

Obstetric Massive Haemorrhage Pathway (MHP)

Up to six weeks post-partum

FLOWCHART

Massive Bleeding PLUS
Shock Signs or HR > 120 or SBP < 90 mmHg

1g Tranexamic Acid

INITIATE: Phone 📞 “777” State “This is an Obstetric MHP, my location is...”
Send a Group & Screen sample; Deliver, Lamson or Scan MHP Request form to Blood Bank

Obstetric Stat Pack
2 RBC & Walkie Talkie



Reassess : If ongoing Massive Bleeding + Shock
ACTIVATE: Phone 📞 **Blood Bank 80310** or use walkie talkie.
State “I am activating the Obstetric MHP”. Identify MHP Coordinator

Obstetric Box 1
2 RBC, 3 Cryo

Box 2
4 RBC, 4 FFP
3 Cryo

10mL Ca Chloride OR
30mL Ca Gluconate

Box 3
4 RBC, 4 FFP
1 Platelet

Alternating packs
2 & 3 until bleeding
slowed

Then stop MHP,
and start targeted
transfusion

Bloods:
Repeat every 30mins

- Blood gas
- iCa2+
- FBC
- Coags
- Fibrinogen
- Viscoelastic testing if available eg. TEG®

Coagulation Targets	If Not, Give
PR < 1.5 APTT < 40	4 U FFP
Fibrinogen > 2g/L	3 U Cryoprecipitate
Platelets > 75 x 109/L	1 U Platelets
Ionised Ca2+ > 1.1 mmol/L	10mL Ca Chloride OR 30mL Ca Gluconate

MHP policy

Scan with Waitaha
Canterbury Ipad
Camera

Obstetric Haemorrhage

- Manage Tone, Trauma, Tissue, Thrombin causes of haemorrhage
- Repeat TXA 1g 30 min after initial dose if significant ongoing bleeding

Obstetric MHP Checklist

Team Leader of Resuscitation (Delegate as appropriate)

- Decision to **Initiate MHP**, ensure Tranexamic Acid is administered
- Reassess patient post **stat pack** administration
- Decision to **Activate MHP** if required after Stat Packs transfused
- Delegate MHP Coordinator role
- Decision to cease MHP



MHP Coordinator

- Supports the team leader
- Once the MHP has been activated, communicate with the blood bank team and Orderly/OTA (*walkie-talkie*)



Tasks (Delegate as appropriate)

- Urgent Group & Screen sample** to Blood Bank, send **MHP request form** to Blood Bank (runner, lamson or scan)
- Tick **Obstetric Pathway**; ensure correct patient identification and location
- Once Stat Packs have been transfused - reassess the patient in conjunction with the Team Leader
- If required - **Activate MHP by walkie talkie or calling 80310**, confirm Coordinator name and contact phone number
Repeat MHP bloods every 30mins
- With each MHP box (*starting at box 2*) give 10 mL Calcium Chloride 10% **OR** 30 mL Calcium Gluconate 10% IV bolus through fast flowing line
- Hand-over coordination role and walkie-talkie eg. if patient changes location
- Cease MHP** once the patient is clinically stable, move to targeted therapy once bleeding slows and **inform Blood Bank**.
- Return walkie talkie and any unused products to Blood Bank asap**
- Ensure all transfusion documentation/checklists are completed; all swing labels adhered to MHP form.
- Return any emergency issue Notification of Transfusion forms to Blood Bank ensuring patient addressograph label and bottom third of swing label are attached for traceability



Blood Bank Tasks

- Process blood group & antibody screen ASAP
- Release Stat Pack and MHP Packs as per protocol / Standard Operating Procedure
- Liaise with MHP coordinator & Orderly
- Notify NZBS TMS as per SOP & manage inventory
- Maintain Blood Bank Tracking sheet / Checklist documentation and eTraceline records
- Check with MHP Coordinator about ceasing MHP, returning unused blood, Walkie Talkies, and any Notification of Transfusion Forms



MHP Orderly / OTA

- Receives "777" page and goes directly to Blood Bank, communicates and works with MHP Coordinator / Blood Bank



Infusion Standards



- RBC, FFP, Cryoprecipitate: warmed, standard blood infusion set
- Platelets: warmed or room temp, new infusion set
preferably if RBC have been transfused through same line

Clinical Targets



- Surgical/radiological **control of bleeding** ASAP
- Normal **pH/base deficit**
- Normal body **temperature**
- A lower MAP** may be tolerated until bleeding slowed - unless brain injury

Contacts

Blood Bank

Coagulation Laboratory

Theatre OTA (0700 - 2300hrs)

Transfusion Medicine Specialist

ext **80310**

ext **80374**

021 354 378

80310

