Massive Obstetric Haemorrhage Guide

>1500ml (> 2000ml in theatre) or ongoing signs of shock

Inform Anaesthetic and Obstetric Consultants

Review need for airway protection and breathing support
Review measured blood loss and patients observations

Continue rapid IV fluid infusion (consider use of rapid infuser from theatre)

Consider Cell Saver

Confirm 4 units crossmatched blood available (Ext 4204)

Transfuse based on clinical findings and point of care Hb levels → Target Hb> 70g/L, BP > 90mmHg, MAP > 60mmHg, HR< 120 bpm

Use O negative blood If delay in obtaining crossmatched blood and ongoing concerns

Review TEG

Transfusion of clotting products should be guided by TEG results (see separate guide)

If TEG normal review cause of bleeding

Tone: Give further uterotonics

CFF	MA < 16mm	3g fibrinogen concentrate
CRT	MA < 52mm (normal CFF MA)	1 unit platelets
CK	R time > 9 minutes	4 units FFP **or** 2 pools cryoprecipitate

Reassess volume and rate of blood loss, weigh swabs

If 4 units RBC and/or clotting products administered **and** ongoing bleeding

Request Massive Obstetric Haemorrhage Pack (4 RBC, 4 FFP, 1 platelets)

Repeat TEG, clotting and Clauss Fibrinogen tests & discuss with on call Haematologist

Consider transfer to theatre
For advanced surgical intervention

Consider GA if severe haemorrhage and cardiovascular instability

Consider invasive monitoring and CVC

→ Examination under anaesthetic
Manual removal of placenta
Repair of trauma
Bakri balloon insertion
Compression sutures
Hysterectomy

Maintain Ca > 1mmol/l, temp > 36, pH > 7.3 and normal K concentration.

Post Haemorrhage Care Plan