OBSTETRIC HEMORRHAGE CARE SUMMARY

Pre-Admission

Identify patients with special consideration:
Placenta previa/accreta, Bleeding disorder, or those who decline blood products → Follow appropriate workups, planning, preparing of resources, counseling and notification

Screen All Admissions for hemorrhage risk:
Low Risk, Medium Risk, and High Risk → Medium Risk: Type & Screen, Review Hemorrhage Protocol
High Risk: Type & Crossmatch 2Units PRBCs; Review Hemorrhage Protocol
IV access strongly recommended

Ongoing Risk Assessment
Evaluate for development of additional risk factors in labor:
- Prolonged 2nd stage labor (≥ 4 hours)
- Any oxytocin use
- Sustained active bleeding
- Chorioamnionitis
- **Treat multiple risk factors as High Risk**

Stage 0
All Births

Oxytocin IV Infusion or 10 Units IM
Vigorous fundal massage for 15 seconds minimum → **Ongoing Evaluation:** Qualify all blood loss after delivery (24 hr) VS per protocol → Cumulative Blood Loss >500 ml Vag; > 1000 ml CS

No → Standard Postpartum Management Fundal Massage → Increased Bleeding → Cumulative Blood Loss

Yes → Activate OB Rapid Response Stage 1 PPH
Initiate Hemorrhage/Massive Hemorrhage care set
T&C for 2 units (keep ahead 2)

Stage 1
Blood Loss:
> 500 ml Vaginal
> 1000 ml CS **and/or** concern for increased bleeding

↑IV Rate, ↑ Pitocin per guideline
1. Sequentially advance through medications
- Methergine 0.2 mg (no ↑BP)
- Hemabate 250 mcg IM q15 min (no asthma)
- Cytotec 800 mcg PR

2. Continue fundal massage, empty bladder, keep warm
3. Oxygen to maintain Sat > 95%

@ 10 min Continued Heavy Bleeding

No → Increased Postpartum Surveillance

Yes → Activate: OB Rapid Response Stage 2 PPH

Stage 2
Sustained active bleeding for 10 minutes <1500 ml

Vaginal Birth:
Bimanual Fundal Massage
Lower segment/Implantation site/Atony: Intrauterine Balloon
Retained POC: Dilation and Curettage
Laceration/Hematoma: Packing, Repair as Required
Cesarean Birth:
Continued Atony: B-Lynch Suture/Intrauterine Balloon
Continued Hemorrhage: Uterine Artery Ligation

Recommend going to the OR → Cumulative Blood Loss

No → Increased Postpartum Surveillance

Ongoing Cumulative Blood Loss Evaluation

Stage 3
Blood Loss: >1500 ml and/or > 2 units PRBC's and/or hemodynamically unstable and/or concern for DIC

Cumulative Blood Loss >1500 ml, 2 Units Given Vital Signs Unstable

To OR (if not there), transfuse as needed
Call Blood Bank 1-2331 for products

Unresponsive Coagulopathy:
Consider off-label use of factor rVIIA for severe PPH refractory to treatment

Fertility Strongly Desired

Yes → **Conservative Surgery**
- B-Lynch Suture
- Intrauterine Balloon
- Uterine Artery Ligation (O'Leary)

No → **Definitive Surgery** Hysterectomy

Hemorrhage Continues

Controlled → Consider ICU Care; Increased Postpartum Surveillance

Last Updated February 7, 2014