“Hey, Lend Me a Hand!”
20 Questions
Question #1

What do the letters “PPH” stand for in the mnemonic for postpartum hemorrhage?
Answer #1

**Predict The Risk**
- Low (Clot only)
- Moderate (type and screen)
- High (type and Cross)

**Prevent the Hemorrhage**
- Active management of the third stage

**Handle the Hemorrhage**
- With the appropriate medications as well as other collaborative efforts including surgery
Question #2

PREDICT the Hemorrhage

What level of blood loss changes a normal delivery into a delivery with a postpartum hemorrhage? (Stage 0 to Stage 1)
A Stage 1 Postpartum Hemorrhage is defined as EBL (or QBL)

- >500 ml for a vaginal delivery
- >1000 ml for a c-section
- OR Vital Sign changes >15% or HR >110 BP < 85/45 O2 sat <95%.
- The postpartum hemorrhage protocol should be initiated
Question #3

PREDICT the Hemorrhage

Which blood bank order would you use for a patient with:

- No previous uterine incision
- Singleton pregnancy
- ≤ 4 previous vaginal births
- No known bleeding disorder
- No history of PPH?
Answer #3

Low Risk: Hold clot only.
Question #4

PREDICT the Hemorrhage

Which blood bank order would you use?

- Prior C/S birth(s) or uterine surgery
- Multiple gestation
- > 4 previous vaginal births
- History of previous PPH
- Large uterine fibroids
- Low lying placenta
- Chorioamnionitis
Answer #4

Medium Risk – Type and Screen

- May need to convert hold clot in lab if status changes during labor.
Question #5

PREDICT the Hemorrhage
Which blood bank order would you use?

- Placenta previa
- Suspected placenta accreta or percreta
- Hematocrit <30 AND other risk factors
- Platelets < 100,000
- Known coagulopathy
- Active bleeding on admission
Answer #5

High Risk for Postpartum Hemorrhage: Type and Crossmatch
Question #6

PREDICT the Hemorrhage
Ongoing Risk Assessment:
Name five things that can change during labor and upgrade the patient’s risk to moderate or high.
Answer #6

1. Chorioamnionitis
2. Magnesium sulfate
3. Prolonged first or second stage
4. Prolonged pitocin
5. Active bleeding in labor
6. (Upgrade to high risk if more than one risk factor.)
Question #7

PREDICT the Hemorrhage
Name 3 things that should be done if a patient’s status changes to high risk.
1. Communicate as patient’s risk status changes and make appropriate changes to blood orders.
2. Be ready with appropriate medications in the room at time of delivery.
3. Be ready with scale in the room at time of delivery for QBL.
PREVENT the Hemorrhage

Name the three key components in active management of the third stage.
Answer #8

- Routine use of *pitocin* as soon as baby is out, (or with anterior shoulder)
- Controlled *Cord Traction*
- *Uterine Massage* after placental delivery
PREVENT the hemorrhage:

True or False: “Cord traction should be firm and continuous from the time of the delivery of the baby until delivery of the placenta”
False.

Cord traction should be gentle and should be done with contractions/maternal expulsive effort.

“Place one hand above the pubic bone and provide counter pressure while maintaining continuous slight traction on the cord. With the next strong contraction, encourage the patient to push and use gentle cord traction. If the placenta is not delivered within 30 to 40 seconds, cord traction should not be continued. Continue to hold the cord and, with the next contraction, resume traction and counter pressure and instruct the patient to push.”
HANDLE the Hemorrhage

True or False: The first step in handling the hemorrhage is communicating to the team that the situation is no longer routine.
Answer #10

TRUE.

Communication and teamwork are the foundation of effective and safe patient care.

That’s why we are here!
Question #11

HANDLE the Hemorrhage
Name the four medications commonly used to HANDLE postpartum bleeding.
The four medicines commonly used for postpartum bleeding are:

- Pitocin (should already have been given.)
- Methergine
- Misoprostol
- Hemabate.
HANDLE the Hemorrhage
True or False:
“Methergine should be avoided in patients with Hypertension or preeclampsia (PIH).”
Answer #12

TRUE.
Methergine causes an elevation in blood pressure and should be avoided in patients with high blood pressure.
HANDLE the Hemorrhage

True or False:

“Methergine has a fast onset of action but a second dose cannot be given for 2 hours.”
TRUE.

- When given IM Methergine 0.2mg/ampule → ONSET 2-5 min
- Second dose cannot be given until 2 hrs after the first dose
Question #13

HANDLE the Hemorrhage
Can methergine be given IV?
Answer # 13

NO.

Methergine should never be given IV!
Question #14

HANDLE the Hemorrhage
Which has a faster onset of action – methergine or misoprostol?
Methergine has a faster onset of action (2-5 min) over misoprostol PER RECTUM (7-13 min).
Question #15

HANDLE the Hemorrhage
Can misoprostol be given multiple times for postpartum hemorrhage?
Answer #15

NO.

Misoprostol is given only one time in the setting of postpartum hemorrhage.
HANDLE the Hemorrhage

Name the two medications for postpartum hemorrhage that share a common chemical pathway and mechanism of action.
Answer #16

Misoprostol and Hemabate are prostaglandins and if one has failed the other is not likely to work.
Question #17

HANDLE the Hemorrhage

True or False: Misoprostol can be given to women with asthma but Hemabate can’t.
True.

Hemabate should not be given to women with asthma but misoprostol can be given to women with asthma.
Question #18

HANDLE the Hemorrhage

True or False: Hemabate should never be given IV.
TRUE.

- Hemabate should never be given IV. (Just like methergine.)
- IM Hemabate .25mg/ampule → ONSET 5 min
- Additional doses at 15-90min intervals NOT TO EXCEED 2mg
Question #19

HANDLE the Hemorrhage

Other than getting medications, name some things that non-provider team members like OB techs, RN’s, Lab personnel and Unit Assistants can do to help with a postpartum hemorrhage.
Answer #19

- **COMMUNICATE**
  - Notify team (charge RN, MD, CRNA) of Stage 1 PPH using appropriate terminology/quantification of blood loss.

- **QB**
  - Measure blood loss using the scale.

- **BLOOD ORDERS**
  - Upgrade to Type & Cross.

- **IV ACCESS**
  - Make sure you have at least one usable IV site.

- **VITAL SIGNS**
  - Monitor vital signs, maintain O2 sats with oxygen, keep patient warm.
Question #20

HANDLE the Hemorrhage
Name five other sources of hemorrhage besides uterine contraction problems (atony).
Answer #20

- Laceration
- Full bladder
- Hematoma (or surgical damage from C/S)
- Retained POCs or clots
- Coagulopathy, thrombocytopenia