

Admission Risk Assessment & Testing

Low (Clot only)	Medium (Type and Screen)	High (Type & Crossmatch)
No previous uterine incision	Prior cesarean birth(s) or uterine surgery	Placenta previa, low lying placenta
Singleton pregnancy	Multiple gestation	Suspected placenta accreta, percreta, increta
≤4 previous vaginal births	>4 previous vaginal births	Hematocrit <30 <u>AND</u> other risk factors
No known bleeding disorder	Chorioamnionitis	Platelets <100,000
No history of PPH	History of previous PPH	Active bleeding (greater than show) on admit
	Large uterine fibroids	Known coagulopathy
Pre-transfusion testing strategy should be standardized to facility conditions depending on blood bank resources, speed of testing, and availability of blood products.		

Ongoing Risk Assessment: At least q shift and at every handoff

During Labor

- Prolonged second stage
- Prolonged oxytocin use
- Active bleeding
- Chorioamnionitis
- Magnesium Sulfate treatment

Birth/Postpartum

- Vacuum- or forceps-assisted birth
- Cesarean birth (especially urgent/emergent cesarean)
- Retained placenta

