

 Shared health Soins communs Manitoba	D08 - POSTPARTUM HEMORRHAGE	
	MATERNAL & NEWBORN CARE	
Version date: 2023-07-11	Effective date: 2024-02-13 (0700)	

- ☐ Exclude uterine inversion (DO NOT ADMINISTER OXYTOCIN IF INVERSION IS PRESENT) ⁴
- ☐ If visible injury apply direct pressure
- ☐ Place baby at breast / encourage latching
- ☐ Perform uterine fundal massage (figure 1)



- ☐ **PCP:** Establish vascular access
- ☐ **PCP:** Administer oxytocin by bolus injection
- ☐ **PCP:** Initiate oxytocin infusion if bleeding persists
- ☐ **PCP:** Consider tranexamic acid



TRANSPORT ⁵



If the closest hospital is within the Perimeter Highway transport to the closest of SBH or HSC

IDENTIFIER:	EMR: EMR only	PCP: PCP & ICP	ICP: ICP only	None - All providers
--------------------	----------------------	-----------------------	----------------------	----------------------

QRG: OBSTETRICAL FACILITIES

() Paramedics should call ahead to confirm that normal obstetrical services are currently available.*

- | | |
|---|---|
| <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 placenta ²

CONTRAINDICATIONS

- None

NOTES

1. Obstetrical emergencies are fortunately rare but can be very stressful. Be prepared and call early for assistance or intercept. Consult on-line medical support (OLMS) at any time.
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

EMS Medical Director

EMS Associate Medical Director

VERSION CHANGES (refer to X04 for change tracking)

- Identifier legend at bottom of flow chart replaces work scope statement in header