Peripartum Hemorrhage

Antenatal and intrapartum management for all patients:

Risk stratification: See table

- Risk factors should be assessed at 3 time points:
  - On admission
  - At complete dilation
  - At delivery

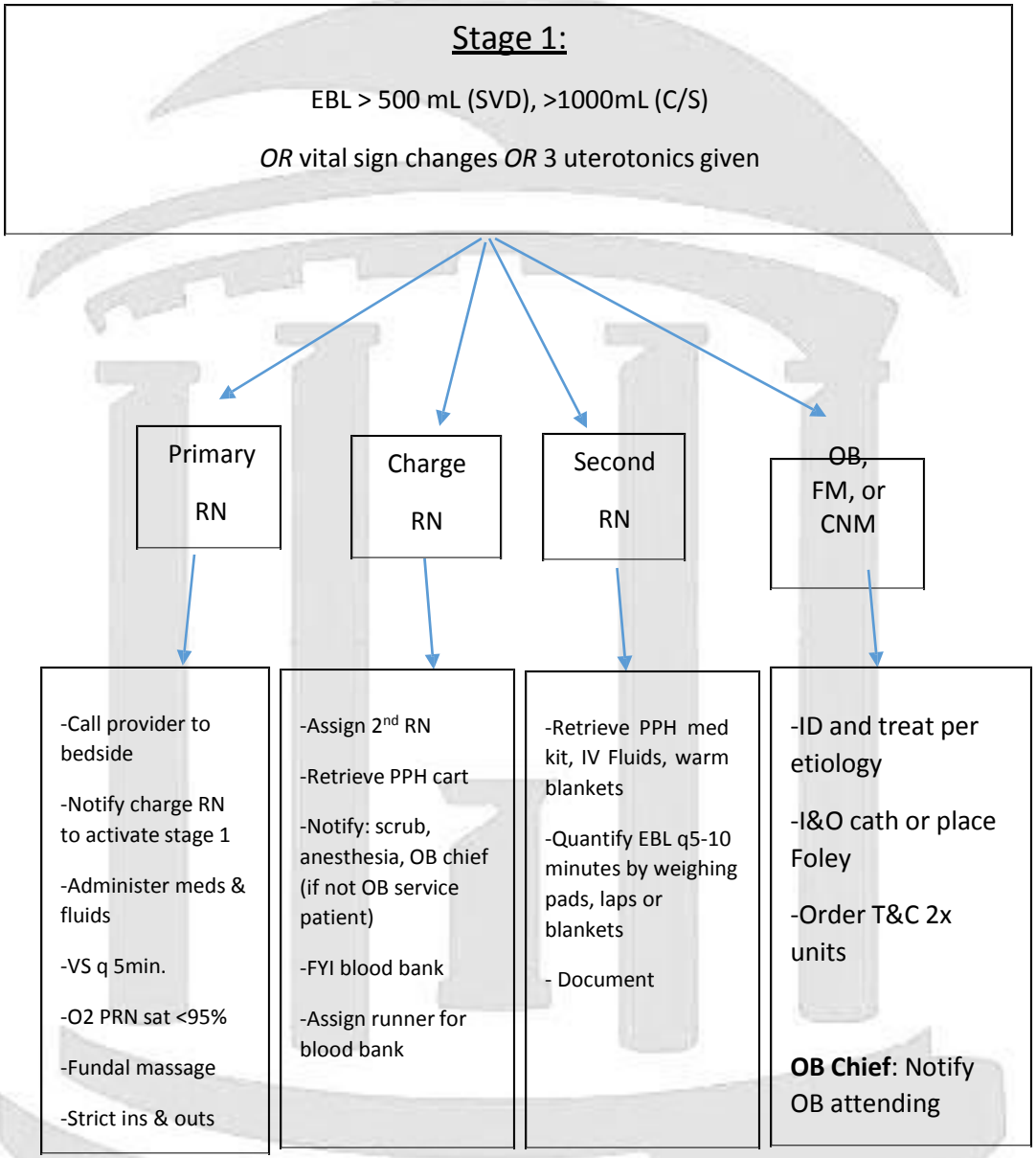
Active management of the third stage of labor:

