Aneurin Bevan University Health Board

Secondary Postpartum Haemorrhage Management Guidelines

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Contents:

1. Executive Summary.....2
1.1 Scope of the Guidelines.....2
1.2 Essential implementation criteria.....2

2. Aims.....2

3. Responsibilities.....2

4. Training.....2

5. Monitoring and Effectiveness.....2

6. Implementation 3

7. Standards for Health Services Wales 3

8. Audit.....3

9. Review.....3

10. Appendices.....3

1. Executive Summary

This document should act as guidelines for the management of all patients with secondary postpartum haemorrhage. The views expressed in this guideline are evidence based from Royal college of Obstetricians & Gynaecologists, American college of Obstetricians and Gynaecologists, MOET, South Australian perinatal guidelines for secondary PPH. This reflects professional opinion. They are designed to support safe and effective practice.

1.1 Scope of the Guidelines:

- The guideline applies to all clinicians working within the maternity services.

1.2 Essential Implementation Criteria:

- Auditable standards are stated.

2. Aims

- To provide support to clinical decision making
- To provide support for evidence based management

3. Responsibilities

- The maternity management team

4. Training

- Staff are expected to access appropriate training where provided
- Training needs will be identified through appraisal and clinical supervision

5. Monitoring and Effectiveness:

- Local service improvement plan will guide monitoring and effectiveness. This policy has undergone an equality impact assessment screening process using toolkit designed by NHS centre Equality and Human rights.
- Details of the screening process for this policy are available from the policy owner.

6. Implementation

- The guidelines will be implemented for the management of patients presenting with secondary post partum haemorrhage.

7. Standards for Health Services Wales

- This guideline cross references to Health Service Standard 7

8. Audit

- Audit tools have been incorporated in the protocol.

9. Review

- Protocol to be reviewed in 3 years.

10. Appendices

Appendix 1 Protocol
Appendix 2 Abbreviations
Appendix 3 Auditable standards
Appendix 4 References

Secondary Postpartum Haemorrhage

Definition: Any excessive bleeding from the reproductive tract, from 24 hours after delivery up to 12 weeks postpartum. Unlike primary post partum haemorrhage, there is no standard definition for the quantity of blood that qualifies as secondary PPH.
Incidence: Occurs in up to 1.44% of postpartum patients in the UK. Incidence is highest in second week after delivery followed by third week.

Aetiology:

- Placenta:
    - Abnormalities of placenta.
    - Sub involution of the placental site.
    - Retained products of conception.
    - Placenta accreta.
    - Trophoblastic disease and placental site tumours (rare cause.
- Infection: Endometritis, myometritis, parametritis.
    - Infection or dehiscence of caesarean scar.
- Trauma
    - Missed vaginal lacerations and hematoma, e.g. ruptured vulval haematoma (may be associated with operative delivery).
- Physiological. Menstruation.
- Side effect of hormonal contraception.
- Pre-existing uterine disease. Eg. Uterine fibroids (leiomyomata), Cervical neoplasm (rare), Cervical polyp.
- Coagulopathy: Eg. Congenital hemorrhagic disorders (von Willebrand's disease, carriers of haemophilia A or B, factor XI deficiency)
- Uterine arteriovenous malformation (rare).
- Use of anticoagulants (e.g. warfarin).

Initial Assessment of Patient

Primary survey to assess haemodynamic status of patient:

- **If stable, refer to chart 1**
- **If unstable, refer to chart 2**

History:

- History/ onset of bleeding
- Estimation of blood loss- weighing more accurate than visual assessment, but may not be possible if haemorrhage occurred outside of hospital setting.

Examination:

- Abdominal
  - Is there sub involution
  - Evidence of Uterine tenderness
- Speculum
  - Active blood loss noted
  - Any Products of conception
  - Foul smelling lochia
  - Os open

Patient Stable

Investigations

- High vaginal swab for MC & S
- Bloods: FBC, Coagulation profile, U&E's, CRP
- Assess for sepsis as per trust sepsis policy and commence sepsis bundle if criteria met.

