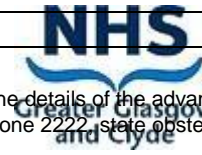


**Appendix E: Management of Obstetric Haemorrhage in Woman refusing Blood or Blood Products**



- 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
<p>At all times</p> <ul style="list-style-type: none"> <li>• midwife coordinator</li> <li>• obstetric registrar and SHO</li> <li>• resident anaesthetist</li> <li>• anaesthetic assistant</li> </ul> <p>Monday – Friday 0830-1800</p> <ul style="list-style-type: none"> <li>• resident consultant obstetrician</li> <li>• resident consultant anaesthetist</li> </ul> <p>'Out-of-hours'</p> <ul style="list-style-type: none"> <li>• Contact the consultant obstetrician and consultant anaesthetist via the switchboard to attend immediately</li> <li>• Contact 2<sup>nd</sup> O&amp;G consultant after discussion with primary consultant</li> </ul> <p><u>Haematology</u></p> <ul style="list-style-type: none"> <li>• <b>State 'Major Obstetric Haemorrhage in Jehovah's Witness' and patient details and of type of bleed</b></li> <li>• BTS will contact portering staff and haematology consultant</li> </ul> <p><b>Maternity Unit Co-ordinator will act as 'major haemorrhage coordinator'</b></p> <p><b>Coordinator will inform lab when haemorrhage is under control</b></p>	<ul style="list-style-type: none"> <li>• FBC</li> <li>• Group and save *</li> <li>• Coagulation screen</li> <li>• U&amp;Es</li> <li>• ABGs</li> </ul> <p>Repeat ALL bloods regularly</p> <p style="text-align: right;">Aim</p> <ul style="list-style-type: none"> <li>• HR &lt; 100</li> <li>• BP SBP &gt; 90</li> <li>• RR 8-20</li> <li>• SpO<sub>2</sub> &gt; 94%</li> <li>• Capillary refill &lt; 2 secs</li> <li>• Conscious level alert</li> <li>• Urinary catheter 0.5ml/kg/h r</li> </ul> <p>Consider arterial and central lines</p> <p><b>Remember;</b></p> <ul style="list-style-type: none"> <li>• <b>Left lateral position</b></li> <li>• <b>Blood loss is usually underestimated.</b></li> <li>• <b>Possible concealed haemorrhage</b></li> <li>• <b>Consider ITU care</b></li> </ul> <p><b>*Cryoprecipitate is a group specific product, hence G&amp;S required.</b></p>	<p><u>A</u>irway -</p> <p><u>B</u>reathing -</p> <p><u>C</u>irculation -</p>	<p>Ensure not obstructed</p> <p>Oxygen 15 l/min Assist if required</p> <ul style="list-style-type: none"> <li>• Insert 2 large bore 14fg orange IV cannulae.</li> <li>• Use mixture of Hartmann's solution and gelofusin</li> <li>• Give Tranexamic acid 1g IV</li> </ul> <ul style="list-style-type: none"> <li>• Fluid warmer</li> <li>• Infusion pressure bags</li> <li>• 'Level 1' infusion warming device</li> </ul> <ul style="list-style-type: none"> <li>• Jehovah's Witness's will NOT accept red cells, platelets or FFP</li> <li>• Jehovah's Witness's MAY accept cryoprecipitate** and/or recombinant factor VIIa</li> <li>• Check 'Consent form for specific blood components and procedures for Jehovah's Witnesses'</li> <li>• If acceptable to woman ○ give cryoprecipitate according to coagulation screen/clinical condition                             <ul style="list-style-type: none"> <li>○ consider recombinant factor VIIa requires agreement between Cons Obs/Anaes/Haem</li> </ul> </li> </ul> <p>** Anticipate need for blood components</p> <ul style="list-style-type: none"> <li>• cryoprecipitate takes 20mins to prepare</li> </ul>	<p style="text-align: center;"><b>Atony</b></p> <p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>• Massage fundus</li> <li>• Bimanual uterine compression</li> <li>• IV syntocinon 5 iu slowly</li> <li>• IV or IM ergometrine 500mcg</li> <li>• IVI syntocinon 40 iu in 500ml saline @ 125ml/hr</li> </ul> <p>If uterus still relaxed see MOH policy</p> <p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>• Option repeat IV or IM ergometrine 500micrograms</li> <li>• Option misoprostol, maximum of 1,000 micrograms (5 tablets), rectally</li> <li>• Option <b>IM</b> hemabate (PGF2α) 250micrograms into thigh muscle (repeat every 15 minutes to maximum 8 doses) <b>Exclude other causes</b></li> </ul> <p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>• Ensure placenta complete</li> <li>• Suture any obvious lacerations of vagina and cervix</li> <li>• Transfer to theatre</li> </ul> <p>Option</p> <ul style="list-style-type: none"> <li>• Examination under anaesthesia</li> <li>• Intrauterine balloon</li> <li>• Interventional radiology</li> <li>• Laparotomy</li> </ul> <p>Option – repair uterine trauma Stepwise devascularisation</p> <ul style="list-style-type: none"> <li>• B-Lynch suture</li> <li>• Hysterectomy</li> <li>• Internal iliac ligation (seek vascular surgeon help early).</li> </ul>