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Introduction

PPH is a dangerous and relatively common obstetric complication. In Australia, obstetric haemorrhage is the third most common cause of maternal death and the most common cause of direct maternal death¹. Adherence to evidence-based guidelines improves patient outcomes. However, resource-limited rural maternity services can find it challenging to follow these protocols.

This audit aimed to evaluate the management of primary PPHs following vaginal delivery in rural Queensland hospitals by assessing compliance with Queensland clinical guidelines.

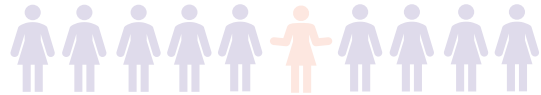


Fig 1. In 2020, 10% of Queensland mothers who had a vaginal delivery experienced a primary PPH²

Methods

After gaining ethics approval, retrospective data collection of all intrapartum presentations to the Warwick, Kingaroy, and Beaudesert hospitals during 2019 was undertaken. All women who experienced a PPH following vaginally delivery were included in the audit. Data was analysed using binary measurements and descriptive statistics.

Results

Overall, 71 patients were included in the audit, ranging in age from 17 to 46 years. The Queensland clinical guideline divides PPH management into the stepwise approach of conservative, medical and then surgical management.

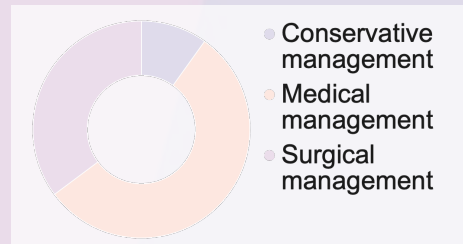


Fig 2. Proportion of PPHs resolving after each management type

The guideline calls for fundal massage and tranexamic acid (TXA) to be given in all PPHs, alongside regular observations

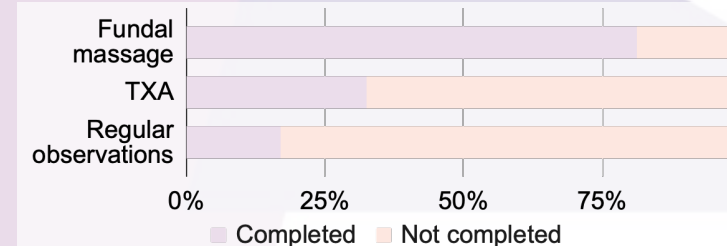


Fig 3. Proportion of PPH patients who received fundal massage, TXA and regular observations

As per the guidelines, all patients progressing to medical management received first-line drugs at appropriate doses alone or in combination. However, adherence to the recommended pathology tests was much more varied.

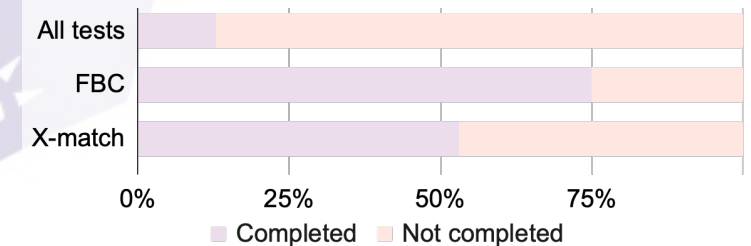


Fig 4. Proportion of PPH patients who received the recommended pathology tests

Discussion

Conservative and medical management were strengths for rural hospitals. Nevertheless, the evidence supporting its use makes improving TXA use crucial. Access issues likely contributed to the failure to consistently undertake the recommended blood tests. Yet most patients had their haemoglobin tested, revealing how doctors balance clinical needs against limited resources.

Although doctors should follow local guidelines, clinical judgment plays a critical role, especially in resource-limited contexts. This audit highlights how rural hospitals can build upon their strengths and improve their services, so all patients receive the best possible care.

References:

1. Australian Institute of Health and Welfare. National maternity data development project: primary postpartum haemorrhage: research brief no.8 [Internet]. Canberra: Australian Government; 2016 [cited 21 Jan 2022].
2. Queensland Health. Perinatal Statistics 2020 Annual Report Tables [Internet]. Brisbane: Queensland Government; 2021 [cited 21 Jan 2022].