

POSTPARTUM HEMORRHAGE PATHOCHART

PATHOPHYSIOLOGY

Postpartum hemorrhage is the excessive bleeding within 24 hours following delivery of a baby. Normally, the uterus continues to contract after the delivery of the baby and placenta to help close the vessels that supplied blood from the mother to the baby. When these contractions do not continue, or are not strong enough, hemorrhage occurs. Risk factors include multiple births (twins or more), many previous pregnancies, blood clotting disorders, infection, prolonged labor or use of assistive devices such as forceps or vacuum to deliver the baby.

ASSESSMENT FINDINGS

- Perineal pain
- Uncontrolled bleeding
- Excessive saturation of peri pads
- Low Hct
- Signs of shock (hypotension, tachycardia)

DIAGNOSTICS

- Clinical Findings
- CBC & Hemodynamics
- Vaginal delivery > 500 mL
- C-section > 1,000 mL

NURSING PRIORITIES

- Maintain Optimal Perfusion
- Assess and Manage Bleeding
- Provide Emotional Support

THERAPEUTIC MANAGEMENT

- Fundal Massage
- Uterine Stimulants
- Surgical Repair
- Bedrest

MEDICATION THERAPY

- Uterine Stimulants (Oxytocin)
- Blood Transfusions