

**► HOW TO: Manage Post Partum Haemorrhage (PPH)  
A PPH text book in 9 lines!**

1. Use oxytocin 10 iu im alone for prophylaxis, with delayed cord clamping (especially in settings with high anaemia rates)
2. If oxytocin is not available, use misoprostol 600mcg orally.
3. If you are going to use controlled cord traction, then wait until the uterus is firmly contracted first. If done earlier (as many of us are guilty of doing) then it probably increases the PPH rate.
4. Umbilical oxytocin has no role in the medical removal of a retained placenta.
5. Start treatment with oxytocin 10 iu iv stat and ergometrine 500mcg iv stat (unless hypertensive). You can add hemabate if you have it.
6. Rub up a contraction, and keep the uterus contracted whilst you inspect for vaginal tears.
7. If the uterus is atonic, you can use misoprostol 400mcg sublingually or 800mcg pr if not used for prophylaxis (do not repeat miso within 2 hrs). However, it probably has little effect (based on studies soon to be published). Details on [www.misoprostol.org](http://www.misoprostol.org).
8. If bleeding continues insert an intrauterine Bakri balloon (or a condom tied to the end of a Foley catheter) with 500mls fluid inside.
9. Or if you are doing a CS then use a B-Lynch suture or 'box' sutures into the uterus to compress the cavity.

(Extracted from an email from Andrew Weeks, Senior Lecturer, Division of Perinatal and Reproductive Medicine, Liverpool Women's Hospital, Liverpool, UK (aweeks AT liv.ac.uk) to HIFA2015 email forum 17 March 2009)

**\*Every effort has been made to ensure that the information and the drug names and doses quoted in this Bulletin are correct. However readers are advised to check the doses before making prescriptions. Unless otherwise stated the doses quoted are for adults.**

To paraphrase Mark Twain, "Be careful of anything you may read on a medical discussion forum - you might die of a misprint."