Postpartum haemorrhage is defined as blood loss of greater than 500mL in the first 24 hours following delivery. Major postpartum haemorrhage is a loss of greater than 1000mL. It is the commonest cause of perinatal maternal death in the developed world and an important cause of maternal morbidity worldwide.

Aim: Review of obstetric patients whose birth was complicated by postpartum haemorrhage, and how many of these needed laparotomy and hysterectomy to control the bleeding. Assessment and identification of specific subsets of the obstetric population who are more at risk.

Method: Review of data for deliveries from 2000 to 2011 inclusive. There were forty eight thousand deliveries with 15% elective and 14% emergency caesarean deliveries. Review of data for caesarean deliveries from 2011 to 2013 inclusive to find the number of emergency hysterectomies performed in view of postpartum haemorrhage out of a total of 3596 caesarean sections.

Results: There were 11 (0.306%) postpartum hysterectomies which were performed to stop severe haemorrhage from 2011 to 2013. There were no maternal mortalities. PPH was associated with 0.590% of emergency caesarian deliveries compared 0.312% in elective caesarian operations. Primigravidae had a 0.414% incidence of PPH during normal delivery, compared with the multigravidae with an incidence of 0.265%. In contrast, multigravidae undergoing emergency caesarian sections are more likely to have postpartum haemorrhage 1.034% compared with 0.428% of primigravid women undergoing emergency caesarian sections. There is no significant difference in PPH between primigravidae and multigravidae at elective caesarian sections.

Conclusion: Identifying patients at risk of postpartum haemorrhage increases our awareness and preparedness and therefore leads to a reduction of maternal morbidity. The Obstetric team should have a high index of suspicion of PPH. Early active intervention in the management of postpartum haemorrhage should in some cases include hysterectomy to reduce maternal mortality and morbidity.