

Postpartum Hemorrhage

Patient has delivered in the last 24 hours and currently has greater than 750 ml's of vaginal bleeding.

- ABC's
- Administer 100% oxygen
- Start 2 large bore IV's
- Lie patient flat or in Trendelenburg as needed.

Assess patient: Check for uterus atony, fundal height and position, and amount of vaginal bleeding or presence of vaginal clots. Assess for any visible bleeding vaginal lacerations.

- Massage uterus using bimanual technique if severe ①
- Check bladder for distention, cath as needed.
- Place **40 units of Pitocin in 1 Liter of LR or NS and titrate to bleeding** ②

Continues to bleed excessively ?

Yes

Administer **Misoprostol 800 mcg per rectum once**

Continues to bleed excessively ?

No

Yes

Is BP > 140/90 ?

Yes

Administer **Hemabate 250 mcg deep IM q 15 – 90 minutes**. Should not exceed 8 doses.

No

Administer **Methergine 0.2 mg IM q 2-4 hours**. Administer over 1 minute.

Continues to bleed excessively ?

Yes

No

- Continue with massage of uterus and assessment of vaginal bleeding
- Volume replacement with LR or NS, maintaining SBP > 100
- After 2000 ml, if no improvement, consider giving 2 units PRBC's (use O negative if type specific not available).

Contact Medical Control

1. Take care not to invert uterus with fundal massage. Be prepared for possible delivery of clots or placental fragments.
2. May administer **Pitocin 10 units deep IM** if no IV assess available
3. Do not administer Hemabate to patients with history of asthma or active cardiac disease.