**Visual summary**

**Postpartum haemorrhage**

A suggested approach to management based on possible causes

---

**Primary postpartum haemorrhage**

**Within the first 24 hours of delivery**

**Poor uterine tone**

**Clinical findings**
- Abdominal palpation
  - Uterus feels relaxed, boggy, and soft
- Uterine fundus
  - May be felt above the umbilicus if uterine cavity is filled with blood and clots

**Investigations**
- Full blood count
- Coagulation profile
- Urea and electrolytes
- Abdominal ultrasound
  - To exclude uterine rupture or intra-peritoneal bleeding

**Management**
- Uterotonic agents
  - Oxytocics
  - Prostaglandins
  - Ergot alkaloids
- Uterine balloon tamponade

**HAEMOSTASIS algorithm**
- See main article for recommended, stepwise, surgical measures when medical treatment fails

---

**Tears or trauma**

**Clinical findings**
- Bleeding
  - from areas of trauma within genital tract
- Uterine rupture
- Extension of uterine angles
- Tears during caesarean section

**Exogenous causes**
- Such as subcapsular live rupture or rupture of ovarian or splenic vessels

**Investigations**
- Inspection during caesarean section
- Ultrasound
  - May help identify free fluid in patients with uterine rupture

**Management**
- Repair of identified genital tract trauma
- Pelvic arterial embolisation
  - May be required in cases of broad ligament or supravaginal haematoma

---

**Retained tissue**

**Clinical findings**
- Retained placenta and membranes
  - Identified during bimanual examination

**Investigations**
- Examination under anaesthesia

**Management**
- Manual removal
  - of placenta or retained products of conception under regional or general anaesthetic

---

**Secondary postpartum haemorrhage**

**24 hours to 12 weeks after delivery**

**Endometritis**

**Clinical findings**
- Uterine tenderness
  - on clinical examination
- Guarding and rebound tenderness
  - May be noted if there is peritonitis

**Investigations**
- Ultrasound
  - Retained products of conception
- High vaginal swabs

**Management**
- Oral antibiotics
  - for intravenous antibiotics if patient is unwell or haemodynamically unstable

---

**Pseudo-aneurysm, uterine artery**

**Clinical findings**
- Profuse bleeding
- Shock

**More than 24 hours after childbirth**

**Investigations**
- Doppler ultrasound
- MRI
- Pelvic angiography

**Management**
- Medical
  - Antibiotics if coexisting infection
  - Correction of blood volume
- Surgical
  - Uterine artery embolisation

---

**Retained tissue**

**Clinical findings**
- Fever
- Uterine tenderness

**Investigations**
- Ultrasound
  - To confirm retained products of conception
  - To exclude pelvic abscess

**Management**
- Medical
  - Oral antibiotics
  - Admit for intravenous antibiotics if unwell or haemodynamically unstable
- Surgical
  - Evacuation of retained products of conception
  - Consider expectant management in mild cases

---

*Adapted from RCOG Green-top Guideline on postpartum haemorrhage*

© 2017 BMJ Publishing group Ltd.

Disclaimer: This infographic is not a validated clinical decision aid. This information is provided without any representations, conditions or warranties that it is accurate or up to date. BMJ and its licensors assume no responsibility for any aspect of treatment administered with the aid of this information. Any reliance placed on this information is strictly at the user’s own risk. For the full disclaimer wording see BMJ’s terms and conditions: http://www.bmj.com/company/legal-information/