



Reducing Major Obstetric Haemorrhage Through a Structured Obstetric Bleeding Strategy

'From insight to implementation for safer care'

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BACKGROUND & WHY THIS MATTERS

In November 2024, Wye Valley NHS Trust identified higher rates of postpartum haemorrhage (PPH) and major obstetric haemorrhage (MOH) compared with national rates. Thematic reviews highlighted systemic issues:

- Delayed or inaccurate measurement of blood loss, especially in theatre
- Delayed escalation and management
- Minimal prevention, limited use of uterotonics and low awareness of risk factors
- Concerns around teamwork and situational awareness
- Guideline not fit for purpose
- Significant impact on women – physical, psychological and on breastfeeding and bonding

AIMS & OBJECTIVES



Primary aims:

Reduce PPH rate (>1000ml) from 18% to 12% of births (18.2 per month)

Reduce MOH rate (>1500ml) from 3.8% to 3.0% per 1,000 births



Secondary aim:

Reduce the unnecessary use of blood products through earlier recognition and improved management

OBSWVT

Obstetric Bleeding Strategy for Wye Valley Trust

Postpartum Haemorrhage Management Checklist

OBSWVT
Obstetric Bleeding Strategy for Wye Valley Trust (Pilot Copy)

Postpartum Haemorrhage Management Checklist
Designed to be used within the maternity setting. This is not a comprehensive guideline but a checklist to facilitate an appropriate escalating multidisciplinary team approach to postpartum haemorrhage and as an aid to documentation. To be used on all pregnant women birthing person.

Addressograph

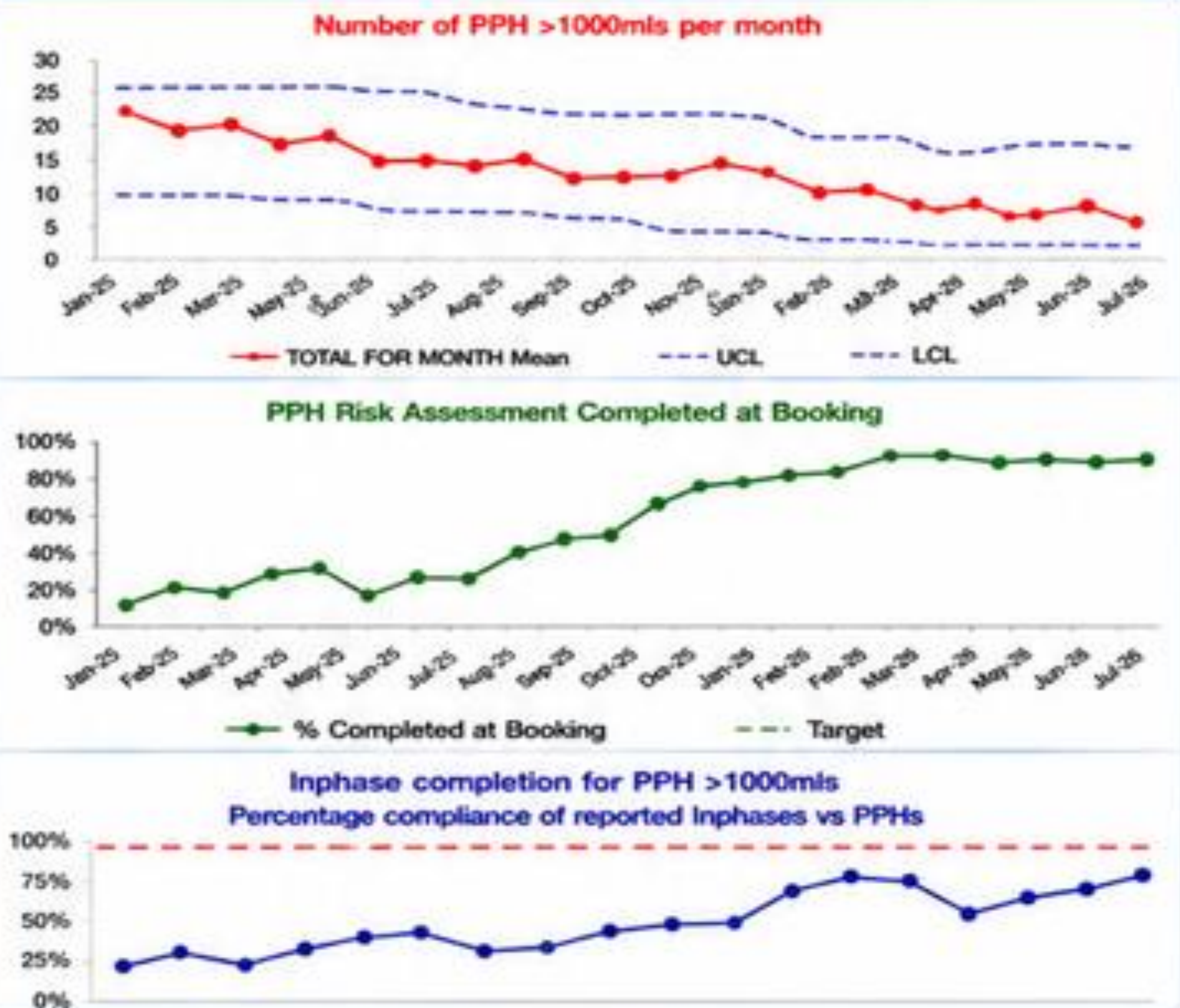
Stage 0	Stage 1
PPH Risk Assessment Complete for all women on admission (including ECLS) using BadgerNet PPH Risk Assessment	>500ml ongoing blood loss Get Help Notify Delivery Suite Co-ordinator Name: _____ Time arrived: _____ Allocate role to measure all blood loss Name: _____ Time started: _____ Other staff present: _____ Role: _____ Time arrived: _____
Antenatal or Admission Risk Assessment BMI= _____ BadgerNet Score = _____ Low / Medium / High Current weight = _____ 15%CBV	ACT Completed by: _____ Time: _____ Measure all Blood Loss Record observations Woman/family updated Record observations IV Access & bloods IV Access & bloods What is the cause of bleeding? Tone / Trauma / Tissue / Thrombosis TREAT Uterine massage Give uterotonics Inspect genital tract Consider TXA IV line Empty bladder Check placenta & membranes Bimanual compression If bleeding stopped: Please record MEL here Completed by: _____ Time: _____ Location: _____
Intrapartum Risk Assessment Please make an ongoing assessment of additional risk factors as BadgerNet throughout labour and delivery BMI= _____ BadgerNet Score = _____ Low / Medium / High Current weight = _____ 15%CBV	

