Postpartum Hemorrhage Drill Checklist

Preventing Postpartum Hemorrhage: A Matter of Patient Safety
Wisconsin Association for Perinatal Care

This checklist is designed to use with a regularly scheduled postpartum hemorrhage drill. Just as hospitals do fire drills and shoulder dystocia drills, all hospitals whose staff deliver babies need to do postpartum hemorrhage drills. The drill tests the ability of a system of people to respond to obstetric emergencies to keep patients safe. The drill is for:

- physicians and nurse midwives
- nurses
- pharmacists
- laboratory and blood bank staff
- anesthesia and surgery staff
- radiology staff

Remember: Most deaths from postpartum hemorrhage occur due to delay in recognition and intervention.

Checklist

**Section I:** The following items are either on the unit or readily available:

- Antishock trousers
- Blood warmers
- Fibrin glue
- Foley catheter (2)
- Hemorrhage surgical kit (*see next page for a list of items in the kit)
- IV solutions: Ringer’s lactate or normal saline
- IV equipment: other
- Lab draw equipment
- O negative blood
- Oxygen
- Oxytocin, carboprost, methylergonovine, and misoprostol
- Pulse oximeter
- Scale to weigh pads
- Uterine packing material
- Handouts from the WAPC Fall, 2003, Regional Forums on “Preventing Postpartum Hemorrhage: A Matter of Patient Safety”

**Section II:** The following are laminated and displayed in a common area that is readily accessible to physicians, nurse midwives, nurses, and other staff who might need the information:

- WAPC “Algorithm for Postpartum Hemorrhage”
- WAPC list of “Uterotonic Agents for Postpartum Hemorrhage”
- Diagram of the B-Lynch compression suture technique
Section III: Contents of Hemorrhage Surgical Kit

*A Hemorrhage Surgical Kit* that contains the following is available where deliveries take place:

**Vaginal retractors (3)**
- Heaney
- Briesky-Navratil

**Packing**
- 5-yard roll
- Vaginal pack

**Sponge forceps (4)**

**Eyed Needles**
- straight
- curved

**Sutures**
- No. 1 or 2 chromic catgut
- No. 1 Vicryl

**Diagrams**
- B-Lynch compression sutures
- Vessel ligation

**Balloon tamponade (optional)**
- Sengstaken-Blakemore tube
- R_sch urological balloon

Section IV: There is a process in place for
___ Urgent Chain of Command
___ Typing and screening or cross-match protocol
___ Stat laboratory tests
___ Anesthesia services
___ Obtaining pharmacy, laboratory, blood bank, radiology, and surgery services
evenings and nights, weekends, and holidays
___ Transfer/transport options
Section V: Telephone numbers are readily accessible for
___Anesthesia
___Radiology
___Staff physicians
___Staff midwives
___Resource physicians, such as surgeon, GYN oncologist, interventional radiologist, and others
___Pharmacy (off hours)
___Laboratory (off hours)
___Blood bank (off hours)
___Emergency Medical Services

Section VI: Recognizing heavier than normal bleeding
___All staff members know that heavier than normal bleeding may be a gush of blood; slow, steady trickle; several small clots; or one large clot. They know to pay attention and think ahead when they notice the first episode.