

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



Take blood at the same time for:

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] [UK Blood Transfusion & Tissue Transplantation Services](#)
- [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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