

# Postpartum Hemorrhage Algorithm

Heavier than normal PP bleeding present

Simultaneously assess maternal condition & initiate treatment

## ASSESSMENT

Vital signs  
(BP change is a late indicator of PPH)  
Pulse oximetry  
Fundus exam  
Est blood loss (1 gram = 1 ML of blood)  
Bring scale to room to weigh chux

## INTERVENTIONS

Uterine massage  
Place foley  
Position supine  
IV access. Start fluids  
Bring med kit to room  
Notify OB Provider  
Start uterotonics

Rapid assessment of initial interventions  
Bleeding is normal? Patient is stable?

NO

Initiate full assessment for all causes of PP hemorrhage, initiate PPH order sheet & activate team

**NURSING:** Open medication kit & surgical kit  
Monitor I&O / Place Foley cath (if not already in place)  
O2 @ 10Liters/minute via tight face mask  
Establish 2<sup>nd</sup> IV (draw labs off start if possible: 1 blue, 1 small lavender & 1 pink)  
Record events, times, EBL & obtain equipment  
Ensure OR is opened & ready

**OB PROVIDER:** performs examination of patient & placenta – ultrasound may be necessary to dx retained POC

**LAB:** Obtain CBC, INR, PTT, fibrinogen, & type & cross 2 units PRBC

**SECRETARY:** Call X2111 state "OB Activation labor room \_\_\_\_\_"  
Bring patient's chart to room  
Assist with any additional notifications as needed

Intervention depends upon working diagnosis of one or combination of those below

### Uterine atony

(uterus large, boggy, clots present, bright bleeding)

↓  
Medications  
(Methergine, Hemabate, misoprostil)

↓  
Balloon tamponade

### Retained POC

(large uterus, bright bleeding, no pain)

↓  
Manual removal  
Curretage in del rm  
Consider anesthesia

### OB trauma

(uterus firm, bright red bleeding, steady stream or trickle of bleeding, may have extreme pain)

↓  
Medications  
Repair lacerations  
I&D hematomas  
Consider anesthesia

### Coagulopathy

(petechiae, ecchymosis, uncontrolled bleeding from many different places)

↓  
Medications  
Replace blood products  
Consider additional nursing support

### Assessment for response

Bleeding is normal? Patient is stable?

NO

Go to OR for laparotomy. (Open C/S, Hysterectomy & PPH suture tray) Consider midline incision  
Uterine vessel ligation +/- utero-ovarian vessel ligation  
B-Lynch sutures or multiple mattress sutures  
Hysterectomy (must open both a c/s & a hyst trays)  
Call main OR for scrub assistance

## SPECIAL CONDITIONS

### **Uterine inversion**

(Do not remove an attached placenta)



Reduction in del rm  
Consider tocolytics  
Consider anesthesia



Unable to reduce



To OR for midline laparotomy  
Huntington procedure  
Haultain procedure  
Hysterectomy

### **Uterine Rupture**



To OR for midline laparotomy  
Repair of laceration +/-  
revision  
Hysterectomy

### **Placenta Accreta**

Manual removal in del rm  
Curettage in del rm



No response



To OR for midline  
laparotomy  
Curretage or wedge  
resection if uterus is open  
Hysterectomy

NOTE: Consider radiographic uterine vessel embolization or balloon vessel occlusion for patients with stable vital signs and persistent bleeding that is not excessive.