

5.05 UNCONTROLLED HEMORRHAGE BEFORE OR DURING LABOR – EMSAC APRIL 2024

BLS – [FAQ Link](#)

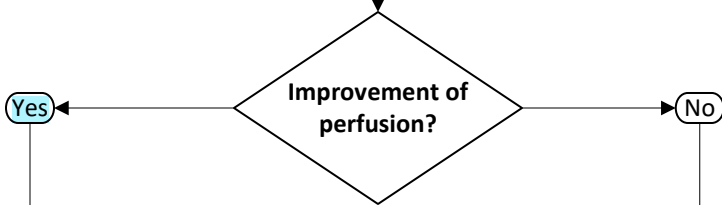
**DRAFT
VERSION**

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.



Provide routine care as indicated.

Second IV with **Normal Saline** bolus if no improvement.
Begin pressure infusions with both IVs. May give additional boluses PRN as long as hemorrhage persists, but do not delay transport.

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.

Report any incident of suspected domestic violence to emergency department staff

Effective: xxxxxx
Supersedes: NEW

5.05 Uncontrolled Hemorrhage Before or During Labor – EMSAC April 2024

ALS Treatment
<ul style="list-style-type: none">• Note amount of external bleeding and for any signs of active labor• IV/IO of Normal Saline TKO.• IV / IO of Normal Saline bolus if SBP < 90. Repeat Normal Saline bolus of 500 mL until SBP > 90 mm Hg and improvement of perfusion.• Reassess blood loss and VS every 3-5 min.• High flow Oxygen 10-15 L/min via non-rebreather mask.• If hypoxic, Oxygen PRN with goal of 94-98%• Left Lateral Trendelenburg position for transport.• Reassess blood loss and VS every 3-5 min.• IV / IO of Normal Saline bolus if SBP < 90. Repeat Normal Saline bolus of 500 mL until SBP > 90 mm Hg and improvement of perfusion.• Second IV with Normal Saline bolus if no improvement. Begin pressure infusions with both IVs. Continue infusions May give additional boluses PRN as long as hemorrhage persists, but do not delay transport. Additional boluses PRN.
Comments
<ul style="list-style-type: none">• 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.