Postpartum Hemorrhage Scenarios

Scenario 1
22 year old G3P4 with 41 gestation, delivers a viable 8lb 6oz baby. On the second recovery check (approximately 30 minutes after delivery) you notice increased bleeding and inability to palpate the fundus. Vital signs at this time are BP 77/42 and HR 120, R 18

Staff should recognize this as: **Uterine Atony**

Scenario 2
24 year old G1P2 at 36 weeks gestation, has delivered twins. You notice a constant trickle during repair of a 2nd degree laceration. During fundal massage, you express several egg-sized clots.

Staff should recognize this as: **Retained Placenta**

Scenario 3
33 year old G3P3 at 38 weeks gestation, delivers a viable infant in the middle of the day. The OB, expecting to be called for a 2nd delivery any minute, applies traction to the cord. The placenta is delivered without close inspection. Moderate lochia and small tissue are noted with the second recovery assessment fundal massage.

Staff should recognize this as: **Retained Placenta**

Scenario 4
17 year old G1P1 at 39 weeks gestation, has an operative vaginal delivery. Fundus is firm and flow is moderate with a constant trickle.

Staff should recognize this as: **Cervical Laceration**

Scenario 5
26 year old G2P2 at 36 weeks gestation has a prolonged second stage of labor. During clean up after delivery there is a Hematoma doubled in size as noted by PP nurse.

Staff should recognize bleeding as a: **Vaginal hematoma**
### Obstetric Hemorrhage Care Summary: Table Chart Format

<table>
<thead>
<tr>
<th>Stage 0</th>
<th>Assessments</th>
<th>Meds/Procedures</th>
<th>Blood Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every woman in labor/giving birth</td>
<td>• Assess every woman for risk factors for hemorrhage</td>
<td>• Active Management 3rd Stage:</td>
<td>• If Medium Risk: T&amp;Scr</td>
</tr>
<tr>
<td></td>
<td>• Ongoing quantitative evaluation of blood loss on every birth</td>
<td>• Oxytocin IV infusion or 10u IM</td>
<td>• If High Risk: T&amp;C 2 U</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fundal Massage-vigorous, 15 seconds min.</td>
<td>• If Positive Antibody Screen (prenatal or current, exclude low level anti-D from RhoGam): T&amp;C 2 U</td>
</tr>
</tbody>
</table>

**Stage 0 focuses on risk assessment and active management of the third stage.**

### Stage 1

**Blood loss: >500 ml vaginal or >1000 ml Cesarean, or VS changes (by >15% or HR ≥ 110, BP ≤ 85/45, O2 sat <95%)**

- Activate OB Hemorrhage Protocol and Checklist
- Notify Charge nurse, Anesthesia Provider
- VS, O2 Sat q5'
- Calculate cumulative blood loss q5-15'
- Weigh bloody materials
- Careful inspection with good exposure of vaginal walls, cervix, uterine cavity, placenta

- IV Access: at least 18gauge
- Increase Oxytocin rate, and repeat fundal massage
- Methergine 0.2mg IM (if not hypertensive)
- May repeat if good response to first dose, BUT otherwise move on to 2nd level uterotonic drug (see below)
- Empty bladder: straight cath or place Foley with urimeter

- T&C 2 Units PRBCs (if not already done)

**Stage 1 is short: activate hemorrhage protocol, initiate preparations and give Methylene IM.**

### Stage 2

**Continued bleeding with total blood loss under 1500ml**

- OB back to bedside (if not already there)
  - Extra help: 2nd OB, Rapid Response Team (per hospital), assign roles
  - VS & cumulative blood loss q 5-10 min
  - Weigh bloody materials
  - Complete evaluation of vaginal wall, cervix, placenta, uterine cavity
  - Send additional labs, including DIC panel
  - If in Postpartum: Move to L&D/OR
  - Evaluate for special cases: Uterine Inversion Amn. Fluid Embolism

