Knowledge And Assistance In Nursing Team Practices In The Face Of Postpartum Hemorrhage: An Integrative Literature Review

Conhecimentos e Assistência nas Práticas da Equipe de Enfermagem Diante da Hemorragia Pós-parto: Uma Revisão Integrativa de Literatura

Conocimiento y Asistencia En Las Prácticas Del Equipo de Enfermería Ante La Hemorragia Posparto: Una Revisión Integradora de La Literatura

RESUMO

Objetivo: Identificar Quais os Conhecimentos e a Assistência nas Práticas a Equipe de Enfermagem Utiliza na Assistência Obstétrica para Promover os Cuidados Necessários Às Puérperas Diante da Hemorragia Pós-parto. **Método:** Revisão Integrativa da Literatura, Realizada Em Janeiro de 2025 nas Bases: Cochrane Library; Web Of Science ; Medical Literature Analysis And Retrieval System Online; Base de Dados Em Enfermagem; Literatura Latino-americana e do Caribe Em Ciências da Saúde, Usando os Descritores Em Ciências da Saúde: "Conhecimento", "Hemorragia Pós-parto", "Equipe de Enfermagem". **Resultado:** 11 Artigos Compuseram a Amostra. a Equipe de Enfermagem Aponta Algumas Medidas para Prevenção e Manejo da Hemorragia Pós-parto: Administração de Uterotônicos, Vigilância Aos Sinais Vitais e Clínicos, Observar Perda Sanguínea, Massagem no Fundo do Útero Após Delivramento Placentário, Examinar a Placenta, e Realizar Tração Controlado de Cordão. **Conclusão:** Com os Achados Foi Possível Identificar Que a Equipe Possui Conhecimentos Essenciais para a Realização das Boas Práticas Diante da Hemorragia Pós-parto.
DESCRITORES: Conhecimento; Hemorragia Pós-Parto; Equipe de Enfermagem.

SUMMARY

Objective: To Identify The Knowledge And Practices Used By The Nursing Team In Obstetric Care To Promote The Necessary Care For Postpartum Women In The Face Of Postpartum Hemorrhage. **Method:** Integrative Literature Review Conducted In January 2025 In The Following Databases: Cochrane Library, Web Of Science, Medical Literature Analysis And Retrieval System Online, Nursing Database, Latin American And Caribbean Health Sciences Literature, Using The Health Science Descriptors: "Knowledge," "Postpartum Hemorrhage," "Nursing Team." **Results:** 11 Articles Made Up The Sample. The Nursing Team Points Out Several Measures For The Prevention And Management Of Postpartum Hemorrhage: Administration Of Uterotonics, Monitoring Of Vital And Clinical Signs, Observing Blood Loss, Uterine Fundal Massage After Placental Delivery, Examining The Placenta, And Performing Controlled Cord Traction. **Conclusion:** The Findings Made It Possible To Identify That The Team Possesses Essential Knowledge To Carry Out Best Practices In The Face Of Postpartum Hemorrhage.
DESCRIPTORS: Knowledge; Postpartum Hemorrhage; Nursing Team.

RESUMEN

Objetivo: Identificar Los Conocimientos y Las Prácticas Que El Equipo de Enfermería Utiliza En La Asistencia Obstétrica para Promover Los Cuidados Necesarios a Las Puérperas Frente a La Hemorragia Posparto. **Método:** Revisión Integrativa de La Literatura, Realizada En Enero de 2025 En Las Bases de Datos: Cochrane Library, Web Of Science, Medical Literature Analysis And Retrieval System Online, Base de Datos En Enfermería, Literatura Latinoamericana y Del Caribe En Ciencias de La Salud, Utilizando Los Descriptores En Ciencias de La Salud: "Conocimiento," "Hemorragia Posparto," "Equipo de Enfermería." **Resultados:** 11 Artículos Conformaron La Muestra. El Equipo de Enfermería Señala Algunas Medidas para La Prevención y El Manejo de La Hemorragia Posparto: Administración de Uterotónicos, Vigilancia de Los Signos Vitales y Clínicos, Observación de La Pérdida Sanguínea, Masaje En El Fondo Del Útero Después Del Parto Placentario, Examen de La Placenta y Tracción Controlada Del Cordón. **Conclusión:** Con Los Hallazgos Fue Posible Identificar Que El Equipo Posee Los Conocimientos Esenciales para Llevar a Cabo Las Buenas Prácticas Frente a La Hemorragia Posparto.
DESCRIPTORES: Conocimiento; Hemorragia Posparto; Equipo de Enfermería.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

