



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.35
January 22, 2021

DAD-MA

SUBJECT: Guidance for Implementation of the Postpartum Hemorrhage Bundle (PPHB)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (n), establishes the Defense Health Agency's (DHA) procedures for military medical treatment facilities (MTFs) providing obstetrical (OB) care to implement standardized PPHB practices. Note, the use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Department of Defense (DoD).

2. **APPLICABILITY.** This DHA-PI applies to DHA, DHA components (activities under the authority, direction, and control of DHA), Service Direct Support Organizations (DSOs), the Military Departments (MILDEPs), and all personnel to include: assigned or attached active duty and Reserve Component members, members of the Commissioned Corps of the Public Health Service, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.

3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (a) through (n), that the DHA will establish procedures for:
 - a. Establishing uniform accountability and standardized processes and procedures for comprehensive risk assessment and prompt treatment of postpartum hemorrhage (PPH) to prevent maternal complications.

 - b. Supporting high reliability organization principles by standardizing processes and procedures to optimize readiness and quality of care in all DHA MTFs providing OB services in order to improve medical readiness, reduce non-beneficial clinical variation, and minimize fragmentation.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. The goal of this instruction is to eliminate non-beneficial clinical variation in PPH management, increase responsiveness, and improve patient outcomes. This DHA-PI is not a statement of the standard of care and should not be interpreted as such. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Assistant Director, Health Care Administration. When Activities are unable to comply with this publication the activity may request a waiver by providing justification that includes a full analysis of the expected benefits and must include a formal review by the activity's senior legal officer. The activity director or senior leader will endorse the waiver request and forward it through their chain of command to the Director, DHA to determine if the waiver may be granted.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
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Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD (HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) NAVMEDWESTINST 6320.2M5, “Postpartum Hemorrhage Bundle Implementation,” July 11, 2016¹
- (e) American College of Obstetricians and Gynecologists, “Council on Patient Safety in Women’s Health Care, Obstetric Hemorrhage Alliance for Innovation on Maternal Health (AIM) Bundle,” May 2015²
- (f) DHA-Procedural Instruction 6025.30, “Guidance for Service Implementation of Code Purple for Obstetric Emergencies,” December 9, 2019
- (g) The Joint Commission, “R3 Report: Requirement, Rationale, Reference,” Issue 24, August 2019
- (h) American College of Obstetrics and Gynecologists, “Obstetric Team Debriefing Form”³
- (i) OTSG/MEDCOM Policy Memo 17-024, “Department of the Army,” April 26, 2017⁴
- (j) AFMAN 41-210, “TRICARE Operations and Patient Administration Functions,” September 10, 2019, as amended⁵
- (k) OTSG/MEDCOM Policy Memo 091715Q April 2019 OPERATION ORDER 19-34 (Response to Perinatal Emergencies (Code Purple))-USAMEDCOM
- (l) DHA-Procedural Instruction 6025.16, “Processes and Procedures for Implementation of Standardized Perinatal Training,” April 30, 2019
- (m) DHA-Procedural Instruction 6025.17, “Healthcare Resolutions, Disclosure, Clinical Conflict Management and Healthcare Provider (HCP) Resiliency and Support in the Military Health System (MHS),” June 18, 2019
- (n) DHA-Procedures Manual 6025.13, “Clinical Quality Management in the Military Health System,” Volumes 1-7, September 1, 2019

¹ This reference can be found at: <https://es.med.navy.mil/sites/nmw/intranet/SitePages/Home.aspx>

² This reference can be found at: <https://safehealthcareforeverywoman.org/>

³ This reference can be found at: <https://www.acog.org/>

⁴ This reference can be found at: <https://medcomsafety.amedd.army.mil/policies.html>

⁵ This reference can be found at: https://static.e-publishing.af.mil/production/1/af_sg/publication/afman41-210/afman41-210.pdf

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will:

- a. Assign responsibilities to monitor activation of the PPHB in the event of a PPH emergency.
- b. Support the Market Directors and DSOs by identifying standard clinical, business, and administrative process changes or requirements, and assign resolution to the appropriate directorate within DHA.
- c. Provide leadership, guidance, and ensure DHA-PI implementation.

2. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:

- a. Assign responsibilities to monitor activation of the PPHB in all MTFs providing OB services outside the continental United States.
- b. Update Service-level medical planners' doctrine, regulations, publications, and training with PPHB planning capabilities and considerations.

3. DEPUTY ASSISTANT DIRECTOR (DAD), MEDICAL AFFAIRS (MA). The DAD-MA will:

- a. Collaborate with DAD, Healthcare Operations (HCO), to exercise decision-making authority in support of this DHA-PI.
- b. Advocate for alignment of sufficient resources and expertise to support implementation of this DHA-PI.
- c. Oversee collaboration of DHA Women and Infant Clinical Management Team (CMT), DHA Women and Infant Clinical Community (WICC), DHA Clinical Support Division, and DHA Clinical Quality Management Division activities to identify, monitor, and track this DHA-PI.

4. DAD-HCO. The DAD-HCO will:
 - a. Collaborate with DAD-MA to exercise decision making authority in support of this DHA-PI.
 - b. Coordinate clinical business operations to support implementation of this DHA-PI.
 - c. Ensure Markets and MTFs can access and understand the standardized processes outlined in this DHA-PI.

5. CHIEF, WOMEN AND INFANT CMT. The Chief, Women and Infant CMT will collaborate with the Directors, DHA Markets, DSOs, and Chair, WICC, to implement, monitor, and adhere to requirements specified in this DHA-PI, with focus on clinical business process requirements.

6. CHAIR, WICC. The Chair, WICC will collaborate with the Directors, DHA Markets, DSOs, and Chief, CMT, to implement, monitor, and adhere to requirements specified in this DHA-PI, with focus on clinical process requirements.

7. DIRECTORS, DHA MARKETS AND DSOs. The Directors, DHA Markets and DSOs must:
 - a. Ensure MTFs under their authority, direction, and control develop guidance and procedures that conform to this DHA-PI and are tailored to meet the capabilities of their facility.
 - b. Ensure all MTF Directors, administrative staff, and healthcare personnel are aware of and follow the guidance and procedures in this DHA-PI. Policies and procedures for clinical practice will be standardized at the MTF, as practicable.
 - c. Sponsor provider education regarding this DHA-PI based on the MTF individual capabilities.

8. DIRECTORS, MTF. The Directors, MTF must ensure an MTF level standard operating procedure (SOP) is developed that specifies assigned roles, responsibilities, and communication channels for successful PPHB implementation and response to the following disciplines such as (but not limited to):
 - a. Obstetrician-Gynecologist/Gynecologic Surgery and Obstetrics, Family Medicine Physician, Certified Nurse Midwife, or other Licensed Independent Provider(s);
 - b. Anesthesia physician, Certified Registered Nurse Anesthetist, or Licensed Independent Provider(s);

- c. Nurses (including labor and delivery, operating room (OR), antepartum and postpartum nursing);
- d. OR Technician(s);
- e. Respiratory Technician(s);
- f. Additional Providers and Advanced Trained Staff (e.g., Emergency Room Provider(s));
- g. Blood Bank Technician(s) and Blood Bank Staff; and
- h. Pharmacist(s).

ENCLOSURE 3

PROCEDURES

DISCLAIMER. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the DHA or DoD.

