Primary Postpartum Haemorrhage (PPH) - LOW Resource Availability
Support material for trainers compiled by Dr Natalie Greenwold, Obstetrician

**Step 1: VERBALLY EVALUATE RISK FACTORS of PPH**
Ask Mum if:

1.1 She has been contracting for more than 10 hours.

1.2 Whether she has taken any plant medicines that would make labour very fast. Often a sign of this is if the fluid draining from the baby is green as this means that the baby is in distress often as a result of strong plant medicines to bring on labour.

1.3 If she has had more than 4 babies already.

1.4 Whether she has bled a lot during a previous pregnancy.

If mum answers YES to any of the above questions you should arrange transport to a hospital or health centre as soon as possible as mum is at a higher risk of PPH. If this is not possible at the time of delivery then you should still arrange for transport as soon as you can.

**Step 2: PHYSICALLY EVALUATE RISK FACTORS of PPH**

2.1 Could mum be expecting twins? It is likely that this may be the case if mums tummy is very large.

2.2 Could mum have fibroids? If there are odd shaped lumps and bumps on mums tummy this may be the case.

2.3 Check if mum is anaemic. Is she pale on the inside of her eyelids?
Step 3: PREPARE FOR DELIVERY

3.1 Prepare a clean delivery mat for mum using a traditional woman’s kanga* by folding it in half, then half again and placing it under mum. This material is a rectangular fabric, standard-size (100 cm by 155 cm) and made from cotton only. It is the same fabric used by African women for various purposes.

3.2 The use of this fabric (Kanga) in a low resource setting as a gauge of blood loss has been highlighted in the paper:


3.3 Prepare clean birth kit.

If using a razor blade to cut the cord, it should be new and clean. If it is not, you must boil it for 20 minutes to clean it. If using a knife this must be boiled for 20 minutes and left to dry. This will minimise the risk of mum or baby contracting an infection after the umbilical cord has been cut.

You must wash your hands and place a clean pair of gloves on for the delivery. This minimises infection to yourself as well as to mum and baby.

Please review our film entitled ‘Safe Delivery’ for more information and training on key steps for a hygienic delivery.

Step 4: REDUCE RISK OF BLEEDING BY:

4.1 SKIN TO SKIN CONTACT: Placing infant to breast as soon as possible. BEFORE cutting the cord. By doing so you help the mother to naturally produce oxytocin, which stimulates contractions of the uterus and assists the delivery of the placenta and can reduce the risk of bleeding to mum.

4.2a If available give mum Misoprostol AFTER delivery. ONLY GIVE: 3 tablets of 200 micrograms each with a glass of clean water.

EMPTYING MUMS BLADDER: This is not included in this film but it is an important step in preventing major PPH as a full bladder may be preventing her uterus from fully contracting

Encourage / assist mum to empty her bladder during labour and before second stage

Encourage / assist mum to empty her bladder regularly in the immediate postpartum period

For more information about the use of misoprostol in the management of PPH in low resource settings please refer to the work carried out by VS Innovations: www.vsinnovations.org/pph
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4.3 Check the placenta membranes to make sure that the edges are smooth and complete. Check the cotyledons (normally thick, red surface) for missing pieces or sections which may still be in the uterus. Any part of the placenta that is left inside the uterus will prevent the uterus from fully contracting and lead to a high risk of maternal bleeding.

4.4 Once the placenta has been delivered it is normal for mum to bleed a little. It is helpful here to perform an external uterine compression to help to close the uterus.

4.5 Once one kanga (folded cotton cloth) has become soaked with blood you should remove it and place a second clean kanga—folded in the same way as previously: in half and then in half again underneath mum.

4.6 When mum has soaked more than 2 kanga with blood this is equivalent to just over 500ml of blood loss and it signifies that mum has lost too much blood.

4.7 Then again perform another external uterine compression to try and help the uterus contract and reduce the bleeding.

IMPORTANT: WARNINGS ABOUT MISOPROSTOL

⇒ Be sure that your drug has been obtained from a reliable source and it is not a fake.
⇒ Be sure you give no more than the stated dose of:
3 x 200 micrograms

⇒ Make sure this drug is ONLY given AFTER the infant is born to help control mothers bleeding.

You must ACT QUICKLY, and Call for HELP immediately to get ready to transport mum to hospital!
Step 5: SIGNS THAT MUM HAS LOST TOO MUCH BLOOD:

5.1 Fast heart rate.

5.2 Gasping for breath

5.3 Pale complexion

5.4 Sweating
Step 8: TRANSPORTING MUM TO HOSPITAL OR HEALTH CENTRE

8.1 Tie a sand bag to mum’s stomach to try and reduce the bleeding whilst you transport her to hospital.

8.2 Transportation will vary but where possible try and make mum’s journey as speedy but as gentle as possible to prevent her from losing too much blood.

8.3 Having bled heavily mum should remain under observation for at least 2 hours in the hospital to ensure she is out of danger.

HOW YOU HAVE HELPED TO SAVE MUM’S LIFE

Learning to spot the danger signs and responding quickly by slowing the bleeding and getting mum to the nearest health centre can help to save her life. Without your actions mum may not have survived.

IMPORTANT NOTE

1. You MUST ensure that you tell the health workers in the hospital or health centre what drugs mum has taken and how many she has taken. This is to make sure that they do not give her any more as this could be life threatening.

2. You MUST also inform them if you have performed the internal bi-manual compression on mum. This is because although this has saved mum’s life she is now at a high risk of infection and we would advise that she is given antibiotics as soon as possible to prevent this.