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
  - High Risk
- Medium Risk: Type & Screen, Review Hemorrhage Protocol
- High Risk: Type & Crossmatch 2 Units 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
        - Yes
        - No

### 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
    2. Methergine 0.2 mg (no ↑ BP)
    3. Hemabate 250 mg IM q15 min (no asthma)
    4. Cytotec 800 mcg PR
    5. Continue fundal massage, empty bladder, keep warm
    6. Oxygen to maintain Sat > 95%
  - Ongoing Cumulative Blood Loss Evaluation
    - Yes
    - No
    - Activate OB Rapid Response Stage 1 PPH
      - Initiate Hemorrhage/Massive Hemorrhage care set T&C for 2 units (keep ahead 2)
      - @ 10 min
      - Continued Heavy Bleeding
        - No
        - Increased Postpartum Surveillance
          - Yes

### 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
  - Activated: OB Rapid Response Stage 2 PPH
    - Yes
    - No
    - Recommend going to the OR
    - Increased Postpartum Surveillance

### Stage 3
- **Blood Loss: >1500 ml and/or > 2 units PRBC's and/or hemodynamically unstable and/or concern for DIC**
  - Unresponsive Coagulopathy:
    - Consider off-label use of factor rvIIA for severe PPH refractory to treatment
    - B-Lynch Suture
    - Intrauterine Balloon
    - Uterine Artery Ligation (O'Leary)
  - Conservative Surgery
    - Yes
    - Fertility Strongly Desired
    - No
    - Definitive Surgery
      - Hysterectomy
      - Controlled
      - Increased Postpartum Surveillance
      - Yes
      - No

### Last Updated February 7, 2014