Postpartum Hemorrhage
Heavy Bleeding Following Delivery

Postpartum hemorrhage is blood loss of more than 500cc after childbirth. This is about two cups of blood. Most bleeding happens within 24 hours after birth. This is called primary postpartum hemorrhage. Less commonly, bleeding occurs more than 24 hours after birth, which is called secondary hemorrhage. The most common cause is *uterine atony*. This means your uterus does not shrink (*contract*) properly following delivery. When this happens, the blood vessels in the uterus are not squeezed and they keep on bleeding. This is serious. Treatments used include medications and blood transfusions. If these treatments do not work, surgery may have to be done to remove the womb (*uterus*).

Sometimes bleeding occurs if portions of the afterbirth (*placenta*) are left behind in the uterus following delivery. If this happens, often a curettage or scraping of the inside of the uterus must be done. This usually stops the bleeding.

If bleeding is due to clotting or bleeding problems, which are not related to the pregnancy, other treatments may be needed.

SYMPTOMS OF POSTPARTUM HEMORRHAGE

Bleeding after delivery is normal and you should expect vaginal bleeding. This means you will have bleeding coming from the birth canal for many days following childbirth. This is to be expected with both normal births and c-sections.

You are bleeding too much following your delivery if you are:

- Passing large clots or pieces of tissue. This may be small pieces of placenta left after delivery.
- Soaking more than one sanitary pad per hour for several hours.
- Having heavy, bright-red bleeding which occurs four days or more after delivery.
- Having a discharge which has a bad smell or if you begin to run an unexplained temperature over 101º F (38.3º C).
- Having times of lightheadedness or fainting, feeling short of breath or having your heart beat fast with very little activity.

If you are having any of these symptoms, call your caregiver right away.

HOME CARE INSTRUCTIONS

- Your caregiver may order bed rest (getting up to the bathroom only), or may allow you to continue light activity.
- Keep track of the number of pads you use each day and how soaked (*saturated*) they are. Write this down.
- **Do no use tampons**. **Do not** douche or have sexual intercourse until approved by your physician.
- Make an appointment with your physician or the physician who referred you, or get emergency care right away if:
  - You experience severe cramps in your stomach, back or belly (*abdomen*).
  - You run an unexplained temperature of over 101º F (38.3º C) or as told by your caregiver.
  - You pass large clots or tissue. Save any tissue for your caregiver to look at.
  - Your bleeding increases or you become light-headed, weak or faint.

HOW TO MAKE YOUR RECOVERY FASTER AND EASIER

- Rest and drink extra fluids.
- Sometimes fluids are given in vein (*intravenous*).
- A blood transfusion is needed. This is very rare.
- Get proper amounts of rest and exercise.

- If you are anemic following your pregnancy, be sure to take the iron and vitamin supplements that your caregiver recommends.
- A diet rich in iron, such as spinach, red meat and legumes will be helpful.

WHAT YOU NEED TO KNOW FOR FUTURE PREGNANCIES

- Be in the best shape possible before your next pregnancy. A woman who is fit and healthy throughout pregnancy is less likely to have excessive bleeding following pregnancy.
- Keep your blood level (*hemoglobin*) as normal as possible before and during pregnancy.

Document Released: 03/09/2005 Document Re-Released: 10/20/2009
ExitCare® Patient Information ©2011 ExitCare, LLC.