POSTPARTUM HAEMORRHAGE

2018

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 likely hood of requiring a blood transfusion by 75% use of uterotonic agents
- Women with placenta praevia/accrete 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 practise 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? SpO^2
- B-O^2 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 x3 lost e.g. 1litre replace 3 litres maintain temperature (avoid drop in temperature). Catheterisation hourly
- Measurement
- D- Disabilities- assess **A**lert, **V**ocal stimuli, **P**ainful stimuli, **U**nresponsive to all stimuli
- Examine pupil size, equality and reaction to light.
- E- Exposure maintain dignity during assessment maintain heat

DRUGS OF CHOICE

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