

Quick Case: “Who you gonna Call...?”

Post Partum Haemorrhage

A G4P4 Woman arrives in ED following a Home Birth. She has continued to bleed heavily, and is tachycardic and hypotensive on arrival.

***Remember: you have two patients!
You will need TWO teams!***

Learning Points: Teamwork

Do you need help? Almost definitely! – so decide who you need and call early. There may be many people who you need comprising obstetrics, neonatal, paediatrics, anaesthetics, theatres, ICU, SCBU, MET (at night at WTH)

Who do you call? And who comes to these calls? Call 777 then ask for:

Waitakere “Obstetric Code Red in ED Resus”: Midwife and Obstetrician + MET

“Neonatal Resus in ED”: Paediatrician and SCBU Nurse + MET

“Adult Resus in ED”: MET

North Shore “Obstetric Code Red in ED Resus”: Midwife and O+G Registrar

“Neonatal Resus in ED”: SCBU nurse and Paediatrician.

“Adult Resus in ED”: ICU and Gen Med (can send away)

PPH Guidelines/Management

There is a PPH Management summary and checklist on the CEDSS site. Print this out
Cognitive offloading will make this stressful situation easier to manage.

Get the PPH box from the Resus Fridge. All drugs/instructions etc are in here.



Learning Points: Management of the condition

>500ml after vaginal delivery, or 1000ml safter C/S is significant.

*Get blood going
and remember the
4 T's!*

Treat the Haemodynamics

Get desperate Units and activate MTP early. (See CEDSS Site for protocol)

Treat the cause(s)

Tone (70%) – bimanual massage the uterus and administer the uterotonic drugs

Trauma (20%) – perineal lacerations, uterine rupture or uterine inversion

Tissue (10%) – retained placenta, membranes or clots, abnormal placenta, endometritis

Thrombin (<1%) – Pre-eclampsia, HELLP, amniotic fluid embolism, placental abruption, sepsis, drugs, foetal death in utero

Useful Medications

Oxytocin 5U IV slow push (can be repeated)

Ergometrine 0.25-0.5mg slow IV or IM

Carboprost 0.25mg IM

Needing Definitive Treatment?

Embolisation = Interventional Radiology Mon-Fri at Nth Shore, otherwise ACH. Call early to discuss.

OT = If at Waitakere will need discussion with Obstetrician and will be situation-dependent whether to proceed there or to Nth Shore for OT – most likely Nth Shore who have ICU backup.