Management of Postpartum Haemorrhage
Frontline Healthworker version

Voiceover

It's morning and mum is in labour. Neema is the frontline health worker who will help mum deliver her baby.

Neema knows that massive bleeding after birth is a real danger, so she firstly looks for risk factors.

She asks Mum if:
- she has been contracting for more than 10 hours
- whether she has taken any plant medicines that would make labour very fast
- if she has had more than 4 babies already and
- whether she has bled a lot during a previous pregnancy

Neema checks if mum is expecting twins or if she has fibroids

She also checks if mum is anaemic.

Neema prepares a clean kanga by folding it in half, then half again, and then she lays it under mum.

Neema prepares for the birth

Early breast-feeding is important to help bring on contractions, which assist delivery of the placenta and reduce the risk of bleeding. Misoprostol is given to Mum. 3 tablets of 200 micrograms each are taken. Neema checks that the edges of the membranes are smooth and do not appear incomplete. She also checks that the cotyledons are all present and no placental tissue has remained inside the uterus. If the placenta is delivered incomplete then there will be a high chance of heavy bleeding later.

Once the placenta is delivered mum begins to bleed.

The Kanga mum is lying on is soaked with blood. One kanga soaked with blood is normal.

Neema does an external uterine compression to close the uterus, while a second
clean kanga is prepared.

Mum bleeds a lot more

If 2 kangas become soaked mum is bleeding too much and is in danger. Neema must act quickly.

‘Come! We need help!’

She does the external uterine compression again to help with the contraction and so reduce bleeding.

Mum is showing symptoms of losing too much blood. Her heart rate is very fast. She is gasping for breath. She has become pale and she is sweating.

Help arrives. ‘Take us to the hospital’

Neema puts a sandbag onto Mum’s tummy and straps it in place.

Mum and baby should be transferred to hospital or a health centre as soon as possible for further treatment.

Having bled heavily, Mum should be under medical observation for at least 2 hours to ensure she is out of danger

Neema’s job has been to safely deliver the baby, give misoprostol, stabilize any bleeding then transfer mum and baby to the hospital or health centre for further treatment. She must pick up the warning signs of dangerous bleeding and act on them straight away.