



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

Policy No. 5274.00 Issue 1

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SECTION: PATIENT CARE

SUBJECT: JADA SYSTEM, INSERTION AND MANAGEMENT OF

APPROVED BY: _____
Nurse Manager

POLICY

The Jada System (Jada) vacuum-induced hemorrhage control system is used to provide temporary management of uterine atony with abnormal bleeding or hemorrhage when conservative management is warranted. The Jada is placed by the Obstetrics (OB) practitioner with assistance from the Registered Nurse (RN)

PROCEDURES

I. Special Considerations

- A. The Jada is indicated for use in the event of postpartum hemorrhage within 24 hours of delivery
- B. The device should not be left indwelling for more than 24 hours
- C. The Cervical Seal should be inflated using sterile fluid only (sterile water or sterile saline)
- D. The maximum inflation volume of the Cervical Seal is 120 milliliters (ml)
- E. Closely monitor for signs of increasing bleeding or Disseminated Intravascular Coagulation (DIC)

II. Contraindications to Use

- A. Ongoing intrauterine pregnancy
- B. Untreated uterine rupture
- C. Unresolved uterine inversion
- D. Current cervical cancer
- E. Known uterine anomaly
- F. Current purulent infection of vagina, cervix, or uterus
- G. Cervical dilation less than 3 centimeters (cm) after cesarean delivery

III. Equipment List

- A. One packaged foley catheter or straight catheter kit
- B. One packaged Jada System which includes the vacuum device, 60 ml syringe, and 12 feet vacuum tubing
- C. 120 ml sterile fluid to inflate Cervical Seal
- D. Vacuum canister and regulated source of suction
- E. Surgical tape
- F. Portable ultrasound (US) machine

IV. Placement

- A. The OB practitioner evaluates for lacerations, retained products of conception, or other sources of bleeding and removes any organized clots
- B. Empty bladder via straight catheter or foley catheter per OB practitioner's order
- C. RN connects vacuum tubing to regulated wall suction and sets vacuum to 80 millimeters of mercury (mmHg), plus/minus 10 mmHg

90 mmHg is the maximum vacuum setting

- D. Use provided syringe to remove air from the cervical seal prior to inserting Jada
- E. OB practitioner inserts Jada transvaginally by hand, ensuring that the intrauterine loop is in the uterus and the cervical seal is at the external cervical os

Placement can be confirmed with portable US

- F. Using the cervical seal valve, fill the cervical seal with 60-120 ml sterile fluid
- G. Connect the Jada to vacuum tubing and secure Jada tube (Fig. 1) to the patient's inner thigh without traction

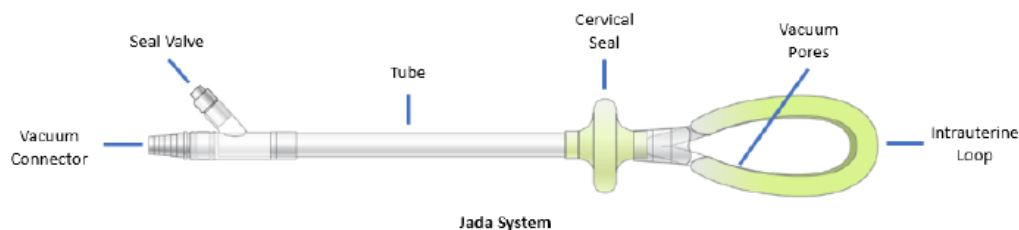


Figure 1. Jada System

- H. Observe for blood flow into the tube and/or improvement in uterine tone
- I. Verify that bleeding is controlled and maintain vacuum suction for at least one hour

V. Removal

- A. The OB practitioner ensures the uterus is firm, bleeding is controlled, and patient is stable before disconnecting the vacuum
- B. Ensure Jada tube remains secured the patient's inner thigh
- C. Disconnect the vacuum tubing from Jada while suction is on to collect any blood from the tubing into the canister
- D. Remove all sterile fluid from the cervical seal
- E. Leave Jada in place for at least thirty minutes
- F. After verifying that bleeding is controlled and uterus remains firm, the OB practitioner gently removes Jada while supporting the uterine fundus

VI. Documentation

- A. Date and time of placement
- B. OB practitioner placing Jada
- C. Insertion attempts
- D. Patient tolerance
- E. Volume of fluid used in cervical seal
- F. Suction setting on vacuum

- G. Vital signs (VS) and pain assessment every 15 minutes for 2 hours then hourly while Jada is in place
- H. Urine output and color hourly with foley catheter in place
- I. Quantitative blood loss (QBL)
 - 1. Hourly while Jada is in place
 - 2. Hourly one time after removal of Jada
- J. VS, uterine tone and height every 15 minutes x2, then every 30 minutes x1 after removal
- K. Date and time of Jada removal
- L. Removal reason
- M. Notify OB practitioner for any change in VS, urinary output, pain, or bleeding

REFERENCES: Goffman, D., Rood, K.M., Bianco, A., Biggio, J.R., Dietz, P., Drake, K., Heilman, E., Hopkins, M., De Four Jones, M., Katz, T., Martin, C., Prasad, M., Smid, M.C., Wine, K.D., Ryan, R., Yong, C., Carney, P.I., & Simhan, H.N. (2023, November). Real-world utilization of an intrauterine, vacuum-induced, hemorrhage-control device. *Obstetrics & Gynecology*, 142(5), 1006-1016.
<https://doi.org/10.1097/AOG.0000000000005366>
Organon. (2022). Vacuum-induced hemorrhage control system: Instructions for use. https://www.organon.com/product/usa/pi_circulars/j/jada/jada_system_ifu_blue_seal.pdf

DEFINITIONS: NA

ATTACHMENTS: NA

APPROVAL DATE:	<u>7/10/2025</u>	Sheryl Wooldridge, Clinical Director II Department/Service Director, Manager or Supervisor
	<u>7/11/2025</u>	Department of Women's Health Services Applicable Administrator, Hospital or Medical Committee
	<u>7/15/2025</u>	Nursing Standards Committee Applicable Administrator, Hospital or Medical Committee
	<u>8/28/2025</u>	Patient Safety and Quality Committee Applicable Administrator, Hospital or Medical Committee
	<u>9/4/2025</u>	Quality Management Committee Applicable Administrator, Hospital or Medical Committee
	<u>9/23/2025</u>	Medical Executive Committee Applicable Administrator, Hospital or Medical Committee
	<u>1/13/2026</u>	Board of Supervisors Approved by the Governing Body

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