

Introduction

Secondary postpartum haemorrhage (PPH) is defined as significant bleeding between 24 hours and 6 weeks post delivery. Significant secondary PPH is a rare but serious cause of maternal morbidity, with approximately 2% incidence in high income countries being hospitalised¹.

Aims

We report a rare presentation of secondary PPH and the management required to stabilize this patient.

Case Study

34year old G2P2 presented 24 days post an uncomplicated normal vaginal birth with a sudden onset of significant vaginal bleeding. She had an uncomplicated antenatal and postpartum journey prior to presentation in the private sector.

She presented in hypovolaemic shock with at least 500ml loss with signs of a boggy uterus. She was taken to theatre for an examination under anaesthesia urgently within 30 minutes of arrival. Her cervix was 2cm dilated and thus she had a suction dilatation and curettage. There were no signs of retained products noted during the procedure however bleeding was not controlled despite administration of oxytocic agents which included- oxytocin 10units, 500mcg ergometrine and 250mcg carboprost. Insertion of a Bakri balloon stabilised her bleeding. Her estimated blood loss in total was over 3L. In theatre she received, 2 packed red blood cells, 2 units of fresh frozen plasma, 500ml albumin along with 2L of crystalloid fluid.

A small second degree tear was also sutured at time of procedure. Suctioned blood was sent for histopathology to assess for any signs of retained products.

Results-

Her inflammatory, coagulation markers were normal, and swabs were negative for infection. Pelvic ultrasound showed nil evidence of retained products of conception. The histopathology of suctioned blood showed small retained products.

During post-operative period, she was admitted to intensive care unit (ICU), where she was observed and administered 48 hours of IV antibiotics. She was transferred to a tertiary centre with access to interventional radiology in case she required bilateral uterine artery embolization. In ICU, her observations remained stable with no vasopressor support and her Bakri was removed in stages over 12 hours with backup from the operating theatre and interventional radiology. There was nil further significant bleeding and she was subsequently stepped down from ICU to the postnatal ward for observation. The patient was discharged within 3 days of admission and followed up with her private obstetrician a few weeks later.

Discussion

Secondary PPH is an uncommon presentation and the most common cause is endometritis with or without retained products². There was no clinical evidence of retained products at time of the procedure thus consideration for arteriovenous malformation was considered due to the severity of bleeding. Prompt management is required for cases such as these for optimal outcomes and all differentials should be considered and investigated thoroughly.

References

1. Secondary (late) postpartum haemorrhage [Internet]. UpToDate. 2022. Available from: <https://www.uptodate.com/contents/secondary-late-postpartum-hemorrhage>.
2. Chainarong N, Deevongkij K, Petpichetchian C. Secondary postpartum hemorrhage: Incidence, etiologies, and clinical courses in the setting of a high cesarean delivery rate. PLoS One. 2022 Mar 1;17(3):e0264583. doi: 10.1371/journal.pone.0264583. PMID: 35231065; PMCID: PMC8887715