



Riskfactors and Maternal outcomes of the MOH-Call for Major Obstetric Haemorrhage

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Introduction: Obstetric haemorrhage remains one of the important causes for maternal mortality in developed and developing countries. MOH call is activated when blood loss of more than 1500 ml (MOH call).

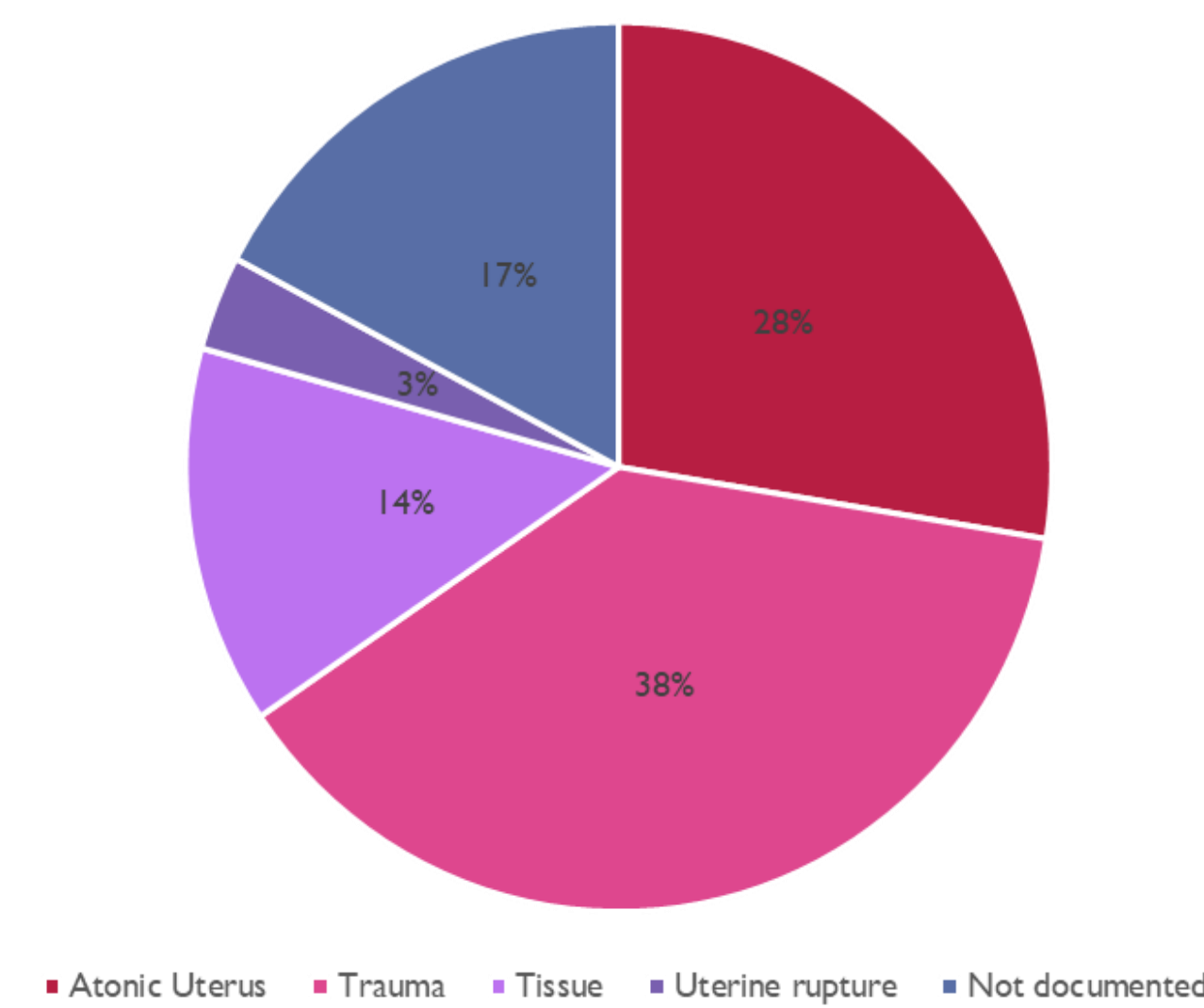
Objectives: This project primarily focus to review the cases of Datix for MOH call in view of identifying the risk factors, quality of care and outcomes for those women experienced MOH.

Design: This ongoing quality improvement project is conducted in maternity unit at Broomfield University Hospital.

