Appendix 3: Postpartum Hemorrhage Risk Assessment and Stratification

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singletons</td>
<td>TSH in direct azoospermic men negative</td>
</tr>
<tr>
<td>Prior vaginal births</td>
<td>TSC if IDOC positive</td>
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<tr>
<td>Prior cesarean</td>
<td>Postpartum oxytocin for 4 hours</td>
</tr>
</tbody>
</table>

**Low Risk**
- BMI > 30 kg/m²
- 2 or more prior cesareans or 1 uterine incision (myomectomy)
- History of PPH
- EFW > 4,000 g
- Multiple gestation
- > 4 prior vaginal deliveries
- Intrapartum magnesium sulfate administration

**Medium Risk**
- Known coagulopathy
- Active bleeding at admission
- Placental abruption

**High Risk**
- Placenta previa or abruption
- Suspected placental accreta spectrum disease

**Post Delivery Management: Regardless of Risk Assessment Stratification**

- Uterotonics required other than pitocin
- 2 uterotonic agents or 1 uterotonic agent AND balloon tamponade or Transverse Abdominal myotomy
- MTP activation
- C/section 4 hours after delivery and again 12 hours after delivery (screener if clinically indicated)
- C/section PTT and fibrinogen every 4 hours until stability established