

Obstetric emergency response: haemorrhage and eclampsia

Standard operating procedure (SOP) | OBS-SOP-001

Document type	Standard operating procedure (SOP)
Title	Obstetric emergency response: haemorrhage and eclampsia
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
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Replaces	None (new document)
Standards and criteria supported	Standard 12 (Obstetrics and Gynaecology), criterion 12.3
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Postpartum haemorrhage and eclampsia have written steps the team follows at once.
2. Uterotonic, tranexamic acid and magnesium sulphate are kept ready and checked (OBS-FRM-003).
3. Blood loss is measured and recorded, not estimated.
4. Each emergency is recorded and reviewed (INC-SOP-001).

Stop and get help straight away if: a haemorrhage or eclampsia is treated with no written steps, or the drugs are not ready.

1. Purpose

To treat obstetric emergencies at once, with the equipment and drugs ready (12.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To treat obstetric emergencies at once, with the equipment and drugs ready (12.3).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Lead obstetrician	Owens the steps and the drug list	Clinician
Midwife in charge	Checks the kit and leads the team	Midwife

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Recognise.	• Call the emergency at once for haemorrhage (over the set volume) or eclampsia.	Call at once.
2	Treat.	• Give the first-line drug and measures set out in the SOP, and measure blood loss.	First line, measured.
3	Escalate and review.	• Escalate to surgery and blood, and review the case.	Escalate, then review.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Emergencies with written steps followed	100%	Each emergency	Lead obstetrician	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
OBS-FRM-003	Obstetric emergency kit check record	Record
HOS-SOP-015	Resuscitation equipment checks (existing, reused)	Procedure

16. Evidence

ID	Source and status
E-009	Based on the WHO recommendations for the prevention and treatment of postpartum haemorrhage (2012).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval