

Bleeding after birth

Knowledge assessment for the course on prevention, diagnosis and treatment of postpartum haemorrhage.

When are you taking this test?

- ☐ Pre-course
☐ Post-course

Circle around the correct answer or answers for each question.

1. Which of the following uterotonic medication doses is correct to prevent PPH in the third stage of labor?
 - a. Misoprostol – 800 µg
 - b. Ergometrine – 10 mg
 - c. Oxytocin – 10 IU
 - d. Carbetocin/heat-stable carbetocin – 200 µg
2. Which of the following lists contain the three steps for prevent postpartum haemorrhage (PPH) in the third stage of labor?
 - a. Give a uterotonic, manually remove the placenta, and check for tears
 - b. Cut the cord, wait for the placenta to deliver, and give a uterotonic
 - c. Give a uterotonic, perform controlled cord traction, and check tone of the uterus
 - d. Wait for the placenta to deliver, check for tears, and massage the uterus
3. According to the World Health Organization, when should a uterotonic medication be given to prevent PPH?
 - a. When the anterior shoulder has been delivered
 - b. Within 1 minute of birth of the last baby
 - c. Within 5 minutes of birth of the last baby
 - d. Immediately after delivery of the placenta
4. Which medication(s) are not used to prevent PPH in the third stage of labor? Select all that apply.
 - a. Misoprostol
 - b. Heat-stable carbetocin
 - c. Tranexemic acid (TXA)
 - d. Oxytocin
5. Which medication(s) should you never use for induction or augmentation of labor? Select all that apply.
 - a. Misoprostol
 - b. Oxytocin
 - c. Carbetocin/heat-stable carbetocin
 - d. Ergometrine
6. For which medication(s) will you advise women about the possible side effects of shivering and fever? Select all that apply.
 - a. Misoprostol
 - b. Oxytocin
 - c. Carbetocin/heat-stable carbetocin
 - d. Ergometrine
7. Which medication should not be used if the woman has hypertension, pre-eclampsia, or eclampsia?
 - a. Misoprostol
 - b. Oxytocin
 - c. Ergometrine or fixed dose oxytocin/ergometrine
 - d. Carbetocin/heat-stable carbetocin
8. WHO recommends use of objective measurement of blood loss only for women who are at high risk for PPH
 - a. True
 - b. False
9. Unfolding of a calibrated drape or placement of other blood measurement tool should occur:
 - a. When the woman begins pushing
 - b. Immediately after delivery of the placenta
 - c. Immediately after giving uterotonic for prevention
 - d. After massaging the uterus
10. How often should a woman's bleeding, uterine tone, pulse, and blood pressure be checked after delivery of the placenta?
 - a. Every 10 minutes for the first 6 hours
 - b. Every 15 minutes for the first 1 hour
 - c. Once an hour for the first 24 hours
 - d. Once a day for the first week after birth
11. Which is the most common cause of PPH?
 - a. Soft uterus/atony
 - b. Retained placenta
 - c. Coagulation disorder
 - d. Genital lacerations
12. If the uterus is well contracted, the woman cannot have a postpartum hemorrhage.
 - a. True
 - b. False
13. If a woman is bleeding after birth, when will you start the PPH bundle?
 - a. When IV oxytocin has not controlled the PPH
 - b. After you have ruled out genital tears and retained placenta or placental fragments
 - c. Once a senior provider makes the decision to start the PPH bundle
 - d. As soon as you diagnose PPH

- 14. Which of the following statements is true about estimating blood loss after birth?**
- Visual estimation of blood loss can be accurate when the provider is experienced.
 - When providers use visual estimation of blood loss, this usually results in overestimation of blood loss.
 - Visual estimation of blood loss misses 50% of PPH cases.
- 15. If a woman has lost 500 mL of blood but her vital signs are stable, you should not begin treatment with the PPH bundle.**
- True
 - False
- 16. Once you diagnose PPH, you should only give TXA as part of the PPH bundle if you think PPH is due to trauma.**
- True
 - False
- 17. The reason the PPH bundle is recommended is because:**
- The bundle components are only effective when given together
 - When the bundle components are performed together and reliably, outcomes are improved
 - Having the components in a bundle will increase the chance that they are consistently given
- 18. The PPH bundle includes:**
- Examination, massage, oxytocic, treatment, IV access, emergency transport
 - Massage, oxytocic, TXA, IV fluids, examination/escalation
 - Escalation, massage, oxytocic, laboratory testing, IV fluids, examination/escalation
- 19. When you give the components of the PPH bundle, you should:**
- Wait for a response to each component before proceeding to the next component
 - Only perform the components relevant for the identified cause of PPH
 - Try to perform all components within 15 minutes
 - Prepare for transfer
- 20. The correct way to administer TXA is:**
- 1g IM
 - 10 g in 500 mL crystalloids over 1 hour
 - 10 g slow IV injection
 - 1g in 10 mL over 10 minutes
- 21. If the woman is bleeding heavily, how long can you wait after birth of the baby before you give the PPH bundle and attempt manual removal of placenta?**
- Do not wait
 - 15 minutes
 - 30 minutes
 - 60 minutes
- 22. Which of the following statements about tranexamic acid (TXA) is true?**
- TXA should only be used if you think that PPH is due to trauma
 - TXA should only be used if you think that PPH is due to uterine atony
 - TXA should be used in all cases of PPH
 - TXA should only be used for women who will require surgery for PPH
- 23. Which uterotonic should not be used to treat PPH?**
- Misoprostol
 - Oxytocin
 - Carbetocin/heat-stable carbetocin
- 24. You should repeat the dose of tranexamic acid (TXA) if bleeding is not controlled after how many minutes of giving the first dose of TXA?**
- 30 minutes
 - 60 minutes
 - 120 minutes
 - 180 minutes
- 25. When will you decide to escalate care?**
- Once a cause for PPH has been identified
 - If bimanual uterine compression is needed to control uterine atony
 - If a cause for PPH has not been identified or bleeding continues after completing the PPH bundle
- 26. Which of the following clinical findings indicate the woman is in shock?**
- Pulse 108 beats per minute, respirations 16 breaths per minute, BP 108/68 mmHg
 - Pulse 118 beats per minute, respirations 30 breaths per minute, BP 88/58 mmHg
 - Pulse 82 beats per minute, respirations 14 breaths per minute, BP 92/60 mmHg
- 27. When heavy bleeding and atony persist despite giving the PPH bundle, additional uterotonics, a second dose of TXA and bimanual compression, the next step is:**
- Give a third dose of TXA and more uterotonics
 - Prepare for surgical intervention
 - Check the placenta