



Clinical Practice Procedures: Obstetrics/Procedures for obstetric haemorrhage control

Policy code	CPP_OB_POHC_0221
Date	February, 2021
Purpose	To ensure a consistent procedural approach for procedures for obstetric haemorrhage control.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	February, 2024
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by appropriately qualified QAS clinicians when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

© State of Queensland (Queensland Ambulance Service) 2021.



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>

For copyright permissions beyond the scope of this license please contact: Clinical.Guidelines@ambulance.qld.gov.au

Procedures for obstetric haemorrhage control

February, 2021

Massive postpartum haemorrhage, resulting from the failure of normal obstetrical haemostasis is a leading cause of pregnancy related mortality.^[1] Postpartum haemorrhage is an obstetric emergency for which ambulance clinicians must initiate immediate treatment and early transport to definitive care.

In some cases, it may be necessary for ambulance clinicians to employ secondary manual techniques to aid in the management of postpartum haemorrhage. These techniques include:

- **Fundal massage** – the external manual stimulation of a boggy postpartum uterus with the aim of increasing uterine tone, expressing clots and reducing haemorrhage.^[1,2]
- **External aortic compression** – the manual compression of the abdominal aorta against the vertebral column to restrict uterine blood flow.^[3]
- **Bimanual compression** – an invasive two handed technique to manually compress the uterus wall.^[4]

External aortic compression and bimanual compression should only be attempted in cases of major obstetric haemorrhage when all other interventions have failed to control the haemorrhage.

