

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 | <ul style="list-style-type: none"> ● Prior cesarean delivery or uterine surgery ● Polyhydramnios ● Parity > 4 ● History of prior PPH ● Large myomas ● EFW > 4000 g ● BMI > 40 ● Hct < 30 | <ul style="list-style-type: none"> ● 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 | <ul style="list-style-type: none"> ● Chorioamnionitis ● Prolonged oxytocin exposure (>24 hours) ● Prolonged 2nd stage (>4 hours) ● Magnesium sulfate exposure | <ul style="list-style-type: none"> ● New clinically significant bleeding ● 2 or more medium risk factors (antenatal and/or intrapartum) ● Provider discretion |
| Labs | T&S | <ul style="list-style-type: none"> ● T&S | <ul style="list-style-type: none"> ● T&S ● Prepare pRBCs (2 units) |
| Notify | N/A | <ul style="list-style-type: none"> ● Charge RN ● OB anesthesia team | <ul style="list-style-type: none"> ● Charge RN ● OB anesthesia team ● Blood bank |

Revised 3/12/19 DS

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.

The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

www.mombaby.org