



## Postpartum Hemorrhage 產後出血(英文)

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### Preface

Three major reasons resulting death of pregnant women include bleeding, infection, and hypertension; and postpartum bleeding is the leading cause.

### Postpartum hemorrhage classification

1. Early postpartum hemorrhage : If there is more than 500 ml blood loss accumulated 24 hours after the delivery or more than 1000ml blood loss after the Cesarean section delivery, it is considered early postpartum hemorrhage.
2. Delayed postpartum hemorrhage : Bleeding at anytime from 24 hours to 6 weeks after the delivery.

### Common cause of postpartum hemorrhage

1. Uterine atony: primarily attributed to prolonged labor which causes uterus exhaustion, multiple gestation, polyhydramnios, and anesthesia.
2. Wounds associated to delivery: Like uterine laceration, cervix laceration, and perineum tear. The most common attribution is urgent delivery when cervix is not fully dilated and precipitated labor.
3. Residual placenta retention :
  - If the whole placenta is not expelled completely, uterine contraction would be affected. The medical personnel would inspect it after the placenta is removed.
  - Coagulation disorder :
4. Fetal death, amniotic fluid embolism, and premature placenta separation can deplete coagulation factors in blood system which may lead to coagulation complications.

### Clinical symptom

Including vagina bleeding, fast but weak pulse, blood pressure drop, pale and cold and wet skin, fast and short breath, cold sweat, and shock.

### **Clinical treatment**

1. If postpartum hemorrhage takes place, there are 3 goals for aggressive treatment:
2. hemostasis : treatment varies with bleeding causes
3. maintain normal blood circulation to avoid shock and anemia
4. infection prevention

### **Nursing measures**

1. Assist to massage the uterus
2. Offer uterine contraction medication
3. Monitor vital signs
4. Monitor lochia color, amount, and odor (one pad is equivalent to 60 ~ 100 c.c amount ). If lochia pad is full within 15 minutes or 2 pads are saturated within an hour, it is possible the patient suffers from postpartum hemorrhage.
5. Lie flat on the ground and lower your neck.
6. Provide oxygen inhalation if necessary.
7. Support intravenous infusion with normal saline or lactate ringer, and be prepared for blood transfusion.
8. Take prescribed prophylactic antibiotics for infection prevention
9. Quiet environment
10. Psychological support and education.

### **Precautionary measures**

1. Prenatal precautionary measures: blood test helps to detect blood type and any coagulopathy.
2. Postpartum hemorrhage precautionary measure:
  - Check placenta and vaginal canal after the delivery.
  - Compression hemostasis for vaginal canal laceration.
  - Bladder distension hinders uterine contraction, so voiding every 4 ~ 6 hours is recommended.
3. offer uterine contraction drugs

### **Postpartum hemorrhage complication**

1. Death
2. Renal tubule disease : when the contraction falls below 80mmHg and lasts for hours, there may be kidney failure and urine difficulty.
3. Sheehan's Syndrome : sudden massive bleeding may cause ischemia of pituitary anterior lobe, resulting future endocrine disorder and amenorrhea.

4. Chronic anemia
  5. Lack of milk : after postpartum hemorrhage, mother often experience decrease of breast milk. Due to low in milk, the mother decreases breast feeding which may further cause poor uterine contraction.
  6. Puerperal fever : some physicians believe that blood loss is more likely to cause postpartum infection than poor hygiene.
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