



Clinical Practice Procedures:

Obstetrics/Procedures for obstetric haemorrhage control

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Date	February, 2021
Purpose	To ensure a consistent procedural approach for procedures for obstetric haemorrhage control.
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Author	Clinical Quality & Patient Safety Unit, QAS
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Procedures for obstetric haemorrhage control

February, 2021

Massive postpartum haemorrhage, resulting from the failure of normal obstetrical haemostasis is a leading cause of pregnancy related mortality.^[1] Postpartum haemorrhage is an obstetric emergency for which ambulance clinicians must initiate immediate treatment and early transport to definitive care.

In some cases, it may be necessary for ambulance clinicians to employ secondary manual techniques to aid in the management of postpartum haemorrhage. These techniques include:

- **Fundal massage** – the external manual stimulation of a boggy postpartum uterus with the aim of increasing uterine tone, expressing clots and reducing haemorrhage.^[1,2]
- **External aortic compression** – the manual compression of the abdominal aorta against the vertebral column to restrict uterine blood flow.^[3]
- **Bimanual compression** – an invasive two handed technique to manually compress the uterus wall.^[4]

External aortic compression and bimanual compression should only be attempted in cases of major obstetric haemorrhage when all other interventions have failed to control the haemorrhage.

Indications

- Postpartum haemorrhage

Contraindications

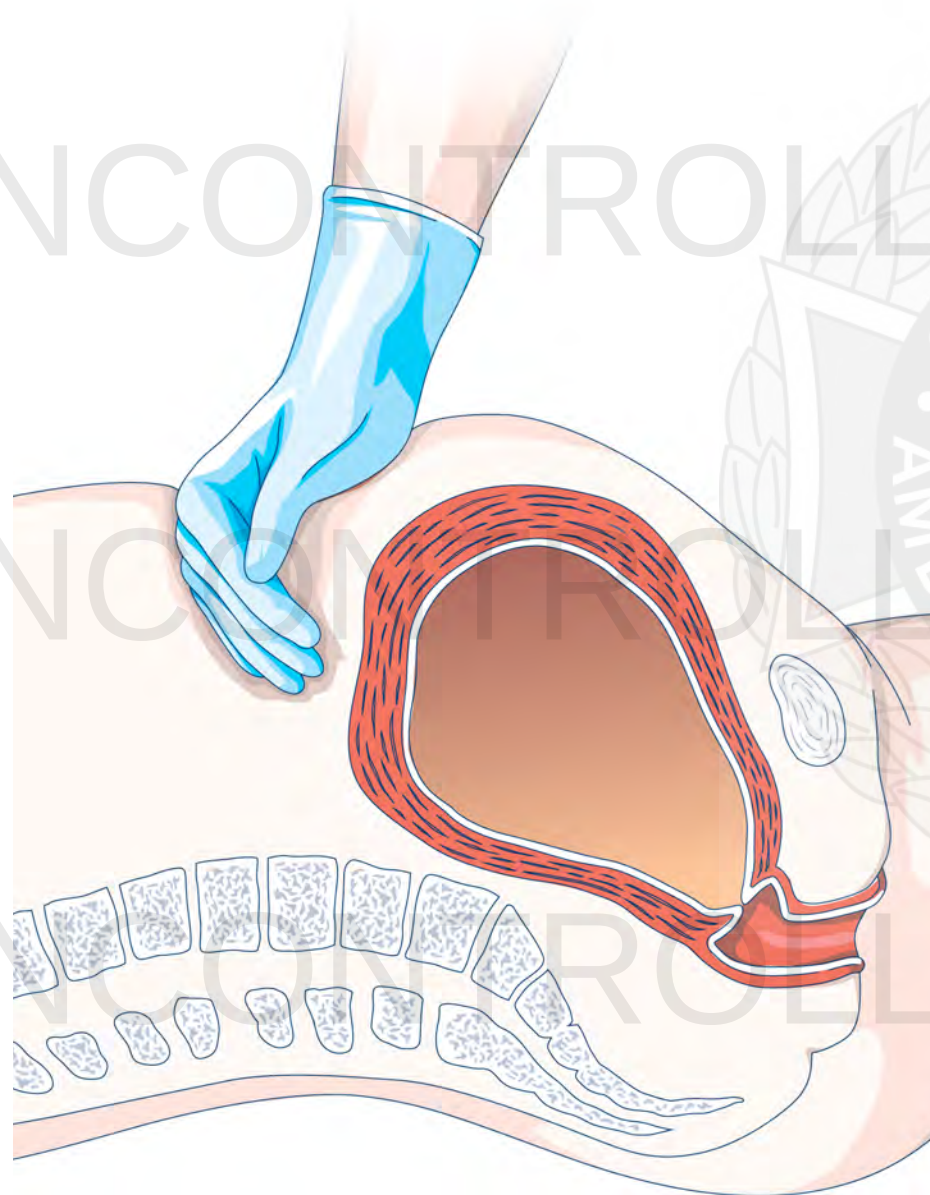
- Nil in this setting

Complications

- Pain

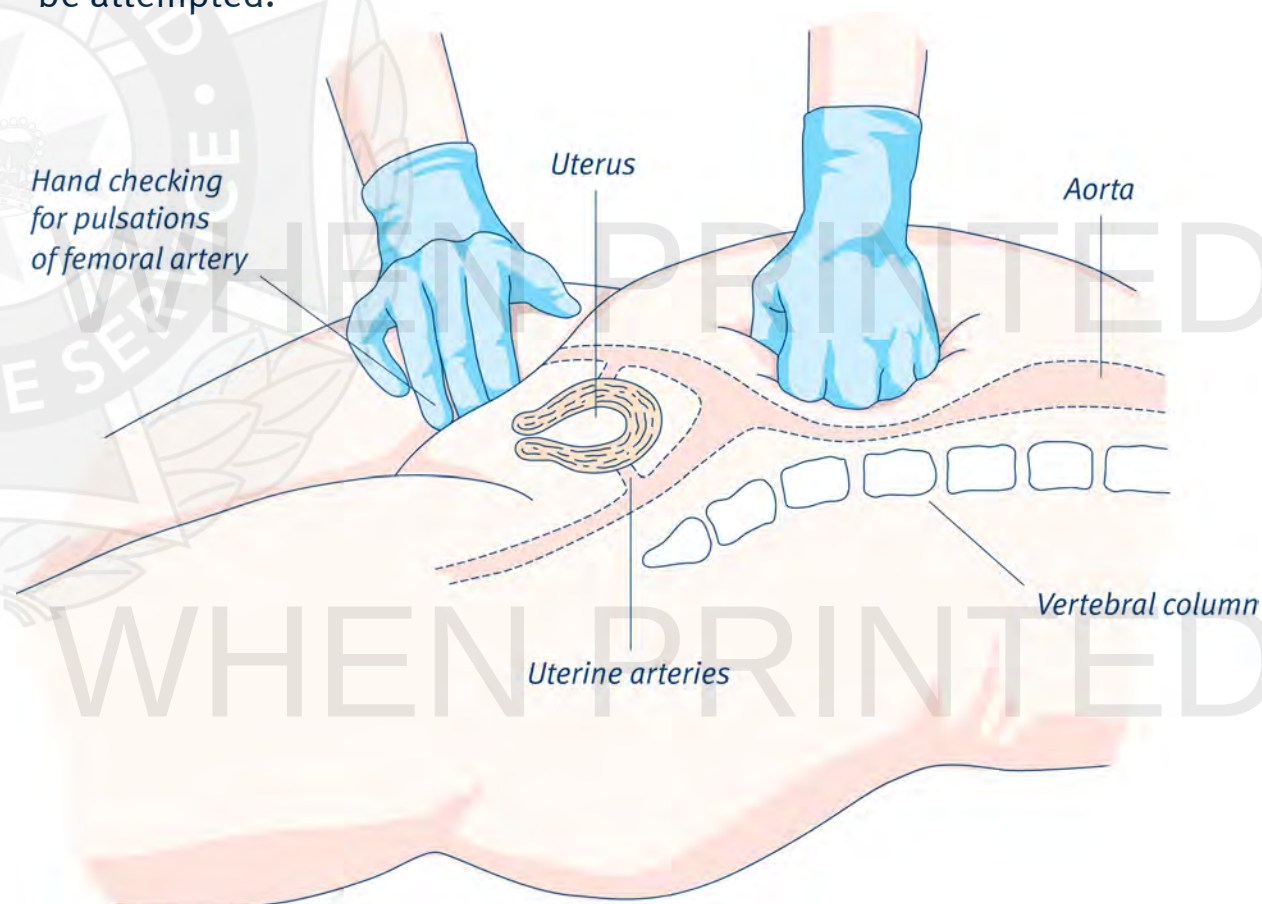
PROCEDURE – *fundal massage*

1. The ambulance clinician cups their dominant hand around the fundus.
2. In a sweeping motion, gently massage the uterine fundus until it becomes firm and the haemorrhage is controlled.



