



Aneurin Bevan University Health Board

Antepartum Haemorrhage Guidelines

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Introduction

This document is a clinical guideline designed to support safe and effective practice.

Aims

To provide support for clinical decision making.

Scope

This guideline applies to all clinicians working within maternity services.

Roles and Responsibilities

The Maternity management team are responsible to ensure that these guidelines are carried out.

Individual health care providers are responsible for ensuring that they are aware and adherent to up to date guidelines.

Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

Further Information Clinical Documents

Antepartum Haemorrhage – Green-top guideline No. 63, RCOG

ABHB Good Practice in consent: Implementation guide, model policy and reference guide for consent to examination or treatment (0004 pp 19)

“An adult with capacity may make a decision which is based on their religious belief (e.g. Jehovah’s Witnesses) or value system. Even if it is perceived that the decision is unwise or irrational, the patient may still make that decision if he or she has capacity to do so.”

List of Abbreviations

ANC	Antenatal Clinic
APH	Antepartum Haemorrhage
BMI	Body Mass Index
Coag	Coagulation Screen
CTG	Cardiotocograph
C/S	Caesarian Section
DIC	Disseminated Intravascular Coagulation
EBL	Estimated Blood Loss
FBC	Full Blood Count
FFP	Fresh Frozen Plasma
FH	Fetal Heart
G&H	Group & Hold
Hx	History
IU	International Units
IV	Intravenous
IVF	In Vitro Fertilisation
LFT	Liver Function Tests
MROP	Manual Removal of Placenta
OLC	Obstetric Led Care
PPH	Postpartum Haemorrhage
PRBC	Packed Red Blood Cells
PROM	Prolonged Rupture of Membranes
Rh	Rhesus
SCBU	Special Care Baby Unit
SROM	Spontaneous Rupture of Membranes
TOP	Termination of Pregnancy
USS	Ultrasound Scan
U&E	Urea & Electrolytes
VE	Vaginal Examination

Antepartum Haemorrhage

Introduction

Affects 3-5% of pregnancies

Difficult to quantify amount of blood lost – e.g. placental abruption

- Need to assess for signs of clinical shock
- Fetal compromise / demise indicates volume depletion

Causes

- Placenta praevia
- Placental abruption
- Vasa praevia
- Localised bleeding to vulva, vagina or cervix

Definition

Spotting – streaking, staining or blood spotting on underwear

Minor Haemorrhage – EBL <50mls that has settled

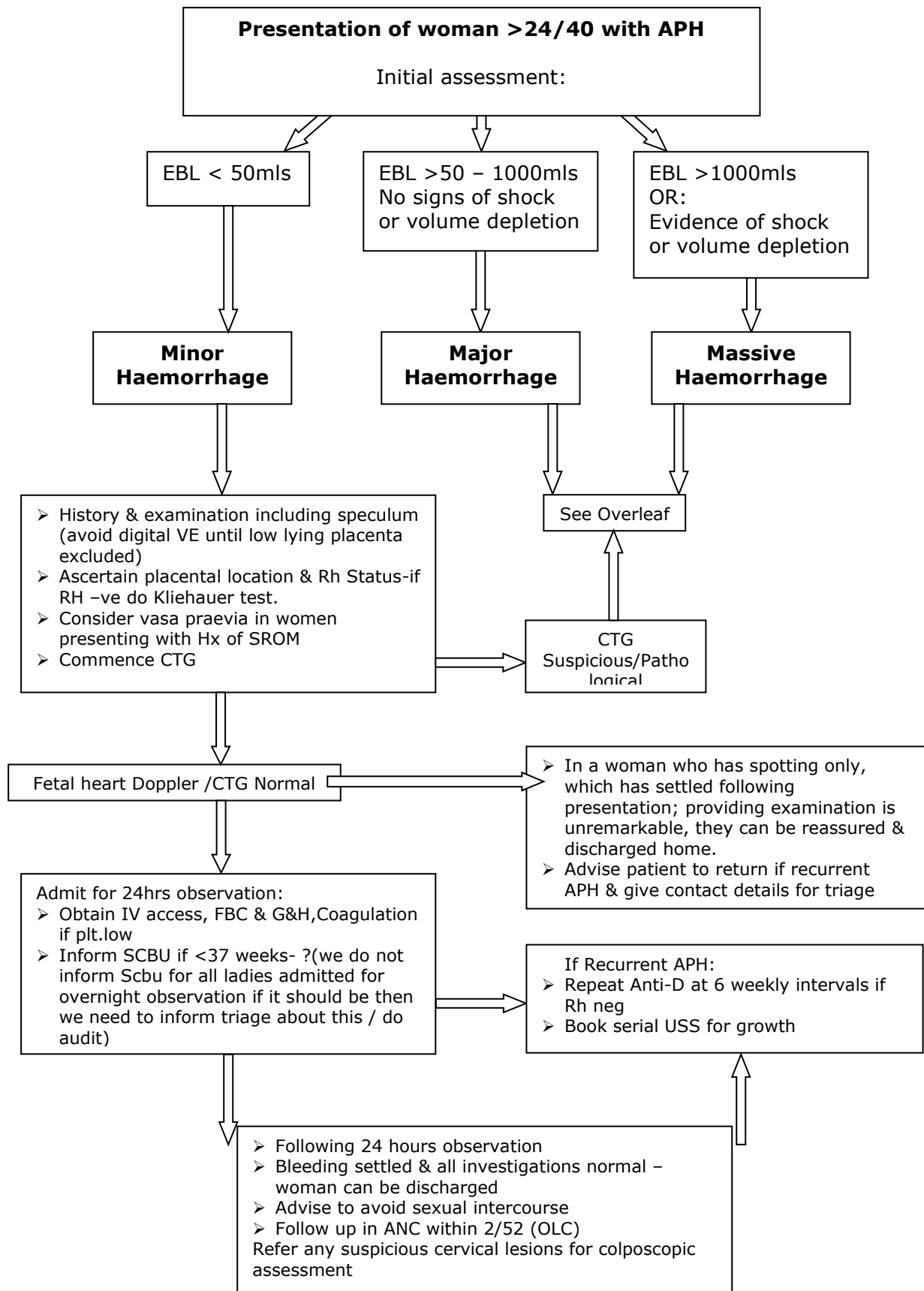
Major Haemorrhage - EBL 50-1000mls with no signs of clinical shock

