

Plain language summary

Prevention and Management of Primary Postpartum Haemorrhage

Who is this summary for?

This summary is for all people who are planning to become pregnant, are pregnant and those who have given birth, their support partners or their family.

What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these guidelines is a National Guideline for the management of primary postpartum haemorrhage (this means heavy bleeding within 24 hours of giving birth). This plain language summary will describe the key points and important take home messages from the primary postpartum haemorrhage Guideline.

What is heavy bleeding after birth?

It is normal to bleed from the vagina after having a baby and this bleeding can last for up to 6 weeks. It is considered normal to lose up to half a litre of blood after vaginal birth and up to a litre after caesarean section in the first 24 hours. Bleeding that is greater than this in the first 24 hours is called a primary postpartum haemorrhage (PPH). More severe PPHs or major PPHs are much less common. They happen to 6 in a thousand women.

What risk factors can increase the chance of having a PPH?

A history of:

- having given birth to 4 or more babies in the past
- having had a caesarean birth in the past
- having had a PPH before

In this pregnancy:

- A BMI (measurement of weight) is above 35
- The woman has a medical condition that makes her bleed easily
- The woman is taking medication to thin the blood (not including low dose aspirin)
- The woman has anaemia (a condition usually caused by low iron)
- There are problems with the location of the placenta (afterbirth)
- The woman has high blood pressure or pre-eclampsia
- Multiple pregnancy (e.g. twins or triplets)
- There may be other factors not listed above that the Midwife and Obstetrician will discuss with the woman.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

What risk factors for PPH can develop during the birth?

- Induction of labour (the labour process is started artificially)
- Labour lasts more than 12 hours
- Birth of a big baby (over 4 kgs or 9 lbs)
- A caesarean section in labour
- An assisted vaginal birth (e.g. assistance with forceps or ventouse)
- An episiotomy (a cut made at the opening of the vagina during birth) or a tear
- There is a delay in birthing the placenta (afterbirth)
- Some of the placenta (afterbirth) remains in the womb after the birth (retained placenta)
- A general anaesthetic is used during the birth of the baby

What will happen during pregnancy?

At the first and 28 week visit the woman will have a blood test that will screen for anaemia (low iron level in the blood). It may be recommended that the woman takes an iron supplement. If the woman has had a previous Caesarean birth, she will have the site of the placenta (placenta) determined at the fetal anatomy ultrasound scan to make sure that it is not near the Caesarean scar. It is recommended to tell the Midwife or Obstetrician if taking blood thinning medications, and they will advise when to stop taking it.

The woman should tell her Midwife, Obstetrician or GP if she would prefer not to receive blood or blood products for religious or cultural reasons. This should be written clearly in the medical notes.

What will happen during the birth?

Staff will have noted risk factors for PPH and will manage the birth accordingly. Following the birth, the woman will be offered an injection of oxytocin just as the baby is born. This helps the womb to contract and reduces the chance of excess bleeding. After a vaginal birth, the placenta will usually deliver within half an hour of the baby. The placenta will be examined to make sure that all of it has delivered. The Midwife or Obstetrician will need to examine the woman after the birth to ensure that the womb is contracted, that the blood loss is normal and to see if there is a need for stitches to repair any tears.

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How is PPH treated?

Haemorrhages/Heavy Bleeding is treated quickly:

- The woman's temperature, blood pressure and pulse will be checked often
- The woman may be asked to lie flat and an oxygen mask may be applied to the face
- A Midwife or Obstetrician may rub the lower tummy firmly – this is to encourage the womb to contract
- A tube called a catheter may be placed into the bladder
- The woman may be examined to see if any stitches are needed or if there is any blood clots or placenta in the birth canal
- More staff may be called to help and will come into the room
- Blood may be taken (usually from the arm) and sent for testing
- A tube (cannula) may be put into the veins in one or both arms and a drip attached
- Clear fluid may be run into the vein via this tube
- The woman may be given a further injection into her thigh (or into a vein) to help the womb to contract
- A staff member in the room may be ringing the laboratory and/or taking notes

Communication with the woman and her birthing partner is important, and clear information of what is happening will be given from the outset.

If the woman continues to bleed the Midwife and Obstetrician might:

- Give medications through the drip or into the woman's back passage
- Give the woman a blood transfusion
- Put another cannula into the arm veins and attach another drip
- Bring the woman to the operating theatre, and give her an anaesthetic to allow careful examination of the womb and birth canal to find out what is causing the bleeding and do procedures to help the bleeding to stop

In the case of excessive ongoing bleeding or concern, staff may say 'life threatening haemorrhage', staff have protocols and policies in place that they will follow to ensure the appropriate care after the PPH

Staff know that it can be very stressful for the woman and her birthing partner; where feasible, the woman will be kept informed of what is happening and of the proposed management.

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After a PPH

- Immediately after the event, the woman may need to have extra observations and care to ensure that bleeding does not recur
- The woman may need further blood tests
- The risk of clots in legs or lungs is increased after a PPH. Blood thinning medication to help prevent this may be given once the bleeding has stopped.

What happens before the woman goes home?

A senior staff member who was involved in the women's care will discuss the PPH (heavy bleeding) with her and her birthing partner before discharge home, at a mutually convenient time.

Staff are happy to answer questions regarding the care and what to expect when at home. There may be some difficulty initiating breastfeeding and a review by a lactation consultant may be offered. The woman may be anaemic and may need to take iron tablets for some weeks after the birth.

Follow-up appointments with senior staff may be offered to the woman and her birthing partner after discharge to further discuss events around/after the PPH. The team may also arrange investigations and suggest further follow up appointments with other members of the hospital team.

For further information visit:

HSE <https://www2.hse.ie/conditions/postpartum-haemorrhage/>

<https://www.ucc.ie/en/npec/>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>