



POSTPARTUM HEMORRHAGE

A Planned Intervention for Redland Maternity

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Key Problem

QLD statewide guideline 2010 - 5.9 % of Birthing women IN QLD suffered PPH

Our figure is 15%

We looked at risk factors

Antenatal anemia – common.

1/5 Anemic at 36 Weeks (of those who had PPH)

Anemia at Booking 2.1%

Anemia at 36 weeks-19.3%

Anemia Post Partum -34%

Aim of this innovation

- Reduce Postpartum Morbidity from PPH and blood transfusion rate
- Reduce need for Fe infusion
- Improve breastfeeding rates as a result of decreasing maternal anaemia

Key Changes Implemented

Things we can control (as clinicians)

- Healthy lifestyle clinic - optimise risk factors
- Review current IOL practices
- Increase VBAC attempt rates
- Weigh blood losses at delivery
- Implementation of structured 3-monthly audit for PPH
 - Including all of above along with review of adherence to active 3rd stage policy
- **Hb optimisation – implementation of new initiative**

Things that require management input:

- After hours OT services (currently OT staff off site 2200-0700)

Our innovation

- Check Ferritin and FBC at Booking and at 28 weeks
- Check FBC at 32-34 weeks
- < 80 fl MCV and or < 27 MCH do Hb electrophoresis exclude Hemoglobinopathies
- Hb < 110 and low ferritin < 30 start on Fe 60 mg
- If Hb < 70 and low ferritin < 30 OR drop of Hb > 15 , start on Fe 100mg
- If Ferritin normal and/or MCV.100 test B12 and Folate and treat appropriately
- Insufficient rise in Hb or poor compliance consider Fe infusion or Ferrinject
- Repeat FBC, Ferritin, B12, Folate as required 6 weeks post partum with GP

Outcomes so far

Note - this innovation only started 2017, however

- Nearly 20% patients needing Fe at 34 weeks
- We had 2 Fe infusions this year
- No blood transfusions so far
- Good response from the patients

Lessons Learned

Early days so far...

But we know we can

- Better identify at risk patients
- Ensure these patients have the best opportunity to make improvements to their anaemia
- Offer multidisciplinary care through involvement of midwives and dietitians
- Act early, thereby decreasing antenatal anaemia rates which in turn leads to decreased PPH rates along with the associated morbidity

