

# Acute Antepartum Haemorrhage Management Framework

## Assessment

- Vital signs / Pain assessment
- Estimate blood loss
- History
- Abdominal palpation (gentle)

### The serious causes of APH are:

- Placenta Praevia (US dx)
- Placenta Abruption (clinical dx)
- Vasa Praevia (rare)

### Consider

- IV Access (16g)
- Collect blood for: Hb, Group & X Match, \*FMH test (Rh neg)

Is the CTG non-reassuring or any maternal compromise?

YES

### Summon help

- Obstetric Medical Officer
- Anaesthetist
- Haematologist
- Paediatrician

### Resuscitation (Concurrent management)

- IV access 16g and
- Collect blood:
  - FBC
  - Group & Cross-match
  - Coagulation profile
  - \*FMH test (Feto-maternal haemorrhage) for Rh negative women
- If significant blood loss → Volume/Blood replacement. [Blood administration](#)
- Oxygen
- Indwelling urinary catheter
- FHR auscultation/ continuous CTG
- Maternal monitoring: ongoing, vital signs, blood loss

Confirm diagnosis / gestation

- Ultrasound
- Speculum examination

Are Mother & Fetus stable?

NO

YES

Timing and mode of delivery determined by gestation and maternal / fetal status

NO

### Management - according to gestation and diagnosis

- Clinical history and examination
- Consider analgesia
- Ultrasound to confirm placental site
- Speculum
- If RH negative: \*FMH test / Anti D if required [Rh D Immunoglobulin in Obstetrics](#)

Differential diagnosis:

- Placenta praevia
- Placental abruption

Ongoing management is individualised according to gestation, diagnosis and patient condition. Principles may include:

#### 20-24 weeks

- Admission
- Bed rest
- Maternal monitoring
- Paediatric consultation

#### 24-36 weeks

- Consider corticosteroids (usually 24-34 weeks)
- Continued fetal surveillance
- Anti D if RH negative [Rh D Immunoglobulin in Obstetrics](#)
- Paediatric consultation

#### 36 weeks

##### Praevia

- Expectant management
- Elective C/S Booking

##### Abruption

- Expectant management
- Consider induction 37 weeks+, earlier if fetal or maternal compromise

\*NB: Kleihauer now known as: Assessment of Feto-Maternal Haemorrhage. Use 9ml EDTA blood collection tube.