

Understanding Postpartum Bleeding and Haemorrhage: What to Expect and When to Seek Help



Highlights

It is normal to have some bleeding from the vagina after giving birth.

Postpartum haemorrhage occurs when excessive blood loss happens after childbirth, which can be serious and life-threatening.

If it happens soon after birth, it is often due to the uterus not contracting properly.

If it occurs more than 24 hours after birth, it may be caused by infection or retained placenta.

Postpartum haemorrhage is unpredictable and can affect anyone, making access to emergency medical care essential.

An injection is often offered after birth to help the uterus contract, assist with placenta delivery, and reduce the risk of postpartum haemorrhage.

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Understanding Normal Bleeding After Birth

It is normal to experience vaginal bleeding, known as 'lochia,' after childbirth. This bleeding originates from the area of the uterus where the placenta was attached and needs time to heal. There may also be additional bleeding from any tears or cuts sustained during delivery.

Bleeding is heaviest in the first few days after birth and gradually decreases over the following weeks. Initially, it may be bright red, resembling a heavy period, and will transition to a reddish-brown, then brown, and eventually pinkish before stopping. The duration of bleeding varies but typically lasts between 4 to 6 weeks.

Bleeding may be heavier in the morning, after physical activity, or following breastfeeding.

What Is Postpartum Haemorrhage?

Postpartum haemorrhage (PPH) is defined as excessive blood loss after childbirth, specifically more than 500ml of blood.

Primary postpartum haemorrhage occurs within the first 24 hours after birth.

Secondary postpartum haemorrhage happens between 24 hours and 6 weeks postpartum.

This condition is serious and requires immediate medical attention.

Signs of Excessive Bleeding

While postpartum bleeding is expected, excessive blood loss may indicate a haemorrhage if:

You are soaking through a pad every hour or two.

You are passing large blood clots.

Your blood suddenly appears bright red.

Blood loss increases unexpectedly.

You feel fatigued, dizzy, or have trouble breathing.

You have any concerns about your bleeding.

Additional symptoms, depending on the cause, may include:

Fever

Lower abdominal pain

Unpleasant-smelling discharge

When to Seek Medical Attention

Seek immediate medical care if you experience heavy bleeding within six weeks postpartum, particularly if you are soaking through a pad every hour or two.

Call emergency services if:

You have given birth within the last 24 hours and feel unwell.

You experience dizziness, clamminess, or a racing heart.

You have difficulty breathing.

Contact a healthcare provider immediately if:

You are unsure whether your bleeding is normal.

You have a fever above 38°C.

You notice unusual vaginal discharge.

You experience worsening abdominal pain.

Causes of Postpartum Haemorrhage

Primary Postpartum Haemorrhage (within 24 hours)

The uterus not contracting properly to stop bleeding.
Injuries to the uterus, cervix, vagina, or perineum.
Retained placenta.
Blood clotting disorders.

Secondary Postpartum Haemorrhage (24 hours to 6 weeks)

Uterine infection.
Retained placenta or tissue.
Other conditions, such as fibroids.

Risk Factors

While postpartum haemorrhage can occur unexpectedly, certain factors increase the risk:

Giving birth five or more times previously.
An overly stretched uterus (e.g., carrying multiple babies or excessive amniotic fluid).
Placental abnormalities (e.g., placenta praevia).
Blood clotting disorders.
A history of postpartum haemorrhage.
Uterine fibroids.
Health conditions such as a high BMI, high blood pressure, anaemia, or diabetes.

Certain types of birth also increase the risk:

Prolonged or very rapid labour.
Labour induction.
Assisted birth using forceps, vacuum, or caesarean section.
Episiotomy.
Retained placenta.
Fever during labour.
Shoulder dystocia (difficulty delivering the baby's shoulders).

Treatment Options

Primary PPH

Postpartum haemorrhage is a medical emergency requiring immediate intervention.
Treatment includes:

IV fluids and medication to control bleeding.
Uterine massage.
Blood transfusion if necessary.

Surgery in severe cases, which may involve:

Removal of retained placenta or blood clots.
Repairing any injuries causing bleeding.
Using a balloon device to apply pressure inside the uterus.
Hysterectomy (removal of the uterus) as a last resort.

Secondary PPH

Treatment typically involves:

Antibiotics for infection.
Medication to encourage uterine contraction.
Surgical removal of retained tissue if necessary.
Blood transfusions for severe blood loss.

Prevention Measures

While postpartum haemorrhage is unpredictable, preventive measures include:

Receiving medication during the third stage of labour to help with placenta delivery.
Having an ultrasound during pregnancy to assess placental position.
Giving birth in a medical facility if at high risk.
Inserting an intravenous cannula (IV) during labour for rapid access to fluids or medication if needed.

Potential Complications

Severe blood loss can lead to:

Anaemia: Diagnosed via blood tests and managed with iron therapy or transfusion.

Breastfeeding difficulties: Support from lactation consultants may be beneficial.

Blood clots: Staying active and hydrated can reduce this risk.

Emotional distress: Talking to a professional may help cope with a difficult birth experience.

Planning for Future Pregnancies

A history of postpartum haemorrhage increases the likelihood of recurrence. It is essential to inform healthcare providers during subsequent pregnancies to ensure proper planning and management.

If concerns arise about postpartum haemorrhage in future pregnancies, discussing them with a doctor or midwife can provide reassurance and guidance.

Tools and Assistance

If you've experienced postpartum haemorrhage, several types of support can be helpful:

Medical guidance: Speak regularly with a midwife, obstetrician, or GP about recovery and future care.

Emotional support: Processing a traumatic birth experience is important - consider counseling or therapy.

Peer groups: Joining a parenting support group (local or online) can offer a sense of community and shared experience.

Recovery tools: Journaling symptoms, tracking emotions, and using recovery checklists can help monitor healing.

Education: Learning more about the signs of PPH and what to expect can empower you for future pregnancies.

Partner/family involvement: Encourage your support system to learn about PPH and how they can help during recovery.