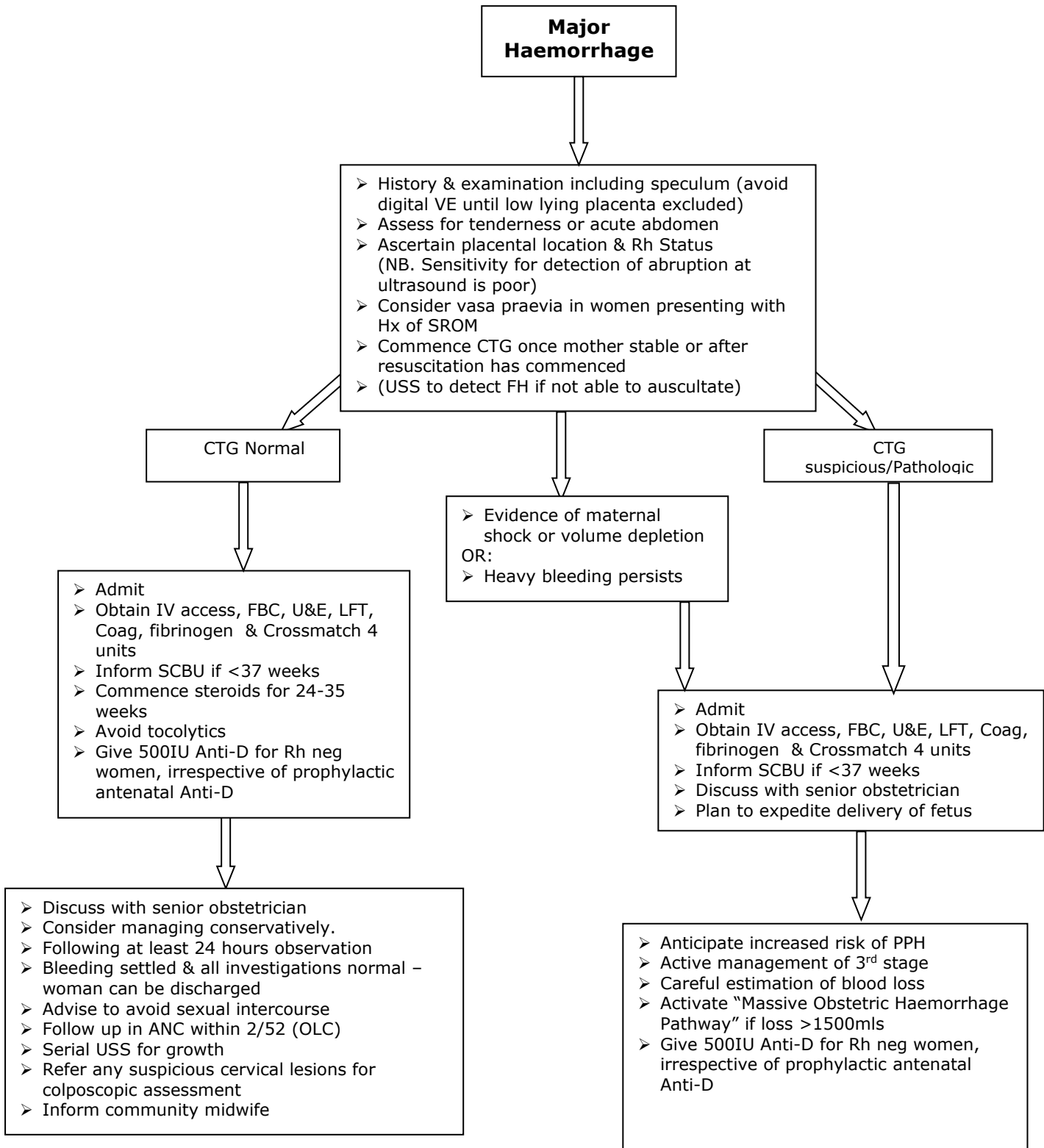
Massive Haemorrhage – EBL >1000mls and/or signs of shock

