Management of antepartum haemorrage

NON- SPECIALIST HOSPITAL

NB - Emergency trolley ready at all times (Checked by sister at every shift & by doctor daily)

- History
- Vital signs/Pain assessment
- Estimate blood loss
- Abdominal palpation (gentle)

The serious causes of APH are:
Placenta Praevia
Placenta Abruption
Vass Praevia (rare)

- *Emergency trolley
- IV Cannula (16g)
- Collect blood for: Hb, Group & cross Match
- IV Fluids if necessary

Is there danger to mother or fetal distress?

YES

- Resuscitate
- Communicate and transfer to specialist hospital promptly
- Accompanied by doctor / Midwife

NO

- 24 hours observation of mother and baby in hospital
- Refer to Specialist Hospital for further assessment and care
- Advise patients regarding;
  - ✓ Importance of further investigation in Specialist Hospital (E.g.: Ultrasound examination)
  - ✓ Warning signs-
    Decrease fetal movements.
    Further bleeding
    Abdominal pain

SPECIALIST HOSPITAL

Assessment

NB - Emergency trolley ready at all times (Checked by sister at every shift & by doctor daily)

History
Vital signs/Pain assessment
Estimate blood loss
Abdominal palpation (gentle)

The serious causes of APH are:
- Placenta Praevia
- Placenta Abruption
- Vass Praevia (rare)

Is there danger to mother or fetal distress?

Yes

Summon help
- Obstetrician /Registrar
- Blood bank officer/Haematologist
- Anaesthetist
- ICU
- Pediatrician

Resuscitation (Concurrent management)
IV cannula16G; Saline, or Hartman
Collect blood:
- o Full blood count
- o Group & Cross-match
- o Coagulation profile
- o *FMH test (Ideal) for Rh negative women-Anti-D if required
- o If significant blood loss- increase fluid/blood/blood products
- o Oxygen
- o Indwelling urinary catheter
- o Monitor fetal heart rate (available)/continuous Cardiotocography (CTG)
- o Ongoing maternal monitoring: vital signs, blood loss

*NB: **Kleihauer** now known as: Assessment of Feto-Maternal Haemorrhage **(FMH)** Use 9ml EDTA blood collection tube.

Confirm diagnosis/gestation
Ultrasound
Speculum examination (If no praevia)

Mother & Fetus stable?

No

Timing and mode of delivery determined by gestation and maternal /fetal status

Yes

NO

Management –according to gestation and diagnosis
- Clinical history and examination
- Consider analgesia
- Ultrasound to confirm placental site
- Speculum (If no Placenta Praevia)
- If RH negative: *FMH test (Ideal) /Anti D if required

Different diagnosis:
- o Placenta praevia
- o Placental abruption
- o Other causes

Ongoing management is individualized according to gestation, diagnosis and patient condition.
Principles may include:

20-24 Weeks
Admission
Rest in bed
Maternal monitoring
Paediatric consultation

24-36Weeks
Consider corticosteroids (usually 24-34 weeks)
Continued fetal surveillance
Anti D if RH negative
Paediatric consultation

36 weeks
Praevia
Expectant management
Elective C.S.
Abruption
Expectant management
Consider induction 37 weeks+, earlier if fetal or maternal distress

Low Risk
High Risk

Documentation at every step is mandatory

Sri Lanka College of Obstetrics and Gynaecology
Health sector development Project
Guidelines- **Management of antepartum haemorrage**