

Patient addressograph



# Postpartum Haemorrhage Management Checklist

### Stage 0

## PPH Risk Assessment

*Complete for all women in labour notes (including LSCS)*

Most recent Hb= \_\_\_\_\_ Plts: \_\_\_\_\_ Date: \_\_\_\_\_

**Antenatal Clexane; last dose:**

Antenatal "Increased risk" (if any of the following are met)	
Anaemia or bleeding disorder (Hb <95; Plt <100)	
BMI <18 or >35; Booking weight <55kg <small>if low weight/BMI: do you need to calculate the circulating blood volume?</small>	
≥5 previous vaginal births	
Previous Postpartum Haemorrhage >1l	
Estimated fetal weight >4.5kg	
Multiple pregnancy	
Polyhydramnios	
Previous uterine surgery	
Abnormal placental implantation	
Known abruption or AN 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 women at increased risk is:**

She suitable for EI blood or 2 units Xmatch? Yes / No  
IV access required? Yes / No

**Treat**

Planned active 3rd stage management? Yes / No  
Planned 40IU Syntocinon IV slow infusion? Yes / No

Completed by (name): \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

### Stage 1

## >500ml on-going blood loss

*Vaginal deliveries including instrumental*

### Get Help

	Time	Initial
Notify midwife in charge		
Name: _____ time arrived: _____		
Request support to assist with measurement		

Other staff present	Designation	Time arrived	Initial

### Act

	Performed by	Time	Initial
<b>Measure blood loss</b> <i>(cumulative measurement)</i>			
<b>Record observations</b> <i>On MEOWS every 10 minutes</i>			
<b>IV access</b> <i>at least 16 Gauge</i>			

### What is the cause of bleeding?

Tone / Trauma / Tissue / Thrombin (circle cause(s))

### Treat

	Performed by	Time	Initial
<b>Uterine massage</b>			
<b>Give uterotonics</b> <i>record on over page &amp; prescribe</i>			
<b>Inspect genital tract</b>			
<b>Empty bladder</b>			
<b>Check placenta &amp; membranes</b>			
<b>Bimanual compression</b>			

### If bleeding stopped:

**Record measured blood loss here: \_\_\_\_\_ ml**

Completed by (name): \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

## Stage 2

**>1000ml blood loss OR clinical concern** (e.g. Abruption or concealed bleeding)  
**OR abnormal vital signs** RR > 30; HR ≥ 120; BP ≤ 90/40mmHg; SpO<sub>2</sub> < 95%

Progress to here from stage 1 if vaginal delivery. Re-start here after stage 0 if LSCS

### Get Help

Name	Time arrived	Other staff present	Designation	Time arrived
MW in charge	:			:
Obstetrician	:			:
Anaesthetist	:			:
Care assistant / scribe	:			:

### Act

Performed by	Time	Initial
Measure & record cumulative blood loss		
Lie patient flat and give oxygen		
Record observations on MEOWS every 5 minutes		
2nd IV access (at least 16 Gauge) & fluid bolus		
<b>Take bloods</b>		
Point of care tests	venous lactate; venous Hb	
Lab tests	FBC; Coag; XMatch; U&E; Serum Fibrinogen	

#### Initial venous blood test results

#### Initial Fibrinogen or Rotem Test results

Time:	Hb=	Lactate=	FIBTEM A5 (Aim ≥ 12mm) =	EXTEM CT (Aim < 75sec) =
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### Review the causes of bleeding

(circle all identified)

Tone / Trauma / Tissue / Thrombin

Treat	Performed by	Time	Initial	Performed by	Time	Initial
Review uterotonics <i>record on page 3 &amp; prescribe</i>				Empty bladder		
				Foley catheter inserted		
Give tranexamic acid <i>1g IV, if no contraindications</i>				Inspect genital tract		
				Repair genital tract		
Bimanual compression				Check placenta & membranes		
Consider Omeprazole						

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

Completed by (name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**If bleeding on-going 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 protocol Do you need to discuss the case with a haematologist?				
Review the causes of bleeding (circle all identified)	Tone / Trauma / Tissue / Thrombin			
Treat	Performed by	Time	Initial	
Review uterotonics <i>record on page 3 &amp; prescribe</i>				
Consider repeat tranexamic acid if bleeding ongoing <i>1g IV, if no CI's</i>				
Consider advanced surgical techniques <i>record on page 4</i>				
Other staff present	Designation	Time arrived	Designation	Time arrived
Name:		:	Name:	:
Name:		:	Name:	:

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

Completed by (name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Record of Uterotonics used** *Please record all uterotonics used here and prescribe as per protocol*

Drug	Dose (circle route)	Time	Drug	Dose( circle route)	Time
Oxytocin	10 units IM or 5 units IV		Carboprost ( <i>caution in asthma</i> )	250 mcg IM ( <i>repeat up to every 15 minutes</i> )	
			Carboprost	250 mcg IM	
Ergometrine ( <i>caution in HTN/PET</i> )	500 microgram IV or IM		Carboprost	250 mcg IM	
Syntometrine ( <i>caution in HTN/PET</i> )	500 mcg/5units IM or IV		Carboprost	250 mcg IM	
Oxytocin infusion	40 units over 4 hr IV		Carboprost	250 mcg IM	
			Carboprost	250 mcg IM	
Misoprostol			Carboprost	250 mcg IM	
Misoprostol					

**Blood & blood products transfused**

Time	Product given	Time	Product given

**Measured cumulative blood loss**

Time	Blood loss (ml)	Running total (ml)
<b>Total measured blood loss</b>		<b>ml</b>

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

	Further venous blood test results		Further Fibrinogen or Rotem Test results	
Time:	Hb=	Lactate=	FIBTEM A5= (Aim ≥ 12mm)	EXTEM CT= (Aim < 75sec)

Date/Time	Documentation of concerns, deviations & other information

### 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 assessment

Syntocinon infusion running or required?	Yes / No	Time expected to finish:	
Vaginal pack insitu?	Yes / No	Planned removal time:	
Intrauterine tamponade balloon insitu?	Yes / No	Planned removal time:	
Can NSAID be given?	Yes / No	Not yet	
Thromboprophylaxis plan	LMWH	Yes / No	Time first dose:
	TEDS	Yes / No	

#### Post-event Monitoring requirements

Level of post-event care required ( <i>circle applicable</i> )	Level 1	Level 2 (ECLW)	Level 3 (ICU)
Post-op bloods ( <i>FBC/Coag/U&amp;E</i> ) 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:	
<b>MOH stand down</b>	Yes / No	N/A	
Any blood/products to return to blood bank?	Yes / No	N/A	

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?

*If yes record:*

Datix form number	
Person responsible for completing Datix form	

#### Duty of candour and team debriefing

Has the event been discussed with the patient?	Yes / No	
Has <b>written information</b> been provided to the patient?	Yes / No	
Does a <b>formal team debrief</b> need to take place?	Yes / No	

Completed by (name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_