

# Heavy Bleeding After Birth (Postpartum Haemorrhage)

Maternity Service  
Women & Children's Group

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



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# Information for Patients & Visitors

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## Introduction

It is normal to bleed after having a baby, but this leaflet is to inform you about heavy bleeding which some people may experience. Bleeding that is heavier than normal can sometimes be called a 'haemorrhage'.

## What bleeding can I expect after my baby is born?

It is normal to bleed after having a baby. The bleeding mainly comes from the area in your womb (uterus) where the placenta was attached, but it can also come from any tears caused (or cuts performed) during the birth.

Bleeding is usually heaviest just after birth and gradually becomes less over the next few hours. The bleeding will continue to reduce over the next few days. The colour will change from fresh red to brown over a few weeks. This bleeding is called lochia and should stop by the time your baby is 6 weeks old.

## What is a postpartum haemorrhage?

Postpartum haemorrhage (PPH) is heavy bleeding after birth:

- Primary PPH is when you lose more than 500ml of blood within the first 24hrs after birth. It is common, affecting 5 in 100 women. Severe haemorrhage (more than 2 litres or 4 pints) is much less common, affecting only 6 in 1000 women after birth.
- Secondary PPH occurs when you have abnormal or heavy vaginal bleeding between 24 hours and 12 weeks after the birth. It affects fewer than 2 in 100 women.

## How could a PPH affect me?

If you lose a lot of blood, it can worsen the normal tiredness that all women feel after having a baby.

If heavy bleeding does occur, it is important that it is treated quickly. A major haemorrhage can be life-threatening so it is important to prevent it if possible.

## Who is at risk?

### Risk factors for primary PPH –

#### Before the birth:

- Having had a PPH in a previous pregnancy
- Having a BMI of more than 35
- Having had 4 or more babies before
- Carrying twins or triplets
- South Asian ethnicity
- Having a low-lying placenta (placenta praevia)
- The placenta coming away early (placental abruption)
- Pre-eclampsia and/or high blood pressure
- Anaemia

#### In labour:

- Delivery by Caesarean Section
- Induction of Labour
- Retained placenta
- Episiotomy (a cut to help delivery)
- Forceps or ventouse delivery
- Labouring for more than 12 hours
- Having a big baby (more than 4kgs/9lbs)



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- Having your first baby if you are more than 40 years old

There is often very little that you can do about these factors but in some cases steps can be taken to reduce the risk of having a PPH and therefore the likelihood of needing a blood transfusion:

1. If you are anaemic during pregnancy, taking iron supplements may reduce the likelihood of needing a blood transfusion if you have a PPH.
2. If you have had a Caesarean Section previously, it is important to check that the placenta has not attached itself to the area of the previous scar. If it has, the placenta may not come away easily after birth. This condition (placenta accreta) is uncommon, but can cause major haemorrhage.

Treating major haemorrhage may include a blood transfusion, if this worries you, talk to your midwife. It is important that your wishes are known well in advance and written clearly in your notes.

### What can be done during birth to reduce the chance of a primary PPH?

If you have a vaginal birth, injecting the drug Syntocinon (oxytocin) into your thigh just as the baby is born can help reduce blood loss. This injection helps the placenta to come away from the wall of your uterus normally. Once your placenta has delivered, you will be examined for any tears. If these are bleeding heavily, they will be stitched promptly to reduce blood loss.

If you have a caesarean section, Syntocinon will be injected into the drip in your vein and your placenta will be removed through the wound.

### What happens if I have a primary PPH?

Other members of staff will come into the room to help. Your midwife will tell you what is happening and why.

In the majority of cases, heavy bleeding will settle with the following simple measures.

The midwife or doctor may:

- Massage your uterus through your abdomen to stimulate a contraction
- Give you a second injection to help your uterus to contract. This injection may make you nauseous.
- Put a catheter (tube) into your bladder to empty it as this may help your uterus to contract
- Put a drip into your arm, and take some blood for testing.
- If may be necessary to perform bi-manual compression. This is where the Dr or midwife puts one hand inside the vagina and another hand on your abdomen and squeezes the uterus in-between, in an attempt to slow the bleeding.
- Check to make sure all the placenta has come out – if there are any missing pieces still inside your uterus, you may have to have them removed, this is usually done in an operating theatre with an anaesthetic
- Examine you to see whether any stitches are required if the bleeding continues after your uterus has contracted.

