POSTPARTUM HEMORRHAGE PROJECT — RECOGNITION, READINESS & RESPONSE

Quantification of Blood Loss (QBL):
Quantify blood loss by utilizing scales and calibrated equipment to measure cumulative maternal blood loss after every birth. (Refer to AWHONN Practice Brief: QBL and the QBL Measurement Log.)

PPH Risk Assessment:
Perform postpartum hemorrhage risk assessments upon admission, pre-birth and post-birth. (Refer to PPH Risk Assessment Table.)

Maternal Warning Signs:
All women who meet ANY of the Stages 1 to 3 blood loss and/or vital sign criteria should receive prompt bedside evaluation.

Transfusion Therapy:
With ongoing hemorrhage, initiate blood transfusion therapy as quickly as possible do not wait for labs or worsening maternal status. Aggressively transfuse units in ratio of 2RBCs:1FFP.

Team Debriefing:
Conduct a focused debrief as soon as woman is stabilized for ALL postpartum hemorrhages that progress to Stages 2 and 3. (Refer to Team Debriefing Form.)

Postpartum Hemorrhage Policy:
Have a PPH policy that defines the blood loss parameters and interdisciplinary management for each postpartum stage. (Refer to PPH Algorithm.)

Oxytocin Administration for Active Management of the 3rd Stage of Labor:
Administer oxytocin and fundal massage after every birth. Maintenance rate for 4 hours or more based on bleeding. Uterotonic should be immediately available. (Refer to AWHONN Practice Brief: Oxytocin Administration for Active Management of the 3rd Stage of Labor.)

Massive Transfusion Protocol (MTP):
Have a massive transfusion protocol that includes criteria for activation, who may initiate the protocol, and the standard pack or cooler contents. (Refer to Elements of a Sample Hospital-based MTP.)

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