Obstetric Emergency Management Plan: Flow Chart Format

Pre-Admission

- Identify patients with special consideration: Placenta previa/accreta, Bleeding disorder, or those who decline blood products

Follow appropriate workups, planning, preparing of resources, counseling and notification

Verify Type & Screen on prenatal record; if positive antibody screen on prenatal or current labs (except low level anti-D from Rhogam), Type & Crossmatch 2 Units PRBCs

Time of admission

- Screen All Admissions for hemorrhage risk: Low Risk, Medium Risk and High Risk

Low Risk: Draw blood and hold specimen
Medium Risk: Type & Screen, Review Hemorrhage Protocol
High Risk: Type & Crossmatch 2 Units PRBCs; Review Hemorrhage Protocol

Stage 0

- All women receive active management of 3rd stage
- Oxytocin IV infusion or 10 Units IM, 10-40 U infusion

Ongoing Evaluation: Quantification of blood loss and vital signs

Cumulative Blood Loss
- >500 ml Vag; >1000 ml CS
- >15% Vital Sign change or:
  - HR ≥110, BP ≤85/45
  - O2 Sat <95%, Clinical Sx

Activate Hemorrhage Protocol

CALL FOR EXTRA HELP

Blood Loss: >500 ml Vaginal

>1000 ml CS

Stage 1

Activate Hemorrhage Protocol

- Increase IV Oxytocin Rate
- Methylene 0.2 mg IM (if not hypertensive)
- Vigorous Fundal massage; Empty Bladder; Keep Warm
- Administer O2 to maintain Sat >95%
- Rule out retained POC, laceration or hematoma

Order Type & Crossmatch 2 Units PRBCs if not already done

Cumulative Blood Loss Evaluation

Increased Bleeding

INCREASED BLEEDING

CALL FOR EXTRA HELP

Activate Hemorrhage Protocol

- Standard Postpartum Management
  - Fundal Massage

Blood Loss: 1000-1500 ml

Stage 2

Sequentially Advance through Medications & Procedures

- Vaginal Birth:
  - Bimanual Fundal Massage
  - Retained POC: Dilatation and Curettage
  - Lower segment/Implantation site/Atoxy: Intrauterine Balloon
  - Laceration/Hematoma: Packing, Repair as Required
  - Consider IR (if available & adequate experience)

- Cesarean Birth:
  - Continued Atoxy: B-Lynch Suture/Intrauterine Balloon
  - Continued Hemorrhage: Uterine Artery Ligation

Transfuse 2 Units PRBCs per clinical signs

Do not wait for lab values

Consider thawing 2 Units FFP

Blood Loss: >1500 ml

Stage 3

Activate Massive Hemorrhage Protocol

- Unresponsive Coagulopathy: After 10 Units PBRCs and full coagulation factor replacement, may consider rFactor VIIa

Ongoing Cumulative Blood Loss Evaluation

Cumulative Blood Loss
- >1500 ml, 2 Units Given, Vital Signs Unstable

To OR (if not there):
- Activate Massive Hemorrhage Protocol
- Mobilize Massive Hemorrhage Team
- TRANSFUSE AGGRESSIVELY
  - RBC:FFP:Plts > 6:4:1 or 4:4:1

Consider ICU Care; Increased Postpartum Surveillance

Conservative Surgery

- B-Lynch Suture/Intrauterine Balloon
- Uterine Artery Ligation
- Hypogastric Ligation (experienced surgeon only)
- Consider IR (if available & adequate experience)

Definitive Surgery

- Hysterectomy

To OR (if not there): Activated Hemorrhage Protocol

CALL FOR EXTRA HELP

Consider IR

Hysterectomy

EMERGENCY CONTINUES

Controlled

California Maternal Quality Care Collaborative (CMQCC), Hemorrhage Taskforce (2009) visit: www.CMQCC.org for details

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