# Managing PPH in primary care

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# Case: Biodata

- Name: Puan Y M A
- Age: 28 years old
- Date of Birth: 2/2/1986
- Date of Admission: 14/2/14
- Date of Death:14/2/2014
- ANC: Para 3, all previous births SVD with no antenatal or postnatal problems
- Was brought from Focus Pembalakan workers' living quarters ( about 15 minutes from Hospital)
- Non local

- Antenatally anaemia with HB 7.2 t0 7.7gm %
- On oral hematinic and IM imferon
- Imferon was given once since patient refuse to come to clinic
- Her last follow up to clinic was at 33 eeks POG and Hb during clinic visit was 6.23 gm.
- She refuse to go to hospital and the nearest health clinic was not inform about the patients

- Puan Y started complaining of contraction pain on 13th February 2014 however she refused to go to hospital and she delivered a baby girl on 14th February 2014 at 12.10 am assisted by her mother. Cord was cut with razor blade however placenta only delivered more than 30 minutes to 1 hour later.Her husband noted that there was massive bleeding even before placenta delivery. Husband claimed deceased look very pale and lost of consciousness at around 1 am. She was brought to casualty at 3.25 am by family and factory workers. She was pronounced dead by Medical Officer in casualty.

- Cause of death: Third Stage Hemorrhaged- Hemorrhaged associated with retained, trapped or adherent placenta. Retained placenta NOS.
- This death is preventable if we can persuade her to get proper treatment for her anemia and she had safe delivery at hospital.

- Remedial Clinical factors:
- 1.There should be an effort to trace the defaulter by private clinic in high risk case and health clinic should be informed about the case. There was no communication between private clinic and health clinic about this case.
- 2. More effort should have been made by health staff to make sure all pregnancies were closely monitored.
- 3.To identify factors that contributes to patient and family members refusal for hospital admission.
- 4.To ensure that home birth by traditional birth attendance does not practice beyond their capabilities and to promote on Alternating Birthing Centre for low risk cases.
- 5.To ensure that high risk cases know that they should deliver in hospital.

# Antenatal Risk factor for PPH

- Previous PPH or retained placenta
- Maternal Hb level below 8.5g/dl at onset of labour
- BMI>35
- Grandmultiparity(P4 or more)
- APH
- Overdistension of the uterus(multiple pregnancy, macrosomia, polyhydramnios)
- Existing uterine abnormalities
- Low-lying placenta
- Maternal age 40 years and above
- Pre-existing bleeding disorders
- Hypertension
- Therapeutic anticoagulants

# Intraparturm risk factor

- Induction
- Prolonged 1st , 2 nd and 3rd stage of labour
- Oxytocin use
- Precipitate labour
- Operative birth or caesarean section

# Active management

- 1. Prophylactic use of oxytoxic drugs
- 2. Delay cord clamping
- 3. Controlled cord traction

- IM syntometrine for normotensive patient
- IV syntocinon 10 units  bolus for patient with hypertension and cardiac disease
- Given with the birth of anterior shoulder or after delivery of the baby when it is confirmed no second twin

# Clamping and cutting of the umbilical cord

- Early cord clamping

  Early cord clamping (<1 minute after birth) is not recommended unless the neonate is asphyxiated and needs to be moved immediately for resuscitation. (Strong recommendation, moderate-quality evidence)

- Delay cord clamping

  Late cord clamping (performed after 1 to 3 minutes after birth) is recommended for all births while initiating simultaneous essential newborn care. (Strong recommendation, moderate quality evidence)

# Controlled Cord Traction

- Allow time for oxytoxic drugs to act and ensure uterus is well contracted before CCT

# Managing PPH at home and at Alternative Birthing Centre

- Code ‘white’  can deliver at ABC
- Gravida 2-4
- No past obstetric problems
- No pass medical problem
- No currect obstetrical or medical problem
- Height more than 145 cm
- Age 18-to less than 40
- Married
- POA > 37 and less than 41 weeks
- Estimated normal weight baby

# Immediate measures

- Call for help
- Keep patient flat on bed without pillow
- Set IV line with large bore canulla size 14/16G
- Massages uterus gently
- Run 1 pint hartman/ normal saline solution fast within ½ hour if patient in shock or at 40 drop per minute if patient stable
- Give IM synthometrine and repeat if necessary