1. OVERVIEW. This DHA-PI uses the National Partnership for Maternal Safety and the Council on Patient Safety in Women's Healthcare Alliance for Innovation on Maternal Health PPHB as a framework. This bundle was developed to further standardize the approach and management of PPH within the Military Health System (MHS). The PPHB started with the Navy adaptation and implementation of the Alliance for Innovation on Maternal Health PPHB in 2017-2018. Using the Navy product as a pilot, the WICC developed a clinical process improvement platform to refine recommendations to target improved maternal outcomes across the MHS. The goal of this instruction is to eliminate non-beneficial clinical variation in PPH management, increase responsiveness, and improve patient outcomes. This DHA-PI is not a statement of the standard of care and should not be interpreted as such. The care of patients is dependent on individual circumstances and no policy or procedure can detail or describe each circumstance. This policy is only meant to be a guideline and should never be a substitute for the exercise of sound medical judgment.

2. SYSTEM LEVEL READINESS. All DHA MTFs that provide OB services must adopt standardized processes and procedures to optimize readiness and quality of care in OB services. Standardized protocols and MTF instructions will be developed to support OB emergencies with the need for prompt transfusion of blood products when required. Standardization ensures consistency and familiarity despite frequent changes to personnel assignments. Essentris® (Legacy) system and MHS GENESIS content will be updated to enable standard documentation of PPH risk assessment, history, and physical information, pertinent order sets, quantitative blood loss (QBL), and patient discharge teaching.

a. Code Purple. A Code Purple should be activated as needed for concern of OB hemorrhage in accordance with Reference (1).

b. OB Emergency Cart

(1) A standardized, dedicated, and secured OB emergency cart must be located at or immediately available in locations where OB emergencies may occur. The OB emergency cart must include emergency supplies and medications as well as copies of written procedures and checklists for PPH response.

(2) Each DHA MTF providing OB services must have a six-drawer lavender/purple cart.

(3) OB emergency carts must be inventoried on a routine basis and/or replenished after each use to ensure sterility, stock, and expiration dates of all items.

(4) The OB emergency cart must contain items to respond to OB emergencies, and each drawer will have, at a minimum, the following contents:

(a) On top of the cart, there must be a binder that contains checklists for PPH, massive transfusion protocol (MTP), eclampsia, hypertensive crisis, and appropriate Code Purple documentation in accordance with MTF policy.

(b) Drawer 1 must contain medications for the management of OB emergencies, including but not limited to PPH, hypertension, seizures, and eclampsia. Pharmacy has the responsibility for managing medications in the cart. The medication drawer should also contain a medication card including dose, route and contraindications.

(c) Drawer 2 must contain intravenous (IV) catheter, blood draw, and medication administration supplies.

(d) Drawer 3 must contain IV and blood tubing, IV fluids, and pressure bags.

(e) Drawer 4 must contain intrauterine tamponade balloon, Foley catheter, and vaginal packing supplies. Vaginal packing supplies must include radiopaque vaginal packing gauze and an orange band that will be placed on the patient's wrist to alert patient and staff of intentionally retained foreign object. All MTFs should standardize orange wrist bands for an intentionally retained foreign object, regardless of what color they may currently be using.

(f) Drawer 5 must contain sutures and sterile instruments for curettage (3 centimeter-wide banjo curette) and laceration repair.

(g) Drawer 6 must contain sterile gloves, OR hats and masks, and hemostatic agents.

c. MTP

(1) Every MTF providing OB services must have an MTP in place to obtain blood products quickly for OB patients and neonates.

(2) Every MTF providing OB must have a minimum par level of two to six units of O-negative blood to support initial massive transfusion requirements.

(3) MTPs must include:

(a) Procedures for the immediate issuance of two or more O-negative or type specific packed red blood cells for mothers and neonates.

(b) Requirements for the immediate issuance to arrive at the bedside within 10-15 minutes of initiation.

(c) Requirements for subsequent blood products to arrive at the bedside within 60 minutes, consistent with the local MTF MTP.

d. Education and Training

(1) Patient Education

(a) Education about PPH will be provided to patients and their designated support system.

(b) Education will include signs and symptoms of PPH that alert patients to seek immediate care, both during hospitalization and after discharge.

(2) Staff Education

(a) Education about PPH and response procedures will be done at orientation and every 2 years, as outlined in Reference (1).

