



CASE PRESENTATION ON POST PARTUM HAEMORRHAGE

GENERAL OBJECTIVE

- ❑ **At the end of the clinical practice in labour room of UCMS, it will make me able to complete one case presentation on high risk according to given criteria and apply nursing process in providing holistic nursing care to my client within hospital settings**

SPECIFIC OBJECTIVES

- **To identify between normal and high risk pregnancy**
- **To gain detail information about the case**
- **To identify the abnormalities of mother and baby through the process of assessment, complete history taking and physical examination**
- **To provide holistic nursing care**
- **To identify needs of mother and baby**
- **To maintain and promote optimum health of both mother and baby**
- **To provide health education to mother and family regarding self and baby care for health promotion and disease prevention**

WHY SHE IS HIGH RISK MOTHER

- Here the lady, Aabirum Nisha 29 yrs came under as a High risk case mother because after the delivery she was diagnosed as Post Partum Haemorrhage. It adversely affects the general condition of the women evidenced by rise in pulse and fall in blood pressure, PPH is leading cause of maternal morbidity and mortality. It is threatening event that occurs with warning symptom.



HISTORY TAKING

PATIENT PROFILE

NAME -Aabirum Nisha

AGE -29yrs

SEX -Female

OCCUPATION -Housewife

EDUCATION -5class

RELIGION -Muslim

DURATION OF MARRIAGE -6yrs

NAME OF HUSBAND- Insan Ali



CONTI..

ADDRESS -Tenuhawa-6

WARD- Maternity

BED NUMBER -12

DATE OF ADMISSION -4/9/2013

DATE OF DISCHARGE -7/9/2013

REGISTRATION NUMBER -38378

DIAGNOSIS - Postpartum Haemorrhage

ATTENDING DOCTOR -Dr Yasodha Kocher



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CHIEF COMPLAIN(on admission)

Amenorrhea

Pain abdomen since one day

HISTORY OF PRESENT ILLNESS

She was apparently well before one day , on 5/09/013 at 12 mid night she had started labour pain and at 5 am membrane was ruptured , at 6.30 am baby was delivered by normal vaginal delivery , at 7.30 am she complained abdominal pain and heavy vaginal bleeding.

HISTORY OF PAST ILLNESS

Previously also she had history of PPH and that time delivery was conducted at home, for bleeding problem she was hospitalized for 3days, then two pint of blood transfusion was done in UCMS hospital 2yrs before. She had history of abortion 1 time at 4 month of pregnancy. Rather then this no any past illness and accidents.

ALLERGIES

No history of allergies with environment any type of food, drugs, blood and other.

PERSONAL HISTORY

Nutrition- Patient is non-vegetarian .She eats food 2-3 times a day.

Activity –During her pregnancy she used to perform household activities like cooking , washing dish.

Rest and sleep – Patient used to have proper rest and had no sleeping problems. She used to sleep for 10-12hours.

HYGIENE

- She takes bath daily so, the personal hygiene is maintained.
- Smoking or alcohol habits – No history of smoking or alcohol .

Elimination habit – Regular

MENSTRUAL HISTORY

- Age of menarche- 13yrs
- Gap between each menstruation period- 28-30days
- Regularity of period- Regular
- Amount of blood flow – Around 60ml per day till 7 days

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- Dysmenorrhoea- She had slight dysmenorrhoea
- Any medication used- No
- Last menstruation period- ?/8/2069
- Expected date of delivery- ?/5/2070

FAMILY HISTORY

- Total number of family members- 10
- Type of family- Joint
- History of chronic illness- No



CONTI..

PAST MEDICAL OR SURGICAL HISTORY

No any history

PRESENT MEDICAL/SURGICAL HISTORY

No any history, patient was admitted in hospital to conduct delivery.

OBSTETRICAL HISTORY

- Type of delivery – Normal vaginal delivery
- Date of delivery- 5/9/2013 at 6;30am
- Weight of baby- 3kg



CONTI.

- Sex of baby – male

BABY VITAL SIGN'S

- Temperature- 98°f
- Pulse rate -142/ min
- Respiration- 48/min
- Saturation-97%
- Cry- Immediately after born

POST NATAL HISTORY

- PPH occurs soon after delivery . Amount of blood loss 600ml.
- Baby is in good condition, active
- Injection vitamin k 1 mg I/m was given
- Vitamin A capsule was given to mother
- Started intravenous fluid i.e IVF RL and NS with 10 units syntocin .

