AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

POSTPARTUM HEMORRHAGE (PPH) RISK ASSESSMENT TABLE • 1.3

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
	❑ No previous uterine incision	❑ gestational age < 37 weeks or > 41 weeks	❑ Has 2 or More Medium Risk Factors
	❑ Singleton pregnancy	❑ Multiple gestation	❑ Suspected abruption or active bleeding more than "bloody show"
	❑ ≤4 Previous births	❑ >4 Previous births	❑ Suspected placenta accreta or percreta
	❑ No known bleeding disorder	❑ Prior cesarean birth or prior uterine incision	❑ Placenta previa, low lying placenta
		❑ Large uterine fibroids	❑ Known coagulopathy
	❑ No history of PPH	❑ History of one previous PPH	❑ History of more than one previous PPH or a severe PPH (>1,500 mL or blood transfusion)
		❑ Hematocrit <30% or hemoglobin <10	❑ Hematocrit ≤21% or 12-point drop to ≤ 25% or hemoglobin <8
		❑ Intraamniotic infection	❑ Platelets <50,000/mm^3
		❑ Platelets 50,000/mm^3 - 100,000/mm^3	❑ Intrauterine fetal demise
		❑ Polyhydramnios	❑ HELLP syndrome
		❑ Pre-eclampsia	
Anticipatory Interventions: Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.			
Blood Bank Order: Change blood bank orders as needed if risk category changes.	❑ **Clot Only (Type and Hold)**	❑ **Obtain Type and Screen**	❑ **Obtain Type and Cross**
		❑ Notify appropriate personnel such as the provider (obstetrician, physician, midwife), anesthesia, blood bank, charge nurse, clinical nurse specialist	❑ Notify appropriate personnel such as the provider ❑ (obstetrician, physician, midwife), anesthesia, blood bank, charge nurse, clinical nurse specialist. ❑ Consider birth at a facility with the appropriate level of care capable of managing a high-risk pregnancy.

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RISK CATEGORY: PRE-BIRTH

(Approximately 30 to 60 minutes prior to giving birth at the start of the second stage of labor)

	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
		❑ Prolonged labor or oxytocin for labor induction (>24 hours)	❑ Has 2 or more medium risk factors
		❑ Intraamniotic infection	❑ Active bleeding more than "bloody show"
			❑ Suspected abruption

Anticipatory Interventions:

Monitor patient for any change in risk factors during labor and implement anticipatory interventions as indicated.

For every birth:

- ❑ Ensure the availability of calibrated drapes, scales to weigh and measure blood loss
- ❑ Ensure uterotonics (carboprost, methylergonovine, misoprostol, oxytocin, tranexamic acid) and supplies for administration (syringes, needles, alcohol swabs) are immediately available
- ❑ Review lab work, e.g., platelets (PLTs), hemoglobin (Hgb)
- ❑ Maintain familiarity with your hemorrhage protocol
- ❑ **Notify provider and charge nurse of any patient with a medium or high risk hemorrhage score or change in the patient's risk category**

Blood Bank Order: Change blood bank orders as needed if risk category changes	❑ Clot Only (Type and Hold)	❑ Confirm Type and Screen (if not already collected)	❑ Verify blood products on hold (per provider order)
		❑ Initiate and/or maintain IV access	❑ Bring the hemorrhage supplies to the bedside
		❑ Ensure that the hemorrhage supplies are near the patient's room	❑ Obtain additional nursing personnel for active bleeding
		❑ Confirm availability of anesthesia provider	❑ Call anesthesia provider to unit for active bleeding
		❑ Transfer to an intrapartum unit (if not already done)	❑ Ensure operating room (OR) and staff available
			❑ Consider insertion of a second large bore IV
			❑ Consider activating emergency response team, if available in facility

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RISK CATEGORY: UPON ADMISSION TO POSTPARTUM

	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 AND PRE-BIRTH** MEDIUM RISK FACTORS	INCLUDE **ADMISSION AND PRE-BIRTH** HIGH RISK FACTORS
	❑ No known bleeding disorder	❑ Large uterine fibroids	❑ Has 2 or more medium risk factors
	❑ No previous uterine incision	❑ Operative vaginal birth	❑ Active bleeding soaking > 1 pad per hour or passing large clot (≥6 cm)
	❑ No history of PPH	❑ Genital tract trauma including 3rd or 4th degree perineal laceration	❑ Difficult placental extraction or retained placenta
		❑ Cesarean birth (especially if emergent)	❑ Uterine rupture
		❑ QBL 500-999mL regardless of mode of birth	❑ QBL ≥1,000mL

Anticipatory Interventions

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

For every birth:

- ❑ Ensure ongoing QBL during the first two hours post birth
- ❑ Ensure uterotonics (carboprost, methylergonovine, misoprostol, oxytocin, tranexamic acid) and supplies for administration (syringes, needles, alcohol swabs) are immediately available
- ❑ Review lab work, e.g., platelets (PLTs), hemoglobin (Hgb)
- ❑ Maintain familiarity with your hemorrhage protocol
- ❑ Notify provider and charge nurse of any patient with a medium or high risk hemorrhage score or change in the patient's risk category

Blood Bank Order: Change blood bank orders as needed if risk category changes	❑ Clot Only (Type and Hold)	❑ Confirm Type and Screen (if not already collected)	❑ Verify blood products on hold (per provider order) ❑ Notify the blood bank
		❑ Heightened postpartum assessment surveillance	❑ Heightened postpartum assessment surveillance
		❑ Maintain IV access	❑ Bring hemorrhage cart with supplies to the bedside
		❑ Ensure the hemorrhage cart with supplies is near the patient's room	❑ Obtain additional nursing personnel for active bleeding
		❑ Confirm availability of anesthesia provider	❑ Call anesthesia provider to unit for active bleeding
		❑ Ensure OR and staff available	❑ Consider notifying team to prepare the OR
			❑ Consider insertion of a second large bore IV
			❑ Consider activating emergency response team and/or notifying Interventional Radiology, if available in facility

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