

A deep dive study into Postpartum Haemorrhage at a District General Hospital

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INTRODUCTION

Primary PPH is loss of 500 ml or more of blood from the genital tract within 24 hours of the birth of a baby.

PPH can be

- minor (500–1000mls) or
- major (more than 1000mls)
- moderate (1001–2000 ml) and
- severe (more than 2000 ml).

Lower body mass - lower level of blood loss clinically significant.

Secondary PPH is abnormal or excessive bleeding from the birth canal between 24 hours and 12 weeks postnatally

OBJECTIVES

To identify modifiable risk factors in the antenatal, intrapartum and postnatal period, to allow implementation of change.

METHODS

PATIENT IDENTIFICATION:

All patients with Estimated blood loss > 1500mls

METHOD:

Retrospective study of obstetric case notes of women >24 weeks gestation who delivered during the study period.

STUDY PERIOD:

Jan 2021 to April 2021.

CAUSES FOR PPH

- T: Tone diminished:**
- Uterine Atony represents 70% postpartum hemorrhage.

T: Tissue:

- Retained Placenta.
- Placenta accreta.

T: Trauma:

- Uterine Inversion.
- Uterine Rupture.
- Cervical laceration.
- Vaginal hematoma.

T: Thrombin:

- Coagulopathy



SUMMARY

- Of the 36 women with EBL>1.5litres, 61% (22) had EBL of 1.5-2litres, 25% (9) had EBL of 2-2.5litres and 14% (5) had EBL >2.5litres
- 53% of the women were primiparous
- 14% of women had history of previous PPH.
- Mode of birth was similar with 53% women (19) having a vaginal birth (12 SVDs and 7 instrumental births) and 47% (17) having a caesarean section.

- 92% of Emergency LUSCS PPHs occurred in the first stage.
- 64% of women had IOL, out of which 23 women (73%) were primigravida. The most common reason for IOL was Post dates.
- The commonest cause of PPH was uterine atony (>50%).
- 22 women (61%) had baby weight>3.5kg, out of which 18 babies had birthweight >3.7kg and only 8 babies >4kg (22%)
- 21 out of 36 women with EBL>1.5litres had an increase of >3 BMI units in pregnancy.

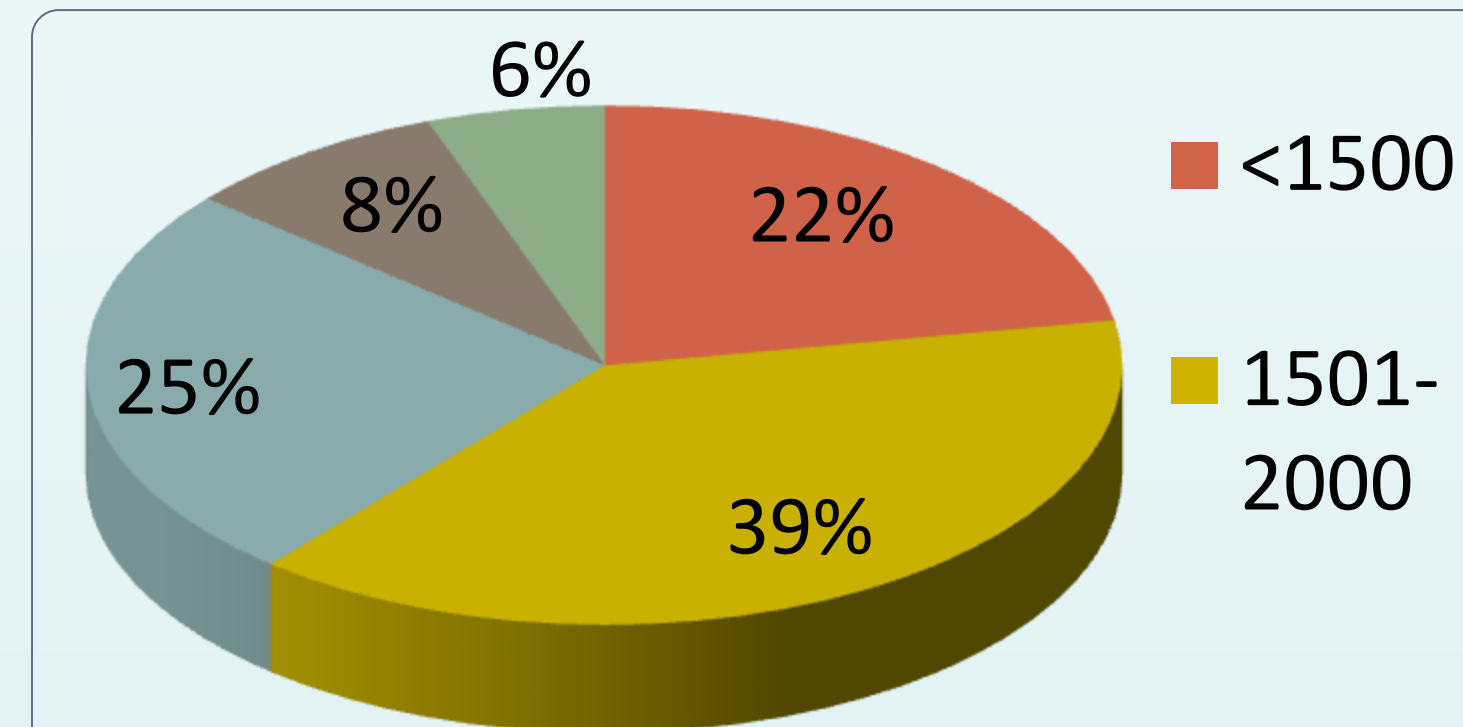
CONCLUSIONS

Our findings suggest that gestational rise in BMI may be a contributory factor to PPH.

