Appendix E: Management of Obstetric Haemorrhage in Woman refusing Blood or Blood Products

- If antepartum consider need for and mode of delivery and commence CTG. Ante and postpartum, check the details of the advance directive refusing blood and blood products.
- **Blood loss >1000mls or any signs of shock activate 'Major Obstetric Haemorrhage' (MOH) Alert** Telephone 2222, state obstetric emergency and place then follow full guideline as below.

Key Personnel	Investigation / Assessment / Monitoring	Resuscitate		Arrest the Bleeding Below applies to PPH only
At all times • midwife coordinator • obstetric registrar and SHO • resident anaesthetist • anaesthetic assistant Monday – Friday 0830-1800 • resident consultant obstetrician • resident consultant anaesthetist 'Out-of-hours' • Contact the consultant obstetrician and consultant anaesthetist via the switchboard to attend immediately • Contact 2nd O&G consultant after discussion with primary consultant <u>Haematology</u> • State **'Major Obstetric Haemorrhage in Jehovah's Witness'** and patient details and of type of bleed • BTS will contact portering staff and haematology consultant **Maternity Unit Co-ordinator will act as 'major haemorrhage coordinator'** **Coordinator will inform lab when haemorrhage is under control**	• FBC • Group and save * • Coagulation screen • U&Es • ABGs Repeat ALL bloods regularly Aim • HR < 100 • BP SBP > 90 • RR 8-20 • SpO_2 > 94% • Capillary refill time < 2 secs • Conscious level alert • Urinary catheter 0.5ml/kg/h r Consider arterial and central lines **Remember;** • **Left lateral position** • **Blood loss is usually underestimated.** • **Possible concealed haemorrhage** • **Consider ITU care** ***Cryoprecipitate is a group specific product, hence G&S required.**	**A**irway - **B**reathing - **C**irculation -	Ensure not obstructed Oxygen 15 l/min Assist if required • Insert 2 large bore 14fg orange IV cannulae. • Use mixture of Hartmann's solution and gelofusin • Give Tranexamic acid 1g IV • Fluid warmer • Infusion pressure bags • 'Level 1' infusion warming device • Jehovah's Witness's will NOT accept red cells, platelets or FFP • Jehovah's Witness's MAY accept cryoprecipitate** and/or recombinant factor VIIa • Check 'Consent form for specific blood components and procedures for Jehovah's Witnesses' • If acceptable to woman ○ give cryoprecipitate according to coagulation screen/clinical condition ○ consider recombinant factor VIIa requires agreement between Cons Obs/Anaes/Haem ** Anticipate need for blood components • cryoprecipitate takes 20mins to prepare	**Atony** ↓ • Massage fundus • Bimanual uterine compression • IV syntocinon 5 iu slowly • IV or IM ergometrine 500mcg • IVI syntocinon 40 iu in 500ml saline @ 125ml/hr If uterus still relaxed see MOH policy ↓ • Option repeat IV or IM ergometrine 500micrograms • Option misoprostol, maximum of 1,000 micrograms (5 tablets), rectally • Option **IM** hemabate (PGF2α) 250micrograms into thigh muscle (repeat every 15 minutes to maximum 8 doses) **Exclude other causes** ↓ • Ensure placenta complete • Suture any obvious lacerations of vagina and cervix • Transfer to theatre Option • Examination under anaesthesia • Intrauterine balloon • Interventional radiology • Laparotomy Option – repair uterine trauma Stepwise devascularisation • B-Lynch suture • Hysterectomy • Internal iliac ligation (seek vascular surgeon help early).