

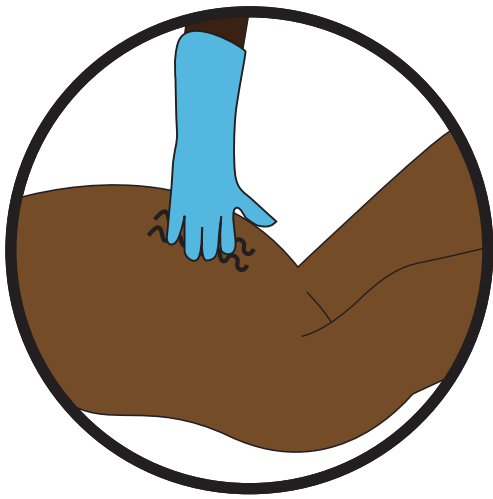
PPH Emergency Care

AMTSL

CALL FOR HELP!

First Response Bundle

UTERINE MASSAGE



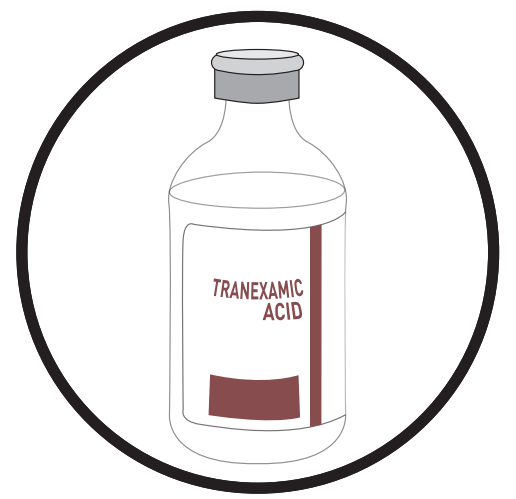
IV FLUIDS



UTEROTONICS



TRANEXAMIC ACID

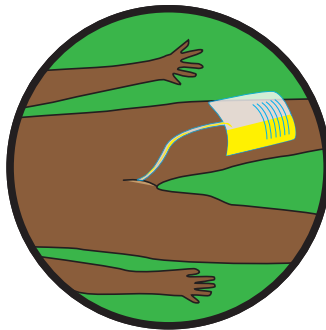


Supportive Measures:

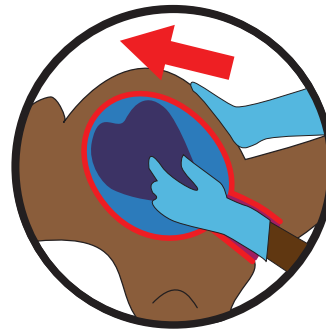
TREAT LACERATIONS



EMPTY THE BLADDER

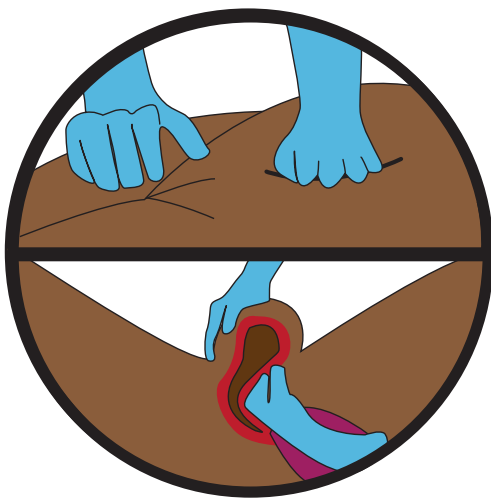


EMPTY THE UTERUS

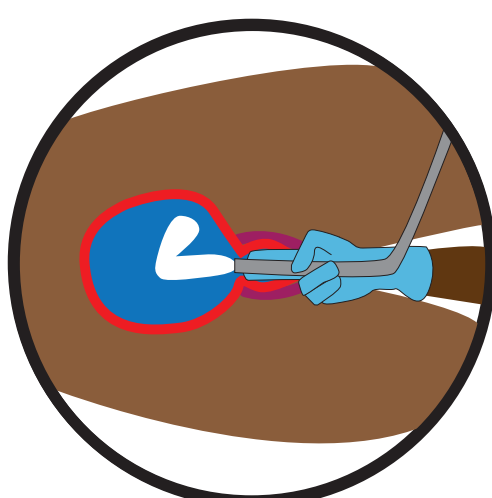


Refractory PPH Interventions

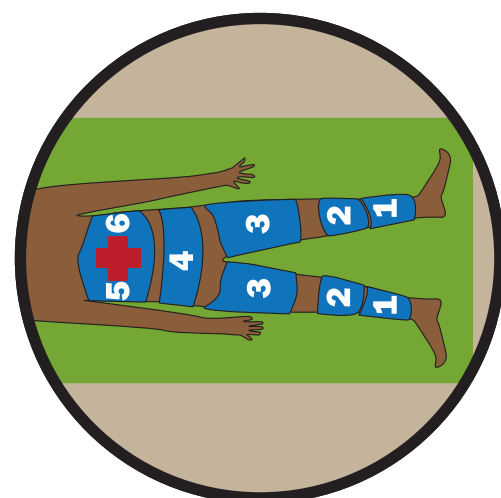
COMPRESSION



UTERINE BALLOON

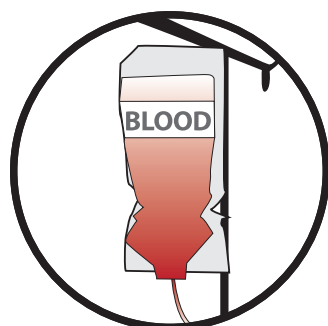


ANTI-SHOCK GARMENT



Supportive Measures:

BLOOD TRANSFUSION



TRANSPORT TO HIGHER CARE



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

