

Date/Time	Documentation of concerns, deviations & other information

## PPH Post-event Checklist

**WHO** sign-out completed? Yes / No / NA (Patient did not require care in theatre)

Have all drugs been prescribed and signed for? Yes / No / NA

**Post-event Re-bleed Risk Assessment**

Syntocinon infusion running or required?	Yes / No	Time expected to finish _____
Vaginal pack insitu?	Yes / No	Planned removal time _____
Bakri Balloon insitu?	Yes / No	Planned removal time _____
Can NSAID be given?	Yes / No / Not yet	

**Thromboprophylaxis** plan:

	LMWH	Yes / No	Time of first dose: _____
	TEDS	Yes / No	

**Post-event Monitoring Requirements**

Level of post-event care required (circle applicable)	Level 1	Level 2 (HDU)	Level 3 (ICU)
Post-op bloods (FBC/Coag/U&E) to be taken at	Time: _____	Plan to transfuse if Hb < _____	
PV loss monitoring required?	Yes / No	Frequency of monitoring _____	
Urine output monitoring required?	Yes / No	Frequency of monitoring _____	

**MOH** stand down Yes / No / NA

Any blood/products to return to blood bank? Yes / No / NA

If the MOH protocol was activated before stage 3 or not activated at stage 3 then please detail reason(s) why:

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**Does a Datix form need completing?** Yes / No

*If yes record:*

- Datix form number \_\_\_\_\_
- Person responsible for completing Datix form \_\_\_\_\_

Does the case need **highlighting to OBS Cymru Champion?** Yes / No (triggers include MBL ≥1000ml, ROTEM performed, blood products given)

Has the event been discussed with the patient? Yes / No

Has **written information** been provided to the patient? Yes / No

Does a **formal team debrief** need to take place? Yes / No

Completed by: \_\_\_\_\_ (Please print)      Date: \_\_\_\_\_      Time: \_\_\_\_:\_\_\_\_      Location \_\_\_\_\_

Working together to reduce harm from Postpartum Haemorrhage



### Postpartum Haemorrhage Management Checklist

Designed to be used in maternity settings. This is not a comprehensive guideline but a checklist to facilitate an appropriately escalating multidisciplinary team approach to postpartum haemorrhage and as an aid to documentation.

Patient addressograph

### Stage 0

#### PPH Risk Assessment

*Complete for all women on admission (including LSCS)*

Most recent Hb = \_\_\_\_\_ Plt = \_\_\_\_\_ Result Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PPH Risk Assessment** Tick if applicable

Antenatal - "Increased risk" if any of the following are met:	
Anaemia or bleeding disorder (Hb <95, plt < 100)	
BMI <18 or >35 or Booking Weight <55kg <i>If low weight/BMI - do you need to calculate the circulating blood volume?</i>	
≥ 5 previous vaginal births	
Previous uterine surgery	
Previous Postpartum Haemorrhage >1L	
Multiple pregnancy or estimated fetal weight >4.5kg	
Abnormal placental implantation	
Polyhydramnios	
Known Abruptio or Antepartum Haemorrhage	

*Please make an on-going assessment of the following risk factors throughout labour and delivery*

Perinatal - "Increased risk" if any of the following are met:	
Suspicion of chorioamnionitis / Sepsis	
Labour augmented with syntocinon	
Prolonged labour	
Instrumental delivery	
Retained products of conception	

**Plan to measure & record all blood loss**  
*(for pool deliveries estimation may be required)*

**Act**

**If woman at increased risk is:**

She suitable for EI blood or 2 units Xmatch?	Yes / No
IV access required? (at least 16 Gauge)	Yes / No

**Treat**

Planned an active 3rd stage management?	Yes / No
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Completed by: \_\_\_\_\_ (Please print)  
Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_

### Stage 1

#### >500ml ongoing blood loss

*SVD & Instrumental deliveries*

<b>Get Help</b>	Time	Initial
Notify midwife in charge		
Name: _____ time arrived: ____:____		
Request HCA to assist with measurement		
<b>Other staff present</b>	Designation	Time Arrived
<b>Act</b>	Performed by	Time Initial
<b>Measure Blood Loss</b> <i>(cumulative measurement)</i>		
Record observations on MEOWS every 10 min		
IV access at least 16 Gauge		

**What is the cause of bleeding?**

Tone, Trauma, Tissue, Thrombin (please circle cause(s))

	Performed by	Time	Initial
Uterine massage			
Give uterotonics <i>(record on over page &amp; prescribe)</i>			
Inspect genital tract			
Empty bladder			
Check placenta & membranes			
Bimanual compression			

