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| Document Title: | EMERGENCY TRANSPORT OF BLOOD SPECIMENS IN THE EVENT OF MAJOR OBSTETRIC HAEMORRHAGE | | |
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| Related Trust Policies (to be read in conjunction with) | 04071 Standard Infection Prevention 04072 Hand Hygiene 04184 Blood Transfusion Policy 13012 Major Haemorrhage Management 09002 Guideline for management of preterm labour to incorporate the administration of intravenous atosiban 05110 Guideline for the management of eclampsia and severe pre-eclampsia 04252 Maternal collapse 04234 Management of postpartum haemorrhage 08092 Mandatory Training Policy |
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| 1.0 | Anne Smith | | April 2007 |
| 2.0 | Simon Bishop | | September 2008 |
| 2.1 | | Equality and diversity; audit and monitoring update | January 2010 |
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| 4.1 | Paula Hollis | Clarification to points 4.0; Appendices A, B, C and D | June 2016 |
| 4.2 | Sarah Moon; Nick Sheppard & Tina Parker | Clarification to points 4.1 to 4.4; Appendices A to C | 17 March 2017 |
| 5.0 | Sam Brayshaw | Full Review | 31 st October 2018 |

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1.0 Purpose

- 1.1 The purpose of this guideline is to minimise the risk of any delay in the transport of blood, blood specimens and blood products to the Maternity Unit at Broomfield Hospital in the event of a major catastrophic haemorrhage.
- 1.2 To reduce the risk of any delay in treatment minimising the risk of a maternal death (and potentially fetal death in antepartum haemorrhage).

2.0 Equality and Diversity

- 2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3.0 Definition of Major Haemorrhage

- 3.1 Major haemorrhage in adults is defined as:
 - The loss of approximately 40% of total blood volume or Five litres blood loss in 24 hours
 - Two litres blood loss in three hours
 - Blood loss greater than 150ml/min or Blood loss of 70 ml/kg in a 70 kg adult

4.0 Management of a Major Haemorrhage

(Refer to Trust Policy entitled 'Major Haemorrhage Management'; register number 13012)

- 4.1 In the event of a major catastrophic haemorrhage, the obstetric registrar/consultant on call in consultation with the anaesthetic registrar/ consultant on call should instigate an **Active Major Obstetric Haemorrhage Event**.
(Refer to Appendix A)
- 4.2 The major catastrophic haemorrhage event should be triggered by the Labour Ward Co-ordinator by contacting Switchboard on **2222**, informing Switchboard by stating: "**Active Major Obstetric Haemorrhage**. This initial emergency call to Switchboard will initiate the arrival of the Trigger Response Team.
(Refer to Appendix A, C)
- 4.3 A member of ward staff will be delegated to contact the laboratory on 4140 (in hours); bleep #6555 2231 (out of hours) by the Obstetric Consultant or Labour Ward Co-ordinator
(Refer to Appendix A)
- 4.4 At point of telephone call, the laboratory technician will confirm if a blood sample is required or whether the blood is immediately available.
(Refer to Appendix A, B)
- 4.5 2 units of emergency O Rh (D) negative blood are stored in the blood fridge on Labour Ward and will be used if the patient's cross-matched blood is not immediately available. **Please note** that the emergency O Rh (D) negative blood may not be suitable if the patient has red cell antibodies; it is paramount to contact blood transfusion for advice.

Emergency Transport of Blood Specimens in the Event of Major Obstetric Haemorrhage/ 07024 / 5.0
Intraoperative cell salvage is a routine procedure within MEHT and should be considered as an option if indicated.

- 4.6 Blood specimens that are obtained for a Major Obstetric Haemorrhage Event should be handed directly to a member of the blood transfusion team.
- 4.7 When the event is over, the Labour Ward Co-ordinator should inform Switchboard to stand down team from the Major Obstetric Haemorrhage Event.
- 4.9 All midwifery and obstetric staff should ensure that all care, conversations and decisions have been clearly documented in the patient's healthcare records.

5.0 Staffing and Training

- 5.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training, including the management of postpartum haemorrhage (PPH), maternal resuscitation and early recognition of the ill patient.
(Refer to 'Mandatory training policy for Maternity Services (incorporating training needs analysis. Register number 09062)
- 5.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

6.0 Professional Midwifery Advocates

- 6.1 Professional Midwifery Advocates provide a mechanism of support and guidance to women and midwives. Professional Midwifery Advocates are experienced practising midwives who have undertaken further education in order to supervise midwifery services and to advise and support midwives and women in their care choices.

