2-5 Antepartum haemorrhage (massive) v.1

Blood loss from or into genital tract from 24+0 weeks pregnant. **Minor APH** <50ml. **Major APH** 50-1000ml with no shock. **Massive APH** >1000ml and / or signs of clinical shock. Causes of APH include placenta praevia, abruption, uterine rupture, vasa praevia

START

1. **Call for help** (obstetrician, midwife, anaesthetist, +/- neonatal team)
   - **Ask**: "who will be the team leader?"
   - **Team leader assigns** checklist reader and scribe
   - **If massive haemorrhage ➔activate major haemorrhage protocol**
2. **Assess clinical status using ABCDE approach**
   - Give oxygen at 15 L/min via reservoir mask, titrate to SpO_2 95-98%
   - Start continuous monitoring: SpO_2, respiratory rate, 3-lead ECG and blood pressure
   - Insert 2x wide-bore IV access (take FBC, clotting, fibrinogen, cross match)
   - Give tranexamic acid 1g IV (**Box A**)
   - Give IV crystalloid fluid bolus(es) (**Box A**)
   - Give blood and blood products early in ongoing haemorrhage
3. **Check abdomen and assess pain**
   - If pain continuous ➔ consider abruption as cause for pain
   - If pain with contractions ➔ consider labour as cause for pain
4. **Obstetric assessment**
   - Check fetal heart
   - Start continuous CTG
   - Check placental site with USS
   - If no placenta praevia ➔ vaginal + cervical assessment
5. **Obstetrician to decide plan for birth**
6. **Weigh swabs and announce total blood loss every 10 minutes**
7. **Assess need for continued management suggestions** (**Box B**)
8. **Perform Kleihauer if mother RhD -ve**

Box A: Drug doses and treatments

Tranexamic acid:
Initial bolus 1g IV over 10 minutes
If bleeding continues ➔ repeat 1g tranexamic acid after 30 minutes

IV crystalloid bolus(es)
250 – 500 ml, up to 2 Litres, until blood available

Calcium replacement
10 ml IV 10 % calcium chloride *-or-* 30 ml IV 10 % calcium gluconate

Box B: During resuscitation

Use **point of care testing** to guide blood product and fluid resuscitation

- Thromboelastography (TEG®) *-or-* rotational thromboelastometry (ROTEM®) *-and-*
- Blood gases

Do not be reassured by normal Hb before adequate fluid resuscitation

Use cell salvage where possible

Keep woman warm

Prepare for **postpartum haemorrhage**

Box C: Critical changes

If post-partum haemorrhage ➔ **2-6**