Postpartum Bleeding: What Are the Best Criteria for Diagnosis?

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As an obstetric emergency, postpartum bleeding is included in five most important causes of maternal mortality in both developed and developing countries. Compared to the developed countries, the risk of death from postpartum bleeding is higher in developing countries which makes it a big threat for a woman’s general and reproductive health. To prevent severe maternal morbidity and death, its timely recognition is critical (1).

Worldwide, various criteria are used for the diagnosis of postpartum bleeding. Its classic definition is estimated loss of 500 mL or greater volume of blood after a vaginal birth or 1000 mL or more after a cesarean delivery (2). Although this definition is still utilized by some guidelines (2), any internal bleeding in the retroperitoneal / intraabdominal region or in the pelvic floor like vaginal hematoma may not be externally visible and blood mixed with amniotic fluid in collection devices may be misleading (3). Furthermore, blood loss 500 mL or more, but less than 1000 mL is rarely associated with postpartum morbidity (4).

To overcome these limitations, in 2017, the definition of postpartum bleeding was revised by the American College of Obstetricians and Gynecologists (ACOG) as a total loss of 1000 mL or more of blood regardless of delivery route, or any blood loss that causes hemodynamic instability in the first 24 hours after delivery. In spite of this renewed definition, it is still recommended that >500 mL blood loss, particularly with persisting heavy bleeding in a vaginal birth should be regarded as abnormal and promptly evaluated when closely monitoring the patient (5).

As a result, timely recognition of postpartum bleeding is essential for an appropriate response to ensure the women’s general and/or reproductive health and any unexpectedly great bleeding resulting in hypovolemic signs and/or symptoms in postpartum patients should make the diagnosis.

Ethical Issues
Not applicable.

References

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