



Review *article*

Massive Obstetric Hemorrhage: Therapeutic Approaches and Outcome

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ABSTRACT

Massive obstetric hemorrhage is one of the main causes of maternal morbidity and mortality in the world. Among other definitions, it is known as the loss >2,500ml of blood and is associated with admission to critical patient units and hysterectomy. The physiological changes of pregnancy allow significant bleeding before a drop in hemoglobin and/or hematocrit is observed. Among the physiological changes of pregnancy, there is hypercoagulability associated with the pregnant woman. Some comorbidities associated with pregnancy can contribute to the onset of catastrophic hemorrhage with consumptive coagulopathy, which makes the situation even more serious. Optimization, preparation, rational use of resources and protocolization of actions are useful to improve results in these patients. The use of protocols based on point of care with viscoelastic tests is proving useful. If hypofibrinogenemia occurs during bleeding, early administration of fibrinogen may be very helpful. Coagulopathy other than fibrinogen may be necessary to effectively correct coagulopathy during replacement in postpartum hemorrhage. A hysterectomy is recommended if medical and surgical measures have proven ineffective.

Keywords: Massive obstetric hemorrhage, Postpartum hemorrhage, Coagulopathy.

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