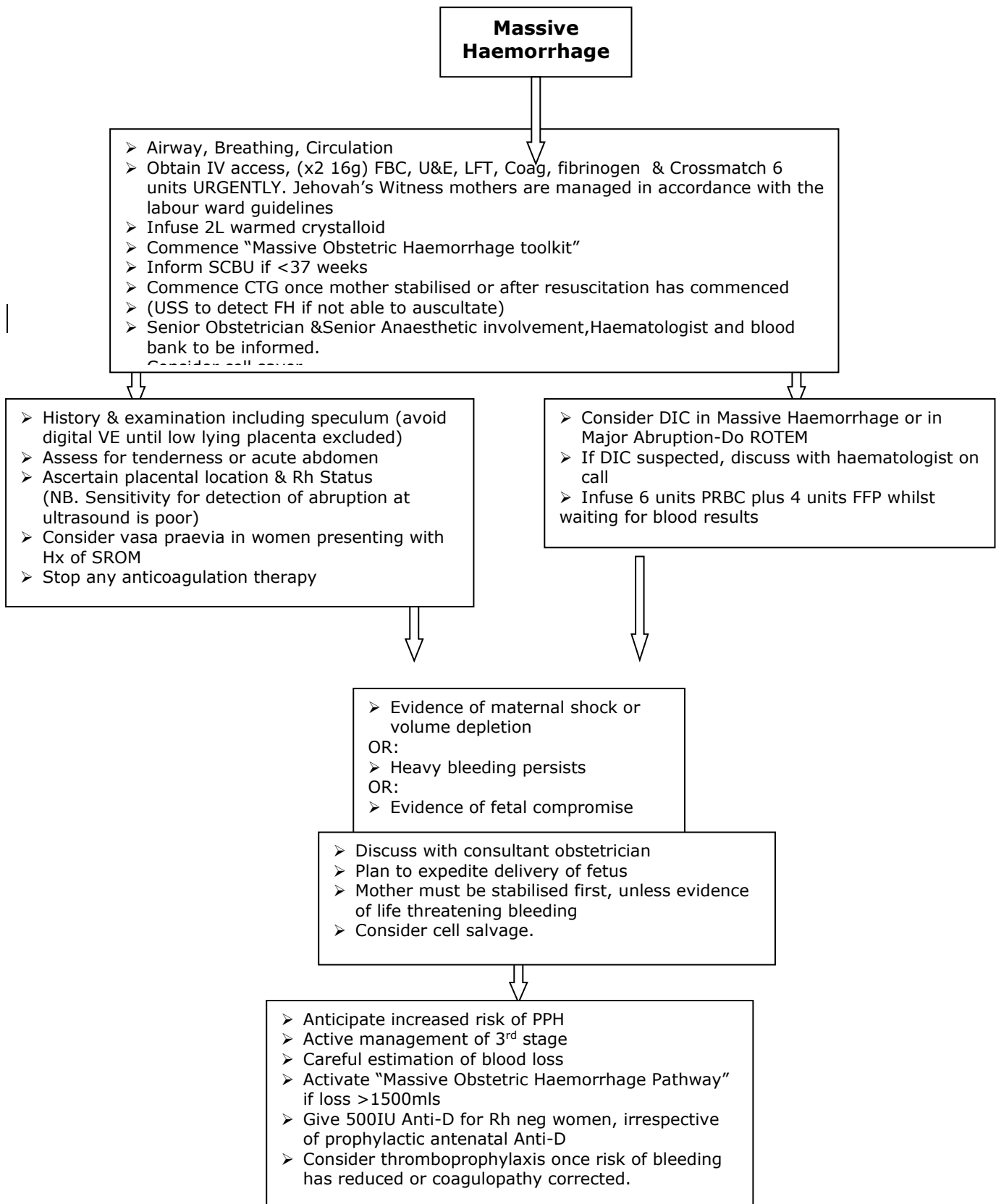
Recurrent APH - >1 occasion of APH

Risk Factors

Placental abruption	Placenta Praevia
<ul style="list-style-type: none">• Previous Hx of abruption• Pre-eclampsia• Fetal growth restriction• Non-vertex presentation• Polyhydramnios• Advanced maternal age• Multiparous• Low BMI• IVF• Intrauterine infection• PROM• Abdominal trauma• Substance misuse• First trimester bleeding• Maternal thrombophilia	<ul style="list-style-type: none">• Previous Hx of praevia• Previous C/S• Hx of TOP• Multiparous• >40 yrs• Multiple pregnancy• Smoking• IVF• Deficient endometrium<ul style="list-style-type: none">• Uterine scar• Endometritis• MROP• Curettage• Submucous fibroid







NB – Complete Datix incident report