RECEIVED: 02/28/2025 **APPROVED:** 03/13/2025

How to cite this article: Silva ISS, Pereira JB, Rodrigues AL, Costa AWS, Rocha MA, Paiva TDN, Santos DM, Xavier BLQ. Knowledge And Assistance In Nursing Team Practices In The Face Of Postpartum Hemorrhage: An Integrative Literature Review. Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(94):15251-15270. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i94p15251-15270

Ingrid Suelen Sousa da Silva
Specialist student in Obstetric Nursing - ESP/CE
Orcid: https://orcid.org/0009-0005-6662-8057

Jéssica Barreto Pereira
Master in Nursing from UFPB
Orcid: https://orcid.org/0000-0002-1274-6024

Andreza de Lima Rodrigues
Specialist student in Obstetric Nursing - ESP/CE
Orcid: https://orcid.org/0000-0001-9181-0970

Averlândio Wallyson Soares da Costa
Master in Public Health - UFRN
Orcid: https://orcid.org/0000-0001-9305-9965

Mariana de Araujo Rocha
Master's student in Health Education in the Amazon (PPGESA-UEPA).
Orcid: https://orcid.org/0000-0002-0650-8062

Thiago Duarte Nóbrega de Paiva -
Master in Health Education - UFRN
Orcid: https://orcid.org/0009-0006-1769-2199

Dayane Menezes Santos
Specialist in Healthcare Management and Quality and Patient Safety
Orcid: https://orcid.org/0000-0002-5866-4323

Bárbara Letícia de Queiroz Xavier
Doctoral student in Public Health (UFRN)
Orcid: https://orcid.org/0000-0003-1622-9128

INTRODUCTION

Postpartum hemorrhage (PPH) is defined by health organizations as significant blood loss after placental expulsion, associated with hemodynamic instability and/or signs and symptoms of hypovolemia, regardless of the mode of delivery. It is considered an obstetric emergency due to its ability to progress rapidly and the range of negative repercussions it can have on the woman's life. [1]

PPH is one of the main causes of maternal mortality worldwide and is generally related to causes considered preventable. There are four main causes of PPH, namely: uterine atony, trauma during delivery, retention of tissue remains or placenta accreta and, to a lesser extent, coagulopathies. [2]

Characterized as a public health problem, PPH is responsible for approximately 25% of maternal mortality worldwide and is the second leading cause in Brazil, behind only hypertensive syndromes. [1] About 90% of cases occur around the first four hours after birth, and can be classified as early when it occurs in the first 24 hours after birth and late when it occurs after this period up to six weeks after birth. [3]

Directing healthcare services from the perspective of safety and humanization in the face of PPH ensures that the puerperal woman receives comprehensive care focused on preventing complications and promoting physical and emotional well-being. To this end, it is necessary to provide care based on scientific evidence in order to obtain knowledge and carry out the practice effectively for adequate clinical management. [4]

The nursing team provides direct care at all times surrounding labor, delivery and postpartum and, considering that PPH is related to preventable causes, the involvement and ownership of the team in order to prevent, address and correctly treat this clinical condition can favorably reverse the high prevalence of cases and their negative outcomes. [5]

Prior knowledge of the protocols and therapeutic guidelines strengthens and qualifies the nursing team for a rapid assessment and assertive decision-making regarding the clinical condition, thus offering favorable results for a positive maternal outcome. In this way, it is possible to reduce the high incidence rate of mortality from preventable causes. [2]

Considering the need to strengthen the nursing team's scientific knowledge about the appropriate management of PPH in order to improve the skills and strategic actions used, creating a study that corroborates the theme is of great value for professional practice. Another key point for creating the study is the researcher's involvement with the experiences in the practical scenario that were observed during the period of professional training as a resident in obstetric nursing, where it was possible to observe and actively participate in the management of PPH.

Based on the context presented, the objective was to identify what knowl-

edge and practices the nursing team uses in obstetric care to provide the necessary care to puerperal women in the face of postpartum hemorrhage. Therefore, the guiding research question was: What scientific evidence is there about the knowledge, attitudes, and practices adopted by the nursing team to ensure a favorable outcome for puerperal women in the face of postpartum hemorrhage?

METHOD

The method used is an integrative literature review, which is considered a type of study that enables the acquisition of instruments for carrying out evidence-based practice. This type of study provides healthcare professionals with a summary of the most relevant studies and their results in a systematic and organized manner, allowing the introduction of the findings into clinical practice. [6]

Assimilating the six essential steps of an integrative review, which are: 1) developing the research question; 2) establishing criteria for compiling the studies; 3) determining the knowledge to be taken from the studies; 4) analyzing the selected studies; 5) interpreting the results; 6) synthesizing the review. [6]

The strategy used to develop the research question was the PVO method (P = population; V = variable; O = outcome) in which: P = puerperal woman in immediate postpartum; V = knowledge, attitudes and practices in health; and O = favorable or unfavorable outcome in the face of postpartum hemorrhage.

