| Date/Time | Documentation of concerns, deviations & other information |
|---|---|
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# PPH Post-event Checklist

**WHO** sign-out completed? *Yes / No / NA (Patient did not require care in theatre)*

Have all drugs been prescribed and signed for? *Yes / No / NA*

**Post-event Re-bleed Risk Assessment**

Syntocinon infusion running or required? *Yes / No* Time expected to finish ___:___

Vaginal pack insitu? *Yes / No* Planned removal time ___:___

Bakri Balloon insitu? *Yes / No* Planned removal time ___:___

Can NSAID be given? *Yes / No / Not yet*

**Thromboprophylaxis** plan: LMWH *Yes / No* Time of first dose: ___:___

TEDS *Yes / No*

**Post-event Monitoring Requirements**

Level of post-event care required *(circle applicable)* Level 1 Level 2 *(HDU)* Level 3 *(ICU)*

Post-op bloods *(FBC/Coag/U&E)* to be taken at *Time*: ___:___ Plan to transfuse if Hb < _____

PV loss monitoring required? *Yes / No* Frequency of monitoring _____

Urine output monitoring required? *Yes / No* Frequency of monitoring _____

**MOH** stand down *Yes / No / NA*

Any blood/products to return to blood bank? *Yes / No / NA*

If the MOH protocol was activated before stage 3 *or* not activated at stage 3 then please detail reason(s) why:

_____

**Does a Datix form need completing?** *Yes / No*

*If yes record:*

- Datix form number _____
- Person responsible for completing Datix form _____

Does the case need **highlighting to OBS Cymru Champion**? *Yes / No* *(triggers include MBL ≥1000ml, ROTEM performed, blood products given)*

Has the event been discussed with the patient? *Yes / No*

Has **written information** been provided to the patient? *Yes / No*

Does a **formal team debrief** need to take place? *Yes / No*

*Completed by:* _____ *(Please print)* *Date:* _____ *Time:* __:__ *Location* _____

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*Version L9.7 Jan18*

*Working together to reduce harm from Postpartum Haemorrhage*

OBSCYMRU Obstetric Bleeding Strategy for Wales

1000 LIVES O FYWYDAU

# Postpartum Haemorrhage Management Checklist

*Designed to be used in maternity settings. This is not a comprehensive guideline but a checklist to facilitate an appropriately escalating multidisciplinary team approach to postpartum haemorrhage and as an aid to documentation.*

*Patient addressograph*

## Stage 0

### PPH Risk Assessment

*Complete for all women on admission (including LSCS)*

**Most recent Hb = _____ Plt =_____** *Result Date:* __ / __ / __

**PPH Risk Assessment** *Tick if applicable*

| | |
|---|---|
| **Antenatal - "Increased risk"** *if any of the following are met:* | |
| Anaemia or bleeding disorder (Hb <95, plt < 100) | |
| BMI <18 or >35 or Booking Weight <55Kg *If low weight/BMI – do you need to calculate the circulating blood volume?* | |
| ≥ 5 previous vaginal births | |
| Previous uterine surgery | |
| Previous Postpartum Haemorrhage >1L | |
| Multiple pregnancy or estimated fetal weight >4.5kg | |
| Abnormal placental implantation | |
| Polyhydramnios | |
| Known Abruption or Antepartum Haemorrhage | |

*Please make an on-going assessment of the following risk factors throughout labour and delivery*

| | |
|---|---|
| **Perinatal - "Increased risk"** if any of the following are met: | |
| Suspicion of chorioamnionitis / Sepsis | |
| Labour augmented with syntocinon | |
| Prolonged labour | |
| Instrumental delivery | |
| Retained products of conception | |

**Plan to measure & record all blood loss**

*(for pool deliveries estimation may be required)*

### Act

**If woman at increased risk is:**

She suitable for EI blood *or* 2 units Xmatch? *Yes / No*

IV access required? *(at least 16 Gauge)* *Yes / No*

### Treat

Planned an active 3rd stage management? *Yes / No*

*Completed by:* _____ *(Please print)*

*Date:* _____ *Time:* __:__ *Location* _____

## Stage 1

### >500ml ongoing blood loss

*SVD & Instrumental deliveries*

| **Get Help** | *Time* | *Initial* |
|---|---|---|
| Notify midwife in charge | | |
| Name: _____ *time arrived:* ___:___ | | |
| Request HCA to assist with measurement | | |

| ***Other staff present*** | *Designation* | *Time Arrived* | *Initial* |
|---|---|---|---|
| | | | |

| **Act** | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| **Measure Blood Loss** *(cumulative measurement)* | | | |
| Record observations on MEOWS *every 10 min* | | | |
| IV access *at least 16 Gauge* | | | |

### What is the cause of bleeding?

Tone, Trauma, Tissue, Thrombin *(please circle cause(s))*

| **Treat** | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| Uterine massage | | | |
| Give uterotonics *(record on over page & prescribe)* | | | |
| Inspect genital tract | | | |
| Empty bladder | | | |
| Check placenta & membranes | | | |
| Bimanual compression | | | |

### If bleeding stopped:

- **Please record MBL here _____ ml**

*Completed by:* _____ *(Please print)*

*Date:* _____ *Time:* __:__ *Location* _____

# Stage 2 >1000mL blood loss *OR* clinical concern (eg. Abruption or concealed bleeding) *OR* abnormal vital signs RR > 30, HR ≥120, BP ≤90/40mmHg, SpO2<95%