Indications

- Postpartum haemorrhage

Contraindications

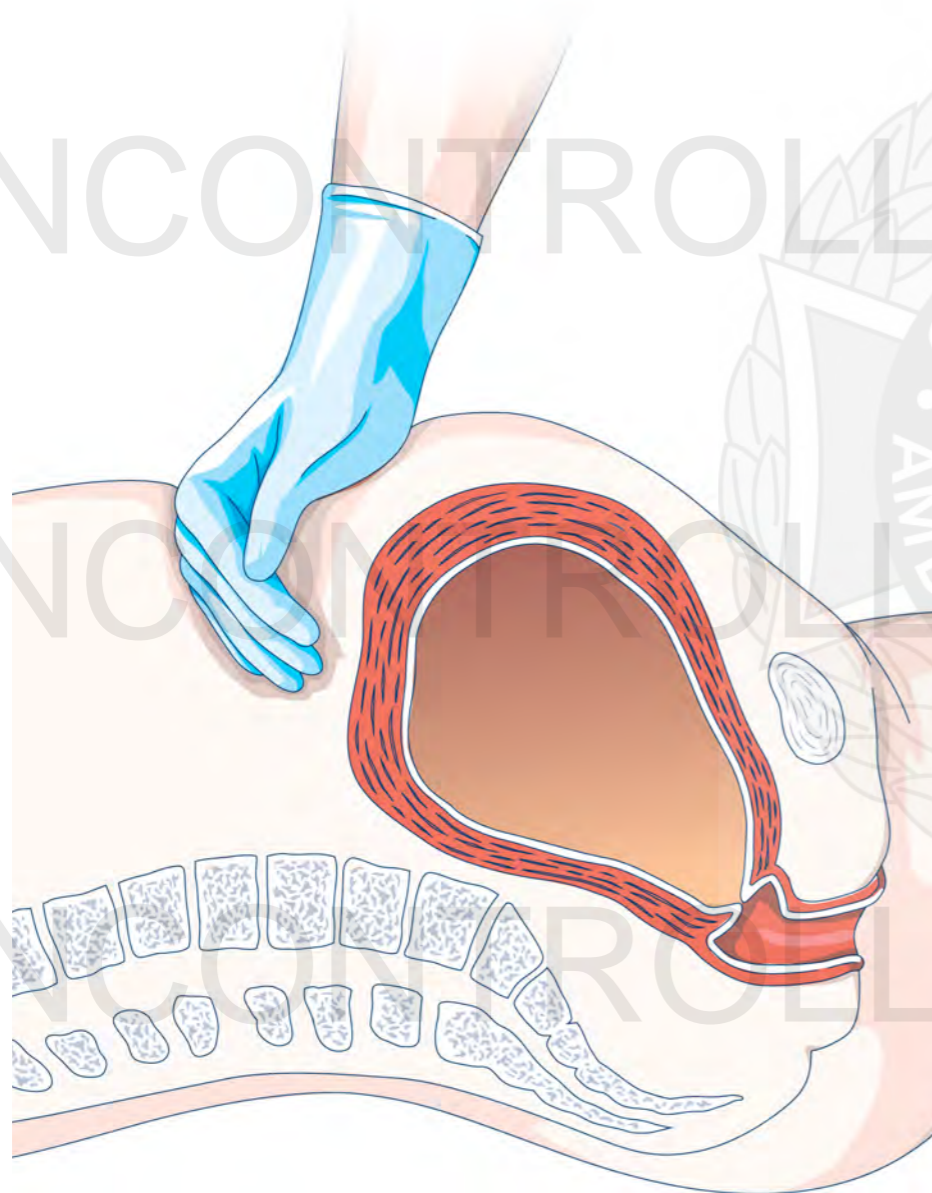
- Nil in this setting

Complications

- Pain

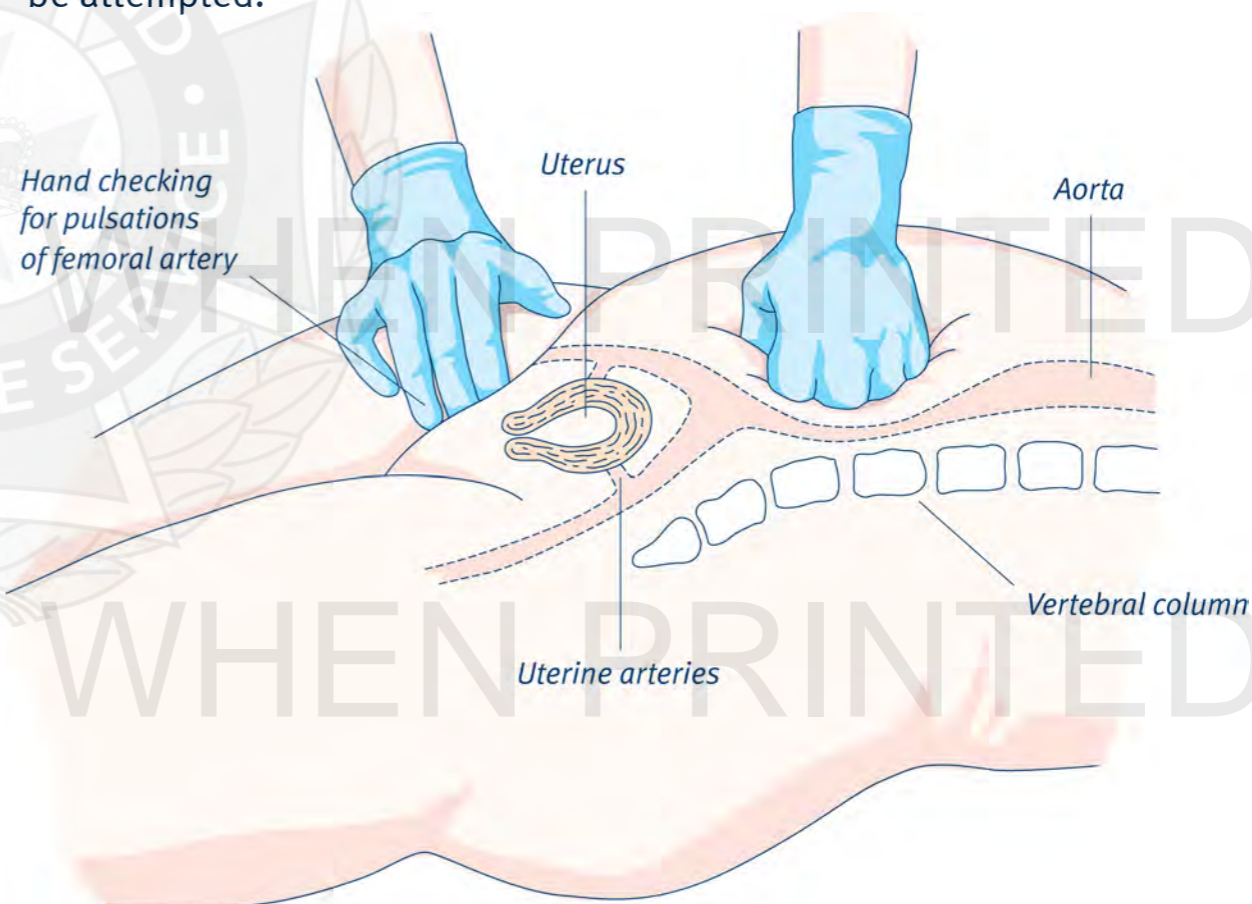
PROCEDURE – fundal massage

1. The ambulance clinician cups their dominant hand around the fundus.
2. In a sweeping motion, gently massage the uterine fundus until it becomes firm and the haemorrhage is controlled.