PROCEDURE – *external aortic compression*

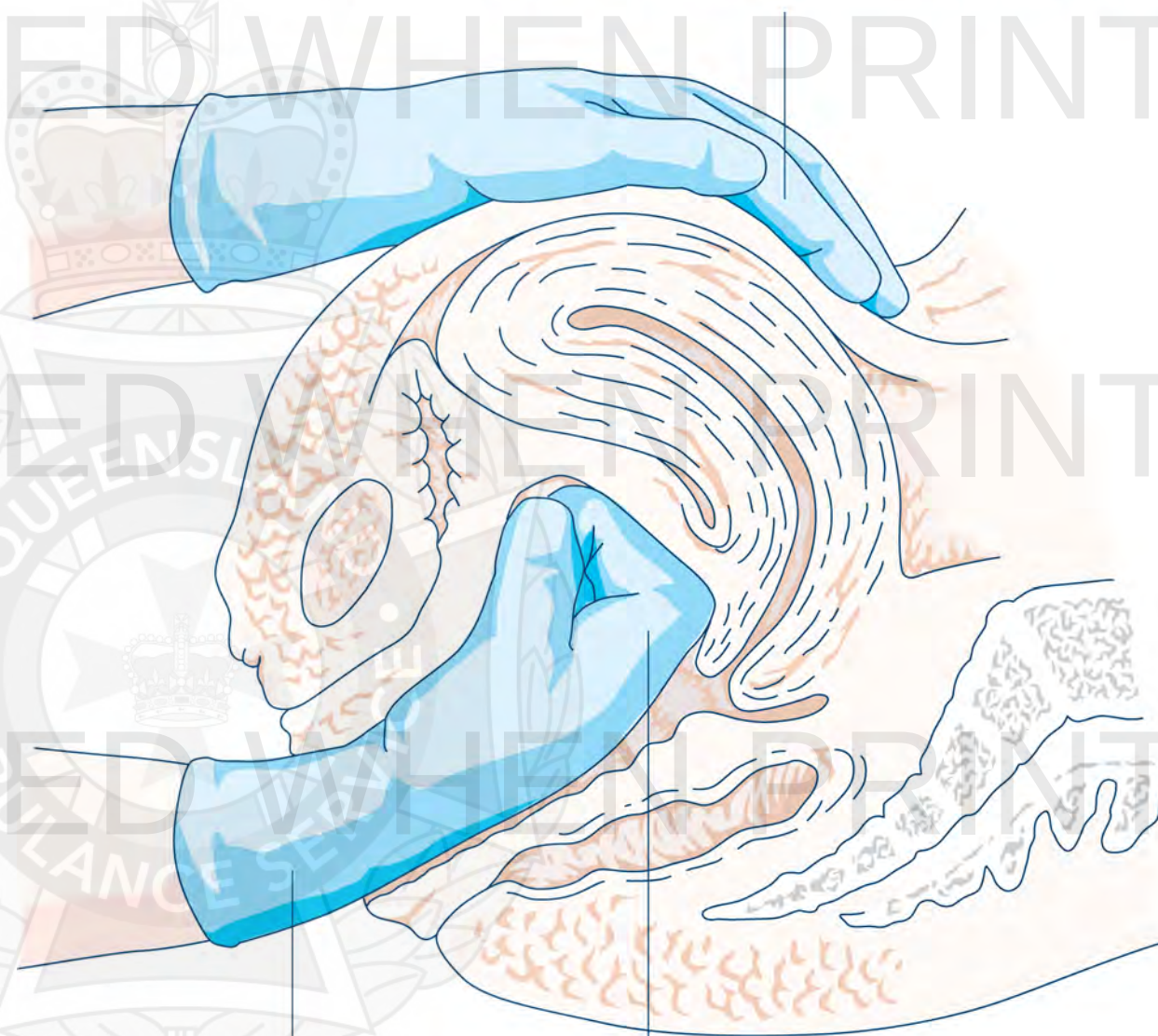
1. With a closed fist the ambulance clinician applies direct firm pressure over the patient's abdominal aorta – the point of compression is slightly above and to the patient's left of the umbilicus.
2. With the other hand, palpate the patient's femoral pulse to check adequacy of the compression. If a pulse is able to be detected, recheck the hand position and exert greater pressure until the femoral pulse is no longer palpable.
3. Continue compression until bleeding is controlled. If the bleeding is not controlled within 60 seconds, bimanual compression should be attempted.



PROCEDURE – *bimanual compression*

1. Apply required infection control measures (refer to the *QAS Infection Control Framework*).
2. Apply gown and sterile gloves.
3. Liberally lubricate with water-soluble lubricant the entire surface of the glove on the ambulance clinician's dominant hand.
4. Insert the lubricated hand in the patient's vagina and form a fist in the anterior vaginal fornix.
5. With the non-lubricated hand, apply external pressure against the posterior wall of the uterus.
6. Maintain compressions until instructed to cease by a registered midwife or medical officer.

Hand pushed deeply into the abdomen behind the fundus of the uterus applies pressure against the posterior uterus wall



Gloved hand inserted into the vagina

Form a fist in the anterior vaginal fornix and apply pressure against the posterior uterus wall