

Bleeding news



Postpartum hemorrhage protocols and benchmarks: improving care through standardization

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Postpartum hemorrhage (PPH) has many special features, including the need for a multidisciplinary coordinated management to achieve an optimal outcome, but also the pre-partum optimization, the drafting and implementation of a local protocol, or the actual management of PPH. In this regard, one of the recurring aspects for improvement in the recommendations is the estimation of blood loss. An underestimation of bleeding will lead to a delay in diagnose, and therefore, in treatment. It must be noted that every 5-minute delay has been connected to a 31% increase in hypotension and a 34% increase in transfusion. Therefore, measures should be implemented to allow a qualitative measurement of bleeding, and thus a faster response.

To achieve an appropriate management, it is important to control any potential cognitive biases, as well as to coordinate the teamwork. Standardized protocols have proven to be the most useful tools in this regard. However, this is always dependent on the appropriate implementation, which may require continuous follow-up or auditing. Nevertheless, there is no uniformity as to which should be the reference parameters or what measurements should be used to assess the implementation of a protocol.

The authors suggest as basic measures in the protocol: early use of uterotonics and tranexamic acid, as well as the intrauterine balloon, since these have proven to be the most effective measures. As for the response time, they suggest an observational study assessing the implementation of a stage-based protocol, the need for the transfusion of 4 PRBCs or more, the need for additional measures, or the admission to the ICU.

In summary, this is an interesting article, since it highlights the key points for the appropriate implementation of a PPH management protocol. To that end, it insists on the team composition and permanent auditing.