
Subgaleal haemorrhage

Good practice point

OFFICIAL

Aim

The aim of this good practice point is to emphasise that guidelines and protocols exist for Subgaleal Haemorrhages and it is the expectation of Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) that all Health Services in Victoria have a protocol or guideline to identify risk factors, recognise signs and symptoms, observe and treat the newborn with a subgaleal haemorrhage (SGH) to reduce the incidence of neonatal adverse outcomes.

It is also expected that all health professionals involved with the care either before or after birth of the newborn know and follow their local guidelines.

This is especially important as severe subgaleal haemorrhages are rare but eminently treatable in most cases when detected early.

Well referenced and considered guidelines are widely available.

Background

In 2006 Jessica Lee STEMMER and in 2007 Thomas William MAHAR died in South Australia, from Subgaleal haemorrhages. In 2010 Deputy State Coroner Shapel recommended among other things (Coroners Court of South Australia, 2010):

1. That the Royal Australasian College of Physicians draw these findings and recommendations to the attention of its members, and in particular those members who are neonatologists;
2. That the Royal Australasian College of Physicians promulgate and circulate for the benefit of its members a College Statement that replicates that of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists document dated July 2009 and entitled 'Prevention Detection and Management of Subgaleal Haemorrhage in the Newborn';
3. That the Royal Australasian College of Physicians draws to the attention of its members, and in particular neonatologists, the following matters:
 - a) That practitioners should recognise that subgaleal haemorrhages can behave in unpredictable ways and can have devastating consequences;

- b) That undue reliance should not be placed upon a clinical picture of haemodynamic stability alone as the clinical picture may be falsely reassuring;
- c) That regular monitoring of acidosis and haemoglobin levels, among other parameters, is essential;
- d) That upon a diagnosis of a subgaleal haemorrhage in a neonate, practitioners should have regard to the potential need for cross matched blood transfusion and transfusion of fresh frozen plasma and that they should immediately take the necessary steps to ensure that cross matched blood and fresh frozen plasma is available to be administered at short notice;
- e) That if a decision is made to administer a blood transfusion or a transfusion of fresh frozen plasma that practitioners should ensure that it is administered without delay.

Despite these recommendations Victoria has infants dying each year from SGH and in the majority of these cases deficiencies in care have been found.

Existing guidance

RANZCOG Clinical Guidance: Statement Prevention, detection, and management of subgaleal haemorrhage in the newborn

<https://ranzcof.edu.au/wp-content/uploads/Subgaleal-Haemorrhage.pdf>

Paediatric Infant Perinatal Emergency Retrieval (PIPER) – NEONATAL Management of Subgaleal Haemorrhage in Neonatal Transport

<https://www.rch.org.au/uploadedFiles/Main/Content/piper/PIPER%20Neonatal%20-%20Management%20of%20Subgaleal%20Haemorrhage%20in%20Neonatal%20Transport.pdf>

South Australian Perinatal Practice Guideline: Subgaleal Haemorrhage

https://www.sahealth.sa.gov.au/wps/wcm/connect/15f93e07-ab09-4919-9f74-e507204dae27/Subgaleal+Haemorrhage+PPG_v2_0_docx.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-15f93e07-ab09-4919-9f74-e507204dae27-p4cfZ6E

References

Coroners Court of South Australia (2010) STEMMER, Jessica Lee & MAHAR, Thomas William - Inquest Number 36/2009 (1762/2006, 0493/2007) [2010] SACorC 13 (9 July 2010) available at: [STEMMER, Jessica Lee & MAHAR, Thomas William - Inquest Number 36/2009 \(1762/2006, 0493/2007\) \[2010\] SACorC 13 \(9 July 2010\)](#).