

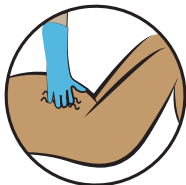
PPH Emergency Response

AMTSL

CALL FOR HELP!

First Response Bundle

Uterine Massage



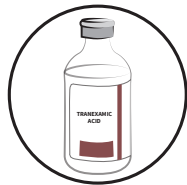
IV Fluids



Uterotonics



Tranexamic Acid



SUPPORTIVE MEASURES

Treat tears



Empty bladder

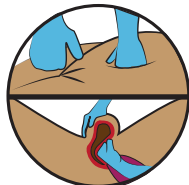


Empty uterus

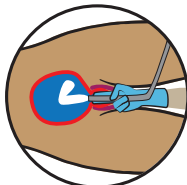


Refractory PPH Interventions

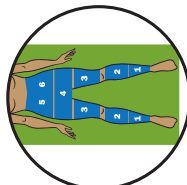
Compression



Uterine Balloon



Anti-shock Garment



SUPPORTIVE MEASURES

Transfusion



Referral



Surgery



Additional Best Clinical Practices

PPH Prevention

- ▶ Anemia prevention and early detection
- ▶ Malaria prevention, detection, and control
- ▶ HIV status and treatment if necessary
- ▶ Identification of previous and current co-morbidities
- ▶ Birth planning and complication preparedness

First Response

- ▶ Early recognition of excessive bleeding
- ▶ Monitor vital signs (pulse, BP, temperature, and respirations), volume and rate of blood flow, level of consciousness or anxiety, skin color, and response to treatments
- ▶ Laboratory Testing for Hgb/HCT, clotting factors (or bedside clotting test), and Type and Cross match
- ▶ If Placenta delivered, was it intact, or is it retained?
- ▶ Reassurance to woman and her family that everything is being done

Response to Refractory PPH

- ▶ Inform woman and her family of treatment options, provide reassurance
- ▶ Continue monitoring for status and development of shock, if shock suspected begin shock management
- ▶ Surgical Management
 - ◆ Uterine compression sutures
 - ◆ Uterine or utero-ovarian artery ligation
 - Begin with conservative management, try to spare the uterus
 - ◆ If woman continues to bleed, perform hysterectomy

Quality PPH Emergency Care

