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**Preventing Postpartum Hemorrhage**

Postpartum hemorrhage is the leading cause of maternal death worldwide and is the primary reason for postpartum transfers in the birth center setting. The main cause of postpartum hemorrhage is uterine atony, meaning your uterus does not contract well following the birth of the baby and placenta. During the 3rd stage of labor, which begins after the baby is born, oxytocin naturally produced by your body triggers uterine contractions which release your placenta. This process also aids in your uterus “clamping” down to stop bleeding from vessels where your placenta used to be. There are many factors that affect this process, some of which can be controlled and some which are inherent risks. It’s important to note that even with a thorough risk assessment, you or your healthcare team cannot predict when a hemorrhage will occur.

Active management of the third stage of labor means taking proactive steps to prevent excessive bleeding before it starts. One consistent element of active management across the medical literature is giving Pitocin following birth to help slow bleeding via effective uterine contraction. At the Birth Center of Denver, active management means giving Pitocin either by intramuscular injection or IV after the birth of the baby prior to the placenta coming out. Pitocin is fast-acting, meaning it is in and out of your system rapidly. Pitocin helps your uterus to contract, which encourages your placenta to come out and slows bleeding at the placental site.

Pitocin given for active management has been shown to reduce total blood loss, reduce incidence of postpartum hemorrhage and reduce incidence of a retained placenta due to uterine atony1,2,3. Even without a diagnosed postpartum hemorrhage, excessive blood loss contributes to greater physical and emotional fatigue, longer postpartum recovery, and delays in milk supply4. We recommend giving Pitocin after your birth for active management to prevent excessive bleeding and postpartum hemorrhage.

References:

1. Begley, C., Gyte, G., Devane, D., McGuire, W., Weeks, A.. & Biesty, L. (2019). Active versus expectant management for women in the third stage of labour. *Cochrane Database of Systematic Reviews, 13(2). DOI:* 10.1002/14651858.CD007412.pub5
2. Masuzawa, Y., Kataoka, Y., Fujii, K. & Inoue, S. (2018). Prophylactic use of postpartum haemorrhage in the third stage of labour: An overview of systematic reviews. *BioMed Central: Systematic Reviews, 7*(156)*.* DOI: 10.1186/s13643-018-0817-3.
3. Yildrin, D., Ozyurek, S., Ekiz, A., Elif, C., Hendem, D., Bafali, O. & Secklin, K. (2016). Comparison of active vs. expectant management of the third stage of labor in women with low risk of postpartum hemorrhage. *Ginekologia Polska, 45(*2), *147-154.* DOI:https://doi.org/10.1016/j.jgyn.2015.11.005
4. Guven, Z., Holm, C., Rosthoej, S. & Langhoff-Roos, J. (2018). Association between blood loss at delivery and fatigue in the puerperium: A prospective longitudinal study. Journal of Maternal-Fetal & Neonatal Medicine, 11(1), p. 1-6. DOI: 10.1080/14767058.2018.1498479