

Postpartum hemorrhage management best practices for obstetric nurses.

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Introduction

Postpartum hemorrhage (PPH) remains one of the leading causes of maternal morbidity and mortality worldwide. Defined as blood loss exceeding 500 mL following vaginal delivery or 1,000 mL after cesarean delivery, PPH can escalate rapidly into a life-threatening condition if not managed promptly. Obstetric nurses play a pivotal role in the early recognition, prevention, and management of PPH. This article outlines best practices for obstetric nurses in the management of postpartum hemorrhage, emphasizing preparedness, prompt intervention, and effective collaboration within the healthcare team [1].

PPH is categorized into primary and secondary types. Primary PPH occurs within the first 24 hours of delivery, while secondary PPH occurs between 24 hours and 12 weeks postpartum. The most common causes of PPH are remembered by the "4 Ts". Uterine atony (failure of the uterus to contract effectively) is the leading cause of PPH [2].

Injuries to the birth canal, including lacerations or uterine rupture. Retained placental fragments or membranes. Coagulation disorders that impair the body's ability to clot effectively. One of the critical responsibilities of obstetric nurses is to assess patients for risk factors associated with PPH. Risk factors include, Previous history of PPH [3].

Prolonged labor or precipitous delivery. Overdistended uterus (e.g., in cases of multiple gestation or polyhydramnios). Use of uterine relaxants or induction agents. Continuous monitoring of maternal vital signs, uterine tone, and vaginal bleeding during the immediate postpartum period is essential. Subtle changes in heart rate, blood pressure, or oxygen saturation may indicate the onset of PPH [4].

Obstetric nurses should be well-prepared to manage PPH, which includes Ensuring the availability of emergency supplies, such as uterotonics, intravenous fluids, and blood products. Familiarizing themselves with institutional protocols for PPH management [5].

Educating patients about signs of excessive bleeding postpartum and when to seek medical attention. Prophylactic administration of uterotonic agents, such as oxytocin, immediately following delivery is a proven strategy to reduce the risk of PPH. Nurses must ensure the timely and correct administration of these medications [6].

Active management of the third stage of labor (AMTSL) significantly reduces the incidence of PPH. The key

components of AMTSL include Administration of a uterotonic agent within one minute of delivery. Controlled cord traction to deliver the placenta [7].

Uterine massage following placental delivery to promote contraction. Obstetric nurses are responsible for performing these actions or assisting other members of the healthcare team in their implementation. If PPH occurs, obstetric nurses must act swiftly and systematically Immediately evaluate the severity of bleeding and notify the healthcare team. Accurate estimation of blood loss is critical and may involve using calibrated containers or visual aids [8].

Establish or maintain at least two large-bore intravenous lines for fluid resuscitation and blood transfusion if necessary. Administer additional uterotonic agents, such as misoprostol, carboprost, or methylergonovine, as ordered. Gentle but firm uterine massage can help stimulate contractions and reduce bleeding caused by uterine atony [9].

Continuous monitoring of the patient's heart rate, blood pressure, oxygen saturation, and urine output provides essential information about the patient's hemodynamic status. Effective communication and teamwork are crucial during PPH management. Obstetric nurses should: Work closely with obstetricians, anesthesiologists, and other healthcare professionals to ensure timely interventions [10].

Conclusion

The management of postpartum hemorrhage requires a multidisciplinary approach, with obstetric nurses serving as key contributors to maternal safety and well-being. By staying vigilant, prepared, and proactive, nurses can effectively prevent and respond to PPH, ultimately improving outcomes for mothers. Continuous education, adherence to best practices, and collaboration within the healthcare team ensure the delivery of high-quality care during and after childbirth.

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Received: 02-Dec-2024, Manuscript No. AAICCN-24-157102; Editor assigned: 03-Dec-2024, Pre QC No. AAICCN-24-157102(PQ); Reviewed: 17-Dec-2024, QC No AAICCN-24-157102; Revised: 23-Dec-2024, Manuscript No. AAICCN-24-157102(R); Published: 30-Dec-2024, DOI:10.35841/AAICCN-7.6.236

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