

MAJOR OBSTETRIC HAEMORRHAGE Protocol

Merthyr/Cynon ILG (PCH)

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Version:	1

Target Audience:

People who need to know about this document in detail	Authors and owners of policies, procedures and written control documents
People who need to have a broad understanding of this document	<i>Blood Bank, Maternity staff, Board Members, Management Board, Board Committees.</i>
People who need to know that this document exists	All staff involved in the development of Health Board Policies.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
	Outcome:
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Choose an item.



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If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

COMPONENTS:

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

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Introduction

Policy Statement

In the event of a suspected Major Obstetric Haemorrhage (MOH) it is imperative that there is prompt and appropriate action taken, with good communication between the blood transfusion laboratory and the clinical team.

OBSCYMRU is a national pathway aimed at improving the management of blood loss for all pregnant women. It is in use in all maternity departments in Wales. One aspect of OBSCYMRU is the early use of Fibrinogen concentrate alongside red blood cell transfusion in a major Post-partum haemorrhage. This is different from our hospitals current Major Haemorrhage Pathway.

Currently the use of 2 different set of guidelines can cause confusion both on labour ward and in blood bank.

This new document aims to address this clash, meaning that the 2 guidelines can work alongside each other

Scope of Policy

This procedure is intended for use within PCH maternity by clinical specialists within maternity, laboratory and support staff who contribute to the care of women within the department. There is a requirement on all relevant staff to comply with the provisions of this procedure and where requested, to demonstrate such compliance.

It applies to all Obstetric bleeding in women of >24weeks gestation.

Aims and Objectives

The aim of this procedure is to define the responsibilities and roles of the clinical team and the transfusion department in the management of Major Obstetric Haemorrhage (MOH). The objectives of this procedure is to detail the process for delivering the transfusion needs in these patients to ensure prompt control of haemorrhage, return of adequate perfusion and prevention of coagulopathy through early availability and appropriate use of blood components/products.

It should be noted that the NPSA and the BSH Guidelines state that, in major haemorrhage, there should be no delay in obtaining blood components and blood products whilst awaiting the approval of a consultant Haematologist. This is reflected in this document.

The objective of this procedure will be achieved by:

- Summarising the content of this procedure in an easy to use algorithm.
- Highlighting the need for a focus on early control of Major Obstetric Haemorrhage (MOH).
- Stating criteria for activation of Major Obstetric Haemorrhage (MOH) protocol.
- Stating blood components and blood products to be issued on activation of the process.
- Clarifying lines of communication.

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Responsibilities

It is the responsibility of the maternity directorate to communicate with all staff working within the department to be aware of this procedure.

It is also the responsibility of the Pathology directorate to communicate with all Blood bank staff to be aware of this procedure.

Definitions

This procedure is for the use of the maternity directorate and Blood Bank at PCH.

Implementation/Policy Compliance

Implementation will follow a period of staff training. This training will include:

- Walk/run throughs
- Local Face to face training
- Lunchtime meetings
- Instructional video
- Posters and promotional material.

Compliance will be monitored via:

- Regular reviews during maternity weekly 'clinical incident' review meeting where a Datix is triggered with all maternal blood loss of >1500ml and Blood Bank reviews of all activations of the major haemorrhage protocol.

Major Obstetric Haemorrhage Protocol – Activation and Response

- This document describes the pathway to follow to access emergency blood components/products when managing an obstetric haemorrhage. It does not cover the detailed clinical management of the obstetric haemorrhage. For advice on this please consult the OBSCYMRU, All Wales Guideline: Prevention and Management of Postpartum Haemorrhage. This is available on <https://wisdom.nhs.wales>
- Usual OBSCYMRU management of haemorrhage should be undertaken for all pregnant women. All blood loss is measured as soon as possible.
- Once measured (or suspected) blood loss has exceeded 1000ml, stage 2 of OBSCYMRU should be followed. This calls for a Multi-disciplinary approach to further management, based around point of care blood tests and proactive haemorrhage management.
- It is important to rapidly gather the multidisciplinary team (Obstetric Team, Anaesthetic Team, ODP, Band 7, Scrub Nurse) and this should be done via an emergency '2222' call to switchboard: "Obstetric Emergency *location*" The emergency team should promptly respond.

