

# Postpartum Hemorrhage (PPH)

## AMTSL and The Four Ts

### Active Management of the Third Stage of Labor (AMTSL includes:

- Administer Oxytocin 10 IU IM (or IV bolus over 1-2 minutes, if available) 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

### Tone: Uterine Atony

- Perform transabdominal uterine massage
- Perform bimanual uterine massage
- Medications
  - Oxytocin: 20 IU IM, or 30 IU/500mL NS given IV (infused over 10 minutes), then run at 50-200mL/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 IV/100 mL NS infused over 10 minutes (if within 3 hours from the start of the hemorrhage)

### Trauma: Laceration (cervical or vaginal), Hematoma, Uterine Inversion or Rupture

- Examine and repair

### Tissue: Retained Placenta

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

### Thrombin: Coagulopathy

- Evaluate coagulation status
- Replace blood products (FFP)