

## 18. MANAGEMENT OF POSTPARTUM HEMORRHAGE



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**Introduction.** Postpartum hemorrhage (PPH) is defined as a blood loss from the genital tract of  $\geq 500$  mL associated with vaginal delivery or greater than 1000 mL following cesarean section, which requires emergency hysterectomy in severe cases. PH is classified as Primary if bleeding occurs within the first 24 h following delivery of the fetus. Secondary PPH occurs between 24 h and 12 weeks post-delivery. According to WHO, each year about 14 million women experience postpartum hemorrhage resulting in about 70.000 maternal deaths globally

**Aim of study.** Review of the risk factors and management of hemorrhage after delivery.

**Methods and materials.** Current review is based on articles published in the online databases as FIGO, PubMed, Medscape, mdpi.com, ScienceDirect using the Key words: “ postpartum hemorrhage”, “maternal morbidity”, “bleeding after childbirth”, “retained placenta” .

**Results.** This birth complication affects 2–4% of vaginal and 6% of cesarean deliveries. Common causes include uterine atony, retained placenta, trauma and coagulopathy. Therefore, women experiencing postpartum hemorrhage are vulnerable to hemorrhagic shock, blood transfusion, infertility secondary to hysterectomy. The effective management of PPH requires prompt recognition. Uterine atony causes 70-80% of PPH. Atony is suspected first and requires immediate medical intervention including: uterine massage, uterotonics (misoprostol, oxytocin, methylergometrin), Bakri ballon, tranexamic acid, intravenous fluids, B-lynch suture. To prevent PPH, a uterotonic drug is administered during the 3rd stage of labor in all births. Retained placental tissue is a cause which occurs in 1–3% of deliveries and increases the incidence of PPH by 3.5 times. Genital tract trauma accounts for 15% of cases. Over 85% of women who have a vaginal delivery will sustain perineal trauma. Performing examination of the genital tract is necessary to identify any trauma to the cervix, vagina or perineum to prevent significant blood loss. Coagulation disorders, both inherited and acquired, are reported in approximately 1% of PPH. Identification and correction of any coagulopathy could improve the outcome.

**Conclusion.** Postpartum hemorrhage affects 1% to 10% of pregnancies. Taking the above information into consideration, identification of risk factors antenatally, suitable management of the 3rd stage of labor, appropriate patient monitoring and hemostatic interventions based on protocols are important, because the postpartum hemorrhage is the direct cause of mortality, accounting for 27.1% of maternal deaths worldwide.