Stage 1: OB Hemorrhage:

Cumulative QBL (Quantitative Blood Loss) ≥ 1000 over 24 hours Consider activation with acute bleeding when QBL > 500mL



Delay

Primary RN

- ☐ Call provider to bedside
- □ Notify charge RN to activate stage 1
- ☐ Ensure 18 G IV access
- ☐ Increase IV Fluids, oxytocin infusing?
- ☐ Intermittent fundal massage
- VS q5min
- □ O2 PRN (sat <95%)
- ☐ Strict I&Os
- □ Warm Blankets



Charge RN

- ☐ Assign 2nd RN
- ☐ Retrieve PPH cart
- ☐ Retrieve WOW(workstation on wheels)
- ☐ 'Heads up' to anesthesia
- ☐ Reassign NB care as needed
- ☐ If not within 2 hours after birth, consider OB Fast/ARRT (6WH)

Second RN

- □ Retrieve PPH med kit, IV fluids, warm blankets
- □ QBL q5-10 minutes & report total QBL
- ☐ Utilize checklist to suggest next steps
- Document

OB, FM, CNM

- □ ID and treat per etiology (4 Ts)
- □ I&O cath or place foley with urometer
- Order T&C (Type and Cross) for 2 units PRBCs
- OB chief: notify OB attending

Medications to Consider (in no particular order)

Pitocin (oxytocin)

Bolus of 15 units over 1 hour followed by NS 500mL + Oxytocin 30 units @ 62mu/min X 4 hours

Methergine (methylergonovine)

200mcg IM every 2 hours (max 5 doses)

CONTRAINDICATIONS:

HTN or preeclampsia

Hemabate (carboprost)

250mcg IM every 15 min (max 8 doses) Not recommended in asthma

Cytotec (misoprostol)

400 mcg SL or 1000 mcg PR

TXA (transexamic acid)

1000mg IVP over 10 minutes May repeat in 30 minutes for continued bleeding

Consider the 4 Ts:

Tone: uterine atony

Tissue: retained tissue

Trauma: laceration, rupture

Thrombin: coagulopathy

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Stage 2: OB Hemorrhage

Continued bleeding (QBL less than 1500ml)

OR Vital Signs >15 % change **OR** HR > 110, BP <85/45, O2 Sat < 95%

Primary RN

■ Notify Charge RN re: Stage 2

- Increase IV fluids, Oxytocin infusing?
- ☐ Intermittent fundal massage
- □ VS q5min
- ☐ O2 PRN sats < 95%
- ☐ Strict I&Os
- □ Warm blankets

Charge RN

- ☐ Call OB Fast Team/ARRT (6WH)
- ☐ Prepare OR (notify scrub tech)
- ☐ Send runner to blood bank
- ☐ Notify VIR PRN Vocera: VIR (4-0420)
- ☐ Assign 2nd RN
- ☐ Retrieve PPH cart
- ☐ Retrieve WOW
- ☐ Reassign NB care as needed

Consider the 4 Ts:

Second RN

- ☐ Retrieve bedside US
- □ Place 2nd IV, draw CBC, BMP, coags, PT, PTT, fibrinogen
- ☐ Retrieve PPH med kit, IV fluids, warm blankets
- ☐ QBL q5-10 minutes & report total QBL
- Utilize checklist to suggest next steps
- Document

OB, FM, CNM

□ SBAR communication

Vaginal Birth

- ☐ Bimanual fundal massage
- ☐ Insert foley with urometer
- ☐ Consider OB consult if applicable
- ☐ Laceration/ hematoma: packing, repair as required
- ☐ Retained placenta: D&C
- ☐ Lower segment / implantation site/ atony: Bakri Balloon Insertion
- Consider VIR Vocera: VIR (4-0420)

Cesarean Birth

- B-Lynch suture
- ☐ Bakri Balloon Insertion
- ☐ Uterine Artery Ligation

Anesthesia

- □ Assist with access& labs
- Order labs
- Order 2units pRBCs, 2u FFP
- ☐ Assist with transfusion
- Assess pain/ dose epidural if in place

shaded areas indicate steps from previous stage



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Tone: uterine atony

Tissue: retained tissue

Trauma: laceration, rupture

Thrombin: coagulopathy

Stage 3: OB Hemorrhage

QBL: total, continued blood loss over 1500ml

OR >2 units PRBCs given **OR** unstable VS **OR** suspicion of DIC



Primary RN

- □ Notify Charge RN re: Stage 3
- ☐ Circulate in OR
- Apply SCDs
- □ Call OB Fast team/ AART (6WH)
- Increase IV fluids, Oxytocin infusing?
- ☐ Fundal massage
- □ VS q 5 min
- ☐ O2 PRN sats < 95%
- ☐ Strict I&O
- Warm blankets

Charge RN

- ☐ Call MFM back up or 2nd MFM
- ☐ Consider calling GYN ONC surgeons
- Notify house supervisor if additional help needed
- ☐ Update family (contact social worker/chaplain)
- ☐ Reassign staff as needed
- ☐ Reassign NB care as needed
- ☐ Send runner to blood bank

Second RN

- ☐ Retrieve PPH med kit, IV fluids, warm blankets
- □ QBL q5-10 minutes & verbally report total QBL
- Utilize checklist to suggest next steps
- Document
- ☐ Retrieve bedside US

OB

- ☐ Transfer to OB care
- ☐ If ICU bed needed, initiate process
- Consider DIC/ Coagulation Dysfunction
- ☐ Consider VIR Vocera: VIR (4-0420)

shaded areas indicate steps from previous stages

Anesthesia

- ☐ Activate MTP Vocera: Blood Bank (4-1780)
- Continue to administer meds, blood products, volume replacement
- ☐ Labs, arterial blood gases
- ☐ Invasive monitoring PRN
- ☐ Re-dose antibiotics
- ☐ Use warmer for blood/IVF
- Bair hugger

Consider the 4 Ts:

Tone: uterine atony

Tissue: retained tissue

Trauma: laceration, rupture

Thrombin: coagulopathy

Content used with permission:

California Maternal Quality Care Collaborative www.cmqcc.org
AWHONN postpartum hemorrhage project www.pphproject.org
Council on Patient Safety in Women's Health Care safecareforeverywoman.org

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