*Uterine massage is recommended for the treatment of PPH. (Strong recommendation, very low-quality evidence)*

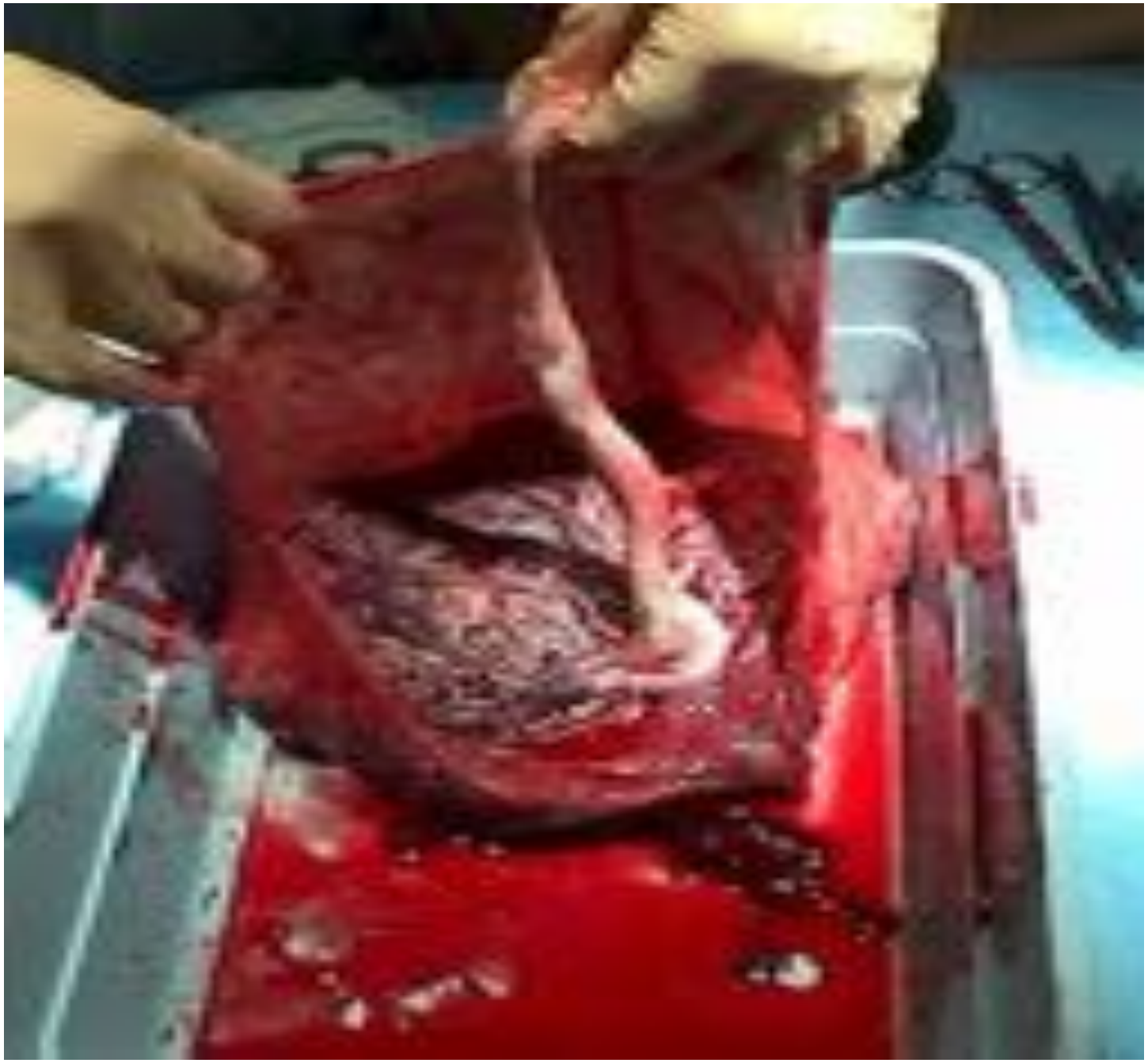
- The use of isotonic crystalloids is recommended in preference to the use of colloids for the initial intravenous fluid resuscitation of women with PPH. (Strong recommendation, low-quality evidence)

- Eg : Normal Saline .


