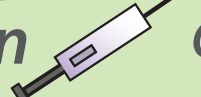



Helping Mothers Survive Bleeding After Birth Complete

ACTION PLAN

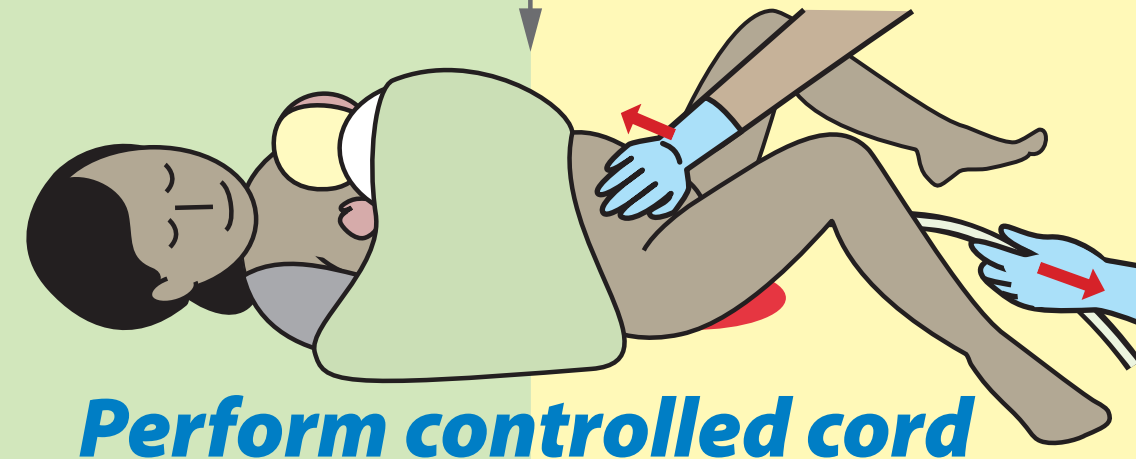
Prepare for birth/PPH

Birth (See HBB Action Plan for baby)

100 mcg HSC / 10 IU oxytocin  or  200 mcg x 3 = 600 mcg

Give medication within 1 minute

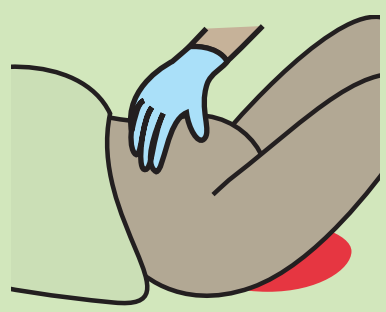
Cut the cord between 1 - 3 minutes



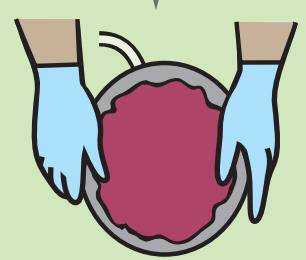
Perform controlled cord traction to deliver placenta

Placenta out?

Out

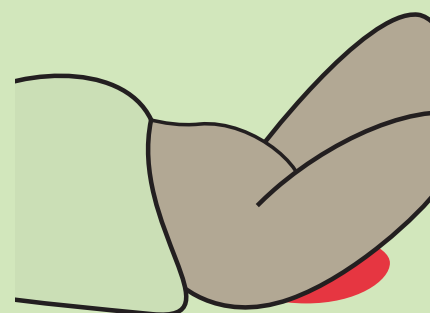


Check tone
Massage if soft



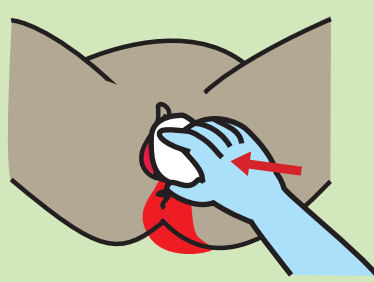
Placenta complete?

Complete



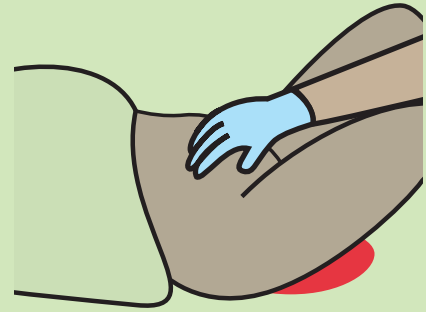
Bleeding normal?

Normal



Tears?

No tears



Uterus hard?

