

WHAT TO KNOW ABOUT PPH

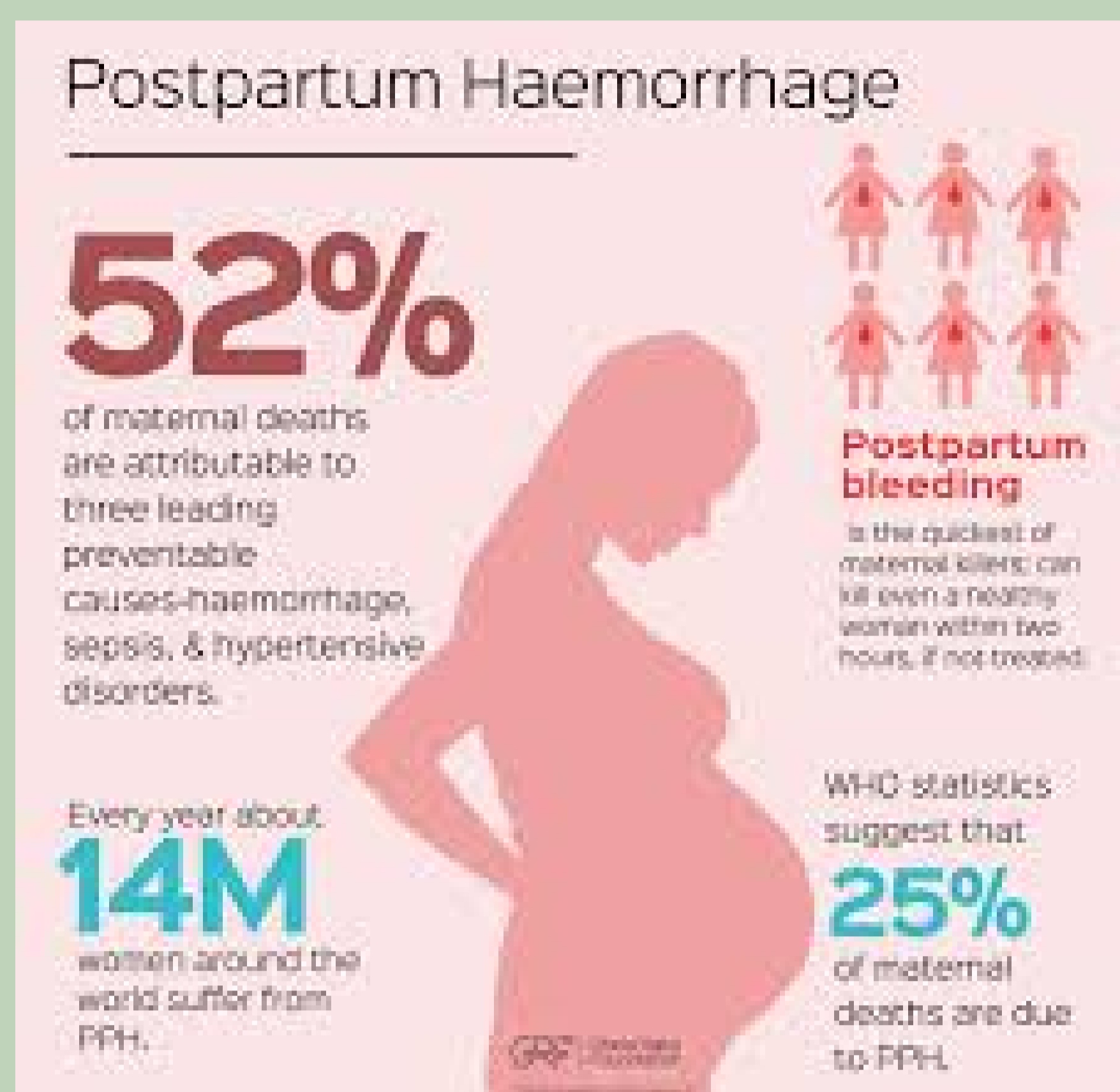
1 OCCURENCE

Postpartum hemorrhage (PPH) is when a woman has heavy bleeding after giving birth. It is a serious but rare condition. PPH usually happens within the first 24 hours after giving birth, but can happen up to 12 weeks after having a baby. About 1 to 5% of 100 women who have a baby experience PPH.



2 KEY POINTS

- PPH is serious but rare.
- If you think you are experiencing PPH, call your healthcare provider or 911 immediately.
- You may have PPH if you have heavy bleeding from the vagina that doesn't slow or stop, blurred vision, chills, or if you are feeling weak or faint.



3 Are some women more likely to get PPH than others?

Yes. Things that make you more likely than others to have PPH are called risk factors. Having a risk factor does not mean that you will have PPH, but it may increase your chances. PPH usually happens without warning, but you can talk to your health provider about what you can do to help reduce your risk of having PPH.



