

Delayed Postpartum Hemorrhage (PPH)



- Delayed PPH occurs from 24 hours to 12 weeks postpartum.
- Consider the quantity of external/internal bleeding and hypovolemia signs and symptoms.
- Response should be tailored quickly to the estimated blood loss and patient signs/symptoms.

<p>Leading Causes of PPH</p>	<p>Subinvolution of the placenta</p> <p>Infection</p> <p>Tone: Uterine atony</p> <p>Trauma: Lacerations</p> <p>Thrombin: Coagulopathy or platelet dysfunction</p> <p>Tissue: Retained products of conception, accreta spectrum disorders</p>
<p>Management</p>	<p>Unstable: stabilize or transfer to a venue capable of surgical intervention.</p> <p>Stable: evaluation can proceed.</p> <p>History: obstetric, route of birth, complications, coagulopathy</p> <p>Medications: anticoagulants, platelet inhibitors, uterine relaxants</p> <p>Labs: platelet count, prothrombin time, activated partial thrombin time, CBC</p> <p>hCG to evaluate choriocarcinoma, retained POCs, or new pregnancy</p> <p>A fibrinogen level less than 200mg/dL is an excellent predictor of severe PPH and needs multiple units of blood and blood products to a goal fibrinogen level of above 300mg/dL</p> <p>Imaging: ultrasound of pelvis</p> <p>Vascularity is key for retained products of conception (POCs). Lack of vascularity consistent with a blood clot.</p> <p>Hypochoic tortuous vessels along the inner third of the myometrium are suspicious for subinvolution of the placenta</p> <p>Treatment: Consider administering a crystalloid infusion until blood products are available. Tranexamic acid can reduce the risk of death due to bleeding.</p> <p>Atony: uterotonics, balloon tamponade, uterine artery embolization, laparotomy</p> <p>Lacerations: evaluate and repair</p> <p>Retained POCs: dilation and curettage</p> <p>Subinvolution of the placental site: administer uterotonic agents such as Methergine, Hemabate, and Oxytocin. Also, consider Tranexamic Acid and surgical D&C</p> <p>Endometritis: broad-spectrum antibiotics</p>
<p>Consult</p>	<p>If Delayed PPH is suspected, consult an OB/GYN or call the MIST Consultation Line at 800-UAB-MIST (800-822-6478)</p>

For more information or resources, please visit ALPQC.ORG.

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