HELP !

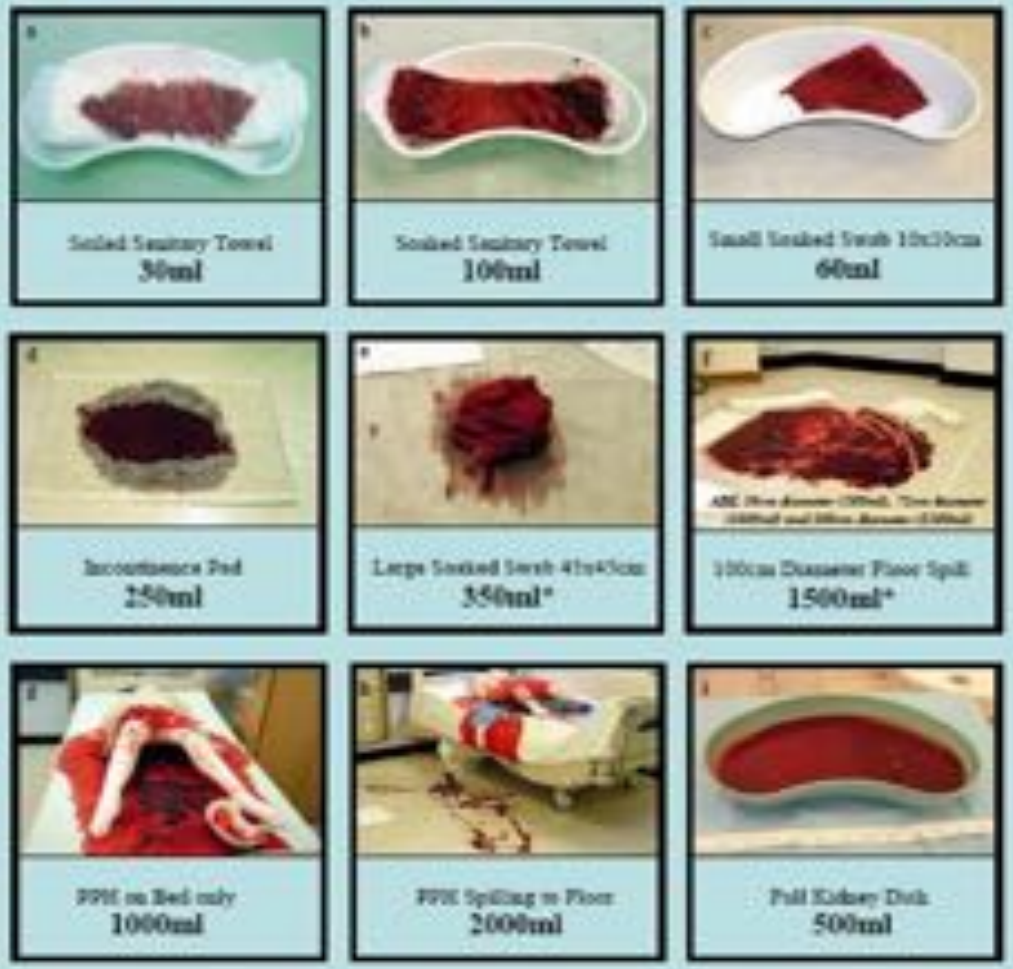
# Assess the condition of patient

- Colour
- Blood pressure, PR, RR
- Palpate uterus size
- Examine placenta
- Assess amount of blood loss
- 1 tampon fully soaked = 30 ml
- 1 sanitary pad fully soaked = 120 ml
- 1 sarong fully soaked = 500ml



# A Pictorial Reference Guide to Aid Visual Estimation of Blood Loss at Obstetric Haemorrhage: Accurate Visual Assessment is Associated with Fewer Blood Transfusions

Dr Patrick Bose, Dr Fiona Regan, Miss Sara-Paterson Brown




*Multidisciplinary observations of estimated blood loss revealed that scenarios (e-f) are grossly underestimated (> 30%)

