DEFINITION

• The World Health Organisation definition of PPH is a **blood loss over 500 mls**

• **A Major PPH** is defined as a **loss of more than 1000 mls with continuing bleeding, or any degree of blood loss associated with clinical signs of shock or tachycardia.**

• **Primary**

• **Secondary**
RISK FACTORS :- ANTENATAL

• Placenta Praevia
• Previous PPH
• Previous retained placenta
• Obesity BMI >than 35
• Anaemia
• Maternal Age and Primiparous
• Uterine anomalies/fibroids
• Asian ethnicity
• Polyhydramnios
• Pre-eclampsia Gestational hypertension
• Multiple pregnancy
RISK FACTORS:- INTRAPARTUM, THE FOLLOWING SHOULD PROMPT EXTRA VIGILANCE

• Induction of Labour
• Prolonged use of oxytocin
• Prolonged first and second stage
• Precipitate labour
• Operative delivery / LSCS
• Perineal trauma :- tear, episiotomy
• Pyrexia
• Big baby
• Retained placenta
QUESTION - CAN IT BE PREVENTED?

- History taking vital
- Correction of blood disorders antenatal: anaemia, low platelets
- Active management with previous history of PPH reduces the risk by 60% and the likelihood of requiring a blood transfusion by 75% use of uterotonic agents
- Women with placenta praevia/accrrete at higher risk so need delivery on consultant unit, blood products requested and prepared in timely manner.
- Early recognition of haemorrhage, escalation done quickly to facilitate appropriate management: 4 T’s
- Accurate assessment of blood loss best practice is to weigh not guess 1g = 1ml
MANAGEMENT

• The corner stone of initial management is to initiate resuscitation a rapid assessment with the aim to limit blood loss by ascertaining the cause and taking corrective measures.

• The principles of management involves 4 components: all of which must be undertaken simultaneously:
  • Communication:- verbal, written
  • Resuscitation ABCDE
  • Monitoring and investigation 4 T’s
  • Arresting of the bleeding
WHOSE IN THE TEAM?

• The woman!
• Midwife/Coordinator/HCA
• Obstetric Team:- Consultant, Registrar, SHO
• Anaesthetic team: Consultant, Registrar ODP, Theatre Team
• Out reach Team
• Haematologist
• Porters
• Switch Board
• Family
COMMUNICATION

- 2222 :- Hospital Location/room/ward……. Massive/Major Obstetric Haemorrhage this will alert Obstetric Team, Anaesthetists, ODP, Coordinator
- Allocate runner and a scriber
- Communicate to the theatres regarding situation (potential for cell salvaging)
- Keep patient and partner informed ensure clear information
- Closed loop instructions within the team
- Proforma/high dependency documents/patients notes
- Contemporaneous documentation
- Datix lessons learnt
- Debriefing patient and staff members
RESUSCITATION

• A- Airway look, listen, feel count the respiratory rate note how they are breathing? SpO²
• B- O² 10-15 litres
• C- Circulation x 2 cannulas 16 gauge obtain bloods FBC, U&E, Clotting & Cross match 4 units
  MARK URGENT (porter should have been allocated to deal with transport of all blood products required) Blood transfusion if required (informed consent)
• Replacement fluids x 3 lost e.g. 1 litre replace 3 litres maintain temperature (avoid drop in temperature). Catheterisation hourly
• Measurement
• D- Disabilities- assess Alert, Vocal stimuli, Painful stimuli, Unresponsive to all stimuli
• Examine pupil size, equality and reaction to light.
• E- Exposure maintain dignity during assessment maintain heat
DRUGS OF CHOICE

• 500 micrograms ergometrine (contraindicated in hypertension)
• Syntocinon 5-10 units
• 40 iu in 500 mls of plasmalyte
• 250 micrograms Carbaprost (Haemabate). Contraindicated in women with asthma
• Misoprostol (up to 1000 micrograms)
• Novoseven – Consultant Haematologist