Primary Postpartum Haemorrhage (PPH)

For the reluctant obstetrician…

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Primary Postpartum Haemorrhage (PPH)

- >500mL bleeding after vaginal birth
  - >1000mL = severe PPH
- Blood flow to uterus at term ~750mL/min -> can rapidly exsanguinate
  - Remains leading cause of mortality worldwide

<u>Causes: 4 Ts</u>

- *Tone* = Atonic uterus
- *Trauma* = genital tract trauma
  - Uterine rupture, cervical tear, vaginal tear, perineal tear
- *Tissue* = Retained products/placental tissue
- *Thrombin* = Bleeding disorder (1^{o} or 2^{o})

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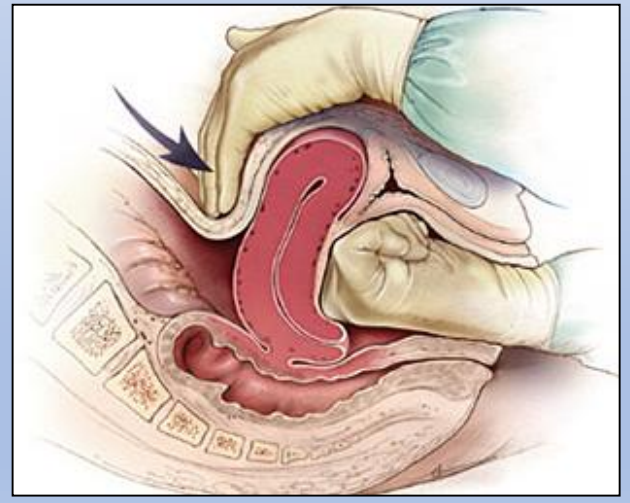
<u>Management Principles in ED</u>

- Check Ts
- Rub fundus & Call for Help
- IV access & Resuscitate [TXA/MTP]
- Give some drugs
- Bimanual compression (and do this early!)



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Drugs for PPH

- Ergometrine
  - 250mcg IV q5min up to 1000mcg
- Oxytocin / Syntocinon
  - 5u IV bolus Infusion 40u/1L q4h *= 1u IV q 6min*
- Misoprostol
  - 1000mcg PR [can be given buccally – works quicker]
- Prostaglandin F2alpha
  - Originally intramyometrial
  - Now IM, 0.25mg q15min up to 8x = 2mg total
- Tranexamic Acid
  - 1g IV over 10-15min, can repeat

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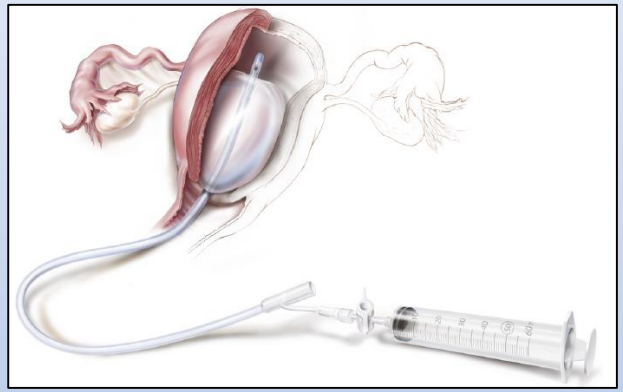
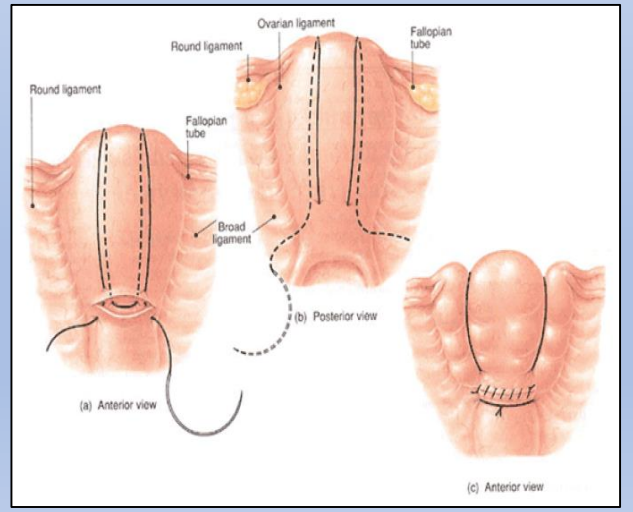
<u>Treatment Options in Operating Theatre</u>

- Ongoing resuscitation by anaesthetic staff
- Surgical Options
  - EUA genital tract +/- repair
  - Curettage of uterus
  - Intrauterine balloon tamponade
  - Laparotomy
    - Uterine compression sutures
    - Prostaglandin F2α intramyometrial
    - Uterine artery ligation
    - Internal iliac artery ligation
    - Hysterectomy
- Interventional Radiology
    - Uterine artery embolization





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