If you are transferred to CCU:

Your infant may be able to visit you for short intervals if he/she is stable and your physician allows. A nurse from the Women’s Center will transport your infant back and forth and stay with the baby during the visit. Your designated support person will be allowed to visit your infant in the nursery at any time. You will be transferred back to the Women’s Center once your lab work and vital signs are stabilized.

Care after PPH once discharged home:

Take it easy once you are home. You need plenty of rest. Drink enough water to stay hydrated. Eat nutritious foods rich in iron and protein. Your physician may prescribe an iron supplement in addition to your prenatal vitamins and folic acid. It is extremely important to keep your follow-up appointment with your obstetrician. Always call with any questions or concerns. You may call your obstetrician or the Women’s Center at (304) 431-5016.
What is PPH? (Postpartum Hemorrhage)

PPH is excessive blood loss immediately after delivery and up to 12 weeks postpartum. This occurs in up to 5% of births.

Who is at risk?

Those with a history of PPH, obesity, placenta previa, retained placenta, placental abruption (the placenta tears away from the uterus), cesarean section, vaginal or cervical lacerations, having quick labor, blood clotting disorders, pre-eclampsia or gestational hypertension, or uterine rupture.

Having a risk factor doesn’t mean that you will have PPH but it may increase your chances.

What to expect if you have PPH:

You will have your vital signs taken often and physical assessments after delivery involving frequent rubbing of the abdomen to massage the uterus and to assess the amount of your vaginal bleeding. If your vaginal bleeding is excessive, the nursing staff will weigh the peri-pads and bed pads as needed. Your physician may order specific medications to help control the bleeding such as IV Pitocin to help contract the uterus.

Your physician or the nursing staff may insert a catheter to empty your bladder. A full bladder doesn’t allow the uterus to contract effectively. If the bleeding cannot be controlled with medications, your physician may insert a fluid-filled balloon into your uterus. This creates pressure against the wall of the uterus to encourage blood clotting.

If these methods are unsuccessful, your physician may take you to surgery to perform a D&C (Dilation and Curettage) to remove excess blood clots or retained tissue from the uterus. If a D&C is unsuccessful, your physician may have to perform a hysterectomy (removal of the uterus).

Your physician will explain these procedures and answer any questions you and your family may have. After the bleeding is controlled, you will continue to receive IV fluids and will be watched closely to ensure the bleeding doesn’t resume. You will also have lab work done to check for anemia. If anemia is present, a blood transfusion may be required. Sometimes patients may be transferred to another department for further monitoring.