

POSTPARTUM HEMORRHAGE (PPH) RISK ASSESSMENT TABLE • 1.1

CLINICIAN GUIDELINES:

- Each box ☐ represents ONE risk factor. Treat patients with 2 or more medium risk factors as high risk.
- Prenatal risk assessment is beyond the scope of this document, however performing
 a prenatal hemorrhage risk assessment and planning is highly recommended. Early
 identification and management preparation for patients with special considerations
 such as placental previa/accreta, bleeding disorder, or those who decline blood
 products will assist in better outcomes.
- Adjust blood bank orders based on the patient's most recent risk category. When a patient
 is identified to be at high risk for hemorrhage verify that the blood can be available on the
 unit within 30 minutes of a medical order.
- Plan appropriately for patient and facility factors that may affect how quickly the blood is delivered to the patient. For example,
 - Patient issues: Pre-existing red cell antibody
 - Facility issues: Any problems at your facility related to the blood supply and obtaining blood

RISK CATEGORY: ADMISSION			
	Low Risk	Medium Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High Risk
	☐ No previous uterine incision	☐ Induction of labor (with oxytocin) or Cervical ripening	☐ Has 2 or More Medium Risk Factors
	☐ Singleton pregnancy	☐ Multiple gestation	☐ Active bleeding more than "bloody show"
	□ ≤4 Previous vaginal births	□ >4 Previous vaginal births	☐ Suspected placenta accreta or percreta
		☐ Prior cesarean birth or prior uterine incision	☐ Placenta previa, low lying placenta
	☐ No known bleeding disorder	☐ Large uterine fibroids	☐ Known coagulopathy
	☐ No history of PPH	☐ History of one previous PPH	☐ History of more than one previous PPH
		☐ Family history in first degree relatives who experienced PPH (known or unknown etiology with possible coagulopathy)	☐ Hematocrit <30 <u>AND</u> other risk factors
		☐ Chorioamnionitis	☐ Platelets <100,000/mm3
		☐ Fetal demise	
		□ Polyhydramnios	
Anticipatory Interventions Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.			
□ Blood Bank Order: Change blood bank orders as needed if risk catego- ry changes	☐ Clot Only (Type and Hold)	☐ Obtain Type and Screen	☐ Obtain Type and Cross (See Clinical Guidelines)
		□ Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist	□ Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist
			☐ Consider delivering at a facility with the appropriate level of care capable of managing a high risk mother

©2017 by the Association of Women's Health, Obstetric and Neonatal Nurses. All rights reserved. Requests for permission should be directed to permissions@awhonn.org. The Postpartum Hemorrhage (PPH) Risk Assessment Table is exemplary and does not include all possible patient complaints or conditions. The PPH Risk Assessment Table is designed to guide clinical decision-making but does not replace clinical judgment.

To access the full 3 page Risk Assessment Tool, users may visit www.AWHONN.org and enroll in the Postpartum Hemorrhage online education course.

Appendix 2. Reprinted with permission from The AWHONN Postpartum Hemorrhage Project. Postpartum hemorrhage (PPH) risk assessment table 1.0. Available at: https://mygnosis.com > assets > pdfs > PPH_Risk_Assessment_Table-7-17-15. Retrieved September 18, 2019. The authors provided this information as a supplement to their article.