



17/12/2026

BY EMAIL

[REDACTED]

Dear Stephanie,

Subject: Request for Review and Update to JRCALC Postpartum Haemorrhage (PPH) Guidance Following a Maternal Death.

I am writing in response to your letter dated 23 October 2025, in which you raised clinical concerns regarding the JRCALC Post-partum Haemorrhage guideline. I am replying on behalf of AACE and in my capacity as Chair of the JRCALC Guidelines Committee. Please be assured that we take all concerns raised with us very seriously and remain committed to ensuring our guidance is both safe and evidence-based.

As you are aware, we have liaised with you and our JRCALC RCOG members to address the issues you highlighted. I would like to outline the actions taken in response:

- **Application of direct pressure in suspected trauma:** We have amended the main body of the guideline and the “Key Points” section to clarify that if bleeding persists despite a firm uterus, other causes should be reconsidered (trauma, tissue, thrombin).
- **Frequency of observations:** The guidance specifies that continuous observations form part of ongoing management, particularly in the presence of major bleeding. This aligns with your recommendation for close monitoring in women at risk of PPH.
- **Availability of first-line uterotronics:** The issue of national standardisation has been debated extensively within JRCALC and beyond. It remains the responsibility of individual ambulance services to determine which drugs they carry, as there is no single uterotonic agent clearly recommended for use in the pre-hospital setting.

We trust these clarifications address the concerns you raised. Thank you for engaging with us to ensure our guidance continues to reflect best practice and patient safety.

Yours sincerely,

[REDACTED]

Chair, JRCALC Guidelines Committee
On behalf of AACE

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