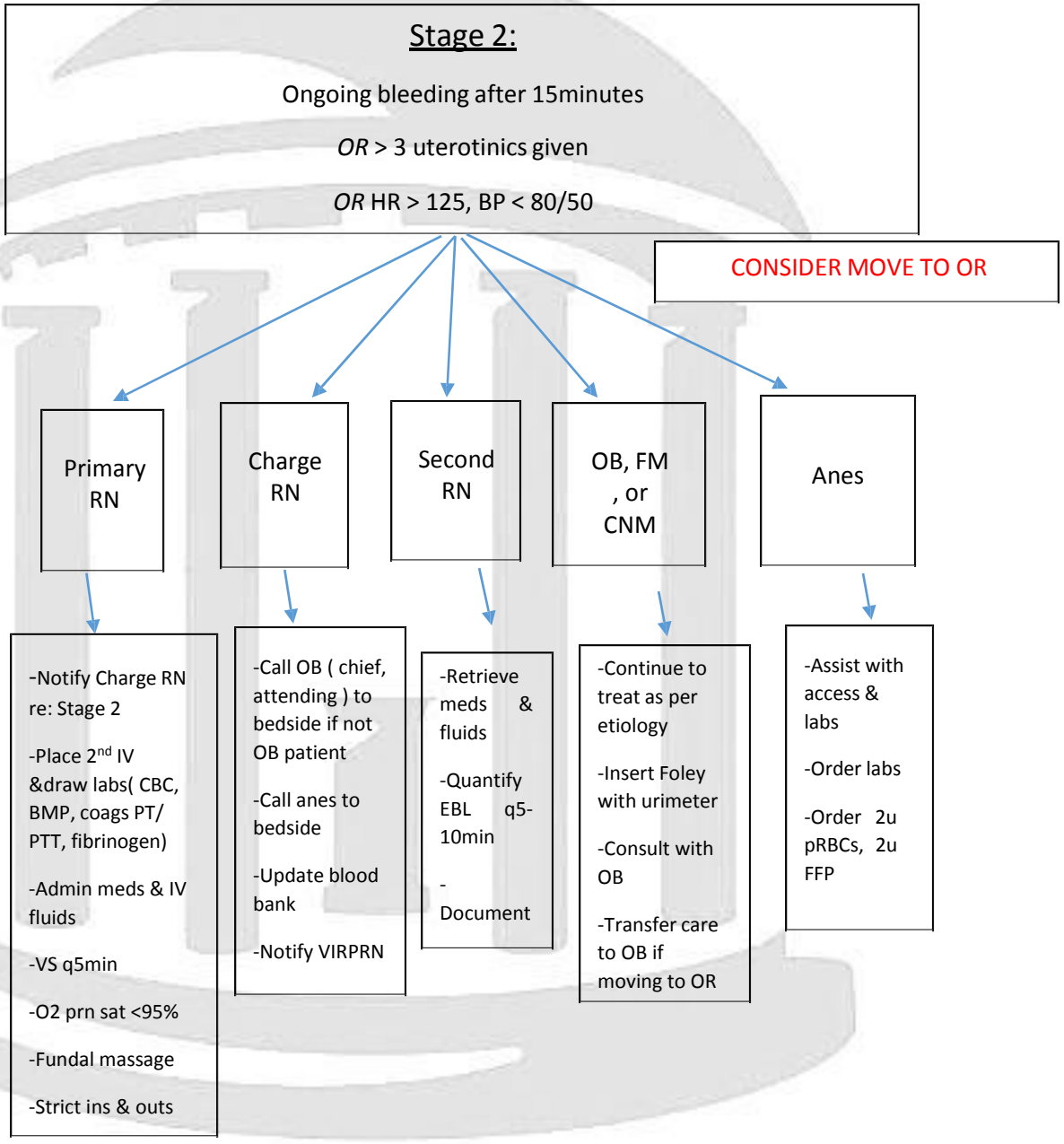
- 20 IU oxytocin IV or 10 IU IM at delivery with controlled cord traction and suprapubic countertraction
  - For low-risk patients, cord traction with suprapubic countertraction may be deferred at provider discretion
- Fundal massage after placental delivery per unit protocol
  - **Table: Risk stratification**

