LDI:REACH
Right care, every birth

FIGO
International Federation of Gynecology and Obstetrics
the Global Voice for Women's Health

EMOTIVE - ESCALATION GUIDANCE FLOW CHART

Traumatic Causes, Retained Placenta & Coagulopathy

Atonic PPH – Uterus Soft & Flabby
Placenta expelled - Complete with Membranes

E – EARLY DETECTION
Objective Blood Loss Measurement
(Calibrated Drape with trigger lines at 300ml and 500ml)

M - MASSAGE
Uterus until contracted or for 1 min every 15 min

O - OXYTOCIC DRUGS
10 IU IV Oxytocin or Dilute in 200-200ML over 10 mins +
Maintenance dose of 20 IU IV in 1000ml NS
Misoprostol PR/SL 800 mcg

T - TRANEXAMIC ACID
1gm IV or Diluted in 200 ml NS over 10 min

IV
Add IV fluids

E - ESCALATE
Ensure Bladder is Empty
Evacuate Clots
Check for Tears
Complete Placenta Expelled

BLEEDING DOES NOT STOP

SHOUT FOR HELP

Evaluate Vitals & Modified Shock Index,Draw Blood for Grouping & Cross Matching,
02 Inhalation 6-8 liter/min By Mask,Bladder Catheterization,
Investigations - CBC PT/APTT, PT-INR, Fibrinogen, Electrolytes ABG IF Bleeding Continues or Class3 Haemorrhage
Check Vitals & Blood Loss Every 15 min
Monitor Input & Output Chart,Perform Continuous Uterine Massage
Inj. Oxytocin 20 IU in 500ml RL/NS @40 drops/min,Upto 2 - liter RL (Isotonic Saline)

Uterus Still NOT Contracted. Bleeding Persists

Inj. Ergometrine 0.2 mg IM Or IV Slowly
(Rule out Heart Diseases, HT & Severe Anaemia)
— Up to 5 doses in 24 hours

Inj Carboprost (PGF2 ⍺) 250mg IM (Rule out Asthma)
— Up to 8 doses in 2 hours

BLEEDING CONTROLLED ??

Yes

Repeat Uterine Massage EVERY 15 min for 2 Hours
Monitor Vitals EVERY 10 min for 30 min
Every 30 min for 3 - 6 hours or patient is stable
Continue Oxytocin Infusion (dose up to 100 IU in 24 hours)

No

Perform Bimanual Compression
Aortic compression
- Stand on right side
- Left fist on superior left side of patient umbilicus
- Palpate femoral pulse

NASG (Non Pneumatic Antishock Garment)
Uterine tamponade
- Fixed volume device
- Free flow device

PPH suction cannula
Blood Components 2 unit Pack Cells

Surgical Intervention

Compression Sutures
- B LYNCH
- Haymen
- Pereira

Uterine Artery Ligation
Stepwise Devascularization of Uterus
B/l Internal Iliac Artery Ligation
UAE (if facility available)
Hysterectomy

Refer

Reference
- FOGSI GCPR PPH Prevention and Management: Updated PPH Guidelines, September 2022
- Ministry of Health and Family Welfare. National health family survey. Available from https://www.pib.gov.in/
- World Health Organization. World Health Organization multicountry survey on maternal and newborn health. Geneva: WHO; 2012