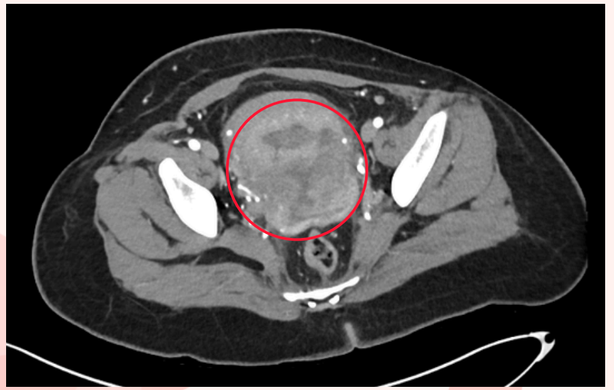
A Case of Spontaneous Uterine Hematoma and Profound Hypotension Following an Uncomplicated Vacuum Assisted Vaginal Birth



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Case

A 31 year old primigravida underwent an uncomplicated vacuum-assisted vaginal delivery at 40 weeks for intrapartum haemorrhage of unclear source. She had an episiotomy and vaginal wall tear repaired, with an estimated blood loss of 1 litre.
90 minutes postpartum, she had an emergency call for transient loss of consciousness and profound hypotension of 60/40 mmHg. There was no evidence of vaginal bleeding or hematoma. She required vasopressor support and was transferred to ICU.

Background

Spontaneous uterine hematoma following assisted vaginal birth is a rare but serious postpartum complication[1]. It often has a non-specific presentation as noted in this case, and can be easily missed in the immediate postpartum period.

Results

- Haemoglobin drop from 129g/L to 66g/L
- Urgent CT Abdomen Angiogram: lower uterine segment haematoma measuring 61 x 56 mm with no active extravasation.
- The patient received 3 units of packed red blood cells and was commenced on intravenous antibiotics.
- Her haemoglobin remained stable at 90g/L, she improved clinically and was discharged on day 3 postpartum with a plan for a repeat ultrasound pelvis in 10 weeks and review.

Aim

Highlight that prompt recognition and management are crucial in preventing maternal morbidity and mortality.

Discussion

This case highlights the importance of considering spontaneous uterine bleeding/hematoma in postpartum patients with unexplained hypotension and altered consciousness, particularly after instrumental delivery[2]. Early escalation, prompt imaging, and multidisciplinary intervention are critical for favourable outcomes. Surgical exploration should be considered if the patient remains unstable or there is evidence of ongoing bleeding.

References:

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2. Chawanpaiboon S, Titapant V, Pooliam J. Maternal complications and risk factors associated with assisted vaginal delivery. BMC Pregnancy Childbirth. 2023;23(1):756.