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Prevention of Postpartum Hemorrhage

Josephine D'Agostino
jdagostino@carroll.edu

Madeline Winter
mwinter@carroll.edu

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# Prevention of Postpartum Hemorrhage

**By: Madeline Winter & Josephine D’Agostino**

**Carroll College Nursing Department**

## Study

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<td><strong>In postpartum women, does using active management compared to expectant management prevent the occurrence of postpartum hemorrhage?</strong></td>
<td>Active management of third stage of labor (AMTSL): Use of medication right after delivery, clamping and cutting cord immediately, pulling on the cord to help deliver the placenta and massage the top of the uterus. Expectant management: No use of prophylactic medications, no cord clamping until pulsations cease, delivery of the placenta by maternal effort and gravity rather than cord traction, and no routine use of uterine massage until the uterus is relaxed.</td>
<td><strong>Comparison of active versus expectant management of third stage of labor (2015).</strong></td>
<td>This study showed that active management is more effective than expectant management in healthy women. “Blood loss &gt;1000 mL occurred in 10% of the actively managed group and 16.8% of the expectantly managed group” (p.362). This shows that the active management was more effective in prevention of PPH.</td>
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<td><strong>How effective are the components of active management of the third stage of labor? (2013).</strong></td>
<td>In the oxytocin group, the median blood loss was the highest at 300 ml. The least amount of blood loss was seen with all of the AMTSL components, regardless of oxytocin administration (p. 3). The evidence according to this study suggests that uterine massage does not help prevent postpartum hemorrhage, and might actually increase hemorrhage when used alone (p. 3).</td>
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<td><strong>Comparison of active vs. expectant management of the third stage of labor in women with low risk of postpartum hemorrhage: a randomized controlled trial (2016).</strong></td>
<td>The authors stated that they, “found significantly higher mean postpartum hemoglobin levels and lower mean decrements in hemoglobin levels following delivery in the active management group as compared to the expectant management group” (Yildirim et al., 2016, p. 403).</td>
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## Background

Prior studies have been done around the world regarding the prevention of PPH. These studies have looked at the effectiveness or each different aspect of both active and expectant management. With continued education and experiences, doctors and providers are now trying to find the best evidence based practice to implement to give the best care possible for expecting mothers.

## Results

Overall the evidence from three out of the four articles suggest that AMTSL, which includes medications, preferably oxytocin, is more effective in preventing postpartum hemorrhage than expectant management, which does not include uterotonic agents.

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This work is not original. This is a systematic review of published research conducted by professionals. Guidance was provided by Stephanie Burkholder, professor of NU307: Evidence-Based Practice Research Methods.