Postpartum Hemorrhage
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Disclosure

• We have no actual or potential conflict of interest in relation to this presentation.

Learning Objectives

• Identify causes of postpartum hemorrhage and chorioamnionitis
• Define methods for prevention and management of postpartum hemorrhage and chorioamnionitis
Primary Postpartum Hemorrhage

- Occurs within 24 hours after delivery
- Studies show actual blood loss is typically underestimated.

Vaginal Birth  ➔  Cesarean Birth

<table>
<thead>
<tr>
<th>Vaginal Birth</th>
<th>Cesarean Birth</th>
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<tbody>
<tr>
<td>&gt; 500 mL blood loss following a vaginal delivery</td>
<td>&gt; 1000 mL blood loss following a cesarean delivery</td>
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Why do we care?

- Major obstetric hemorrhage
  - More than 1000 mL
  - Can very rapidly lead to maternal death
Identification of Risk

- Prolonged second stage
- Longer duration of oxytocin exposure
- Multiples
- Polyhydramnios
- Fibroids
- Placenta previa
- Chorioamnitis

(Grotegut, Paglia, Johnson, Thames, & James, 2011; Lu et al, 2009)

Causes: 4 T’s

- Tone
- Trauma
- Tissue
- Thrombin
**Tone**

**Uterine Atony**

<table>
<thead>
<tr>
<th>Treatment</th>
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<tbody>
<tr>
<td>#1 Oxytocin</td>
</tr>
<tr>
<td>Methargine – Blood pressure</td>
</tr>
<tr>
<td>Cytotec</td>
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<tr>
<td>Hemabate – side effects</td>
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<tr>
<td>Vaginal balloon</td>
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<thead>
<tr>
<th>Nursing Actions</th>
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</thead>
<tbody>
<tr>
<td>Assessment</td>
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<tr>
<td>Trendelenburg</td>
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<tr>
<td>Vital Signs</td>
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<tr>
<td>I &amp; O’s</td>
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<tr>
<td>Evaluate bladder</td>
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<tr>
<td>Recovery period – every 15 minutes</td>
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<tr>
<td>Fundal massage</td>
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**Trauma**

<table>
<thead>
<tr>
<th>Possible Causes</th>
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</thead>
<tbody>
<tr>
<td>Episiotomy</td>
</tr>
<tr>
<td>Vaginal tears</td>
</tr>
<tr>
<td>Cervical laceration</td>
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<tr>
<td>Long labor</td>
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<tr>
<td>Uterine rupture</td>
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</tbody>
</table>

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<th>Nursing Actions</th>
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<tr>
<td>Monitor bleeding – what is excessive</td>
</tr>
<tr>
<td>Assess episiotomy</td>
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<tr>
<td>Continuous trickle of blood may signal laceration of the vagina or cervix or an unligated vessel in the episiotomy.</td>
</tr>
</tbody>
</table>

**Tissue**

- **Possible Cause**
  - Retained placenta or other products of conception

- **Nursing Action**
  - Assessment

- **Treatment**
  - Dilation and Curettage (D & C)
Thrombin

- **Possible Cause**
  Clotting disorders – preexisting or not

- **Nursing Action**
  History – Assessment – Communication

- **Treatment**
  Depends on cause possible hysterectomy

- **Tone**
- **Trauma**
- **Tissue**
- **Thrombin**

Management plan

Ahoenen, Stefanov & Lassila, 2010
Chorioamnionitis

- Occurs during labor
- Causes:
  - AROM
  - Lengthy labor after rupture
  - Underlying infection
- Treatment – Antibiotics
- Nursing Action
  - Assessment of temperature throughout labor

Alabama Perinatal Excellence Collaborative

- New guidelines to be published this spring
- California Maternal Quality Care Cooperative
  [https://www.cmqcc.org/resources-toolkits/toolkits/ob-hemorrhage-toolkit](https://www.cmqcc.org/resources-toolkits/toolkits/ob-hemorrhage-toolkit)

References:
