QUICK REFERENCE CARD

Postpartum Hemorrhage Management Algorithm

FOGSI Guidelines 2024–25 • WHO/FIGO Oct 2025

MOGS
Mysore Obstetric & Gynaecological Society (R)

FOGSI Guidelines 2024–25

PPH Definition	Severe PPH	Shock Index	QBL (Quantitative Blood Loss)
≥500 mL (vaginal) ≥1000 mL (CS) or any hemodynamic instability	≥1000 mL within 24 hrs or needing transfusion	MSI = HR ÷ SBP ≥0.9 = significant ≥1.7 = critical	Volumetric + gravimetric Mandatory every delivery Do not estimate visually

■ TONE	■ TISSUE	■ TRAUMA	■ THROMBIN
70–80% Uterine atony Boggy uterus	**10%** Retained placenta Invasive placentation	**20%** Lacerations, inversion Rupture, episiotomy	**<1%** DIC, HELLP, ITP vWD, anticoagulants

STAGE 0 — PREVENTION — Active Management of 3rd Stage (AMTSL)

Every delivery · Mandatory

Oxytocin (1st line)	Carbetocin (FOGSI 2024)	Misoprostol	AMTSL Bundle
10 IU IM/IV within 1 min Continue infusion 20–40 IU Preferred if cold chain intact	100 mcg IM/IV single dose No cold chain needed Preferred PHC/field settings	600 mcg sublingual Only if above unavailable Home/community delivery	Controlled cord traction Uterine massage after placenta Delayed cord clamping ≥1–3 min QBL with calibrated drape

STAGE 1 — EARLY PPH — Medical Management & Resuscitation

QBL ≥500 mL (vaginal) / ≥1000 mL (CS) or any hemodynamic change

Immediate Actions	Uterotonics	TXA — Tranexamic Acid (FOGSI ★)	Bimanual + 4T Assessment
Announce PPH · 2 IV lines (16G, grey) CBC, coag, BG & X-match Foley · O■ 8–10 L/min Warm IVF (max 1.5 L) Vitals + pulse oximetry	**1st:** Oxytocin 20–40 IU/500mL **2nd:** Methylergonovine 0.2mg IM (avoid in hypertension) **3rd:** Carboprost 0.25mg IM q15m (avoid in asthma) **4th:** Misoprostol 800mcg rectal	**1 g IV over 10 min** Repeat 1 g in 30 min if needed **Give WITHIN 3 HOURS** of PPH onset Give CONCURRENT with uterotonics — not after failure	**Bimanual compression:** Vaginal fist + abdominal hand Maintain during uterotonics **Treat cause (4 Ts):** Tone · Tissue · Trauma · Thrombin

STAGE 2 — ESCALATION — Nonsurgical Procedures & Devices

Ongoing hemorrhage despite Stage 1 · MTP: pRBC:FFP:Plt = 1:1:1 · Fibrinogen ≥200 mg/dL · Ca-gluconate q4 units pRBC

UBT — Uterine Balloon Tamponade	Condom Catheter (FOGSI PHC)	Manual Procedures	Haemostasis / IR
Bakri balloon: Insert transcervically Inflate 300–500 mL saline **Use ultrasound guidance** US-guided success: ~99% Drainage <50 mL/hr = success Deflate at 24–48 hrs	Tie condom to Foley catheter Insert; inflate 300–500 mL Clamp; pack vagina Remove at 24 hrs Success 82–93% **Cost: <■100**	**Retained placenta:** Manual removal under GA **Lacerations:** Systematic repair cervix→vagina **Inversion:** Johnson's manoeuvre **Bridge:** Aortic compression	**TXA:** 1g IV (if not yet given) **Cryoprecipitate:** 10u if fibrinogen<200 **rFVIIa*:** 90 mcg/kg rescue **UAE:** Stable patients only * Correct pH>7.2, temp>35°C before rFVIIa

STAGE 3 — SURGICAL INTERVENTION

Refractory to Stage 1 & 2 · Hemodynamic instability · Do NOT delay — involve senior surgeon immediately

Compression Sutures	Devascularization (AbdRabbo)	Peripartum Hysterectomy	Damage Control
B-Lynch ~90% — most used Vicryl over fundus bilaterally **Hayman** ~85% — no uterotomy **Cho squares** 75–80% **Pereira** ~78% No hemostasis in 5–10 min → proceed to devascularization	**Step 1:** Uterine art. ligation (O'Leary — reduces flow 90%) **Step 2:** Utero-ovarian lig. **Step 3:** Low uterine art. re-lig. **Step 4:** Internal iliac ligation Cumulative success: **~98%** ■ Identify ureter at every step	**Subtotal preferred in emergency** (faster; less ureter risk) Amputate at internal os level **Total:** cervical bleeding/accreta **CS hysterectomy:** PAS Do NOT remove accreta placenta En bloc resection	**Lethal triad:** Acidosis + Hypothermia + Coagulopathy Target: Hb≥8 · pH>7.2 Temp>36°C · Ca≥1.1 Fibrinogen≥200 · UO≥0.5mL/kg/hr Pack & close if triad present

POST — RECOVERY — Monitor · Document · Debrief

ICU/HDU · Serial Hb & coagulation · Watch for late PPH (up to 12 weeks)

Monitoring	Key Targets	Documentation	Team Debrief
Vitals q15 min × 2 hrs Serial Hb, coag, electrolytes Urine output hourly Watch: AKI, ARDS, DIC Re-bleeding vigilance	Hb ≥8 g/dL Fibrinogen ≥200 mg/dL Platelet ≥50,000 UO ≥0.5 mL/kg/hr Ionised Ca ≥1.1 mmol/L	Exact QBL at every stage All uterotonics + timing Device insertion times Operative notes Near-miss reporting (Quality Improvement)	MDT debrief within 24 hrs Review & improve gaps Counsel patient & family FOGSI near-miss registry Future pregnancy planning

★ **Tranexamic Acid (TXA):** Give within 3 hrs of PPH onset. Give concurrently with uterotonics — not just after failure. WOMAN trial: 31% mortality reduction when given <1 hr.

★ **rFVIIa:** Rescue only. Pre-conditions: pH>7.2, temp>35°C, Hb>7, fibrinogen>50, platelets>50k. FOGSI 2024 approved for severe PPH in India.

★ **Hysterectomy:** Do NOT delay when life-threatening. Decision timing > technique choice. Senior surgeon must be called early.

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