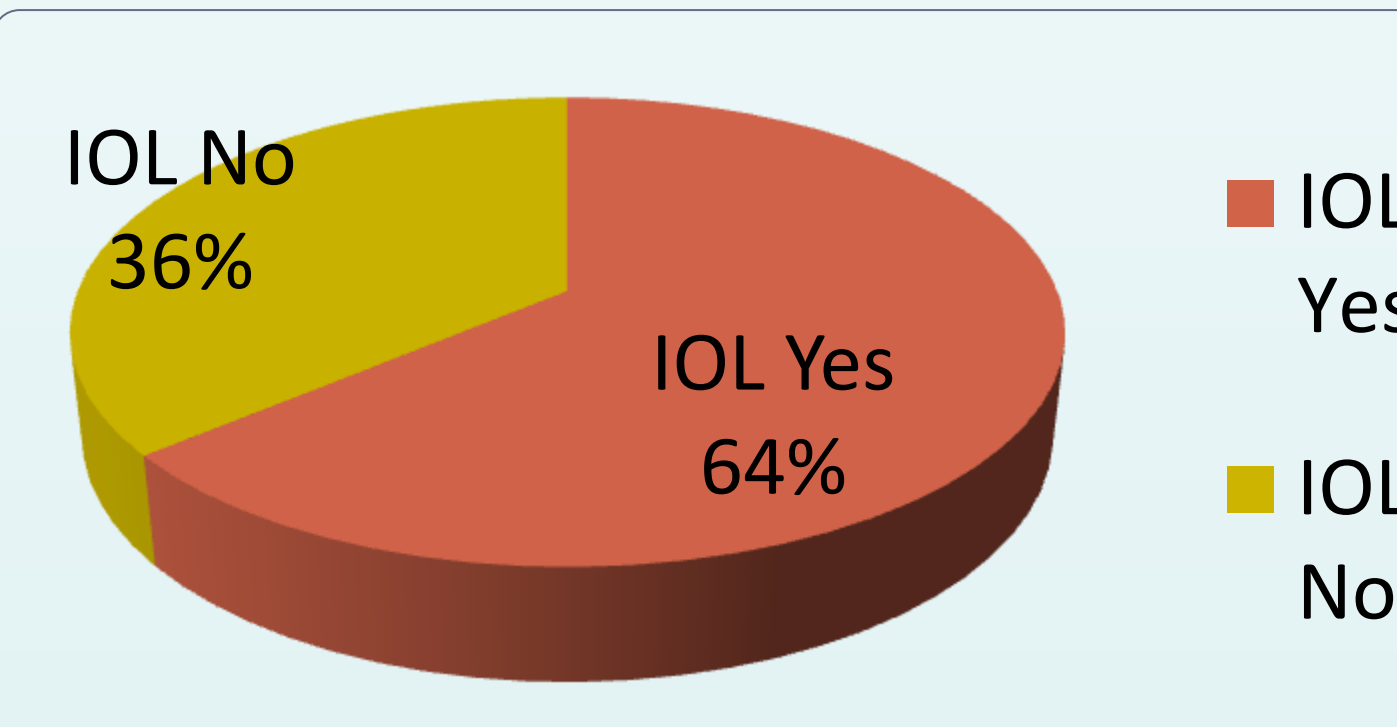
Further in-depth reviews of our induction of labours and decision making around Forceps births are required in the attempt to reduced our PPHs greater than 1.5litres.

RESULTS

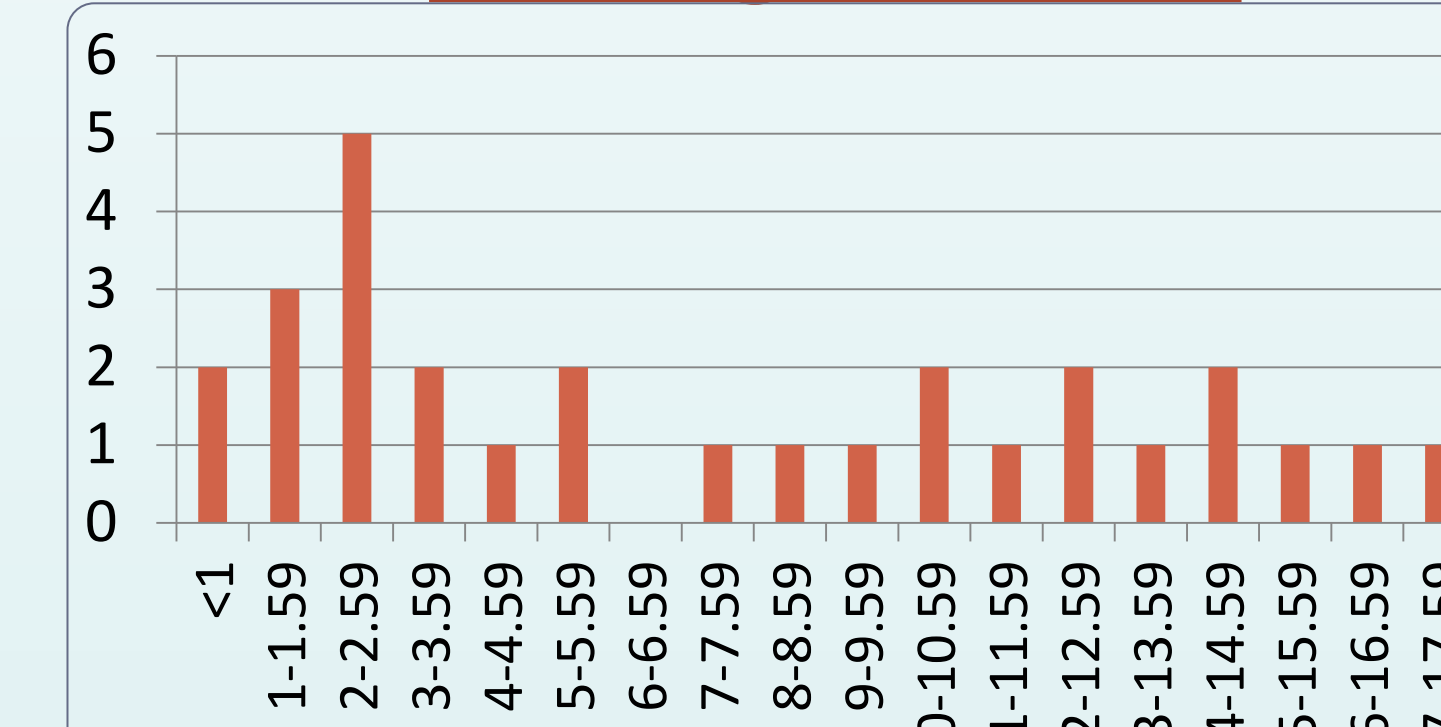
Vol. Blood Loss (mls)



