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Hence, in face of relentless bleeding empirical treatment with 1 liter of FFP and 10 units of cryoprecipitate 2 packs can be given, while awaiting coagulation studies. The increasingly important issues in blood transfusion are adverse effects associated with transfusion, including potential infection and transmission of prions, rising costs and the possible future problems of availability. Equal attention should be given to rebound hypercoagulation and thromboembolism that follows blood transfusion especially in pregnancy which is a hypercoagulable state by itself. There is a constant threat to the fetus in obstetric hemorrhage as the uteroplacental circulation is at risk because of the following reasons-7,16 Compensatory selective vasoconstriction: This occurs as a result of diversion of blood from less vital maternal organs skin, gut, muscles, uteroplacental unit to maintain circulation of vital organs. Reduction in maternal blood pressure decreases the uterine blood flow. Fetal resuscitation can be achieved by following- Maintaining uteroplacental circulation will also ensure fetal well being. Hence maternal resuscitation is of paramount importance. Monitoring by Electronic fetal heart rate monitor NICHD guidelines advocate use of fetal scalp pH, fetal scalp lactate and fetal pulse oximetry for adequacy of fetal circulation. In case of fetal distress or hyperstimulation, oxytocin drip has to be discontinued. In pregnancy, concerns have been raised regarding placental insufficiency, whether the woman will make up her hemoglobin before delivery and whether the collected units will be sufficient in the event of major obstetric hemorrhage. Intra operative cell salvage: The potential difficulty in bleeding mothers is the effective removal of amniotic fluid and degree of contamination with fetal red cells. Still, several bodies based on current evidence have endorsed cell salvage in obstetrics. It is hence suggested that rFVIIa may be used as an adjuvant to standard pharmacological and surgical treatment under the guidance of a hematologist. Empirical use of rFVIIa is not advisable as it is not relevant to use this drug in low fibrinogen levels and in thrombocytopenia. Although evidence is conflicting, there is a consensus that antifibrinolytic agents tranexamic acid seldom, if ever, have a place in the management of obstetric hemorrhage. It should be envisaged that the various guidelines available for management should be incorporated into a local protocol for each maternity unit. Above all, a multidisciplinary approach with consensual planning catalyses the management even in crisis situation. Epidemiology of postpartum haemorrhage: Chhabra S, Sirohi R. Trends in maternal mortality due to haemorrhage: Evaluation of the quality of care for severe obstetrical haemorrhage in three French regions. WHO analysis of causes of maternal death: Use of magnetic resonance imaging and ultrasound in the antenatal diagnosis of placenta accreta. J Soc Gynecol Investig ;9: Brouwere V, Lerberghe W. Can skilled attendance at delivery reduce maternal mortality in developing countries? A review of the evidence. Studies in Health Organisational Services and Policy. Antepartum and postpartum hemorrhage. Post partum hemorrhage- Update on problems of definitions and diagnosis. Acta Obstet Gynecol Scand Deaths associated with anaesthesia, in Lewis G ed: Why Mothers Die Anesthesia-related deaths during obstetric delivery in the United States, Estimation of blood loss after cesarean section and vaginal delivery has low validity with a tendency to exaggeration. Contamination of salvaged maternal blood by amniotic fluid and fetal red cells during elective Caesarean section. Br J Anaesth Int J Gynecol Obstet. Diagnosis and treatment of peripartum bleeding. J Perinat Med Improved accuracy of postpartum blood loss estimation as assessed by simulation. Placental abruption and placenta praevia. Active versus expectant management in the third stage of labour [review]. Cochrane Database Syst Rev ;3. Management of the obstetrical patient with hemorrhage due to an acute or subacute defibrination syndrome. Placenta previa and accreta after previous caesarean section. Airway changes during Cesarean hysterectomy. Can J Anesth Continuous epidural anesthesia for elective cesarean hysterectomy. South Med J , Caesarean section for placenta praevia: A retrospective study of anaesthetic management. Diagnosis and management of placenta percreta: Obstet Gynecol Surv Anaesthetic management of placenta accreta: Use of a pre-operative high and low suspicion classification. Anesthetic management for obstetric

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