



NCCU CLINICAL GUIDELINES
SECTION: 21

CARE OF THE POSTNATAL MOTHER ON WARD 6B

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Maternal secondary Post Partum Haemorrhage
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Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia

Ward 6B Maternal Secondary Post Partum Haemorrhage (PPH) Guideline

This guideline is specifically for Ward 6B Neonatal Intensive Care Unit at PMH, where mothers are visiting and rooming in on the unit.

Background

Secondary Post Partum Haemorrhage is defined as abnormal or excessive bleeding from the birth canal between 24 hours and 6 weeks following the birth. A secondary PPH occurs in 1% of postpartum women and commonly occurs between 8 – 21 days postpartum. There is a high associated maternal morbidity with approximately 85% requiring hospital admission. Approximately 15% of these women will require a blood transfusion and there is a 1% incidence of hysterectomy.

Risk Factors

Women who are at increased risk of a secondary PPH are those who have experienced:

- primary post partum haemorrhage;
- Manual removal of placenta.

Aetiology

In approximately one third of women the cause is unknown. The most common causes are:

- Sub involution of the uterus.
- Retained products in the uterus associated with bleeding early in the postpartum period.
- Endometriosis associated with bleeding later in the post partum period.

MANAGEMENT

Call for help

- Notify Coordinator and NICU Registrar; and assign a nurse for communication (use hands free phone in parent's corridor or at the nurse's station to maintain communication in the parent's rooms)
- Assess the amount of blood loss. Keep any pads, clothing so they can be weighed to estimate blood loss.
- Observe vital signs – temperature, pulse, respirations and blood pressure and conscious state.
- If extra medical support is required due to significant blood loss with haemodynamic compromise with symptoms of pallor, rapid pulse, decrease in blood pressure, collapse or significant ongoing bleeding make a MET CALL (PMH Medical Emergency Team provides medical and nursing review within 5 minutes. Page the PICU coordinator on **8917**)

- If the patient is in respiratory or cardiac arrest call CODE 55 state type of emergency (code blue adult medical), exact location, and your name.
- Follow DRABC adult resuscitation guidelines
- For management advice page the KEMH Obstetric Senior Registrar on page 3299 or via switch board (9) and inform them of the mother's obstetric history and PPH status.

Management of Bleeding

- Massage the fundus (place your hand at umbi level and apply pressure towards the mother's toes until the uterus contracts and feels firm under your fingers) and evacuate any vaginal clots.
- Bimanual Compression may be required if ongoing uncontrollable bleeding. This should only be performed by staff competent in the procedure.
- Obtain phone order for Oxytocin injection and administer, usually **Syntocinon 10 I.U. intramuscular injection (All medications must be prescribed by a medical officer)**. Syntocinon is kept in 6B drug fridge in a labelled box.
- Elevate the legs; **if the legs are elevated ensure the pelvis is not**. Elevating the pelvis can allow the uterus to fill with blood concealing the extent of bleeding.
- Insert 2 large bore intravenous cannula (18 G);
- Commence IV fluid replacement normal saline or volume expander (Hartman's) 1000ml/hr
- Intravenous Syntocinon infusion of 30 I.U. in 500ml of normal saline at 250ml per hour may be ordered.
- Insert Indwelling Catheter as full bladder will prevent the uterus from contracting
- Keep all soiled pads to estimate blood loss and change them as required.
- Ensure the next of kin are notified
- Arrange transfer by SJA to KEMH Emergency Dept as directed by the Obstetric Senior Registrar on page 3299

Bibliography

1. King Edward Memorial Hospital. (2006). "Postpartum Haemorrhage". Clinical Guidelines, Section B: Obstetric and Midwifery Guidelines 9.1.4
2. King Edward Memorial Hospital. (2007). "Emergency procedures, basic life support-adult". Clinical Guidelines, Section B: Obstetric and Midwifery Guidelines 11.1.
3. Princess Margaret Hospital. (2006). "Code Blue (55) and Emergency Resuscitation". Paediatric Practice Manual, Section 4 Resuscitation Procedures 4.1.