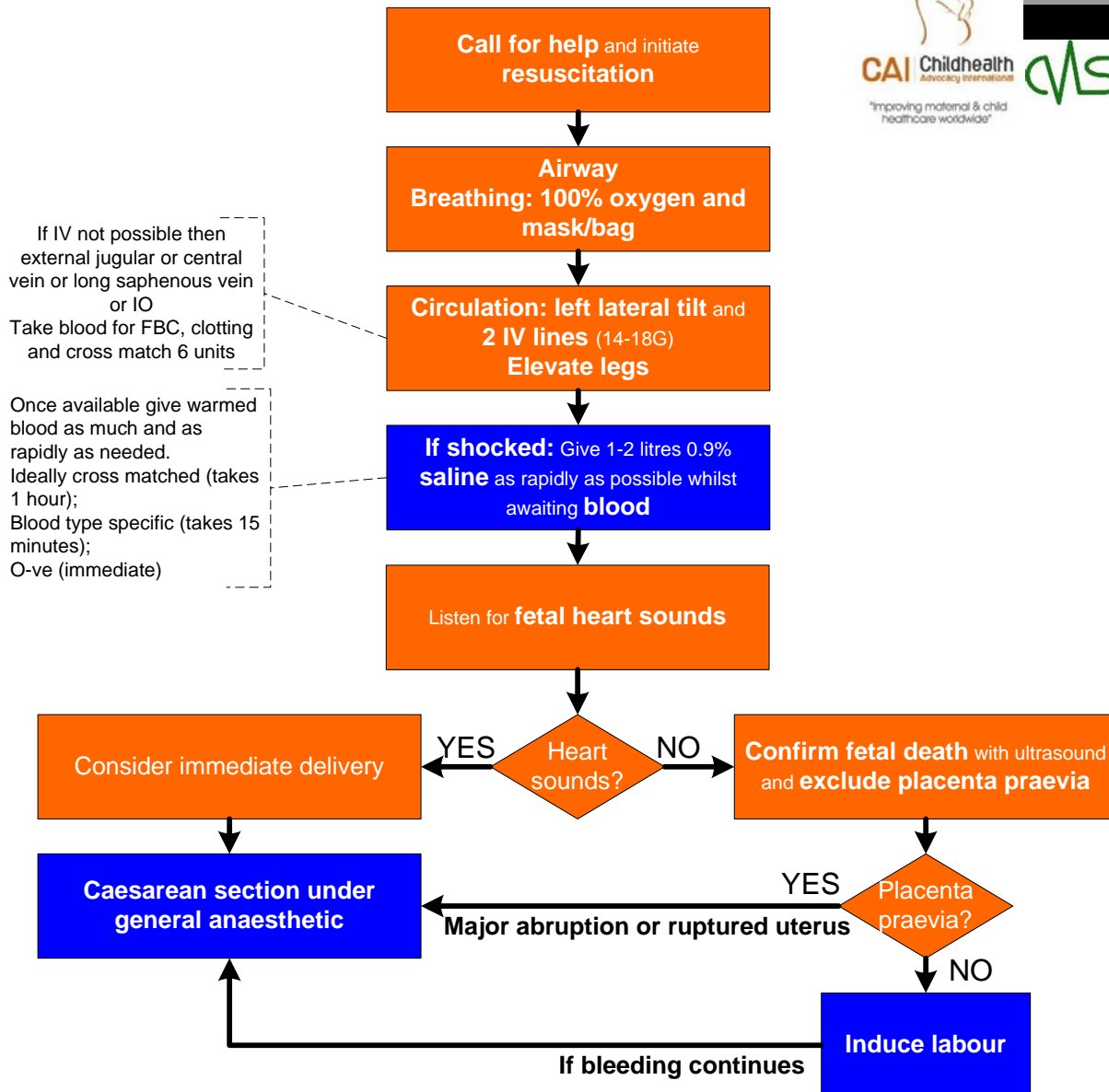


Large antepartum haemorrhage

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If IV not possible then external jugular or central vein or long saphenous vein or IO
Take blood for FBC, clotting and cross match 6 units

Once available give warmed blood as much and as rapidly as needed.
Ideally cross matched (takes 1 hour);
Blood type specific (takes 15 minutes);
O-ve (immediate)

**IT IS THE APH THAT WEAKENS AND THEN THE PPH THAT KILLS
ATTENTION SHOULD CONSTANTLY FOCUS ON RESUSCITATION TO MAINTAIN CIRCULATION**

Continuing care

- Intensive monitoring throughout and keep the patient warm
- Urinary catheter
- Pulse, BP, temp and SaO₂
- Consider a CVP line (hazardous if DIC)
- Monitor for clotting disorders (and treat if found) – give warmed fresh blood
- Monitor for hypoglycaemia (and treat if found)

BEWARE OF SUBSEQUENT PPH