Managing
Maternal Hemorrhage

Vital Signs

Normal vitals do not always assure patient stability

- Airway–intubate
  - Provide adequate ventilation
  - Assist airway protection
- Breathing
  - Supplemental O_2 5-7 L/min by tight face mask to assist O_2 carrying capacity
- Circulation
  - Pallor, delayed capillary refill and decreased urine output can indicate compromised blood volume without change in BP or HR
  - Decreased urine output, decreased BP and tachycardia may be late signs of compromise

Infusions

- Start 2nd large bore (16 gauge or larger)
- RL or NS replaces blood loss at 3:1
- Volume expanders 1:1 (albumin, hetastarch, dextran)
- Transfusion
- Coagulation factors
- Warm blood products and infusions to prevent hypothermia, coagulopathy and arrhythmias

Medication for uterine atony

- Oxytocin
  - 10-40 units in 1 liter NS or RL IV rapid infusion
  - *30-40 units/liter most commonly used dose for hemorrhage
- Methylergonovine (Methergine)
  - 0.2 milligrams intramuscular q 2-4 hrs up to 5 doses
  - avoid with hypertension
- Prostaglandin F2 Alpha (Hemabate)
  - 250 micrograms intramuscular, intramyometrial, repeat q 20-90 minutes, maximum 8 doses
  - avoid with asthma or hypertension
- Prostaglandin E2 suppositories (Dinoprostone, Prostin E2)
  - 20 milligrams per rectum q 2 hrs
  - avoid with hypotension
- Misoprostol (Cytotec)
  - 1000 micrograms per rectum or sublingual (ten 100 microgram tabs or five 200 microgram tabs)

Surgical Interventions

May be a life-saving measure and should not be delayed

Important Phone Numbers

STATE OF NEW YORK
DEPARTMENT OF HEALTH

The American College of Obstetricians and Gynecologists

Adapted from material developed by the New York City Department of Health and Mental Hygiene