

## 5.06 POSTPARTUM HEMORRHAGE – EMSAC APRIL 2024

BLS – FAQ Link

DRAFT  
VERSION

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 **VS 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 **PRN** (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

No

Provide routine care as indicated.

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.**



Report any incident of suspected domestic violence to emergency department staff

### Comments

- Post-partum hemorrhage is defined by signs of poor perfusion/shock or estimated blood loss > 1000mL. Consider etiologies of hemorrhages: **Uterine Tone (70%, 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: xxxxxx  
Supersedes: NEW

## 5.06 Postpartum Hemorrhage – EMSAC April 2024

BLS Treatment
<ul style="list-style-type: none"><li>• Note amount of external bleeding</li><li>• Reassess blood loss and VS vital signs every 3-5 min.</li><li>• If hypoxic, <b>Oxygen</b> PRN with goal of 94-98%</li><li>• If perineum is torn or bleeding, apply direct pressure with dressing</li><li>• If placenta available, bring in biohazard bag to hospital</li><li>• If heavy vaginal bleeding, firmly rub abdomen below navel with flat hand x 15 seconds PRN(uterine massage)</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• IV/IO of <b>Normal Saline</b> TKO.</li><li>• IV / IO of <b>Normal Saline</b> bolus if SBP &lt; 90. Repeat <b>Normal Saline</b> bolus of 500 mL until SBP &gt; 90 mm Hg and improvement of perfusion.</li><li>• Second IV with <b>Normal Saline</b> bolus if no improvement. Begin pressure infusions with both IVs. <del>Continue infusions</del> May give additional boluses PRN as long as hemorrhage persists, but do not delay transport. <del>Additional boluses PRN.</del></li></ul>
Comments
<ul style="list-style-type: none"><li>• Post-partum hemorrhage is defined by signs of poor perfusion/shock or estimated blood loss &gt;1000 mL. Consider etiologies of hemorrhages: <b>Uterine Tone</b> (70% most common, perform uterine massage), Tissue (retained products of conception), Trauma, Thrombin.</li><li>• Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.</li></ul>