

TITLE: Obstetric Management of Postpartum Hemorrhage

LOCATIONS:

All Downtown North Offsite ED Offsite Clinics

POLICY: To provide guidelines for the optimal response of the multidisciplinary team in the event of obstetric hemorrhage; to aid in recognizing patients at risk for hemorrhage; and to identify the stages of hemorrhage and primary treatment goals.

DEFINITIONS:

1. Post-Partum Hemorrhage (PPH) - Blood loss >1000 mL within 24 hours of birth, regardless of delivery method.

PROCEDURE:

1. Physicians, RNs, certified nurse midwives, anesthesiologists, ED technicians and other appropriately qualified clinicians are authorized to mobilize the obstetric team, or ED team (which may include the OB/ED Attending, Chief Resident, Primary RN, Charge RN, Midwife, OR Technician and other ancillary support staff) to respond to an obstetric hemorrhage.
2. Mobilization will occur:
 - A. Downtown: By mobile communication-phones and messaging system, JXWS STAT group stating PPH and location.
 - B. North campus: Locator duress, initiates calls to charge nurse and clerk. Subsequently, the charge nurse and/or clerk will notify the obstetric attending, anesthesiology attending, and operating room personnel.
 - C. ED: Medical resuscitation and location paged to appropriate personnel. Subsequently, the Obstetrics on-call physician will be contacted by the ED provider
 - D. Offsite ED: Medical resuscitation and location called to appropriate personnel.
3. PPH risk assessment: OB Hemorrhage Risk Level will be screened by RN's and documented in the patient's record upon admission to L&D, during the second stage of labor, and prior to transfer to Post-Partum.
4. Algorithm for identification and treatment of PPH:
 - A. California Maternal Quality Care Collaborative (CMQCC) Obstetric Hemorrhage Emergency Management Plan table chart is the evidence and stage-based tool used to identify and treat maternal hemorrhage. See [Appendix A](#)
 - B. CMQCC table chart format is posted in all L&D, LDRP rooms, OR's, postpartum rooms and the PPH cart.
 - C. An Obstetric Hemorrhage Stages and Roles checklist will be used to delineate roles and notate events. See [Appendix B](#).

5. Emergency response medications for PPH:
 - A. L&D, LDRP, and postpartum units: PPH medications are immediately available in automated dispensing cabinet. See [APPENDIX C](#) for list of evidence-based Uterotonic Agents for Postpartum Hemorrhage.
 - B. ED: PPH medications available in ED automated dispensing cabinet.
 - C. Offsite ED: Oxytocin available in the automated dispensing cabinet.
6. Emergency PPH supplies:
 - A. Women Services: An obstetric hemorrhage cart is kept secured and stocked with emergency supplies in the following units: L&D, LDRP, 3N, 3S. See [APPENDIX D](#).
 - B. ED: Emergent medical resuscitation and hemorrhage supplies are available as patient is stabilized for transfer to the operating room, L&D, or inpatient unit.
 - C. Offsite ED: Emergent medical resuscitation supplies are available as patient is stabilized for transfer to Downtown or North Campus.
7. Emergency blood response plan: Massive transfusion protocol (MTP) may be initiated by a verbal order from the attending OB or Anesthesia physician to the primary RN or charge RN based upon patient clinical signs and response.
 - A. Downtown L&D: Massive Transfusion Protocol [LAB-06-001](#)
 - B. North LDRP: Emergency Release of Blood Products during Massive Bleeding - [LAB-N-06-001](#).
 - C. ED: will utilize emergent blood products within the department and then activate MTP upon physician order.
 - D. Offsite ED: will utilize emergent blood products within the department as patient is stabilized for transfer to Downtown or North Campus.
8. Quantitative blood loss (QBL):
 - A. At delivery, both vaginal and Cesarean Section (C/S), RNs will measure and document (QBL) using formal methods, such as graduated containers and/or weight of blood-soaked materials (1 gm = 1 mL).
 - B. QBL will continue to be measured until the patient status changes to routine PP care.
 - C. RN to notify physician if QBL patient status reaches Stage 1 or higher.
9. Post Obstetric hemorrhage care:
 - A. Conduct a team debriefing activity for staff participating in a Stage 2 or greater obstetric hemorrhage.
 - B. Attending physician determines appropriate modifications to the post-hemorrhage management plan, including but not limited to the following:

- a. Increased surveillance of vital signs and other patient health status information
 - b. Transfer to Intensive Care Unit
 - c. Consultation with additional medical care providers
 - d. Antibiotics
 - e. Pain management
 - f. Venous Thromboembolism prophylaxis
 - g. Iron supplementation/infusion
 - h. Breastfeeding support
 - i. Internal medicine follow-up
 - j. Psychosocial care (Communicating and updating patient and family regarding hemorrhage process and plan of care)
- C. RNs: Provide ongoing support for the patient and family during and after PPH event and provide ongoing education to include discharge instructions on when and how to respond to warning signs.

REFERENCES:

[N-03-02-119 AppA Obstetric Hemorrhage Emergency Management Plan: Table Chart Format.](#)

[N-03-02-119 AppB Obstetric Hemorrhage Stages and Roles checklist](#)

[N-03-02-119 AppC Uterotonic Agents for Postpartum Hemorrhage](#)

[N-03-02-119 AppD Obstetric Hemorrhage Cart Inventory List](#)

[N-01-002 Blood Administration](#)

[LAB-06-001 Massive Transfusion Protocol \(MTP\) Downtown campus](#)

[LAB-N-06-001 Emergency Release of Blood Products during Massive Bleeding- North Campus](#)

The Joint Commission. (2019) R3 Report/Provision of Care, Treatment, and Services standards for maternal safety, Issue 24. Retrieved from <https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3-issue-24-maternal-12-7-2021.pdf>

American College of Obstetricians and Gynecologists. (2017). Postpartum Hemorrhage (ACOG *Practice Bulletin No.183, Volume 130(4)*). Washington, D.C.: Authors. Retrieved from: https://journals.lww.com/greenjournal/Fulltext/2017/10000/Practice_Bulletin_No_183_Postpar

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California Maternal Quality Care Collaborative (CMQCC) OBSTETRIC HEMORRHAGE TOOLKIT (2015) Version 3.0. Retrieved from <https://www.cmqcc.org/resources-tools/toolkits/ob-hemorrhage-toolkit>

Council on Patient Safety in Women's Health Care (2022). Obstetric Hemorrhage (+AIM) Retrieved from [Obstetric Hemorrhage | AIM](#)

McGovern, B., Bingham, D., G.A Dildy III (2019). Obstetric Hemorrhage In N.H. Troiano, P.M. Witcher, S. M. Baird (Eds). *AWHONN's High risk & critical care obstetrics* (4th Ed.). Philadelphia, Pa: Lippincott.

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