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2-6 Postpartum haemorrhage v.1

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| **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 |

Major PPH > 1.5L. Massive PPH >2.5L

START

❶ **Call for help** (obstetrician, midwife, anaesthetist)

⯈ **Ask**: “who will be the team leader?”

⯈ **Team leader assigns** checklist reader and scribe

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| **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 |

⯈ Request **postpartum haemorrhage drugs**

⯈ If major or massive PPH  Activate **major haemorrhage protocol**

❷ **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

❸ **Check for -*and*- treat source of bleeding** (**Box A**)

❹ **Check for atony**  **treat if identified**

⯈ Manual  rub contraction or bimanual uterine compression

⯈ Give uterotonics (**Box B**)

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| Box C: During resuscitation |
| Haemorrhage control strategies⯈ Aortic compression⯈ Intrauterine tamponade device (e.g., Bakri balloon®)⯈ Uterine brace sutures⯈ Interventional radiology⯈ HysterectomyPoint 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*** |

⯈ Insert urinary catheter

⯈ If still atony  transfer to theatre for EUA and haemorrhage control (**Box C**)

❺ **Weigh all swabs and announce total blood loss every 10 minutes**

❻ **Use point of care testing to guide blood and blood product replacement** (**Box C**)

⯈ Check for hypocalcaemia (**Box B**)

❼ **Keep woman warm**

⯈ Warm fluids -*and*- warm woman

❽ **Use cell salvage where possible**