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- It is likely that with OBSCYMRU guided management the bleeding will settle.
- If there is ONGOING measured or suspected blood loss >1500ml then the MAJOR OBSTETRIC HAEMORRHAGE (MOH) PROTOCOL should be activated .

Activate the MOH Protocol

- Nominate a member of the MDT team to be the '**Blood Bank Link**' (band 6 or above). They will act as a communication link between Blood Bank and the clinical team.
- Communication between this nominated 'Blood Bank Link' and blood bank will occur through the dedicated 'emergency phones' on labour ward and any phone in blood bank.
- 'The Blood Bank Link' will:
 - **Use:** 'Labour Ward Emergency Phone' (ext. 62330)
 - **Call:** Switchboard on 2222
 - **State:** "Please activate the **Major Obstetric Haemorrhage (MOH) Protocol for Location**"
- The *location* will be the area of the hospital where the obstetric haemorrhage is occurring. This will usually be Labour Ward, but could also be the main theatres or A&E.
If the *location* is outside labour ward then the emergency (wi-fi) phone will be taken to that location.
If this is not possible then the 'Blood Bank Link' will contact blood bank to provide an alternative number.
- The 'Blood Bank Link' should ensure that both the Obstetric and Anaesthetic Consultants are aware that the MOH Protocol has been activated.

Switchboard:

- **Switchboard** will then send out a voice emergency bleep.
 - To Blood Bank, Porters and all members of the Obstetric Emergency Team mentioned above.
 - The Voice alert will say: "Major Obstetric Haemorrhage activation, *Location*"

Blood Bank

- On receiving this alert, **Blood Bank BMS** will:
 - Call Labour Ward Emergency Phone, speak to 'Blood Bank Link' to get patient details
 - Prepare 2 units of most suitable **blood** for this patient, to hand to porters immediately
 - ⇒ The following RBC may be issued depending on suitability, but they will be sent immediately:
 - Cross matched RBC
 - Group Specific,
 - Electronically Issued (EI)
 - Emergency O Rh D Negative RBC.

⇒ The blood will be issued and sent to labour ward in a clearly labelled, red 2 hour insulated box.

- Prepare another 4 units of blood most suitable for patient.
- The Blood Bank BMS will remain alert to the ongoing emergency until contacted to stand down by the Maternity MDT managing the haemorrhage (via the 'Blood Bank Link')
- If they have not had contact from the Maternity 'Blood Bank Link' within 90 minutes of issuing the blood components/products, to either 'stand down' or to order more blood components/products. The Blood Bank BMS should directly call the labour ward emergency phone to clarify the situation.

Portering involvement:

- Once alerted to the ongoing emergency, via the voice bleep, a duty porter will be assigned to go immediately to Blood Bank to collect the 2 units of blood and transport them to the *location*.
- The porter should stay with the maternity MDT to assist with transport of samples and blood products related to the emergency.
- The porter should stay with the maternity MDT until they are requested to step down.

Maternity MDT actions:

- Once the blood products reach the site of the emergency, the Maternity 'Blood Bank Link' will record the time they arrive and make the whole team aware of their arrival
- The cable ties on the transport box should not be cut until it has been decided that the transfusion needs to take place.
- If the bleeding stops and the blood products are not required then they should be returned to Blood Bank. The 'Blood Bank Link' will use the labour ward emergency phone to contact the Blood Bank BMS to inform them of this.
- If the blood is not used and
 - the cable ties are intact
 - these can be sent back to Blood Bank within 4 hours of the issue time. The units can then be returned to stock
 - the cable ties are NOT intact
 - if they are returned within 30 minutes of the issue time the blood can be returned to stock
 - if they are returned in a time exceeding this 30 minute window the blood will have to be wasted

