UW Medicine | VALLEY MEDICAL CENTER

STAGE BASED OBSTETRICAL HEMORRHAGE PATHWAY

Stage 0

Vaginal or C/S
QBL <1000 mL

Standard Management
- **Oxytocin IV or IM**
- **Fundal Massage**
- QBL through end of recovery
- Routine Recovery & PP care

QBL <1000 mL but patient has abnormal clinical findings:
- HR ≥110
- BP ≤85/45 or ↓> 15%
- SpO2 ≤93%
- SOB, Confusion, Agitation

Consider potential of significant hemorrhage/stage 3

QBL ≥1000 mL at any point during 2 hr recovery?

YES → Stage 1

NO → **Bleeding Controlled**
Routine PP Care
QBL through end of recovery

Stage 1

Vaginal or C/S
QBL ≥1000 mL

Call for Help
Second RN and/or Charge RN
Continue QBL

Increase IV rate – LR/Oxytocin

VS Q 5 minutes
Pulse Oximeter
Supplemental O2 if SpO2 ≤ 95 %

Bimanual exam/massage

Notify LP/SBAR

Empty Bladder

Uterotonic per LP Order
- Methergine 0.2 mg IM
- Hemabate 250 mcg IM
- Misoprostol 6-800 SL

Consider T&C 2 units RBC

Bleeding Continues &/or 2 Uterotonics given in addition to Oxytocin?

NO → **Bleeding Controlled**
Routine PP Care
QBL through end of recovery

YES → Stage 2

Stage 2

Ineffective Response to Stage 1 Interventions

Call for Help
LP to bedside
Anesthesia notified & available
Charge RN notified if not already

Hemorrhage Cart to BS
Rapid Infuser Immediately available

Continue Assessments
- QBL Q 5-15 minutes
- VS Q 5 minutes
- O2 and Pulse Ox
- Fluid Maintenance
- Oxytocin Infusion

Start second large bore PIV
Coag Panel – hct/hgb, platelets, PT/INR, Fibrinogen
T&S or T&C
Consider bringing 2 units RBC to BS

Assign Recorder

Insert Foley with urometer

Additional Interventions
Consider moving to OR
Consider interventions for contributing factors:
- **Retained POC:** Dilation & Curretage
- **Atony:** Uterotonics, Bakri, B-Lynch
- **Laceration/hematoma:** Repair
- **Lower segment/implantation:** Bakri/uterine packing
- Uterine artery ligation
- Consider Interventional Radiology
- Consider TXA 1 gram over 10 min, may repeat x 1 30 mins after 1st dose

Bleeding Continues QBL >1500?

NO → **Modified Postpartum Care for Stage 2**
- **VS** Q15 x 2 hr, Q 30 x 2 hr, Q4 x 12 hr, Q shift
- **QBL** for 12 hours after delivery
- **Labs** hct/hgb, platelets, coag at 1 & 6 hours post event – stop here if stable
- IV Fe+ recommended if PP Hgb < 9

YES → Stage 3

Stage 3

QBL ≥ 1500, > 2 RBCs given, and/or abnormal clinical findings

Primary RN
- **Prepare for OR or IR**
- **Draw labs Q 30**
- **Administer additional doses of medications**
- **Cont Assessments**
  - QBL Q 5-15 min
  - VS Q 5 min
  - O2 and Pulse Ox

Charge RN
- **Call OB STAT**
- **Facilitate Communication**
  - Lab/Blood Bank
  - OR/IR
  - CAR
  - NICU
  - Back up LPs
- **Assign Roles**
  - Runner
  - Recorder

Support
- **Assist**
  - Primary RN
  - OB MD
  - Anesthesia
  - Prep for OR
- **Manage**
  - Hemorrhage Cart
  - Rapid Infuser
  - Place Bair Hugger/ SCDs

OB
- **TXA 1 gram over 10 min**
  may repeat x1 dose
  30 mins after 1st dose
- **Interventions**
  - B-Lynch
  - Uterine Artery Ligation
  - Interventional Radiology
  - Hysterectomy

Activate MTP and order OB Hemorrhage Pack (x5945)
Order labs STAT and then q 30 minutes during event
Goal for transfusion: INR < 1.7, PLT > 100k, Fibrinogen > 200
Refer to OB/MTP Key Steps/Transfusion Job Aid for ratios and BWNW physician OC #

Modified Postpartum Care for Stage 3
- **VS** Q15 x 2 hr, Q 30 x 2 hr, Q 4 x 24 hr, Q shift
- **QBL** for 24 hours after delivery
- **Labs** hct/hgb, platelets, coag at 1, 6 & 24 hours post event
- IV Fe+ recommended if PP Hgb < 9

Additional Recommendations
- QBL is a key safety strategy & should occur at every birth for a minimum of 2 hours (through recovery), or until blood loss has stabilized
- Families and support people should be given the opportunity to remain present during resuscitation efforts and be given information& emotional support
- Event debriefing should occur as soon as possible following the event
- Stable defined as hct ≥20, platelets > 50k, INR < 1.7, fibrinogen > 200 in setting of no active bleeding (normal lochia)

For questions please contact:
CarePathways@ValleyMed.org

This pathway is informational and for general guidance only.
It is not intended to be used as or replace actual clinical judgment.

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