

# Haemorrhage after birth

This information sheet aims to answer some commonly asked questions about very heavy bleeding after birth. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your care are always up to you.

**IMPORTANT:** This is general information only. Ask your doctor, midwife or nurse about your own situation.

## What is a haemorrhage?

Sudden and severe bleeding is called a haemorrhage. Primary postpartum haemorrhage (PPH) is when you lose 500 mL (half a litre) or more of blood within the first 24 hours of giving birth.

## What causes a PPH?

PPH can be caused by:

- your uterus not contracting well after birth
- a tear to your vagina, perineum (the area between your anus and vagina) or cervix
- part or all of your placenta staying inside your uterus after birth
- your blood not clotting properly

## Can PPH be prevented?

PPH cannot be totally prevented, but you may be able to reduce your risk. Look after yourself and go to all your antenatal appointments. This will help your healthcare provider find any issues that may increase your chance of PPH.

If you have a higher risk of PPH, you may be advised to have:

- an intravenous cannula (a 'drip') during labour so that medication or fluid can be given quickly if needed
- blood tests during labour
- an injection of a medication (most often oxytocin) after birth to help your uterus contract
- help to deliver your placenta
- extra monitoring after your baby is born

## Who is more likely to have a PPH?

PPH can happen to anyone—even if you don't have any risk factors.

Things that can increase your chance of a PPH include:

- a low number of red blood cells (anaemia) during pregnancy
- being pregnant with more than one baby
- being pregnant with a large baby (over 4 kg)
- a problem with how the placenta is attached to your uterus
- medical conditions such as diabetes, high blood pressure, or a body mass index (BMI) above 35 kg/m<sup>2</sup>
- having had a PPH after a previous birth
- having given birth three or more times before
- a previous caesarean birth
- previous surgery on your uterus

During labour and birth a PPH can be more likely if:

- your labour is very quick or very long
- a medication drip (oxytocin) is used to start or increase your contractions
- the placenta doesn't come away from your uterus or is not all in one piece
- vacuum or forceps are used during the birth
- you have a caesarean birth or are put to sleep (general anaesthetic) for the birth
- you get an infection



Image: woman and baby skin-to-skin



## How is PPH treated?

A PPH is serious event. Some women have died after a PPH. It must be treated quickly to reduce the amount of blood you lose. Treatments can include:

- checking your blood pressure and pulse frequently
- lying you flat
- rubbing the top of your uterus
- inserting a second intravenous cannula
- checking for tears
- giving you oxygen through a mask
- starting intravenous fluids (through your drip)
- giving you medications to help your uterus contract
- a catheter into your bladder to drain your urine
- a blood transfusion

Sometimes an operating theatre is the best place to get the right treatment. Treatment can include:

- making sure your uterus is empty (no placenta is left inside)
- repairing any tears
- placing a balloon-like-device into your uterus
- surgery (making a cut in your abdomen)
- very rarely, removing your uterus (hysterectomy)

For some women, transfer to a different hospital may be recommended.

## What happens after a PPH?

You will be checked regularly and your healthcare providers may talk to you about:

### Blood tests

You will usually have blood tests to check for anaemia (low red blood cells). Anaemia can cause you to feel tired, dizzy, and emotional. If you have anaemia, treatment can include increasing iron in your diet, iron supplements (medication), an iron infusion or a blood transfusion.

### Breastfeeding

Sometimes a PPH can affect your milk supply and make breastfeeding more difficult. If you are having trouble breastfeeding or worried your baby isn't getting enough breastmilk, ask your healthcare provider for help.

## Blood clots in your veins

A PPH increases your risk of developing blood clots in your veins. This is a serious medical condition.

Drinking plenty of water and moving around can help prevent a clot. You may be advised to wear special firm-fitting stockings or have regular injections of a blood thinning medication.

You can read more about this in the parent information sheet on [VTE in pregnancy \(a blood clot in the vein\)](#).

## Your feelings

It can be upsetting when things don't go as planned during the birth of your baby.

Talking about it can help. You might like to talk to the healthcare providers who looked after you during your birth. You can do this while in hospital or at a later time. You might ask about the likely reason for your PPH, how much blood you lost, and what treatments you received.

This can help with planning for a next pregnancy. If you continue to feel upset in the weeks after giving birth, talk to your healthcare provider.

## Do you need follow-up care?

Visit your GP for a check-up about 6 weeks after giving birth. Contact your healthcare provider or local hospital earlier if you:

- were asked to when you left hospital
- have heavy bleeding (soaking more than one pad every 1–2 hours)
- pass large blood clots (bigger than golf ball size)
- have a sudden return to bright red blood loss
- have a high temperature (above 37.5°C) or your blood loss has a bad smell
- feel dizzy or short of breath while resting
- feel more tired or emotional than you expected
- have pain, redness, swelling or an area that feels hot in your legs
- are worried that your bleeding or discharge is not normal

## Support & information

**13HEALTH** (13 432584) telephone service providing health information, referral and services to the public. <https://www.qld.gov.au/health/contacts/advice/13health>

**Pregnancy, Birth & Baby** (1800 882 436) free, confidential, information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. <https://www.pregnancybirthbaby.org.au>

**Queensland Clinical Guidelines Parent information** <https://www.health.qld.gov.au/qcg>

**Women's Health Queensland** health promotion, information and education service for women and health professionals. <https://womenshealth.org.au>

**Australian Breastfeeding Association** 1800 686 268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services on breastfeeding issues. <https://www.breastfeeding.asn.au>

**Perinatal Depression and Anxiety Australia (PANDA)** 1(300 726 306). Supports parents during pregnancy and throughout the first year of parenthood. <https://www.panda.org.au>

**Australasian Birth Trauma Association** (0412 445 770) Information, educational material and 'peer2peer' support for people experiencing birth trauma. <https://www.birthtrauma.org.au>