(b) Education will also be provided for any changes to response procedures.

(c) Emergency Department staff, or other staff that could be involved in the care of pregnant patients, will be trained in the initial identification of PPH and Code Purple activation procedures.

(3) Simulation and Drills

(a) PPH and PPH simulation drills will be held at least twice annually, to include progression to a stage three activation of MTP and Code Purple, as outlined in Reference (1).

(b) Multidisciplinary PPH drills, with role-appropriate activities within the simulation, will be conducted *in situ* (in the actual patient care setting such as labor and delivery, emergency room, or intensive care unit (ICU) with participation from each group of providers, nurses, and non-licensed personnel in collaboration with blood bank and ancillary/support staff).

(c) A team debrief will be held after each drill. These drills assist in collaborative team spirit and serve to identify and correct issues related to the physical environment and the response system.

(d) Communication with patients and families should be incorporated into simulation exercises; simulation debriefs should include an assessment and guidance on how to communicate with patients during a PPH.

3. SYSTEM LEVEL RECOGNITION

a. Risk Assessment

(1) Upon admission, a patient's PPH risk factors will be reviewed, identified, and documented in the history and physical. The overall risk assessment will be documented in the provider orders as low, moderate, or high. Corresponding lab work, blood products, and treatment plan will be ordered consistent with risk status.

(2) A patient's risk of PPH may increase during her intrapartum risk (is risk the correct word) and postpartum course; therefore, her risk factors will be reassessed and communicated at all transitions of care. The patient's risk of PPH should be documented when PPH risk changes. The overall risk assessment will be documented in the provider orders as low, moderate, or high. Corresponding lab work, blood products, and treatment plan will be ordered consistent with risk status.

(3) PPH risk factors will also be included in postpartum progress note. The overall risk assessment will be documented in the provider orders as low, moderate, or high.

b. QBL

(1) QBL is a formal measurement of the volume of blood loss utilizing a combination of directly measured blood loss and weighed blood loss.

(2) Measured blood loss is the volume of fluid in the under buttocks drape and/or suction canister minus the amniotic fluid volume.

(3) Weighed blood loss is the weight of all blood-soaked items minus the dry weight of those items weighed.

(4) Measured blood loss will be added to weighed blood loss to determine total QBL.

(5) QBL will be utilized during all deliveries.

(6) QBL will also be used for ongoing, increased, or acute bleeding during the inpatient postpartum stay.

(7) QBL will be documented in the electronic health record. If QBL is not able to be obtained, estimated blood loss should be documented and labeled as EBL, with comment.

c. Active Management of the Third Stage of Labor (AMTSL). AMTSL has been shown to reduce the incidence of PPH, and should be implemented for all patients unless specifically declined by the patient.

(1) AMTSL includes:

- (a) clamping and cutting the umbilical cord after a delay of 30 seconds;
- (b) controlled cord traction to facilitate placental separation and delivery;
- (c) uterine massage;
- (d) administration of oxytocin:

1. Standardized concentration of 30 units oxytocin in 500 milliliter (mL) of normal saline or lactated ringers, prepared by pharmacy, will be infused postpartum.

2. Oxytocin will be given only via infusion pump unless IV access is not available or has been declined by the patient; in those cases, oxytocin can be given via intramuscular injection (per 4., below).

3. Postpartum oxytocin infusion should be administered for a minimum of 4 hours. The infusion dose should not exceed 60 units oxytocin over 4 hours.

4. If no IV access is available, an alternative administration of 10 units oxytocin can be provided via intramuscular injection in a single dose.

(2) Each MTF will develop a unit-specific SOP that standardizes administration of oxytocin using the above guidelines following birth.

4. SYSTEM LEVEL RESPONSE

a. Stage-Based Checklist

(1) A stage-based checklist to identify and treat PPH will be available at all MTFs and will meet the minimum criteria set forth below. Examples of possible stage-based checklists to be implemented at each MTF can be found at the WICC SharePoint website. The stage-based checklist will include consideration for Code Purple activation, as appropriate, based on patient condition and the MTF's SOP.

