



Table 3 Comparison of management strategies for postpartum haemorrhage.

	RCOG [8]	AAGBI	WHO [11]	NICE [10]	Authors' strategy
Primary monitoring	Coagulation screen	Coagulation screen	NA	NA	FIBTEM + coagulation screen
Support for point- of-care	Yes	Yes	NA	NA	Yes
Empirical FFP	1 I FFP for every 6 units red cells or > 4500 ml PPH	1 I if massive transfusion anticipated	NA	NA	Only in exceptional circumstances
Goal-directed FFP	15 ml.kg ⁻¹ if PT/aPTT > 1.5× normal	15 ml.kg ⁻¹ to prevent PT/aPTT becoming > 1.5× normal High volume if > 1.5× normal	NA	NA	15 ml.kg ⁻¹ if FIBTEM < 12 mm or PT/aPPT abnormal Higher volume if > 1.5× normal
Fibrinogen	2 pools cryoprecipitate if < 1 g.l ⁻¹ or if > 4500 ml PPH and blood tests not available	Cryoprecipitate or fibrinogen concentrate to maintain Clauss fibrinogen > 1.5 g.l ⁻¹	NA	NA	Fibrinogen concentrate according to protocol based on POCT to maintain Fibtem > 11 mm
Platelets	$< 50 \times 10^{9} \cdot l^{-1}$	$< 75 \times 10^{9} J^{-1}$	NA	NA	$< 75 \times 10^{9} \cdot l^{-1}$
Tranexamic acid	No	Yes	Yes if second line uterotonics have failed or bleed due to trauma	Yes	Yes
Recombinant factor VIIa	In life-threatening bleeding if fibrinogen > 1 g.l ⁻¹ and platelets > 20 × 10 ⁹ l ⁻¹	Centres need agree protocols and fibrinogen should be normal	Insufficient evidence to give opinion	Yes if other coagulation factors normal	Exceptionally rarely used. Fibrinogen > 2 g.l ⁻¹ and platelets > 50 × 10 ⁹ l ⁻¹

WHO, World Health Organization; NICE, National Institute of Health and Care Excellence. NA, no advice given.







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PRODUCTS

- FFP
 - some units use formulaic protocols, eg. 1:1:1
 - however risk of dilution of fibrinogen, VIII, vWF if women have normal coagulation
 - INR >1.5
 - new guidelines higher fib target



- Cryoprecipitate
 - guidelines recommend use of cryo if FFP not successful
 - †fib 0.5g/L for every pool of cryo
 - also contains high conc of FVIII, vWF, XIII
- Platelets
 - target $> 50 \times 10^9 / L$
 - trigger 75