**Obstetric Hemorrhage Checklist**

Complete all steps in prior stages plus current stage regardless of stage in which the patient presents.

Postpartum hemorrhage is defined as cumulative blood loss of greater than or equal to 1,000mL or blood loss accompanied by signs or symptoms of hypovolemia within 24 hours. However, blood loss >500mL in a vaginal delivery is abnormal, and should be investigated and managed as outlined in Stage 1.

**RECOGNITION:**

- Call for assistance (Obstetric Hemorrhage Team)

**Designate:**

- Team leader
- Checklist reader/recorder
- Primary RN

**Announce:**

- Cumulative blood loss
- Vital signs
- Determine stage

**STAGE 1: Blood loss >1000mL after delivery with normal vital signs and lab values. Vaginal delivery 500-999mL should be treated as in Stage 1.**

<table>
<thead>
<tr>
<th>INITIAL STEPS:</th>
<th>Medications:</th>
<th>Blood Bank:</th>
<th>Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure 16G or 18G IV Access</td>
<td>Oxytocin (Pitocin): 10-40 units per 500-1000mL solution</td>
<td>Confirm active type and screen and consider crossmatch of 2 units PRBCs</td>
<td>Determine etiology and treat</td>
</tr>
<tr>
<td>Increase IV fluid (crystalloid without oxytocin)</td>
<td>Methylergonovine (Methergine): 0.2 milligrams IM (may repeat); <strong>Avoid with hypertension</strong></td>
<td></td>
<td>Prepare OR, if clinically indicated</td>
</tr>
<tr>
<td>Insert indwelling urinary catheter</td>
<td>15-methyl PGF2α (Hemabate, Carboprost): 250 micrograms IM (may repeat in q15 minutes, maximum 8 doses): <strong>Avoid with asthma; use with caution with hypertension</strong></td>
<td></td>
<td>(optimize visualization/examination)</td>
</tr>
<tr>
<td>Fundal massage</td>
<td>Misoprostol (Cytotec): 800-1000 micrograms PO or 800 micrograms SL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STAGE 2: Continued Bleeding (EBL up to 1500mL OR > 2 uterotonics) with normal vital signs and lab values**

<table>
<thead>
<tr>
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<th>Medications:</th>
<th>Blood Bank:</th>
<th>Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilize additional help</td>
<td></td>
<td>Obtain 2 units PRBCs (DO NOT wait for labs. Transfuse per clinical signs/symptoms)</td>
<td>For uterine atony → consider uterine balloon or packing, possible surgical interventions</td>
</tr>
<tr>
<td>Place 2nd IV (16-18G)</td>
<td>Tranexamic Acid (TXA) 1 gram IV over 10 min (add 1 gram vial to 100mL NS &amp; give over 10 min; may be repeated once after 30 min)</td>
<td>Thaw 2 units FFP</td>
<td>Consider moving patient to OR</td>
</tr>
<tr>
<td>Draw STAT labs (CBC, Coags, Fibrinogen)</td>
<td></td>
<td></td>
<td>Escalate therapy with goal of hemostasis</td>
</tr>
<tr>
<td>Prepare OR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recognize:**

- Call for assistance (Obstetric Hemorrhage Team)

**Designate:**

- Team leader
- Checklist reader/recorder
- Primary RN

**Announce:**

- Cumulative blood loss
- Vital signs
- Determine stage

**Possible interventions:**

- Bakri balloon
- Compression suture/B-Lynch suture
- Uterine artery ligation
- Hysterectomy

Huddle and move to Stage 3 if continued blood loss and/or abnormal VS

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**Stage 3: Continued Bleeding (EBL > 1500 mL OR > 2 RBCs given OR at risk for occult bleeding/coagulopathy OR any patient with abnormal vital signs/labs/oliguria)**

**Initial Steps:**
- Mobilize additional help
- Move to OR
- Announce clinical status (vital signs, cumulative blood loss, etiology)
- Outline and communicate plan

**Medications:**
- Continue Stage 1 medications; consider TXA
- Initiate Massive Transfusion Protocol (If clinical coagulopathy: add cryoprecipitate, consult for additional agents)

**Action:**
- Achieve hemostasis, intervention based on etiology
- Escalate interventions

**Medications:**
- **Oxytocin (Pitocin):** 10-40 units per 500-1000 mL solution
- **Methylergonovine (Methergine):** 0.2 milligrams IM (may repeat); Avoid with hypertension
- **15-methyl PGF₂α (Hemabate, Carboprost):** 250 micrograms IM (may repeat in q15 minutes, maximum 8 doses); Avoid with asthma; use with caution with hypertension
- **Misoprostol (Cytotec):** 800-1000 micrograms PR, 600 micrograms PO or 800 micrograms SL
- **Tranexamic Acid (TXA):** 1 gram IV over 10 min (add 1 gram vial to 100 mL NS & give over 10 min; may be repeated once after 30 min)

**Possible interventions:**
- Bakri balloon
- Compression suture/B-Lynch suture
- Uterine artery ligation
- Hysterectomy

**Stage 4: Cardiovascular Collapse (massive hemorrhage, profound hypovolemic shock, or amniotic fluid embolism)**

**Initial Step:**
- Mobilize additional resources

**Medications:**
- **ACLS**

**Blood Bank:**
- Simultaneous aggressive massive transfusion

**Action:**
- Immediate surgical intervention to ensure hemostasis (hysterectomy)

**Post-Hemorrhage Management**
- Determine disposition of patient
- Debrief with the whole obstetric care team
- Debrief with patient and family
- Document

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