7.0 Infection Prevention

- 7.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.
- 7.2 All staff should ensure that they follow Trust guidelines on infection prevention. All invasive devices must be inserted and cared for using High Impact Intervention guidelines to reduce the risk of infection and deliver safe care. This care should be recorded in the Saving Lives High Impact Intervention Monitoring Tool Paperwork (Medical Devices).

8.0 Audit and Monitoring

- 8.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.
- 8.2 As a minimum the following specific requirements will be monitored:

- Documented clear lines of communication between the consultant obstetrician, consultant anaesthetist, haematologist, blood transfusion personnel and labour ward coordinator
- Urgent access to blood, including portering arrangements

- 8.3 A review of a suitable sample of health records of patients to include the minimum requirements as highlighted in point 10.2 will be audited. A minimum compliance 75% is required for each requirement. Where concerns are identified more frequent audit will be undertaken.
- 8.4 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.
- 8.5 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.
- 8.6 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.
- 8.7 Key findings and learning points will be disseminated to relevant staff.

9.0 Guideline Management

- 9.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.
- 9.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.
- 9.3 Guideline monitors have been nominated for each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.
- 9.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for further training; possibly involving 'workshops' to be included in future 'skills and drills' mandatory training sessions.

10.0 Communication

- 10.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.
- 10.2 Approved guidelines are published monthly in the Trust's Focus Magazine that is sent via email to all staff.

- 10.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.
- 10.4 Regular memos are posted on the guideline notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

