* Call for help
* Check vital signs , Uterine massage , Retain Foley’s cath
* Uterotonic drugs\*: Ergometrine /Oxytocin

**Management of Postpartum Hemorrhage**

**Resuscitation**

* Insert large bore iv.
* Crystalloid infusion [NSS or LRS] + Colloid < 1500 ml in 24 hrs
* Cross-match + PT,PTT,CBC ,BUN,Cr,E’lyte
* Continue measure blood loss

**Assessment**

TONE :

Assess uterinecontraction

TRAUMA :

Birth canal &

uterine trauma check

THROMBIN :

Coagulopathyor bleedingdisorders

TISSUE :

Placentacheck

uncertained

Complete delivered

Good contraction

YES

NO

Uterine

inversion

Uterine

rupture

Brith canal tear ĉ bleeding

Incomplete delivered

Uterine

atony

Uterine

replacementn

Suture

Work up for other causes

Bimanual uterine compression + Uterotonic drugs

Work up for other causes

Blood

component

replacement

Refer

Explore uterus or curettage

Response Rx

Fail to response Rx

Refer

 Observe clinical

Routine postpartum care

**Uterotonic drugs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drugs** | **Dose** | **Maximum** | **Caution** |
| **Oxytocin** : [syntocinon] | a. 10 units IM repeat if  necessaryb. 20 units in NSS 1000 ml IV  infusion rate 120 ml/hr |  | *For iv. Bolus*: - Hypotension- Heart arrhythmia |
| **Ergometrine:** [ Methergin] | 1 amp IM or IV  | Repeat q 15 min Max. 5 amps | Transient hypertension |