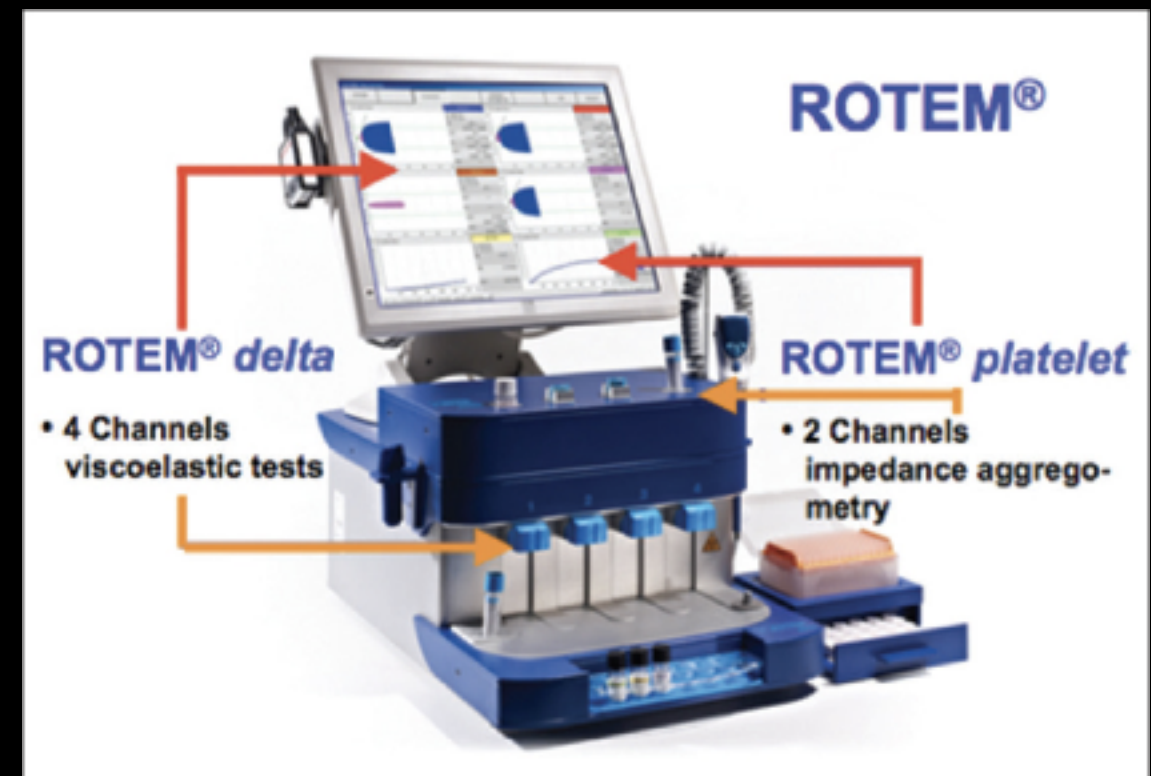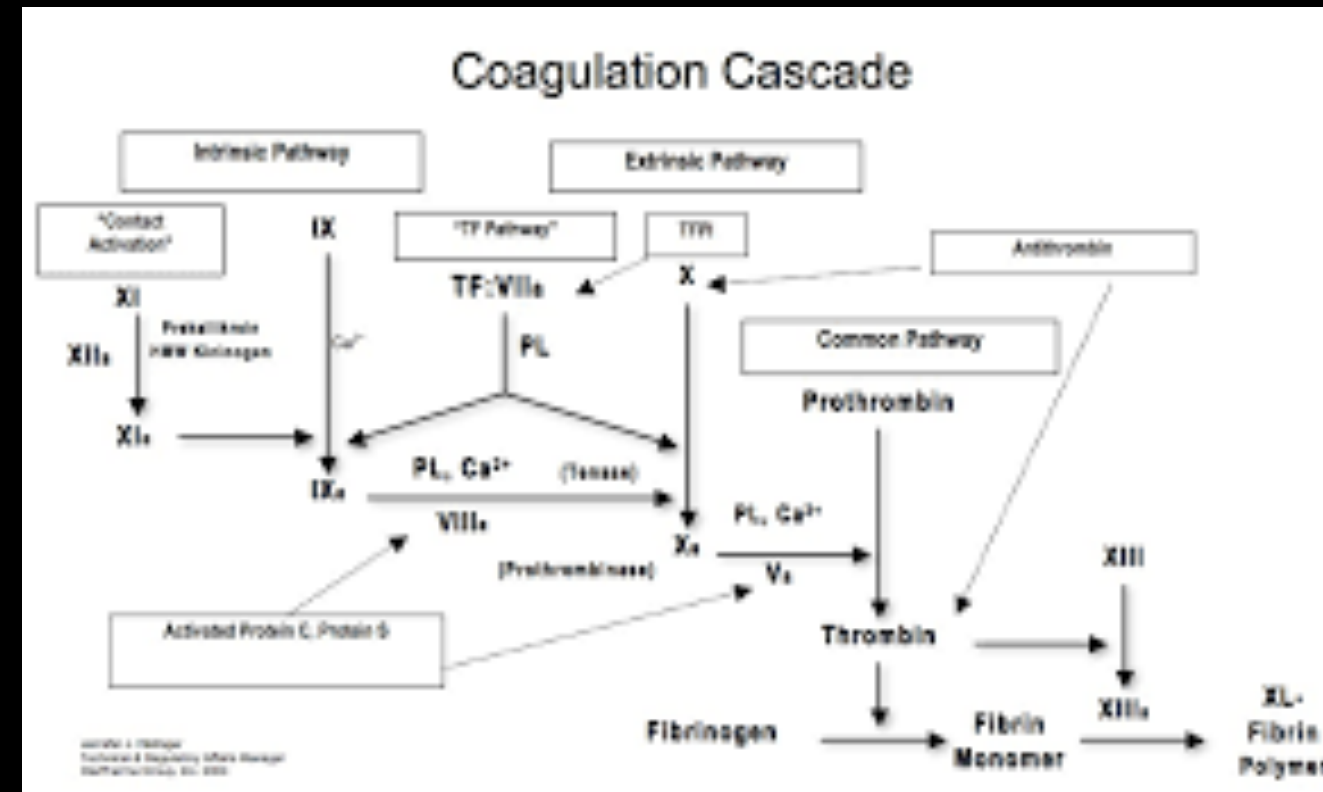# MONITORING HAEMOSTASIS

- clinical observation

- empirical/formulaic blood product replacement

- lab-based

  - slow

  - PT/APTT limited sensitivity

- POCT

  - resources

INTERVENTION TRIGGERS

- extrapolated from trauma studies

- abnormal PT/APTT = established haemostatic impairment

- fibrinogen level of >2g/L is more appropriate

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 l FFP for every 6 units red cells or > 4500 ml PPH	1 l 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 × 10^9.l^{-1}	< 75 × 10^9.l^{-1}	NA	NA	< 75 × 10^9.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}

RCOG, Royal College of Obstetricians and Gynaecologists; AAGBI, Association of Anaesthetists of Great Britain and Ireland; WHO, World Health Organization; NICE, National Institute of Health and Care Excellence. NA, no advice given.