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Postpartum Hemorrhage (PPH): A Major Challenge in Maternal Health

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Abstract
Postpartum Hemorrhage(PPH)remainsoneofthemostseriousandlife-threateningobstetricemergenciesworldwide It is responsible for approximately one-quarter of all maternal deaths, particularly in developing countries PPH is defined as blood loss exceeding 500 ml after vaginal delivery or 1000 ml following cesarean birth within 24 hours This article discusses the causes, risk factors, pathophysiology, clinical manifestations, management, preventive measures,

Keywords: Postpartum hemorrhage, Maternal mortality, Uterine atony, Nursing care, AMTSL.

Introduction
Postpartum Hemorrhage (PPH) continues to be the leading cause of maternal death globally Despite advancements in obstetric care, poor access to emergency healthcare and delayed management make PPH a critica According to the World Health Organization (2023), nearly 14 million women experience PPH annually, leading to approx

Definition
PPH is classified as Primary (blood loss >500 ml after vaginal delivery or >1000 ml after cesarean section within 24 hours

Etiology and Pathophysiology
The 'Four Ts'—Tone, Tissue, Trauma, and Thrombin—summarize the main causes of PPH Uterine atony accounts for nearly 80% of cases, where failure of uterine contraction leads to uncontrolled bleeding.

Clinical Manifestations
Heavy vaginal bleeding, pallor, tachycardia, hypotension, soft boggy uterus, and signs of hypovolemic shock.

Management
Immediatemanagementincludesuterinemassage,administrationofoxytocinormisoprostol,IVfluids,andbloodtransfus Surgical options such as uterine artery ligation or hysterectomy are considered when medical management fails.

Nursing Responsibilities
Nurses monitor vital signs, maintain IV access, administer medications, provide emotional support, and educate the mother