The search was carried out in January 2025 through virtual databases, through the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), in the following databases: Cochrane Library; Web of Science (WoS); Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed); Nursing Database (BDENF); Latin American and Caribbean Literature in Health Sciences (LILACS).

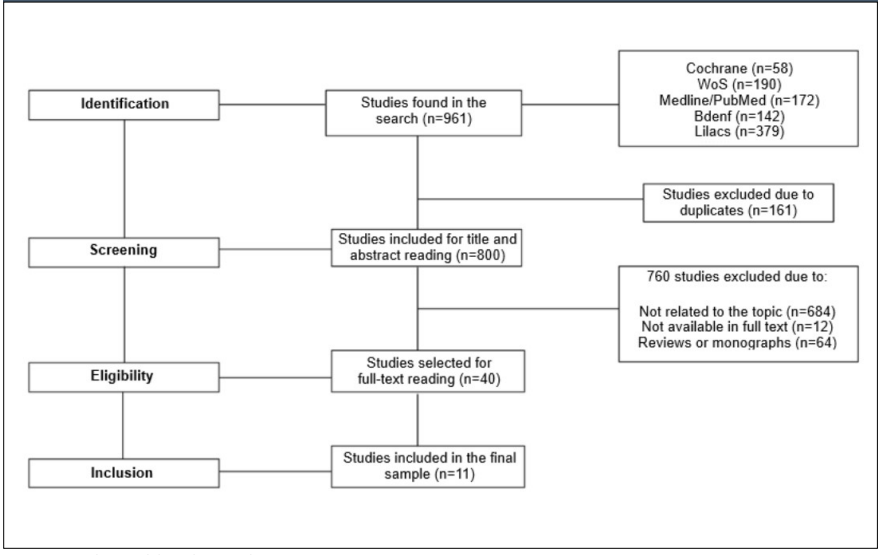
To search for articles in an advanced way, three search strategies were used in each database with the help of the Boolean operator AND. The descriptors Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS) were used, respectively in Portuguese, English and Spanish: "Conhecimento", "Hemorragia Pós-Parto", "Equipe de Enfermagem; "Knowledge", "Postpartum Hemorrhage", "Nursing, Team"; "Conocimiento","Hemorragia Posparto", "Grupo de Enfermería".

The inclusion criteria were scientific research studies that deal with knowledge, attitudes and practices used in the face of postpartum hemorrhage and published in English, Portuguese and Spanish. And the exclusion criteria will be studies of the type theses, dissertations, monographs, experience reports, editorials, letters to the editor, and review studies. In addition, texts that are not available in full or duplicated. It is worth noting that the time frame established for the inclusion of articles was the last five years, 2020 to 2025, in order to obtain the most up-to-date studies present in the scientific literature.

In the first moment of the search, 961 articles were identified, distributed among the databases; 58 in Cochrane, 190 in WoS, 172 in MEDLINE/PubMed, 142 in BDENF and 379 in LILACS. To begin the process of screening the articles, the digital tool Rayyan was used, taking the first step of excluding duplicates and repeats from the sample; 161 articles. Then, the titles and abstracts were read, from which 40 articles were selected for full reading and 11 articles were defined as a sample for the review.

In order to conduct a reliable and high-quality review, the steps were followed and double-checked. To demonstrate in detail the procedures for searching and selecting articles, the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) flowchart was used [7], as described in Figure 1.

Figura 01 - Demonstração do processo de busca e seleção dos estudos primários, Fortaleza, CE, 2025.



Source: adapted by the authors, 2025.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

Data extraction was performed using an instrument developed by the authors and divided into two groups: the first with the description of the studies containing title, author, year, location, database and methodology. The second contains the answers to the research question.

After data extraction, the data analysis stage began using the data reduction method, which consists of ordering, coding, categorizing and summarizing the data found. [8] After extracting the data, the results found were organized and displayed in two tables that were created using Microsoft Word 2019 software.

RESULTS

The research result is described based on the analysis of 11 studies whose data regarding authorship, year of publication, location of the study, database and methods are described in table 01.

TABLE 01 - Characterization of studies regarding identification, Fortaleza-CE, 2025.