INVESTIGATION

INVESTIGATION	PATIENT'S VALUE	NORMAL VALUE	REMARK
HEAMOGLOBIN	10.6 GM/DL	12-15 GM/DL	LOW
PLATELET COUNT	1.5 LAC/MM ³	1.5-4.0 LAC/MM ³	NORMAL
BLEEDING TIME	2MIN 00 SEC	01-05MIN	NORMAL
CLOTTING TIME	4MIN 00 SEC	02-08MIN	NORMAL
BLOOD GROUP	O POSITIVE		
HIV TEST	NEGATIVE	NEGATIVE	NORMAL
HBSAG TEST	NEGATIVE	NEGATIVE	NORMAL

MEDICATION

DRUG NAME	DOSE	ROUTE	FREQUENCY	ACTION
TAB ACILOC	150 MG	P/O	OD	ANTACID
TAB FLEXON	900MG	P/O	SOS	ANTI-PYRETIC ANALGESIC
INJ. SYNTOCIN	10 UNITS IN IVF RL	I/V	STAT	STIMULATES UTERINE CONTRACTION

PHYSICAL EXAMINATION FINDING

Patient's vital signs

- Blood pressure – 90/60 mm of hg
- Temperature- 98°f
- Pulse- 88/min
- Respiration- 18/min
- Saturation- 98%

Anthropometric measurement

- Height-5 feet 4 inch
- Weight- 55kg

GENERAL EXAMINATION

- Patient was conscious.
- Mild dehydration present.
- No edema.
- No sign of aneamia.

OBSTETRIC FINDING

BREAST

- Both the breast are of normal shape and size and symmetry.
- Nipples are prominent, milk was present.

ABDOMINAL

- Abdomen was round in shape.
- Linea nigrae and striae gravidarum was present.
- Fundal height- 14cm above symphysis pubis.
- Uterus was well contracted



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VAGINAL EXAMINATION

- Presence of fresh blood and clots.
- No any swelling of vulva
- No vericose vein, Haematoma

DEVELOPMENTAL MILESTONES

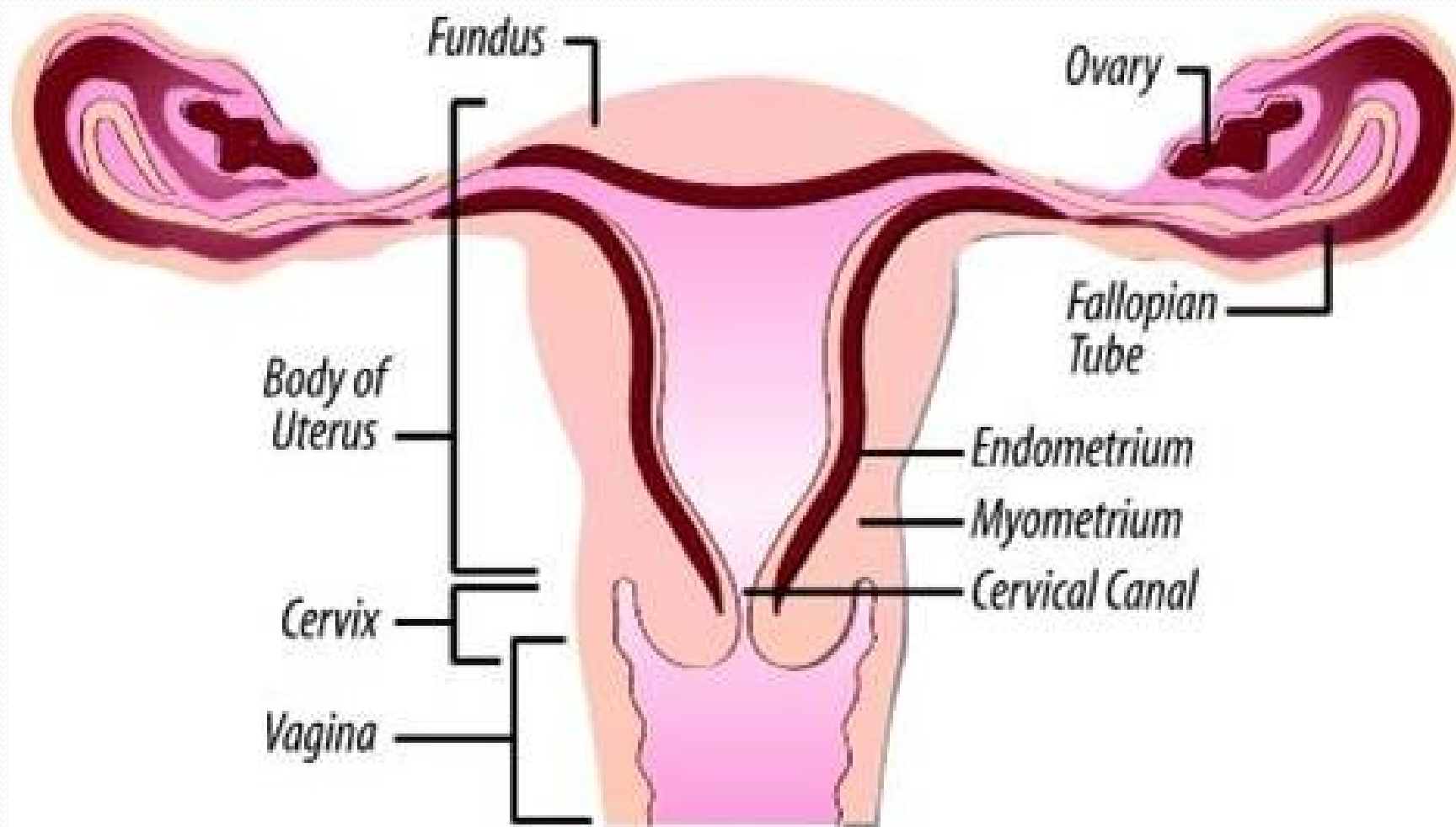
BOOK PICTURE	PATIENT PICTURE
Selecting a mate	Selection a partner
Learning to live with a partner	Learned to live with a partner
Starting a family	Started a family life
Rearing children	Rearing and caring her children
Managing a home	Managed a home
Getting started in an occupation	She is house wife
Taking on civic responsibility	

