

CLINICIAN GUIDELINES:

- Each box represents ONE risk factor. Treat patients with 2 or more medium-risk factors as high-risk.
- Prenatal risk assessment is beyond the scope of this document, however performing a prenatal hemorrhage risk assessment and planning is highly recommended. Early identification and management preparation for patients with special considerations such as placental previa/accreta, bleeding disorder, or those who decline blood products will assist in better outcomes.
- Adjust blood bank orders based on the patient's most recent risk category. When a patient is identified to be at high-risk for hemorrhage verify that the blood can be available on the unit within 30 minutes of a medical order.
- Plan appropriately for patient and facility factors that may affect how quickly the blood is delivered to the patient. For example,
 - Patient issues: Pre-existing red cell antibody
 - Facility issues: Any problems at your facility related to the blood supply and obtaining blood.

RISK CATEGORY: ADMISSION			
Low-Risk	Medium-Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)		High-Risk
<input type="checkbox"/> No previous uterine incision	<input type="checkbox"/> Induction of labor (with oxytocin) or Cervical ripening		<input type="checkbox"/> Has 2 or More Medium-Risk Factors
<input type="checkbox"/> Singleton pregnancy	<input type="checkbox"/> Multiple gestation		<input type="checkbox"/> Active bleeding more than “bloody show”
<input type="checkbox"/> ≤4 Previous vaginal births	<input type="checkbox"/> >4 Previous vaginal births		<input type="checkbox"/> Suspected placenta accreta or percreta
	<input type="checkbox"/> Prior cesarean birth or prior uterine incision		<input type="checkbox"/> Placenta previa, low lying placenta
<input type="checkbox"/> No known bleeding disorder	<input type="checkbox"/> Large uterine fibroids		<input type="checkbox"/> Known coagulopathy
<input type="checkbox"/> No history of PPH	<input type="checkbox"/> History of one previous PPH		<input type="checkbox"/> History of more than one previous PPH or a severe PPH (>1,500 mL or blood transfusion)
	<input type="checkbox"/> Family history in first degree relatives who experienced PPH (known or unknown etiology with possible coagulopathy)		<input type="checkbox"/> Hematocrit <30 AND other risk factors
	<input type="checkbox"/> Chorioamnionitis		<input type="checkbox"/> Platelets <100,000/mm ³
	<input type="checkbox"/> Fetal demise		
	<input type="checkbox"/> Polyhydramnios		
	<input type="checkbox"/> Pre-eclampsia or HELLP syndrome		
Anticipatory Interventions			
Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.			
<input type="checkbox"/> Blood Bank Order: Change blood bank orders as needed if risk category changes	<input type="checkbox"/> Clot Only (Type and Hold)	<input type="checkbox"/> Obtain Type and Screen	<input type="checkbox"/> Obtain Type and Cross (See Clinical Guidelines)
		<input type="checkbox"/> Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist	<input type="checkbox"/> Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist. <input type="checkbox"/> Consider delivering at a facility with the appropriate level of care capable of managing a high-risk mother.

POSTPARTUM HEMORRHAGE (PPH) RISK ASSESSMENT TABLE • 1.2

RISK CATEGORY: PRE-BIRTH (Approximately 30 to 60 minutes prior to giving birth)			
	Low-Risk	Medium-Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High-Risk
	INCLUDE ADMISSION LOW-RISK FACTORS	INCLUDE ADMISSION MEDIUM-RISK FACTORS	INCLUDE ADMISSION HIGH-RISK FACTORS
		<input type="checkbox"/> Labor greater than 18 hours	<input type="checkbox"/> Has 2 or more medium risk factors
		<input type="checkbox"/> Temperature greater than 100.4°F (38°C)	<input type="checkbox"/> Active bleeding more than “bloody show”
		<input type="checkbox"/> Augmentation of labor (with oxytocin)	<input type="checkbox"/> Suspected abruption
		<input type="checkbox"/> Magnesium sulfate	
		<input type="checkbox"/> Prolonged second stage (>2 hours)	
Anticipatory Interventions: Monitor patient for any change in risk factors during labor and implement anticipatory interventions as indicated.			
<input type="checkbox"/> Blood Bank Order: Change blood bank orders as needed if risk category changes	<input type="checkbox"/> Clot Only (Type and Hold)	<input type="checkbox"/> Confirm Type and Screen	<input type="checkbox"/> Confirm Type and Cross (See Clinical Guidelines)
	<input type="checkbox"/> Ensure the availability of calibrated drapes, scales to weigh and measure blood loss for every birth	<input type="checkbox"/> Review the hemorrhage protocol	<input type="checkbox"/> Review the hemorrhage protocol
		<input type="checkbox"/> Review lab work, e.g., platelets (PLTs), hemoglobin (Hgb)	<input type="checkbox"/> Review lab work, e.g., PLTs, Hgb
		<input type="checkbox"/> Notify the Provider and Charge Nurse	<input type="checkbox"/> Notify the Provider and the Charge Nurse
		<input type="checkbox"/> Initiate and/or maintain IV access	<input type="checkbox"/> Insertion of a second large bore IV is optional
		<input type="checkbox"/> Confirm availability of Anesthesia Provider	<input type="checkbox"/> Notify Anesthesia Provider to come to the unit
		<input type="checkbox"/> Ensure uterotonics (oxytocin, Methergine, Hemabate, misoprostol) and supplies for administration (such as syringes, needles, alcohol swabs) are immediately available	<input type="checkbox"/> Check and ensure uterotonics (oxytocin, Methergine, Hemabate, misoprostol) and supplies for administration (such as syringes, needles, alcohol swabs) are immediately available
		<input type="checkbox"/> Ensure that the hemorrhage supplies are near the patient’s room	<input type="checkbox"/> Bring the hemorrhage supplies to the bedside
		<input type="checkbox"/> Transfer from a birthing center to an intrapartum unit	<input type="checkbox"/> Ensure operating room (OR) and staff available
		<input type="checkbox"/> Ensure the availability of calibrated drapes, scales to weigh and measure blood loss with every birth	<input type="checkbox"/> Ensure the availability of calibrated drapes, scales, and other equipment to measure and weigh blood loss with every birth