Author	Year	Location of study	Database/Published journal	Study method
Ramadhani, Liu, Lembuka[9]	2020	Tanzania	African health sciences/ PubMed	A descriptive cross-sectional study. One-way interactive analyses and chi-square test (χ^2) were performed in SPSS version 21.
Wake, Wogie[10]	2020	Ethiopia	BioMed research international/ PubMed	An institutional-based cross-sectional study with a quantitative approach.
Ejekam et al[11]	2021	Nigeria	PloS one/ PubMed	A descriptive cross-sectional study with a quantitative approach.
Hancock/ et al[12]	2021	England	Bjog-an International Journal Of Obstetrics and Gynaecology/ WoS	Two-phase exploratory, sequential, mixed-methods study.
Muthoni, Kabue, Ambani[13]	2021	Kenya	African health sciences/ PubMed	A descriptive cross-sectional study with a quantitative approach using a self-administered questionnaire and an observational checklist.
Molla, Demissie, Tessema[14]	2021	Ethiopia	Obstetrics and gynecology international/PubMed	A cross-sectional institutional-based study with a quantitative approach.
Das et al[15]	2022	Kurigram/ Bangladesh	Nursing Open/ WoS	An observational research study that followed both quantitative and qualitative approaches.
Henry et al[16]	2022	Kenya	BMC pregnancy and childbirth/ PubMed	A cross-sectional and qualitative study.
Muyanga, Joho[17]	2022	Tanzania	BMC women's health/ PubMed	Analytical cross-sectional study using a quantitative approach using binary logistic regression under multivariate analysis using SPSS version 23.0.
Young et al[18]	2022	Tanzania	International journal of gynaecology and obstetrics/ PubMed	A randomized cross-sectional study with a quantitative approach.
Fissahaye et al[19]	2023	Ethiopia	BMC pregnancy and childbirth/PubMed	A cross-sectional study and descriptive, binary, and multivariate logistic regression analysis.

Source: prepared by the authors, 2025.

Below is a summary of the knowledge, attitudes and practices of the nursing team regarding the management of postpartum hemorrhage that made up the sample of the integrative review, presented in Table 02.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

TABLE 02 – Summary of knowledge and assistance in nursing team practices in the face of postpartum hemorrhage, Fortaleza, CE, 2025.

Objective	Método do estudo
1. 1. To examine the current status of midwives' knowledge of the modified guidelines for active management of the third stage of labour and highlight barriers to its correct use.	- Knowledge about PPH prevention: 94.4% knew that active management of the third postpartum stage reduces PPH. 99.4% knew that oxytocin was the first recommended uterotonic and the route of administration; 98.8% knew the dose and timing of umbilical cord clamping; 96.3% knew the right timing; 96.9% knew that ignoring the assessment of uterine tone, placental completeness, cervical and vaginal lacerations are harmful practices.
2. To assess midwives' knowledge, practice and associated factors of active management of the third stage of labour in government health facilities in Tigray region.	- Regarding knowledge: 82.7% knew all the essential components for preventing and managing PPH; 88.5% indicated the recommended dose of oxytocin, 10 IU, and the correct time of administration, in the first minute after delivery; 64.4% knew that the frequency of uterine massage after delivery is every 15 minutes in the first 2 hours; - Regarding practices: 100% administered the 10 IU of oxytocin via the IM route; 97.1% in the first minute after delivery; 71.6% correctly performed controlled cord traction and gentle extraction of the placenta; and 74.1% performed immediate uterine massage.
3. To assess health workers' knowledge of the use, storage practices and quality of oxytocin for the prevention of PPH in Nigeria.	- 76.7% said they administer oxytocin via intravenous infusion and 48.2% via intramuscular infusion to prevent PPH; - 42.8% use the dose of oxytocin recommended by the World Health Organization of 10 IU; - 4.9% use 15 IU and 41.1% use doses of 20 IU or more in women to prevent PPH. - 54.3% said they would switch to another uterotonic, while 37.1% doubled the dose of oxytocin when the first dose administered failed to prevent PPH.
4. To explore how birth-related blood loss is assessed and excessive bleeding is recognized; and to develop and test a diagnostic theory of postpartum hemorrhage (PPH).	- Identify the volume of blood lost by weighing compresses, inspecting surgical fields and sheets, and aspirating during abdominal delivery; - Be alert to women with risk factors for PPH; - Do not relax in the immediate postpartum period regarding checking vital signs; - Keep service professionals always in permanent education.
5. To identify knowledge and skills that influence the management of PPH.	- 96.5% reported knowing that the administration of uterotonics is used to prevent PPH; - 87.1% and 88.2% of the interviewees reported that controlled cord traction and uterine massage are effective methods; - 40% indicated that they would recognize PPH by measuring blood loss after delivery; 32.9% by observing the mother's vital signs, 21.2% by looking at the soaked clothing after delivery and 5.9% would not know how to identify PPH; - The vast majority stated that they have the knowledge to identify PPH without assistance, to perform suture of lacerations and episiorrhaphies. And less than half reported that they know how to perform bimanual compression, even with assistance.
6. To assess the practice of active management of the third stage of labor and associated factors among obstetric care providers.	- Most of the components of good practices for active management of the third stage of labor were more practiced by nurse midwives compared to other professions; - 42.7% answered correctly about the administration of uterotonics as a critical element for good practices; - 76.3% know that the umbilical cord should be clamped for between 1 and 3 minutes.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

