In order to provide safe obstetric care, institutions MUST:

- Have a minimum of 4 units of O-negative PRBCs
- Have the ability to obtain 6 units PRBCs & 4 units FFP (compatible or type specific) for a bleeding patient
- Have a mechanism in place to obtain platelets & additional products in a timely fashion

Blood transfusion or crossmatching should not be used as a negative quality marker & is warranted for certain obstetric events.

### Patient currently bleeding & at risk for uncontrollable bleeding

**A** Activate MTP - call *(ADD NUMBER)* & say "activate massive transfusion protocol"

**B** Nursing/anesthesia draw stat labs
  - type & crossmatch
  - hemoglobin & platelet count, PT (INR)/PTT, fibrinogen, & ABG (as needed)

### Immediate need for transfusion (type & crossmatch not yet available)

**A** Give 2-4 units O-negative PRBCs

**B** "OB EMERGENCY RELEASE"

### Anticipate ongoing massive blood needs

**A** Obtain massive transfusion pack
  - Consider using coolers

**B** Administer as needed in a 6:4:1 ratio
  - 6 units PRBCs
  - 4 units FFP
  - 1 apheresis pack of platelets

### Initial lab results

**A** Normal > anticipate ongoing bleeding > repeat massive transfusion pack > bleeding controlled > deactivate MTP

**B** Abnormal > repeat massive transfusion pack > repeat labs > consider cryoprecipitate and consultation for alternative coagulation agents (Prothrombin Complex Concentrate [PCC], recombinant Factor VIIa, tranexamic acid)

### Important Protocol Items to Be Determined at Each Institution:

- How to activate MTP:

- Blood bank # & location; notify ASAP:
  
  I will call: __________________________

- Emergency release protocol that both blood bank staff & ordering parties (MD/RN/CNM) understand:

- How will blood be brought to L&D?

- How will additional blood products/platelets be obtained?

- Mechanism for obtaining serial labs, such as with each transfusion pack, to ensure transfusion targets achieved:

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Revised October 2015