New **OBSWVT** checklist implemented 1st October 2025 alongside new guideline and new PROMPT training programme 2026

WHAT WE DID IN 2025 – MULTIDISCIPLINARY APPROACH

- LEARNING**
 - Standardised audit tool for MOH to identify learning opportunities
 - Triangulation of PPH incidence data vs Inphase reporting
- QI PROGRAMME**
 - MDT-developed QI programme focusing on prevention, recognition/escalation and management
 - Learning from reviews directed priorities
- GUIDELINE**
 - New guideline: OBSWVT – Obstetric Bleeding Strategy for Wye Valley Trust
 - Accompanying PPH checklist
 - Workshops and staff training to support implementation.
- PREVENTION**
 - Digital PPH Risk Assessment in BadgerNet at booking, 34/36 weeks, on admission and during labour
 - Fibrinogen levels on admission for high-risk women
 - Personalised circulating blood volume (weight & BMI) to enable earlier escalation
- RECOGNITION / ESCALATION**
 - Emphasis on key escalation points and PROMPT education
 - Mandatory training in accurate blood loss measurement, especially in theatre
- MANAGEMENT**
 - Use of OBSWVT checklist to identify cause and guide appropriate management
 - Increased use of uterotonics and TXA
- WOMEN'S EXPERIENCE**
 - Debriefs highlighted breastfeeding difficulties after PPH
 - Women with PPH placed on Amber feeding chart to ensure enhanced postnatal breastfeeding support

OUTCOME DATA OVER TIME (Jan 2025 – Jul 2026)



IMPACT & OUTCOMES (Jan 2025 – Jul 2026)



KEY LEARNING

- Staff engagement early in the process improves uptake of changes.
- Use the OBSWVT checklist as a pause-and-check tool at each stage.
- PPH/MOH will still occur. Accurate measurement in complex scenarios (e.g. instrumental delivery, suturing) remains a challenge.

NEXT STEPS FOR 2026

- Continue to review/audit MOHs and feed learning into MDT
- Support accurate blood loss measurement in all settings
- OASI bundle
- Review anaemia protocol to optimise pregnancy
- Continue monitoring compliance and effectiveness of OBSWVT
- Improve PPH Risk Assessment compliance (target >95%)
- Re-run Maternal Escalation Survey



STAFF FEEDBACK SUMMARY (2026 SURVEY)

Improvements in blood loss measurement, early escalation, PPH risk assessment, prevention, MDT working and confidence to escalate. Strongest gains linked to structured PPH processes and multidisciplinary learning.



REDUCTION IN BLOOD PRODUCT USAGE

Monthly blood product utilisation fell by **39.5%**, from an average of 6.4 units to 3.9 units per month. Estimated potential annual saving: £9,500–£13,500

ACKNOWLEDGEMENTS

Huge thank you to all maternity and theatre teams across Wye Valley NHS Trust for their support, ongoing feedback and for implementing the OBSWVT and PPH Risk Assessments.



CONCLUSION

A structured, multidisciplinary approach focusing on prevention, recognition, escalation and management has led to measurable improvements in PPH and MOH rates, stronger governance, improved teamwork and enhanced support for women and their babies. Change takes time – but together, we are making a difference.