(2) PPH can be unpredictable. To ensure the best possible outcomes, all components of the PPH checklist should be addressed to prevent omission of critical actions.

(3) The stage-based checklist will be read aloud/used during management of PPH.

(a) **Stage 1** response will be utilized when blood loss exceeds 500 mL (or, in Cesarean delivery, exceeds 1,000 mL) with continued bleeding and normal vital signs. Initial steps will minimally include:

1. Obtaining the OB emergency cart and team use of the PPH checklist.
2. Determination and communication of the etiology of PPH (i.e., uterine atony, retained tissue, laceration, uterine inversion, placenta accreta, coagulopathy, etc.).
3. Treatment of the cause of bleeding.

(b) **Stage 2** hemorrhage response will be utilized when there is continued bleeding with total blood loss under 1,500 mL with normal vital signs and lab values. If maternal tachycardia, hypotension, mental status changes, or disseminated intravascular coagulation is suspected, move to Stage 3 regardless of volume of blood loss. Initial steps will minimally include:

1. Completion of Stage 1 checklist items and use of Stage 2 checklist.
2. Mobilization of additional team members and/or Code Purple activation outlined in Section 1.
3. Consideration of additional/escalating medications and advanced interventions (i.e., uterine tamponade balloon), as determined by clinical presentation.
4. Consideration and/or activation of the MTP.
5. Reassessment/confirmation of etiology (i.e., evaluation for laceration, hematoma, retained placenta, intraoperative assessment of broad ligaments and posterior uterus, etc.).

(c) **Stage 3** hemorrhage response will be utilized when blood loss meets or exceeds 1,500 mL with continued bleeding, **or** with maternal tachycardia and/or hypotension, mental status changes, or when disseminated intravascular coagulopathy is suspected. Initial steps will minimally include:

1. Completion of Stage 1 and 2 checklist items and use of Stage 3 checklist.
2. Mobilization of additional team members and/or Code Purple activation if not already activated.
3. Activation of the MTP.
4. Consideration for definitive surgery.
5. Consideration of alternative etiologies.
6. Consultation with additional experts and consideration of transfer to higher level of care.

(d) **Stage 4** hemorrhage response can be determined by the MTF, but should be used in such cases as when a new pathway of code blue occurs **or** cardiovascular collapse.

b. Communication. Communication with patients and their families during and after a PPH event is important. Assistance can be provided from Healthcare Resolutions specialists in accordance with Reference (m), where available.

c. Debriefing

(1) A Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS®) debrief will be conducted immediately after PPH to share information regarding what went well and what processes (both human factors and systems issues) need improvement. TeamSTEPPS® can be accessed at <https://www.ahrq.gov/teamstepps/index.html>. A significant patient care event includes, but is not limited to:

- (a) Code Purple activation.
- (b) emergent administration of blood products.
- (c) unanticipated transfer to the ICU.
- (d) unanticipated hysterectomy.
- (e) MTP activation.

(2) Topics to discuss during the debrief may include, but are not limited to, communication, role clarity, teamwork, situational awareness, decision making, availability of supplies, medications, or blood products; delays in transport, and/or support from consulting services.

(3) All MTFs will identify personnel with expertise in unanticipated events and stress. These resources include chaplains, social workers, peer support programs, and mental health providers. The debrief should include discussion on what support services will be contacted for staff, patients, and families, as needed in accordance with References (m) and (n).