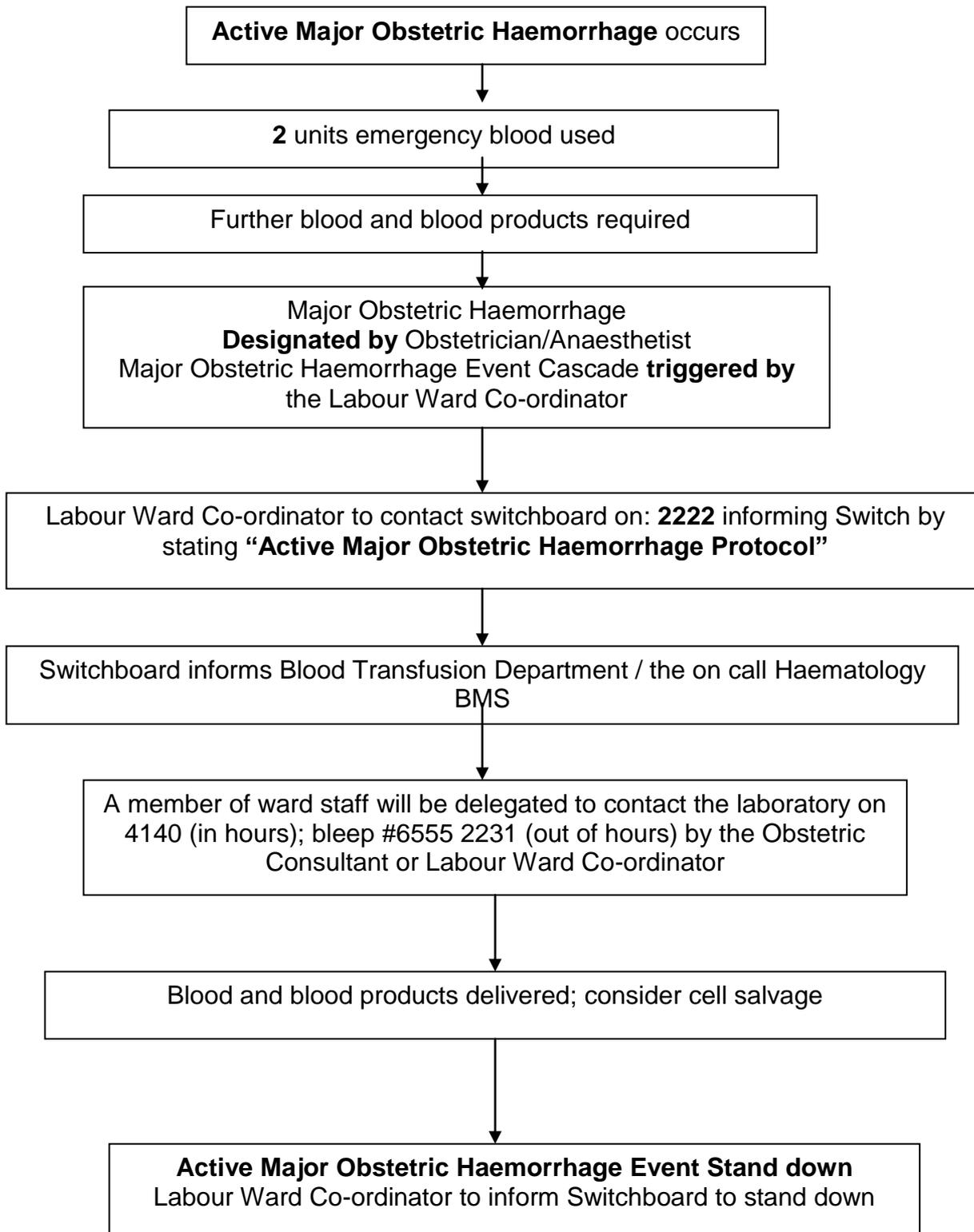
11.0 References

National Institute for Clinical Excellence (2014) Intrapartum Care: Care of healthy women and their babies during childbirth. London: NICE. December.

Confidential Enquiry into Maternity and Child Health (2007) Saving Mothers Lives: Reviewing maternal deaths to make childbirth safer - 2003-2005. London; CEMACH.
www.cmace.org.uk

Nursing and Midwifery Council (2009) Record Keeping: Guidance for nurses and midwives. London: NMC.
www.nmc-uk.org

Flow chart to demonstrate the Trigger for an Active Major Obstetric Haemorrhage Event



Transfusion Laboratory Technician

ACTIVE MAJOR OBSTETRIC HAEMORRHAGE EVENT CALLED ACTION CARD

ACTIVE MAJOR OBSTETRIC HAEMORRHAGE BROOMFIELD HOSPITAL

TRANSFUSION / Haematology BMS

- 2 units emergency 'flying squad' blood used; considered suitability if patient known to have red cell antibodies
- An Active Major Obstetric Haemorrhage Event Cascade triggered by Labour Ward Co-ordinator via switchboard on 2222
- If you have not already done so, contact the Labour Ward Co-ordinator (ext: 3006/7) will contact to establish the name and number of the patient. Advise if blood can be issued immediately or if a blood sample is required.
- MHP 1 (massive blood loss) – pack 1 from Blood Transfusion
 - 5 units red cells
 - 4 units FFP
- MHP 2 (massive blood loss) – pack 2 from Blood Transfusion
 - 5 units red cells
 - 4 units Fresh Frozen Plasma
 - 2 adult doses of Cryoprecipitate
 - 1 adult dose of platelets
- Consider use of other clotting factor concentrates following discussion with Consultant Haematologist
- All tests that are related to the Active Major Obstetric Haemorrhage Event will be tested as urgent request in totality
- Replace any O Rh (D) negative blood used as soon as possible

Labour Ward Co-ordinator

ACTIVE MAJOR OBSTETRIC HAEMORRHAGE EVENT ACTION CARD
ACTIVE MAJOR OBSTETRIC HAEMORRHAGE
BROOMFIELD HOSPITAL

LABOUR WARD CO-ORDINATOR

Responsibilities:

- To co-ordinate Major Obstetric Haemorrhage Communications
- To trigger Cascade
- Advise Switchboard of destination
- To inform Switchboard when Major Obstetric Haemorrhage Event is completed to stand down team
- Ensure all care, conversations and decisions have been clearly documented in the health care records

Cascade of Actions:

Emergency Blood available: 2 units of emergency O Rh (D) negative blood is stored in the blood bank in Obstetric Theatre on Labour Ward. Consider suitability if patient known to have red cell antibodies. Intraoperative cell salvage is a routine procedure within MEHT and should be considered as an option if indicated.

Further blood products required after emergency blood use:

ACTIVE MAJOR OBSTETRIC HAEMORRHAGE
 Designated by Obstetric Registrar/Consultant on call or Anaesthetist on call

Labour Ward Co-ordinator to inform Switchboard Extn:2222
ACTIVE MAJOR OBSTETRIC HAEMORRHAGE

Switchboard will inform the Transfusion/ Haematology BMS who will contact the Labour Ward Co-ordinator to confirm if a blood sample is required or whether the blood is immediately available

MHP 1 (massive blood loss – pack 1) from Blood Transfusion
 5 units red cells
 4 units FFP



MHP 2 (massive blood loss – pack 2) of Blood Products
 5 units red cells
 4 units of Fresh Frozen Plasma
 2 adult doses of Cryoprecipitate
 1 adult dose of Platelets

- Consider use of other clotting factor concentrates following discussion with Consultant Haematologist

ACTIVE MAJOR OBSTETRIC HAEMORRHAGE STAND DOWN
 Active Major Haemorrhage Event Completed
 Inform switchboard to stand down