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Postpartum Haemorrhage Recognition and Skills Stations

Practical 04 / Skills laboratory simulation

Aim

Recognise postpartum haemorrhage and demonstrate the assigned response techniques on trainers.

Principle

Early escalation, quantified blood loss, maternal status and identification of the cause guide the emergency response. Tone, trauma, tissue and thrombin organise the differential.

Materials and Requirements

- Postpartum manikin, graduated collection drape and vital-sign chart
- Trainer balloon, non-pneumatic anti-shock garment and skills checklists

Procedure

1. Recognise heavy or ongoing bleeding and abnormal vital signs. Call the obstetric haemorrhage response and allocate team roles.
2. In the WHO-based vaginal birth case, activate the response for measured loss of at least 500 mL, or at least 300 mL with an abnormal circulatory sign such as systolic blood pressure below 100 mmHg. Escalate brisk bleeding or instability immediately at any volume.
3. Read the calibrated collection device, document cumulative loss and assess the simulated uterine tone and maternal status.
4. Add each measured volume to the running total and record time, pulse, blood pressure, perfusion and simulated uterine tone. Report deteriorating observations while measurement continues.

Continue with step 5 on the next page.

Procedure Continued

Postpartum Haemorrhage Recognition and Skills Stations

5. Review the four causes. State the relevant facility actions for resuscitation and source control with the supervisor.
6. Rehearse the team's first-response bundle with faculty. Assign uterine massage, a uterotonic, tranexamic acid, IV fluids, examination to identify the bleeding source and escalation of care. Use the scenario findings to assess tone, trauma, retained tissue and coagulation.
7. At instructor-led model stations show indications and positioning for bimanual and aortic compression, balloon tamponade and the anti-shock garment. Use the device and local checklists.
8. At each teaching model identify indication, required preparation and point of escalation. Demonstrate the assigned manoeuvre or device using its checklist and verify the instructor's model result.
9. Reassess loss, uterine findings and perfusion and communicate time, response and transfer or definitive care needs.
10. Re-evaluate bleeding, tone and perfusion after each simulated action. Give a handover with total loss, response, outstanding concern and the team responsible for definitive care.

Precautions

- Perform hands-on haemorrhage techniques only on trainers for this station.
- Use full clinical escalation for continued bleeding or instability.

Observations and Interpretation

Postpartum Haemorrhage Recognition and Skills Stations

Observations and Record

Item	What to record	What it tells you
Loss and time	Cumulative measured volume, pace and interventions	Quantifies ongoing bleeding
Probable cause	Tone, trauma, tissue and coagulation concerns	Guides focused assessment
Response	Vital signs, technique and reassessment	Supports escalation

Worked Example

After a simulated vaginal birth, record 350 mL of blood loss and a systolic blood pressure of 86 mmHg. Bleeding continues and the uterus feels soft on the model.

Result and Interpretation

Activate the haemorrhage response immediately. The measured loss and low blood pressure meet the early response criteria. Assess for uterine atony and help the team reassess bleeding and perfusion.

Viva Questions and Answers

What are the four Ts?

Tone, trauma, tissue and thrombin.

Why record blood loss cumulatively?

Repeated amounts can add up quickly and change the team's assessment.

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