

Syllabus	
Topic	Major obstetric haemorrhage

a)

Define major obstetric haemorrhage (1 mark)

.....
.....

b)

What are the 3 main causes of antepartum haemorrhage? (3 marks)

1.
2.
3.

c)

What are the 4 main categories of postpartum haemorrhage? (4 marks)

1.
2.
3.
4.

d)

List 4 important foetal risk factors for postpartum haemorrhage? (4 marks)

1.
2.
3.
4.

e)

List 4 important maternal risk factors for postpartum haemorrhage? (4 marks)

1.
2.
3.
4.

f)

List the 4 main uterotonics used in postpartum haemorrhage with their mode of action. (4 marks)

Drug 1:

Mode of action:

Drug 2:

Mode of action:

Drug 3:

Mode of action:

Drug 4:

Mode of action:

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Topic	Major obstetric haemorrhage

Q	Answer	Mark	Guidance
a)	<ul style="list-style-type: none"> Blood Loss of greater than 1000ml or 1500ml 	1	
b)	<ul style="list-style-type: none"> Placenta Praevia Abruption Uterine Rupture 	1 1 1	
c)	<ul style="list-style-type: none"> Tone (Atony) Trauma Thrombosis (clotting disorder/ coagulopathy) Tissue (retained placenta) 	1 1 1 1	Also accept a common cause from each category.
d)	<u>Uterine Overdistension</u> <ul style="list-style-type: none"> Multiple pregnancy Polyhydramnios Macrosomia Fibroid uterus <u>Uterine Increased Work</u> <ul style="list-style-type: none"> Prolonged or obstructed labour Induced labour Syntocinon infusion Augmented labour 	2 2	Need 2 from each category to score full 4 marks.
e)	<u>General Risk Factors:</u> <ul style="list-style-type: none"> Increased age Obesity Coagulation defect Multiparity <u>Obstetric Risk Factors:</u> <ul style="list-style-type: none"> Pre-eclampsia Previous PPH Previous abruption Previous C-section Placenta praevia / accreta / increta / percreta 	2 2	Need 2 from each category to score full 4 marks. Only one mark for any of previa /acreta / increta / percreta.
f)	<ul style="list-style-type: none"> Syntocinon – synthetic oxytocin Ergometrine – ergot alkaloid Carboprost – prostaglandin Misoprostol - prostaglandin 	1 1 1 1	

References:

- 1) Plaat F, Shonfeld A. Major obstetric haemorrhage. BJA Education (2015) 15(4)190–193
<https://academic.oup.com/bjaed/article/15/4/190/305952>