

Name:	.....
D.O.B:	.....
Unit No.	.....
NHS Number:	.....

### Proforma for Postpartum Haemorrhage

**MUST be completed fully for all cases and filed with the partogram as a contemporaneous record of the care given.**

Date:        /        /	Theatre <input type="checkbox"/>	Birthing Centre Room <input type="checkbox"/>		
<b>BLOOD LOSS</b>			ml	
<b>ACTIONS</b>	<b>YES</b>	<b>NO</b>	<b>TIME</b>	
<b>Call for HELP:</b>				
Obstetric Registrar/ Speciality Doctor Present				
Consultant Obstetrician Present				
Anaesthetic Registrar/ Speciality Doctor Present				
Consultant Anaesthetist Present				
Labour ward Coordinator Present				
Scribe designated				
Trigger phrase “ <b>Activate the major haemorrhage protocol</b> ” - for blood loss greater than 1500 ml and ongoing $\geq 150$ ml/min				
HDU equipment available in room (HDU monitor and trolley)				
Major haemorrhage trolley in the room/ Theatre				
<b>General assessment</b>				
Lie patient flat				
Airway, Breathing and circulation assessed				
Oxygen commenced at 10-15 litres / min via face mask				
Large bore (size 16) IV Cannula X 2 inserted / blood for investigations				
Plasmalyte Infusion commenced (use fluid warmer)				
Observations commenced on <b>MEOWS Chart</b>				
Keep woman warm				
Empty the bladder (indwelling catheter if >1000 ml loss)				
Communicate to the woman, explain events and provide reassurance				
<b>Obstetric Assessment</b>				
Placenta and membranes removed and inspected				
Uterine tone checked and uterine fundus rubbed				
Bi -manual vaginal examination and compression performed if indicated				
Checked for perineal trauma and repair commenced if needed				
<b>Blood investigations</b>				
FBC				
Coagulation screen including Fibrinogen level				
Urea & Electrolytes (add calcium level if massive haemorrhage)				
Liver function test				
Cross match minimum 4 units bloods if moderate to severe PPH				
<b>Monitoring – HDU chart commenced.</b>				
Pulse and Blood pressure recorded every 5-15 minutes				
Respiratory rate and temperature recorded every 5-15 minutes				
Continuous SpO <sub>2</sub> monitoring commenced				
Urometer attached for hourly monitoring				
Fluid intake and output recorded				

DATE: / /	BLOOD LOSS: ml		
ACTION	YES	NO	Time
<b>Pharmacological management</b>			
2 <sup>nd</sup> dose Syntometrine given IM (if normal BP)			
<b>OR</b> Ergometrine 500mcg IM / IV Given (if normal BP)			
5 -10 units Oxytocin slow IV given (if Ergometrine contraindicated)			
Syntocinon 40 units in 500mls of Normal Saline (NS). Infuse via IVAC pump at 125mls/hour or 40 units in 40 ml NS over 4 hours via syringe driver if fluid restricted.			
Tranexamic Acid 1g IV stat followed by 1g IV infusion over 8 hours if ongoing bleeding			
Haemobate 250 mcg IM Dose repeated every 15 minutes to maximum dose of 2mg			
2 <sup>nd</sup> dose			
3 <sup>rd</sup> dose			
4 <sup>th</sup> dose			
5 <sup>th</sup> dose			
6 <sup>th</sup> dose			
7 <sup>th</sup> dose			
8 <sup>th</sup> dose			
Misoprostol (1000mcg per rectum)			
<b>Further intervention if PPH continues</b>			
<b>Check if Blood Products Refused - (<i>Jehovah's witness-see Advanced Directive in antenatal records</i>).</b>			
<b>Major Haemorrhage (MH) Protocol</b> activated.			
<b>Ext 6181</b> (Baton phone for Designated Haematologist)			
Transfer to theatre for examination under anaesthesia			
Consultant Obstetrician informed of transfer to theatre			
Examination under anaesthesia performed			
Intrauterine Balloon (Rusch/Bakri) inserted and Syntocinon infusion commenced based on consultant decision.			
Vaginal pack inserted			
B Lynch Suture inserted (Brace Suture)			
Laparotomy – Hysterectomy			
Transferred to labour ward HDU or ITU if required			
<b>Major Haemorrhage Blood Products:</b>			
Staff member nominated to collect blood products			
<b>MH pack 1</b> received (4 RBC,4 FFP)			
<b>MH pack 2</b> received (4 RBC,4 FFP,1 Platelet,1 Cryoprecipitate)			
Management plan documented in notes			
Woman and partner debriefed about events			
DATIX completed			
<b>Cause of PPH: Tone – Uterine atony</b> <input type="checkbox"/> <b>Tissue – Retained placenta/tissue</b> <input type="checkbox"/>			
<b>Trauma -</b> Genital lacerations, vascular, episiotomy/tear, cervical tear, uterine/scar rupture <input type="checkbox"/>			
<b>Thrombin –</b> Coagulation disorders <input type="checkbox"/> <b>Total EBL:</b>			
Print Name / Signature	Designation		