



# **Primary PPH management**

### Call for Help - Code or MET call

Contact Senior Midwife, Obstetrician, Hospital Coordinator, Theatre and Anaesthetist Are you in ED? Notify the Obstetric team immediately

# Initial management

Lie flat
Administer O2
Keep warm
Insert IDC
Assess blood loss
Massage uterus
and expel clots

Oxytocin 10 units IM/IV, Syntometrine 1ml IM

Or

Ergometrine 250microg IM and 250microg IV

> (Hypertension -Syntometrine & Ergometrine contraindicated)

BP, HR, RR and SaO2 5 minutely Temp 15 minutely

Monitor blood loss and hourly urine output Intravenous access 2 x 14 or 16g Collect blood

samples (FBE, clotting, x-match, fibrinogen)

Rapid fluid replacement

Avoid excessive crystalloid use.
Give 2L initially

Commence fluid balance chart **Blood products** 

Consider emergency
O-ve RBC

Use rapid infuser/warmer

FFP, Platelets,

cryoprecipitate

Regular pathology 30–60 mins

## Treatment - Remember there may be more than one cause of bleeding

#### Tone (70%)

Fundal massage Expel clots

Drugs:

- As above if not already given
- Tranexamic acid 1g 100ml 0.9% NaCI IV
- Carboprost 250microg/1ml IM
- Oxytocin infusion 40 units/1L/4 hours
- Misoprostol 600microg PR or buccal

Bi-manual compression Bakri balloon

#### Trauma (19%)

Inspect the vagina and cervix for tears Repair lacerations Consider uterine/ vaginal packing Consider presence of a vaginal haematoma

#### Tissue (10%)

Deliver the placenta Expel clots from uterus and vagina Inspect placenta and membranes

#### Thrombin (1%)

Check blood picture Consider: Severe preeclampsia, placental abruption, sepsis, FDIU, amniotic fluid embolism, hereditary bleeding disorders e.g. von willebrand's Do you need to activate the Massive Transfusion Protocol?

> Have you sought advice from haematologist via pathology?

## **Consider transfer to theatre**

- Exploration of uterine cavity
- Consider uterine tamponade with Bakri balloon
- Consider uterine/vaginal packing
- Repair perineal/vaginal/cervical tears
- Angiography and embolisation
- Manual removal of placenta
- B-Lynch suture
- Ligation of bleeding vessels
- Consider aorto-caval compression
- Hysterectomy

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