



Mechanical interventions

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Fellowship of perinatology



Basic interventions



- Obtain assistance, if not already assembled.
- Continue to monitor vital signs and quantify blood loss.
- If not already in an operating room, move potentially unstable and unstable patients to an operating room as soon as practicable
- Establish adequate intravenous access and resuscitate with crystalloid
- Provide adequate anesthesia



Examine the lower genital tract and uterus to determine the cause of bleeding

- Perform thorough vaginal, abdominal, and rectal examinations
- Rapidly assess uterine tone
- Examine the uterine cavity for rupture or retained products of conception
- Assess for uterine inversion
- Consider the possibility of uterine rupture





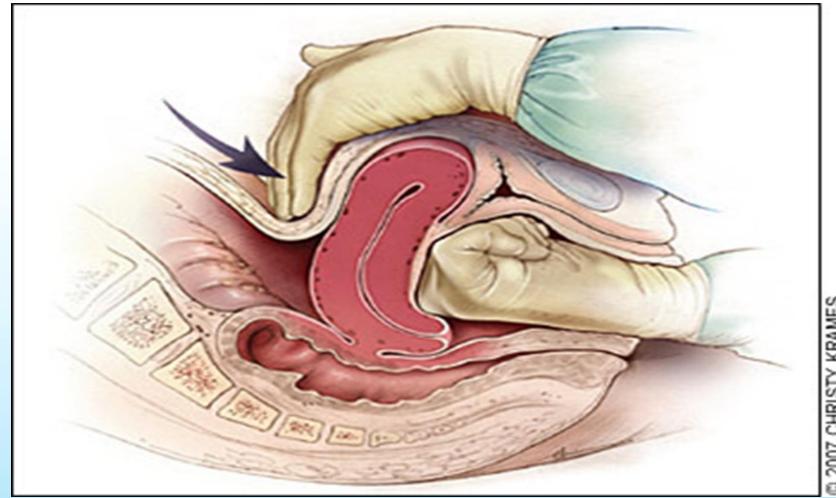
Perform uterine massage and compression

Uterine massage and compression and administration of uterotonic drugs are the key interventions for treatment of atony

Massage should be maintained while other interventions are being initiated, and continued until the uterus remains firm and bleeding has abated



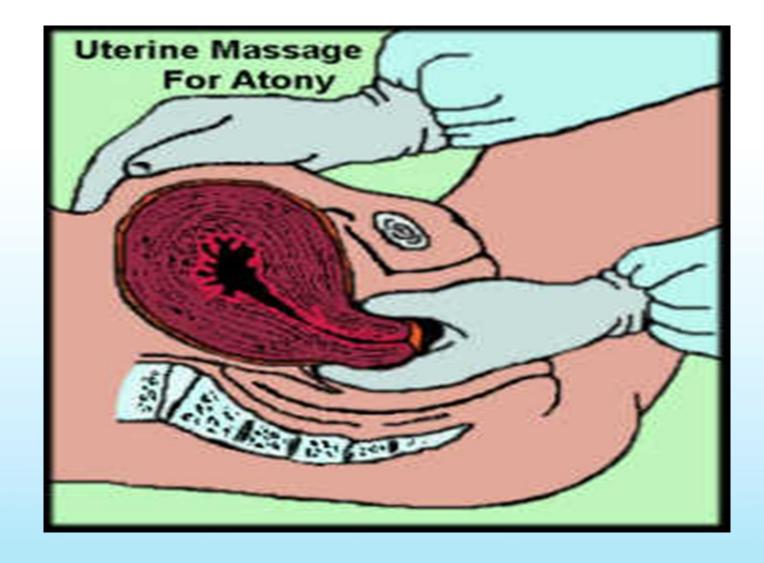




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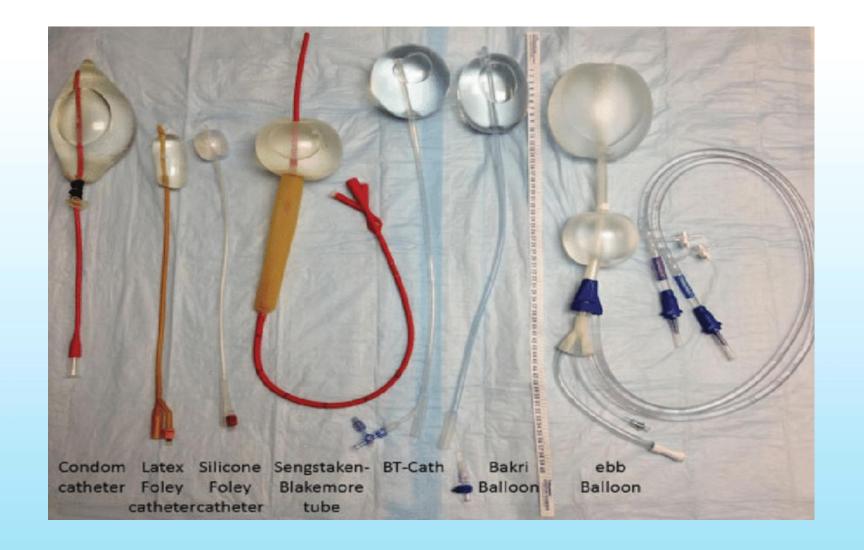








Intrauterine tamponade balloons







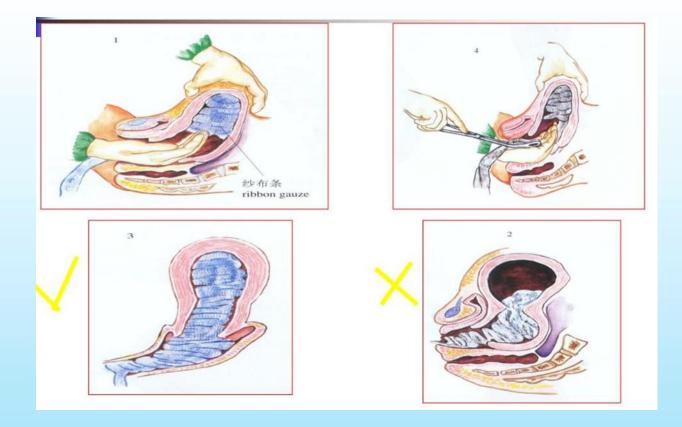
Regardless of the method employed, continued blood loss, hemoglobin, and urine output should be closely monitored. This is especially important when a gauze pack is used because a large amount of blood can collect behind the pack and conceal ongoing blood loss. If successful, the balloon or pack is removed after 24 hours.







The gauze can be impregnated with 5000 units of thrombin in 5 mL sterile saline to enhance clotting.







A regimen of intravenous broad-spectrum antibiotics, such as gentamicin, 1.5 mg/kg every eight hours, and either metronidazole, 500 mg every eight hours, or clindamycin, 300 mg every six hours, are administered while the pack is in place (typically 24 hours). If packing does not control hemorrhage, repacking is not advised.



A single-use, vacuum-induced tamponade device has been developed and is undergoing testing