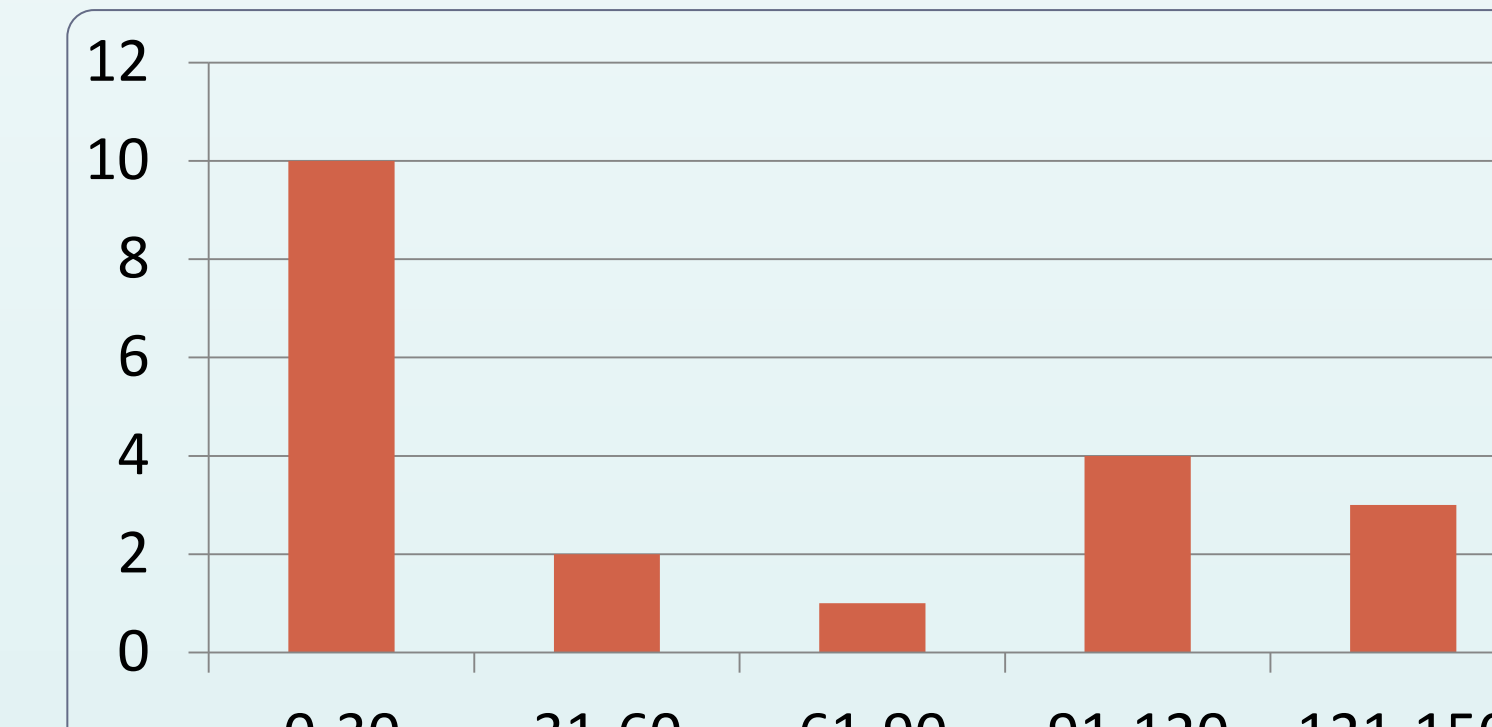
Induction of Labour



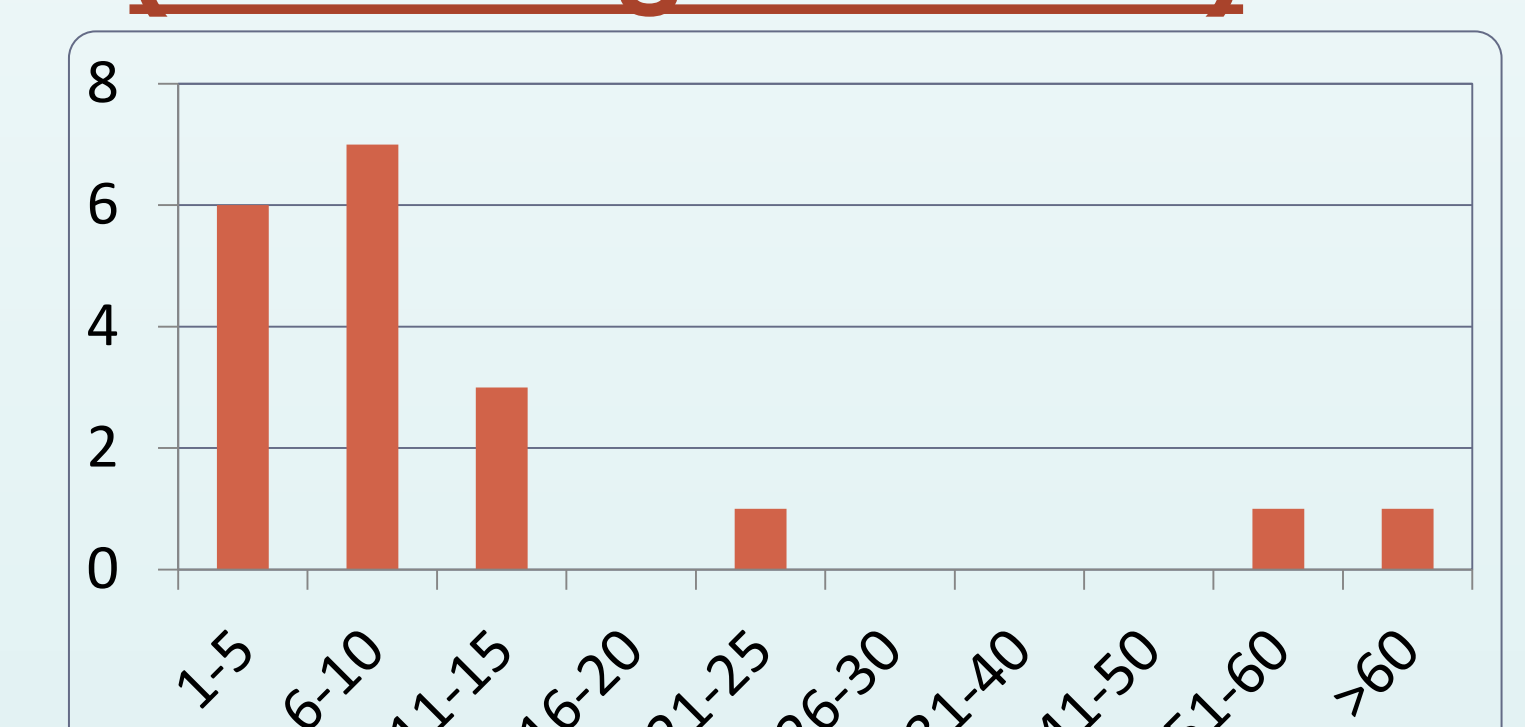
1st stage - hours