7. To explore the current knowledge and skills of health care providers already trained through simulation of essential skills for obstetric and neonatal care, in reviewing perinatal health situations, including the current status of health facilities and cost estimation.	- To identify PPH: look for increased bleeding; - To manage PPH: check the bladder and perform catheterization; assess vital signs; start intravenous infusion; administer oxytocin; perform bimanual compression, massage of the uterus and practice respectful maternal care.
8. 8. The objectives are to measure health care providers' knowledge of clinical protocols for risk assessment, prevention, and management of PPH in 3 referral hospitals in Kenya and to examine factors associated with providers' knowledge.	- The biggest gaps in PPH management are related to the identification by professionals of pre-existing risk factors, which according to them would be anemia and changes in blood pressure and pulse; - 41% correctly listed conservative measures before more invasive measures. In addition, they also mentioned the need to administer antibiotics. Only 34% mentioned the administration of tranexamic acid in at least three of the relevant cases of PPH described in the interview; - The vast majority of professionals mentioned advising the patient to return to the emergency room in case of severe vaginal bleeding, checking for and repairing lacerations, preparing and administering a uterotonic.
9. To determine knowledge and skills among health care providers on active management of the third stage of labor in the Lake District, Tanzania.	- 50.3% of professionals had knowledge and 45% had adequate knowledge and skills in active management of the third stage of labor to prevent PPH; - 98.5% administered the correct amount of uterotonic medications; - Only 33.8% administered prophylactic uterotonics in a timely manner in the first minute postpartum; - 87.4% performed controlled cord traction; - 39.4% performed uterine massage every 15 minutes in the first 2 hours.
10. To compare clinical vignettes and objective structured clinical examinations (OSCE) as methods for assessing the quality of intrapartum care among skilled providers in rural primary health care facilities in Tanzania.	- During PPH: most professionals elevate the woman's legs by raising the foot of the bed; administer a second dose of oxytocin and perform bimanual compression of the uterus; only 24.7% vs 39% of professionals collected a blood sample.
11. To assess the practice of active management of the third stage of labor and associated factors among maternity care providers in public health facilities in eastern Ethiopia.	- 90% of professionals performed immediate uterine massage; - 85% administered oxytocin correctly; - Regarding the care recommended by the WHO for active management of the third stage of labor: 8.1% performed only one, 22.1% two, 29.5% three components; - All professionals administered 10 IU of oxytocin IM and 86.4% within the first minute postpartum; - 71.3% performed controlled cord traction correctly; - 84.5% assessed whether the removal of the placenta and membranes was complete; - 91.1% performed uterine massage immediately after the expulsion of the placenta.

Source: prepared by the authors, 2025.

DISCUSSION

From the presentation of the results found, it is possible to understand the importance of the nursing team having adequate knowledge and practices regarding PPH in order to achieve success in its management and thus provide the puerperal woman with a favorable outcome. It should be emphasized that the team is directly linked to good practices for conducting the third stage of labor and consequently preventing PPH. [5]

Therefore, acquiring the knowledge necessary to correctly manage PPH allows professionals to provide quality care based on scientific evidence, which is what public health systems expect. This correlation between the attitudes taken and the practices carried out by the nursing team is present in all health institutions and is fundamental to the success of the care provided to users. [4]

The study sample consisted of 11 articles, of which seven [9-10,13,15,17-19] report that professionals know and practice a set of measures, grouping three or more practices during the third stage of labor to prevent PPH. Measures include the administration of uterotonics for prophylaxis; remaining alert to the vital and clinical signs of puerperal women; observing the woman's blood loss, especially in the first hours; performing massage on the fundus of the uterus after placental delivery; examining the placenta and the integrity of its membranes, and performing controlled cord traction.

Silva et. al. [20] reveals that active

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

management during the third period is the best way to prevent comorbidity. It is also important to practice prevention of PPH and to ensure quality care, considering that the actions act directly on the prevention of uterine atony, which is the main cause of worsening. Therefore, promoting prophylaxis methods significantly reduces the incidence of cases and the need for more drastic interventions such as surgical approaches and blood transfusions. [9-10,21]

The use of uterotonics for prophylaxis and treatment of PPH is present in most of the studies that make up the sample, highlighting oxytocin as the first-choice medication. Some studies point out the importance of using oxytocin as the main agent for prevention and treatment of comorbidity, taking into account its efficacy and low cost. [11,14,20] Souza et. al. [22] points out the benefits of carbetocin over oxytocin, considering that despite its higher cost, it has greater thermal stability and comparable efficacy.

