

POSTPARTUM HEMORRHAGE PROJECT – RECOGNITION, READINESS & RESPONSE
 (Refer to the corresponding PPH Educational Modules for each key behavior and the specific recommendations.)

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*.)

Quantification of Maternal Blood Loss

RECOGNITION

PPH Risk Assessment

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

Maternal Warning Signs

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

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*.)

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.

PPH Management

READINESS

Team Debriefing

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*.)

Simulation Based Training

Simulation Based Training:
 Conduct in situ, interdisciplinary simulation based training to allow OB teams to practice management of PPH.



RESPONSE

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. Uterotonics should be immediately available. (Refer to *AWHONN Practice Brief: Oxytocin Administration for Active Management of the 3rd Stage of Labor*.)