## Obstetric Hemorrhage Emergency Management Plan: Table Chart Format

<table>
<thead>
<tr>
<th>Stage 0</th>
<th>Assessments</th>
<th>Meds/Procedures</th>
<th>Blood Bank</th>
</tr>
</thead>
</table>
| Every woman in labor/giving birth | • Assess every woman for risk factors for hemorrhage | • Active Management 3rd Stage:  
  • Oxytocin IV infusion or 10u IM  
  • Fundal Massage—vigorou, 15 seconds min. | • If Medium Risk: T & Scr  
  • If High Risk: T&C 2 U  
  • If Positive Antibody Screen (pregnata or current, exclude low level anti-D from Rhogam): T&C 2 U |

### Stage 1

Blood loss: > 500ml vaginal or >1000 ml Cesarean, or VS changes (by >15% or HR ≥ 110, BP ≤ 85/45, O2 sat <95%)

- **Stage 1 is short:** activate hemorrhage protocol, initiate preparations and give Methergine IM.
- **Stage 1 continued bleeding with total blood loss under 1500ml**
  - OB back to bedside (if not already there)
  - Extra help: 2nd OB, Rapid Response Team (per hospital), assign roles
  - VS & cumulative blood loss q 5-10 min
  - Weigh bloody materials
  - Complete evaluation of vaginal wall, cervix, placenta, uterine cavity
  - Send additional labs, including DIC panel
  - If in Postpartum: Move to Labor
  - Evaluate for special cases:  
    - Uterine inversions  
    - Amniotic fluid embolism
  - 2nd Level Uterotonic Drugs:  
    - Hemabate 250 mcg IM or Misoprostol 800 mcg SL
  - IV Access (at least 18 gauge)
  - Manual massage
  - Vaginal Birth: (typical order)  
    - Move to OR  
    - Repair any tears  
    - D&C: no retained placenta  
    - Place intrauterine balloon
  - Selective Embolization (Interventional Radiology)
  - Cesarean Birth: (still intra-op) (typical order)  
    - Inspect broad lig, posterior uterus and retained placenta
  - B-Lynch Suture
  - Place intrauterine balloon

### Stage 2

- Notify Blood Bank of OB Hemorrhage
- Bring 2 Units PRBCs to bedside, transfuse per clinical signs – do not wait for lab values
- Use blood warmer for transfusion
- Consider thawing 2 FFP (takes 30 min), use if transfusing > 2u PRBCs
- Determine availability of additional RBCs and other Coag products

### Stage 3

Total blood loss over 1500ml, or >2 units PRBCs given or VS unstable or suspicion of DIC

- Mobilize team  
  - Advanced GYN surgeon  
  - 2nd Anesthesia Provider  
  - OR staff  
  - Adult Intensivist  
  - Repeat labs including coags and ABG’s  
  - Central line  
  - Social Worker/family support
- Activate Massive Hemorrhage Protocol
  - Laparotomy:  
    - B-Lynch Suture  
    - Uterine Artery Ligation  
    - Hysterectomy
  - Patient support  
  - Fluid warmer  
  - Upper body warming device  
  - Sequential compression stockings
- Transfuse Aggressively
  - Massive Hemorrhage Pack  
    - Near 1:1 PRBC:FFP  
    - 1 PLT apheresis pack per 4-8 units PRBCs
  - Unresponsive Coagulopathy:  
    - After 8-10 units PRBCs and full coagulation factor replacement, may consult  
    - Fasor relay risk/benefit