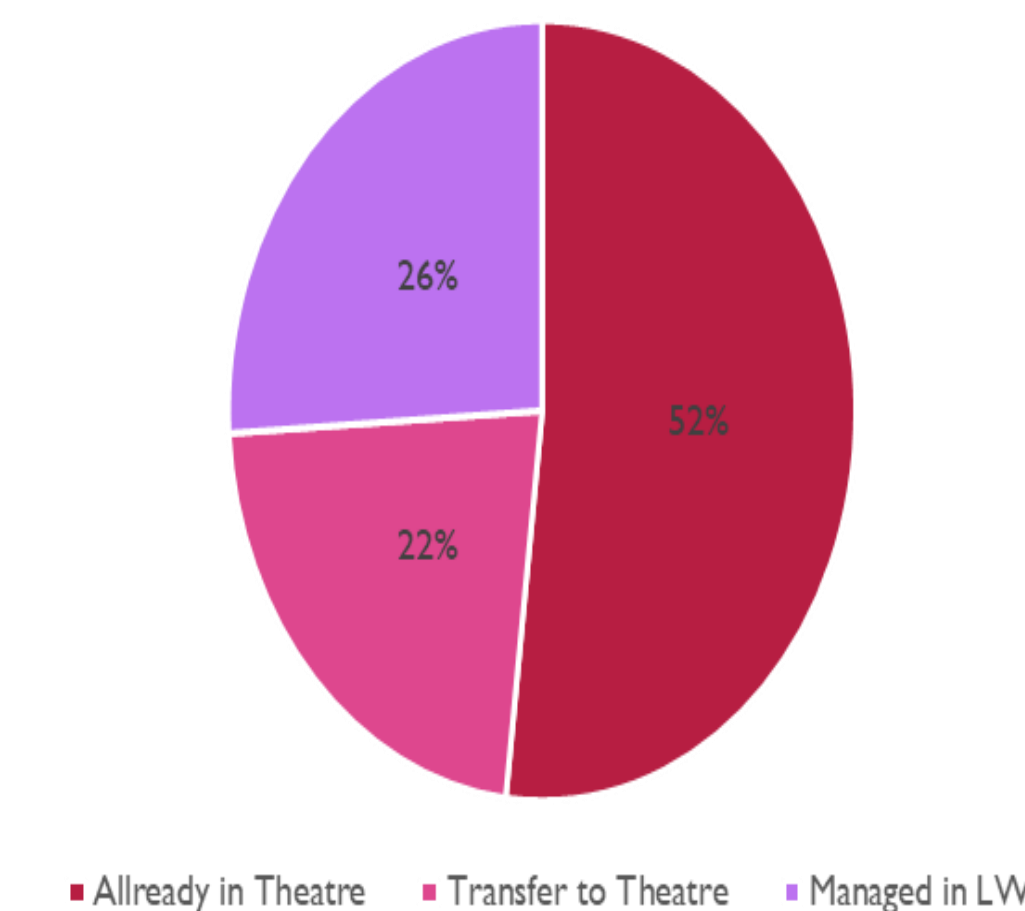
Method: The details of MOH call were retracted from risk management desk. The risk factors, clinical details and maternal outcomes were collected and analyzed using excel sheet. Sub-group analysis was made among vaginal delivery and caesarean section. Key themes were identified from the initial analysis of the data.

Results: Fifty-one out of 87 Datix cases were reviewed. 58 % of them were multipara. 40% of MOH documented in women give birth by caesarean section. There are no risk factors identified in 44% of women. Induction of labour and Oxytocin use are the common risk factors (74%) in vaginal birth group. 14% of MOH calls among women who had manual removal of placenta. 60% of the MOH happened at consultant off-site on-call.

