

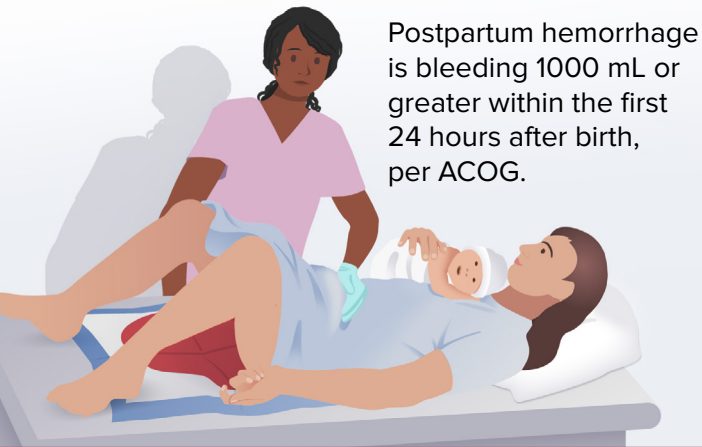
POSTPARTUM HEMORRHAGE



Accurate Assessment of Postpartum Bleeding

Quantitative blood loss (QBL):

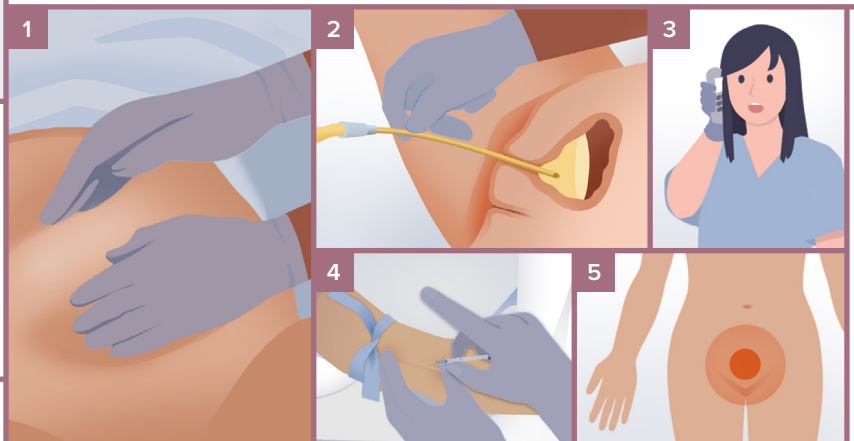
Collect and measure blood loss beginning immediately following birth of infant. Continue until bleeding is stable, usually about 2–4 hours.



Postpartum hemorrhage is bleeding 1000 mL or greater within the first 24 hours after birth, per ACOG.

Excessive Postpartum Bleeding Initial Nursing Interventions




- 1 Apply fundal pressure, massage to firm.
- 2 Empty bladder.
- 3 Notify provider if unimproved with initial steps.
- 4 Insert large bore IV, administer IV fluids as ordered.
- 5 Identify underlying source of bleeding.



Risk Factors for PPH

- Multiparity
- Multiple gestation
- Hx PPH after previous birth
- Polyhydramnios
- Prolonged labor
- HTN or preeclampsia
- Precipitous labor
- Induction of labor

Normal Progression of Postpartum Bleeding

	Lochia rubra
	Bright/dark red 3–4 days after birth May have small clots Flow similar to heavy menstrual period
	Lochia serosa
	Pinkish/brown loss 4 to 12 days Flow moderate to small amount
	Lochia alba
	Yellow/white discharge 12 days to 3 weeks Gradually reducing/disappearing

4 Ts	Source	Nursing interventions
Tone	Uterine atony	Administer uterotonic medications as ordered. Assist with placement of Bakri balloon as needed.
Tissue	Retained placental fragments	Prepare client for removal of placental tissue by provider, possibly in OR.
Trauma	Laceration, uterine rupture or inversion	Prepare client for inspection by provider. Assist with positioning/visualization during inspection and repair as needed.
Thrombline	Coagulopathy	Draw lab work as ordered.

NOTES

