

POST PARTUM HAEMORRHAGE AUDIT TOOL 2004

Patient ID label



Mother and baby

Gravida _____ Para _____ (prior to birth) DOB of baby: ___/___/___
 BMI Time of birth _____
 Antenatal Hb Date of last result ___/___/___ Weight _____gms
Result (g/L) _____ Gestation _____
 Postnatal Hb Date of result ___/___/___
Result (g/L) _____
 Artificial reproductive technology this pregnancy?
 Yes No

Risk factors for PPH

Grand multiparity(>5) Yes No
 Multiple pregnancy Yes No
 Polyhydramnios Yes No
 Macrosomia Yes No
 Fibroids Yes No
 Past history PPH Yes No
 Induction of labour Yes No
 Prolonged first stage of labour >12 hours
 Yes No
 Prolonged active second stage of labour >2 hours
 Yes No
 Retained placenta Yes No
 APH Yes No
 Other _____

Labour

Onset Spontaneous Augmented Induction
 Induction / augmentation indication _____
 Induction / augmentation method (s)
 Cervadil Prostin ___mg Mechanical
 Syntocinon ARM
 Syntocinon 16g intracath used
 Yes No
 Length of use (hrs) _____
 Maximum dose used(mls/hr) _____
 Epidural Yes No
 Type of Birth: NVD Forceps (type) _____ Ventouse (type) _____
 Emergency C/S FTP Fetal Distress
 Length of: 1st stage _____ 2nd stage _____ 3rd stage _____

POST PARTUM HAEMORRHAGE AUDIT TOOL 2004

Third Stage

- Management Active planned Active unplanned
 Physiological planned Physiological unplanned
- Oxytocic type Syntometrine Syntocinon Ergometrine
- Oxytocic route IV IM
- Oxytocic timing Anterior shoulder 1-2 mins after birth 2-5 mins after birth
- Oxytocin given by: Accoucher 2nd Midwife
- Responsibility for oxytocin administration identified prior to birth
 Yes No
- Mode of delivery of 3rd stage
 CCT Dublin Manual Removal
 Physiological
- Cord Blood Donation Yes No
- Placenta Complete Incomplete
- Membranes Complete Incomplete
- Blood loss estimated Visual Weighed
- Blood loss total 500-999mls 1000-1500mls >= 1500 mls
- Suturing required Yes Episiotomy Tear
- Time from birth to repair of perineal trama _____

Postpartum haemorrhage (PPH)

- Time of recognition of PPH _____
- The woman was Symptomatic Asymptomatic
- DIC Yes No
- Major cause of bleeding Tone Trauma site Tissue Thrombin

Management of PPH

- PPH drug box used Yes No
- PPH kit used Yes No
- In attendance for PPH Consultant obstetrician Obstetric Registrar
 Anaesthetist AUM/Unit Manager
- 'Rubbing up' of fundus Yes No
- Additional oxytocic given (name, dose and route) _____
- Additional oxytocic repeated
 Yes No
- Syntocinon infusion (40u) Yes No
- Misoprostol given Yes No
- Pg F2 alpha given Yes No
- IV fluids(no.of litres) Haemocel Hartmanns Other _____
 Blood transfusion (number of units) _____
- Total IV fluids postpartum (litres) _____
- Urinary catheter Yes No

Advanced management of PPH

- Operating theatre Yes No Caesarean section
- EUA Yes No
- Internal iliac arteries ligation
 Yes No
- Uterine arteries ligation Yes No
- B Lynch suture Yes No
- Hysterectomy Yes No
- Radiological intervention (embolisation)
 Yes No
- Other _____
- Transferred to HDU/ICU Yes No