ANTEPARTUM HAEMORRHAGE (APH): MATERNAL FETAL ASSESSMENT UNIT – QUICK REFERENCE GUIDE

This Quick Reference Guide must be used in conjunction with its respective Clinical Guideline Antepartum Haemorrhage (APH). Medical and midwifery staff should be familiar with the contents of the full guideline.

All women presenting to the Family Birth Centre with either a suspected or confirmed APH must be transferred immediately to MFAU for assessment.

CRITERIA FOR REFERRAL

Bleeding from the genital tract after 20 completed weeks gestation. All women with APH require medical review at registrar level following initial assessment.

DEFINITIONS

Spotting
Staining, streaking, or blood spotting.

Minor haemorrhage
Blood loss less than 50 mL, settled.

Major haemorrhage
Blood loss 50-1000 mL, no signs of clinical shock

Massive haemorrhage
Blood loss greater than 1000 mL, and/or signs of clinical shock.

ASSESSMENT

If the patient is haemodynamically unstable then dial 55 ‘CODE BLUE MEDICAL’ and initiate resuscitation.

1. Document history to include reference to the following:
   - onset of vaginal bleeding e.g. spontaneous, post coital, following trauma
   - type of bleeding – fresh, old, watery, or mucoid
   - amount and rate of blood loss
   - pain and uterine activity – e.g. location and type of pain or strength and frequency of contractions
   - continued active bleeding

2. Perform baseline maternal observations and observe vaginal loss.

3. Fast.

4. Note abdominal status – e.g. contractions, tenderness, tone.

5. Auscultate the fetal heart rate (FHR). Commence a CTG if:
   - Actively bleeding and / or
   - Any uterine activity or tenderness and / or
   - Concern about the FHR on auscultation

Note: if the woman is ≤ 23 weeks gestation, consultation with the Obstetric Registrar is necessary before commencement of the CTG.
6. Insert a 16 gauge cannula for intravenous (IV) access:
   - if active bleeding continues
   - uterine activity or tenderness is present
   - for major haemorrhage and massive haemorrhage
     **Note:** if massive haemorrhage insert 2 large bore cannula.

7. Order and perform the following blood tests:
   - **Minor APH** – Full blood picture (FBP), group and hold. If abnormal platelet count, perform a coagulation screen.
   - **Major or Massive APH** – FBP, Cross-match 4 units, coagulation screen, Urea and electrolytes (U&Es), liver function tests (LFTs).
   - **Placenta Praevia** – management according to blood loss. A Group and hold should be performed weekly, and/or after each readmission to hospital.

8. Request a Kleihauer on women in the following circumstances:
   - if Rhesus **negative**
   - if experienced significant abdominal trauma
   - have a CTG showing a sinusoidal pattern
   - have a persistently non reactive CTG with reduced variability and an ultrasound showing an inactive fetus.

9. Arrange medical review at Registrar level

10. Follow the flow chart on the next page for 'Initial assessment of a woman presenting with an APH'
FLOW CHART OF INITIAL ASSESSMENT OF WOMAN PRESENTING WITH APH

1. Woman presents to Maternal Fetal Assessment Unit with an Antepartum Haemorrhage

2. Is the woman haemodynamically unstable and/or is there evidence of significant Abruptio i.e. tender/hard/woody uterus?
   - NO: Perform baseline observations, assess uterus and vaginal loss
   - YES: Call for medical assistance, commence resuscitation

3. Is there active bleeding?
   - NO: Is there any uterine activity or tenderness?
   - YES: Commence CTG, urgent review by obstetric registrar or consultant

4. Is there concern about the FHR on auscultation?
   - NO: Is the placenta low lying?
   - YES: Obtain IV access, FBC, group and hold

5. Is the placenta low lying?
   - NO: Arrange review by Obstetric registrar or Consultant
   - YES: Arrange USS for placental localisation

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All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual

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