

at 125 ml/hour) unless fluid restriction is necessary carboprost 0.25 mg by intramuscular injection repeated

Second line

Alternatives

surgical management

Medical

Surgical

Atony tt

Careful clinical examination is required to

Examine the vagina and cervix to rule out

USS to check for retained products

Check for uterine atony by palpating the uterine

determine the cause of PPH

lacerations; repair if present

Coagulation profile

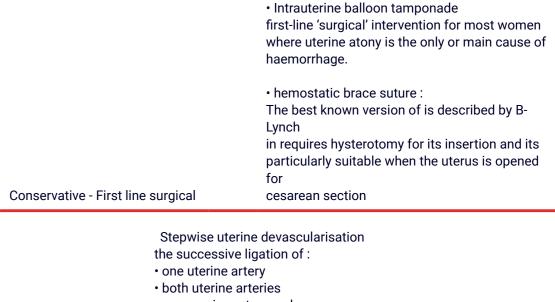
fundus

determining the cause

at intervals of not less than 15 minutes to a maximum of

eight doses (use with caution in women with asthma)

 misoprostol 800 micrograms sublingually Conservative surgical interventions may be



 one ovarian artery and both ovarian arteries

Bilateral internal iliac ligation Selective arterial occlusion or embolisation by interventional radiology Cesarean delivery, disseminated

intravascular coagulation and transfusion of more than 10 units of packed red cells were related to failed embolization

 Resort to hysterectomy sooner rather than later (especially in cases of

Ideally and when feasible, a second

placenta accreta or uterine rupture

experienced clinician should be involved in the decision for hysterectomy

attempted as second line, depending on clinical circumstances and available expertise