CONDITION

PPH

PPH is heavier-than-expected bleeding after childbirth that requires prompt medical assessment and treatment.

WHAT IT IS
Heavy bleeding after childbirth

BODY SYSTEM
Reproductive system, blood, heart and circulation

MAIN SYMPTOMS
Heavy bleeding, dizziness, weakness, fast heartbeat

WHAT CAUSES IT
Poor uterine contraction, retained placenta, injury, or clotting problems

HOW IT IS DIAGNOSED
Blood loss measurement, examination, vital signs, and blood tests

MAIN TREATMENT
Urgent medicines, procedures, blood replacement, and sometimes surgery

CAN IT BE CURED?
Yes - bleeding can usually be stopped

IS IT AN EMERGENCY?
Yes - heavy bleeding after childbirth

LONG-TERM OUTLOOK
Most recover fully; severe cases can have lasting effects

Overview

PPH stands for postpartum hemorrhage, meaning heavy bleeding after childbirth. Some bleeding is expected after any birth, but PPH is more than the body can safely manage without assessment and, often, treatment.

Primary PPH happens within the first 24 hours after birth. Secondary PPH begins after 24 hours and can occur up to 12 weeks later.

Medical definitions use the amount of blood lost, signs that the circulation is being affected, or both. The exact volume used in a definition differs between health systems. Blood loss can also be hard to measure accurately, so the way you feel and changes in your blood pressure, pulse, breathing, or alertness are important.

Most PPH starts soon after birth, while the birth team is present. Treatment often controls it quickly. However, major blood loss can cause anemia, which means too few healthy red blood cells, or shock, in which the organs are not receiving enough blood and oxygen.

PPH can follow a vaginal or cesarean birth. It is not your fault, and it can happen even when pregnancy and birth have been straightforward.

Symptoms

Normal bleeding after birth is called lochia. It usually resembles a heavy period at first, then gradually becomes lighter and changes color over several weeks.

PPH may cause:

Not all blood loss is visible. Blood can collect inside the uterus, vagina, abdomen, or nearby tissues. This is one reason birth teams also monitor your pulse, blood pressure, alertness, pain, and overall condition.

Secondary PPH may begin after you have returned home. Bleeding that had been settling may suddenly become heavier again. Infection or placental tissue remaining in the uterus can also cause fever, pelvic pain, or discharge with an unusual smell.

- Bleeding that is sudden, very heavy, or becoming heavier
- A continuous flow or repeated gushes of blood
- Large blood clots
- Dizziness, faintness, marked weakness, or confusion
- A fast heartbeat, shortness of breath, pale or clammy skin
- Increasing pelvic or abdominal pain, fever, or unpleasant-smelling discharge in secondary PPH

Causes and risk factors

The most common cause is uterine atony. This means the uterus does not contract firmly enough after the placenta is delivered. Normally, contraction compresses the blood vessels where the placenta was attached.

Other causes include:

Risk can be higher with an over-stretched uterus, such as with twins, a large baby, or excess amniotic fluid. A long or very rapid labor, induction of labor, cesarean birth, fibroids, placenta

previa, placental abruption, anemia, and a previous PPH can also raise risk.

Having a risk factor does not mean you will have PPH. It can also happen without any known risk factors, so birth services prepare to recognize and treat it after every delivery.

- Retained tissue: Part of the placenta or membranes remains inside the uterus
- Birth injury: A tear in the cervix, vagina, perineum, or uterus continues to bleed
- Placental problems: The placenta is difficult to separate or has grown too deeply into the uterine wall
- Clotting problems: The blood does not form clots normally
- Uterine inversion or rupture: Rare complications involving the position or wall of the uterus
- Infection: A more common concern in secondary PPH

Diagnosis

PPH is diagnosed from the bleeding and its effect on your body. Treatment may begin before every test result is available.

The care team may:

An ultrasound may help look for tissue remaining in the uterus, especially with secondary PPH. Ultrasound findings are not always conclusive shortly after birth, so they are considered alongside the bleeding, examination, and other symptoms.

If internal bleeding is suspected, additional imaging or an operation may be needed to find and control its source.

- Measure or estimate blood loss
- Check your pulse, blood pressure, breathing, temperature, and oxygen level
- Feel the abdomen to see whether the uterus is firm and contracted
- Examine the vagina, cervix, perineum, and any surgical wound for injury
- Check whether the placenta appears complete
- Take blood to measure red blood cells, clotting, and blood type

Treatment and management

Treatment aims to stop the bleeding, support your circulation, and correct the cause. Several

treatments may happen at the same time.

The team may massage the uterus through the abdomen and give medicines that help it contract. These are called uterotonic medicines. A medicine called tranexamic acid may be used to help blood clots remain stable.

Fluids are often given through a vein. Blood products may be needed if blood loss is substantial or tests show a clotting problem. Oxygen, warming measures, and close monitoring can support the body while bleeding is controlled.

Treatment for the source may include:

A hysterectomy, which removes the uterus, is sometimes necessary when life-threatening bleeding cannot be controlled in another way. It is generally reserved for severe situations because it ends the ability to carry a future pregnancy.

After the bleeding stops, you may need iron replacement for anemia. This can be given by mouth or through a vein, depending on the degree of anemia and your circumstances. Follow-up blood tests may be arranged.

You should also have an opportunity to discuss what happened. PPH can develop quickly, and it is common to have questions after the emergency has passed.

