Assessment and management of antepartum haemorrhage (APH)

**Initial assessment and management**

**Assess – Is there evidence of maternal/fetal compromise?**

**Is transfer indicated?** Understand your health service’s capability

Aim for in-utero transfer, if safe to do so. Within Victoria, seek assistance from PIPER: 1300 137 650

**Resuscitation**
- Summon help
  - Consider MET Call, Code Blue or Code Pink
- IV access x 2 16g
- Fluid replacement
- Oxygen 8 L/min
- IDC

**Assess blood loss**
- Weigh blood loss
- Document ongoing blood loss
- Document history of blood loss in this pregnancy
- Consider the need for O neg blood

**Examination**
- Maternal examination
  - Vital signs – heart rate, blood pressure, respiratory rate, O2 saturation, temperature
  - Gentle abdominal palpation
    - Assess pain, rigidity, fetal presentation, size and movement
- Fetal surveillance
  - <2640: FHR
  - >26/40: CTG

**History**
- Obstetric
- Medical
- Surgical
- Social

**Speculum**
- Blood loss
- Cervical dilatation and length
- Cervical appearance
- Membranes
- Presenting part

**Ultrasound**
- Placental position and condition
- Fetal growth and wellbeing
- Cervical length

**Investigations**
- Full blood count (FBC)
- Group and hold
- Kleihauer
- For blood loss >50mls:
  - Liver function tests
  - Renal function tests
  - Coagulation studies, including fibrinogen

**Consider possible cause/s**
- Placenta praevia
- Placental abruption
- Show
- Post-coital bleed
- Trauma
- Cervical abnormalities
- Infection
- Vasa praevia

**Resuscitate, assess and treat simultaneously**