



Instructor Guide

Postpartum Hemorrhage Workstation

Learners may use the ALSO® Postpartum Hemorrhage poster and/or ALSO® mnemonic cards during the Postpartum Hemorrhage Workstation as a reference.

Please keep in mind Learners will have watched a comprehensive online demonstration video prior to attending the course. This video includes discussion of estimated blood loss (EBL) and use of a uterine tamponade balloon as well as an example of a provider demonstrating the required steps for the Postpartum Hemorrhage Workstation. Minimal time should be spent on teaching the necessary components. A 5-minute review of the steps should suffice. It is suggested to start as a group, spending a few minutes having Learners estimate blood amounts in the EBL exercise, then immediately proceed into checking off each Learner on the Postpartum Hemorrhage Skills Workstation component. This will allow everyone in the small group session to repeatedly view a demonstration of the skills in practice. Focus should be on verbalizing and demonstrating how they would immediately initiate steps necessary for Active Management of the Third Stage of Labor (AMTSL), followed by coordinating a response to the Four Ts.

Estimated Blood Loss Exercise

Equipment Needed

- Pelvic manikin(s) (placenta/umbilical cord are recommended)
- Measuring cup with markings in milliliters (mL)
- Four under/chux pads with 100, 400, 500, and 1,000 mL blood on them, respectively
- Red food coloring to turn water red, or any other blood moulage recipe you choose
- Paper and pen for each participant to estimate blood loss
- 4-inch by 4-inch gauze
- Operating room towel
- Soda can
- Gloves
- Quart size plastic bags
- Tamponade balloon and corresponding supplies

Set Up Prior to Course

- Label 6 different disposable underpads with the numbers: 1, 2, 3, 4, 5, and 6
- Measure out and place the following amounts of blood on disposable underpads (directly or in plastic bags on top of the disposable underpads): 100, 400, 500, and 1,000 mL
- Soak a sponge with 20 mL and a towel with 250 mL

Exercise Instructions

Give each workshop participant 5 minutes to estimate the amount (in mL) of blood that is present on each disposable underpad. This is not a quantitative of blood loss (QBL) exercise, and is purposely meant to reveal through a group discussion that actual volumes estimated for each of the samples can vary widely from provider to provider, and demonstrating, as a result, that QBL is the preferred method of determining the severity of blood loss. This should lead to a brief discussion regarding the general underestimation of blood loss, and potential implications such as inadequate monitoring and delayed or insufficient treatment. Indicate that the soda can holds 355 mL of fluid. An optional tamponade balloon station can also be set up for Learners to experiment.

Postpartum Hemorrhage Skills Workstation Overview

The Instructor surveys participants for their experience levels with managing postpartum hemorrhage. The Instructor may briefly remind the Learners the systematic steps in caring for the hemorrhaging patient as indicated below before the check-off begins. The workstation check-off should be repeated with each Learner while the others are participating as additional staff members to reinforce learning through repetition. The Instructor should explain that the person being evaluated in the workstation should be the only one calling out all steps and maneuvers. The other team members are not to prompt the individual being checked-off with next steps! **Be brief, and remember this is not a group testing scenario.**

Setting the Scene

The Instructor sets the scene for practicing active management of the third stage and postpartum hemorrhage management. Explain the scenario that will apply to all learners of the group as follows:

“The baby just delivered vaginally and the placenta has not yet delivered. Now what do you do?”

The Learner should then demonstrate and verbalize that they are going to perform the steps of AMTSL and then explain and demonstrate each of those steps including:

- Administration of oxytocin (10 IU intramuscularly or intravenously [IV] over 1 to 2 minutes), ideally with delivery of the anterior shoulder
- Continuous, gentle cord traction
- Transabdominal massage after placenta delivers

After the placenta is delivered and the hemorrhage has started, ideal management exhibited by the Learner being evaluated should include:

- Massaging the uterus early in the resuscitation (demonstrating how to perform bimanual massage for significant hemorrhage)
- Calling for extra help (coordinate a helper at the head and one at each arm for vitals, laboratory tests, and administration of fluids)
- Ensuring bladder is empty
- Directing the placement of 2 large-bore IVs and oxygen (if not already placed)
- Reviewing other causes by addressing each of the Four Ts (Tone, Trauma, Tissue, and Thrombin)
- Knowing dosages, routes of administration, and contraindications of drugs used to treat uterine atony
- Knowing dose of tranexamic acid (1 g in 100 mL NS IV over 10 minutes) within first 3 hours
- Moving to surgery early if bleeding persists (Instructors should be prepared to briefly discuss intrauterine tamponade balloons and/or packing and surgical techniques such as uterine artery ligation, B-Lynch and other suture techniques, interventional radiologic embolization, and possibly hysterectomy).

Passing the Learner

Refer to the Postpartum Hemorrhage Skills Workstation Checklist to score and ultimately pass each Learner. If the Learner does not pass the workstation on the first try, remediation should be based on the time constraints of the workstation. If sufficient time does not exist to remediate during the workstation, the Learner should be instructed to privately review their materials and come back at the end of the course after everyone is finished. At that time, they will be allowed a second attempt to successfully complete the required steps of the workstation individually with the Instructor.