

# **National Consensus Guideline for Treatment of Postpartum Haemorrhage**

**2013**

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MANATŪ HAUORA

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# National Consensus Guideline for Treatment of Postpartum Haemorrhage

Postpartum haemorrhage (PPH) is a significant cause of maternal morbidity and mortality. Early recognition and action is essential for effective treatment.

Early open and ongoing communication is critical in order to effectively treat any woman experiencing a PPH. Communication channels include those between health professionals as well as with the woman and her partner and family/whānau.

In any case of PPH:

- call for help
- assess and arrest the bleeding
- minimise the impact of blood loss and resuscitation
- document the clinical events and interventions.

Action should be undertaken as soon as abnormal blood loss is suspected – before the woman has lost 500 mL of blood.

Effective treatment requires identification of cause: consider the 4 Ts: Tone, Trauma, Tissue and Thrombin in any assessment. Note: more than one site may be contributing to the overall blood loss.

In all cases of PPH, it is necessary to consider the maternal condition in relation to known blood loss, and if the maternal condition worsens with no visible blood loss, it is imperative to assess the cause as early possible.

Regardless of setting, practitioners and facilities providing maternity care should understand how to organise transfer of any woman experiencing PPH. Clear transfer protocols should be in place, along with treatment plans, to enable timely intervention and access to additional and specialist assistance when required.

Careful monitoring and documentation during the immediate treatment of PPH and over the next 24–48 hours is critical. Accurate estimation and documentation of cumulative blood loss as well as the treatment provided is necessary.

In cases of significant blood loss, early transfusion with red blood cells is essential to maintain tissue oxygenation. In urgent situations where cross-match blood is unavailable, transfusion with O negative blood is required.

During PPH treatment, allocate a responsible person to the role of caring for the baby, partner and family/whānau.

A PPH experience can be traumatic for the woman, her partner and family/whānau and practitioners involved. Provide all those involved with the opportunity for discussion, reflection and debriefing where necessary.

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## Assessing and arresting blood loss

### Estimating blood loss

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## **Guidelines and consensus statements**

Royal College of Obstetricians and Gynaecologists

New Zealand College of Midwives

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

World Health Organization

The Society of Obstetricians and Gynaecologists of Canada

The Royal College of Midwives

Training manuals for MOET, ALSO, PROMPT

## **New Zealand district health boards’ guidelines and policies**

Auckland

Counties Manukau

Waitemata

Northland

Waikato

Bay of Plenty

Tairāwhiti

Hawke’s Bay

Canterbury

South Canterbury

Otago and Southland, now Southern