

## **Abstract Nordisk Jordmorforunds 18. kongres**

### **1. Title of abstract**

Midwives estimation of blood loss at delivery

### **2. Name and title of all authors**

Randi Skei Fosslund, Midwife, fagutviklingsjordmor <sup>1</sup>

Grete Helen Bratberg, Dr.philos, Associate professor<sup>2</sup>, Research adviser<sup>3</sup>

Ivar Haarstad, Chief Physician of Obstetrics and Gynaecology<sup>1</sup>

<sup>1</sup> Department of Obstetrics and Gynaecology, Levanger Hospital, Nord-Trøndelag Health Trust, Norway.

<sup>2</sup> Department of Public Health and General Practice, HUNT Research Centre, Faculty of Medicine, Norwegian University of Science and Technology, NTNU,

<sup>3</sup> Department for Research and Development, Levanger Hospital, Nord-Trøndelag Health Trust, Norway.

### **3. Contact email**

[Randi.Skei.Fosslund@hnt.no](mailto:Randi.Skei.Fosslund@hnt.no)

### **4. Aim**

The midwives awareness and competence, when it comes to estimation of blood loss, and how to deal with haemorrhage at childbirth is crucial.

The amount of bleeding is commonly visually estimated after delivery. International research, however, have indicated that both midwives and obstetricians tend to underestimate the blood loss. Thus, clinicians at maternity wards are encouraged to improve and assure their procedures and leaders to educate and qualify the personnel. It is also recommended to focus more on the possible consequences of haemorrhage on post partum health and quality of life. This project was initiated to evaluate the procedures and competence at the actual maternity ward, as well as to contribute to more general knowledge about these questions.

### **5. Place of origin**

The assessment of clinical data was conducted at the maternity ward at a local hospital, Levanger Hospital in Nord-Trøndelag country, situated in the mid-part of Norway.

## **6. Method**

Every woman who gave vaginal birth from April 2009 to October 2009 was invited to participate (N=264). In addition to visual estimation, the quantity of haemorrhage was weighed and a haemoglobin status were taken before and after delivery. Other relevant information was obtained from the birth journal. To measure post partum quality of life, we used a structured telephone interview 6-8 weeks postpartum.

## **7. Results**

This is an ongoing study and results are expected to be in print in mai/juni 2010

## **8. Discussion:**

- To what extent do visual and weighed estimates of blood loss correlate.
- To what extent do the blood loss influence hemoglobin status after delivery
- Do other conditions associated with woman and/or delivery influence the amount of bleeding and possible consequences
- Does the amount of haemorrhage influence post partum breastfeeding, restitution and/or quality of life

## **9. Conclusion**

This is an ongoing study and results are expected to be in print in mai/juni 2010

## **10. 4 keywords**

- Midwifery
- Delivery
- Blood loss
- Restitution