Hard



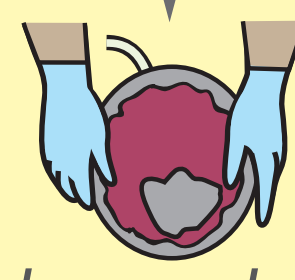
Continue care

Check tone
Monitor bleeding
Check vital signs
Encourage breastfeeding

Not out in 30 minutes & bleeding normal

Encourage empty bladder
Repeat 10 units oxytocin
Repeat controlled cord traction

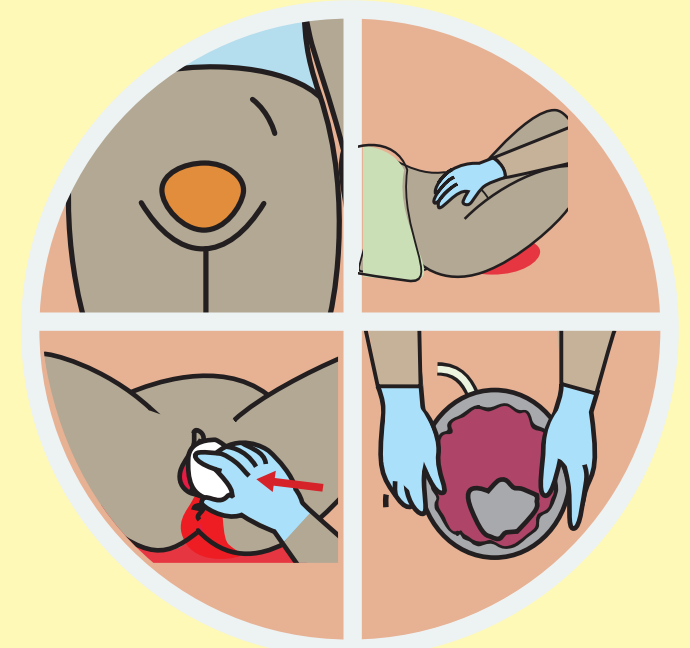
Out



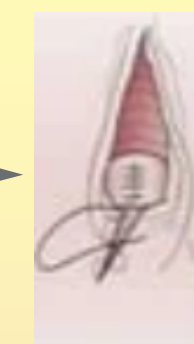
Not out in 60 minutes or heavy bleeding

Incomplete

Advanced care

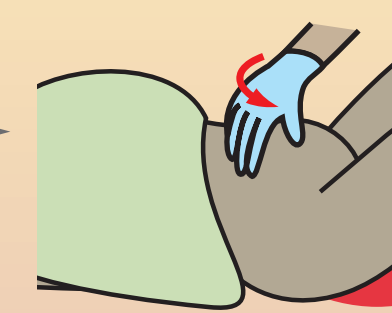


Check for cause



Repair

Bleeding normal



Soft

Massage uterus
If still soft
Repeat medication

Hard
Bleeding normal



Keep warm
Seek advanced care

Prevent Infection

Assess blood loss, uterine tone and status continuously

The Golden Minute®

Provide Respectful care

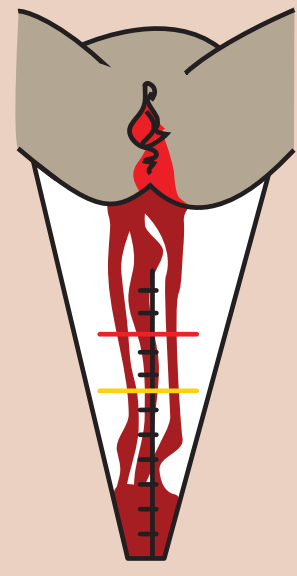


Helping Mothers Survive

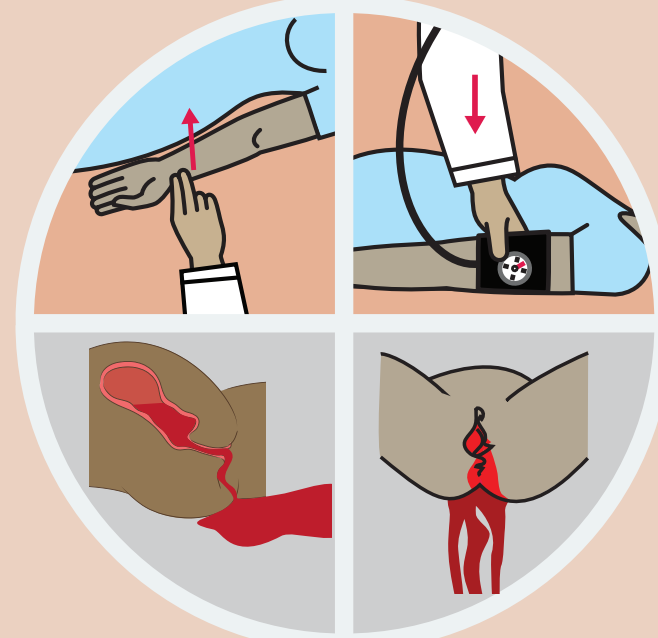
Bleeding After Birth Complete - E-MOTIVE to Manage PPH + Refractory Care

