss) | PR>110<br>BP normal<br>PR/SBP > 1<br>Weak pulse volume | 1) Initiate urgent blood transfusion<br>2) Increase IV pitocin to 80iu / 500mls Hartmanns Solution, infuse at 125mls/hour.<br>3) Repeat IM Carboprost 250mcg x 4 every 15 minutes apart.<br>4) If still atonic, insert Bakri Balloon then transfer patient urgently<br>5) Can consider blood products & correct coagulopathy based on clinical findings alone<br>6) Keep patient warm & continue with facemask oxygen.<br>7) Continue close monitoring<br>8) Stabilize if possible before urgent transfer to specialist hospital after discussion with specialist.<br>9) Bring along blood & blood products and escorted by doctor |
| >1500mls (> 35% loss) | PR>120<br>SBP<100<br>Poor urine output | 1) Assess ABC<br>2) Fluid resuscitation – infuse minimum of 2L Hartmanns solution & 1.5L colloids plus replace on-going loss<br>3) Consider unmatched blood transfusion ASAP if matched blood not available.<br>4) Uterotonic agents if have not been given.<br>5) Transfuse blood products – correct coagulopathy<br>6) Transfer using the fastest route…(consider medevac)<br>7) In specialist hospitals – multidisciplinary approach needed<br>8) Consider EUA and surgical measures. |
| >2000mls (> 40% loss) | PR>140<br>SPB<80<br>Anuria<br>Confused<br>Unconscious | 1) Inform Consultant in charge<br>2) Consider O negative blood transfusion.<br>3) Consider intubation for airway protection<br>4) Decide for hysterectomy sooner rather then later.<br>5) Consider usage of recombinant factor VIIa<br>6) ICU care |

## Reminder

- *Always consider the possibility of a* ***concealed haemorrhage****.*
- *In the presence of blood clots, a rough estimate should be double of the estimated blood lost in the illustration above (****estimated blood x 2****)*

## Prepared by:

*Dr Muniswaran Ganeshan (M.Med, MRCOG), Dr Harris Suharjono (FRCOG)*
*Department Of O&G, Sarawak General Hospital*

1st February 2012