

Postpartum Hemorrhage (Heavy Bleeding After Giving Birth)

Postpartum Hemorrhage

Postpartum hemorrhage is heavy bleeding after giving birth. It can be a life-threatening condition.

Postpartum hemorrhage may happen shortly after the placenta is delivered but it can happen later. You can lose a lot of blood during postpartum hemorrhage and your blood pressure can drop to a dangerous level.

Postpartum hemorrhage is possible during either a vaginal or Cesarean birth. It affects up to 5 in 100 women.

Women, on average, lose about:

- half a quart of blood after a vaginal birth
- 1 quart of blood after a Cesarean birth.

Causes

Causes of postpartum hemorrhage are:

- **issues with the placenta**
 - it separates from the uterus too early (known as placental abruption)
 - it covers or is too close to the cervix (known as placenta previa)
 - it has an abnormal attachment in the uterus
 - small pieces stay attached to the uterus (known as retained placenta)

- **issues with the uterus**

- A stretched uterus can keep the uterus from tightening enough after giving birth because of having:
 - a large baby
 - more than 1 baby
 - a large amount of amniotic fluid
 - given birth 5 or more times
 - a history of fibroids or uterine surgery

- **issues during labor or delivery**

- using forceps or vacuum to deliver the baby can cause tears in the cervix or vagina
- a long labor
- bleeding or clots in the vaginal tissues
- tear in a blood vessel

- **side effects of medicine**

- to treat preeclampsia
- to induce labor
- to stop preterm labor or decrease the frequency of your contractions
- general anesthesia

- **health issues**

- blood clotting disorder
- high blood pressure or preeclampsia
- infection
- obesity.

(over)

Prevention

During your hospital stay, your health care team will evaluate if you are at risk for increased bleeding and may give you medicines to prevent heavy bleeding after giving birth.

Symptoms

Symptoms may include:

- bleeding that does not stop
- having blood clots that are large (baseball size)
- feeling dizzy
- having an increased heart rate
- abdominal pain
- swelling and pain in your vaginal and perineal areas.

Call your health care provider right away if you have any of the above symptoms or if something does not feel right.

Confirming You Have Postpartum Hemorrhage

To confirm you have had a postpartum hemorrhage, your health care provider may:

- measure your blood loss
- check your blood pressure and pulse
- check your red blood cell count
- check the clotting factors in your blood
- give you a pelvic exam and check your uterus.

Treatment

Together, you and your health care provider will decide on a treatment that is right for you. Your treatment may include:

- massaging your uterus to cause contractions
- getting fluids through an intravenous (IV) line in your hand or arm
- emptying your bladder
- taking one or more medicines to clot your blood or cause contractions in your uterus such as:
 - oxytocin (Pitocin®) – given by IV line in your hand or arm, or intramuscular (into the muscle) injection
 - Methergine® – given by intramuscular (into the muscle) injection
 - misoprostol (Cytotec®) – given by mouth or inserted into the rectum
 - hemabate (carboprost tromethamine) – given by intramuscular (into the muscle) injection
 - tranexamic acid – given by IV line in your hand or arm.
- getting replacement blood or blood products
- having a procedure or surgery to:
 - remove any pieces of placenta
 - pack your uterus with sponges and sterile materials to stop the bleeding
 - insert a uterine balloon to stop the bleeding with pressure
 - tie off bleeding blood vessels
 - block the flow of blood to the uterus by injecting tiny particles into blood vessel through a catheter (radiology procedure)
 - tie a suture (stitch) around the outside of the uterus to apply pressure to the uterus
 - remove your uterus (known as a hysterectomy).

Care After Postpartum Hemorrhage

- You may need a longer hospital stay.
- If you have anemia (low red blood cells) or feel faint, dizzy or lightheaded, you may be offered replacement blood or blood products.
- If you choose to breastfeed your baby, you can do so with support from your health care team.
 - You may have slow milk production, low milk supply or both if you lose a lot of blood.
 - Lactation resources are available to help with breastfeeding concerns.
- When you go home you may still feel tired and have anemia. Your health care provider may recommend taking an iron supplement by mouth or that you be given iron through an IV. It may take a few weeks before you make full recovery.
- You can help to improve your iron level by eating healthful foods that are rich in iron such as meat, eggs and dark green leafy vegetables).
- You and your partner may have found this experience distressing. It can be helpful to talk about what happened with your health care team before going home.