Northern cape protocol for the management of obstetric haemorrhage

Definitions

Minor	**500-1000ml**
Moderate	**1000-2000ml**
Severe	**>2000ml**

Bloodloss is frequently underestimated

Causes

APH: Placenta praevia or Placental Abruptio
If severe deliver immediatly

PPH: Tone, atonic uterus, 70%
Trauma: 20%
Tissue: retained membranes or placenta10%
Thrombin: DIC or coagulopathy

Initial Management

Call for help

Establish Airway, Breathing, Circulation
High flow O2
Head down tilt, (left lateral if APH)
iv access, 2 canulae, largest bore available
Take fbc, coagulation, xmatch 4 units PRC
Give 1000ml warm fluid iv rapid infusion
Give 2 units O-ve blood
Give up to 1500ml colloid
Give type specific blood if time permits(20min)
Consider cell salvage
Contact haematologist

Specific Management

Oxitocin 3iu iv slowly
(Repeat once)
Syntometrine 500mcg im
(Caution in hypertension)
Oxitocin infusion, (20iu in 1000ml crystalloid @240ml/hr)
Cytotec 6tabs pv or sublingual

Uterine massage
Bimanual uterine compression
Examination under anaesthesia

Baloon tamponade
B-Lynch Suture

If during c/section hysterectomy cant be performed, tie foley catheter tightly aroud uterus and refer

Ligate uterine/Illiac arteries
Hysterctomy

Transfusion

Designate a team member for sampling and collection of products
Give PRC(packed red cells)
Give tranexamic acid 1g
Give dry plasma if available
Give 1unit FFP after 4 units PRC, then 1unit per PRC thereafter
Give platelets if <50 or if DIC suspected

Consider 10ml calcium gluconate 10%
Contact haemotologist for advice
Give 1unit cryoprecipitate
If INR >1.5, give further FFP
If fibrinogen <1.5, give further cryoprecipitate
Repeat coagulation studies and FBC
Consider recombinant factor VII

Anaesthetic considerations

Call consultant early
Liaise with ICU early

Avoid hypothermia: Warm fluid, Warm air blanket

Weigh swabs for estimation of blood loss
Monitor u-output and temperature

Consider arterial line early

Take regular FBC, Coag, Hb

Avoid regional Anaesthesia, or convert to GA

Consider CVP or cardiac output monitoring

Vasopressors might be required despite fluid boluses, consider phenylephrine or noradrenaline

CHC/District Hospital

Secondary facility

Tertiary facility