

Appendix K: Obstetric Hemorrhage Risk Factor Assessment Screen

(Risk factors added since Obstetric Hemorrhage Toolkit V2.0, 2015, are shaded)

Blood bank recommendations should be highly localized. Many institutions no longer hold a specimen in the blood bank, others utilize automated technology to type and screen all obstetric patients. An example of a risk-based approach is included in the table below.

ADMISSION AND LABOR RISK FACTORS		
Low	Medium	High
MONITOR FOR HEMORRHAGE <i>Routine obstetric care</i>	NOTIFY CARE TEAM <i>Personnel that could be involved in response are made aware of patient status and risk factors</i>	NOTIFY CARE TEAM MOBILIZE RESOURCES <i>Consider anesthesia attendance at delivery</i>
<i>Specimen on hold in blood bank</i>	<i>Type and screen</i>	<i>Type and cross, 2 units on hold</i>
No previous uterine incision	Prior cesarean(s) or uterine surgery	Placenta previa, low lying placenta
Singleton pregnancy	Multiple gestation	Suspected/known placenta accreta spectrum
≤ 4 vaginal births	> 4 vaginal births	Abruption or active bleeding (> than show)
No known bleeding disorder	Chorioamnionitis	Known coagulopathy
No history of PPH	History of previous postpartum hemorrhage	History of > 1 postpartum hemorrhage
	Large uterine fibroids	HELLP Syndrome
	Platelets 50,000 - 100,000	Platelets < 50,000
	Hematocrit < 30% (Hgb < 10)	Hematocrit < 24% (Hgb < 8)
	Polyhydramnios	Fetal demise
	Gestational age < 37 weeks or > 41 weeks	2 or more medium risk factors
	Preeclampsia	
	Prolonged labor/Induction (> 24 hrs)	
ADDITIONAL BIRTH AND ONGOING POSTPARTUM RISK FACTORS*		
ROUTINE CARE	INCREASED SURVEILLANCE POSTPARTUM CARE TEAM ASSESSES RESPONSE READINESS	
	Cesarean during this admission – <i>especially if urgent emergent/2nd stage</i>	Active bleeding soaking > 1 pad per hour or passing a ≥ 6 cm clot
	Operative vaginal birth	Retained placenta
	Genital tract trauma including 3rd and 4th degree lacerations	Non-lower transverse uterine incision for cesarean
	Quantitative cumulative blood loss 500-1000 mL with a vaginal birth	Quantitative cumulative blood loss ≥ 1000 mL or treated for hemorrhage
		Received general anesthesia
		Uterine rupture

*The Joint Commission requires that an assessment using an evidence-based tool for determining maternal hemorrhage risk be completed on admission to labor and delivery and on admission to postpartum. These delivery and ongoing postpartum factors should be included in addition to admission factors in the risk assessment.

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