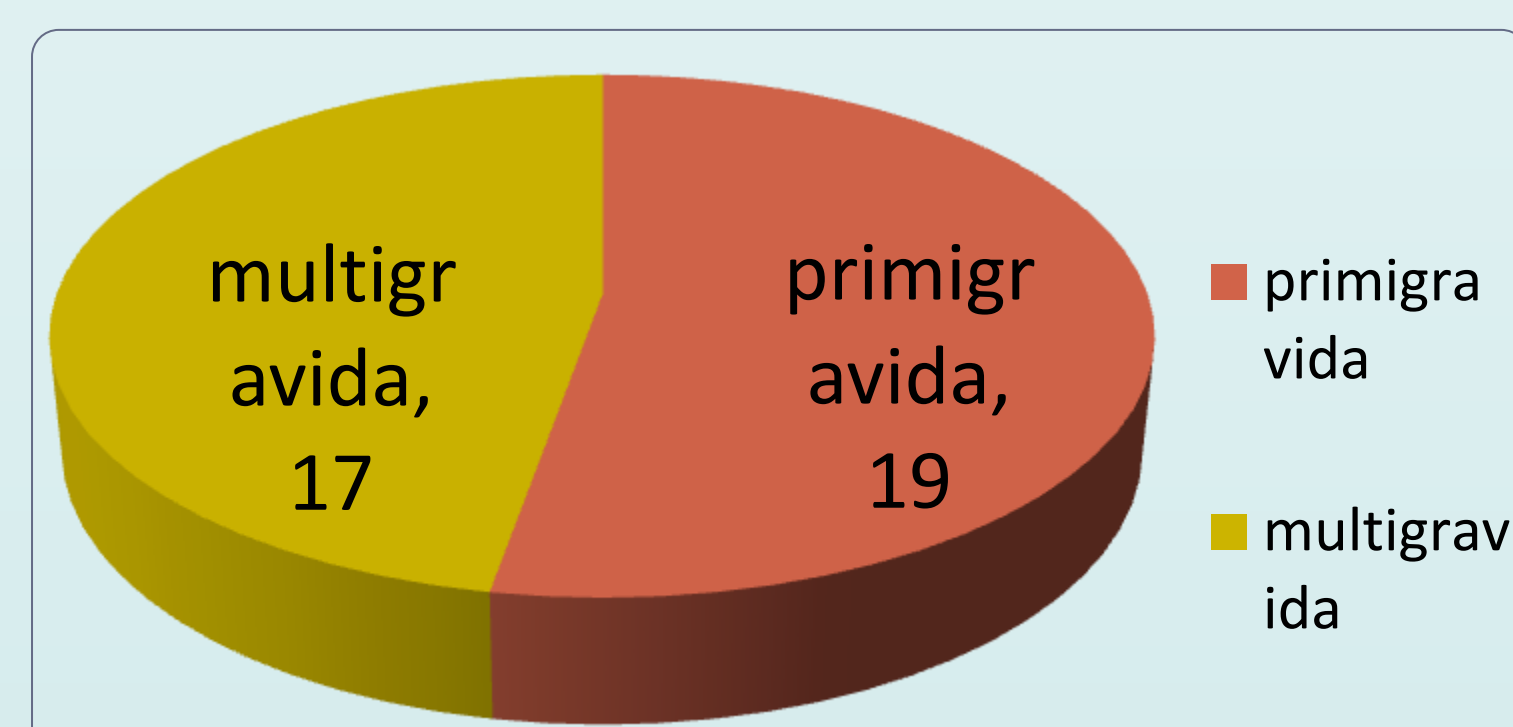
2nd stage - minutes



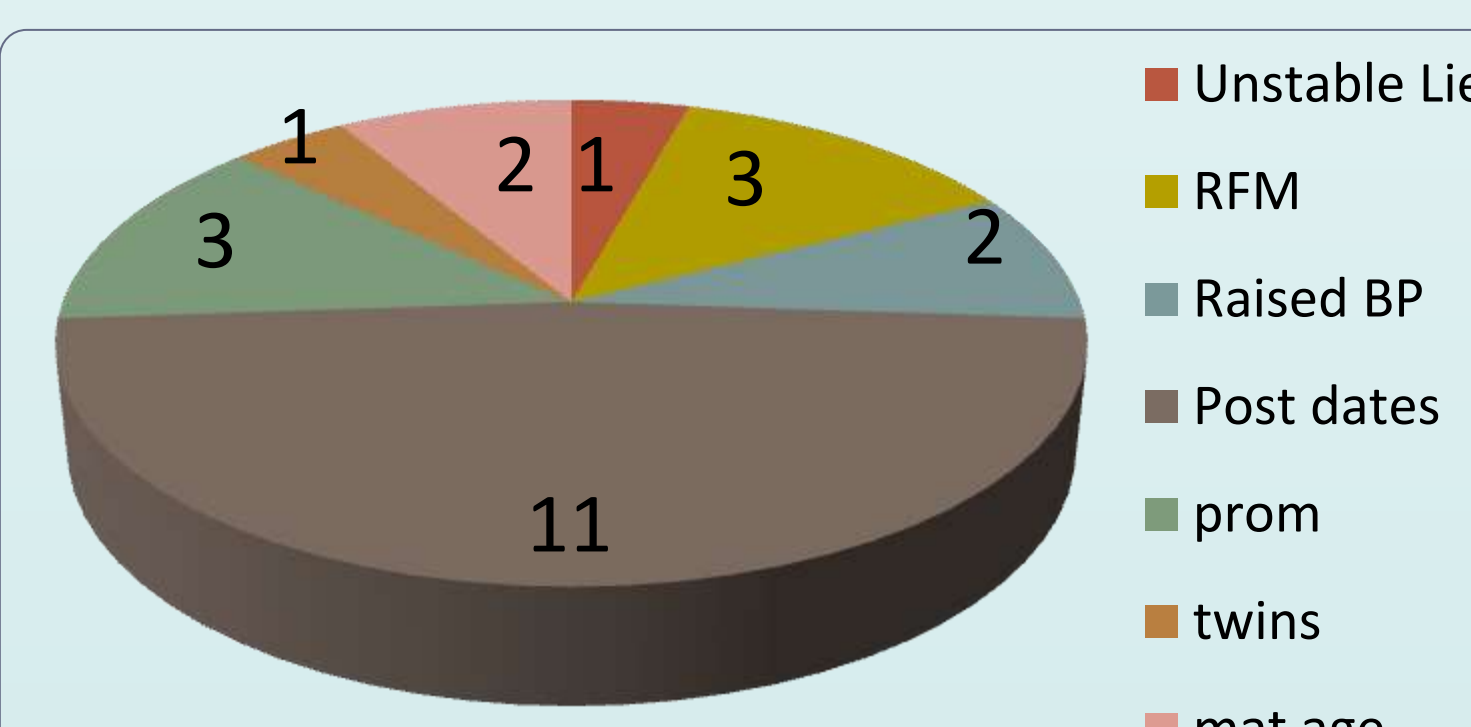
3rd stage – minutes (excluding c-section)