- Repairing a tear
- Emptying the bladder so the uterus can contract more effectively
- Removing retained placental tissue
- Placing a balloon inside the uterus to press against bleeding vessels
- Blocking a bleeding blood vessel through a radiology procedure
- Surgery to tie off blood vessels or control internal bleeding

Complications

Anemia is a common after-effect of significant blood loss. It can cause tiredness, headaches, dizziness, breathlessness, a racing heartbeat, and difficulty managing ordinary activities. Recovery may take weeks or longer if iron stores are very low.

Severe bleeding can cause shock and injury to organs because they receive too little oxygen. A major PPH may also lead to disseminated intravascular coagulation, or DIC. This is a serious clotting problem in which abnormal clotting and bleeding happen together.

Rarely, very low blood flow can damage the pituitary gland, a small gland beneath the brain that controls several hormones. This is called Sheehan syndrome. Possible later signs include

difficulty producing breast milk, periods not returning when expected, persistent exhaustion, or symptoms of low thyroid or adrenal hormones.

PPH can affect emotional well-being. Some people experience anxiety, low mood, distressing memories, sleep problems, or fear about another pregnancy. An emergency birth experience can be traumatic even when physical recovery is complete.

Breast milk production may be delayed after major blood loss, although many people can still breastfeed with practical and clinical support.

Prevention

Not every case of PPH can be prevented. It can occur without warning, including in people with no known risk factors.

During pregnancy, identifying and treating iron-deficiency anemia can improve your ability to cope with blood loss. If you have known placental problems, a clotting disorder, severe anemia, or a previous PPH, the maternity team can plan the safest setting and prepare appropriate staff and blood products.

After birth, a uterotonic medicine is commonly used to help the uterus contract. The birth team also checks uterine tone, bleeding, the placenta, and your vital signs so that treatment can begin promptly if needed.

If you have had PPH before, tell the team caring for you in any later pregnancy. This does not mean it will happen again, but advance planning can reduce delays if bleeding develops.

Living with it and what to expect

Once the bleeding has been controlled, physical recovery depends on how much blood was lost, whether surgery was needed, and whether anemia or another complication developed.

You may feel much more tired than expected after birth. Dizziness, breathlessness with activity, headaches, or heart pounding can occur with anemia. These symptoms should gradually improve as your blood count and iron stores recover, but follow-up is important if they continue or interfere with daily life.

Accepting help with meals, household tasks, and baby care can make recovery more manageable. If you were advised to take iron, follow the plan provided by your healthcare team and report side effects rather than stopping it without advice.

PPH itself does not usually change long-term fertility. Fertility can be affected if a

hysterectomy was required or, rarely, if there was significant injury or scarring inside the uterus.

A previous PPH increases the chance of PPH in a later birth, but it does not mean another one is certain. In a future pregnancy, your maternity team can review the previous records, check for anemia, and make a birth plan that accounts for the cause and severity of the earlier bleeding.

Emotional recovery does not always follow the same timeline as physical recovery. You may want a birth debrief, which is a meeting to explain what happened and why particular treatments were used. Support is also available if memories, fear, anxiety, or low mood persist.

When to get medical help

Get emergency help now if you are bleeding heavily after birth, especially if the bleeding is pouring or rapidly soaking pads. Also treat it as an emergency if you feel faint, confused, very weak, short of breath, clammy, or aware of a very fast heartbeat.

Do not drive yourself if you feel faint or the bleeding is heavy. Call emergency services and, if possible, have someone stay with you.

Seek urgent same-day assessment if bleeding becomes heavier after it had been easing, you pass repeated large clots, or you develop fever, worsening pelvic pain, or unpleasant-smelling discharge. These can be signs of secondary PPH or infection.

Arrange routine follow-up if fatigue, dizziness, headaches, breathlessness, or heart pounding are not improving. You may need a blood test for anemia or a review of your iron treatment.

Routine follow-up is also appropriate if you want to understand the events of the birth, discuss emotional effects, or plan for a future pregnancy.

Common questions

How much bleeding after birth is normal?

Bleeding similar to a heavy period is common at first. It should generally become lighter over time. Sudden, very heavy, or increasing bleeding is not considered normal, especially when accompanied by dizziness, weakness, breathlessness, or faintness.

Can PPH happen days or weeks after giving birth?

Yes. Secondary PPH begins more than 24 hours after birth and can occur up to 12 weeks later. Retained placental tissue and infection are possible causes.

Can you have PPH after a cesarean birth?

Yes. PPH can follow either vaginal or cesarean birth. After a cesarean, some blood loss may be internal or hidden beneath surgical drapes, so the team monitors more than visible vaginal bleeding alone.

Will PPH happen again in my next pregnancy?

A previous PPH raises the chance of another episode, but recurrence is not certain. The cause of the earlier bleeding, your health, the placenta, and the circumstances of the next birth all matter. Advance planning helps the team prepare.

How long does it take to recover from PPH?

Bleeding may be controlled within minutes or hours, but recovery from anemia can take weeks or months. Recovery can take longer after surgery, severe shock, infection, or emotional trauma.

Can I breastfeed after PPH?

Many people can breastfeed after PPH. Major blood loss can sometimes delay milk production, and exhaustion may make feeding harder. Early help with feeding, checking the baby's intake, and treating anemia can support your goals.

Sources

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