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?

Not out in 30 minutes & bleeding normal

Encourage empty bladder
Repeat 10 units oxytocin
Repeat controlled cord traction

Out

Placenta complete?

Complete

Bleeding normal?

Normal

Tears?

No tears

Uterus hard?

Hard

Continue care
Check tone
Monitor bleeding
Check vital signs
Encourage breastfeeding

Assess blood loss, uterine tone and status continuously

Prevent Infection

Provide Respectful care

Repair

Soft
Massage uterus
If still soft
Repeat medication

Check for cause

Hard
Bleeding normal

Not out in 60 minutes or heavy bleeding

Advanced care

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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?

No

Continue care
- Check tone
- Monitor bleeding
- Check vital signs
- Encourage breastfeeding

Assess blood loss and status continuously

Causes(s) unclear / Unable to manage

Assess blood loss and status continuously

Escalate!

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

Transfer, if needed

NASG
- Compress uterus
- If still bleeding heavily
- Compress aorta
- Insert balloon tamponade