CLINICAL PRACTICE GUIDELINE

Primary Postpartum Haemorrhage (PPH) at Home (CMP)

This document should be read in conjunction with the Disclaimer

Aim

To guide CMP midwives in the recognition and appropriate management of PPH in the home environment.

Keypoint

This policy is to be read in conjunction with the following KEMH guidelines:

- Third Stage of Labour
- Primary Postpartum Haemorrhage (PPH)- Management of
- Labour (First Stage): Management of Delay
- Labour (Second Stage): Management

Clients at risk of PPH:

All CMP clients must receive a copy of the KEMH Pregnancy, Birth and your Baby book and be directed to read the section on the third stage of labour. Discussion must be documented surrounding possible risk factors and recommendations vs maternal choice. In line with the ANMC Consultation and Referral Guidelines, any client with the following antenatal risk factors require referral and consultation with an obstetrician for an intrapartum plan of care

Antenatal risk factors:

- Grand multipara: parity 5 or more
- Previous history of PPH
- Raised BMI >35
- Maternal anaemia (undiagnosed or untreated)
- APH
- Previous Macrosomic baby ≥4.5 kg
- Polyhydramnios
- Fibroids

Note: PPH may occur when there are no risk factors identified

Intrapartum risk factors:

- Spurious labour or prolonged latent phase of labour
- Precipitate or in-coordinate labour
- Pyrexia in labour
- Prolonged active first stage of labour > 12 hours
- Prolonged active 2nd stage > 2 hours
- Maternal fatigue or exhaustion (dehydration and ketosis)
- Prolonged physiological third stage of labour > 60 minutes
- Prolonged actively managed third stage > 30 mins

Where intrapartum risk factors develop a phone consult with the Senior Registrar or Obstetrician at the supporting hospital must occur and transfer to the hospital considered. See key points above.

Prophylactic Management:

Prophylaxis of PPH (active management of the 3rd stage) in clients identified with risk factors

- Recommend active management of the third stage if risk factors have been identified
- Ensure that the support midwife is in attendance prior to expulsive phase of second stage
- Check and prepare oxytocics for active management of haemorrhage and equipment for intravenous rehydration and volume expansion (1000mL Hartmann's solution).
- Proceed to actively manage third stage as per KEMH Third Stage of Labour guideline.

Management of PPH:

- Explain procedure and ongoing care to client: Rub up the fundus to stimulate uterine contractions. Measure blood loss as soon as possible.
- **In the event of brisk blood loss approaching 600mls dial 000 and ask for priority 1 ambulance**
- Administer 1mL Syntometrine IMI (if prophylactic dose was not administered)
- Empty bladder via catheter (in/out)
- Deliver placenta via controlled cord traction if not already done so
- Administer 1mL Syntometrine IMI as second dose if blood loss does not settle.

- Insert a large bore IV cannula, preferably 16 gauge. Insert 2nd cannula if necessary/possible. Take bloods for full blood picture (purple tube), group & save (pink tube).
- Continue to rub up fundus to stimulate uterine contractions
- check placenta and membranes for completeness (tissue)
- Check for vaginal trauma and apply pressure to bleeding tissue and suture immediately if able.
- Consult with Senior Registrar or Obstetrician at the supporting hospital to inform them of woman's condition, management and reason for immediate transfer. Obtain verbal orders (ensure phone is placed on speaker phone so support midwife can also hear verbal order).
- Continue to rub up the fundus to stimulate uterine contractions
- Following a verbal order, if bleeding persists, commence infusion of 40IU Syntocinon in 500mL CSL (Hartmann's) run at 125mL/hr (42 drops/min) increase to 250mL / hour if ongoing bleeding and decrease by 40mL / hour every 30 minutes providing the uterus remains contracted and the blood loss minimal.
- Following a verbal order commence infusion of Compound Sodium Lactate 1000ml (Hartmann's)
- Insert an indwelling catheter on free drainage
- If the uterus remains atonic and bleeding persists, administer 1000 micrograms (5X200 microgram tablets) of Misoprostol rectally. (**Do not administer Misoprostol to any woman who has a history of asthma.)**
- Monitor maternal BP, pulse rate, respirations and conscious state, blood loss and fundus 5 minutely.
- Keep the woman warm
- Continue accurate ongoing assessment of blood loss, consider weighing blood soaked materials.
- If bleeding continues to persist, finally apply bimanual compression to the uterus and transfer immediately on arrival of ambulance.

Transfer:

- Transfer must occur if Estimated Blood Loss (EBL) ≥ 1000mL
- Transfer must occur if client symptomatic (hypotensive– systolic <80mmHg, tachycardia - pulse rate > 110 bpm, tachypnoea – respiration rate >30 per minute, feeling faint, confused) regardless of total EBL
- **If bleeding has settled, total loss is less than 1000mls and the client is asymptomatic continue consultation with the supporting hospital Senior Registrar or Obstetrician to develop a plan of care to either transfer in or remain at home.**

Documentation:

- Document all actions and observations and total EBL in birth record and Primary Postpartum Checklist MR08-B2.
- Ensure all medications given are clearly documented on the medication chart (CMP MR 08B)
- On arrival at the supporting hospital present a clear verbal and written clinical handover (complete and present postpartum transfer form -CMP MR 08E, Primary Postpartum Checklist MR08-B2 and medication chart CMP MR 08B)
- Complete an electronic Datix CIMS within 24 hours of event.

Caution

Caution should be given when using Syntometrine / Ergometrine with women who have had a raised BP during labour (≥140/90). These oxytocics should only be used after consultation with an Obstetrician for these clients **(under normal circumstances these women would not be birthing at home).**

Related WNHS policies, procedures and guidelines

KEMH guidelines, Obstetrics & Gynaecology:

- **Labour and Birth** (First stage: Management of delay; Second stage; Third stage);
- **Primary Postpartum Haemorrhage** (PPH)- Management of

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