PROCEDURE – external aortic compression

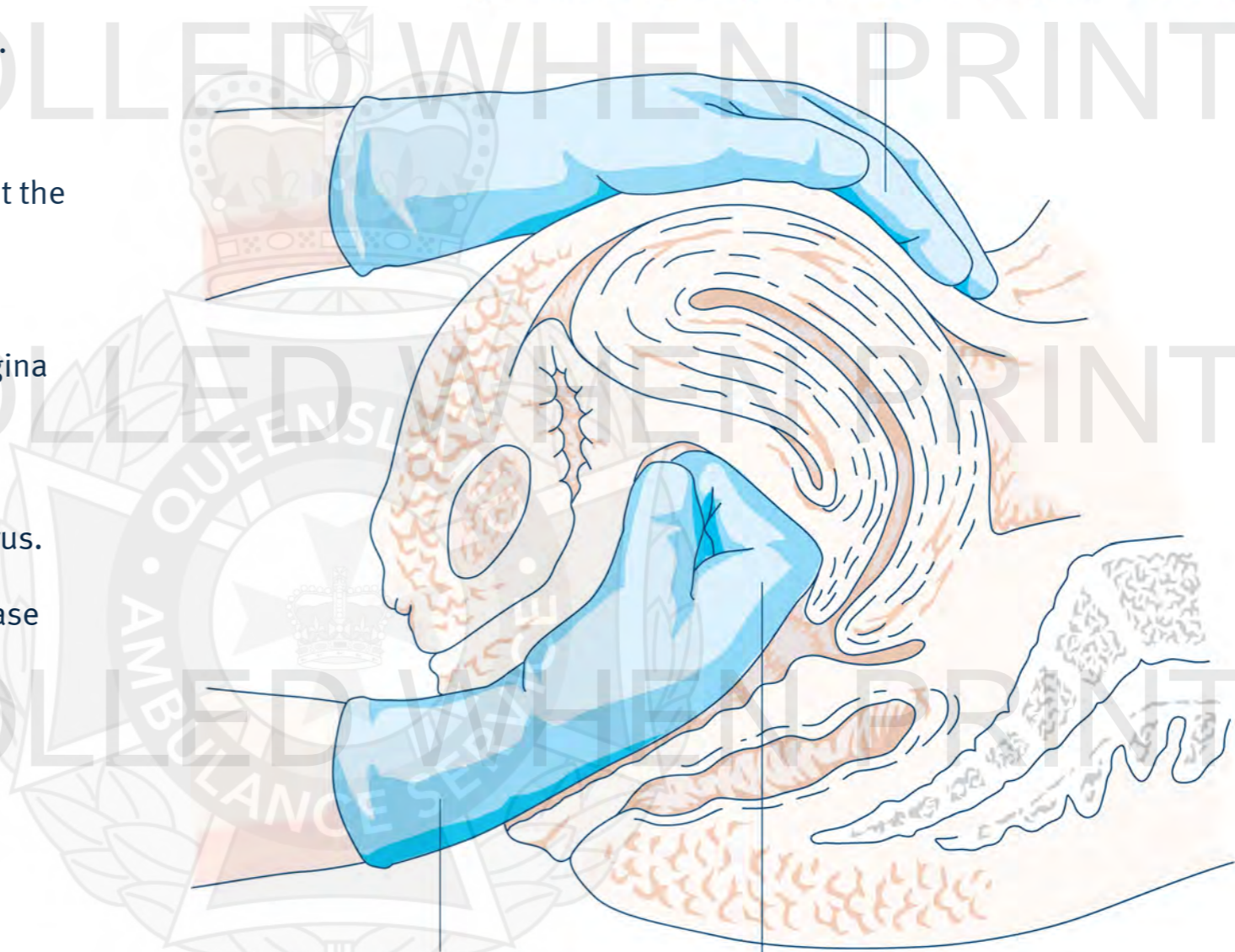
1. With a closed fist the ambulance clinician applies direct firm pressure over the patient's abdominal aorta – the point of compression is slightly above and to the patient's left of the umbilicus.
2. With the other hand, palpate the patient's femoral pulse to check adequacy of the compression. If a pulse is able to be detected, recheck the hand position and exert greater pressure until the femoral pulse is no longer palpable.
3. Continue compression until bleeding is controlled. If the bleeding is not controlled within 60 seconds, bimanual compression should be attempted.



PROCEDURE – *bimanual compression*

1. Apply required infection control measures (refer to the *QAS Infection Control Framework*).
2. Apply gown and sterile gloves.
3. Liberally lubricate with water-soluble lubricant the entire surface of the glove on the ambulance clinician's dominant hand.
4. Insert the lubricated hand in the patient's vagina and form a fist in the anterior vaginal fornix.
5. With the non-lubricated hand, apply external pressure against the posterior wall of the uterus.
6. Maintain compressions until instructed to cease by a registered midwife or medical officer.

Hand pushed deeply into the abdomen behind the fundus of the uterus applies pressure against the posterior uterus wall



Gloved hand inserted into the vagina

Form a fist in the anterior vaginal fornix and apply pressure against the posterior uterus wall