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 3rd 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:										Ι	Date:	
Initial Management			-	Time								
Oxygen given												
Head bed down												
Brannula No. 1												
Brannula No. 2												
			_									
Team Member				Name 7				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				Fluide								
Time	Pulse BP			Fluids Type Volu			me Ti			Гime		
TITILE	ruise	DF		Туре		Volulii			1 11111			
				Blood sent					Time			
				FBC					Time			
				GXM units								
				PT/PTT								
				Placenta delivered Yes No								
				Urinary catheter								
Drug			Do	ose						TIme		
Syntometrine			IM 1 ampule							111110		_
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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Haemabate (Carboprost)			IM 250 mcg/ 1amp									_
Haemabate (Carboprost)			IM 250 mcg/ 1amp						1			_
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Haemabate (Carboprost)				IM 250 mcg/ 1amp								_
Haemabate (Carboprost)				IM 250 mcg/ 1amp								_
				-								
Form filled by:			Signature:									

GUIDELINE OF MANAGEMENT AND PREVENTION OF POSTPARTUM HAEMORRHAGE

Prevention: Active management of the 3rd 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

Major Obstetric haemorrhage EBL> 1500ml Continuing bleeding or clinical shock

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Call for help- Activate code red inform O&G specialist on-call, Obstetric MO on-call, HOs,

Resuscitation

Airway, Breathing, Circulation

Oxygen mask (15L/min)

Fluid balance (2L Hartmann's, 1.5L colloid)

Blood transfusion (Group-specific blood or O RhD negative)

Blood products (FFP, Platelet, cryoprecipitate, factor VIIa)

Keep patient warm, Head bed down

Monitoring and Investigations

14g cannulae x 2

FBC, PT/PTT, BUSE, LFT

GXM (4 units blood, FFP, Platelet, cryo)

Foley catheter, Oxymeter, cardiac monitor

Commence record chart

Consider central and arterial lines

Estimate blood loss

Check placental completeness

Medical treatment

Bimanual uterine massage

Empty bladder

IV pitocin 5 units bolus x2

IV/IM Ergometrine 0.5mg if BP normal

IV Pitocin infusion (40 units/500ml N/S at 125ml/h)

IM Haemabate 250 mcg every 15 minutes up to 8 doses

Intramyometrial haemabate 0.5mg

Theater- Is the uterus contracted?

EUA- genital tract trauma, retained POC.

Coagulopathy corrected? Transfer to tertiary centre?

Intrauterine ballon tamponade

(Rusch balloon, Bakri balloon, Foley

catheter) Brace suture

Bilateral internal iliac ligation

Hysterectomy

Consider ICU/HDU admission

Incident reporting

Debriefing