**If bleeding stopped:**

- Please record MBL here \_\_\_\_\_ ml

Completed by: \_\_\_\_\_ (Please print)  
Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_

**Stage 2 >1000mL blood loss OR clinical concern (eg. Abruption or concealed bleeding) OR abnormal vital signs RR > 30, HR ≥120, BP ≤90/40mmHg, SpO2<95%**

Progress to here from stage 1 if SVD / instrumental delivery. Re-start here after stage 0 if LSCS

**Get Help**

MW in charge	Name: _____	Time arrived: _____	Other staff:	Name: _____	Designation: _____	Time arrived: _____
Obstetrician	Name: _____	Time: _____	Name: _____	Designation: _____	Time: _____	
Anaesthetist	Name: _____	Time: _____	Name: _____	Designation: _____	Time: _____	
HCA	Name: _____	Time: _____				

**Act**

Measure & record cumulative blood loss	<b>Performed by</b>	<b>Time</b>	<b>Initial</b>
Record observations on MEOWS every 10 min			
2 <sup>nd</sup> IV access (at least 16 Gauge) & fluid bolus			
<b>Take bloods</b> Point of care tests - ROTEM, venous lactate, venous Hb Lab test - FBC, Coag, XMatch, U&E			

Initial VBG Test Results			Initial ROTEM Test Results	
Time:	Hb =	Lactate =	FIBTEM A5 = <small>(Aim ≥ 12mm)</small>	EXTEM CT = <small>(Aim &lt; 75 sec)</small>

**Review causes** (circle all identified) Tone / Trauma / Tissue / Thrombin

**Treat**

Performed by	Time	Initial	
			Empty bladder
			Foley catheter inserted
			Inspect genital tract
			Repair genital tract
			Check placenta & membranes

**If bleeding stopped ensure** PPH post-event checklist completed & Management plan written in notes

Completed by: \_\_\_\_\_ (Please print) Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_

**If bleeding ongoing transfer patient to theatre** time arrived: \_\_\_\_:\_\_\_\_

**Stage 3 >1500mL blood loss OR ongoing clinical concern**

**Act**

Communicate current measured blood loss to team	<b>Performed by</b>	<b>Time</b>	<b>Initial</b>
Activate MOH protocol			
Inform Obstetric and Anaesthetic consultants			
Order blood and coagulation products as per MOH and ROTEM protocol - Do you need to discuss the case with a haematologist?			

**Review causes** (circle all identified) Tone / Trauma / Tissue / Thrombin

**Treat**

Performed by	Time	Initial	
			Review uterotonics (Record on page 3)
			Consider repeat tranexamic acid if bleeding ongoing (1g IV, if no Cl's)
			Consider advanced surgical techniques (Document on page 4)

<b>Additional Staff Present:</b>	<b>Time arrived:</b>	<b>Time arrived:</b>
Name: _____ Designation: _____	time: ____:____	Name: _____ Designation: _____
Name: _____ Designation: _____	time: ____:____	Name: _____ Designation: _____

**Once bleeding stopped ensure** PPH post-event checklist completed & Management plan written in notes

Completed by: \_\_\_\_\_ (Please print) Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_

**Record of Uterotonics used** Please record all uterotonics used here and prescribe on medication or anaesthetic chart

Drug	Dose (please circle route)	Time	Drug	Dose	Time
Oxytocin	10 units IM or 5 units IV		Carboprost (caution in asthma)	250microg IM (repeat up to every 15min)	
Other			Carboprost	250microg IM	
Ergometrine (caution in HTN/PET)	500 microg IV or IM		Carboprost	250microg IM	
Syntometrine (caution in HTN/PET)	500 microg/5 units IM or IV		Carboprost	250microg IM	
Oxytocin INF	40 units over 4hr IV		Carboprost	250microg IM	
Other			Carboprost	250microg IM	
Misoprostol			Carboprost	250microg IM	
Misoprostol			Other		

**Blood & Blood products transfused**

Time	Product given	Time	Product given

**Measured cumulative blood loss**

Time	Blood Loss (ml)	Running Total (ml)

**Total Measured Blood Loss = \_\_\_\_\_ ml**

**Record of further blood test results** (Please do not duplicate records of blood results recorded in stage 2)

Time Taken	Further VBG Test Results		Further ROTEM Test Results	
	Hb	Lactate	FBTEM A5 (Aim ≥ 12mm)	EXTEM CT (Aim < 75 sec)

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