5. SYSTEM LEVEL REPORTING

a. Structure, process, and outcome measures are important to plan improvements, track and monitor progress, and identify further opportunities for system improvement. Structure, process, and outcome measures will be monitored and/or reported to the Market/DSO level, and will include measures consistent with Quadruple Aim Performance Plan priorities. Markets will review MTF data and report to DHA Women and Infant CMT quarterly on bundle compliance, which is to be collected and reported by the MTF. MTFs are responsible for evaluating their individual performance, patient outcomes, and process improvement plans, as determined by their rates of performance. Performance is determined as follows:

(1) Bundle implementation: To be measured internally by MTF. Progress is defined as the structure and process items listed below that have been put into practice at the MTF. These include the following:

(a) Implementation of PPH Cart: MTF has at least one six-drawer lavender/purple cart, with all six drawers stocked and implemented as prescribed in paragraph 2.b. of this Enclosure.

(b) QBL: MTF healthcare personnel are documenting QBL in the electronic health record during all deliveries, vaginal and cesarean, as prescribed in paragraph 3.b. of this Enclosure.

(c) PPH Risk Assessment: MTF healthcare personnel are evaluating and documenting a patient's risk of PPH in the electronic health record through the antepartum, intrapartum, and postpartum periods as prescribed in paragraph 3.a. of this Enclosure.

(d) Postpartum Oxytocin Infusion: MTF has developed and implemented a unit-specific SOP and is administering oxytocin in the postpartum period as prescribed in paragraph 3.c. of this enclosure.

(e) Hemorrhage Protocol Checklist: MTF healthcare personnel have implemented a stage-based checklist to identify and treat PPH as prescribed in paragraph 4.a. of this Enclosure.

(f) MTP: MTF healthcare personnel have implemented an MTP as prescribed in paragraph 2.c. of this Enclosure.

(g) Hemorrhage Drills: MTF healthcare personnel have completed PPH simulation and multidisciplinary PPH drills as prescribed in paragraph 2.d.(3) of this Enclosure.

(h) Education. MTF healthcare personnel have conducted and documented patient teaching about the signs and symptoms of PPH, and implemented plans for initial and ongoing staff education as prescribed in paragraph 2.d.(1) and paragraph 2.d.(2) of this Enclosure.

(2) PPH rate: Total number of PPH events per 1,000 deliveries.

(3) ICU admissions: Total number of maternal ICU admissions postpartum in delivery discharge per 1,000 deliveries.

(4) PPH and blood transfusion rate: Total number of PPH with red blood cell transfusion events per 1,000 deliveries.

(5) PPH and hysterectomy rate: Total number of PPH with hysterectomy events per 1,000 deliveries.

b. Each MTF will formally review significant patient care events, such as PPH greater than 1000 cc, ICU admission, postpartum hysterectomy, or other maternal event ensuring that clinical and process follow-up actions from the debrief are completed. Formal review should include any positive/optimal outcomes and an implementation plan for process improvement. If an MTF is a negative outlier (two standard deviations above or below the mean in a negative direction) for 2 or more consecutive quarters on any measure defined above, MTFs must:

(1) Conduct a review of clinical care for each patient event tied to that measure;

(2) Provide a summary assessment to their respective Market within 30 days of the release of the data, which must identify all process improvement strategies implemented to ensure the MTF is within benchmarks for sequential quarters;

(3) Conduct a peer review in accordance with References (m) and (n).

c. The MTF will comply with References (m) and (n) with respect to the activities outlined in this DHA-PI.

6. IMPLEMENTATION GUIDANCE. Implementation guidance is available on the WICC SharePoint site; this is meant to serve as an information resource only, not as official policy.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

AMTSL	Active Management of the Third Stage of Labor
CMT	Clinical Management Team
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DSO	Direct Support Organization
HCO	Healthcare Operations
ICU	Intensive Care Unit
IV	Intravenous
MA	Medical Affairs
mL	Milliliter
MTP	Massive Transfusion Protocol
MTF	Military Medical Treatment Facility
OB	Obstetrical
OR	Operating Room
PPH	Postpartum Hemorrhage
PPHB	Postpartum Hemorrhage Bundle
QBL	Quantitative Blood Loss
SOP	Standard Operating Procedure
WICC	Women and Infant Clinical Community