**DETECT AND TREAT**

**POSTPARTUM HEMORRHAGE 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

**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**

**E**
- **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

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**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