For Further Information please contact Miss Sara Paterson-Brown
Delivery suite, Queen Charlotte Hospital, London

# PPH with placenta delivered – atonic uterus

- Repeat IM syntometine
- Continue massaging uterus
- Empty the bladder

- External compression of uterus/ bimanual external compression
- Aortic compression
- Keep patient warm with blankets
- Call for ambulance

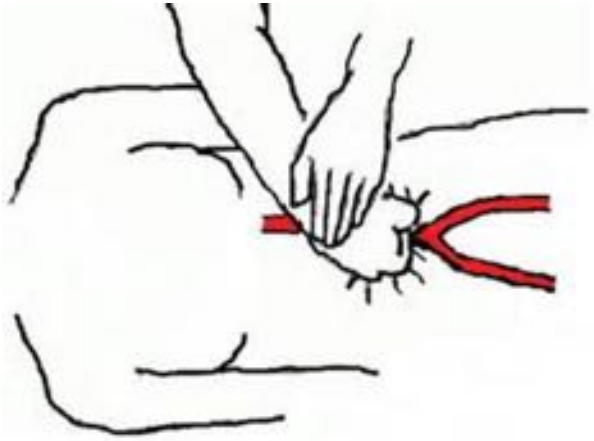
# External compression of uterus/ bimanual external compression

The use of bimanual uterine compression is recommended as a temporizing measure until appropriate care is available for the treatment of PPH due to uterine atony after vaginal delivery. (Weak recommendation, very-low-quality evidence)

# Aortic compression

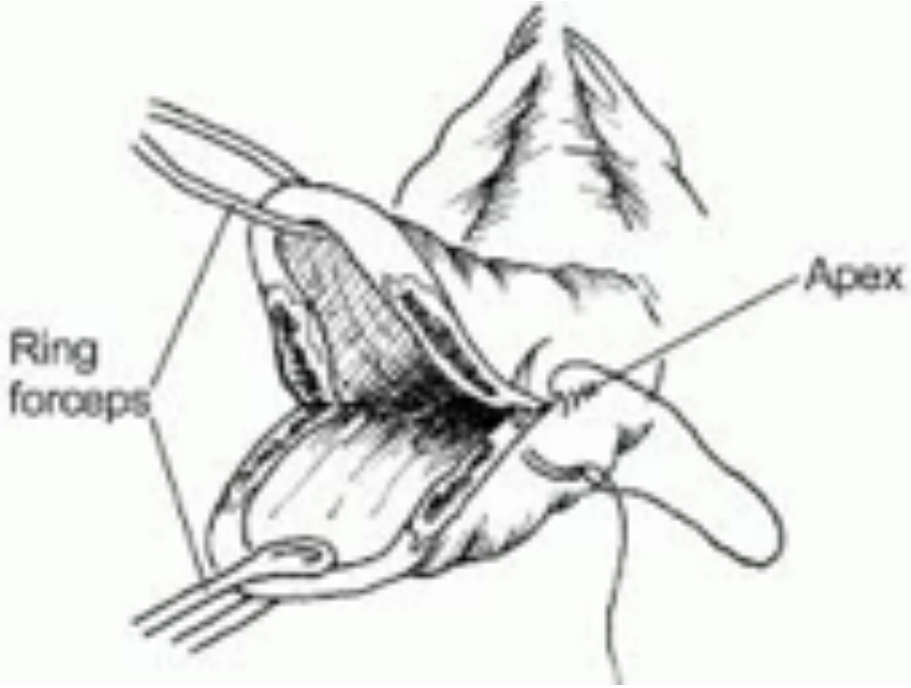
- The use of external aortic compression for the treatment of PPH due to uterine atony after vaginal birth is recommended as a temporizing measure until appropriate care is available.

