

Pre referral Management of APH and PPH at Health Center Level

When you first see a woman who has bleeding during pregnancy/ post-partum, she may present with signs and symptoms of shock which may include

- ✓ Cold moist skin
- ✓ Weak pulse
- ✓ Systolic blood pressure <90MmHg
- ✓ Count pulse >110 min
- ✓ Fast and shallow breathing (>30 per minute)
- ✓ Anxious, restless, weak



Emergency Management Postpartum Hemorrhage

- ✓ Manage case according to protocol for management of PPH



Pre-referral management postpartum hemorrhage

In the case bleeding cannot be controlled, make sure the following emergency management measures are in place while escorting client in route to hospital

- ✓ Have 16-18 gauge cannula secured and infuse with ringer or saline (aim at a liter in 15-20 minutes)
- ✓ Catheterize the bladder
- ✓ Massage the womb to expel clots
- ✓ If anti shock garment is available, use according to protocol for garment use
- ✓ Do aortic compression
- ✓ Run Pitocin 20 units in 1000cc at 60 drops /minute on a side line
- ✓ Monitor pulse B.P every 15 minutes

Emergency Management APH

- ✓ There is little time, quickly assist the mother to save her life
- ✓ Mobilize all resources around (call for help!!)
- ✓ Vaginal examination should not be done
- ✓ Keep patient lying on her left side with her legs lifted up and head tilted down
- ✓ Along with helping the patient, make rapid assessment
- ✓ Start infusion with 16-18 gauge needle and infuse ringer solution or normal saline . infuse a liter in 15-20 minutes.
- ✓ Monitor pulse and blood pressure

Refer Urgently to Hospital

- ✓ After emergency managementø discuss decision with woman and relatives.
- ✓ Quickly organize transport and Inform the referral center
- ✓ Accompany the woman if you can or send a health worker trained in delivery care, a relative who can donate blood
- ✓ If the woman has delivered, send baby with the mother
- ✓ Keep essential emergency drugs and supplies during the course of referral.
- ✓ During travel to referral site , watch IV infusion, if distance is long, give appropriate treatment on the way
- ✓ Keep record of all IV fluids, medications given, time of administration and the woman's condition.

Pre referral Management of Eclamptic Convulsion at Health Center Level

When you first see a woman convulsing (now or recently), or unconscious, take action right away as this is a life threatening condition

Important considerations

- ✓ Protect woman from falling and injuring herself. Get help!!
- ✓ Do not leave the woman on her own
- ✓ Manage airway
 - ✓ If you suspect obstruction, try to clear the airway and dislodge obstruction
 - ✓ Help the woman to find the best position for breathing
 - ✓ Keep her onto her left side, arms at the side
 - ✓ Tilt her head backwards (unless trauma is suspected) lift her chin to open airway
 - ✓ Inspect her mouth for foreign body; remove if found
 - ✓ Place padded tongue blades between her teeth to prevent a tongue bite (DO NOT attempt this during a convulsion).
- ✓ If the woman is not breathing, ventilate with bag and mask until she starts breathing spontaneously



Initial Evaluation

- ✓ Measure blood pressure
- ✓ Measure temperature
- ✓ Assess pregnancy status
- ✓ Insert an IV line and give fluids slowly (30 drops/min)
- ✓ Give initial dose of magnesium sulphate (Refer box below for dosing)
- ✓ If diastolic BP >110mm of Hg, give antihypertensive, hydralazine 5mg IV (you may repeat dose every 30 minutes until diastolic BP is 90 MmHg until maximum dose of 20mg)
- ✓ If temperature >38°C, or history of fever, initiate initial dose of IV antibiotics (Ampicillin 2gm IV)
- ✓ Refer woman urgently to hospital

Magnesium sulfate initial dosing for Eclamptic convulsion

- ✓ Give magnesium sulfate (MgSO₄) solution 20% - 4 grams (or dilute 8 ml of 50% MgSO₄ solution with 12 ml sterile water). Give IV slowly over 10 minutes.
- ✓ Also give 10 gm 50% MgSO₄ solution IM deep (5 gm each buttock).
- ✓ If convulsion recurs after 15 mins give 2 gm of 50% MgSO₄ solution IV over 5 minutes.

Note: If no MgSO₄,

- ✓ Give diazepam 10 mg IV slowly over 2 minutes. If convulsions recur, repeat diazepam.

Refer urgently to hospital

- ✓ After emergency management, discuss decision with woman and relatives.
- ✓ Quickly organize transport
- ✓ Inform the referral center
- ✓ Accompany the woman if you can or send a health worker trained in delivery care, a relative who can donate blood
- ✓ keep essential emergency drugs and supplies with.
- ✓ During travel to referral site watch IV infusion, if the distance is long, give appropriate treatment on the way
- ✓ Keep record of all IV fluids, medications given, time of administration and the woman's condition.

Prereferral Management of Obstructed Labor at Health Center Level

A woman with obstructed labor may present with signs and symptoms which may include:

- ✓ Exhausted, dehydrated and apprehensive mother
- ✓ Transverse lie
- ✓ Continuous contractions/ constant pain between contraction
- ✓ Horizontal ridge across lower Abdomen
- ✓ Labour lasting >24 hours

Emergency management

- ✓ Treat dehydration
 - ✓ Insert an IV line with 16-18 gauge cannula
 - ✓ Start IV infusion with ringer or dextrose in saline until dehydration and /or hypotension is corrected
- ✓ Decompress bladder (encourage her to void urine or catheterize)
- ✓ If in labor >24 hours, start with initial dose of antibiotics (Ampicillin 1gmIV)

Refer Urgently to Hospital

- ✓ After emergency management, discuss decision with woman and relatives.
- ✓ Quickly organize transport and Inform the referral center
- ✓ Accompany the woman if you can or send a health worker trained in delivery care, a relative who can donate blood.
- ✓ Keep essential emergency drugs and supplies during the course of referral.
- ✓ During travel watch IV infusion, if distance is long, give appropriate treatment on the way
- ✓ Keep record of all IV fluids, medications given, time of administration and the woman's condition.

