PASSAGE 1

OBGYN Emergency Case: Postpartum Hemorrhage (PPH)

Read the passage below and answer all questions

Mrs. Lina, a 29-year-old G2P1 woman at 38 weeks POA, arrived at the labour room at 7:00 a.m. with regular contractions. She had no history of hypertension, diabetes mellitus (DM), or asthma during pregnancy. Her antenatal follow-up was normal, and her previous delivery was an uncomplicated spontaneous vaginal delivery (SVD).

At 1:15 p.m., Mrs. Lina delivered a healthy baby girl weighing 3.4 kg. After delivery, the staff nurse monitored the patient's vital signs, uterine contraction, and vaginal bleeding. Initially, the patient was stable and able to communicate normally.
Approximately 25 minutes later, the nurse noticed excessive per vaginal (PV) bleeding. The maternity pad became soaked rapidly, and blood clots were seen on the bed. The nurse immediately informed the house officer (HO), Dr. Amir.

Dr. Amir examined the patient and estimated blood loss (EBL) at around 800 mL. Mrs. Lina appeared pale and weak. Her blood pressure (BP) was 90/58 mmHg, while her heart rate (HR) increased to 122 beats per minute. She also complained of dizziness and shortness of breath.

The medical officer (MO), Dr. Sara, was called to assess the patient. On abdominal examination, the uterus felt soft and boggy. Dr. Sara suspected primary postpartum hemorrhage (PPH) secondary to uterine atony.

The PPH protocol was activated immediately. Continuous uterine massage was performed while a second intravenous (IV) line was inserted. Blood investigations including full blood count (FBC) and group and cross-match (GXM) were sent urgently to the laboratory.

Oxytocin infusion was started immediately to stimulate uterine contraction. The patient also received misoprostol PR. Despite treatment, the bleeding continued actively. Her BP dropped further to 78/46 mmHg, and the patient became increasingly restless.
The anaesthetist was informed, and the operation theatre (OT) was prepared for emergency management.

The patient received blood transfusion after her hemoglobin (Hb) result showed 7.0 g/dL. After further treatment and monitoring, the bleeding gradually reduced and the patient's condition became stable.

Before discharge, Dr. Sara explained to Mrs. Lina that postpartum hemorrhage is a dangerous obstetric emergency that requires rapid treatment to prevent severe complications and maternal death.

From Passage 1 (OBGYN Emergency Case) you are required to answer these questions listed below:

1. List the meaning for each of the following abbreviations:
i. PPH =
ii. DM =
iii. SVD =
iv. EBL =
v. FBC =
vi. Hb =

2. Choose one abbreviations and answer:
i. What does the abbreviation mean?

ii. When is it used?

iii. Why is it important in patient care?

LIVEWORKSHEETS