

Postpartum Hemorrhage – Urgent Care

General

- **Immediate postpartum hemorrhage** is the loss of more than 1000 mL of blood immediately following delivery and up to 24 hours following delivery.
- **Delayed, or secondary, postpartum hemorrhage** is excessive bleeding from 24 hours after delivery up to 12 weeks postpartum.
- Any quantity of postpartum vaginal bleeding that is of significant concern to the patient such that they are seeking an urgent evaluation should prompt clinicians to seek expert consultation and/or arrange transport to a facility with obstetric capabilities, if available.

Management While Awaiting Transport

For immediate and delayed postpartum hemorrhage:

- Arrange immediate transport and administer a 20 mL/kg bolus of **normal saline** or **lactated Ringer's**. Do not delay transfer to secure IV placement.
 - Bolus may be repeated once for persistent hemorrhage, persistent maternal tachycardia, or persistent hypotension.
- Perform initial assessment and put the patient in the Trendelenburg position.
- Firmly massage the uterine fundus.
- If perineal (external vaginal area) lacerations are present (unlikely in delayed postpartum hemorrhage), apply direct pressure to perineum with sterile dressings. **Do not place dressings inside the vagina.**
- Be prepared to manage the patient's airway, provide supplemental oxygen for maternal oxygen saturation less than or equal to 94%, and assist with ventilation.



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