

2-6 Postpartum haemorrhage v.1

Major PPH > 1.5L. Massive PPH >2.5L

START

- 1 **Call for help** (obstetrician, midwife, anaesthetist)
 - ▶ Ask: “who will be the team leader?”
 - ▶ **Team leader assigns** checklist reader and scribe
 - ▶ Request **postpartum haemorrhage drugs**
 - ▶ If major or massive PPH → Activate **major haemorrhage protocol**
- 2 **Check clinical status using ABCDE approach**
 - ▶ Start oxygen at 15 L/min via reservoir mask, titrate to SpO₂ 95-98%
 - ▶ Start continuous monitoring: SpO₂, respiratory rate, 3-lead ECG and blood pressure
 - ▶ Insert 2 x wide-bore IV access (take FBC, clotting, fibrinogen, cross match)
 - ▶ Give tranexamic acid 1 g IV
 - ▶ Start IV crystalloid fluid bolus (warm)
 - ▶ Give blood and blood products early in ongoing haemorrhage
- 3 **Check for -and- treat source of bleeding (Box A)**
- 4 **Check for atony → treat if identified**
 - ▶ Manual → rub contraction or bimanual uterine compression
 - ▶ Give uterotonics (**Box B**)
 - ▶ Insert urinary catheter
 - ▶ If still atony → transfer to theatre for EUA and haemorrhage control (**Box C**)
- 5 **Weigh all swabs and announce total blood loss every 10 minutes**
- 6 **Use point of care testing to guide blood and blood product replacement (Box C)**
 - ▶ Check for hypocalcaemia (**Box B**)
- 7 **Keep woman warm**
 - ▶ Warm fluids -and- warm woman
- 8 **Use cell salvage where possible**

Box A: Source of bleeding. 4 Ts of obstetric haemorrhage

- ▶ Tone – uterine atony
- ▶ Tissue – retained placental tissue
- ▶ Trauma – lacerations of birth tract
- ▶ Thrombin – clotting abnormalities

Box B: Drug doses and treatments

Uterotonics:

- ▶ **Syntometrine or Ergometrine IM** one dose only and avoid if hypertensive -or-
- ▶ **Oxytocin IV** 5 iu diluted in 10 ml normal saline given over at least 2 min, up to 2 doses
- ▶ **Oxytocin** infusion (40 iu in 50 ml normal saline at 12.5 ml/hr)
Or as per local protocol
- ▶ **Carboprost** (Hemabate) 250 mcg IM repeated every 15 min maximum 8 doses (avoid if asthmatic)
- ▶ **Misoprostol** 1000 mcg (5 x 200 mcg tablets) PR / or 800 mcg sublingual

Calcium replacement

10 ml IV 10 % calcium chloride -or- 30 ml IV 10 % calcium gluconate

Box C: During resuscitation

Haemorrhage control strategies

- ▶ Aortic compression
- ▶ Intrauterine tamponade device (e.g., Bakri balloon®)
- ▶ Uterine brace sutures
- ▶ Interventional radiology
- ▶ Hysterectomy

Point of care testing to guide blood product and fluid resuscitation

- ▶ Thromboelastography (TEG®) -or- rotational thromboelastometry (ROTEM®) -and- blood gas

Do not be reassured by normal Hb before adequate fluid resuscitation