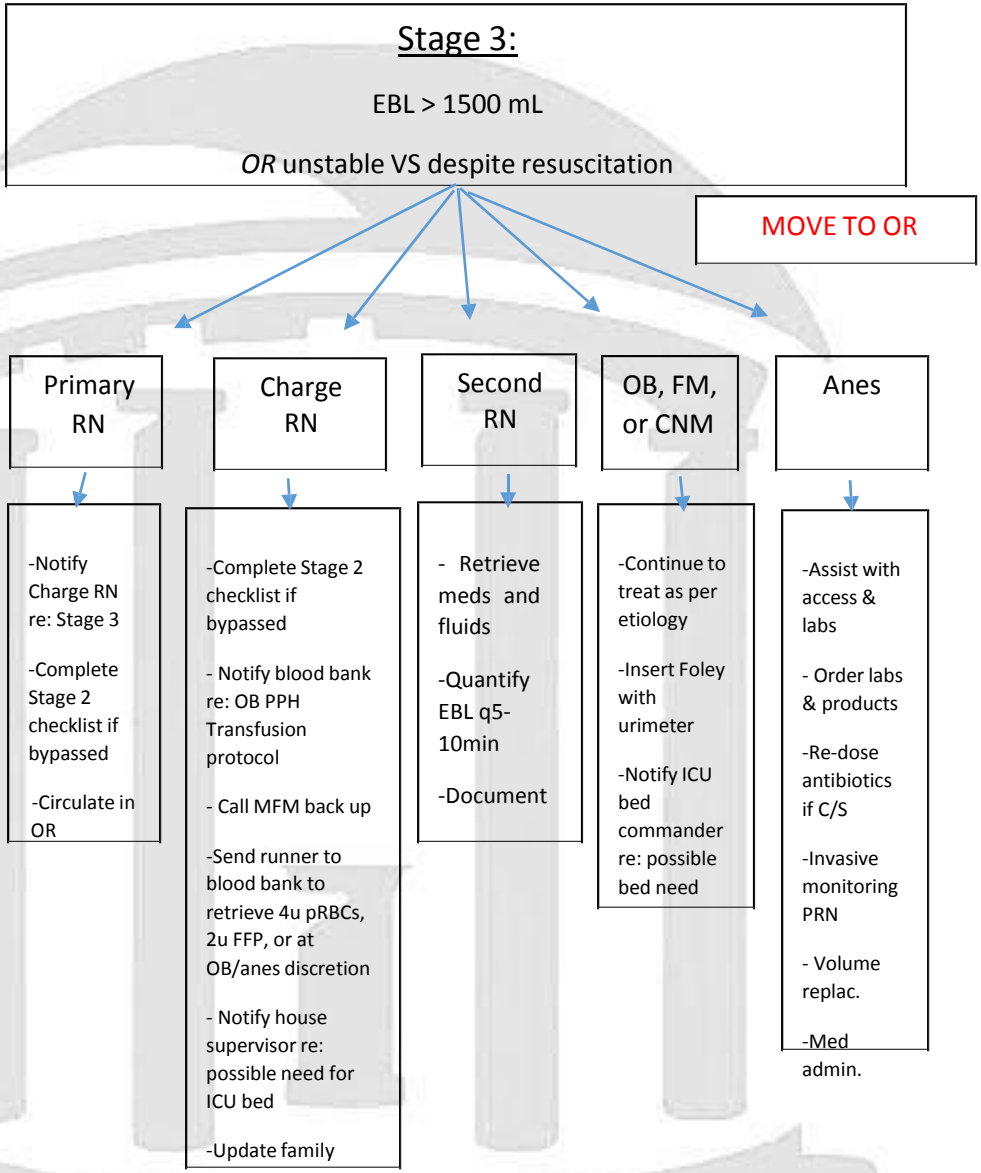
	Low	Medium	High
Antenatal risk factors (present on admission)	None	• Prior cesarean delivery or uterine surgery • Polyhydramnios • Parity > 4 • History of prior PPH • Large myomas • EFW > 4000 g • BMI > 40 • Hct < 30	• Placenta previa • Suspected morbidly adherent placenta • Platelets < 70,000 • Active clinically significant bleeding • Known maternal coagulopathy • 2 or more medium risk factors • Provider discretion
Intrapartum risk factors	None	• Chorioamnionitis • Prolonged oxytocin exposure (>24 hours) • Prolonged 2nd stage (>4 hours) • Magnesium sulfate exposure	• New clinically significant bleeding • 2 or more medium risk factors (antenatal and/or intrapartum) • Provider discretion
Labs	T&S	• T&S	• T&S • Prepare pRBCs (2 units)
Notify	N/A	• Charge RN • OB anesthesia team	• Charge RN • OB anesthesia team • Blood bank