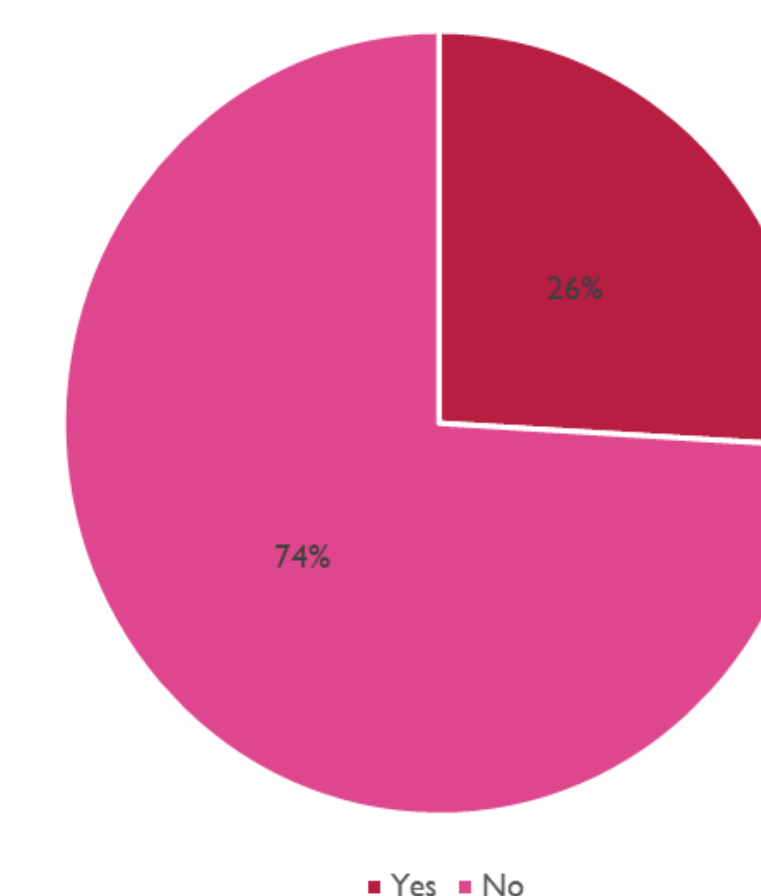
Cause of PPH



Transfer to Theatre for Management

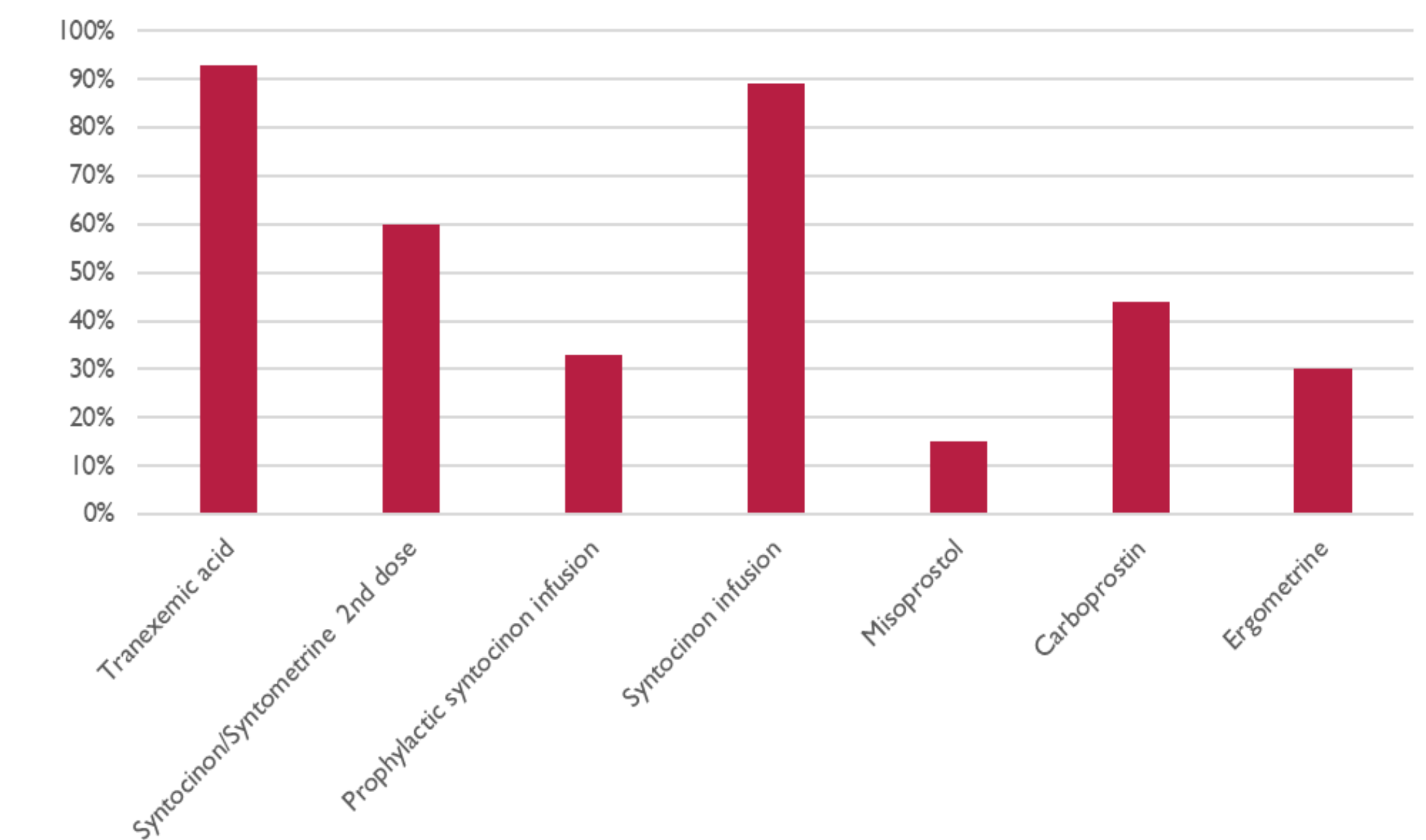


Blood transfusion

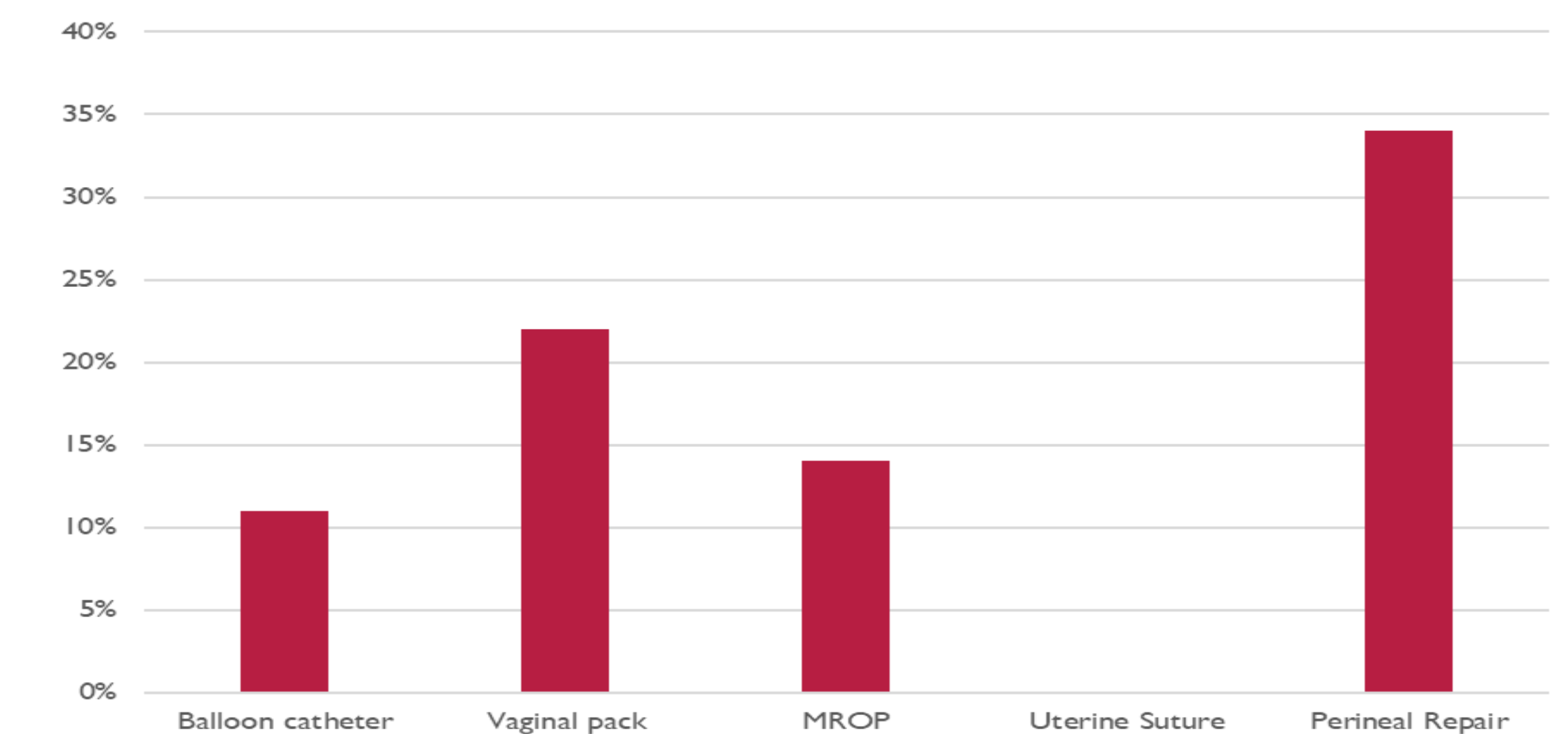


41% of MOH call activated when patient already in theatre, and 22 % were transferred to theatre for surgical management of PPH.

Pharmacological Management of PPH



Surgical Management of PPH



Conclusion: Induction of labour, oxytocin use, and caesarean section were identified as key areas for improve the outcomes. Theme specific roadmap is on progress. The changes will be implemented from April 2023.

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