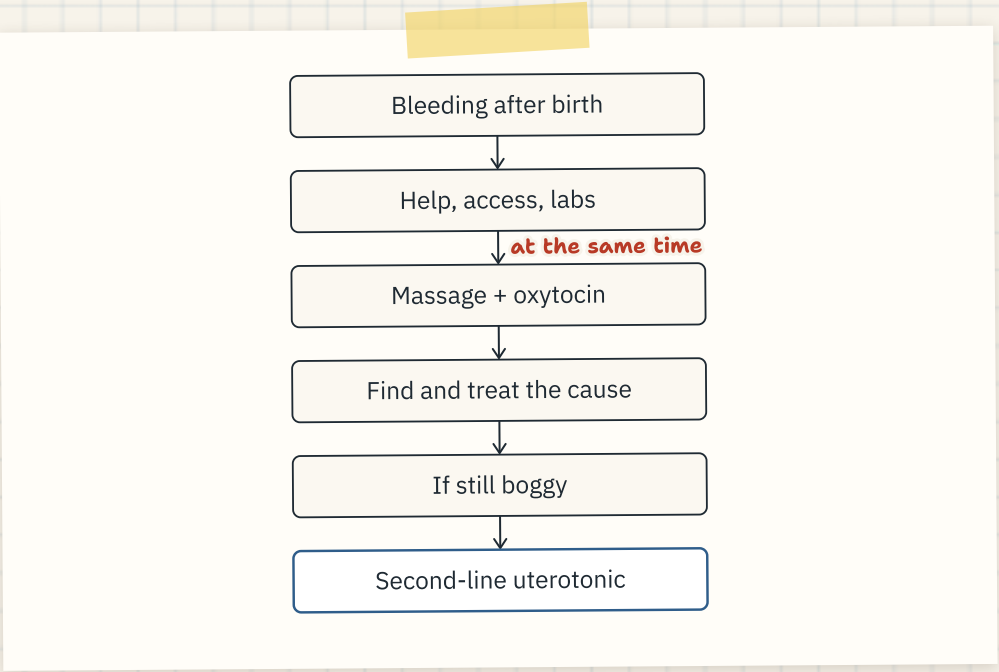
Postpartum hemorrhage at a glance

Name the T, order the response, choose the drug



Step by step

1. Help, access, labs: two large-bore lines, crystalloid, count, crossmatch, coagulation with fibrinogen.
2. At the same time: massage the uterus and give oxytocin.
3. Find the cause: cervix and vagina, placenta complete, explore the uterus; repair, remove, correct.
4. Still boggy: second-line uterotonic.
5. Still bleeding: bimanual compression, tamponade, embolisation if stable, or surgery.

Drug	Contraindicated in
Methylergonovine	Hypertension
Carboprost	Asthma
Misoprostol	Neither problem

Second-line uterotonics for atony

The four Ts

Tone: soft, boggy uterus (commonest)
Tissue: missing placenta or fragments
Trauma: firm uterus, bleeding continues
Thrombin: oozing from every needle site

Exam traps

- Definition: 1,000 mL or hypovolaemia within 24 h, any route (ACOG); the older rule was 500 mL vaginal.
- Embolisation needs a stable patient; hysterectomy comes last.
- ACOG lists carboprost as contraindicated in asthma; some guidelines say caution.

Postpartum hemorrhage: the 4 Ts and first response

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/ob-gyn/postpartum-haemorrhage-four-ts-first-response

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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