  (Weak recommendation, very-low-quality evidence)



# If uterus contracted but still bleeding suspect genital trauma

- Examine vulva, perineum, lower vaginal tears



# If placenta retained

- DO NOT ATTEND TO REMOVE UNLESS IF IT IS AT THE VAGINAL
- If placenta morbidly adhered, leave in situ.
- Catheterize the bladder

# Management secondary PPH at home

- Identify secondary PPH
- Instruct the mother to ask for help if
  - Sudden or persistent excessive loss of lochia
  - Any shedding of membrane of placental tissues
  - Fever
  - Abnormal odour or lochia
  - Persistant red coloured ochia for more than 5 days

# Monitoring

- Temperature
- BP
- PR
- RR
- Involution of uterus
- Lochia

# Managing PPH at home

- Asses general condition
- IV lines
- Transfer immediately after stabilization to hospital
- Continue monitoring while on the way to hospital

# Important data

- Parity
- Mode, place, time of delivery
- Person conducted delivery
- Methods of delivered placenta
- Placenta complete or not
- Blood loss
- Hb antenatal and prior to refer
- Arrival time at health centre
- Referral time
- Patients condition and vital sign
- Detailed of treatment

- Person who referred the case

- Stabilize patient
- Call Dr and team
- Inform nearest hospital
- Call for ambulance
- Do not give food or drink to patient
- Arrange for husband or close elative for accopampany
- Take to nearest hospital or health centre for resuscitation and management

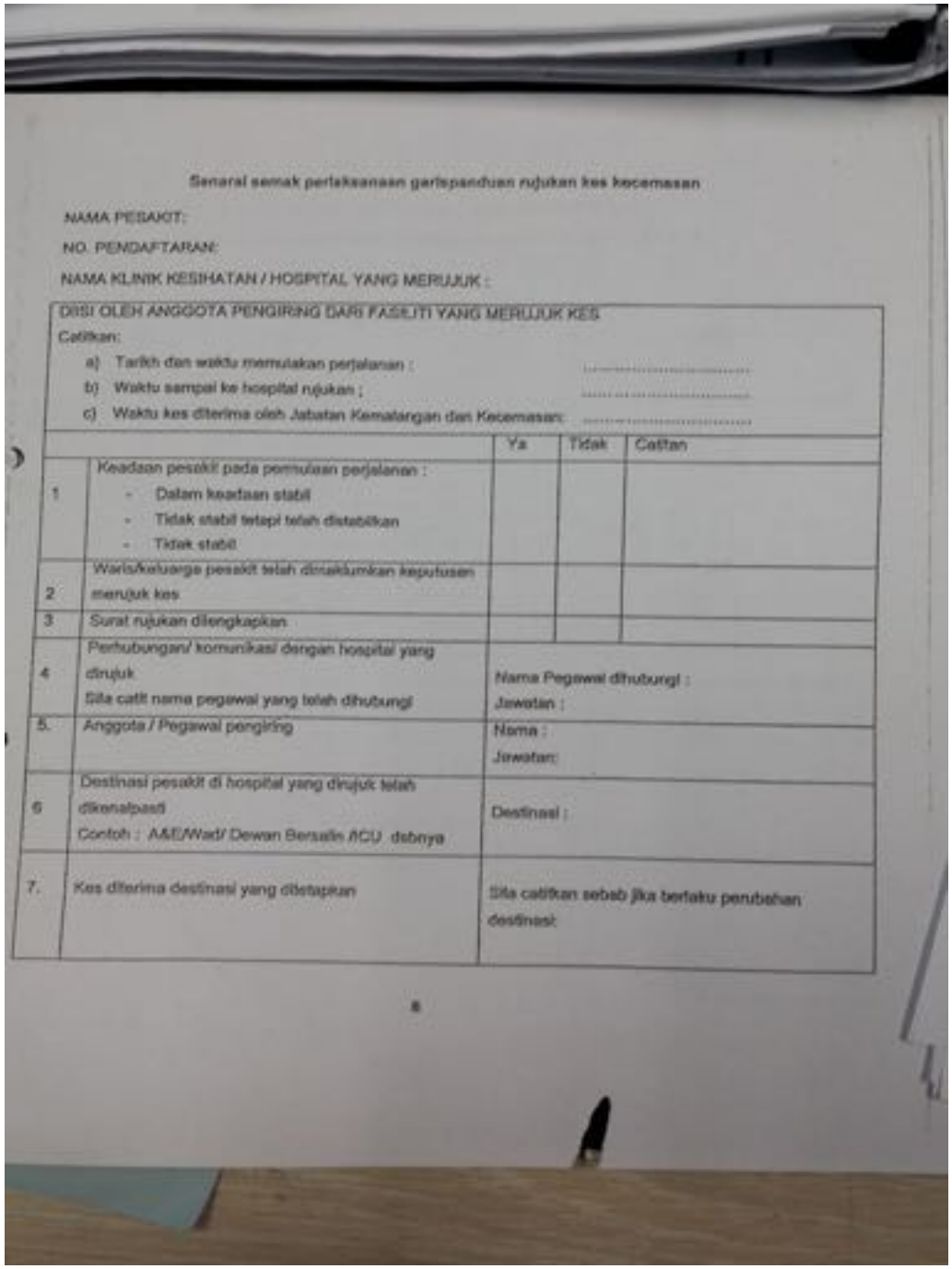
- Use quickest means of transport to  send patient to the hospital
- Never leave the patient alone
- Continue monitoring the vital sign

