

DETECT AND TREAT POSTPARTUM HAEMORRHAGE EARLY

E



Early detection and trigger criteria

- Calibrated drape for blood loss collection with trigger lines at **300ml and 500ml** for the first hour after birth
- Observations (blood loss, blood flow, uterine tone) every **15 minutes** documented on the blood loss monitoring chart
- Blood pressure and pulse carried out once in the **1st hour** postpartum and documented on the blood loss monitoring chart

Trigger criteria

- 1 Clinical judgement
- 2 Blood loss 500ml or more
- 3 Blood loss 300ml or more plus one abnormal observation

M



Massage of uterus

- Massage until uterus has contracted or for **one minute**

O



Oxytocic drugs

- **10 IU IV oxytocin injection** or diluted in **200-500ml crystalloid** over **10 minutes** plus a maintenance dose for **20 IU IV oxytocin** diluted in **1000ml saline** over **4 hours** (+/- misoprostol 800mcg PR/SL if used)

T



Tranexamic acid

- **1g IV injection of tranexamic acid** or diluted in **200ml crystalloid** over **10 minutes**

IV



IV fluids

- IV fluids in addition to the infusion should be given if clinically indicated for resuscitation and will require a **2nd IV access**

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Examination and escalation

- Ensure bladder is empty, evacuate clots, check for tears with an internal examination and placenta for completeness
- Escalate if bleeding does not stop after first response or you are unable to identify or manage cause of bleeding

Implementation strategies



Audit newsletters: sharing with all staff monthly detection and bundle use rates along with PPH, severe PPH, blood transfusion, laparotomy and death from PPH rates and given feedback at monthly departmental meetings



Champions: midwife and doctor to oversee change, troubleshoot, give feedback on audit newsletters, connect with other champions through chats, meeting and websites for sharing knowledge and lessons learnt



Trolley and/or carry case: including all medicines and devices required for the treatment of PPH restocked after every use and complete a stocking checklist at the start of every shift



Training: on-site, simulation-based, and peer-assisted training of 90 minutes to a whole day facilitated by the use of provider guides, flipcharts and job aids displayed in labour wards