CONTI

BOOK PICTURE	PATIENT PICTURE
Finding congenials social group	



ANATOMY AND PHYSIOLOGY



Normal Uterus

UTERUS

- ❑ It is hollow pyriform muscular organ.
- ❑ Situated in pelvis between the bladder in front and the rectum behind.
- ❑ Position- Anteversion and Anteflexion.
- ❑ Measurement
 - 8cm long, 5cm wide at the fundus.
 - Walls are about 1.25cm thick

PARTS

BODY OR CORPUS

- It is upper greater part of uterus which makes up the two thirds parts of the uterus.
- It is further divided into fundus the part which lies above the openings of uterine tubes.
- The upper outer angles where the fallopian tubes join is cornua. The uterine tube, round ligament and ligament of the ovary are attached.

CONTI..

ISTHMUS

- It is a narrow area between the cavity.
- It enlarges during pregnancy to form the lower uterine segment.

CERVIX

- It is known as neck of uterus which is cylinder and its lower parts projects in to vagina.
- During the child birth this stretches to allow the passage of the baby.

STRUCTURES

1. PERIMETRIUM

- It is double serous membrane and extension of the peritoneum, which is draped over the uterus.
- Uterus is supported by the surrounding organ and other ligament.
- The surrounding organs are the urinary bladder in front and the rectum behind.



CONTI..

2. **Myometrium**

- It consists of thick bundles of smooth muscle fibres held by connective tissues.

3. **Endometrium**

- It is mucous lining of cavity.
- In the uterine cavity this endometrium is constantly changing in thickness throughout the

BLOOD SUPPLY

- Uterine artery and the internal iliac artery supplies the blood to the uterus, blood drains through corresponding veins.



DISEASE CONDITION

POST PARTUM HAEMORRHAGE

DEFINITION

- ❑ It is defined as loss of 500ml or more blood after birth and 1000ml after caesarean section birth.
- ❑ It is defined as any amount of bleeding from or into vaginal/genital tract following birth of baby up to the end puerperium which adversely affects the general condition of the woman evidenced by rise in pulse and fall in blood pressure. PPH is the leading cause of maternal morbidity and mortality.

CONTI..

Depending upon blood loss the amount of blood loss, PPH can be;-

- MINOR (< **1L**)
- MAJOR (>**1L**)
- SEVERE (>**2L**)

INCIDENCE

4-6% of all deliveries.

