

All deliveries: AMSTL (active management of 3rd stage of labor):
Oxytocin 10IU IM, controlled cord traction, uterine massage after delivery of placenta

If EBL \geq 500 mL (SVD) or \geq 1000mL (CS), or ANY birth which changes a mother's condition as a result of birth related blood loss, **initiate PPH protocol**

AND

AND

1. Begin Resuscitation:

- Bimanual uterine massage
- Insert 2 large bore IVs
- Monitor vitals q 10 minutes
- Insert catheter – monitor urine output
- Order labs: CBC, type and crossmatch

2. CALL FOR HELP!!

3. Determine cause and treatment:

TONE: soft, boggy uterus

- Oxytocin: 20-40 IU in 1L NS, infuse 500mL in 10 minutes, then 250mL/hr
- Consider:**
 - Misoprostol: 800mcg PR
 - Tranexamic acid 1g IV
 - Methergine .2mg IM

TRAUMA: laceration or uterine inversion

- Suture laceration
- Drain/suture expanding hematoma
- Replace inverted uterus (after 4mg IV MgSO₄)

TISSUE: retained placenta or clots

- Inspect placenta
- Explore uterus
- Removal of retained products
- Prepare for curettage if indicated

THROMBIN: blood not clotting

- Observe clotting time
- Transfuse:
 - Packed red blood cells
 - Platelets
 - Fresh frozen plasma

Severe PPH: Consider uterine balloon tamponade, support blood pressure with vasopressors, consider hysterectomy