

**Request under Freedom of Information Act 2000**

Thank you for your request for information which we received on Thursday 4<sup>th</sup> July 2024. I am pleased to confirm the following.

**1. What are your Massive Obstetric Haemorrhage rates over the last year?**

Month	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
Rate (%)	4.68	2.19	5.68	5.21	6.92	6.08	2.78	3.72	4.61	5.28	3.56	6.38

**2. When recording blood loss is this estimated blood loss (EBL) or weighed blood loss (WBL)?**

Blood loss is weighed.

**3. If weighed is this undertaken by a midwife, ODP or MCA/MSW, other (please specify)?**

On labour ward, the blood loss is weighed by a midwife or MSW. In theatre, the blood loss is weighed by a member of the theatre team.

**4. At what volume do you activate a Massive Obstetric Haemorrhage emergency and who is included in this escalation?**

An MOH emergency is activated at 1500ml and the following members of the team are alerted

On call Obstetric Consultant

On call Anaesthetist Consultant

Blood transfusion biomedical scientist

On call haematology consultant

Labour Ward Co-ordinator

Maternity Bleep holder

**5. Do you use any devices to aid with recognition of blood loss? E.g under-buttock drape, swab safe, cell salvage, TEG (Thromboelastogram)**

Under buttock drape

**6. In the event of a Massive Obstetric Haemorrhage do you use a proforma to monitor ongoing blood loss and treatment? If yes please share.**

Yes - please see appendix 4 in the attached guideline.

**7. What is your review process for Massive Obstetric Haemorrhages in your unit?**

All Massive Obstetric Haemorrhage (MOH) are reviewed in the MOH multidisciplinary meeting. This meeting includes the following members as a minimum - Obstetric Consultant, Consultant Midwife, Labour Ward Manager, a member of the maternity governance team.

**8. At what point is Duty of Candour indicated with regards to Massive Obstetric Haemorrhage? Eg admission to ITU, blood transfusion, extended stay**

A duty of candour is indicated when an MOH meets the criteria for moderate harm.

**9. Please could you share your post-partum haemorrhage guideline including management of Massive Obstetric Haemorrhage.**

Please see attached guideline, sections 2.2 - 4.0.

This guideline has been updated and is due to be finalised through the trust governance process in August 2024. It has been updated to reflect the changes that have been implemented at MKUH to include the introduction of carbetocin as recommended in NICE Intrapartum care guideline updated 29<sup>th</sup> September 2023 and reflect the learning from the review of all Massive Obstetric Haemorrhage that are undertaken at MKUH. The guideline has also been updated to reflect the current practice of weighed blood loss not estimated as stated in this version of the guidance.

**10. Is management of Massive Obstetric Haemorrhage included as part of the required MDT obstetric emergency training? Is this simulation or via other method?**

Our training is planned to meet the aims of the Maternity Incentive Scheme over a three-year period. Each year we cover Haemorrhage as a subject on our Practical Obstetric Multi Professional Training (PROMPT) day and we alternate the content to include Antenatal and/or postpartum haemorrhage but the case always leads to Management of Major Obstetric Haemorrhage. This session is delivered in diverse ways each year, which can include simulation (both high and low fidelity), group discussion, team building **activities**.

**11. Have you had any Serious Incidents (SI's) or Patient Safety Incident Investigations (PSII's) relating to Massive Obstetric Haemorrhage in the last year (July 23 – Jun 24)? If yes please share the action plan relating to the incident.**

There not been any SI's or PSII's relating to MOH in the last 12 months.

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If you need any further assistance, please do not hesitate to contact us at the address above.

Yours sincerely

Freedom of Information Co-ordinator  
For and on behalf of Milton Keynes Hospital NHS Foundation Trust

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