# Pre transfer

- Meticulous planning and coordination
- Identify personnel, properties, mode of transport
- Resuscitate and stabilize patient
- Coordinate equipment

# Equipment

- Life support equipment
- Intubation equipment
- Circulatory support
- General equipment
- Monitoring equipment
- Emergency drugs and IV fluids



**Senarai semak pelaksanaan garispanduan rujukan kes kecemasan**

NAMA PESAKIT:

NO. PENDAFTARAN:

NAMA KLINIK KESIHATAN / HOSPITAL YANG MERUJUK :

DIISI OLEH ANGGOTA PENGIRING DARI FASILITI YANG MERUJUK KES

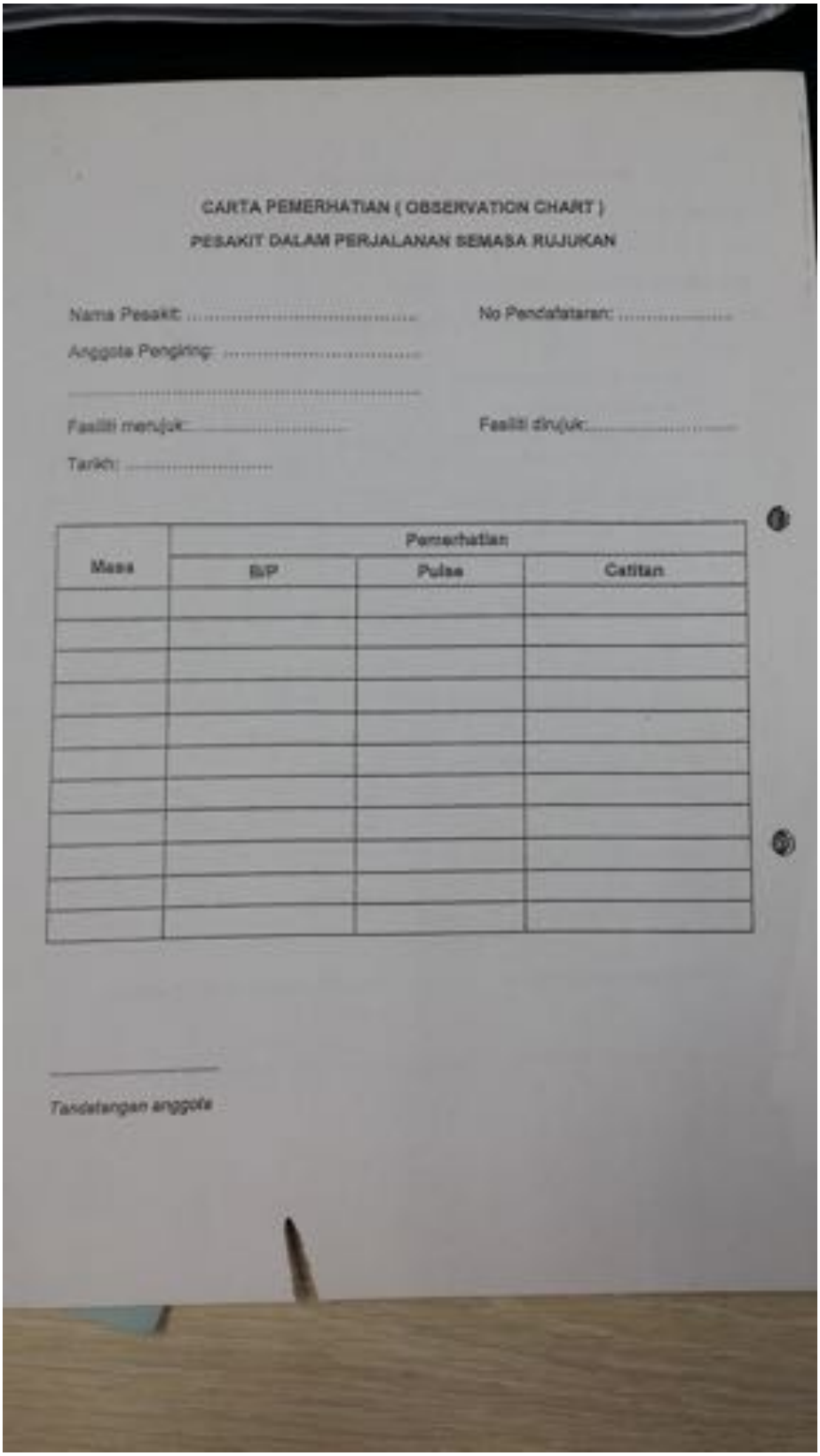
Catitkan:

