Postpartum Hemorrhage Scenarios

Scenario 1

22 year old G_5P_4 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 G_1P_2 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 G_3P_3 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 G_1P_1 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 G_2P_2 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

CMQCC **Obstetric Hemorrhage Care Summary: Table Chart Format** DRAFT 1.2 6/16/09

	Assessments	Meds/Procedures	Blood Bank
Stage 0	**Every woman in labor/giving birth**		
Stage 0 focuses on risk assessment and active management of the third stage.	• Assess every woman for **risk factors** for hemorrhage • **Ongoing quantitative evaluation of blood loss** on every birth	**Active Management 3rd Stage:** • **Oxytocin** IV infusion or 10u IM • **Fundal Massage-** vigorous, 15 seconds min.	• If **Medium Risk:**T&Scr • If **High Risk:** T&C 2 U • If **Positive Antibody Screen** (prenatal or current, exclude low level anti-D from RhoGam):T&C 2 U
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%)**		
Stage 1 is short: activate hemorrhage protocol, initiate preparations and give Methergine IM.	• 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 2	**Continued bleeding with total blood loss under 1500ml**		
Stage 2 is focused on sequentially advancing through medications and procedures, mobilizing help and Blood Bank support, and keeping ahead with volume and blood products.	**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: r/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**		
Stage 3 is focused on the Massive Transfusion protocol and invasive surgical approaches for control of bleeding.	• **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 6units PRBCs **Unresponsive Coagulopathy:** After 10 units PRBCs and full coagulation factor replacement: may consider **rFactor VIIa**

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

Patient Sticker

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

_____ _____ method

_____ **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
	Avoid Triad of death: 1. Hypothermia 2. Acidemia 3. DIC
	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

	Specimens transported to lab as needed (circle one: **Tubed or transported)** (simulated)
	Picked up Blood products (simulated)
	Tech Prepares OR if indicated
	Obtains fluid warmer or rapid infuser (avoid hypothermia)
	Look for lab results
	Obtain needed supplies for anesthesia provider as indicated
	Notify house supervisor if patient needs transfer or for additional support
	Do debriefing after event (use debriefing sheet)