Standard operating procedure (SOP) · OBS-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 12.3

At a glance

- Postpartum haemorrhage and eclampsia have written steps the team follows at once.
- Uterotonic, tranexamic acid and magnesium sulphate are kept ready and checked (OBS-FRM-003).
- Blood loss is measured and recorded, not estimated.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

Haemorrhage, eclampsia and other obstetric emergencies can kill within an hour. The equipment and drugs must be ready and checked, and the team must have practised the response.

5. Responsibilities

Role	Responsibility	Competence
Lead obstetrician	Owns the steps and the drug list	Clinician
Midwife in charge	Checks the kit and leads the team	Midwife

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Recognise.

- Call the emergency at once for haemorrhage (over the set volume) or eclampsia.

Key point: Call at once.

Step 2. Treat.

- Give the first-line drug and measures set out in the SOP, and measure blood loss.

Key point: First line, measured.

Step 3. Escalate and review.

- Escalate to surgery and blood, and review the case.

Key point: Escalate, then review.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Emergencies with written steps followed	100%	Each emergency	Lead obstetrician	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medical Emergency Protocol Development** (MED-01)
- Emergency Medical Equipment & AED Readiness (MED-02)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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