However, although a large part of the team identifies oxytocin as essential for preventing PPH, there is concern regarding the route of administration, method of conservation, dose and time recommended by health organizations. [3] Henry et. al. [11] reports that more than 85% of professionals know the route, dose and how to properly store the uterotonic. Another study refers to the concern regarding the recommendation of the appropriate time for its administration, revealing that only a little over 33.8% of the interviewees know the correct time to do so. [9]

In addition to the importance of using synthetic uterotonics, there are ways to promote the natural production of oxytocin, through the maintenance of the golden hour after birth; a term used to define the importance of maintaining skin-to-skin contact between the mother and baby in the first hour of life after birth. Thus, maintaining rooming-in immediately after birth, in addition to providing bonding, acts efficiently in good maternal recovery. [23]

Another practice that the nursing team points out as essential for the successful management of the third stage of labor and management of PPH is performing a massage on the uterine fundus. [9-10, 13, 15, 17,19] Finding that goes against other studies [24-25] in which they identified that professionals recognize and perform uterine massage immediately after birth as an effective method and an essential step for good practices in childbirth care and management of PPH.

Therefore, taking into account that uterine atony is the main cause of PPH [3], Performing uterine massage routinely is an effective way of preventing uterine cancer and can also be used during its management. Two of the studies that made up the sample [10, 17] point out that the ideal time to perform it, in order to prevent comorbidity, is every 15 minutes in the first hours after birth, a result that is in line with an article published in 2023 that cites the practice as a way to identify and manage uterine atony. [23]

However, an integrative review published in 2024 indicates that uterine massage should be performed during the first hour every 10 minutes and that this practice contributes to maintaining adequate uterine tone. [26] However, five of the studies indicate that the nursing team is aware of the importance of performing the massage routinely, but does not have a standardized time interval, indicating that it is essential to perform it immediately after placental delivery. [9, 11, 13, 15, 19]

Regarding knowledge about the amount of blood volume that is expected after childbirth and clinical changes, understanding the appropriate parameters for vital signs during this period was highlighted by the nursing team as fundamental for the prevention and management of PPH. [12-13,15-16] Therefore, a study carried out in 2023 indicates that early recognition of PPH based on the identification of clinical and hemodynamic signs by the nursing team is one of the most effective methods for a favorable outcome. [27]

Therefore, the main sign to identify PPH is the amount of blood loss after childbirth. Based on this, precisely identifying the volume lost becomes an abstract parameter in the logistics of health institutions. [26, 28] Among the sample components, ways of identifying loss were mentioned, through: weighing compresses, absorbent pads and/or surgical fields [12]; of visual estimation [13]; and the search for increased bleeding. [15]

However, the methods for identifying blood loss are imprecise, being directly related to the professionals who evaluate and to institutional protocols. [26, 28] In this sense, it reinforces the importance of the nursing team having skills and knowledge associated with the third stage of labor.

In addition to estimating the amount of transvaginal bleeding in the postpartum period, it is necessary to remain alert to clinical signs and changes in physiological parameters. It is necessary to identify changes such as tachycardia, hypotension, dyspnea and pallor early in order to take action, anticipating the worsening of PPH. [24, 28]

Among the studies found, three [9-10,19] mention the importance of performing placental delivery through active management and examining the placenta after its delivery, with the aim of reducing the occurrence of retention of placental remains and, consequently, decreasing the chances of developing PPH. [23] mention the importance of performing placental delivery through active management and examining the placenta after its delivery, with the aim of reducing the occurrence of retention of placental

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

remains and, consequently, decreasing the chances of developing PPH. [13, 17, 19]

Galvão et. al [28] and Betti et.al [30] in their studies refer to the importance of identifying preexisting conditions for the development of PPH, such as multiple pregnancies, hypertensive syndromes of pregnancy, history of PPH in previous pregnancies, maternal age over 35 years, parity and metabolic and vascular comorbidities that are considered risk factors. Only one of the studies in the sample showed that the research participants had knowledge and related the importance of preexisting factors and the risks for developing the comorbidity [16]

CONCLUSION

Based on the studies analyzed, it was possible to identify that the nursing team has essential knowledge to implement good practices in the face of PPH, including active management of the third stage of labor, highlighting the use of uterotonics for prophylaxis and treatment and performing massage on the fundus of the uterus after placental delivery. Other practices used were early identification through recognition of the amount of blood loss and changes in clinical parameters.

