



اسم السياسة /الخطة:سياسة ادارة النزيف بعد الولادة
POST-PARTUM HEMORRHAGE, MANAGEMENT

رقم السياسة/ الخطة: 11-OSD-PP

المعنيين بالسياسية: كوادر قسم النسائية والتوليد		المجموعة: رعاية المرضى
توقيع مسؤول صالات الولادة:	تاريخ الاعداد: 2025/8/12	إعداد: قسم النسائية والتوليد
التوقيع:	تاريخ التدقيق: 2025/11 /1	دقتت من قبل: مدير قسم الجودة
التوقيع:	تاريخ الاعتماد: 2025 /11 / 8	اعتمد من قبل: مدير المستشفى
تاريخ المراجعة القادمة: 2027/11 /8	الطبعة: الاولى	عدد صفحات السياسة/الخطة: (3)

1. Purpose:

- 1.1 To safeguard mother and baby's well-being.
- 1.2 To lessen maternal anxiety resulting from unexpected and unusual labor pattern.

2. Policy:

- 2.1 Pediatrician must be informed and evaluate infant for signs of injury after delivery.
- 2.2 Obstetrician must examine the woman for any cervical signs, vaginal and perineal Lacerations.

3. Scope:

- 3.1 This policy is applicable to all patients in labour.

4. Responsibility:

- 4.1 It is responsibility of head department unit to assure applied this policy.
- 4.2 It is responsibility of all midwives who interact with patient.
- 4.3 It is responsibility of all resident doctors who interact with patient

5. Definitions:

- 5.1 Precipitate Delivery - is a rapid expulsion of fetus from the birth canal, less than 3 hours from the time of the first contraction to the delivery of the baby.

6. Equipments/Forms/Attachments:

- 6.1 Delivery set.
- 6.2 Sterile gloves.
- 6.3 Sterile drapes.
- 6.4 Gauze.
- 6.5 Antiseptic solution.
- 6.6 Fetalscope, CTG machine.

7. Procedure:

- 7.1 Monitor maternal vital signs and fetal heart by cardiotocograph continuously to detect distress resulting from fetal hypoxia (impaired intervillous blood flow due to strong and frequent contraction.
- 7.2 Maintain a calm atmosphere.
- 7.3 Encourage relaxation techniques.
- 7.4 Explain procedure prior performing, if possible.
- 7.5 Assess cervical dilatation by vaginal examination under aseptic condition.
- 7.6 Position the patient on lithotomy position if cervix is fully dilated.
- 7.7 Deliver the patient aseptically.
- 7.8 Deliver the placenta by control cord traction after placental separation noted.

- 7.9** Administer 0.2 mg methergine as ordered after placenta checked for its completeness as prescribed.
- 7.10** Observe for 1 to 2 hours for any post-partum complication.
- 7.11** Evaluate and document patient's condition. Note the time of delivery, Apgar score of the baby, sex, weight, and length.
Documentation on patient file, partograph

8. References:

- 8.1** NICE 2024