

Postpartum Hemorrhage Hypothetical Case Studies

Wisconsin Association for Perinatal Care

Case 1: Identification and intervention

19-year-old G1 P0 female, admitted in active labor at 39 weeks with 3 cm dilatation after uncomplicated pregnancy. Patient has normal progress in cervical dilatation with a prolonged second stage requiring oxytocin augmentation and ultimately vacuum extraction (VE) delivery of a 4600-gram neonate. Placenta delivered within 5 minutes. Oxytocin was started by diluting 20 U in D₅RL and running at 125 cc/hr. Patient passed large clots 20 minutes after delivery. BP 120/80, pulse 90. Uterus soft and up to the umbilicus.

- Teaching points:
 - Atony vs. cervical/vaginal tear
 - Placenta inspected/complete?
 - Pelvic exam vs. uterine exploration vs. trial of carboprost (Hemabate®)?
 - When to type and screen

Patient received 1 ampoule of carboprost every 15 minutes IM. Patient was typed and crossed. Patient was not examined. Oxytocin infusion was opened wide. Bleeding does not stop. BP 90/60, pulse 130.

- Teaching points:
 - Dosing carboprost
 - Stepwise identification of bleeding source by OB exam
 - What blood products to order and in what amount
 - What other lab studies other than hematocrit
 - Response time:
 - Blood bank
 - Anesthesia
 - Surgeon

Pelvic exam reveals bleeding from cervical os with no tears in cervix or vagina and “boggy” uterus. Clots expressed, patient “shocky.” BP 70/40, pulse 158.

- Teaching points:
 - Treatment of shock
 - Oxytocic algorithm

In spite of 6 ampoules of carboprost and IM methylergonovine (Methergine®), bleeding continues and there is “oozing” from IV site.

- Teaching points:
 - Consumption coagulopathy and DIC
 - Rapid fluid and blood/blood component replacement
 - Surgical therapy
 - Timetable

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Wisconsin

Henry B. Nunemacher



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Bibliography of Agriculture, 1990 Bibliography of Agriculture, 1990-10 Postpartum Hemorrhage Among the Low Risk Childbearing Population Marilyn Linford Stewart, 1978 Transfusion Successful in a Case of Post Partum Hemorrhage Thomas Edward Beatty, 1870 Epidemiologic Investigation of an Increase in Postpartum Hemorrhage Azar Mehrabadi, 2014 Manual of Postpartum Hemorrhage and High-Risk Pregnancy Sn Mahapatra Kc Giri Tripathy, 2020-06-27

Salient Features This manual focuses on postpartum hemorrhage and high risk pregnancy Postpartum hemorrhage PPH affects approximately 2% of all women who give birth and is associated with nearly one quarter of all maternal deaths globally The reported incidence of PPH in India is 2% 4% after vaginal delivery and 6% after cesarean section with uterine atony being the most common cause 50% This manual consists of 14 chapters which include present scenario of PPH traumatic PPH medical management of PPH massive transfusion protocol nonpneumatic antishock garment uterine tamponade management of postpartum hemorrhage heart disease in pregnancy jaundice in pregnancy management of monochorionic twins unexplained fetal death preterm premature rupture of membranes screening and management of gestational diabetes and neonatal resuscitation Many such topics are included in the workshop and stalwarts in the field will enlighten us about the subjects This book gives knowledge to caring for the suffering diseased women in a better way

Incidence of Postpartum Hemorrhage William Sidney Smith, 1931 Retrospective Review of Postpartum Hemorrhage Incidence, Risk Factors, and Maternal Morbidity Tina Meikei Chu, 2020 Evaluating Knowledge Acquisition of Early Recognition and Effective Treatments of Postpartum Hemorrhage Using Reflective [practice] Guadalupe Davis, 2017 According to the Association of Women s Health Obstetric and Neonatal Nurses and the Centers of Disease Control and Prevention pregnancy related mortality is increasing in the United States Postpartum hemorrhage is the leading cause of maternal mortality Increasing mortality rates caused by postpartum hemorrhage in some cases can be preventable if women receive early effective and aggressive lifesaving treatments The purpose of this thesis project was to determine the most effective educational design to train experienced registered nurses in the postpartum unit to recognize prevent respond and report postpartum hemorrhage Excerpt from abstract **Postpartum Hemorrhage Incidence and Blood Loss Amounts After Implementation of Preventive Measures at a Midwestern Metropolitan Hospital** Shawn Renee Meyer, 2014 The purpose of this retrospective descriptive and correlational study was to examine the incidence of postpartum hemorrhage PPH diagnosis and blood loss within the first 24 hours of birth The study compared cases pre and post implementation of new hemorrhage preventative measures at a metropolitan Minnesota maternity care center Neuman s Systems Model was used as a theoretical framework for this study to understand PPH and nursing implications Pre and post implementation groups were significantly different in race and delivery type No statistically significant differences were found between the groups in incidence and total blood loss amounts Postpartum Hemorrhage William Herbert, Jack P. Mercer, Health Sciences

