# Obstetric Hemorrhage

## Risk Assessment Tables

### Prenatal

**Risk Factors**

- Suspected previa/accreta/increta/percreta
- Pre-pregnancy BMI > 50
- Clinically significant bleeding disorder
- Other significant medical/surgical risk (consider patients who decline transfusion)

**Intervention**

- Transfer to appropriate level of care for delivery

### Antepartum

**Timing of Delivery (weeks)**

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placenta accreta</td>
<td>34 0/7 – 35 6/7</td>
</tr>
<tr>
<td>Placenta previa</td>
<td>36 0/7 – 37 6/7</td>
</tr>
<tr>
<td>Prior classical cesarean</td>
<td>36 0/7 – 37 6/7</td>
</tr>
<tr>
<td>Prior myomectomy</td>
<td>37 0/7 – 38 6/7</td>
</tr>
<tr>
<td>Prior myomectomy, if extensive</td>
<td>36-37</td>
</tr>
</tbody>
</table>

**Placenta Accreta Management**

For 1 or more prior cesareans, placental location should be documented prior to delivery. Patients at **high risk** for placenta accreta, should:

- Obtain proper imaging to evaluate risk prior to delivery
- Be transferred to appropriate level of care for delivery if accreta is suspected

---

1 See supplemental guidance document on patients who decline blood products
2 Review availability of medical/surgical, blood bank, ICU, and interventional radiology support
3 See supplemental guidance document on morbidly adherent placenta

---

**Revised October 2015**

Safe Motherhood Initiative