# Postpartum Haemorrhage

# Definition

- Any blood loss than has potential to produce or produces hemodynamic instability

## Incidence

- About 5% of all deliveries

# Definition

- >500ml after completion of the third stage, 5% women loose >1000ml at vag delivery
- >1000ml after C/S
- >1400ml for elective Cesarean-hyst
- >3000-3500ml for emergent Cesarean-hyst

- woman with normal pregnancy-induced hypervolemia increases blood-volume by 30-60% = 1-2L
- therfore, tolerates similar amount of blood loss at delivery
- hemorrhage after 24hrs = late PPH

# *Hemostasis at placental site*

- **At term, 600ml/min of blood flows through intervillous space**
- **Most important factor for control of bleeding from placenta site = contraction and retraction of myometrium to compress the vessels severed with placental separation**
- **Incomplete separation will prevent appropriate contraction**

# Etiology of Postpartum Haemorrhage

| | |
|---|---|
| Tone | Uterine atony 95% |
| Tissue | Retained tissue/clots |
| Trauma | laceration, rupture, inversion |
| Thrombin | coagulopathy |

# Predisposing factors- Intrapartum

- Operative delivery
- Prolonged or rapid labour
- Induction or agumentation
- Choriomnionitis
- Shoulder dystocia
- Internal podalic version
- coagulopathy

# Predisposing Factors- Antepartum

- Previous PPH or manual removal
- Abruption/previa
- Fetal demise
- Gestational hypertension
- Over distended uterus
- Bleeding disorder

# Postpartum causes

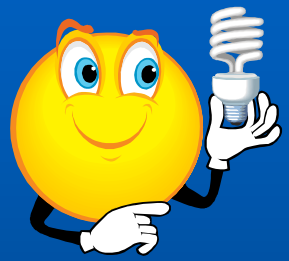
- Lacerations or episiotomy
- Retained placental/ placental abnormalities
- Uterine rupture / inversion
- Coagulopathy

# Prevention

- Be prepared
- Active management of third stage
  - Prophylactic oxytocin
  - 10 U IM
  - 5 U IV bolus
  - 10-20 U/L N/S IV @ 100-150 ml/hr
  - Early cord clamping and cutting
  - Gentle cord traction with surapubic countertraction

# Remember!

- Blood loss is often underestimated
- Ongoing trickling can lead to significant blood loss
- Blood loss is generally well tolerated to a point



# Thank You ! ! !