TYPES

1.PRIMARY

Primary postpartum haemorrhage is excessive bleeding occurring within 24 hours of delivery. These are of two types;-

- a. Third stage haemorrhage
- b. True postpartum haemorrhage

2.SECONDARY

Haemorrhage occurs beyond 24 hours and within the puerperium, also called delayed or late puerperal haemorrhage.

CAUSES OF PPH

BOOK PICTURE

1. Uterine atony (80%)

- Grand multipara
- Over distension of the uterus
- Malnutrition and anemia
- Antepartum haemorrhage
- Prolong labour
- Malformation of the uterus
- Uterine fibroid

PATIENT PICTURE

- Retained fragments of placenta or membranes

CONTI..

- Anaesthesia, drugs
- Mismanagement of third stage of labour
- Full bladder
- Precipitated labour
- Aetiology unknown

2.Traumatic causes(20%)

- Combination of atonic and traumatic causes
- Blood coagulation disorders, acquired or congenital.

CONTI

- Mistimed episiotomy
- Induced labour
- Precipitate labour
- Forceps delivery
- Previous surgery to the uterus

3.Others

- Coagulopathy/ clotting failure
- Inversion of the uterus
- Retained fragment of placenta or membranes
- Breakdown of uterine wound

SIGNS AND SYMPTOMS OF PPH

BOOK PICTURE	PATIENT PICTURE
Blood pressure low	Low blood pressure (90/60)mm of Hg
Pulse rate increase	Pulse rate increased (96/min)
Signs of shock may present	Vaginal bleeding around 600ml
Abdominal pain and tenderness may or may not present	Abdominal pain
Pale and cold	Anxious
Anxious, confused or unconscious	
Urinary output is 30ml/hour or <30ml/hour	

MANAGEMENT OF PPH

BOOK PICTURE

- Shout for help. Urgently mobilize personnel.
- Make a rapid evaluation of the general condition of the women including vital signs.
- If shock is suspected immediately begin treatment.
- Turn the patient on her side to minimize the of aspiration.
- Keep the patient warm but don't over heat.

PATIENT PICTURE

- Urgently mobilize personnel.
- Monitored patient vital signs.
- Kept the patient comfortable and warmly.
- Massage the uterus to expel the blood and blood clot.
- Injection oxytocin 10 unit added in IVF Ringer's lactate and fastly given.

CONTI

- Elevate the legs to increase return of blood.
- Massage the uterus to expel the blood and blood clots.
- Give oxytocin 10 units I/m
- Start an intravenous infusion fastly .
- Send blood for crossmatch and haemoglobin.
- Empty the bladder.
- Blood for haemoglobin was send.
- Per vaginal examination was done and found few membrane's retained portion, which was removed.
- Examined the cervix , vagina and perineum for tears. No trauma was found.

CONTI

- Check that placenta and membranes to ensure the completeness . If not remove placenta and membrane's retained portion.
- Encouraged mother to feed baby properly and regularly.
- Kept all information accurate in records files.

CONTINUING MANAGEMENT

- Monitor the patient's condition carefully over the next 24-48 hours.
- Checking that the uterus is firm and well contracted.
- Monitor the amount of blood loss.
- Monitor the vital signs.
- After the patient has stabilized ,I/v fluid should be given at a rate of 1litre in 4-6 hours.
- Blood transfusion should be monitored and volume transfused recorded as part of the fluid intake.

CONTI..

- Before the patient discharge, her haemoglobin should be checked and Iron supplementation should be given if indicated.
- If haemoglobin is below 7g/dl or hamatocrit is below 20%, need to supply ferrous 120mg by mouth plus folic acid 400mcq once daily for 3 month.
- After 3 month continue supplementation with ferrous sulphate 60mg by mouth plus folic acid 400mcq by mouth once daily for 6 month.
- Where hookworm is endemic , give Albendazole 4000mg/ Mebendazole 500mg per oral once.

PREVENTION

ANTENATAL

- Improvement of the health status of the mother.
- High risk women who are likely to develop PPH are to be screened and delivered in a well equipped hospital.
- Blood grouping should be done for all women so that no time is wasted during emergency.

INTRANATAL

- Slow delivery of the baby is done.
- Expert obstetric anesthetist is needed when the delivery is conducted under general anesthesia

CONTI..

