### General Non-blood Management Principles

A. Evaluate for critical anemia: address signs and symptoms of hypoperfusion
B. Formulate plan of care to minimize blood loss and treat anemia.
C. Discuss with the patient concerning non-blood alternatives (i.e. albumin, clotting factors, etc.)
D. Low Threshold for progression of care from observation/fluid replacement to mechanical hemostasis. Consider 2nd MD, imaging studies as part of immediate evaluation, and return to OR without delay for definitive surgical intervention

### Intrapartum Blood Conservation Strategies

A. Quantitative Blood Loss Estimation preferred or best practice
B. Minimize coagulopathy
   1. Keep pH > 7.2
   2. Keep body temperature > 35.0ºC
   3. Keep Ionized calcium > 1 mmol/l
   4. Monitor coagulation factors and supplement as needed
C. Autologous cell salvage – Recommend on standby/available for all BMSP patients having a Cesarean Birth, if acceptable to the patient
D. Pharmaceuticals
   1. Tranexamic acid (TXA) 1g/10 min – Give ASAP after bleeding onset (best given sooner than later). Repeat if bleeding uncontrolled.
   2. Cryoprecipitate or Fibrinogen Concentrate supplementation for fibrinogen levels <100 mg/dL or <200 mg/dL & severe perioperative bleeding, if acceptable to the patient.
   3. Consider with caution Factor VII, if acceptable to the patient and bleeding continues uncontrolled


### Peripartum Anemia Management

#### Prepartum

A. Labs to assess: CBC, Retic Hg, Iron Sat, Ferritin
   1. IV Iron Replacement (First Line Treatment)
      a. If Iron Saturation < 20%, s.Ferritin <100 , Ret.-He <26 pg then begin IV Iron replacement 500mg
   2. Consider with caution ESA, if acceptable to patient
      a. Indicated only if Hg <10 Gm/dL following IV Iron supplementation.
      b. Epoetin alfa (Procrit) 600 IU/kg x 1 per week or Darbepoetin Alfa (Aranesp) 300 mcg every 2 weeks

#### Postpartum

A. Labs to assess as above
B. Consider with caution ESA as above
C. Minimize blood loss and Restrict diagnostic phlebotomy
   1. Limit phlebotomy to necessary diagnostic testing
   2. Use pediatric blood tubes/minimal blood draw to decrease volume of blood drawn

### Postoperative Management according to EBP

A. Observation for additional bleeding
B. Consider Hematology consult