*Progress to here from stage 1 if SVD / instrumental delivery. Re-start here after stage 0 if LSCS*

## Get Help

| | | Time arrived: | Other staff: | | Time arrived: |
|---|---|---|---|---|---|
| MW in charge | *Name:* ______________________________ | *time:* ___:___ | *Name:* ________________________ | *Designation:* ________ | *time:* ___:___ |
| Obstetrician | *Name:* ______________________________ | *time:* ___:___ | *Name:* ________________________ | *Designation:* ________ | *time:* ___:___ |
| Anaesthetist | *Name:* ______________________________ | *time:* ___:___ | *Name:* ________________________ | *Designation:* ________ | *time:* ___:___ |
| HCA | *Name:* ______________________________ | *time:* ___:___ | | | |

## Act

| | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| Measure & record cumulative blood loss | | | |
| Record observations on MEOWS *every 10 min* | | | |
| 2nd IV access (*at least 16 Gauge*) & fluid bolus | | | |
| **Take bloods** Point of care tests - ROTEM, venous lactate, venous Hb<br>Lab test - FBC, Coag, XMatch, U&E | | | |

| | Initial VBG Test Results | | Initial ROTEM Test Results | |
|---|---|---|---|---|
| ***Time:*** | ***Hb =*** | ***Lactate =*** | ***FIBTEM A5 =*** (*Aim ≥ 12mm*) | ***EXTEM CT =*** (*Aim < 75 sec*) |

## Review causes *(circle all identified)* Tone / Trauma / Tissue / Thrombin

## Treat

| | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| Review uterotonics *(record on page 3)* | | | |
| Give tranexamic acid *(1g IV, if no CI's)* | | | |
| Bimanual compression | | | |
| Consider ranitidine | | | |

| | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| Empty bladder | | | |
| Foley catheter inserted | | | |
| Inspect genital tract | | | |
| Repair genital tract | | | |
| Check placenta & membranes | | | |

**If bleeding stopped ensure** PPH post-event checklist completed & Management plan written in notes

*Completed by:* ______________________ *(Please print)* *Date:* ________ *Time:* __:__ *Location* ____________

**If bleeding *ongoing* transfer patient to theatre** *time arrived:* ___:___

# Stage 3 >1500mL blood loss *OR* ongoing clinical concern

## Act

| | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| Communicate current measured blood loss to team | | | |
| Activate MOH protocol | | | |
| Inform Obstetric and Anaesthetic consultants | | | |
| Order blood and coagulation products as per MOH and ROTEM protocol<br>*- Do you need to discuss the case with a haematologist?* | | | |

## Review causes *(circle all identified)* Tone / Trauma / Tissue / Thrombin

## Treat

| | *Performed by* | *Time* | *Initial* |
|---|---|---|---|
| Review uterotonics *(Record on page 3)* | | | |
| Consider repeat tranexamic acid if bleeding ongoing *(1g IV, if no CI's)* | | | |
| Consider advanced surgical techniques *(Document on page 4)* | | | |

| **Additional Staff Present:** | | **Time arrived:** | | | **Time arrived:** |
|---|---|---|---|---|---|
| *Name:* ______________________ | *Designation:* ________ | *time:* ___:___ | *Name:* ______________________ | *Designation:* ________ | *time:* ___:___ |
| *Name:* ______________________ | *Designation:* ________ | *time:* ___:___ | *Name:* ______________________ | *Designation:* ________ | *time:* ___:___ |

**Once bleeding stopped ensure** PPH post-event checklist completed & Management plan written in notes

*Completed by:* ______________________ *(Please print)* *Date:* _________ *Time:* __:__ *Location* ____________



*Working together to reduce harm from Postpartum Haemorrhage*

## Record of Uterotonics used

*Please record all uterotonics used here and prescribe on medication or anaesthetic chart*

| Drug | Dose *(please circle route)* | Time |
|---|---|---|
| Oxytocin | 10 units IM *or* 5 units IV | |
| *Other* | | |
| Ergometrine *(caution in HTN/PET)* | 500 microg IV or IM | |
| Syntometrine *(caution in HTN/PET)* | 500 microg/5 units IM or IV | |
| Oxytocin INF | 40 units over 4hr IV | |
| *Other* | | |
| Misoprostol | | |
| Misoprostol | | |

| Drug | Dose | Time |
|---|---|---|
| Carboprost *(caution in asthma)* | 250microg IM *(repeat up to every 15min)* | |
| Carboprost | 250microg IM | |
| Carboprost | 250microg IM | |
| Carboprost | 250microg IM | |
| Carboprost | 250microg IM | |
| Carboprost | 250microg IM | |
| Carboprost | 250microg IM | |
| Carboprost | 250microg IM | |
| *Other* | | |

## Blood & Blood products transfused

| Time | Product given | Time | Product given |
|---|---|---|---|
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## Measured cumulative blood loss

| Time | Blood Loss (ml) | Running Total (ml) |
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**Total Measured Blood Loss = ________ml**

## Record of further blood test results *(Please do not duplicate records of blood results recorded in stage 2)*

| | Further VBG Test Results | | Further ROTEM Test Results | |
|---|---|---|---|---|
| *Time Taken* | *Hb* | *Lactate* | *FBTEM A5 (Aim ≥ 12mm)* | *EXTEM CT (Aim < 75 sec)* |
| | | | | |
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