Staging: Advance stage if meet criteria in any of 5 categories

Criteria	Stage 1	Stage 2	Stage 3
EBL	>500 mL for SVD >1000 mL for CS		>1500 mL
VS	Changes not attributed to baseline, including: HR>110 BP<90/60 O2 sat < 95%		Unstable VS despite resuscitation
Medications	3 uterotonics given	≥ 4 uterotonics given	
Timing		Ongoing bleeding after 15 minutes	
Transfusion	1-2 u pRBCs		≥ 3 PRBCs


Stage 1:
EBL > 500 mL (SVD), >1000mL (C/S)
OR vital sign changes OR 3 uterotonics given
Primary RN
Charge RN
Second RN
OB, FM, or CNM
-Call provider to bedside
-Notify charge RN to activate stage 1
-Administer meds & fluids
-VS q 5min.
-O2 PRN sat <95%
-Fundal massage
-Strict ins & outs
-Assign 2nd RN
-Retrieve PPH cart
-Notify: scrub, anesthesia, OB chief (if not OB service patient)
-FYI blood bank
-Assign runner for blood bank
-Retrieve PPH med kit, IV Fluids, warm blankets
-Quantify EBL q5-10 minutes by weighing pads, laps or blankets
- Document
-ID and treat per etiology
-I&O cath or place Foley
-Order T&C 2x units
OB Chief: Notify OB attending


Stage 2:
Ongoing bleeding after 15minutes
OR > 3 uterotinics given
OR HR > 125, BP < 80/50
CONSIDER MOVE TO OR
Primary RN
Charge RN
Second RN
OB, FM , or CNM
Anes
-Notify Charge RN re: Stage 2
-Place 2nd IV &draw labs(CBC, BMP, coags PT/ PTT, fibrinogen)
-Admin meds & IV fluids
-VS q5min
-O2 prn sat <95%
-Fundal massage
-Strict ins & outs
-Call OB (chief, attending) to bedside if not OB patient
-Call anes to bedside
-Update blood bank
-Notify VIRPRN
-Retrieve meds & fluids
-Quantify EBL q5-10min
- Document
-Continue to treat as per etiology
-Insert Foley with urimeter
-Consult with OB
-Transfer care to OB if moving to OR
-Assist with access & labs
-Order labs
-Order 2u pRBCs, 2u FFP



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These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account

such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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