



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS)
Maternal Child Health (MCH) Policies and Procedures

Policy No. 5302 Issue 1
Page 1 of 5

SECTION: PATIENT CARE

SUBJECT: BLOOD LOSS, CUMULATIVE QUANTITATIVE ASSESSMENT

APPROVED BY: _____

Nurse Manager

POLICY

Objective quantification of blood loss is obtained for vaginal and cesarean section deliveries in order to recognize life threatening hemorrhage and manage blood product replacement.

PROCEDURE

I. Quantification of Blood Loss for Vaginal Deliveries

- A. Immediately after the birth of the baby, the Practitioner will evaluate the baseline volume by using the graduated markers on the under the buttocks drape
- B. After the placenta is delivered the Practitioner will evaluate the fluid loss accumulated in the under the buttocks drape using the graduated markers
- C. The baseline volume is then subtracted from the fluid loss. This difference will equal quantitative blood loss (fluid loss – baseline = actual blood loss). This number is entered in the quantitative blood loss calculator in the electronic health record (EHR)
- D. Weigh all blood-soaked laps immediately after delivery and enter into the QBL calculator in the EHR
- E. The EHR calculates cumulative blood loss as new entries are made

II. Quantification of Blood Loss for Cesarean Deliveries

- A. Immediately after the birth of the baby, the Practitioner suctions amniotic fluid from the field and the Circulating Nurse marks the suction canister to obtain the baseline volume
- B. At the conclusion of the surgery, the Circulating Nurse evaluates the fluid loss in the suction canister
- C. The fluid loss is then subtracted from the baseline (fluid loss – baseline = actual blood loss). This number is entered in the quantitative blood loss calculator in the electronic health record (EHR)
- D. Weigh all blood-soaked items and clots and enter into the quantitative blood loss calculator in the EHR
- E. The EHR calculates cumulative blood loss as new entries are made

III. Quantification of Blood Loss during Recovery

- A. Quantitative blood loss is assessed and documented by the L&D RN before the patient is transferred to the Mother-Baby Unit (MBU)
- B. Visual Estimated Blood Loss is assessed and documented by the MBU RN when the patient changes her pad during her hospitalization

C. Blood loss is quantified and documented when a pad is half- or more saturated

IV. Documentation

- A. The registered nurse (RN) documents the quantitative blood loss in the patient's EHR
- B. Notify the Practitioner of a quantitative blood loss equal to or greater than 500 milliliters for vaginal delivery and equal to or greater than 1000 milliliters for cesarean delivery
For patients experiencing obstetric hemorrhage, refer to Maternal Child Health (MCH) Policy 5260, Hemorrhage: Obstetric

REFERENCES:

Association of Women's Health, Obstetric and Neonatal Nurses. (2021, July). Quantification of blood loss: AWHONN Practice Brief Number 13. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 50(4), 503-505.
<https://doi.org/10.1016/j.jogn.2021.04.007>

Lagrew, D., McNulty, J., Sakowski, C., McCormick, E., & Morton, C. H. (2022). *Improving health care response to obstetric hemorrhage, a California Maternal Quality Collaborative toolkit*. CMQCC.
<https://www.cmqcc.org/resource/improving-health-care-response-obstetric-hemorrhage-toolkit-version-30-errata-72022>

Maternal Child Health Policy 5260, Hemorrhage: Obstetric

DEFINITIONS: Quantitative Blood Loss:- An objective method used to evaluate bleeding

ATTACHMENTS: Attachment A – QBL Worksheet (Postpartum Hemorrhage)
Attachment B – QBL Worksheet (Cesarean Section)

6/2/2025

APPROVAL DATE: _____ **Sheryl Wooldridge, Clinical Director II**

Department/Service Director, Head or Manager

8/8/2025

Department of Women's Health Services

Applicable Administrator, Hospital or Medical Committee

8/28/2025

Nursing Standards Committee

Applicable Administrator, Hospital or Medical Committee

9/24/2025

Patient Safety and Quality Committee

Applicable Administrator, Hospital or Medical Committee

10/2/2025

Quality Management Committee

Applicable Administrator, Hospital or Medical Committee

10/23/2025

Medical Executive Committee

Applicable Administrator, Hospital or Medical Committee

1/13/2026

Board of Supervisors

Approved by the Governing Body

REPLACES: **Labor and Delivery Policy No. 211.00 Issue 2**

EFFECTIVE: **5/21/2018**

REVISED: **N/A**

REVIEWED: **N/A**

Item	Dry weight in grams without blood	Number of items used	Dry weight
Blue cloth chux	555 grams		
Blue paper chux	42 grams		
Draw sheet	336 grams		
Fitted sheet	775 grams		
Flat sheet	512 grams		
Green OR towel	82 grams		
Ice pack	218 grams		
Large blue diaper from OB bag	84 grams		
Mini-lap x 1	6 grams		
Mini-lap x 5	30 grams		
Sterile white towel	56 grams		
Washcloth	52 grams		
White diaper from storage room	62 grams		
White lap sponge x 1	20 grams		
White lap sponge x 5	100 grams		
White towel	272 grams		
TOTAL DRY			
WEIGHT			

Baseline = Fluid obtained after baby delivered	
Fluid loss = Fluid obtained after placenta delivered	
Actual blood loss = Fluid loss minus baseline	

Weight of blood soaked items= The weight of any item with blood on it after delivery of the placenta	
Dry weight = weight of materials without blood	
Cumulative blood loss = Weight of blood soaked materials minus dry weight	

QBL = Actual blood loss plus cumulative blood loss
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1 gram = 1 milliliter

Not part of the medical record

Section A: Suction canister calculation (calculate prior to irrigation)	
Total in canister after birth of baby	ml
Total in canister prior to irrigation	ml
Section A: Total =	ml

Section B: Lap counter bag calculation		
Place 5 laps in each counter bag. Weigh each bag and record findings on the QBL Worksheet. The first 2 full counter bags subtract 200gm to account for dry lap weight plus moistened lap weight. Each additional full counter bag subtract 100 gm for dry lap weight. The dry weight of each lap equals 20 gms. If counter bag has less than 5 laps subtract 20 gms for each missing lap.		
Lap counter bag 1:	ml	Minus dry weight 200 gm = ml
Lap counter bag 2:	ml	Minus dry weight 200 gm = ml
Lap counter bag 3:	ml	Minus dry weight 100 gm = ml
Lap counter bag 4:	ml	Minus dry weight 100 gm = ml
Lap counter bag 5:	ml	Minus dry weight 100 gm = ml
Lap counter bag 6:	ml	Minus dry weight 100 gm = ml
Subtract 20 gms for each missing lap	ml	
		Section B: Total = ml

Quantitative Blood Loss	
Section A: suction canister total =	ml
Section B: Lap counter bag total =	ml
Add section A and section B =	ml QBL Total

1 gram = 1 milliliter

Not part of the medical record