

Amersham, Stoke Mandeville and Wycombe Hospitals

**445.2 MASSIVE OBSTETRIC HAEMORRHAGE**  
**MAT/LWG/Intrapartum/38**

**Definition:** 1500mL blood loss.

The cause must be identified and treated. This may involve transfer to theatre.

The following basic management guidelines<sup>1</sup> apply to antepartum and postpartum haemorrhage and should be used with guidelines for APH, PPH and the Trust's Massive Transfusion Guideline (see [Guideline 84 Massive Transfusion Guidelines](#)).

1. **Summon all the extra staff required.** 2222 (Code Red SMH) may be appropriate:
  - Obstetric Registrar and SHO.
  - Anaesthetic Registrar and SHO, Anaesthetic ODP.
  - Senior Midwives.
  - Alert the blood bank and Haematology Consultant.
  - Make sure porters are available.
  - Inform Consultant Obstetrician and Anaesthetist.
2. Set up **2 peripheral infusion** lines; using as large a cannulae as possible, ideally **14 gauge**. The major haemorrhage equipment is included in the CPR trolley located on Labour Ward at SMH or the IV trolley and PPH box in the fridge at WH.
3. Take blood for FBC, U&E, clotting studies and **cross-match a minimum of 6 units**.
4. Commence saline or Gelofusine, but give blood if required as soon as it is available.
5. Give **oxygen** by face mask (4-6L/min).
6. Monitor pulse, blood pressure, oxygen saturation, ECG.
7. Central venous pressure monitoring should be considered and set up as soon as practical (CVP kit is kept in the anaesthetic room of Labour Ward).
8. **Blood transfusion** and availability.
  - Uncross-matched O Rh D negative blood is immediately available from the fridge on Labour Ward (SMH) or outside the Obstetric Theatre (WH). Do not give to women known to have blood group antibodies.
  - Uncross-matched ABO group specific blood is available from blood bank in 5 minutes if blood group known.
  - Fully cross-matched blood is provided in 40 minutes by blood bank.
  - Compression cuffs and blood warming equipment (kept in theatre) may be required.
9. Frozen plasma (FFP) or platelets may be required. Follow the Trust [Massive Transfusion Guidelines](#) (Table 1 Acute Massive Blood Loss – A Template Guideline) and discuss with the Consultant Haematologist.

10. All patients with prolonged or massive haemorrhage require regular monitoring of:
- Pulse and BP measurements (every 15 minutes).
  - CVP measurements (if applicable) every hour.
  - Oxygen saturation.
  - Hourly input and urine output measurements (via catheter).
  - Blood gases if oxygen saturation is <90%.
  - FBC and clotting every 4 hours.
  - U&E (twice daily).
  - Commence Obstetric HDU chart.
11. Consider transfer to ITU/HDU especially if other complications develop (DIC, renal failure, ARDS, jaundice).

**References:**

1. Report on Confidential Enquiries into Maternal Deaths in the United Kingdom 1985-87; HMSO London; Annexe to Chapter 3.

See also:

[Guideline 84 Massive Transfusion Guidelines](#)

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