5.06 POSTPARTUM HEMORRHAGE

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, If hypoxic, **Oxygen** PRN with goal of 94-98%

- Note amount of external bleeding.
- Reassess blood loss and vital signs every 3-5 min.
- If perineum is torn or bleeding, apply direct pressure with dressing.
- If heavy vaginal bleeding, firmly rub abdomen below navel with flat hand x 15 seconds (uterine massage).

ALS

IV/IO of **Normal Saline** TKO.

IV/IO of **Normal Saline** bolus if SBP < 90.
Repeat **Normal Saline** bolus of 500mL until SBP > 90 mm Hg and improvement of perfusion.

Reassess blood loss every 3-5 min.

Improvement of perfusion?

Yes → Provide routine care as indicated.

No → Second IV with **Normal Saline** bolus if no improvement.

Begin pressure infusions with both IVs. May give additional boluses PRN as long as hemorrhage persists, but do not delay transport.

Comments

- Post-partum hemorrhage is defined by signs of poor perfusion/shock or estimated blood loss > 1000mL. Consider etiologies of hemorrhages: Uterine Tone (most common, perform uterine massage), Tissue (retained products of conception), Trauma, Thrombin.
- **Contact Base Hospital** with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.
- If placenta available, bring in biohazard bag to hospital.

Effective: 10/01/24
Supersedes: NEW

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BLS Treatment
• Note amount of external bleeding. • Reassess blood loss and vital signs every 3-5 min. • If hypoxic, **Oxygen** PRN with goal of 94-98%. • If perineum is torn or bleeding, apply direct pressure with dressing. • If placenta available, bring in biohazard bag to hospital. • If heavy vaginal bleeding, firmly rub abdomen below navel with flat hand x 15 seconds (uterine massage).
ALS Treatment
• IV/IO of **Normal Saline** TKO. • IV/IO of **Normal Saline** bolus if SBP < 90. Repeat **Normal Saline** bolus of 500 mL until SBP > 90 mm Hg and improvement of perfusion. • Second IV with **Normal Saline** bolus if no improvement. Begin pressure infusions with both IVs. May give additional boluses PRN as long as hemorrhage persists, but do not delay transport.
Comments
• Post-partum hemorrhage is defined by signs of poor perfusion/shock or estimated blood loss >1000 mL. Consider etiologies of hemorrhages: Uterine Tone (most common, perform uterine massage), Tissue (retained products of conception), Trauma, Thrombin. • Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.