# Obstetric Hemorrhage Checklist

**Recognize:**
- 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 > 500 mL vaginal OR blood loss > 1000 mL cesarean with normal vital signs and lab values**

**Initial Steps:**
- Ensure 16G or 18G IV Access
- Increase IV fluid (crystalloid without oxytocin)
- Insert indwelling urinary catheter
- Fundal massage

**Medications:**
- Ensure appropriate medications given patient history
- Increase oxytocin, additional uterotonics

**Blood Bank:**
- Type and Crossmatch 2 units RBCs

**Action:**
- Determine etiology and treat
- Prepare OR, if clinically indicated (optimize visualization/examination)

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

**Initial Steps:**
- Mobilize additional help
- Place 2nd IV (16-18G)
- Draw STAT labs (CBC, Coags, Fibrinogen)
- Prepare OR

**Medications:**
- Continue Stage 1 medications; consider TXA

**Blood Bank:**
- Obtain 2 units RBCs (DO NOT wait for labs. Transfuse per clinical signs/symptoms)
- Thaw 2 units FFP

**Action:**
- For uterine atony → consider uterine balloon or packing, possible surgical interventions
- Consider moving patient to OR
- Escalate therapy with goal of hemostasis

**Tranexamic Acid (TXA)**
1 gram IV over 10 min (add 1 gram vial to 100mL 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

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

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**Safe Motherhood Initiative**

Revised July 2018
**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

**Blood Bank:**
- Initiate Massive Transfusion Protocol
  (If clinical coagulopathy: add cryoprecipitate, consult for additional agents)

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

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

**Medications:**
- Oxytocin (Pitocin):
  10-40 units per 500-1000mL 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 100mL 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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