

Timely and Universal Activation of the 2222 Major Obstetric Haemorrhage Call at the Royal London Hospital

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WHY DOES IT MATTER?

- Obstetric haemorrhage is a **major cause of maternal morbidity and mortality**
- **Early and rapid MDT activation is critical** via the 2222 Major Obstetric Haemorrhage (MOH) call [1]
- Local clinical MOH case reviews showed **inconsistent activation of the MOH call**
- The **‘controlled MOH’** call was **variably understood** and risked delaying MDT response

AIM

Mandate **early, universal activation** of the 2222 MOH call at **≥1500ml blood loss** or **haemodynamic compromise** and **eliminate** the ambiguous “controlled MOH” call

METHODS

Initial audit Feb-May 2025 – MOH cases vs logged 2222 MOH calls



Interventions (see box)



Re-audit Sep-Dec 2025

INTERVENTIONS

- MDT Forum Education
- Daily Safety Briefings
- Ward-based MOH poster
- Revised Trust Guideline

RESULTS – Initial audit and re-audit post intervention

MOH cases	2222 MOH calls	Controlled MOH calls
78 → 71	61 → 79	18 → 6
↓ 9% decrease	↑ 30% increase	↓ 66% reduction

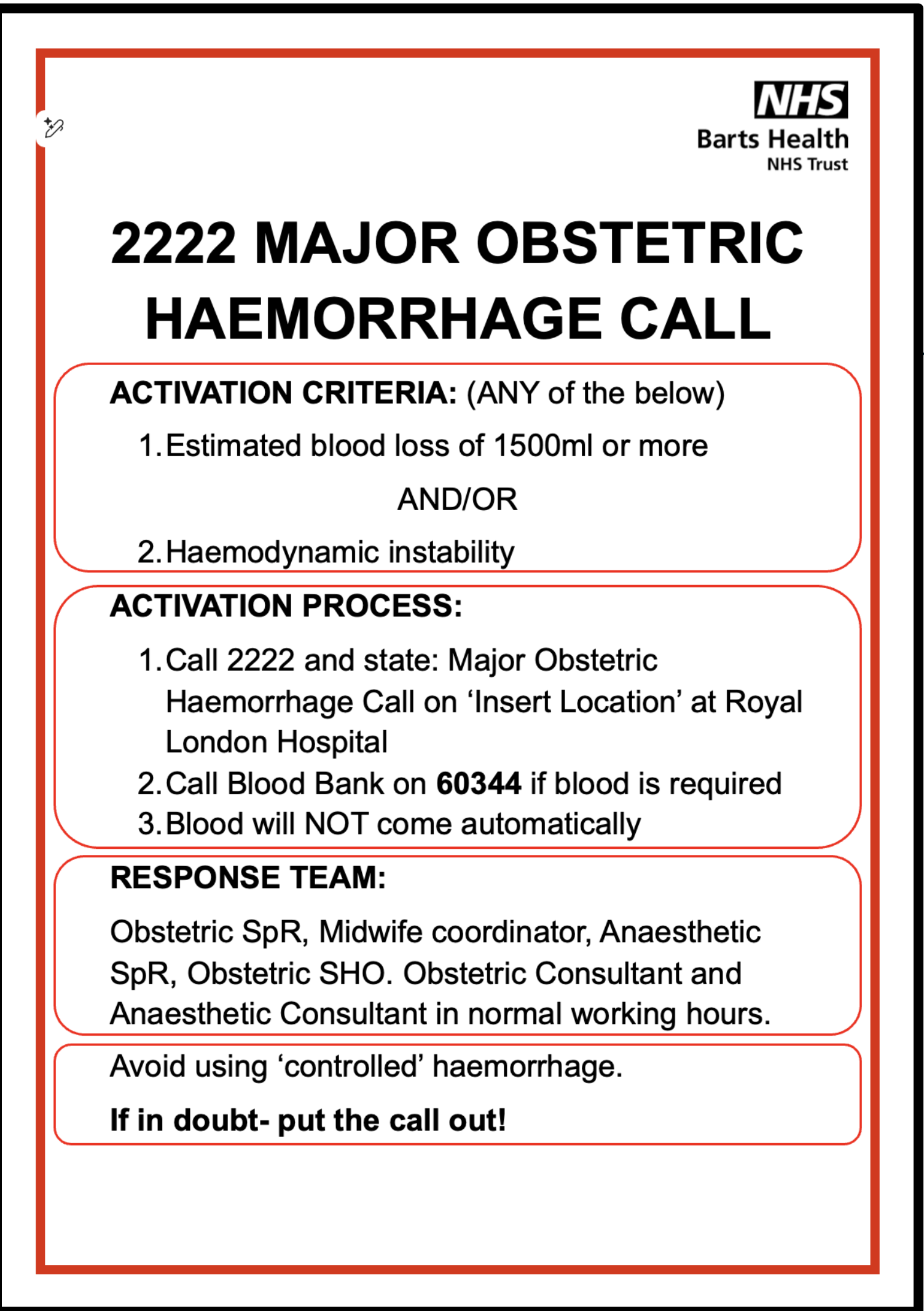
There was a marked increase in the number of MOH calls compared to cases, and reduction in the number of controlled MOH calls

CONCLUSION

Simple, low-cost interventions led to earlier and more appropriate MDT activation of the 2222 MOH call – this is likely to have improved patient safety in this high risk group

References

1. Mavrides E, Allard S, Chandraharan E, Collins P, Green L, Hunt BJ, Riris S, Thomson AJ on behalf of the Royal College of Obstetricians and Gynaecologists. Prevention and management of postpartum haemorrhage. BJOG 2016 ; 124:e106–e149.



MOH call poster displayed in all maternity areas