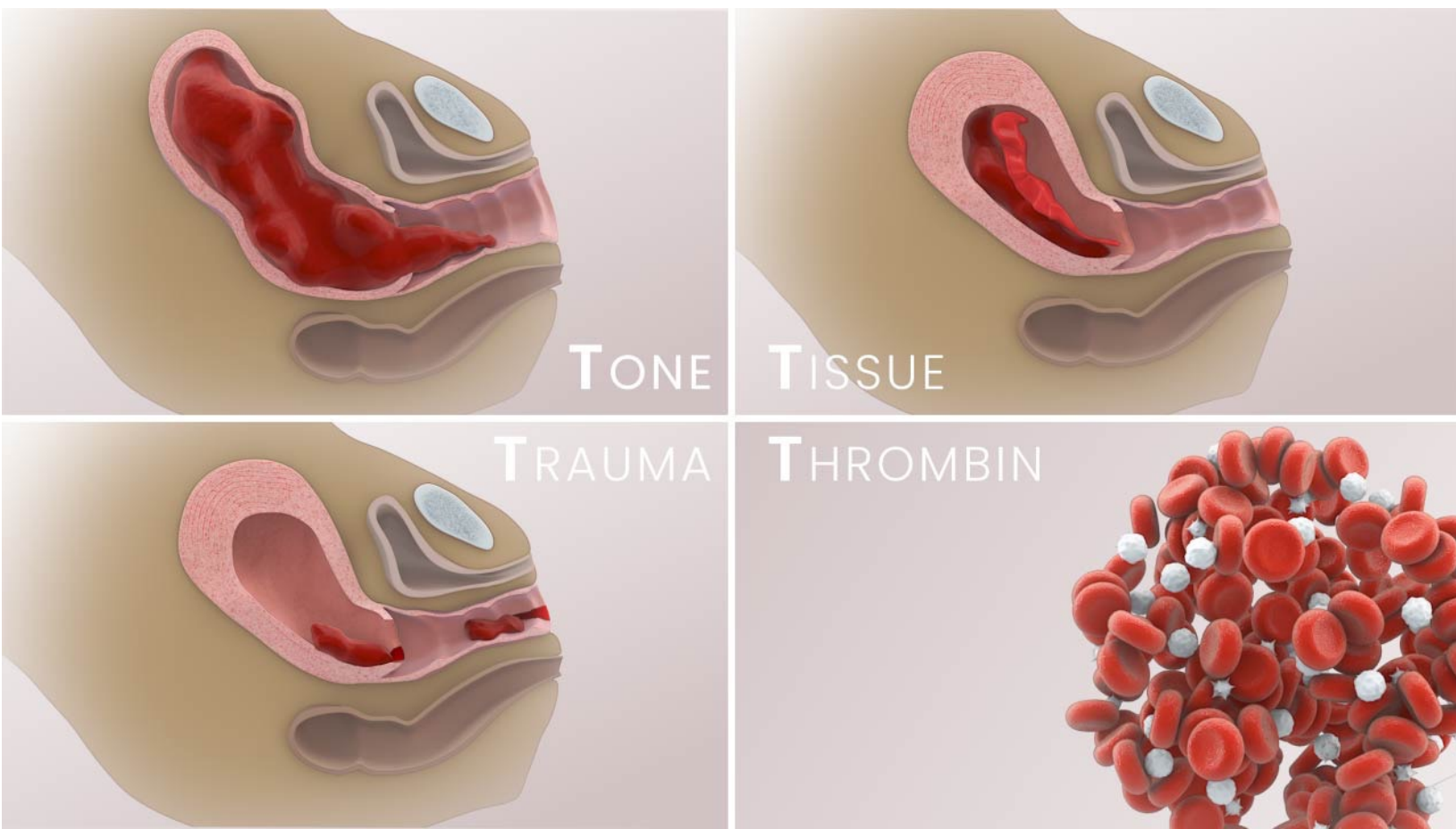
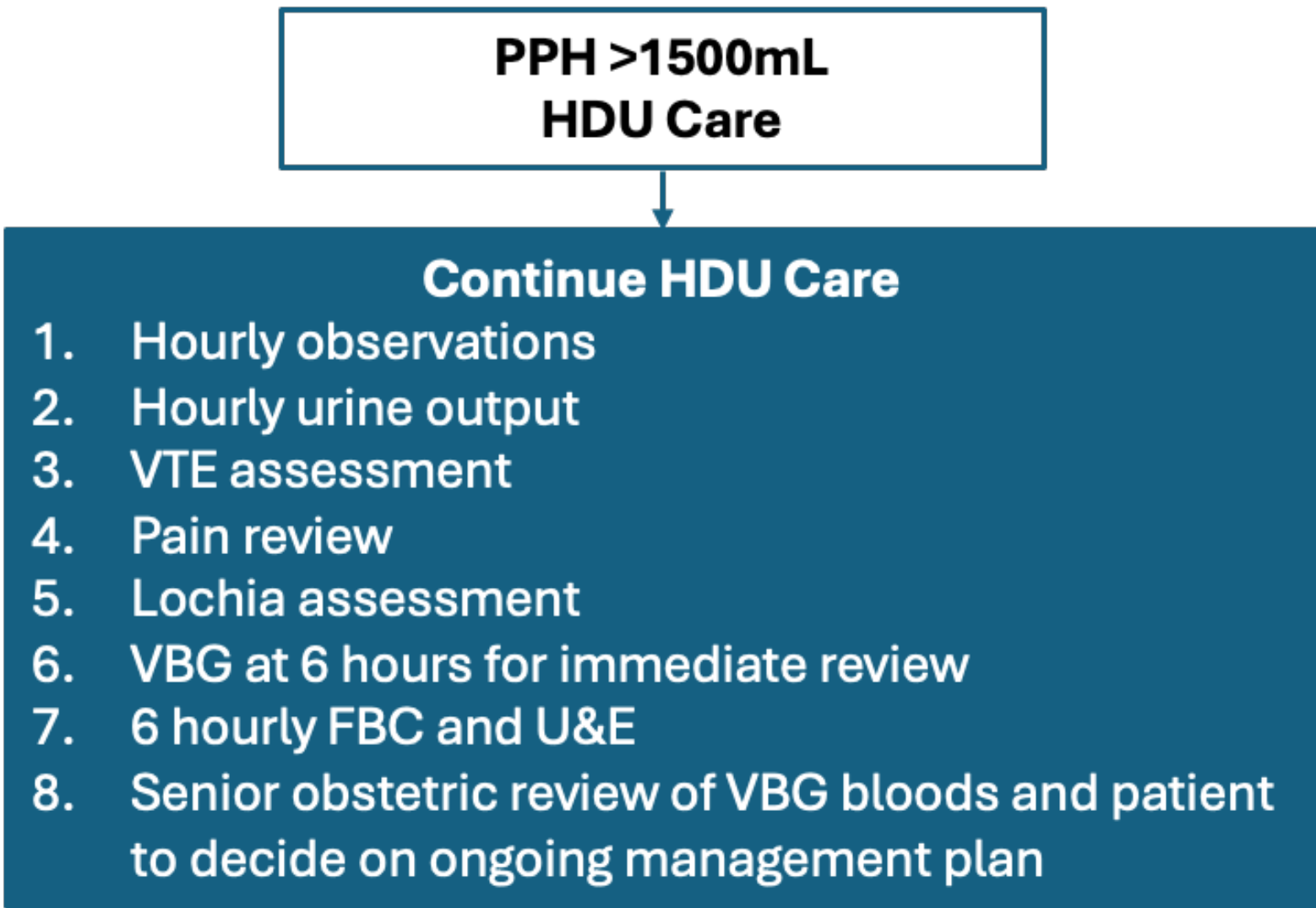
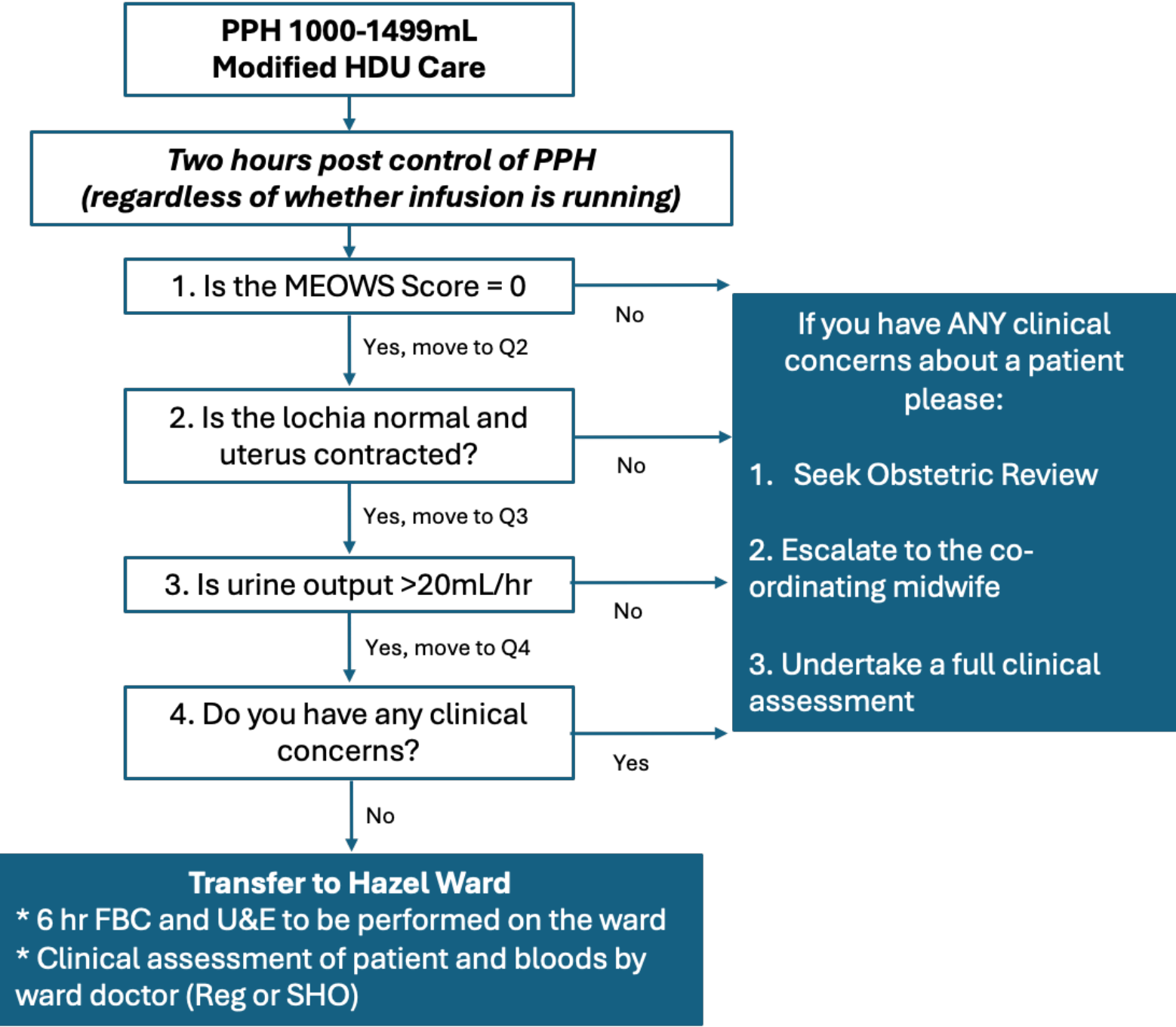


Improving postnatal postpartum haemorrhage patient care on labour ward

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1	Objective	3	Results continued
	Improve the care and assessment of women with postpartum haemorrhage Enhance patient flow through the Maternity Unit	No association between weighed blood loss and deranged observations No association between deranged observations and lowest recorded Hb Weak positive correlation (R0.21) between weighed blood loss and length of stay on CDS	
2	Design and Methods	4	Conclusions
	Retrospective analysis of women with postpartum haemorrhage between 1000-1999mL over a two month period - Electronic and paper notes review - Transfusion logs scrutinised - Correlated data with observations and blood test results		 - Although no mandate, common practice is that women with a PPH>1000mL stay on CDS for a minimum of 6 hours No personalised postnatal postpartum haemorrhage care Unclear use of cell salvage for cases in theatre Need to update guideline for postnatal management, multiprofessional working party have created two pathways for the postnatal women; modified HDU care and HDU care 
3	Results	Retrospective review and subsequent multiprofessional collaboration has improved care and patient flow for women experiencing postpartum haemorrhage:  More personalised management  Midwifery autonomy  Reduction in long CDS stays	