ACTION PLAN

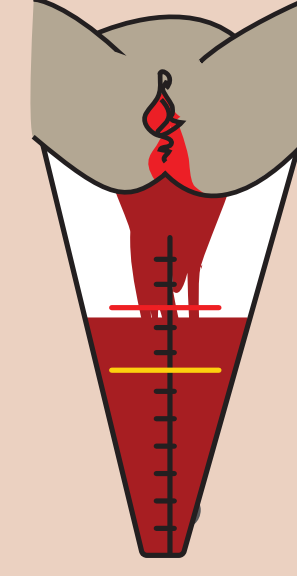
Triggers to begin MOTIVE



Clinical judgment of PPH

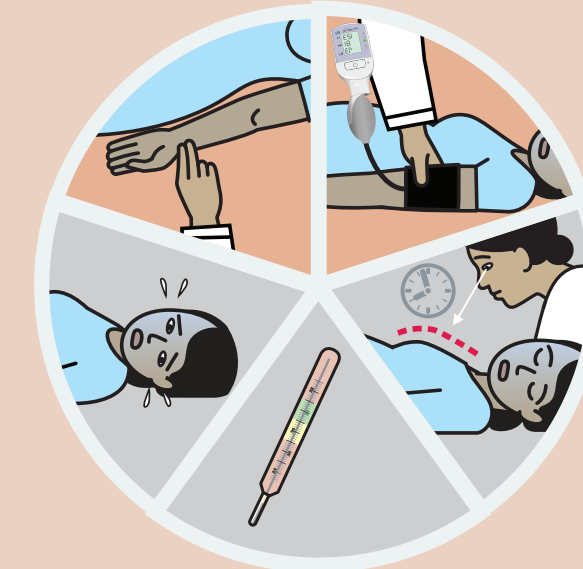
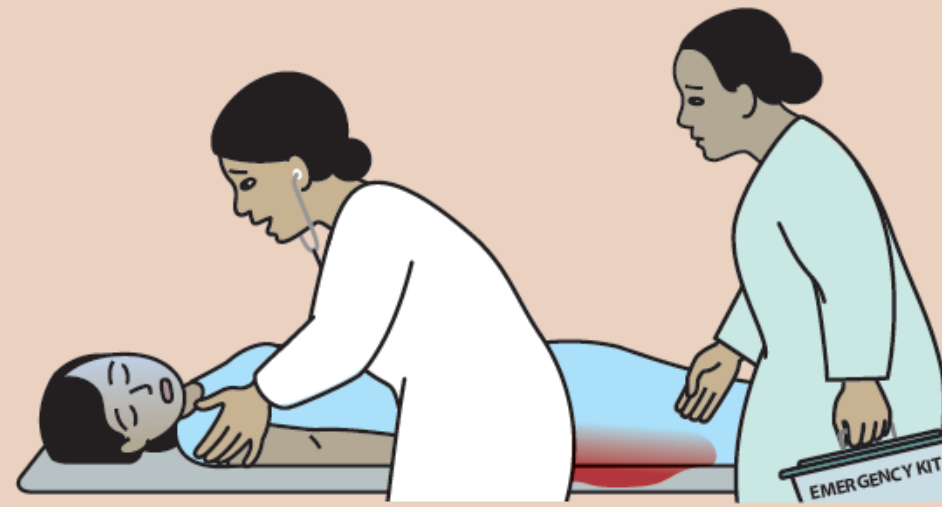


