

POSTPARTUM HEMORRHAGE (PPH)

Reviewed: November, 2024

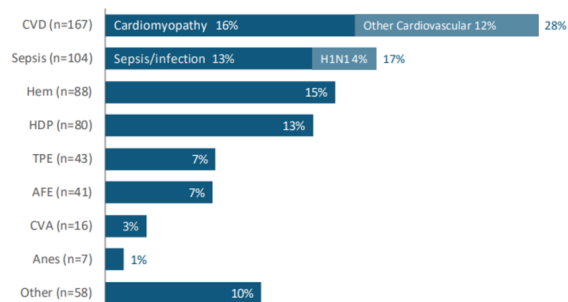
Postpartum hemorrhage (PPH) is severe blood loss during or after childbirth. It is a life-threatening health issue that occurs as early as within 24 hours after giving birth and up to 12 weeks postpartum.

When you give birth to your baby, it is normal to lose blood. The normal blood loss for vaginal birth is about 16 ounces of blood. For C-section it is 32 ounces of blood.

More than 34 ounces (about 1,000ml) blood loss can be life-threatening. When we lose this much blood, our organs are not able to work correctly, and our body can go into shock.

Postpartum hemorrhaging remains one of the top leading causes of maternal mortality in California and in the U.S.

Figure 4: Pregnancy-Related Deaths by Cause, California 2008-2016 (N=608)



Source: CA-PMSS (2021) California Pregnancy-Related Deaths, 2008-2016

HEMORRHAGE COMMON CAUSES

- **Uterine atony:** After vaginal birth or C-section, your uterus continues to contract. These contractions will help you deliver the placenta. But when the **contractions are not strong enough**, bleeding continues, and the amount of blood loss can be high.
- **Perineal trauma:** During vaginal birth, trauma such as tears, cuts, bruises around the vagina, cervix, or perineum can happen. These injuries come with bleeding. Forceps or vacuum assisted deliveries have higher risks of causing perineal trauma.
- **Retained placenta:** Sometimes, parts of the **placenta stay attached to the uterine wall** after delivery. These tissue fragments can cause your uterus to keep bleeding.
- **Blood clotting condition:** Genetic blood clotting disorders or conditions that affect clotting can lead to severe bleeding.

RISK FACTORS

A postpartum hemorrhage (PPH) can happen even if the pregnancy was uncomplicated. There are, however, certain factors that can raise the risk of PPH.

- Being pregnant with multiple babies
- Giving birth to a larger baby -- a baby weighing 9 lbs. or more
- Giving birth by C-section
- Infection of the placenta or amniotic fluid before and during labor, or after delivery
- Tearing during vaginal birth or episiotomy, a surgical cut to widen the vagina's opening
- Placental complications such as placenta accreta, placenta previa, placental abruption, and retained placenta.

Those who have certain pregnancy complications are at higher risk of PPH. These complications include:

- High blood pressure
- Preeclampsia
- Anemia



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SIGNS AND SYMPTOMS OF PPH

Postpartum hemorrhage is among the top leading causes of maternal death.

Active management during the final stage of labor, after the baby is born, lowers the risks of PPH. It is equally important that after labor, your provider examines you thoroughly. They will check your blood loss, measure your blood pressure and red blood cell count, and look at your pelvis, uterus, and placenta.

If you notice any of these signs any time after delivery, immediately call your provider:

- Blood pressure that is lower than your normal
- Dizziness, blurred vision, or feeling faint
- Increased heart rate
- Rapid breathing
- Pale or clammy skin
- Nausea or vomiting

TREATMENT

Postpartum hemorrhage will not go away without treatment. Response time of giving interventions can save lives. The provider might use one or more of these options:

- Uterine massage right after birth
- Repair tears to the vagina, cervix, and uterus
- Medications such as oxytocin to start contractions
- Blood transfusion

RELATED RESOURCES

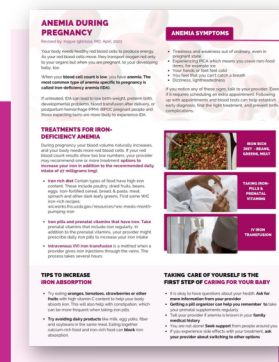
Sources:

- **The California Pregnancy Mortality Surveillance System (CA-PMSS)** - bit.ly/3WROHdU
- **Children's Hospital of Philadelphia** - Postpartum Hemorrhage:- Postpartum Hemorrhage - bit.ly/3vnEf2s
- **Cleveland Clinic** - Postpartum Hemorrhage: Postpartum Hemorrhage: Causes, Risks, Diagnosis & Treatment : bit.ly/3v1Wl1m
- **ACOG** - Postpartum Hemorrhage - bit.ly/3WLDOnI
- **GO MOMS**: <http://bit.ly/3XivDpQ>

LISTEN & BE LISTENED TO

Signs and risks of life-threatening conditions are not to be taken lightly. **No signs are too small to bring up to your provider.**

- During prenatal appointments, ask your provider about your risk factors and if there are any steps you can take to control them
- If during birth, interventions take place, **ALWAYS ask** for clarifications about associated risks and precautions in the care plan
- If you feel something is wrong while in the postpartum room, **ask** your care team to check your vitals
- Before leaving the hospital, **ask** as many questions as you need to be certain about normal vital signs and your discharge notes
- Once at home, if you do not feel right, do not hesitate to **call your doctor or go to the emergency room** for an evaluation.



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