- During cesarean section spontaneous separation and delivery of the placenta reduces blood loss.
- Active management of third stage of labour , especially of the 'at risk' women, should be a routine.
- Examination of the placenta and membranes should be routine so that as to detect at the earliest any missing part.
- Observe women for about two hours after the delivery and if the uterus remain hard and contracted only then she should be sent to

APPLICATION OF NURSING THEORY

OREM'S THEORY OF SELF CARE

- The self care deficit nursing theory is a grand nursing theory that was developed between 1959 and 2001 .It is also known as the Orem Model of nursing.
- It is particularly used in rehabilitation and primary care settings where the patient is encouraged to be as independent as possible.
- Has three parts which are:-
 1. Self care
 2. Self care deficit
 3. Self care system

CONT.....

The theory of self care is based on concepts of self care ,self care agency ,self care requisites and self care demand.

❖ **ASSESSMENT**

Universal self care requisites

- Air =She has difficulty in breathing.
- Water=Fluid intake is insufficient, mild dehydration present.
- Food= Food intake adequate.
- Elimination=Normal bladder and bowel elimination.
- Activity/rest= Frequent bed rest required due to weakness ,fatigue.

Cont....

- **Social interaction** =Communicate well with family members and staff.
- **Prevention hazards**=Need instruction on care of self and prevention of respiratory problem.
- **Promotion of normal functioning** =Has good relation with family members.
- ❖ Developmental of self care requisites
 - Maintenance of development environment = Able to feed herself ,able to perform dressing and toileting.

CONT....

- **Prevention/management of the conditions threatening the normal development** = Patient feels that the problems are due to his own ignoring habits and discusses the problem with family members and hospital staffs.
- ❖ Health deviation self care requisites
- **Adherence to medical regimen** = Reports the problems to the physician ,co-operate with others not aware about the use and side effects of medicines.

CONT...

- **Awareness of potential problem associated with the regimen** = Not aware about the actual disease process, with nutrition or side effects of the medications.
- **Adjustment of the lifestyle to accommodate changes in the health status and medical regimen** = adjusted with the health /medical treatment and different procedures.

NURSING DIAGNOSIS

- Difficulty in breathing pattern related to excessive blood loss evidenced by shortness of breath.
- Activity intolerance related to pain / discomfort evidenced by verbalization.
- Fluid volume deficit related to excessive blood loss evidenced by observation.
- Fear and anxiety related to knowledge deficit on disease condition evidenced by verbalization.
- Risk for hypovolumic shock related to

NURSING GOAL

- **Patient will establish normal patterns of breathing.**
- **Patient will represent in increase activity tolerance.**
- **Patient will maintain normal fluid volume.**
- **Patient will understand about the disease condition completely.**
- **Patient will be reduce risk of shock.**

NURSING INTERVENTION

- **Assess the breathing pattern.**
- **Assess the nutritional status and hygiene level.**
- **Monitor the vital signs.**
- **Keeping the patient in comfortable position and adequate ventilated room.**
- **Encourage to take plenty of fluid and nutritious diet.**
- **Encourage to do deep breathing and coughing exercise.**
- **Avoid smoking and drinking alcohol**

CONT

- **Encourage for frequent meal.**
- **Providing psychological support.**
- **Avoid heavy lifting work.**
- **Encourage for frequent breast feeding.**



EVALUTATION

The patient was able to change the Daily activities that increases the healthy habits and he also understood the importance of maintaining optimum nutrition and encouraged to intake local protein and Iron diet.

DISCHARGE TEACHING

☐ NUTRITION

- ✓ Importance of balanced diet
- ✓ Encourage to eat iron and protein containing food for mother.
- ✓ Encourage to drink plenty of fluid.

☐ REST AND SLEEP

- ✓ Adequate rest and sleep

☐ ACTIVITY AND EXERCISE

- ✓ Allow to do light exercise i.e pelvic floor exercise, walking, abdominal exercise and breathing, hip hitching to improve circulation, to reduce edema and prevent deep vein thrombosis if present.

CONTI..

- ✓ Education and safety precaution and accident prevention for both mother baby.

☐ **IMMUNIZATION**

- ✓ Family planning device
- ✓ Motivated her to use family planning device.
- ☐ Preventing infections
- ☐ Promoting comfort
- ☐ Follow up visit



THANK YOU