

Bleeding after birth

Knowledge assessment for the course on prevention, diagnosis and treatment of postpartum haemorrhage.

When are you taking this test?

- ☐ Pre-course
☐ Post-course

Circle around the correct answer or answers for each question.

1. Which of the following uterotonic medication doses is correct to prevent PPH in the third stage of labor?
 - a. Misoprostol – 800 µg
 - b. Ergometrine – 10 mg
 - c. Oxytocin – 10 IU
 - d. Carbetocin/heat-stable carbetocin – 200 µg
2. Which of the following lists contain the three steps for prevent postpartum haemorrhage (PPH) in the third stage of labor?
 - a. Give a uterotonic, manually remove the placenta, and check for tears
 - b. Cut the cord, wait for the placenta to deliver, and give a uterotonic
 - c. Give a uterotonic, perform controlled cord traction, and check tone of the uterus
 - d. Wait for the placenta to deliver, check for tears, and massage the uterus
3. According to the World Health Organization, when should a uterotonic medication be given to prevent PPH?
 - a. When the anterior shoulder has been delivered
 - b. Within 1 minute of birth of the last baby
 - c. Within 5 minutes of birth of the last baby
 - d. Immediately after delivery of the placenta
4. Which medication(s) are not used to prevent PPH in the third stage of labor? Select all that apply.
 - a. Misoprostol
 - b. Heat-stable carbetocin
 - c. Tranexemic acid (TXA)
 - d. Oxytocin
5. Which medication(s) should you never use for induction or augmentation of labor? Select all that apply.
 - a. Misoprostol
 - b. Oxytocin
 - c. Carbetocin/heat-stable carbetocin
 - d. Ergometrine
6. For which medication(s) will you advise women about the possible side effects of shivering and fever? Select all that apply.
 - a. Misoprostol
 - b. Oxytocin
 - c. Carbetocin/heat-stable carbetocin
 - d. Ergometrine
7. Which medication should not be used if the woman has hypertension, pre-eclampsia, or eclampsia?
 - a. Misoprostol
 - b. Oxytocin
 - c. Ergometrine or fixed dose oxytocin/ergometrine
 - d. Carbetocin/heat-stable carbetocin
8. WHO recommends use of objective measurement of blood loss only for women who are at high risk for PPH
 - a. True
 - b. False
9. Unfolding of a calibrated drape or placement of other blood measurement tool should occur:
 - a. When the woman begins pushing
 - b. Immediately after delivery of the placenta
 - c. Immediately after giving uterotonic for prevention
 - d. After massaging the uterus
10. How often should a woman's bleeding, uterine tone, pulse, and blood pressure be checked after delivery of the placenta?
 - a. Every 10 minutes for the first 6 hours
 - b. Every 15 minutes for the first 1 hour
 - c. Once an hour for the first 24 hours
 - d. Once a day for the first week after birth
11. Which is the most common cause of PPH?
 - a. Soft uterus/atony
 - b. Retained placenta
 - c. Coagulation disorder
 - d. Genital lacerations
12. If the uterus is well contracted, the woman cannot have a postpartum hemorrhage.
 - a. True
 - b. False
13. If a woman is bleeding after birth, when will you start the PPH bundle?
 - a. When IV oxytocin has not controlled the PPH
 - b. After you have ruled out genital tears and retained placenta or placental fragments
 - c. Once a senior provider makes the decision to start the PPH bundle
 - d. As soon as you diagnose PPH

14. Which of the following statements is true about estimating blood loss after birth?
 - a. Visual estimation of blood loss can be accurate when the provider is experienced.
 - b. When providers use visual estimation of blood loss, this usually results in overestimation of blood loss.
 - c. Visual estimation of blood loss misses 50% of PPH cases.
15. If a woman has lost 500 mL of blood but her vital signs are stable, you should not begin treatment with the PPH bundle.
 - a. True
 - b. False
16. Once you diagnose PPH, you should only give TXA as part of the PPH bundle if you think PPH is due to trauma.
 - a. True
 - b. False
17. The reason the PPH bundle is recommended is because:
 - a. The bundle components are only effective when given together
 - b. When the bundle components are performed together and reliably, outcomes are improved
 - c. Having the components in a bundle will increase the chance that they are consistently given
18. The PPH bundle includes:
 - a. Examination, massage, oxytocic, treatment, IV access, emergency transport
 - b. Massage, oxytocic, TXA, IV fluids, examination/escalation
 - c. Escalation, massage, oxytocic, laboratory testing, IV fluids, examination/escalation
19. When you give the components of the PPH bundle, you should:
 - a. Wait for a response to each component before proceeding to the next component
 - b. Only perform the components relevant for the identified cause of PPH
 - c. Try to perform all components within 15 minutes
 - d. Prepare for transfer
20. The correct way to administer TXA is:
 - a. 1g IM
 - b. 10 g in 500 mL crystalloids over 1 hour
 - c. 10 g slow IV injection
 - d. 1g in 10 mL over 10 minutes
21. If the woman is bleeding heavily, how long can you wait after birth of the baby before you give the PPH bundle and attempt manual removal of placenta?
 - a. Do not wait
 - b. 15 minutes
 - c. 30 minutes
 - d. 60 minutes
22. Which of the following statements about tranexamic acid (TXA) is true?
 - a. TXA should only be used if you think that PPH is due to trauma
 - b. TXA should only be used if you think that PPH is due to uterine atony
 - c. TXA should be used in all cases of PPH
 - d. TXA should only be used for women who will require surgery for PPH
23. Which uterotonic should not be used to treat PPH?
 - a. Misoprostol
 - b. Oxytocin
 - c. Carbetocin/heat-stable carbetocin
24. You should repeat the dose of tranexamic acid (TXA) if bleeding is not controlled after how many minutes of giving the first dose of TXA?
 - a. 30 minutes
 - b. 60 minutes
 - c. 120 minutes
 - d. 180 minutes
25. When will you decide to escalate care?
 - a. Once a cause for PPH has been identified
 - b. If bimanual uterine compression is needed to control uterine atony
 - c. If a cause for PPH has not been identified or bleeding continues after completing the PPH bundle
26. Which of the following clinical findings indicate the woman is in shock?
 - a. Pulse 108 beats per minute, respirations 16 breaths per minute, BP 108/68 mmHg
 - b. Pulse 118 beats per minute, respirations 30 breaths per minute, BP 88/58 mmHg
 - c. Pulse 82 beats per minute, respirations 14 breaths per minute, BP 92/60 mmHg
27. When heavy bleeding and atony persist despite giving the PPH bundle, additional uterotonics, a second dose of TXA and bimanual compression, the next step is:
 - a. Give a third dose of TXA and more uterotonics
 - b. Prepare for surgical intervention
 - c. Check the placenta