**Obstetric Hemorrhage-Recognition & Prevention Assessment**

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| **Requirements-Every Patient** | **In Place- Consistently Executed** | **In Place- Not Working** | **Not In Place** | **Comments** |
| Assessment of hemorrhage risk (prenatal, on admission and at other appropriate times). |  |  |  |  |
| Measurement of cumulative blood loss (formal, as quantitative as possible). |  |  |  |  |
| Active measurement of the 3rd stage of labor (department-wide protocol). |  |  |  |  |

**For each requirement that is not in place and consistently executed, complete an Action Plan**