By describing the practices used, it is possible to affirm how pertinent knowledge, updating and use of protocols and recommendations of health organizations are in order to offer quality care, contributing to the reduction of the prevalence and incidence of PPH, resulting in a reduction in maternal morbidity and mortality.

Another important point is that identifying nursing knowledge on the subject brings to light the perception in a tangible way in order to explore points that are still not very clear in relation to quality care.

However, when constructing the study, it was possible to observe the lack of research that responds to the theme that has been carried out at a national level, which indicates a need for greater depth on the topic. Conducting research by expanding the range of databases can contribute to increasing the sample. Relating to practical experience, it is noted that professionals have superficial knowledge about the subject, making a greater theoretical contribution necessary to support the assistance.

REFERENCES

1. Soares DT, Couto TM, Martins RD, Teixeira JRB, Pires JA, Santos GO. Sociodemographic and Clinical Factors Associated with Postpartum Hemorrhage in a Maternity Ward. Aquichan. 2021;21(2):e2127. Available from: https://doi.org/10.5294/aqui.2021.21.2.7

2. Bomfim VVB da S, Treptow LM, Silva RMV da, Alves CP de A, Pires MEP, Pedro IS de S, Lima ASS, Costa ACM de SF da, Sales TM, Silva ACC, Albuquerque CF. Care of puerperal women with postpartum hemorrhage: prevention and management. RSD. 2022;11(11):e250111133529. Available from: https://doi. org/10.33448/rsd-v11i11.33529

3. Paiva JP, Albuquerque CU, Brunetta DM, Neto RHC, Firmino MLV. Protocolo: Hemorragia Pós-parto. Maternidade Escola Assis Chateaubriand/ Universidade Federal do Ceará - Sistema de Gestão da Qualidade. Empresa Brasileira de Serviços Hospitalares. 2022. Pro. med obs. 016; p 1-16

4, Branga L, Wilhelm LA, Arboit J, Pilger CH, Sehnem GD, Martins EL. Nursing care against puerperal hemorrhages: integrative review. Rev Enferm UFSM. 2022;12(45):1-22. Available from: https://doi.org/10.5902/2179769270177

5. Medeiros JA, Silva ABP, Neto AVL, Medeiros JS, Neves ANP, Silva RRN, Lima TM, Souza FMLC. Clinical management of postpartum hemorrhage by obstetric nurses: a scoping review protocol. Online Braz J Nurs. 2024;23:e20246706. Available from: https://doi.org/10.17665/1676-4285.20246718

6. Mendes KDS, Silveira RCCP, Galvão CM. Uso de gerenciador de referências bibliográficas na

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

seleção dos estudos primários em revisão integrativa. Texto Contexto Enferm [Internet]. 2019 [acesso ANO MÊS DIA]; 28:e20170204. Available from: https://dx.doi.org/10.1590/1980-265X-TCE-2017-0204

7. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff Jm, et al. A declaração PRISMA 2020: diretriz atualizada para relatar revisões sistemáticas. Rev Panam Salud Publica. 2022;46:e112. Available from: https://doi.org/10.26633/RPSP.2022.112.

8. Whittemore R, Knafl K. A revisão integrativa: metodologia atualizada. Journal of Advanced Nursing, Oxford. 2005; 52 (5): 546–553.

9. Ramadhani FB, Liu Y, Lembuka MM. Knowledge and barriers on correct use of modified guidelines for active management of third stage of labour: a cross sectional survey of nurse-midwives at three referral hospitals in Dar es Salaam, Tanzania. Afri Health Sci. 2020; 20 (4): 1908-1917. Available from: https://dx.doi.org/10.4314/ahs.v20i4.49

10. Wake GE, Wogie G. Assessment of midwife knowledge, practice, and associated factors towards active management of the Third Stage of Labor at Governmental Health Institutions in Tigray Region, Northern Ethiopia, 2018. BioMed research international. 2020; 2020(1):8547040.

11. Ejekam CS, Nyangara FM, Anyakora C, Nwokike J. A descriptive study of healthcare-providers' experiences with the use and quality of oxytocin for the prevention of postpartum hemorrhage in Nigeria: A nation-wide survey. PLoS ONE. 2021; 16(10): e0258096. Available from: https://doi. org/10.1371/journal.pone.0258096

12. Hancock A, Weeks AD, Furber C, Campbell M, Lavender T. The Recognition of Excessive blood loss At ChildbirTh (REACT) Study: a two-phase exploratory, sequential mixed methods inquiry using focus groups, interviews and a pilot, randomised crossover study, BJOG, 2021;128: 1843–1854.

