Bleeding postpartum is a natural consequence. The bacterial flora usually brings about autolysis, and the contractile function is influenced by oxytocin, which induces uterine contractility. The uterine muscle cells contract due to oxytocin, which facilitates the shedding of the placenta. Oxytocin is administered intramuscularly, in a dose of 250 μg; the maximum number of doses is eight (15 minutes apart) in accordance with the patient's condition and the need for additional treatment of postpartum hemorrhage.

If you would like to know detailed information about postpartum hemorrhage: read and/or download, free of charge, a 20-minute Masterclass Lecture (principally designed for doctors and doctors in training) at The Global Library of Women’s Medicine www.glowm.com.

Immediate Action: Call for HELP

1. Check for: Uterine Tone

In parallel with menorrhagia, assessment of uterine tone should take place when managing primary postpartum hemorrhage because uterine tone is the dominant cause of postpartum hemorrhage. Uterine tone is suggested by the presence of a College v sign. If the uterus is acutely giving in, it looks soft and distends with one hand on either side of the uterus – which should be confirmed until all steps for bleeding stop.

2. Trauma

Continual bleeding after uterine administration is most likely unremarked. The gynaecological examination is critically important when this situation occurs, with assistance and appropriate equipment to stimulant the suction and oxytocin. If the bleeding continues, the uterus should be removed.

3. Placenta

Inspection of the placenta after delivery must be routine to check for its completeness. Check for any missing cotyledons and assess the situation in the light of all the circumstances surrounding the birth. It should be focused on the history and examination. The final step is to assess the size and shape of the placenta.

4. Other Conservative Suture Procedures:

Less radical surgical procedures like suturing, ligation and cauterization do not require anesthesia. Subtotal hysterectomy is possible with knowledge of the pelvic anatomy, including the vascular and neurological supply of the pelvic organs. Uterine artery and vein ligation is performed via the cervix. This technique is used for anterior leiomyomas and for the treatment of postpartum hemorrhage.

5. Hospital-based procedures

For more detailed information, see text on the reverse side of this leaflet.
This leaflet and wall chart have been written and developed by Dr. Sabaratnam Arulkumaran, Professor Sir Sabaratnam Arulkumaran and Dr. Meera Lobo, and is based on A Comprehensive Textbook of Postpartum Hemorrhage (Second Edition), edited by Sir Sabaratnam Arulkumaran and Dr. Meera Lobo. The book, which is available through the normal commercial channels in the Western World, is being provided free to selected physicians in low-resource countries.

The foundation for the Global Library of Women's Medicine, where it may be read and/or downloaded, is available at www.glwm.com

For further information, please contact the publishers who are publishing these materials on a not-for-profit basis and making them available, free, on a selective basis, in loving memory of their daughter Abligee Blomme.

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less-resourced countries and with some 15,000 copies distributed to
This book is the only comprehensive
has not been effectively transferred to
but rather because that knowledge
in childbirth not because the

Incidence and Risk Factors
Postpartum hemorrhage occurs in approximately 4% of vaginal deliveries, and it is estimated that it occurs in nearly 15% of all maternal childbirth-related deaths.

Active management of labor incorporates three recommended elements of prevention, resuscitation, and control of uterine function in the umbilical cord until achieving placental separation and delivery.

Good evidence shows that active management of the third stage of labor provides a better balance of benefits versus side effects and should be practiced routinely to decrease the incidence of postpartum hemorrhage. The steps necessary for the facilitation of the delivery of the placenta and enhancement of the effective uterine contractions to deliver the third stage of labor are fundamental to the prevention of postpartum hemorrhage.

Complications of any stage of labor can be administered at 10 units intramuscularly as it is safe and effectively be given to the mother after delivery of the placenta. Alternatively, 1 unit of syntocinon may be given intramuscularly.

Prevention

Balloons

Resuscitation

If the tamponade test fails, the next step would be compression suture plus a combination of compression suture with a balloon (sandwich technique). The compression sutures devised by Christopher B-Lynch are well known and is described as the next step.

Stepwise devascularization

Uterine Compression

Laser Suture

If necessary, transfer to Tertiary (University) Hospital

In instances where obstetric services such as blood bank facilities, surgical expertise, and immediate availability of diagnostic tests are necessary, these services or an obstetric case requiring inpatient care in a patient who continues to bleed

Immediate Action: Call for HELP

Placenta

B-Lynch Suture

Stepwise Devascularization

If available, it is desirable to instruct the family or the obstetric team at the bedside to prepare for the possibility of balloon tamponade failure and arrange for immediate backup as the balloon may need to be removed and replaced if the tamponade fails.

Stepwise devascularization is an effective technique to reduce blood loss in massive postpartum hemorrhage. This method involves the sequential removal of the uterine arterial blood supply and may be performed by ligating or suture ligation of the internal iliac arteries or by a combination of these with other techniques. Uterine devascularization is performed before transfusion is initiated and can be controlled by a combination of the methods described above. The balloon tamponade may be used as a simple method before the uterine devascularization procedure is performed.

Stepwise devascularization

Uterine Compression

Laser Suture