Your blood pressure, pulse and temperature will be checked regularly. You may breastfeed if you wish.



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### What happens if I continue to bleed very heavily?

If you have lost a lot of blood, you are likely to feel dizzy, light headed, faint and/or nauseous. You will be given oxygen and maybe a second drip for extra intravenous fluids.

Drugs will be used in an attempt to help stop the bleeding and you may be given a blood transfusion and fluids to help your blood clot.

If the bleeding continues, you may be taken to the operating theatre so the doctors can check for the cause of the haemorrhage. You will need an anaesthetic for this. Your partner will usually stay in the delivery room with your baby and will be kept informed about how you are and what is happening.

There are several procedures the doctors may use to control the bleeding:

- A 'balloon' may be inserted into your uterus to put pressure on the bleeding vessels. This is usually removed the following day.
- An abdominal operation (laparotomy) may be performed to stop the bleeding.
- Very occasionally, a hysterectomy (removal of the womb) is necessary. This would only be considered if other measures have not controlled the heavy bleeding.

Once your bleeding is under control, you will either be transferred back to the labour ward or you may be transferred to an intensive care or high dependency unit. You will be monitored closely until you are well enough to go to the postnatal ward/area.

### How will I feel afterwards?

You may need a longer hospital stay. If tests show you are anaemic or you are feeling faint, dizzy or light headed, you may be offered a blood transfusion.

When you go home, you may still be tired and anaemic, requiring treatment with iron. You should recover over the following few weeks.

You and your birthing partner may have found the experience distressing, and it is often helpful to talk through the events. You will have the opportunity to discuss what has happened before you leave the hospital. You may be offered, or can request, a further meeting with a senior member of the team who looked after you.

### I have experienced a primary PPH in a previous pregnancy – what about future births?

If you have had a previous birth that was complicated by a primary PPH, there is an increased risk of PPH in future pregnancies – 1 in 10 women will have a PPH again in a future pregnancy.

When you are admitted in labour, a blood sample may be taken to check your latest blood count and a cannula may be inserted into a vein in your arm so that fluids and medication can be given if necessary. You will be advised to have the drug Syntocinon to help the placenta come away and lessen the chance of a PPH.



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## What happens if I have a secondary PPH?

A secondary PPH is often associated with infection and usually occurs after you have left hospital. You should contact your midwife or GP if your bleeding is getting heavier or if your lochia has an offensive smell. You are likely to be given a course of antibiotics.

If the bleeding is heavy or continues, you may be referred to hospital for blood tests and you may have an ultrasound scan. Depending on the results, you may be admitted to hospital. You may need antibiotics through a drip and/or less commonly an operation to clear your uterus of any infection, blood clots or small pieces of placenta that were not expelled after your baby was born.

Your baby can usually stay with you, if you wish, and you can continue to breastfeed even if you are taking antibiotics.

## Key points

- It is normal to bleed after you have a baby. Initially the bleeding can be quite heavy but it reduces with time. You may continue to bleed after birth for several weeks.
- Sometimes bleeding is much heavier than expected and this is called postpartum haemorrhage (PPH). It is important to remember that the majority of women will NOT experience a haemorrhage after giving birth.
- If bleeding is very heavy, it is important to act quickly. Doctors and midwives are trained in controlling heavy bleeding.
- In the majority of cases, heavy bleeding will settle with simple measures.

## References

Royal College of Obstetricians and Gynaecologists, Information for you: Heavy bleeding after birth (postpartum haemorrhage).

## Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

### For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

### For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

[nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

## Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

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**Date of issue: October, 2013**

**Review Period: October, 2016**

**Author: Operational Matron - Women &  
Children's Group - SGH**

**IFP-773**

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