

# Atonic PPH-A retrospective cohort study in 100 cases and its management

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## Abstract

Atonic post partum hemorrhage is the most common complication of 3<sup>rd</sup> stage of labour with various types of management. This article provides and in-depth review into the subject with the authors experience in the field along with the recent advances in the management of atonic PPH. This article also describes entity from its Etiopathogenesis, investigations and management protocols including complications. Recent treatment modalities reported in the literature are reviewed with authors innovative contributions in the form of, putting B-Lynch stitches, Bi-lateral uterine artery ligation and Bi lateral ligation of anterior division of internal iliac artery.

**Keywords:** Atonic PPH-A.

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## INTRODUCTION

Postpartum hemorrhage is the most common complication at third stage of labour. The incidence of the bleeding being 4-5% of all deliveries. Attempts have made to identify women at risk of atonic PPH based on historical or clinical factors and steps are planned to prevent it in this allegedly high risk group of women. Among many interventions, the best method to control PPH is the active Management of 3<sup>rd</sup> stage of labour. Quantitative definition is arbitrary and is related to the amount of blood loss in **excess of 500 ml** following the birth of baby. It is clinically defined as "Any amount of bleeding from or into the genital tract following birth of baby up to the end of puerperium which adversely affects the general condition of the patient evidenced by rise in

pulse, fall in blood pressure is called post Partum Haemorrhage. It is of 2 types,

**Primary:** Haemorrhage occurring within 24 Hrs following the birth of baby.

**Secondry:** Haemorrhage occurs beyond 24 Hrs and within puerperium period.

## Causes for PPH

- Atonic uterus
- Traumatic uterus
- Retained tissue
- Blood coagulopathy

## AIMS AND OBJECTIVES

- The aim of the study was to assess the medical and surgical management of severe post partum hemorrhage by uterine atony during respective periods.
- The objective is to evaluate the guidelines with a view to determine the value of recommendations in reducing PPH in under resourced settings.
- To reduce the maternal morbidity and mortality associated with the PPH cases.

## Duration of study

- One year study of the year 2014.

## Study design

- Retrospective cohort study

## METHODOLOGY

**Sample size:** Here the samples size of study is 100 females with atonic PPH.

#### Source of participants

The source of participants of the study is patients admitted in government teaching hospital Bidar, with excessive bleeding per vagina after delivery, during the year 2014.

#### Inclusion Criteria

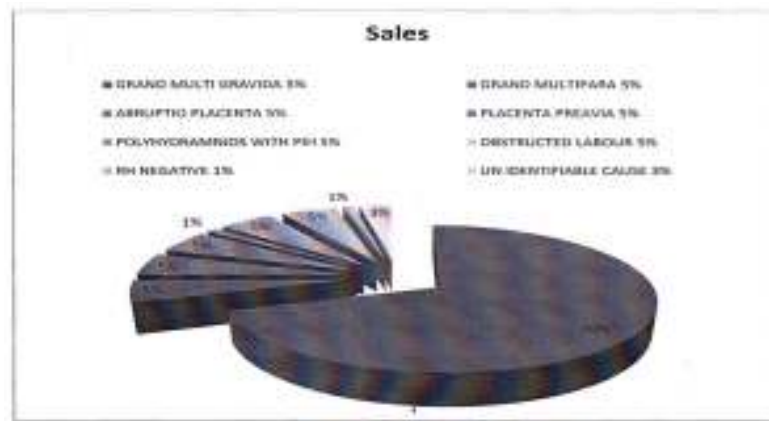
- The patient with bleeding per vagina more than a normal vaginal delivery, more than 500ml after birth of baby and with the loss of tone of uterine musculature.

#### Data collection

- Postpartum hemorrhage being the most complication of labour is often a medical, surgical and obstetric emergency.

#### The causes of PPH being

- PET and PIH
- Grand multipara
- Overdistention of uterus
- Malnutrition
- Anemia
- Antepartum hemorrhage
- Prolonged labour
- Anesthesia
- Augmentation of delivery by oxytocin
- Malformation of uterus
- Uterine fibroid
- Mismanaged third stage of labour
- Placenta
- Precipitate
- Precipitate labour



This is the graph showing various causes of atonic PPH along with its frequencies in 100 cases.

#### Investigation

- Routine blood investigations
- Per vaginal Examination
- Per speculum Examination
- Urine test
- USG abdomen were also done
- The above investigations are done in our district hospital as emergency and by the mean time blood transfusions were arranged.

#### MANAGEMENT OF PPH- THE MEDICAL LINE

The management of post partum hemorrhage is a medical emergency all time in labour room. First after the diagnosis of PPH as the Uterus is flabby which becomes hard on massaging depicts mainly atony of uterus. The main modality of management of atonic PPH are as follows:

- To make the uterus contract.
- To replace blood
- Effective homeostasis

- Use of oxytocic drugs.

Palpation of uterus to make it hard and try to stop bleeding. Start IV fluids to the patient to combat low blood pressure as ringer lactate or normal saline with oxytocin at 60 drops per minute. Oxytocin 10 units IM are given directly and along the IV line to prevent bleeding. Methergin 2mg is also given intravenously. BT Methergin is always contraindicated in Hypertension and is always avoided. Catheterise the bladder. Given antibiotic as C-Tax, Ciplox, Tazomac or Amikacin two times a day. Oxygen inhalation is given. Inj 5 methyl PGF<sub>2α</sub> IM, prostidin Inj is also given intramyometrial also. Calcium gluconate is also tried to release uterine atony due to tocolytic drugs. After all the above mentioned medical line failed next stage of management is done as:

#### Uterine massage

#### Bimanual compression

Both are done to prevent bleeding. even after both bimanual compression and massage the bleeding does not stop uterine TAAMPONADE with TIGHT

INTRAUTERINE PACKING was done. The place of blood transfusion is very important in this management as the patient may develop shock and may develop

complications. Condition monitoring was also done for these patients. Among 100 patients presented PPH, transfusion history is as follows:



This graph shows management of PPH according to the blood transfusion we arranged. Mostly all patients required more than two blood transfusion.

### Surgical management of pph

- **B-Lynch suture:** 2% of cases under went underwent suturing during caesarean section.
- **Subtotal Hysterectomy:** 1 % case underwent subtotal hysterectomy.

## DISCUSSION

Post partum hemorrhage its management are depicted in a box as.

Table 1

Management	Percentage
IV Fluids	10 %
Blood Transfusion	87 %
B-Lynch Suture	2 %
Sub Total Hysterectomy	1 %

The most common concern of any obstetrician in world is the patient with postpartum hemorrhage. Predisposing factors of hemorrhage are recognized important risk components in development of this complication of third stage of labour. Mostly all occurring due to atonic PPH. This survey has made efforts at elucidating the various clinical variables relevant in significantly affecting maternal health status and outcome in case of post partum. Accessible antenatal care for all pregnant women. Blood transfusion facilities should be arranged.

## CONCLUSION

In the developing world PPH is the cause of maternal mortality. Effective management of obstetric hemorrhage depends on prompt restoration of circulating volume, accurate diagnosis of cause of bleeding and an early appropriate therapy to arrest the bleeding. Efficient blood

transfusion facilities should be made available in view of high requirements of blood products. And later if all the medical line fails OPT for surgical management of prevention to stop bleeding. The great concern of PPH being maternal mortality, need to be controlled at the first not letting the mother developing complications.

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