



Facility Name(s):	Mercy Hospital Oklahoma City	
Policy / Procedure:	OKLC LB Postpartum Hemorrhage Policy	
Approved by:	Mercy Hospital Oklahoma City - Policy Oversight Committee, Emily Eriksson (Vice President-Patient Care Sv), Karyl James (VP & Community CNO), Laura Beck (Exec Director-Nursing)	Date: 02/23/2023

Scope: Family Birthplace Nursing Co-workers

Purpose: To appropriately diagnose, evaluate, and treat postpartum hemorrhage.

Definitions: PPH: An estimated blood loss >500mL following a vaginal birth or >1,000mL following a cesarean birth.

GUIDELINES:

- Upon admission to FBP, every patient will be screened and an OB Hemorrhage Risk Level will be documented in the patient’s record.
 - Evaluate for risks developed during the Labor/Delivery/Recovery process and reassess OB Hemorrhage Risk Level as needed.
 - Patients with 2 or more medium risk factors are considered High Risk.
- Type and Screen will be obtained for every patient.
- Identify patients who may decline blood products and document.
 - Notify delivering physician or certified nurse midwife as well as anesthesiologist.
 - Review consent form and ensure declination of blood form is signed.
- Notify Physician or certified nurse midwife if patient meets High Risk Criteria
- Initiate Order Set if necessary
- At delivery, both vaginal and c-section, blood loss will be measured.
- Following delivery, blood loss will continue to be evaluated every 15 minutes, until the patient status changes to routine PP care.
 - During this time, an appropriate Stage of OB hemorrhage will be documented in the delivery record.
 - Notify physician or certified nurse midwife if patient status is Stage 1 or higher and initiate the PPH protocol and order set.

OB HEMORRHAGE
STAGE

STAGE 0 ALL BIRTHS

- Infuse increased rate of oxytocin after delivery per physician or certified nurse midwife order.



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- Obtain quantitative measurements of blood loss.
- Ongoing evaluation of Vital Signs and fundal properties.

If cumulative blood loss is > 500mL for vaginal birth and >1,000mL for cesarean birth and Vitals signs change >20% or HR >110, BP <85/45, O2<95% then there is concern.

PROCEED TO STAGE 1

STAGE 1

- Ensure OB/GYN physician or certified nurse midwife is present
- Maintain patent IV access
- Increase IV Pitocin rate and titrate infusion rate per uterine tone
- Continue vigorous fundal massage
- Empty bladder straight catheter or place indwelling.
- Administer medications per Order Set (Methergine/Hemabate/Cytotec)
- Vital signs every 15 minutes, O2 Sats
- Obtain and record quantitative measurement of blood loss every 15 minutes
- Administer O2 to maintain saturation >95%
- Strict I & Os
- Keep patient warm
- Type and Crossmatch 2 units pRBCs (if not already done).
- Obtain CBC, and if M.D orders or if platelets <100,000 draw DIC profile
 - (Fibrinogen, CMP, CBC, PT/INR, PTT)

If continued bleeding, Vital Sign instability AND <1500mL cumulative blood loss then

PROCEED TO STAGE 2

STAGE 2

- Notify anesthesia for potential:
 - D&C
 - Bakri Balloon
 - Packing
 - Repair
 - Uterine Artery Ligation
 - IR embolization
 - Hysterectomy
- Bring PPH Kit into the room
- Establish 2nd large bore IV
- Assess and announce VS and Cumulative blood loss every 10 minutes



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- Administer meds, blood products and draw labs per Order Set (Massive Transfusion) per request of physician or certified nurse midwife.
- Keep patient warm
- Place indwelling catheter if not already done.
- Upon physician or certified nurse midwife order, transfuse 2 units pRBCs per protocol (if Massive Transfusion set initiated)

If cumulative blood loss >1500mL, Vital Signs unstable, or Suspicion for DIC

PROCEED TO STAGE 3

STAGE 3

- Move patient to the OR
- Complete Time Out for any operative procedure
- Upon physician or certified nurse midwife order, TRANSFUSE per MASSIVE TRANSFUSION PROTOCOL if not already done.
- Notify ICU about probable transfer to ICU after procedure.
- Announce vital signs and cumulative blood loss every 10 minutes.
- Apply upper body warming blanket if feasible
- Use fluid warmer rapid infuser for fluid/blood products
- Apply SCD's

DOCUMENTATION:

- **One RN sole job is to document event + One RN sole job to take over care of the newborn**

REFERENCES:

The American College of Obstetricians and Gynecologist (ACOG. 2006): Practice Bulletin # 76: Post Partum Hemorrhage.

California Maternal Quality Care Collaboration (CMQCC). 2015.

Oklahoma Maternal Quality Care Collaboration (OMQCC)