

# Postpartum Hemorrhage (PPH)

## AMTSL and The Four Ts

### Active Management of the Third Stage of Labor (AMTSL) Includes:

- Administration of oxytocin 10 IU IV bolus over 1-2 min (preferred) or IM with delivery of the infant or as soon as possible
- Delayed cord clamping for 1-3 minutes
- Continuous, gentle cord traction (Brandt maneuver)
- Transabdominal uterine massage after the placenta delivers

### **T**one: Uterine Atony

- Perform transabdominal uterine massage
- Perform bimanual uterine massage
- Medications
  - Oxytocin: 20 IU IM, or 30 IU/500 mL NS giving 167cc (10mu), infused over 10 minutes, then run at 50-200 mL/hour
  - Methylergonovine: 0.2 mg IM, use cautiously in patients with hypertension
  - Carboprost: 0.25 mg IM, use cautiously in patients with asthma or significant renal, hepatic, or cardiac disease
  - Misoprostol: 600 mcg SL (PR, PV, PO)
  - Tranexamic acid (TXA): 1 g/100 mL NS given IV infused over 10 minutes, may repeat in 30 minutes if no response (if within 3 hours from the start of the hemorrhage)

### **T**rauma: Laceration (cervical or vaginal), Hematoma, Uterine Inversion or Rupture

- Examine and repair

### **T**issue: Retained Placenta

- Assess for adequate analgesia
- Explore for fragments
- Manual removal or curettage

### **T**hrombin: Coagulopathy

- Evaluate coagulation status
- Replace blood products: fresh frozen plasma (FFP)