

SECTION: OB-3

PROTOCOL TITLE: POST PARTUM BLEEDING

REVISED: June 15, 2021

**GENERAL COMMENTS:** This is a protocol for control of potentially life-threatening bleeding after delivery of the fetus(s). This is generally defined as *estimated* post-partum blood loss in excess of 350-500 cc. These supplements, not replaces, other general protocols for treatment.

**BLS SPECIFIC CARE: See General OB Care Protocol OB-1**

- **Maternal post-partum care:**
  - Allow baby to suckle at mother's breast if possible.
  - Expect blood loss of up to 350-500 ml with normal deliveries
- **Fundal Massage:** If the uterus has not contracted following delivery, provide firm but gentle uterine massage
  - Place one hand directly above pubis symphysis and the other at the fundus (top) of the uterus (Anterior /Posterior Technique
  - Cup the uterus between the two hands and massage until complete contraction occurs.
  - Complete contraction has occurred when the uterus has assumed a woody hardness and has compressed to the size of a grapefruit
- If hypotensive, See Adult Hypotension and Shock protocol M-3

**AEMT/O.M. Specific Care: See General OB Care Protocol OB-1****ALS SPECIFIC CARE:**

- Assess and identify causes of complaints, treat as needed
  - Maintain patent airway as necessary to include endotracheal intubation when appropriate
- Uterotonics:* Administer Utero-tonics in addition to/simultaneously with other interventions.
- **Oxytocin (Pitocin)**
    - IV/IO: Mix 10 U in 250 ml of NS administered at a rate to control uterine contractions. Typically, infused 10u/250 ml over 5 to 10 minutes;
    - Repeat if needed up to 20 units.
    - IM (if IV/IO is unavailable) 10 U IM.
  - **Other Uterotonics:** When responding to a obstetric or other health care center, EMS providers may permit the licensed providers (i.e. Physicians, Nurse Midwives, Licensed Midwives, Registered Nurses) to administer a uterotonic such as *Misoprostol (Cytotec, Misodel)* in addition to/ or in place of Pitocin if needed.

# Protocol OB-3

## POST PARTUM BLEEDING

*Suspected severe blood loss with either SBP  $\leq$  90 mm Hg and/or HR  $\geq$  110/min, and/or suspected blood loss  $\geq$  350-500 cc.*

- Tranexamic Acid (TXA) if within 3 hours of onset:
  - IV/IO: 2 grams/250cc over 10 minutes. Does not need a pump

### **PHYSICIAN PEARLS:**

- If 350-500 cc (or more) blood loss, Act ASAP
  - Intervene immediately, within 5 minutes of hemorrhage
  - Two handed external fundal massage is preferred, but one-handed methods are permissible.
- While both would be ideal, uterotonic (i.e. Oxytocin) administration takes priority over TXA administration.
- Mothers should get skin to skin contact and nursing to promote uterine contraction if feasible.

Two Handed external fundal massage