Blood loss 300 mL or more + warning signs

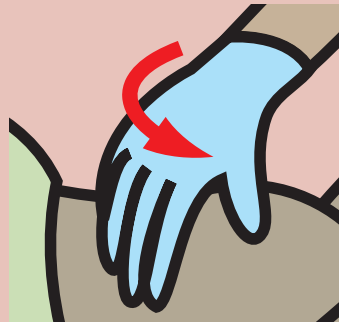


Blood loss 500 mL or more

Call for help
Call for the emergency trolley



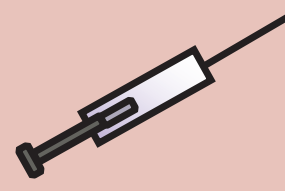
MOTIVE



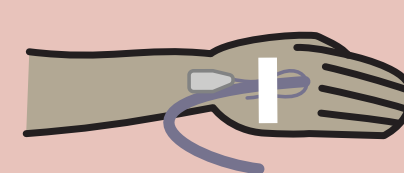
Massage uterus



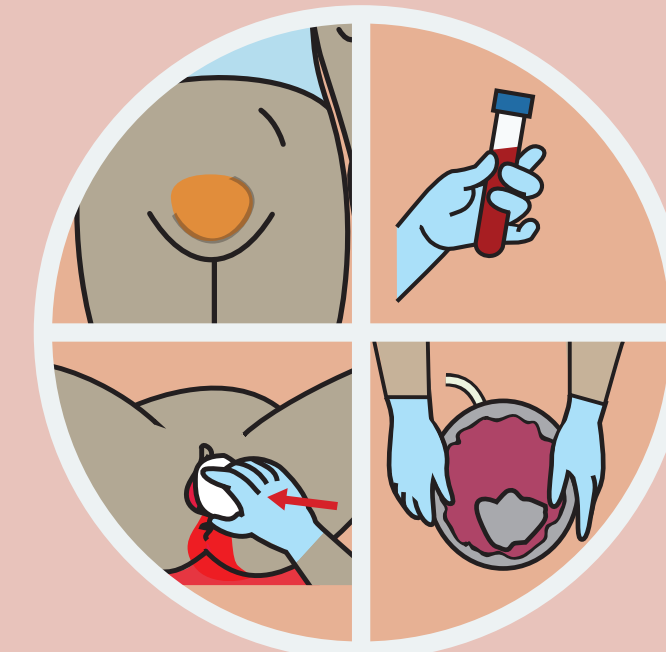
Oxytocic drug



TXA 1g IV



Start IV

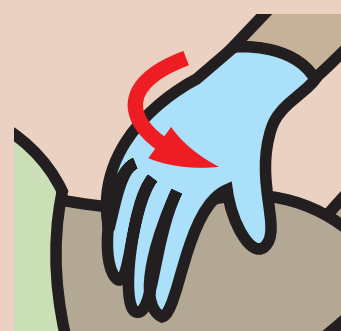


Examine

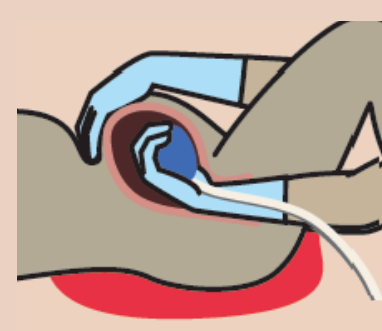
Still bleeding?

Yes

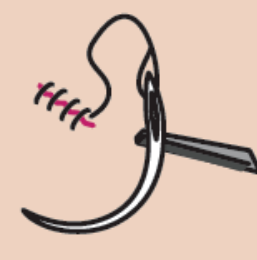
Cause(s) clear and able to manage



Atony



Retained placenta or fragments



Lacerations



Coagulopathy

Still bleeding?

Yes

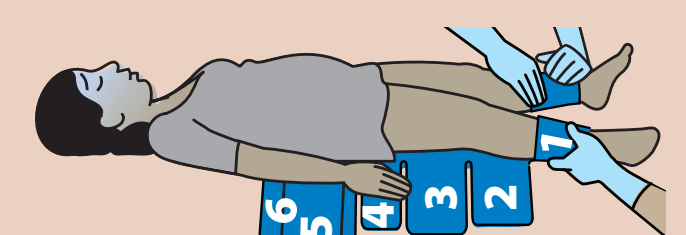
Escalate!

If >30 minutes since the first dose, repeat TXA 1g IV / Continue and/or initiate other uterotonic drugs

Transfer, if needed



Cause(s) unclear / Unable to manage

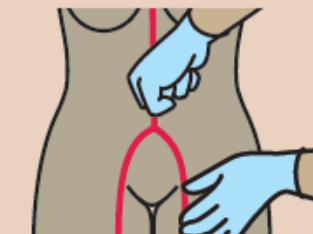


NASG

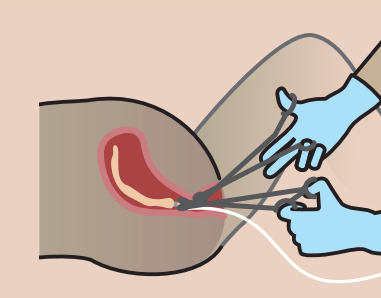


Compress uterus

If still bleeding heavily



Compress aorta



Insert balloon tamponade

No



Continue care

Check tone
Monitor bleeding
Check vital signs
Encourage breastfeeding

Prevent Infection

Provide Respectful care

Assess blood loss and status continuously

Assess blood loss and status continuously