

Comprehensive maternal hemorrhage protocols improve patient safety

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In a study to be presented on February 16 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in San Francisco, researchers will report findings that suggest comprehensive maternal hemorrhage protocols reduce utilization of blood products and improve patient safety.

A study performed at Dignity Health, the fifth largest [health care system](#) in the United States with 31 obstetrical units, showed that the implementation of a standardized comprehensive maternal hemorrhage (CHP) protocol directed towards prevention and treatment of maternal hemorrhage significantly reduced blood product utilization and resulted in a 45% reduction in puerperal [hysterectomy](#).

"The study shows that by following a standardized approach and having a dedicated hemorrhage cart allowing immediate availability of all the commonly used items in the event of a maternal hemorrhage, we are able to significantly reduce the amount of blood products needed as well reduce the severity of maternal hemorrhaging," said Dr. Larry Shields, director of Maternal-Fetal Medicine at Marian Regional Medical Center in Santa Maria, Calif. "The study was conducted at hospitals with small and large obstetrical units as well as those local in major cities and in [rural hospitals](#)."

There were 20,890 deliveries involved in the study and it produced significant percentages in blood product savings. By following the protocol there was a reduction of 22.4 percent in the number of [red](#)

[blood cells](#) units, 31.4 platelets units, and a 58.1 percent reduction in the need for cryoprecipitate. The number of patients who required four or more units of blood was reduced by 88 percent.

There were four protocol stages designed to respond to varying degrees of [blood loss](#) for patients and one element of comprehensive maternal hemorrhage is the doctor needs to be on site beginning at stage 2. The stages are the following: Stage 1: bleeding greater than expected; Stage 2: bleeding not responding to conservative measures; Stage 3: blood loss in excess of 1500mL; and Stage 4: higher level of postpartum care monitoring.

"The study clearly shows that compliance leads to four major findings," said Shields. "Less blood is needed, there is less morbidity, less hysterectomies and fewer patients needs large amounts of blood." Shields went on to say, "Unfortunately, maternal [hemorrhage](#) is a common problem and this is clearly a relatively simple and effective way to improve maternal safety."

More information: [www.smfmnewsroom.org/wp-content ... ds/2013/01/79-86.pdf](http://www.smfmnewsroom.org/wp-content/uploads/2013/01/79-86.pdf)

Provided by Society for Maternal-Fetal Medicine

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