Using PPH Simulation to Increase Staff Awareness & Patient Outcomes

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**Background**
Postpartum hemorrhage affects approximately 2.9% of women who give birth each year. PPH remains a leading cause of preventable maternal mortality and morbidity.

**Methods**
A data-driven multi-hospital quality improvement collaborative initiative based on the Mobilize, Assess, Plan, Implement, Track (MAP-IT) quality improvement methodology. The postpartum hemorrhage project also utilized an on-line data portal to track changes in structures, processes, and outcomes.

US maternal Mortality rates have been increasing from 1999-2010
• 1999: 9.9 maternal deaths/100,000 live births
• 2002 8.9 maternal deaths/100,000 live births
• 2010 16.8 maternal deaths/100,000 live births

**Aim;** By 2020 Decrease
• 11.4 maternal deaths/100,000 live births

**Results:**
100% team members have gone through PPH simulation training
Unannounced In-Situ drills where also performed on unit

**Conclusion**
Summary of Findings:
• 80% of all patients admitted received an admission risk assessment
• 65% of all patients received a pre-birth assessment
• Introducing a second Baby Nurse at time of delivery has allowed for improvement in post-birth assessment (December, 2015)

**Barriers:**
• Staff quantifying blood loss
• Post-birth assessment
• L&D and Women’s Health Unit using different Electronic Medical Records; no communication between the two systems

**Implications and Insights:**
• Having a nurse in the delivery for the baby has allowed the staff to focus more on the status of the mother and identification of post-birth risk assessment.
• Early introduction of second nurse during delivery may increase compliance with accurate QBL.

**References**

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