- 2nd Level Uterotonic Drugs: Hemabate 250 mcg IM or Misoprostol 800-1000 mcg PR
  - 2nd IV Access: (at least 18gauge) Bimanual massage
  - Vaginal Birth: (typical order)
    - Move to OR
    - Repair any tears
    - D&C: t/o retained placenta
    - Place intrauterine balloon
  - Selective Embolization (Interventional Radiology)
  - Cesarean Birth: (still intra-op) (typical order)
    - Inspect broad lig, posterior uterus and retained placenta
    - B-Lynch Suture
    - Place intrauterine balloon

- Notify Blood Bank of OB Hemorrhage
- Bring 2 Units PRBCs to bedside, transfuse per clinical signs – do not wait for lab values
- Use blood warmer for transfusion
- Consider thawing 2 FFP (takes 35+min) use if transfusing >2u PRBCs
- Determine availability of additional RBCs and other Coag products

### Stage 3

**Total blood loss over 1500ml, or >2 units PRBCs given or VS unstable or suspicion of DIC**

- Mobilize team Advanced GYN surgeon
  - 2nd Anesthesia Provider OR staff
  - Adult Intensivist
  - Repeat labs including coags and ABG's
  - Central line
  - Social Worker/ family support

- Activate Massive Hemorrhage Protocol
  - Laparotomy: B-Lynch Suture Uterine Artery Ligation Hysterectomy Patient support Fluid warmer Upper body warming device Sequential compression stockings

- Transfuse Aggressively Massive Hemorrhage Pack
  - Near 1:1 PRBC:FFP
  - 1 PLT pheresis pack per units PRBCs
  - Unresponsive Coagulopathy: After 10 units PRBCs and full coagulation factor replacement; may consider rFactor Villa

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California Maternal Quality Care Collaborative (CMQCC); Hemorrhage Toolkit (2005) Visit: www.CMQCC.org for details

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Postpartum Hemorrhage Code Tool

Date of Occurrence

Time of Occurrence

Room #

Equipment to room:  Y / N  Code Cart
Y / N  Hemorrhage kit/box/cart

Team Responding:  (List & Title)

(pt. nurse)

______________________________

______________________________

______________________________

Dr. Notified (time/response)  (name)

Response of team (Actions taken)

Meds  time  O2  amount

______________________________

______________________________

______________________________

IVs  amount/type

______________________________

Blood Products

______________________________

______________________________

______________________________

Vital signs

______________________________

______________________________

______________________________

Bakri used  Y / N

Anesthesia Notified  Y / N
O.R. Notified  Y / N

Actions taken on behalf of the patient (Transferred to O.R./Critical Care)

______________________________

Outcome of patient

______________________________

Called End Time  ________________

Recorder Signature  ________________________

Time  ________________________
### PHH DRILL CHECKLIST

**DATE:**

**PARTICIPANTS:** Nursing, Medical and Supporting Staff (Please List):

**SKILLED PERFORMED** | **CLINICAL SKILL**
--- | ---
Postpartum Hemorrhage | 

**Communication**

Call for help and have someone bring the PPH cart and PPH kit
Notify Anesthesia, charge nurse and OB
SBAR with nurse to anesthesia
SBAR with nurse to Provider
Person identified as leader of emergency
Use of closed loop communication with task delegation (assign and acknowledge)
Recorder assigned by lead nurse

**Duties**

Postpartum Hemorrhage checklist followed
Hemodynamic monitoring with frequency set per provider order (OB or Anesthesia)
Additional support personal called as needed
Secretary, Tech assists RN as needed
<table>
<thead>
<tr>
<th>Specimens transported to lab as needed (circle one: Tubed or transported) (simulated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picked up Blood products (simulated)</td>
</tr>
<tr>
<td>Tech Prepares OR if indicated</td>
</tr>
<tr>
<td>Obtains fluid warmer or rapid infuser (avoid hypothermia)</td>
</tr>
<tr>
<td>Look for lab results</td>
</tr>
<tr>
<td>Obtain needed supplies for anesthesia provider as indicated</td>
</tr>
<tr>
<td><strong>Notify house supervisor if patient needs transfer or for additional support</strong></td>
</tr>
<tr>
<td><strong>Do debriefing after event (use debriefing sheet)</strong></td>
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</tbody>
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