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Consider Ultrasound examination

- Signs and symptoms of retained placenta/ tissue
- History of incomplete or ragged membranes at delivery
- Open cervical os
- Bleeding not responding to conservative management
- **NOTE**: USS is of limited diagnostic benefit and should not be relied upon as may not differentiate between clot and RPOC

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Management: Conservative

- Oral antibiotics (according to current trust antimicrobial guidelines for endometritis)
- Misoprostal PR 800micrograms if RPOC suspected or prolonged bleeding post natally.

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Surgical intervention- Discuss with consultant before surgical intervention

24 hours Broad spectrum antibiotics given prior to surgical intervention

- Ongoing bleeding not responding to conservative management
- Obvious retained products of conception >50mm diameter present on USS examination
- Surgical evacuation should be undertaken by an experienced speciality doctor, preferably under ultrasound guidance (Note 1.5-5% risk of uterine perforation.

Chart 2

Patient Unstable

Resuscitation, monitoring and treatment should occur simultaneously

Patient in shock

Call for help

- Inform senior midwife, consultant obstetrician, Anaesthetic team
- Haematology, biochemistry laboratory and blood bank.
- Allocate scribe, activate major haemorrhage protocol and commence Obs Cymru protocol if MBL> 15% total blood volume
- Significant blood loss should be measured by weighing and ongoing loss recorded

Resuscitation

- Airway
- Breathing
- Circulation
- Lie woman flat
- Keep woman warm
- 2 X 16 gauge(GREY) cannula, take 20mls of blood
- I.V fluids (2 litres Hartmann's, 1.5 litres colloid)
- Blood transfusion (O Rh D negative /group specific blood)
- Blood products(FFP, Platelets, fibrinogen concentrate
- Observations every 5 minutes as per major PPH guideline

Investigations

- FBC, Coagulation profile including ROTEM, fibrinogen levels, U & E's, LFT's, Lactate
- Cross match blood
- If temp≥ 38 °C- commence sepsis bundle
- Urine dipstick and MSU for C & S
- Vaginal swabs
- Consider central arterial lines

Medical treatment

- Bi manual uterine massage
- Syntocinon 5 I.U X 2 I.V bolus
- Ergometrine 500 µGm. I.V
- Syntocinon 40 I.U in Normal saline 500 mls @125ml/hour (I.V infusion)
- PGf2α(Haemabate 250 µGm I.M 15 minute apart up to 8 doses
- Misoprostol 1000 µGm P.R
- Antibiotics (as per sepsis Protocol)

Surgical management if not responding to conservative management

- EUA
- Evacuation of retained products of conception
- Intra uterine balloon, Brace sutures, Internal iliac ligation
- Interventional radiology (If available)
- Hysterectomy

Clinical Governance

- All post natal re-admissoins require Datix reporting
- All major haemorrhage requires Datix reporting

Audit

- This guideline will be audited via the maternity services local risk management groups and datix incident reporting

Abbreviations

- FBC: Full blood count.
- U & E's: Urea and electrolyte's.
- LFT's: Liver function test's.
- MSU: Mid stream urine
- C & S: Culture and sensitivity.
- ß hCG : Beta HumanChorionic gonadotrophin.
- USS : Ultra sound scan
- RPOC:Retained products of conception.
- I.V : Intra venous
- I.U : International Units.
- µGm: Micrograms.
- PGf2α- Prostaglandin F 2 Alpha.
- PR: Per rectal.
- Min: Minute.
- RhD negative Rhesus D negative.
- FFP: Fresh frozen Plasma.
- Temp: Temperature.
- EUA: Examination under anaesthesia.

Appendix 4

References

- Hoveyda F, Mackenzie IZ. Secondary postpartum haemorrhage: incidence, morbidity and current management BJOG Sep;108(9):927-30
- Postpartum haemorrhage, prevention and management. RCOG green top guideline no.52, May 2009
- South Australian perinatal guidelines secondary PPH.
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