a) Tarikh dan waktu memulakan perjalanan : .....

b) Waktu sampai ke hospital rujukan ; .....

c) Waktu kes diterima oleh Jabatan Kemalangan dan Kecemasan: .....

| | | Ya | Tidak | Catitan |
|---|---|---|---|---|
| 1 | Keadaan pesakit pada permulaan perjalanan :<br>- Dalam keadaan stabil<br>- Tidak stabil tetapi telah distabilkan<br>- Tidak stabil | | | |
| 2 | Waris/keluarga pesakit telah dimaklumkan keputusan merujuk kes | | | |
| 3 | Surat rujukan dilengkapkan | | | |
| 4 | Perhubungan/ komunikasi dengan hospital yang dirujuk<br>Sila catit nama pegawai yang telah dihubungi | Nama Pegawai dihubungi :<br>Jawatan : | | |
| 5. | Anggota / Pegawai pengiring | Nama :<br>Jawatan: | | |
| 6 | Destinasi pesakit di hospital yang dirujuk telah dikenalpasti<br>Contoh : A&E/Wad/ Dewan Bersalin /ICU dsbnya | Destinasi : | | |
| 7. | Kes diterima destinasi yang dibetapkan | Sila catitkan sebab jika berlaku perubahan destinasi: | | |



CARTA PEMERHATIAN ( OBSERVATION CHART )

PESAKIT DALAM PERJALANAN SEMASA RUJUKAN

Nama Pesakit: ..... No Pendaftaran: .....

Anggota Pengiring: .....

.....

Fasiliti merujuk: ..... Fasiliti dirujuk: .....

Tarikh: .....

| Masa | Pemerhatian | | |
|---|---|---|---|
| | B/P | Pulse | Catitan |
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*Tandatangan anggota*

# During transfer

- Maintain stability of patient
- Monitoring
- If acute problem arise stop vehicle to carry out resuscitate measures

# On arrival

- Ensure safe disembarkation
- Hand over to appropriate person

# Care during transfer of PPH

| MAINTAIN | USE |
|---|---|
| Contraction uterus | Massage<br>Bimanual compression<br>Repeat oxytoxic if necessary |
| Empty bladder | CBD |
| Blood volume | IV fluids plasma expanders |
| Observation condition | Check colour , pulse, BP, blood loss, level of conciousness |
| Protection of infection | IV Antibiotic if retained placenta |
| Warmth the patient | blankets |
| Accurate records | Charts, notes |

- All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training, including the management of PPH, maternal resuscitation and early recognition of the ill patient.

# Ongoing initiatives

- Red alert system in government hospital since 1993
- Regular refresher training
- Introduction of Obstetric Flying squad
- Colour coding of antenatal cards for risk assessment

# Recommendation

- Proper risk assessment during antenatal
- Early referral to tertiary centre in cases anticipated to have post partum haemorrhage

- Preconception counseling and contraceptive methods