

Uterine atony and 1.7 litre blood  
loss

# Disclaimer / Pre-amble

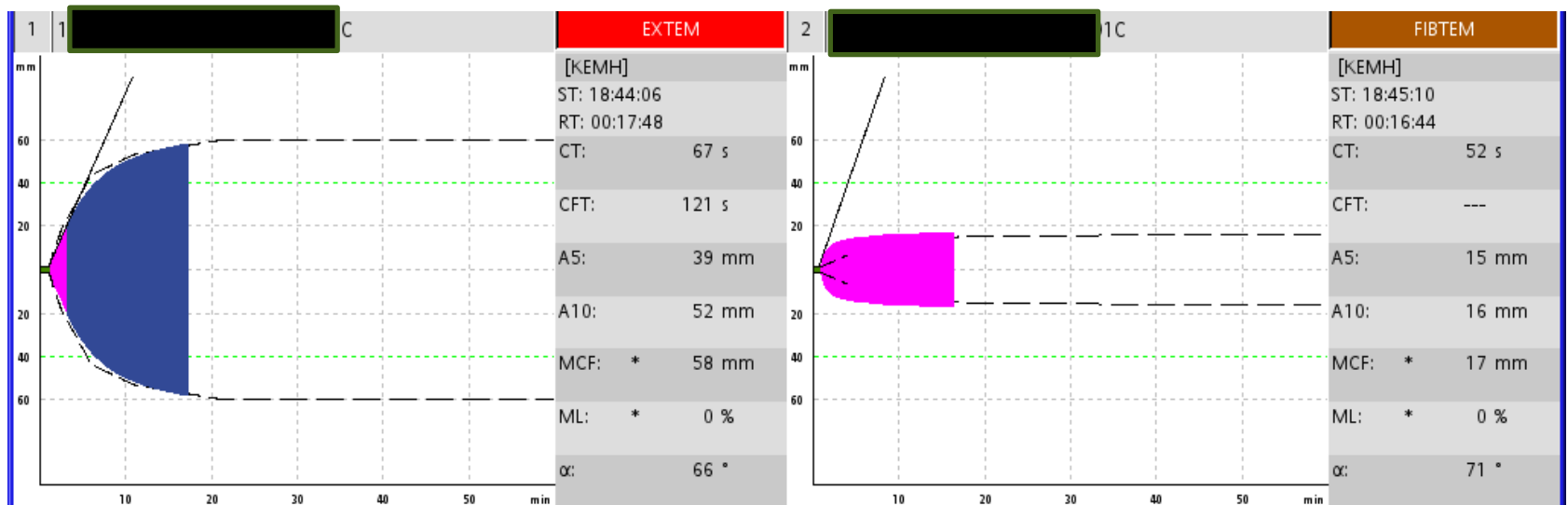
- These cases have been de-identified to protect the identity of the patient and the treating teams.
- These are all real cases and real ROTEMs. The individuals involved in these difficult cases have agreed to anonymously share these with us – thank you for your generosity.
- Successful management of the bleeding patient involves much more than just administration of blood products.
- The primary aim of these cases is to teach the use ROTEM guided blood product therapy. We have deliberately not included a lot of detail about some of the other aspects of management which might detract from this focus.

## HISTORY

- Spontaneous vaginal delivery at smaller metropolitan hospital
- Uterine atony treated with oxytocin, ergometrine, misoprostol and Bakri balloon insertion on labour ward
- Estimated blood loss 1.7 litres
- Tranexamic acid 1g and 1.5 litres crystalloid
- Urgent transfer to tertiary hospital via ambulance (45min)
- Direct transfer to theatre – HR 120/min, BP 120/80
- Epidural topup and EUA – no obvious bleeding
- Arterial line / urgent bloods

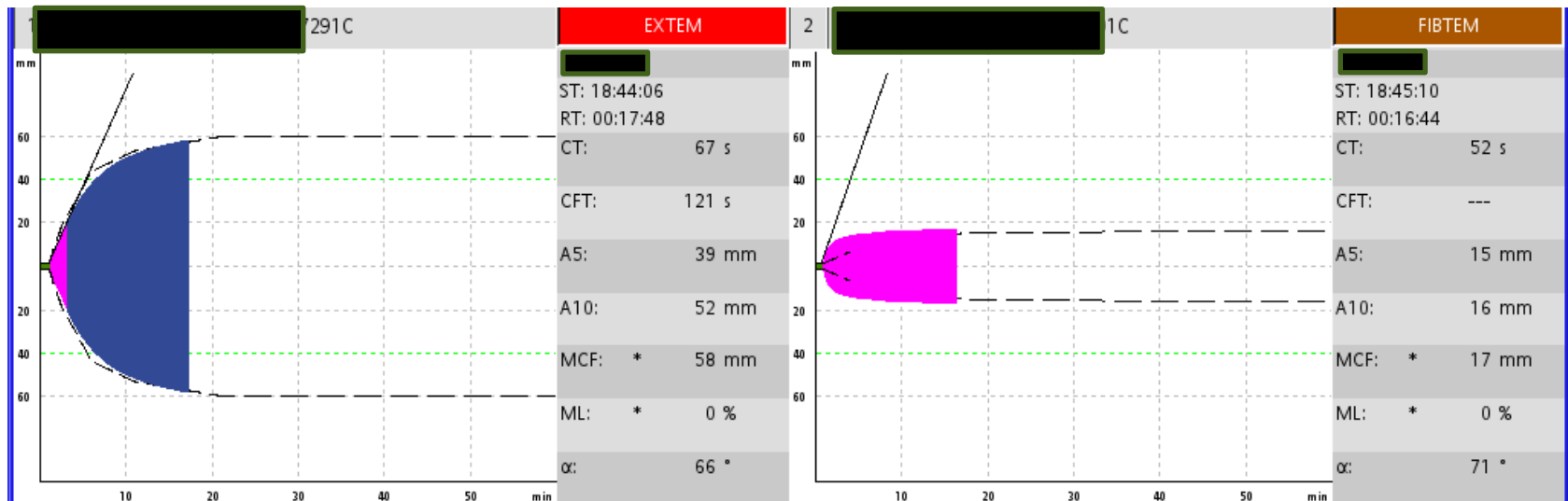
# Initial ROTEM

- What treatments / blood products would you now give if using a ROTEM algorithm.



### Applying the algorithm:

- 1 – Fitem A5 is 15mm, the target is 14mm, no treatment needed.
- 2 – Fibrinolysis – no evidence fibrinolysis (she has already had Tranexamic acid 1g)
- 3 – Platelets – Her Extem A5 is 39 mm no treatment with platelets needed
- 4 – Extem CT 67s – this is normal. No FFP or Prothrombinex needed.



- Most women in the third trimester have high fibrinogen and cope very well without developing a coagulopathy.
- A normal ROTEM is actually the most common finding in healthy woman with a postpartum haemorrhage of less than 2.5 – 3 litres. (Beware abruption / amniotic fluid embolism / HELLP syndrome).