Ongoing Blood Loss:

- Ongoing management of the haemorrhage by the maternity MDT will continue, following the OBSCYMRU pathway.
- Further blood component/product requirements will be decided based on Point-of-Care-Testing or clinical evaluation. The 'Blood Bank Link' will use the labour ward emergency phone to contact the Blood Bank BMS and specifically request these.
- No further blood components/products will be brought to the Maternity MDT unless specifically requested.
- The porter assigned to the Maternity MDT will be able to transport samples to the lab and blood products from blood bank.
- At any point, the management of the haemorrhage can be discussed with the on-call Haematology consultant (via switchboard).
- Following the OBSCYMRU pathway is broadly considered best practice in the management of Obstetric Haemorrhage (in Wales) and should only be deviated from with documented reasoning.
- If the bleeding stops and the blood components/ products are not required then they should be returned to Blood Bank. The 'Blood Bank Link' will use the labour ward emergency phone to contact the Blood Bank BMS on the Blood bank emergency phone to inform them of this.

Once bleeding has settled:

- The 'Blood Bank Link' should stand down Blood Bank and Porters
- Ensure the OBSCYMRU pathway is completed.
- Ensure a Datix is complete for all activations of the MOH
- Complete the All Wales Transfusion Record (AWTR) – this can be done in retrospect after the event.
- In the event of transfusing during an emergency the sticky donation/batch number labels of any blood products/components used must be placed on the AWTR with a date and start time for each unit administered. This should be done at the time of administration of each blood component/product.
- After the event, ALL parts of the AWTR must be completed in full for all components/products given and fated through the Blood Bank Telepath system as having been administered to the patient, with dates and times. A retrospective '999' code can be used to fate all components/products given in major haemorrhage.
- Any unused blood components/products should be returned to Blood Bank at the earliest opportunity. (see sealing and timing guidance above)

Clinical audit standards

This standards contained in this clinical guideline will be subject to regular audit, with multidisciplinary review of the audit results and appropriate recommendations made and implemented. Standards that can be audited include the appropriateness of referrals to the anaesthetic clinic and failure of referral when it should have occurred. The use and effectiveness of this guideline will also be monitored via risk management via incident reporting, individual patient case reviews, user feedback.

Action plans will be formulated to address shortfalls / non-compliance and associated risks. These action plans will be monitored through the department clinical governance processes.

Equality Impact Assessment Statement

- Please bear in mind that all clinicians must take full consideration of Equality issues when treating patients.
- For women who need access to information in other languages, please remember the option of, LanguageLine (see the Accessing an Interpreter, Intranet Page)
- It is possible for Trans* men or non-binary individuals to get pregnant and the use of the term “woman” throughout this guidance should not preclude these individuals from also being treated with care and respect as per their gender identity (This is obviously going to be very uncommon in practice, but it’s something that could happen, and there have been recent issues in other departments).

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

Either statement needs to be approved by a member of the Equality team (CTM_Equality@wales.nhs.uk), and the date this was done noted.

References

RCOG Green-top guideline No 52, Royal College of Obstetricians and Gynaecologists, December 2016
<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg52/>

WHO, *WHO Recommendations for the Prevention and Treatment of Postpartum Haemorrhage*, WHO Guidelines, 2012

National Patient Safety Agency (2006) *Safer Practice Notice 14: Right patient, right blood*. October 2006. NPSA/2006/14.

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www.npsa.nhs.uk/site/media/documents/2009_0316FEB06_V20_WEB.pdf

A practical guideline for the Haematological Management of Major Haemorrhage - British Society for Haematology - July 2015 (updated March 2017).

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Appendix 1:

PCH Major Obstetric Haemorrhage (MOH) Flow Chart



Applies to Prince Charles Hospital only

Applies to Prince Charles Hospital only