

Postpartum haemorrhage

Things to consider during pregnancy



the women's
the royal women's hospital

This fact sheet explains the risk of heavy bleeding after the birth of a baby. This is called postpartum haemorrhage or PPH. It explains why PPH happens and what it means for you if it occurs during the birth of your baby.

Key points

- It is normal to bleed after you have a baby.
- Sometimes bleeding after the birth is much heavier than expected; this is called a postpartum haemorrhage or PPH.
- It's important to remember that most people will not experience haemorrhage after giving birth.
- Doctors and midwives are trained in controlling PPH and in most cases it settles with simple measures.
- You will be offered a medicine to help birth your placenta after the birth of your baby. Research has shown this can reduce the risk of PPH and reduce bleeding.

What is a postpartum haemorrhage?

It is normal to bleed after you have a baby. The bleeding usually comes from the area in your womb (uterus) where the placenta (afterbirth) was attached. It can also come from any cut (episiotomy), or tears caused during the birth. Bleeding is usually heaviest just after birth and gradually becomes less so over the next few hours, days, and weeks.

Heavy bleeding after birth (blood loss of more than 500mls) is known as postpartum haemorrhage. It is common and affects about 25 in 100 pregnancies. In most cases, blood loss is treated with medicines while the patient is in hospital, and they will not have ongoing problems.

Severe haemorrhage (more than 1500mls) is much less common and affects only 4 in 100 patients after birth.

PPH can also occur up to 6 weeks after the birth. This is called a secondary PPH and affects less than 2 in 100 pregnancies.

You can be affected by PPH if you have given birth vaginally or by caesarean section.

Why does PPH happen?

The most common reason for a PPH is that the womb does not contract properly after the birth of the placenta. This can happen especially if the placenta (afterbirth) has not fully separated from the wall of the womb. If the womb cannot contract properly, the blood vessels at the site of the placenta continue to bleed.

Other reasons for PPH include:

- bleeding from a tear that occurs during birth or when an episiotomy (cut to your perineum) has been performed
- parts of your placenta remaining inside your womb
- having a known, or new bleeding disorder where your body is unable to clot your blood.

Are you at risk of PPH?

There are some situations that increase the likelihood of PPH. These include having:

- the womb stretched more than usual. This can happen with:
 - more than one baby in the womb
 - too much water around your baby
 - carrying a very big baby
- more than five births
- a PPH in the past
- significant bleeding during the pregnancy or labour
- a very quick or very long labour.

You may also be at increased risk if:

- your labour is induced or sped up with oxytocin
- your placenta is in the lower part of your womb (rather than the top which is more usual). This is called a low-lying placenta or placenta praevia
- your placenta is abnormally attached to your womb
- you have an infection
- your baby is stillborn
- you have had a birth which included forceps, vacuum extraction, or a caesarean section
- you have any fibroids in your womb
- you have had any surgery on your womb.

Can PPH be prevented?

PPH is not completely preventable. Using medicines to help the placenta be birthed can reduce the chance of PPH. It will also reduce the amount of blood lost.

Your healthcare team will assess your risk throughout your pregnancy and birth. They will also work with you to develop a plan to prevent you from excessively bleeding after birth.

How could a PPH affect me?

PPH affects people in different ways. It depends on how much blood you lose, how healthy you were before and during your pregnancy, and what treatments you received.

If you have a PPH you may feel very tired, weak, or dizzy when you stand up. These symptoms can be a sign of anaemia. If this happens, we may recommend you have an iron infusion or blood transfusion.

What happens during a PPH?

If you have a PPH, your healthcare team will do several things to manage your bleeding. This includes finding the cause of the PPH. PPH must be treated quickly, so many staff will come into your birthing room and start your treatment immediately.

During treatment for a PPH we may:

- massage your womb to help it contract. This can feel uncomfortable
- insert a tube (catheter) into your bladder to keep it empty
- insert two small tubes (cannulas) into a vein in your arm or hand
- take some of your blood for testing
- attach you to a drip so medicines and fluids can be given to you
- attach a blood pressure cuff on your arm and oxygen saturation probe to your finger.

In most cases, these measures control the bleeding before too much blood is lost.

Usually, you will be closely monitored for several hours in the birth room after the bleeding settles. If the medicines do not quickly control your bleeding or the bleeding is very severe, we may recommend that you go to the operating theatre.

In the operating theatre, you will be given an anaesthetic. The medical team will then make sure that your womb is empty by manually removing any remaining placenta or products.

It may be necessary to:

- Insert a special balloon (Bakri balloon) into your womb. This can be easily removed 8-24 hours later.

- Make a cut (laparotomy) in your abdomen. This is rare.
- Remove your womb (hysterectomy). This is very rare and only happens in a life-threatening situation.

These three lifesaving measures are all to control the bleeding. If possible, we will ask for your consent before transferring you to the operating theatre. You will be cared for in an area where you receive one to one care from a nurse or midwife. Occasionally, transfer to another hospital for intensive care may be needed.

How will you be best supported after having a PPH?

It is important to have a strong circle of support after having your baby. If you do not have this, please speak with your midwife or doctor who can help to set this up for you.

For more information

You can discuss any of this information at your next appointment with your midwife or doctor. You can also ask for more information in Childbirth Education classes

Family Violence Support

1800 Respect National Helpline

Support for people impacted by sexual assault, domestic or family violence and abuse.

1800 737 732 (24-hour support service)
1800respect.org.au

Do you need an interpreter?



If you need an interpreter, remember you can ask for one.