RISK CATEGORY: POST-BIRTH (Within 60 minutes after birth)

	Low-Risk	Medium-Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High-Risk
	INCLUDE ADMISSION AND PRE-BIRTH LOW-RISK FACTORS	INCLUDE ADMISSION AND PRE-BIRTH MEDIUM-RISK FACTORS	INCLUDE ADMISSION AND PRE-BIRTH HIGH-RISK FACTORS
	<input type="checkbox"/> No known bleeding disorder	<input type="checkbox"/> Large uterine fibroids	<input type="checkbox"/> Has 2 or more medium risk factors
	<input type="checkbox"/> No previous uterine incision	<input type="checkbox"/> Operative vaginal delivery	<input type="checkbox"/> Active bleeding
	<input type="checkbox"/> No history of PPH	<input type="checkbox"/> 3 rd or 4 th degree perineal laceration	<input type="checkbox"/> Difficult placental extraction
		<input type="checkbox"/> Vaginal or cervical laceration and/or mediolateral episiotomy	<input type="checkbox"/> Concealed abruption
		<input type="checkbox"/> Cesarean birth	<input type="checkbox"/> Uterine inversion
		<input type="checkbox"/> Precipitous delivery	
		<input type="checkbox"/> Shoulder dystocia	

Anticipatory Interventions

Continue to monitor patient for any change in risk factors after birth and implement anticipatory interventions as indicated.

<input type="checkbox"/> Blood Bank Order: Change blood bank orders as needed if risk category changes	<input type="checkbox"/> Clot Only (Type and Hold)	<input type="checkbox"/> Confirm Type and Screen	<input type="checkbox"/> Confirm Type and Cross (See Clinical Guidelines) <input type="checkbox"/> Notify the blood bank
	<input type="checkbox"/> Utilize scales and calibrated equipment to weigh and measure maternal blood loss for every birth	<input type="checkbox"/> Review your hemorrhage protocol	<input type="checkbox"/> Review your hemorrhage protocol
		<input type="checkbox"/> Notify the Provider and the Charge Nurse	<input type="checkbox"/> Notify the Provider, Charge Nurse and obtain additional nursing personnel
		<input type="checkbox"/> Heightened postpartum assessment surveillance	<input type="checkbox"/> Heightened postpartum assessment surveillance
		<input type="checkbox"/> Utilize scales and calibrated equipment to quantify cumulative maternal blood loss for every birth	<input type="checkbox"/> Utilize scales and calibrated equipment to quantify cumulative maternal blood loss for every birth
		<input type="checkbox"/> Maintain IV access	<input type="checkbox"/> Insertion of a second large bore IV is optional
		<input type="checkbox"/> Confirm availability of Anesthesia Provider	<input type="checkbox"/> Notify Anesthesia Provider to come to the unit
		<input type="checkbox"/> Ensure immediate availability of uterotonic (oxytocin, Methergine, Hemabate, misoprostol)	<input type="checkbox"/> Check and ensure immediate availability of uterotonic (oxytocin, Methergine, Hemabate, misoprostol,) and supplies for administration (such as syringes, needles, alcohol swabs)
		<input type="checkbox"/> Ensure the hemorrhage cart with supplies is near the patient's room	<input type="checkbox"/> Bring hemorrhage cart with supplies to the bedside
		<input type="checkbox"/> Ensure OR and staff available	<input type="checkbox"/> Consider notifying team to prepare the OR
			<input type="checkbox"/> Consider notifying Interventional Radiology if available in facility