Management of postpartum uterine atony

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The purpose of this article is to describe a method of management of postpartum uterine atony that I refer to by the rather inelegant term "fist tamponade."

In treating postpartum hemorrhage, after administering the usual oxytocics, the proper procedure is, of course, to put the patient in stirrups and inspect the entire birth canal for lacerations and perforations. Upon finding none, a hand should be inserted into the uterus, and the cavity explored for retained secundines. The operator's hand should then be made into a fist and kept in the uterus. The uterus can then easily be tilted forward to allow gentle massage of both the anterior and posterior surfaces with the external hand until the uterus contracts, which it will do in less than 1 minute—usually much less. No conscious effort is made to massage the endometrial surface, although no doubt this results coincidentally from the manipulations, and contributes to the favorable response. The hand is not to be withdrawn immediately, as the uterus usually will relax again, whereupon the massage is repeated, with the same prompt result. There may be several cycles of relaxation and contraction before the problem is resolved, and sometimes the fist must remain in the uterus for 15 minutes or more—however long it takes for the uterus to remain contracted.

This technique has several distinct advantages:

- It provides more effective massage than any external method. Also, the fundus can be compressed firmly over the fist, thereby providing effective hemostasis while waiting for the uterus to respond.
- The status of the uterus, and the ongoing blood loss, if any, can be precisely monitored moment to moment. This is vastly superior to packing the uterus, with the risk of having the patient put a liter or so of blood into the pack before there is any external sign of bleeding.
- If done gently there is minimal discomfort to the patient; if under general anesthesia, she should be awakened at once.
- The method can easily be accomplished by any experienced obstetrician, and no specialized personnel or exotic equipment is required.
- The procedure is free.

Given reasonable aseptic precautions, it is not necessary to cover the patient with postpartum antibiotics.

In 35 years of a busy practice, I never once packed a uterus, and never opened an abdomen to ligate hypogastric or uterine arteries or perform a hysterectomy. There were no instances of the uterus becoming atonic and bleeding again after proper stabilization.

This is a simple, safe, effective, cost-free solution to an ancient obstetrical scourge.

Uterine atony is entirely an early and transitory phenomenon, and the patient found in her postpartum bed with major blood loss was not well monitored in the first half hour or so after delivery. Management in the way that I have herein described can be relied on to prevent this major obstetrical complication, or to treat it if it has already occurred. In my experience it has never failed.

Anyone who is skeptical should at least follow the above procedure while preparations are being made for more drastic intervention, which then can be avoided.

In sum, this is a simple, safe, effective, cost-free solution to an ancient obstetrical scourge.

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