5 Conditions during birth that increase risks

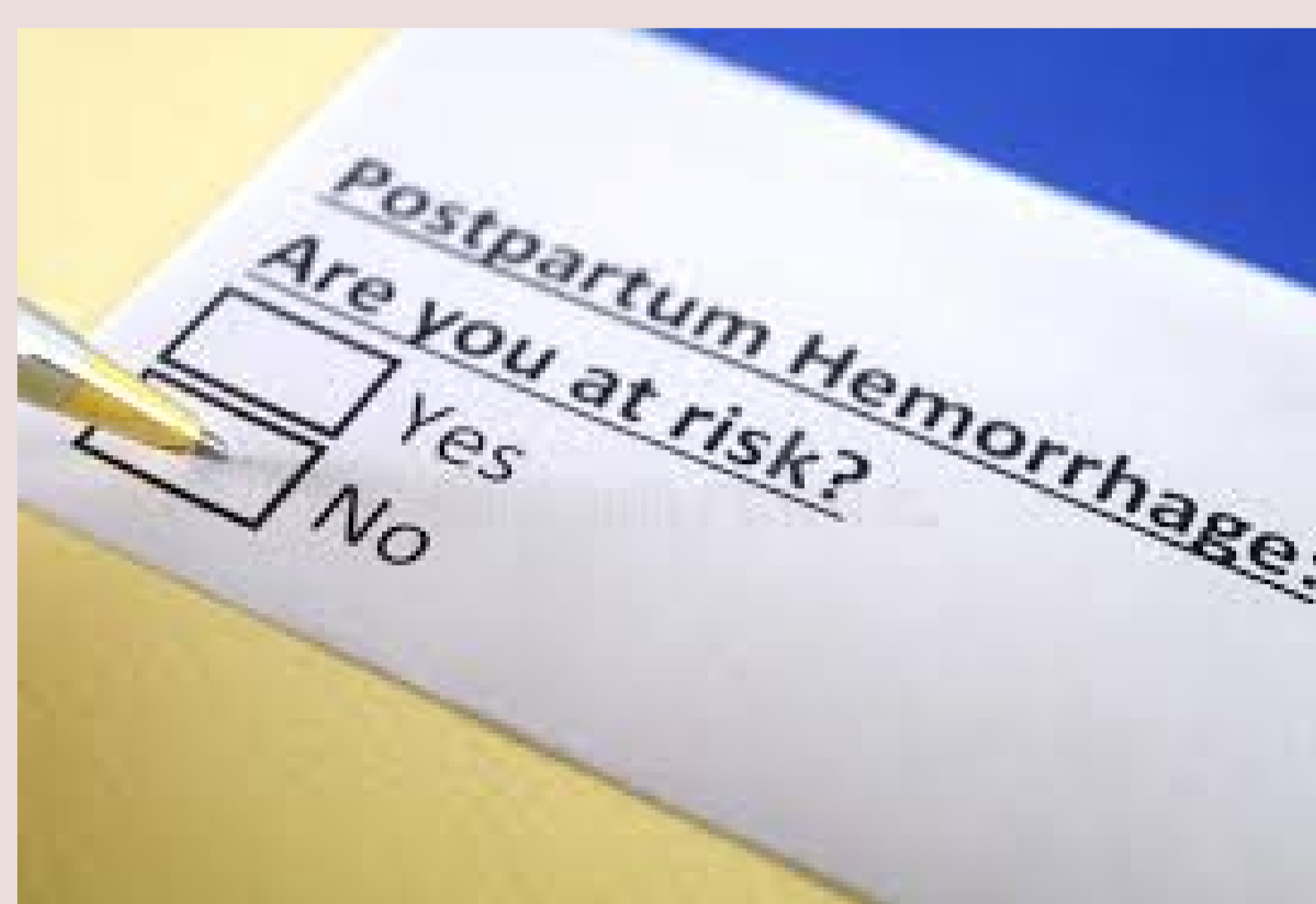
- Having a C-section
- Having vacuum or forceps assisted delivery
- Taking medicine to induce labor
- Getting general anesthesia
- Getting an infection during labor
- Prolong labor and/or pushing
- Precipitous delivery/"Fast" labor (<3 hrs)
- Tearing

Conditions that affect the uterus:

Uterine Atony -The most common cause (50%-80%) of PPH is uterine atony. It is a condition that happens when the muscle of your uterus does not contract (tighten) well after birth.

Uterine inversion - when the uterus turns inside out after birth

Uterine rupture - when the uterus tears during labor



4 RISK FACTORS

- abnormal position of the placenta
- having more than one baby (twins, triplets)
- having a large baby (>9 lbs)
- having more than normal amount of amniotic fluid
- high blood pressure during pregnancy
- history of previous PPH
- Asian, African American, or Hispanic heritage
- having a blood-clotting disease



6 SIGNS & SYMPTOMS

Early warning signs:

- Heavy bleeding from the vagina that does not slow down or stop
- Drop-in BP, often accompanied by feeling dizzy, sleepy or weak, having chills, clammy skin, blurry vision, and fast heartbeat
- nausea or vomiting
- pale skin
- swelling or pain around the vagina or perineum (the area between the vagina and rectum)

Later signs:

- confusion
- air hunger
- loss of consciousness



7 TREATMENT

- **Massaging uterus vigorously by hand**
- **Removing any remaining pieces of the placenta** from the uterus
- **Packing the uterus** with gauze or a special balloon to provide uterine tamponade
- **Getting oxygen**
- **Getting a urinary catheter** placed to keep your bladder empty
- **Getting fluids, medications (like Pitocin) or/and have a blood transfusion.** You get these treatments through a needle into your vein
- **Embolization** of the blood vessels that supply the uterus. In this procedure, a provider uses special tests to find the bleeding blood vessel and injects material into the vessel to stop the bleeding. This may prevent you from needing a hysterectomy (surgical removal of your uterus)
- **Hysterectomy.** You usually need a hysterectomy if other treatments don't work.



REFERENCES

Greenawalt, J. A., & Zernell, D. (2017). Autologous Blood Transfusion for Postpartum Hemorrhage. *MCN, The American Journal of Maternal/Child Nursing*, 42(5), 269-275.

<https://www.marchofdimes.org/pregnancy/postpartum-hemorrhage.aspx>