

# Post-Partum Hemorrhage

Stage	Definition	Treatment (Page OB Batch Pager Immediately 1130)
Stage 0	All births	If med risk T&S, high risk T&C 2 units PRBC All pts receive: Oxytocin 10u IM or 15-40 u in 250mL LR infusion
Stage 1	>500mL vaginal blood loss or > 1000mL C/S loss, or > 15% VS change or HR $\geq$ 110, BP $\leq$ 85/45, O2 sat < 95%, clinical symptoms of concern	Increase IV oxytocin rate, fluid resusc with LR Tranexamic acid 1 gm IV over 10-20 minutes Fundal massage, empty bladder, keep warm O2 prn, r/o retained POC, lac, or hematoma*
Stage 2	1000-1500mL blood loss	VS q 5 minutes, DIC panel, obtain IV access x 2 Meds: if response after 1 <sup>st</sup> dose suboptimal, go to next Methergine 0.2 mg IM (if not hypertensive, NEVER give IV) Hemabate 250mcg IM (contraind: asthma) Misoprostol 400 mcg SL or 1000 mcg PR, Transfuse 2u PRBC
Stage 3	>1500mL blood loss, shock after 2u PRBC	Massive transfusion protocol, to O.R.

## \*Treatments

Retained POC: bedside removal (US-guided) w/ring forceps, D&C

Uterine atony: bimanual massage/compression, intrauterine balloon

Laceration / hematoma: repair, packing

References: [www.CMQCC.org](http://www.CMQCC.org), Uptodate.com,  
Harbor Dept of OB/Gyn presentation 2/14/19