



Additional Case Scenarios

► Low Risk Scenario: Emily Mendez

Mrs. Mendez is a 30-year-old who has had 3 pregnancies and 3 babies (G3P3). She has just delivered a 4,210-gram male infant by spontaneous vaginal delivery. The third stage of labor was managed actively, and the placenta was delivered spontaneously and intact, but I am concerned with the amount of bleeding we are still seeing. She did not have an episiotomy and she received an Oxytocin bolus immediately after the placenta was delivered. She does have an IV in place with oxytocin infusion running currently. The **cumulative blood loss (as quantitative as possible)** at the time of delivery was 500 mL. We are still concerned about her as she has continued to bleed over the past hour. Her bladder has been emptied, manual exploration and bimanual compression have been completed. Upon which we have found the fundus of the uterus to be boggy and suspect uterine atony.

Vital Signs: Pulse Rate: 75; Blood Pressure: 115/72; Respiratory Rate: 17; Oxygen Saturation 97%; Temperature 37°; Lungs clear; no electrocardiogram. Her quantitative blood loss is now 750 mL.

► Medium Risk Scenario: Julie Chen

Ms. Chen is a 26-year-old who has had 1 pregnancy and 1 baby. The third stage of labor was managed actively. She had a vacuum assisted vaginal delivery approximately 1 hour ago for a non-reassuring Fetal Heart Rate (FHRT). She was in labor for over 20 hours and pushed for an hour before the vacuum cup was placed. Her prenatal course was uncomplicated and has no significant medical history. After delivery, a second-degree laceration was repaired, and the placenta delivered spontaneously and



appeared intact. Genital tract examination revealed no evidence of vaginal wall tears or surgical lacerations. Her **cumulative blood loss (as quantitative as possible)** at the time of delivery was 600ml. Over the past 5 minutes, she has soaked an entire pad. Her bladder has been emptied, manual exploration and bimanual compression has been completed. Upon which we have found the fundus of the uterus to be boggy and suspect uterine atony.

Vital Signs: Pulse Rate: 85; Blood Pressure: 110/64; Respiratory Rate: 20; Oxygen Saturation 97%; Temperature 37.4°; Lungs clear; no electrocardiogram. Her blood loss is now 850 mL.

▶ **High Risk Scenario 1: Rhonda Hill**

Mrs. Hill is 32 years old with two previous pregnancies and 1 baby. She was 38 weeks of gestation. Her obstetric history is remarkable for one previous cesarean section and a low-lying placenta (placenta previa). A cesarean section was performed without complication and there was minimal difficulty removing the placenta, which was determined to be intact. Her baseline lab results are within normal limits except her hematocrit blood test result was low, at 24. She delivered 30 minutes ago and her **cumulative blood loss (as quantitative as possible)** at the time of caesarean section was 900mL. In the recovery room upon observation she was complaining of lightheadedness and nausea. Prior to moving her to the OR, it was noted that her pad was completely soaked, and blood was continuously trickling from her vagina.

Vital Signs: Pulse Rate: 97; Blood Pressure: 110/54; Respiratory Rate: 22; Oxygen Saturation 94%; Temperature 37.4°; Lungs clear; electrocardiogram normal. Her blood loss is now 1,200mL.

▶ **High Risk Scenario 2: Elizabeth Williams**

Ms. Elizabeth Williams is 23 years old with a previous pregnancy and 1 baby. She is 32 weeks of gestation and was admitted as a result of a low-speed motor vehicle accident, when the airbags deployed. She was rushed by ambulance to labor and delivery with abdominal pain and vaginal bleeding. The fetal heart rate tracing was non-reassuring and upon ultrasound, the patient was diagnosed with a large retroplacental clot and fetal bradycardia was noted. She was also found to have 450 mL of blood loss on the absorbent pad after the ultrasound. She was brought to OR for immediate cesarean section in which she lost a further 750 mL of blood. After a successful delivery and closure of the skin incision her uterus was noted to be boggy and unresponsive to massage. Her **cumulative blood loss (as quantitative as possible)** was 1,200 mL.

Vital Signs: Pulse Rate: 120; Blood Pressure: 82/45; Respiratory Rate: 26; Oxygen Saturation 90%; Temperature 37.6°; Lungs clear; electrocardiogram is normal. Her blood loss is now 1,500cc.

