

# Postpartum Hemorrhage

Reference  
Link

## INITIAL MANAGEMENT

### Postpartum Patient with Estimated Blood Loss > 1000 mL



#### Emergency Interventions

- **Check vitals** every 15 minutes
- **Perform fundal massage** with bimanual compression
- **Call obstetric provider** and **anesthesiologist**
- **Place 2nd IV line** (18 gauge)
- **Quantify blood loss:** use and weigh all pads
- **Obtain labs:** CBC with PLTS, PT/PTT, fibrinogen, BMP, type and cross 2 units PRBCs
- **Notify blood bank** of massive transfusion protocol (if needed)
- **Rapidly infuse IV fluids** — 500 cc bolus, then 150 cc/hr
- **Assess airway patency; administer O2** to maintain saturation >94%
- **Insert Foley** catheter
- **Search for etiology** of blood loss
- **Administer uterotonic agents** (see checklist for dosages):
  - Pitocin
  - Methergine (methylergonovine) Contraindication: hypertension
  - Hemabate (carboprost tromethamine) Contraindication: moderate-to-severe asthma
  - Cytotec (misoprostol)



**Continued**

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## CONTINUING MANAGEMENT

### Emergency Interventions (*continued*)

- **Administer blood products** (see [checklist](#) for more specifics):
  - PRCBs (request 4 units)
  - FFP (2 units for every 3 units PRCBs)
  - platelets
  - cryoprecipitate
- **Secondary interventions:** Consider moving patient to OR/Delivery Room
  - Inspect for and repair lacerations
  - Exclude uterine rupture
  - Uterine balloon tamponade (Bakri balloon)
  - Interventional radiology, if patient is stable
  - Laparotomy
  - B-Lynch suture
  - Uterine artery ligation
  - Hysterectomy