

Midwifery Emergency Skills Program (MESP) Team Action Checklist

Post Partum Hemorrhage

→ Check each action performed by 1st or 2nd attendant

Primary attendant: _____

2nd attendant: _____

Checked by: _____

COMMUNICATE, STOP THE BLEEDING, RESUSCITATE

Communicate

- With client and team – assess + communicate blood loss
- Delegate call to 911 & hospital – Charge RN OB Anaesthesia,
- Delegate documentation

TONE

- Immediately **assess uterine tone, size, and massage uterus**
- **If ATONIC - Give Oxytocin keep hand and pressure on uterus.**

Resuscitate:

- Lower head, move baby
- **Establish IV** large bore IV w 20 U oxy in 1 L RL or NS wide open
 - NO IV in place: First Oxytocin: 10 IU IM
- If IV in Oxytocin 3IU IV push
 - 20 u oxytocin in 1 L RL or NS wide open.
- O² by face mask 15 l/min
- ABCs / CABs / Obs Shock Index (OSI)
 - Monitor VS q 5min, quantify blood loss, assess LOC, uterine tone and size.
- initiate SHOCK protocol
- Empty bladder with indwelling catheter +monitor renal output

Administer Tranexamic Acid (TXA) 1 G in 10mL over 30-60 seconds

Bimanual uterine massage & remove clots

- Ergot 0.25 mg IM** if still bleeding @ 4 min after oxy- note cautions
 - **or Hemabate 0.25 mg IM** (2nd choice) Note cautions / side effects
- IV 2nd line 16 or 18 G 1000mL RL / NS- IV run wide open
- Adjunct - **Misoprostol 200-400** mcg PO or SL – if injectable uterotonics ineffective
- Labs: CBC, Coag, and Cross match x 4 units (may have to wait for hospital)
- Tissue:** ASAP Inspect placenta/ assess for retained clots
 - Manually remove clots or placental fragments
- Trauma** Evaluate from labia to the cervix with adequate light and visualization.
 - Secure hemostasis
- Consider Bakri balloon to replace bimanual compression (assess time/distance + capacity)
- Thrombin-** Bedside clot test – COAGs (Pt PTT, INR Fibrinogen) with lab investigations.
- Consider aortic compression
- Prepare for Operating Room
- Consider need for transfusion
- Transport with chart, placenta and ALL blood soaked pads to weigh blood loss
- SBAR** Consult asap
- Transfer Care where PPH is unresponsive to therapy/ unstable
- Document & Debrief
 - Don't forget to calculate quantified blood loss.