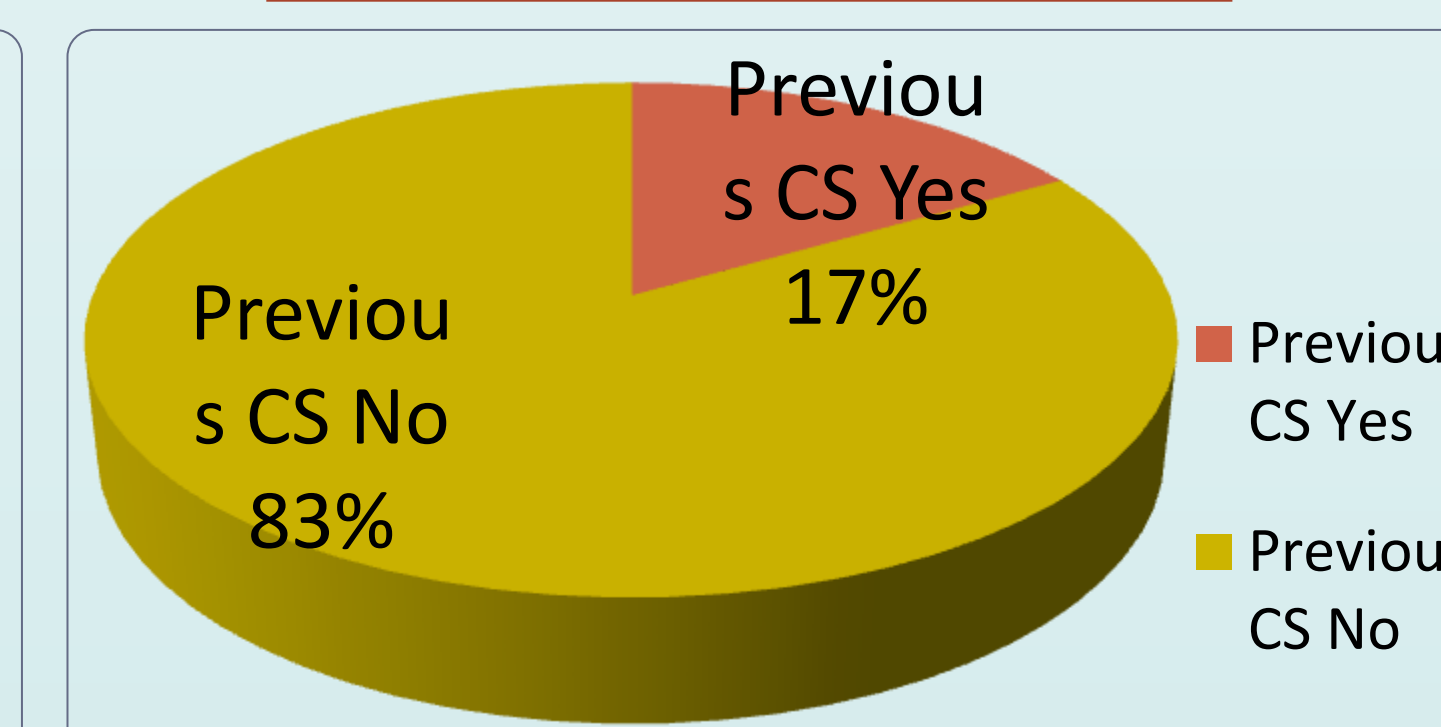
Parity in the study group



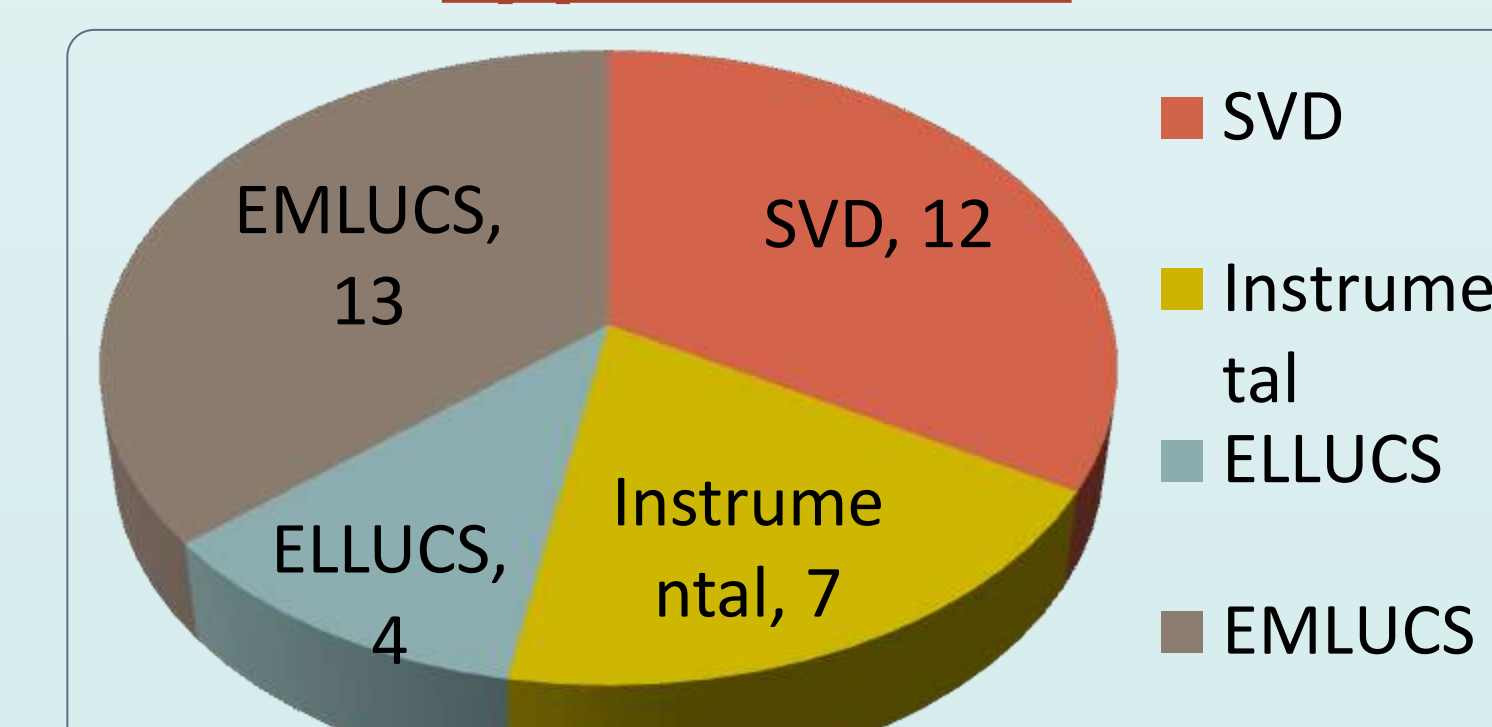
