

Obstetric Hemorrhage Guidelines

Assessments	Meds / Procedure		Blood Bank
Stage 0			
<p>Assess Risk Factors and Type & Cross</p> <ul style="list-style-type: none"> Placenta Previa Suspicion for Accreta Fetal Demise <p>Assess Risk Factors and Type & Screen</p> <ul style="list-style-type: none"> Hx of PPH Parity ≥ 5 ≥ 2 prior cesarean deliveries Arrest of Labor at any stage Chorioamnionitis Hgb < 10 Refer to Lippincott 	<p>Active Management 3rd stage:</p> <p>All patients</p>		<p>If High risk:</p> <ul style="list-style-type: none"> T&C 2 units pRBC's
Stage 1			
Blood Loss: Vaginal Delivery > 500mL with on-going bleeding - OR- Cesarean Delivery: > 1000mL and still in abdomen			
<p>Mobilize Resources</p> <p>Consider activating OB Trauma page</p> <p>Initiate preparations</p>	<ul style="list-style-type: none"> Notify charge nurse Notify L&D attending Consider notifying Anesthesia provider Hemorrhage cart to room VS, O2 sat every 5 min Calculate cumulative EBL every 5-15 min. Pull bleeding kit from pyxis 	<ul style="list-style-type: none"> IV access: confirm 18 gauge Initiate a second 30 min Oxytocin bolus at 600mU/min Simultaneously implement use of alternative strategies: Uterine massage Methergine 0.2mg IM (if not hypertensive). May repeat I good response to first dose <li style="text-align: center;">OR Hemabate 0.25mg IM (if no asthma) <li style="text-align: center;">OR Misoprostol 1000mcg per rectum Empty bladder; straight cath or place foley with urometer Consider surgical methods 	<ul style="list-style-type: none"> T&C 2 UNITS Prbcs (if not already done)
Stage 2			
Blood Loss: Vaginal Delivery ≥ 1000mL with on-going bleeding - OR- Cesarean Delivery: > 1500mL and still in abdomen			
Vital Sign changes: >15% from baseline or HR >100bpm, or BP <85/45 or O2 sat <95%			
<p>Consider surgical interventions early with failed medical therapy</p>	<ul style="list-style-type: none"> VS & cumulative blood loss every 5-10min Confirm etiology of hemorrhage including vaginal wall, cervix, placenta and uterine cavity 	<ul style="list-style-type: none"> 2nd IV access (at least 18gauge) <p>Vaginal Birth:</p> <ul style="list-style-type: none"> Move to OR Repair any tears D&C: r/o retained placenta Place intrauterine balloon <p>Cesarean Birth: (still intra-op)</p> <ul style="list-style-type: none"> Inspect broad ligament, posterior uterus Uterine artery ligation B-Lynch suture Place intrauterine balloon 	<ul style="list-style-type: none"> Transfuse per clinical signs- do not wait for lab values Use blood warmer for transfusion Consider thawing 2 FFP (takes 35+min) Determine availability of additional pRBC's and other Coag products
Stage 3			
After transfusion of 3-4 units of pRBCs, activate and follow Massive Transfusion protocol			
<p>Massive Transfusion Protocol (Hospital policy #765)</p>	<ul style="list-style-type: none"> Notify supervisor for possible transfer to ICU Mobilize team <ul style="list-style-type: none"> Advanced GYN surgeon 2nd anesthesia provider OR staff Adult intensivist Repeat labs including coags and ABG's Central line Family support 	<ul style="list-style-type: none"> Laparotomy: <ul style="list-style-type: none"> B-Lynch suture Uterine artery ligation Hysterectomy Patient support <ul style="list-style-type: none"> Fluid warmer Upper body warming device Sequential compression stockings / device 	<ul style="list-style-type: none"> Transfuse aggressively Near 1:1 pRBC: FFP 1 PLT pheresis pack per 6 units pRBC's Activate Massive Transfusion Protocol