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Postpartum Bleeding: What Are the Best Criteria for Diagnosis?

Mertihan Kurdoğlu[1*], **Arash Khaki**[2]

As an obstetric emergency, postpartum bleeding is included in five most important causes of maternal mortality in both developed and developing countries. Compared to the developed countries, the risk of death from postpartum bleeding is higher in developing countries which makes it a big threat for a woman's general and reproductive health. To prevent severe maternal morbidity and death, its timely recognition is critical (1).

Worldwide, various criteria are used for the diagnosis of postpartum bleeding. Its classic definition is estimated loss of 500 mL or greater volume of blood after a vaginal birth or 1000 mL or more after a cesarean delivery (2). Although this definition is still utilized by some guidelines (2), any internal bleeding in the retroperitoneal / intraabdominal region or in the pelvic floor like vaginal hematoma may not be externally visible and blood mixed with amniotic fluid in collection devices may be misleading (3). Furthermore, blood loss 500 mL or more, but less than 1000 mL is rarely associated with postpartum morbidity (4).

To overcome these limitations, in 2017, the definition of postpartum bleeding was revised by the American College of Obstetricians and Gynecologists (ACOG) as a total loss of 1000 mL or more of blood regardless of delivery route, or any blood loss that causes hemodynamic instability in the first 24 hours after delivery. In spite of this renewed definition, it is still recommended that >500 mL blood loss, particularly with persisting heavy bleeding in a vaginal birth should be regarded as abnormal and promptly evaluated when closely monitoring the patient (5).

As a result, timely recognition of postpartum bleeding is essential for an appropriate response to ensure the women's general and/or reproductive health and any unexpectedly great bleeding resulting in hypovolemic signs and/or symptoms in postpartum patients should make the diagnosis.

Mertihan Kurdoğlu graduated from Hacettepe University Faculty of Medicine, Department of Medicine (English). He completed his specialty in Obstetrics and Gynecology at Gazi University, Faculty of Medicine, Department of Obstetrics and Gynecology between 2001 and 2005. In 2006, he worked as a specialist at Çankırı State Hospital. Between 2007 and 2014, he worked at Van Yüzüncü Yıl University, Faculty of Medicine, Department of Obstetrics and Gynecology. Between the years 2014- 2016, he worked in Gazi University Faculty of Medicine, Department of Obstetrics and Gynecology and during that time, he was sent to Division of Minimally Invasive Gynecology and Research in the Department of Obstetrics and Gynecology of the University of Texas Medical Branch at Galveston, Texas, USA by the Gazi University and was trained on robotic surgery by Assoc. Prof. Gökhan Sami Kılıç. He has published over 150 scientific papers in national and international journals with more than 2100 citations and 7 book chapters in the national and international textbooks. He was a member of the editorial board of Van Medical Journal, editor of Turkish Journal of Obstetrics and Gynecology and editor-in-chief of the Eastern Journal of Medicine, previously. At present, he acts as the editor-in-chief in the International Journal of Women's Health and Reproduction Sciences together with Prof. Dr. Arash Khaki.

Ethical Issues

Not applicable.

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[1]Department of Obstetrics and Gynecology, Kırıkkale University Faculty of Medicine, Kırıkkale, Turkey. [2]Editor-in-Chief of International Journal of Women's Health and Reproduction Sciences.
*Corresponding Author: Mertihan Kurdoğlu, Tel: +90 318 333 50 00 (Internal: 5215), Email: mkurdoglu@kku.edu.tr