managing maternal hemorrhage

NYC Health New York City Department of Health and Mental Hygiene

Important phone numbers:

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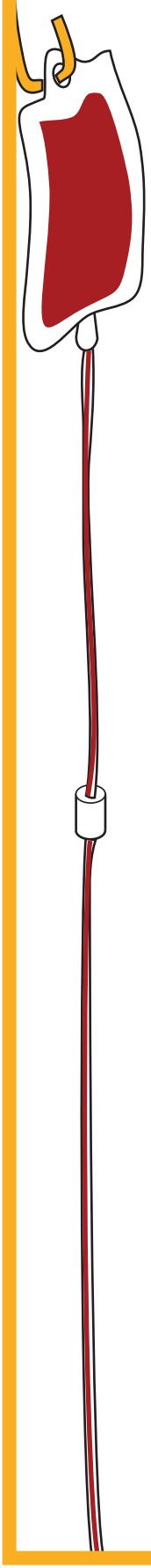
The American College of Obstetricians and Gynecologists/District II (ACOG)



Vital Signs Normal vitals don't guarantee patient stability

- **Airway—intubate**
  If inadequate ventilation or to assist airway protection
- **Breathing**
  Supplemental O2, 5-7 L/min by tight face mask to assist O2 carrying capacity
- **Circulation**
  Pallor, delayed capillary refill and decreased urine output can indicate compromised blood volume without change in BP or HR.

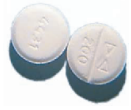
  Late signs of compromise are: decreased urine output, low BP and tachycardia.

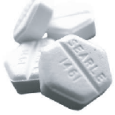
Infusions

- **Start 2nd large bore (16 gauge or larger)**
- **RL or NS replaces blood loss at 3:1**
- **Volume expanders 1:1 (albumin, hetastarch, dextran)**
- **Transfusion (PRBC, Coagulation factors)**
- **Warm blood products and infusions to prevent hypothermia, coagulopathy and arrhythmias**

Medication for uterine atony

- **Oxytocin**
  10-40* units in 1 liter NS or RL IV rapid infusion
  *30-40 units/liter most commonly used dose for hemorrhage
- **Methylergonovine (Methergine)**
  0.2 milligrams intramuscular q 2-4 hrs maximum 5 doses; avoid with hypertension
- **Prostaglandin F2 Alpha (Hemabate)**
  250 micrograms intramuscular, intramyometrial, repeat q 20-90 minutes, maximum 8 doses; avoid with asthma or hypertension
- **Prostaglandin E2 suppositories (Dinoprostone, Prostin E2)**
  20 milligrams per rectum q 2 hrs; avoid with hypotension
- **Misoprostol (Cytotec)**
  1000 micrograms per rectum or sublingual (ten 100 microgram tabs or five 200 microgram tabs)





- **Surgical interventions**
  May be a life-saving measure and should not be delayed

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