Reason for IOL



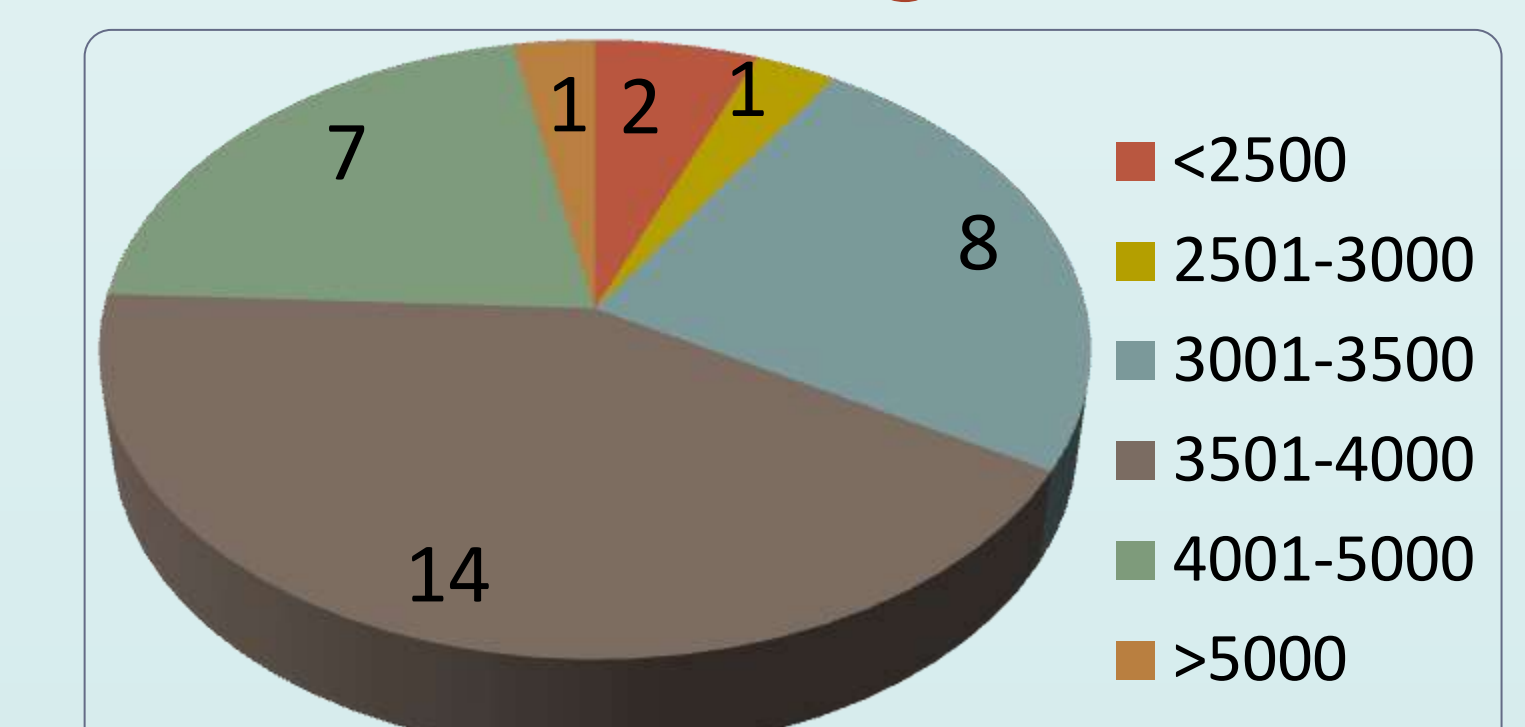
Previous C-Section



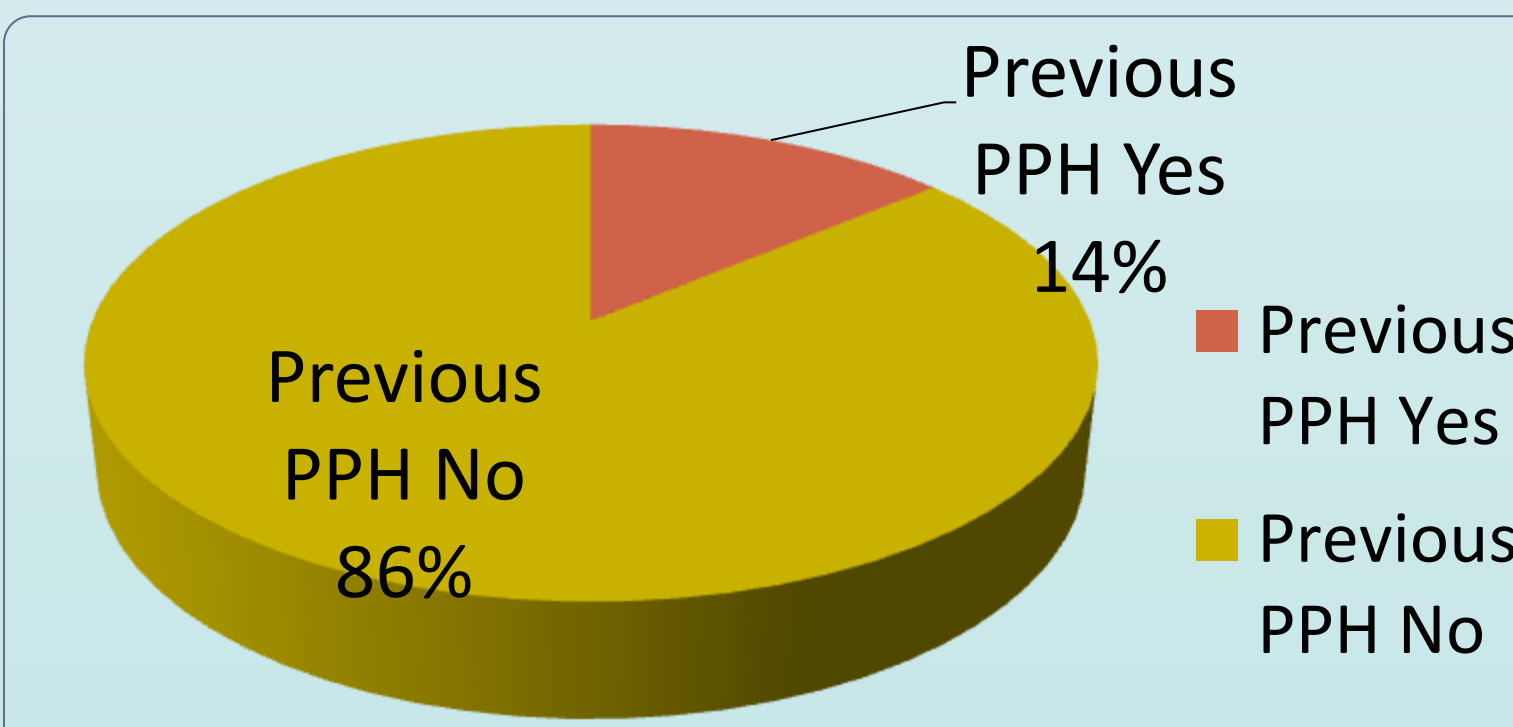
