#### Emergency treatment of massive obstetric haemorrhage

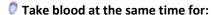
# Call for help (Most senior obstetric anaesthetist and obstetrician)

Airway
Breathing
Circulation
Drugs/disability
Emergency surgery

Oxygen 100% via a facemask

Full left lateral for APH – Head down, legs up

Two large-bore i.v. cannulae



Crossmatch 6 units Full blood count Coagulation studies

# Communication is vital:

Mobilise porters

Notify theatre staff, request a cell saver with separate suction for amniotic fluid Alert the blood bank and haematologist

## Concurrently:

Warm all resuscitation fluids,
Crystalloid, 2 litres maximum
Colloid, 1.5 litre maximum
Use group specific or O Rh negative blood whilst waiting
Ask somebody to set up a Level 1 warmer and Rapid infusion (or similar) device
Monitor haematocrit and haemoglobin
Restore normovolaemia

# If massive bleeding continues:

Give 4 units FFP and 10 units cryoprecipitate

Consider platelets

Use coagulation studies to guide the use of further blood products

Peri-operative monitoring as per the AAGBI guidelines

Consider invasive monitoring

# Drugs to consider:

Oxytocin (postpartum haemorrhage, given slowly)
Ergometrine (postpartum haemorrhage)
Carboprost (Hemabate, postpartum haemorrhage, not in asthmatic)
Tocolytic drugs (Placenta praevia and uterine rupture, beware of hypotension)



# Antifibrinolytics if no contraindications rFVIIa (NovoSeven)

## **References:**

[i] BJA-CEACCP; Massive haemorrhage in pregnancy

[ii] <u>UK Blood Transfusion & Tissue Transplantation Services</u>

[iii] AAGBI - Blood Transfusion and the Anaesthetist

[iv] AAGBI - Standards of Monitoring

[v] Entrez PubMed; Treatment of life threatening bleeding in O&G, NovoSeven (rFVIIa)

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