

Postpartum Haemorrhage

Explaining your treatment



the women's
the royal women's hospital

This fact sheet explains the events leading up to and during a postpartum haemorrhage. It includes important information to consider after the birth of your baby. Your healthcare team is trained in controlling a postpartum haemorrhage, and in most cases the bleeding settles with simple measures.

What is a postpartum haemorrhage?

Bleeding is normal after you have a baby but sometimes the bleeding is much heavier than expected. This is called a postpartum haemorrhage or PPH.

The bleeding usually comes from the area of your womb (uterus) where the placenta (afterbirth) was attached. It can also come from any tears or cuts from the birth. Bleeding is usually heaviest just after birth and should gradually become less over the next few hours, days, and weeks.

Heavy bleeding after birth (blood loss of more than 500mls) is known as a postpartum haemorrhage. It is common and it affects about 25 in 100 pregnancies. In most cases, blood loss is treated with medicines while the patient is in hospital, and they will not have ongoing problems.

Major haemorrhage (more than 1500mls) is much less common and affects only 4 in 100 patients after birth.

Why did I have a PPH?

There are several reasons why a PPH can happen. These include:

1. The womb not contracting properly after the birth. This can happen especially if the placenta has not fully separated from the wall of the womb. If the womb cannot stay firm (contract) properly, the blood vessels where the placenta was may continue to bleed.
2. Bleeding from a tear that occurs during your birth or when an episiotomy (cut to your perineum) has been performed.
3. Parts of your placenta remaining inside your womb.
4. Having a known or new bleeding disorder where your body is unable to clot your blood sufficiently.

There are also a number of individual risk factors that may have led to your PPH, these include having:

- a very quick or a very long labour
- a birth which included forceps, vacuum extraction, or a caesarean section
- more than one baby in the womb
- a big baby
- a large amount of fluid around your baby
- had more than five births
- bleeding during your pregnancy
- your labour induced or sped up with oxytocin
- your placenta in the lower part of the womb or abnormally attached to your womb
- fibroids in your womb
- had any surgery on your womb.

Often, a combination of these factors has contributed to your PPH. Your healthcare team will talk with you about your PPH during your hospital stay.

How was my PPH treated?

It is common to have questions regarding what happened and why. Your midwife or doctor should be able to answer any questions or concerns you may have.

While treating your PPH, your health care team will have identified its cause. Common treatments include:

- massaging your womb to help it contract
- inserting a tube (catheter) into your bladder to keep it empty
- giving medicines to swallow and injections in your thigh to help your womb to contract
- inserting two plastic tubes (cannulas) into your hand or arm to collect some of your blood, give you medicines and provide you with fluid
- applying a blood pressure cuff and oxygen measurement probe
- a thorough assessment of your vagina and perineum with your legs in stirrups (lithotomy position).

These measures often help to settle the heavy bleeding.

In some circumstances, your health care team may have recommended you go to the operating theatre. If you were transferred to the operating theatre, your health care team will have examined the inside of your womb under an anaesthetic (where they put you to sleep). If there were any remaining parts of your placenta in your womb, these would have been removed.

The medical team may have found it necessary to:

- insert a special balloon (Bakri balloon) into your womb
- make a cut to your abdomen (laparotomy)
- remove your womb (hysterectomy). This is very rare.

Your health care team will provide you with information about what treatment you received. In some cases, a blood transfusion may be given in the operating theatre. In most cases we ask for your consent before giving a blood transfusion however, in an emergency, this may not be possible.

What happens after a PPH?

We will check you closely for the first 24-48 hours. This includes frequently checking your blood pressure, heart rate and oxygen saturation. We will also check your blood levels (including your haemoglobin) and decide whether a blood or iron transfusion is necessary. In most cases, if less than 1000mls of blood is lost a blood transfusion is not needed.

The medical team have reviewed you and decided that you can be safely sent home.

We recommend you follow up on your blood levels with your GP at your postnatal check, six weeks after birth.

PPH can be quite a distressing experience for you and your birth companions. The medical team will review the events with you on the postnatal ward before you go home. You can also ask for a further meeting with a senior member of the medical team if you wish. It is common for those who have had this kind of experience to have trouble remembering the exact events; your support people may also need some time to discuss what happened and have any questions answered.

If you continue to feel upset or develop anxiety or depression after you go home, you should talk to your midwife, maternal and child health nurse, or GP.

When to ask for help

Be aware of the following:

- soaking through pads more regularly than every hour
- blood clots that appear larger than 50 cent pieces
- feeling dizzy
- heart palpitations
- psychological stress including feelings of anxiety, depression, or difficulty bonding with your baby.

If any of these occur, contact:

Your local doctor (GP)

Local Emergency department

Nurse on call

T: 1300 60 60 24

For more information and support

Maternal and Child Health Help Line

T: 13 22 29

PANDA - Perinatal Anxiety & Depression
Australia

T: 1300 726306

W: panda.org.au

Australasian Birth Trauma Association

W: birthtrauma.org.au

If you have any further questions after you are discharged, contact our Consumer Liaison Officer.

Consumer Liaison Officer

Telephone: (03) 5320 4014

Email : feedback@bhs.org.au

Family Violence Support

1800 Respect National Helpline

Support for people impacted by sexual assault, domestic or family violence and abuse.

1800 737 732 (24-hour support service)

1800respect.org.au

Do you need an interpreter?



Interpreter

If you need an interpreter, remember you can ask for one.

Disclaimer: This fact sheet provides general information only. For specific advice about your or your baby's healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department.
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