Type of birth



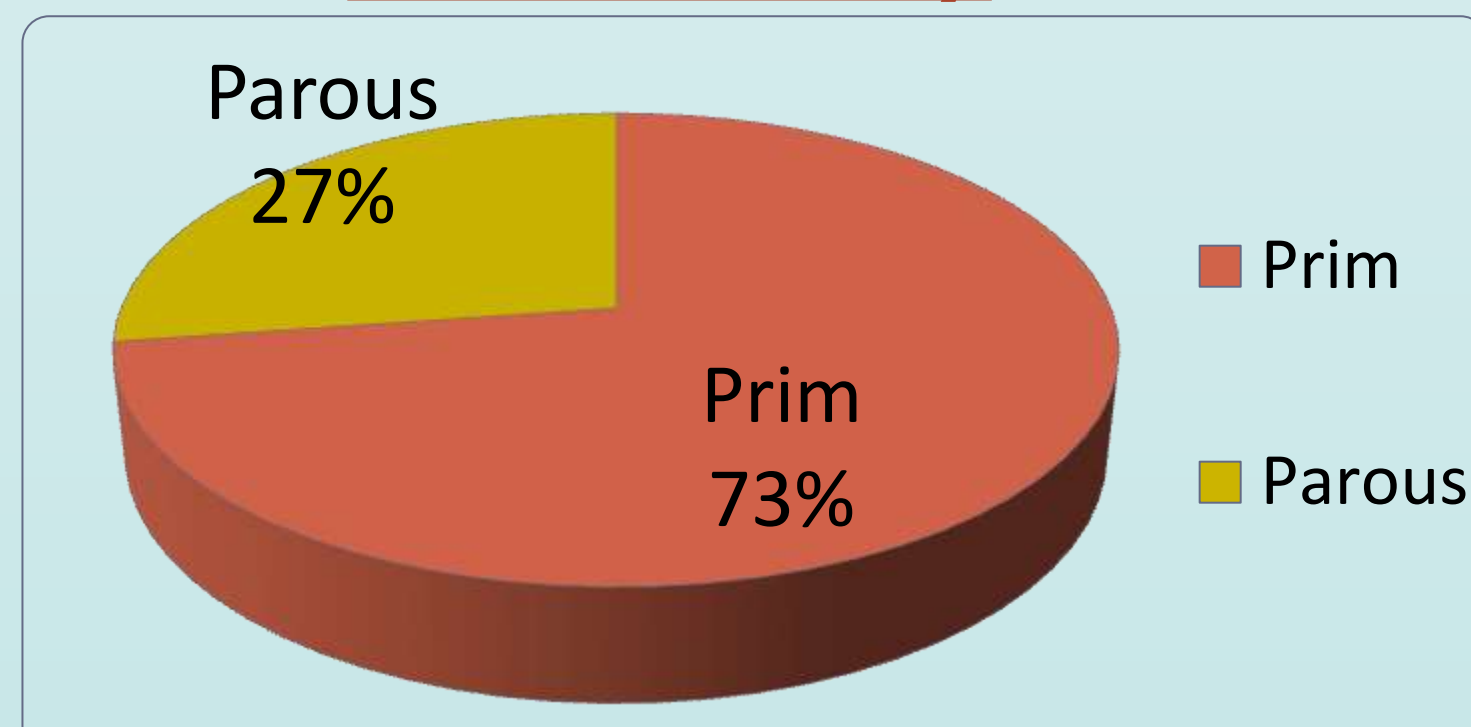
Birthweight



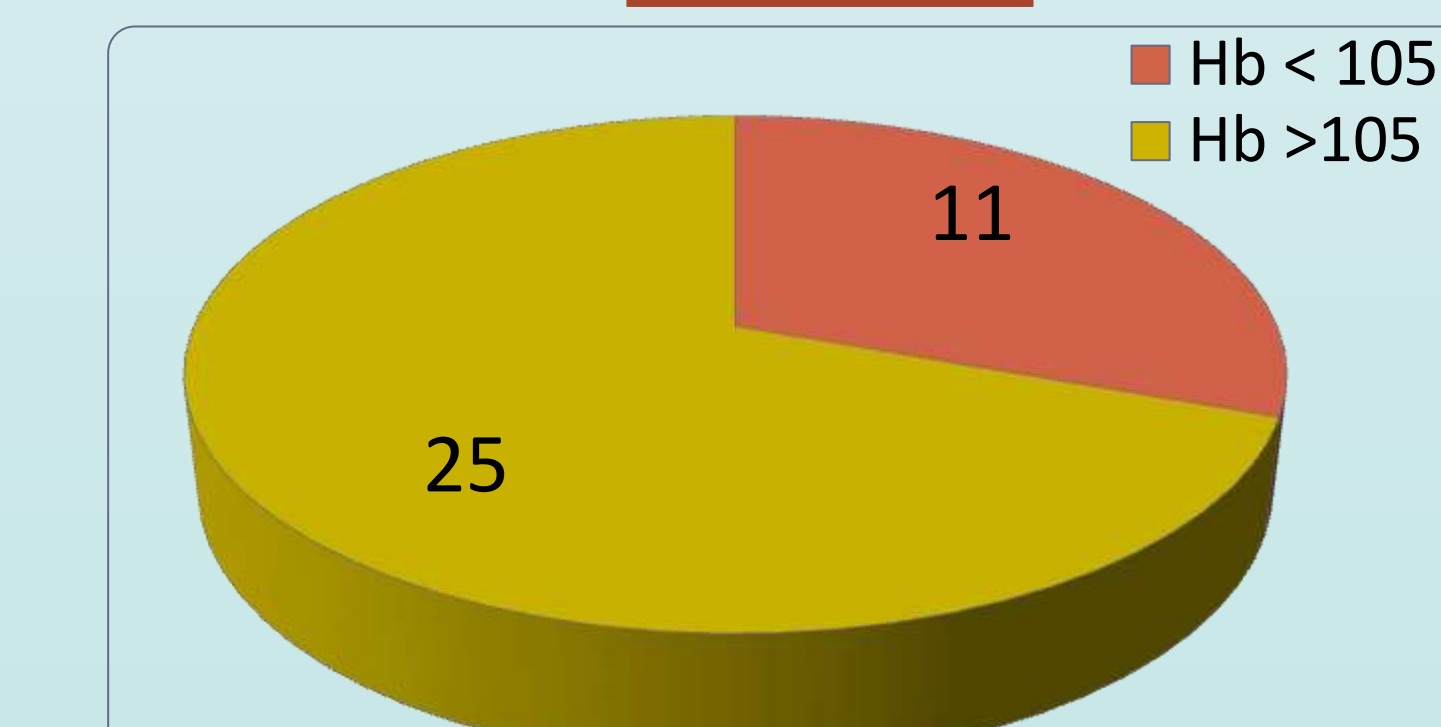
