Initial response to primary postpartum haemorrhage (PPH)

**Resuscitation**

**DRSABC** (as relevant to circumstances)
- **Assessment**
  - Rate/volume of bleeding
  - Lie flat, oxygen 15 L/minute, keep warm
  - Continuous heart rate and SpO₂, 15 minutes BP and temperature
  - Ensure routine third stage oxytocin given
  - 4Ts (tissue, tone, trauma, thrombin)

**Urgent bloods**
- FBC, Full chemistry profile (Chem20), coagulation profile, blood gas, X-match if none current with laboratory
- ROTEM®/TEG® if available
- POCT pathology (iSTAT, Hemocue) if no onsite laboratory

**Initial fluid resuscitation**
- IV cannula (x 2) 14–16G (consider intraosseous if unattainable)
- Avoid crystalloid IV > 1–2 L

**Assessment**
- **Tranexamic acid**
  - 1 g IV over 10 minutes
  - Consider early administration (within 3 hours)

**Initial fluid resuscitation** (use warmed IV fluids/warming devices)
- IV cannula (x 2) 14–16G (consider intraosseous if unattainable)
- Avoid crystalloid IV > 1–2 L
- Limit synthetic colloids (if used then < 1.5 L)
- IDC–monitor output and maintain accurate fluid balance
- If indicated, 2 units of RBC (O negative or group specific)

**Consider coagulation profile CONCURRENTLY during management**
- FBC, Full chemistry profile (Chem20), coagulation profile, blood gas, X-match if none current with laboratory
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- POCT pathology (iSTAT, Hemocue) if no onsite laboratory

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**RSQ 1300 799 127 contact early (as relevant to service)**

**Surgical procedures**

**Coagulopathy may influence surgical decisions**
- Consider future fertility if possible

**Tissue**
- Manual removal + currettage

**Tone**
- Intrauterine balloon tamponade
- Laparotomy:
  - Interim aortic compression
  - B-Lynch compression suture
  - Bilateral uterine artery ligation
  - Angiographic embolisation
  - Hysterectomy (consider early)

**Trauma**
- Optimise exposure with retractors
- Inspect cervix, vagina, perineum
- Assess uterus intact
- Repair – secure apex

**Thrombin**
- Intrauterine balloon tamponade
- Bilateral uterine artery ligation
- Angiographic embolisation or
- Hysterecetomy (consider early)

**Unknown cause**
- Laparotomy – EUA

**Concurrent with management**

**Bleeding controlled?**
- Yes
- No

**Bimanual compression**
- Monitor for DVT/PE
- Transfer to OT or to higher level facility as relevant
- Refer to MHP flowchart

**Transfer as required to:**
- Postnatal area
- Intensive care/high dependency
- Higher level facility

**Postnatal care:**
- Provide psychological support
- Treat anaemia
- Administer VTE prophylaxis
- Monitor for DVT/PE
- Follow-up and self-care advice

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