

# 5.05 UNCONTROLLED HEMORRHAGE BEFORE OR DURING LABOR – PUBLIC COMMENT APRIL2024

## BLS – FAQ Link

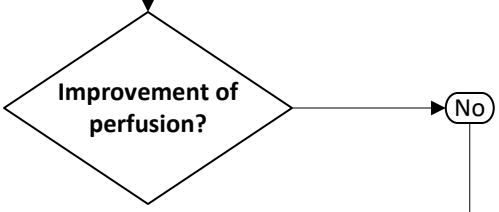
**DRAFT  
VERSION**

Assess **Vital Signs**, ABC's and responsiveness, **Oxygen** PRN  
Note amount of external bleeding and for any signs of active labor.

## ALS

IV/IO of **Normal Saline** TKO.  
IV/IO of **Normal Saline** bolus if SBP < 90.  
 Repeat **Normal Saline** bolus of 500mL until SBP > 90 mm Hg and improvement of perfusion.  
Reassess blood loss every 3-5 min.

If hypoxic, **Oxygen** PRN with goal of 94-98%  
Left Lateral Trendelenburg position for transport.




Second IV with **Normal Saline** bolus if no improvement.  
Begin pressure infusions with both IVs. Continue infusions as long as hemorrhage persists.  
 Additional boluses PRN.

  
Report any incident of suspected domestic violence to emergency department staff

**Comments**

Left Lateral Trendelenburg is important for maintaining return of blood flow to the maternal heart by displacing the uterus off IVC (return vasculature).

 Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.

Effective: xxxxxx  
Supersedes: NEW

## 5.05 Uncontrolled Hemorrhage Before or During Labor – Public Comment April 2024

ALS Treatment
<ul style="list-style-type: none"><li>• Note amount of external bleeding and for any signs of active labor</li><li>• IV/IO of <b>Normal Saline</b> TKO.</li><li>• IV / IO of <b>Normal Saline</b> bolus if SBP &lt; 90. Repeat <b>Normal Saline</b> bolus of 500 mL until SBP &gt; 90 mm Hg and improvement of perfusion.</li><li>• Reassess blood loss and VS every 3-5 min.</li><li>• <del>High flow <b>Oxygen</b> 10-15 L/min via non-rebreather mask.</del></li><li>• If hypoxic, <b>Oxygen</b> PRN with goal of 94-98%</li><li>• <b>Left Lateral</b> Trendelenburg position for transport.</li><li>• <del>Reassess blood loss and VS every 3-5 min.</del></li><li>• <del>IV / IO of <b>Normal Saline</b> bolus if SBP &lt; 90. Repeat <b>Normal Saline</b> bolus of 500 mL until SBP &gt; 90 mm Hg and improvement of perfusion.</del></li><li>• Second IV with <b>Normal Saline</b> bolus if no improvement. Begin pressure infusions with both IVs. Continue infusions as long as hemorrhage persists. Additional boluses PRN.</li></ul>
Comments
<ul style="list-style-type: none"><li>• Left Lateral Trendelenburg is important for maintaining return of blood flow to the maternal heart by displacing the uterus off IVC (return vasculature)</li><li>• Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.</li></ul>