Previous PPH



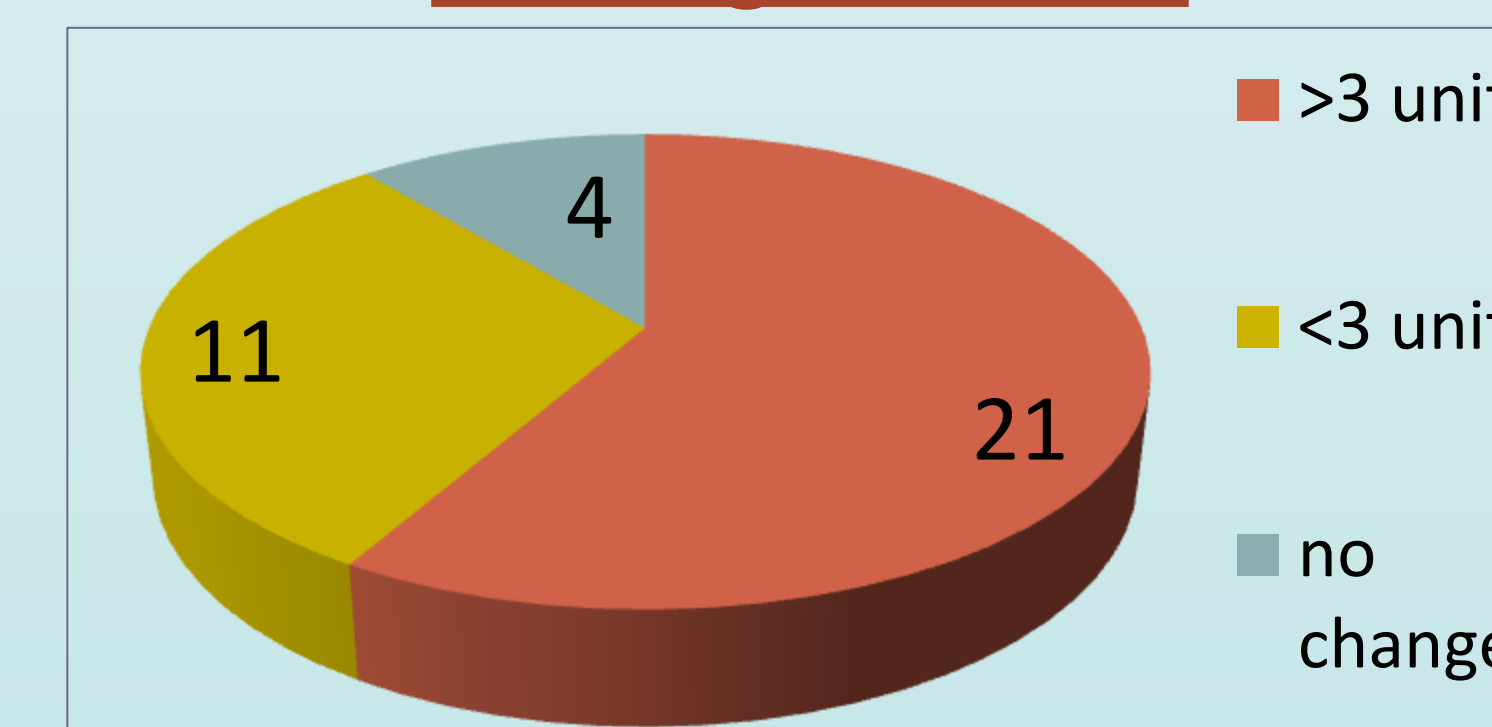
PD IOL Parity



Anemia



Change in BMI



Types of PPH

