



Postpartum Haemorrhage — Drill Card

Bleeding over 500 ml after birth kills within hours. The first four minutes, the drugs and doses, the roles, and the monthly drill log

PPH — BLEEDING > 500 ML AFTER BIRTH

Call · Massage · Oxytocin · Fluids · Find the cause

Minute	Do	Who
0	Shout for help; note the time; start counting blood loss (weigh swabs)	Anyone
0–1	Massage the uterus firmly; empty the bladder (catheter)	Midwife
1	Oxytocin 10 IU IM or IV (if not already given); then infusion 20–40 IU in 1 L at 60 drops/min	Midwife / nurse
2	Two large IV cannulas; crystalloid 1 L fast; take blood for Hb, group and cross-match	Second person
3	Tranexamic acid 1 g IV over 10 min (within 3 h of birth; repeat once after 30 min if bleeding continues)	Doctor / midwife
3–5	Find the cause — 4 Ts: Tone (atony) · Tissue (retained placenta) · Trauma (tears) · Thrombin (clotting)	Doctor
5+	Uterus still atonic: misoprostol 800 µg sublingual, or ergometrine 0.2 mg IM (not if hypertensive); bimanual compression; aortic compression; balloon tamponade	Doctor
Ongoing	Oxygen; keep warm; monitor pulse, BP, urine every 5 min; call for blood; prepare for theatre or transfer	Team

Escalate now if: bleeding continues after oxytocin and massage · pulse > 110 or BP < 90 systolic · loss > 1,000 ml · no blood available on site. Call the senior obstetrician / surgeon; arrange transfer with an escort, IV running, and this card completed.

Drill date	Scenario	Time to oxytocin	Time to IV fluids	Time to TXA	PPH box complete ☐	Lessons
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Adapted from WHO recommendations for the prevention and treatment of postpartum haemorrhage (2012, 2017 TXA update).

ASF standards: Hospital Standard 4 — obstetric emergency response (means of verification: card, PPH box, drill log)