



Silent Emergencies After Birth: Understanding and Addressing Postpartum Hemorrhage

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DESCRIPTION

Postpartum hemorrhage remains one of the most serious complications associated with childbirth, contributing significantly to maternal illness and death across the world, especially in regions with limited healthcare access. It is commonly defined as excessive bleeding following the delivery of a baby, typically exceeding 500 milliliters after vaginal birth or 1000 milliliters after cesarean delivery. While childbirth is often viewed as a natural and fulfilling process, this condition reminds clinicians and families alike that it can quickly become life-threatening without timely recognition and intervention. The causes of postpartum hemorrhage are generally categorized into four main factors: uterine atony, retained placental tissue, trauma to the birth canal and coagulation disorders. Among these, uterine atony is the most frequent cause, occurring when the uterus fails to contract effectively after delivery. Without proper contraction, blood vessels that supplied the placenta remain open, allowing continuous blood loss. Retained fragments of the placenta can also prevent adequate uterine contraction, while tears in the cervix, vagina or perineum may contribute to heavy bleeding. In rarer instances, underlying clotting abnormalities interfere with the body's ability to stop bleeding.

Risk factors vary widely and can be present before or during labor. Women with multiple pregnancies, prolonged labor, high parity or a history of previous postpartum hemorrhage are at increased risk. Conditions such as anemia, hypertensive disorders of pregnancy and infections may also worsen outcomes. However, it is important to recognize that postpartum hemorrhage can occur even in women with no identifiable risk factors, which makes preparedness essential in all delivery settings. Early recognition is critical for

preventing severe complications. Signs may include continuous bleeding, a drop in blood pressure, increased heart rate, pallor, dizziness and reduced urine output. In some cases, bleeding may not be immediately visible if it is concealed within the uterus or abdominal cavity. Healthcare providers must rely on both clinical observation and measurement tools to estimate blood loss accurately. Delays in identifying excessive bleeding can rapidly lead to hypovolemic shock organ failure and death if not addressed promptly.

Management involves a series of coordinated actions aimed at controlling bleeding and stabilizing the patient. Initial steps include uterine massage to stimulate contraction, administration of uterotonic medications such as oxytocin and ensuring that any retained tissue is removed. Intravenous fluids and blood transfusions may be required to replace lost volume and maintain circulation. In cases where bleeding persists, surgical interventions such as uterine artery ligation or hysterectomy may become necessary to save the patient's life. Preventive strategies play a significant role in reducing the occurrence and severity of postpartum hemorrhage. Active management of the third stage of labor, which includes timely administration of uterotonic drugs and controlled cord traction, has been shown to decrease blood loss. Antenatal care also contributes by identifying and addressing anemia, ensuring that women enter labor with adequate hemoglobin levels. Skilled birth attendance and access to emergency obstetric services are crucial components of prevention, particularly in underserved areas.

The impact of postpartum hemorrhage extends beyond immediate physical health. Survivors may experience long-term complications such as fatigue, difficulty breastfeeding and emotional distress. Families are also affected, especially

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when maternal illness disrupts early bonding and caregiving. In communities where healthcare resources are limited, the loss of a mother can have profound social and economic consequences, affecting not only the newborn but also other dependents. Efforts to reduce maternal mortality have brought increased attention to postpartum hemorrhage as a preventable condition. Training programs for healthcare workers emphasize rapid assessment and response, while community education encourages timely access to skilled care during childbirth. The availability of essential supplies, including uterotonic medications and blood products, remains a priority in improving outcomes. Innovations such as non-pneumatic anti-shock garments and simplified treatment

protocols have shown value in settings with limited infrastructure. Despite progress, challenges remain in ensuring equitable care across different regions. Geographic barriers, financial constraints and shortages of trained personnel continue to limit access to life-saving interventions. Strengthening health systems, improving referral networks and supporting maternal health programs are necessary steps in addressing these gaps. Postpartum hemorrhage highlights the importance of vigilance during and after childbirth. While many deliveries proceed without complications, the possibility of severe bleeding requires readiness at every level of care.