Consortium (U.S.),1980 Preventing Postpartum Hemorrhage Anne Pfitzer,Harshad Sanghvi,2004 ... **Postpartum Hemorrhage** Henry B. Nunemacher,1867 **Management of Postpartum Hemorrhage** Frances E. Likis,2015

OBJECTIVES To systematically review evidence addressing the management of postpartum hemorrhage PPH including evidence for the benefits and harms of nonsurgical and surgical treatments interventions for anemia after PPH is resolved and effects of systems level interventions **DATA SOURCES** We searched the MEDLINE r Embase and Cumulative Index to Nursing and Allied Health Literature CINAHL r databases for articles published in English since 1990 **REVIEW METHODS** We included comparative studies of nonsurgical and surgical interventions to manage PPH published in English from 1990 to November 2014 and conducted in high resource countries We also included case series addressing harms of interventions and benefits and harms of procedures and surgeries for PPH as these interventions are unlikely to be addressed in randomized studies Two investigators independently screened studies against predetermined inclusion criteria including study design country of conduct and outcomes addressed and independently rated the quality of included studies We extracted data into evidence and summary tables and summarized them qualitatively **RESULTS** We identified a total of 68 unique studies Sixty one studies addressed effectiveness outcomes none of good quality 23 fair and 38 poor Fifty studies reported harms of interventions for PPH management 11 good quality and 39 poor Few studies addressed pharmacologic or medical management including transfusion for supportive management of ongoing PPH and evidence is insufficient to comment on effects of such interventions The success of uterine sparing techniques such as uterine balloon tamponade embolization uterine compression sutures and uterine and other pelvic artery ligation in controlling bleeding without the need for additional procedures or surgeries ranged from 36 to 98 percent However these data come from a limited number of studies with a small number of participants Harms of interventions were diverse and not well understood Studies suggested an association between recombinant activated factor VIIa and thromboembolic events but sample sizes were small Some studies with longer term followup reported adverse effects on future fertility and menstrual changes in women undergoing embolization Studies also reported need for reoperation after hysterectomy No study out of two addressing such interventions demonstrated benefits associated with transfusion or iron supplementation for anemia after PPH is stabilized Systems level interventions had little effect on reducing the incidence or severity of PPH or the need for transfusion or hysterectomy **CONCLUSIONS** The literature addressing management of PPH comprises predominantly studies of poor quality Diagnosis of PPH is subjective and management is urgent often involving rapid and simultaneous initiation of interventions Therefore comparing the severity of PPH and trajectory of care across studies is challenging Further research is needed across all interventions for PPH management **Etiology of Recurrence of Postpartum Hemorrhage** Judith Kay Krones,1989 **The Role of Skin-to-Skin Contact and Breastfeeding on Postpartum Hemorrhage** Wedad Matar Almutairi,2017 In the United States postpartum hemorrhage PPH rate increased by 27.5% from 1995 to 2004 and the

increase occurred in 19.1% of all hospitals. The incidence of severe PPH doubled from 2001-2002 to 2011-2012. Prevention of PPH focuses on medical and pharmacological methods. Other non-pharmacological interventions to prevent PPH have been sparsely reported in medical literature but skin-to-skin contact (SSC) between mother and newborn and breastfeeding (BF) immediately or shortly after birth are becoming common practice in the United States and they have been identified as possible psychophysiological interventions to reduce PPH but lack evidence based on US practices. The purposes were to determine and compare the incidence of PPH, estimated blood loss, and duration of the 3rd stage of labor in women with PPH and who had SSC only or BF only or SSC/BF or no SSC/no BF within the first 2 hours post birth and to determine and compare the estimated blood loss and duration of the 3rd stage of labor in women without PPH who had SSC only/BF only/SSC/BF or no SSC/no BF within the first 2 hours post birth from 2009 to 2015 at UH hospitals. The retrospective comparative chart review was conducted using codes of women with PPH (ICD9 666.1 or CD10 072.1) codes and women without PPH (no codes). Eligible data sets were in 154 charts. One-way ANOVAs for each group and 2-way ANOVA were used. The BF-only subgroup was not included because sample size was too small (n=6). A total of 79.51% charts represented women with PPH and 75.48% women without PPH. PPH incidence increased from 3.54% in 2009 to 7.10% in 2015. For women with PPH, estimated blood loss in the SSC/BF subgroup was significantly lower than in the no SSC/no BF subgroup. For women without PPH, estimated blood loss in the SSC-only subgroup was significantly lower than in the no SSC/no BF subgroup. Duration of the 3rd stage of labor for women with PPH was longer than for women without PPH. The combination of SSC/BF had a positive impact on the duration of the 3rd stage of labor and estimated blood loss for women with PPH.

Postpartum Hemorrhage Elmer E. Lansing, 1884 *Management of Postpartum Hemorrhage*, 2015 **The Prevention and Treatment of Postpartum Hemorrhage** Sir John William Byers, 1900 **Health Profile of Women Having Postpartum Hemorrhage** Badr Hassan, Abeer Saed Zaghloul, Nadia Bassuoni Elsharkawy, 2016-04-08

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