

SCOPE DEFINITION

Guideline Title: *Primary postpartum haemorrhage (PPH)*

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <ul style="list-style-type: none"> • Women who are pregnant • Women within 24 hours of birth
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence related to:</p> <ul style="list-style-type: none"> • Risk assessment and prophylaxis for PPH • Recognition, assessment and management of PPH
Outcome	<p><i>What will be achieved if the guideline is followed? (This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> • Early identification of pregnant women at risk of PPH • Risk management/mitigation strategies • Accurate recognition and assessment of a PPH • Best practice management of PPH
Exclusions	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> • Management of anaesthesia • Routine antenatal, intrapartum and postpartum care • Detailed instructions for surgical procedures to manage PPH • Elements specific to Queensland Clinical Guideline <i>Standard care</i> • Secondary PPH

Clinical questions

Question		Likely Content/Headings/Document Flow
Introduction		Communication
1.	How is primary postpartum haemorrhage classified?	<ul style="list-style-type: none"> • Definition • Classifications
2.	What are the risk factors for PPH?	<ul style="list-style-type: none"> • Risk factors
3.	What measures reduce the risk and severity of PPH?	<ul style="list-style-type: none"> • Risk reduction measures <ul style="list-style-type: none"> ○ Antenatal (e.g. Hb optimisation, risk assessment) ○ Intrapartum (e.g. third stage, pharmacological options) ○ Postnatal (e.g. observations and early identification)
4.	How is a PPH recognised, assessed and managed?	<ul style="list-style-type: none"> • Recognition <ul style="list-style-type: none"> ○ Estimation of blood loss ○ Clinical observation and assessment • Initial resuscitation <ul style="list-style-type: none"> ○ Fluid and blood replacement ○ Pharmacological treatments • Identification and management of cause <ul style="list-style-type: none"> ○ Tone ○ Tissue ○ Trauma ○ Thrombin • Major haemorrhage protocol <ul style="list-style-type: none"> ○ Activation criteria ○ Point of care coagulation testing (e.g. ROTEM® /TEG®) and reference ranges
5.	What care is recommended following a PPH?	<ul style="list-style-type: none"> • Haemodynamic stability (e.g. Hb monitoring) • VTE prophylaxis • Discharge planning • Follow up

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- Proportion of women experiencing PPH
- Proportion of women given uterotonics to actively manage third stage of labour
- Proportion of women who require a blood transfusion due to PPH
- Proportion of women experiencing critical bleeding (blood loss more than 2500 mL) treated by activation of major haemorrhage protocol