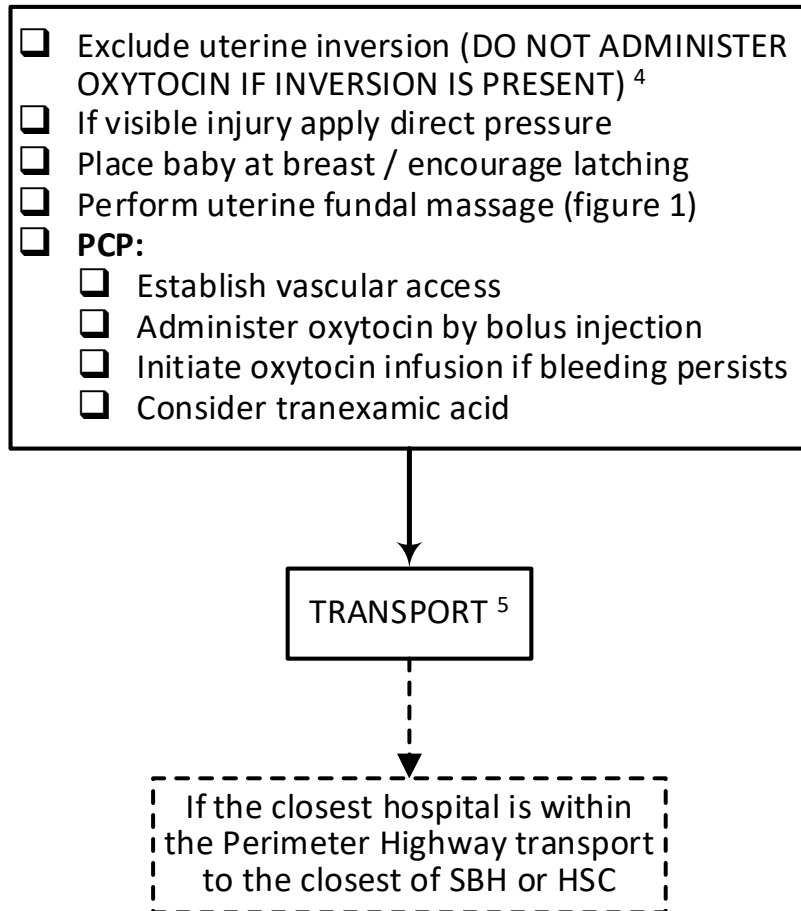
	D08 - POSTPARTUM HEMORRHAGE	
	MATERNAL & NEWBORN CARE	
ALL - Paramedics with all work scopes will follow this protocol, except where indicated by PCP (primary & intermediate only).		
Version date: 2022-11-01	Effective date: 2022-11-29 (0700 hrs)	



QRG: OBSTETRICAL FACILITIES	
<i>(*) Paramedics should call ahead to confirm that normal obstetrical services are currently available.</i>	
<ul style="list-style-type: none"> • Bethesda Regional Health Centre (Steinbach) • Boundary Trails Health Centre (Winkler) • Brandon Regional Hospital • Dauphin Regional Health Centre • Health Sciences Centre (Winnipeg) • Lake of the Woods District Hospital (Kenora, ON) * • Neepawa Health Centre 	<ul style="list-style-type: none"> • Portage District General Hospital (Portage La Prairie) • Selkirk Regional Health Centre (Selkirk) • St. Anthony's General Hospital (The Pas) • St. Boniface Hospital (Winnipeg) • Thompson General Hospital • Yorkton Regional Health Centre (Yorkton, SK) *

INDICATIONS

- Significant bleeding after delivery of the placenta²

CONTRAINDICATIONS

- None

NOTES



1. Obstetrical emergencies are fortunately rare but can be very stressful. **Be prepared & call early for assistance, intercept, or the on-line medical support (OLMS) physician.**
2. Normal estimated blood loss (EBL) at delivery is less than 500 ml. Post-partum hemorrhage (PPH) should be suspected when bleeding is estimated to be greater than this and/or signs and symptoms of hypovolemia are present after delivery.
3. PPH is most commonly due to poor uterine tone, which usually responds to oxytocin administration and fundal massage (figure 1). Other causes include placental retention, trauma to the genital tract or rectum, uterine rupture, and uterine inversion.
4. Uterine inversion is a rare but life-threatening obstetrical emergency. Exsanguinating hemorrhage can occur. It may be caused by excessive cord traction and fundal pressure. Clinically it will present as a bloody tissue mass filling or protruding from the vagina. Oxytocin & fundal massage are contraindicated with inversion.
5. The preferred destination is an obstetrical facility where staff will have expertise and resources to manage PPH (QRG). However, if the transport time is excessive initial care may have to be provided at a non-obstetrical facility. **Ensure pre-arrival notification.**

FIGURE 1: UTERINE FUNDAL MASSAGE



- Fundal massage will stimulate the atonic uterus to contract.
- Massage should be maintained while vascular access is being obtained and oxytocin administered.
- Continue until the uterus remains firm and bleeding stops.

LINKS
M16 - OXYTOCIN M28 - TRANEXAMIC ACID

APPROVED BY	
	
Medical Director – Provincial EMS/PT	Associate Medical Director – Provincial EMS/PT

VERSION CHANGES (refer to X04 for change tracking)
<ul style="list-style-type: none"> • Reformatted (works scope indicator moved into header; compliance statement is now policy A03) • Renamed & renumbered from D04 • Revised flow chart & notes • Caution regarding uterine inversion & oxytocin • Addition of TXA • List of obstetrical facilities