Appendix 4: Second line pharmacological agents for the treatment of primary PPH

<table>
<thead>
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<th>Drug</th>
<th>Dose and Route</th>
<th>Side effects</th>
<th>Contraindications</th>
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| Prostin F2 alpha (Dinoprost trometamol) | Intra myometrial injection preferred as PGF2α has limited efficacy if given peripherally IM.  
- Mix 5mg PGF2α (1mL of a 5mg/mL solution) with 9mL normal saline to make a total of 10mL (i.e. 0.5mgs/mL).  
- Discard 4mL, leaving 3mgs in 6mL  
- The Medical Officer injects 1 mL (0.5 mg) trans abdominally into the myometrium on each side of the fundus (i.e. 1mg (2mL) of prepared solution).  
- This may be repeated if atonia persists, to a maximum dose of 3mg (6mL of prepared solution).  
- Alternatively, a trans cervical injection at 9 and 3 o’clock can be given to help contract the uterine arteries. | - nausea, vomiting, diarrhoea, headache, flushing, pyrexia, cardiac arrest  
- relative risks include pelvic infections and uterine rupture | - women with asthma, hypertension, active cardiac, renal, pulmonary or hepatic disease  
- hypersensitivity |  
| NOTE: Ensure an IV line, cardiac monitoring, and oxygen therapy are in place before administration of Prostaglandin F2 alpha®. Resuscitation equipment should be available and an anaesthetist on standby. | ALERT: May cause critical hypertension – check BP every 5 minutes after administration |  |
| OR | 15-methyl prostaglandin F2 (Carboprost) | 250mcg intra myometrical or IM with a tuberculin syringe  
Repeat as required every 15-90 minutes to a maximum of 2mg (8 doses) | Extreme hypertension  
Fever with chills  
Headache  
Paraesthesia  
Diarrhoea, nausea, vomiting  
Breast tenderness  
Dystonia  
Pulmonary oedema | acute pelvic inflammatory disease, cardiac, pulmonary, renal or hepatic disease  
hypersensitivity to prostaglandin |  
| Relative contraindications: |  
- asthma  
- anaemia  
- diabetes  
- epilepsy  
- hyper/hypotension  
- jaundice  
- uterine surgery | |

NB: Dinoprost and Carboprost are only available for use in Australia under the Special Access Scheme (SAS). Hospitals will need to make arrangements through their individual Pharmacy departments for availability and access to either of these products for emergency use. The prescriber will be required to complete a category A form and obtain patient informed consent for use.

NB: There is insufficient evidence to support the use of Misoprostol in the management of PPH