

## **MANAGEMENT GUIDELINE FOR POST PARTUM HAEMORRHAGE (PPH)**

- The PPH checklist – is to be filled for all cases of PPH
- The PPH guideline flowchart on page 3, should be made available for easy reference in all LW
- **CODE RED** – should be in practice in all hospitals
- IM carboprost (haemabate) would be made available in all hospitals and selected clinics in the state for use in cases of major PPH. Please refer to flowchart on when and how to use it.
- Those patients with PPH requiring IM carboprost would have to be referred to an O&G specialist on-call and arrangements made for the patient to be referred to a specialist hospital ASAP
- IM carboprost can be given concurrently with an IV pitocin infusion
- All hospitals and clinics supplied with carboprost should have 4 ampoules available at all time for emergency use
- Intra-uterine balloons would be made available soon in all hospitals and selected clinics in the state for the management of major PPH
- The use in non specialist hospitals and clinics would be to reduce blood loss during transfer to a specialist hospital
- Only those who have attended workshops on intra-uterine balloons should be privileged to use it. Workshops will be organized soon.

### **POINTERS TO REMEMBER:**

- **Patients at high risk of PPH should deliver in specialist hospitals**
- **All Patients at risk of PPH should have IV pitocin infusion 40 units/500mls N/Saline over 4 hours after delivery of the baby**
- **Active management of the 3<sup>rd</sup> stage is recommended**
- **Monitor all postnatal patients closely for at least 2 hours**
- **Diagnose PPH early and act quickly!**
- **Under assessment of blood loss is common**
- **Delays in identifying, managing or referring PPH patients can be disastrous**

## Postpartum Haemorrhage Checklist

Patient's name:

IC No:

RN:

Time of call for help for PPH:

Called by:

Date:

Initial Management	Time
Oxygen given	
Head bed down	
Brannula No. 1	
Brannula No. 2	

Team Member	Name	Time arrived
On-call O&G Specialist		
On-call O&G Registrar		
On-call O&G MO		
On-call Anaesthetic MO		
On-call Anaesthetist		

Observations			Fluids		
Time	Pulse	BP	Type	Volume	Time
			Blood sent		Time
			FBC		
			GXM            units		
			PT/PTT		
			Placenta delivered	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Urinary catheter		

Drug	Dose	Time
Syntometrine	IM 1 ampule	
Ergometrine	IM/IV 500mcg/ 1 amp (if normal BP)	
Oxytocin	40 units in 500ml N/S at 125ml/H	
Haemabate (Carboprost)	IM 250 mcg/ 1amp	
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Form filled by:

Signature:

## **GUIDELINE OF MANAGEMENT AND PREVENTION OF POSTPARTUM HAEMORRHAGE**

**Prevention:** Active management of the 3<sup>rd</sup> stage of labour

1. IM Oxytocics (Ergometrine 500mcg/ Oxytocin 5 IU) given at the delivery of the anterior shoulder of the baby
2. Controlled cord traction (CCT)
3. Fundal/ Uterine Massage

**Causes of PPH:** "The Four Ts"

Tone (uterine atony)-COMMONEST  
 Tissue (retained POC)  
 Trauma (of the genital tract)  
 Thrombin (coagulopathy)

**Management of PPH:** Resuscitation, monitoring, investigation and treatment should occur **simultaneously**

