

Postpartum hemorrhage

PPH – definitions

-Primary PPH – is defined as blood loss of ≥ 500 ml for vaginal delivery and ≥ 1000 ml for caesarean delivery from the genital tract occurring within 24H of delivery.

-Secondary PPH – is defined as excessive loss occurring between 24H and 6-12 weeks after delivery

Causes of primary PPH .

1-Uterine atony

2-Genital tract trauma

3-Coagulation disorders

4-Large placenta Abnormal placental site Retained placenta Uterine inversion Uterine rupture

1-Uterine Atony (90%)

Caused by

a- Failure of uterus to contract after delivery

b- Predisposing factors;

c- Over distended uterus with twins or polyhydramnios, big babies

d- Prolonged labour

e- Infections

f- Retained tissue

2-Genital Tract Trauma (7%)

- a-Vulva, vaginal tears
 - b-Episiotomy
 - c-Lacerations of cervix
 - d-Rupture of the uterus
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3-Coagulation Disorders:-(%3)

- a- Placenta abruption and sepsis may contribute to PPH.
 - b-Autoimmune disease, liver disease, inherited or acquired coagulation disorders are rare causes
 - c-Sometimes the patient on heparin can lead to excessive bleeding
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4-Abnormal Placental Site:-

- a- Placenta previa, placenta accreta and percreta.
 - b- Uterine inversion & rupture are rare causes of excessive bleeding
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Causes of secondary PPH :-

- a-Infection –endometritis
- b-Retained placenta parts & membrane
- c-Subinvolution of the placenta site
- d-Pre-existing uterine lesion like submucous uterine fibroid
- e-Very rarely uterine Arterial Venous Malformation
- f-Inherited coagulation defect

Predisposing factors include

1. Maternal age more than 30 years
2. Arrest and rapid delivery
3. Anemia in expecting mothers
4. Multiple gestation
5. Increase of amniotic fluid
6. Myoma
7. Difficult labor
8. Sudden separation birth of the placenta

Principles for Stopping the Bleeding

- a**-Empty uterus (remove the placental / membranes)
- b**-Treat uterine atony (physically, medically & surgically)
- c**-Repair genital tract trauma in OT

Nursing Interventions

- Assess uterine contraction and lochia flow every 2 hours.
- Assess vital signs and note for peripheral pulses.
- Note client's physiologic response to blood loss.
- Keep accurate record of subtotals of solutions/ blood products during replacement therapy.
- Maintain bed rest and schedule activities to provide undisturbed rest periods.
- Keep fluids within reach of client.
- Teach client perineal self- care.
- Administer fluids/ volume expanders as indicated.
- Replace blood products as ordered by the physician.
- Administer methyler gonovine as prescribed by the physician.
- Monitor laboratory studies (haemoglobin and hematocrit, creatinine).
 - Assist in the preparation for surgery specifically hysterectomy.