13. Muthoni DM, Kabue PN, Ambani EK. Factors that influence management of postpartum hemorrhage among midwives in a rural setting in Kenya. African health sciences, 2021; 21(1): 304-310.

14. Molla W, Demissie A, Tessema M. Gestão ativa da terceira fase do trabalho de parto: prática e fatores associados entre prestadores de cuidados obstétricos em North Wollo, região de Amhara, Etiópia. Obstetrícia e Ginecologia Internacional. 2021; 2021 (1): 9207541.

15. Das R, Farzana FD, Sultana Z, Mukherji K, Baayo A, Sultana M, Ali N, Chisti MJ, Sarker SA, Ahmed T, Faruque ASG. Evaluation of SIMESON, a training program to improve access to quality health care for pregnant women and newborn in different healthcare facilities of northern Bangladesh. Nursing Open, 2022; 9 (esp.): 801–815.

16. Henry J, Clarke-Deelder E, Han D, et all. Health care providers' knowledge of clinical protocols for postpartum hemorrhage care in Kenya: a cross-sectional study. BMC pregnancy and childbirth, 2022; 22(1): 828.

17. Muyanga DL, Joho AA. Knowledge and skills on active management of third stage of labor

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270

for prevention of post-partum haemorrhage among health care providers in Lake Zone, Tanzania: a cross sectional study. BMC Women's Health, 2022; 22(1): 36.

18. Young AMP, Marx MA, Frost E, Hazel E, Kabanywanyi AM, Mohan D. Assessing provider performance of intrapartum care using simulated encounters and clinical vignettes: A comparison study from Tanzania. Int J Gynecol Obstet. 2022;158(1):57–63.

19. Fissahaye B, Dheresa M, Assefa N, et all. Active management of the third stage of labor and associated factors among maternity care providers in public health facilities in Eastern Ethiopia: a multi-center study. BMC Pregnancy and Childbirth, 2023; 23(1): 701.

20. Ferreira I, Reynolds A. O Papel da Ocitocina na Profilaxia da Hemorragia Pós-Parto em Locais com Recursos Limitados. Acta Médica Portuguesa. 2021; 34(12): 857-863.

21. Jones AJ, Federspiel JJ, Eke AC. Prevenção de hemorragia pós-parto com terapia combinada em vez de oxitocina sozinha. American journal of obstetrics & gynecology MFM. 2023; 5(2): 100731.

22. Sepulbeda GAA, Sepulbeda CFA, Silva MJDA, Sousa LMR. O uso da carbetocina na prevenção da hemorragia pós-parto: uma revisão bibliográfica. Revista Científica Multidisciplinar. 2024; 5(8): e585579-e585579.

23. Santos JG, Nascimento FC, Moreira MLSS, et al. Assistência de Enfermagem frente a hemorragia obstétrica: revisão integrativa. Brazilian Journal of Implantology and Health Sciences. 2023; 5(5): 2425-2437.

24. Teixeira LNA, Silveira AEL, Portela LP, et all. Prevenção e manejo da hemorragia pós-parto: uma revisão de literatura. Brazilian Journal of Health Review. 2021; 4(3): 10420-10431.

25. Silva ARS, Oliveira MBS, Lima CKB, et all. Hemorragia pós-parto. Revista Eletrônica Acervo Saúde. 2024; 24(12): e19123-e19123.

26. Louza KC, Zanette ACC, Giaretta GCA, et all. In: Editora Científica Digital. Avaliação e manejo em emergências obstétricas: hemorragia pós parto. Em saúde da mulher e do recém-nascido: novos paradigmas. Pato Branco: Paraná; 2024. p. 96-113.

27. Souza GP, Nascimento KF, Amaro MLM, Migoto MT. Assistência de enfermagem nos cuidados da hemorragia pósparto: revisão integrativa. Revista Gestão & Saúde. 2023; 25(1).

28. Galvão ABZ, Tepedino KP, Oliveira LRDA, Oliveira VMD, Oliveira IEDG, Moura ACDL. Prevenção e conduta da hemorragia pós-parto. 2023; 1(1); 1-13. Available from: https://repositorio.uniceub.br/jspui/handle/prefix/16946

29. Carmo AL, Rodrigues VSD, Fonseca DS. A importância do conhecimento da enfermagem obstétrica na prevenção de hemorragia pós-parto. Conjecturas. 2024; 22(5): 888-901.

30. Betti T, Gouveia HG, Gasparin VA, Vieira LB, Strada JKR, Fagherazzi J. Prevalência dos fatores de risco para hemorragia pós-parto primária em um hospital universitário. Revista Brasileira de Enfermagem. 2023; 76(esp): e20220134.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i94p15251-15270