

Anoxic Brain Injury: Uncontrolled Postpartum Hemorrhage

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Excessive bleeding can result in damage to the brain due to hypoxic-ischemic encephalopathy. Postpartum hemorrhage is the leading cause of death to women as a result of childbirth. In many instances, serious injury or death can be prevented by implementing measures to control the postpartum hemorrhage.

After delivery of a baby, the mother's uterus normally contracts and expels the placenta, followed by continued compression of the blood vessels so that the bleeding eventually stops. In cases of uterine atony, where the uterine does not sufficiently contract, the blood vessels are not constricted and hemorrhaging occurs. This phenomenon is associated with placental abruptions (early detachment of the placenta); placenta previa (placenta covers the cervical opening); pregnancy induced hypertension; and prolonged labor.

There is a continuum of treatment for postpartum hemorrhage that includes the following: (1) manual massage to stimulate uterine contractions; (2) medications to stimulate contractions; (3) removal of retained placental pieces from the uterus; (4) packing of uterus with tamponade agents; (5) D&C (Dilation and curettage); (6) reverse anticoagulation treatment; and (7) emergency hysterectomy. If these procedures are utilized, the postpartum hemorrhage often is controlled without any resulting brain damage.

Trial attorneys investigating brain damage following postpartum hemorrhage should closely examine what, if any, steps were taken by the doctors and nurses to manage and control the hemorrhage. It may very well be that your client has a valid claim of medical malpractice for failure by the healthcare providers to properly implement treatment for the postpartum hemorrhage.