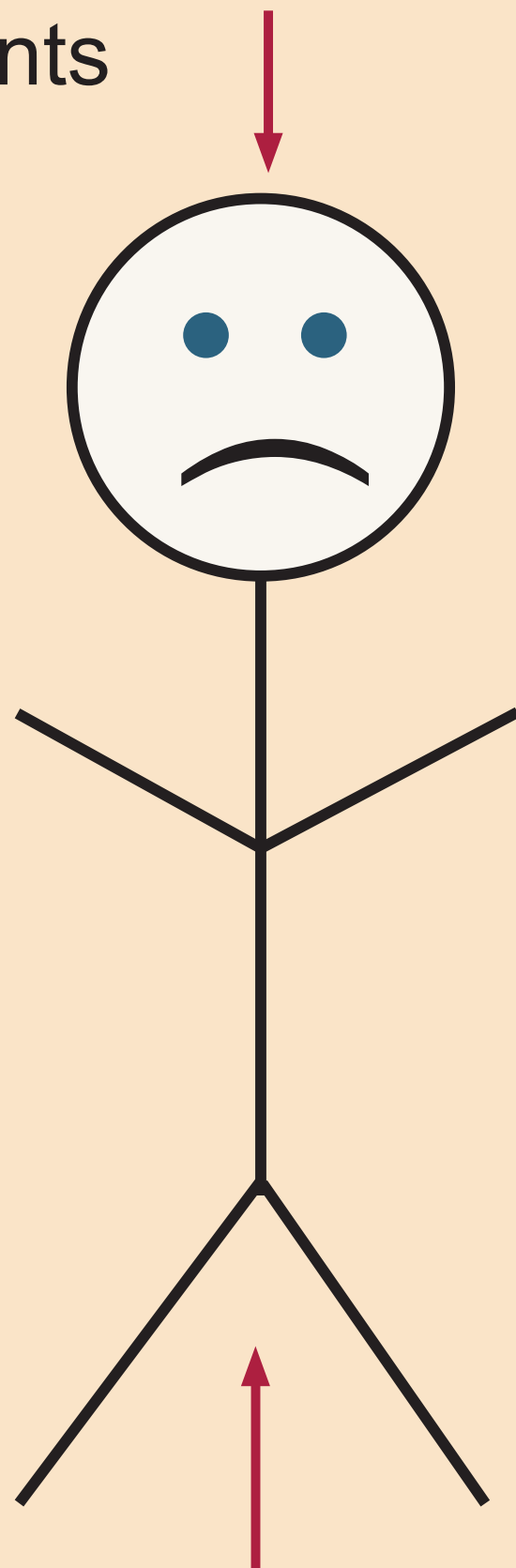


Management of Massive PPH

Organizing the Team

HEAD

- ✓ Check airway
- ✓ Check breathing
- ✓ Administer oxygen
- ✓ Lie flat
- ✓ Note time of relevant events



ARMS

- ✓ Check pulse and BP
- ✓ Establish LARGE BORE IV X 2
- ✓ Check blood counts, clotting and crossmatch 4 to 6 units
- ✓ Start FLUID RESUSCITATION if required with 2liters crystalloid
- ✓ Drugs:
 - Oxytocin/Syntocinon
 - Methylergonovine/Ergometrine
 - Prostaglandin F2 α
(Consider surgery if > 2 doses required)
 - Misoprostol
 - Tranexamic acid (TXA)--must be administered 3 hours from the start of hemorrhage

UTERUS/START HERE CALL FOR HELP

- ✓ Massage uterus to stimulate contraction
- ✓ COORDINATE:
 - Helper 1 at "HEAD"
 - Helpers 2 and 3 at "ARMS"
- ✓ If bladder full or palpable — empty with catheter
- ✓ If atony persists — apply bimanual compression
- ✓ Review other causes — 4 T's (Tone, Trauma, Tissue, Thrombin)
- ✓ Move to surgery early if bleeding persists

