Abstract

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. In 2013 at The Valley Hospital, 6 women were admitted to the Intensive Care Unit for PPH and 92 units of blood were transfused to women who had delivered.

Method: The Valley Hospital enrolled in a data driven multihospital quality improvement project facilitated by The Association of Women's Health Obstetric and Neonatal Nurses (AWHONN).

Results: There has been a significant decrease in the number of delivering women who have received greater than 4 units of blood and a decrease in the number of patients admitted to ICU for PPH.

Conclusion: As a member of this quality improvement project, Women and Children's Services has decreased the number of patients receiving blood and decreased the time spent in ICU. There has also been an increase in early recognition, implementation of the OB Hemorrhage Guidelines, increased use of Bakri Balloon, and improved interprofessional collaboration.

Methods & Materials

Quality Improvement:
- Development of an OB Hemorrhage Protocol
- Development of a Massive Transfusion Protocol
- Perform and Communicate a patient’s risk for PPH
- Active Management of the 3rd Stage of Labor
- Unit Based OB Hemorrhage Cart

- Quantification of Blood Loss (QBL) vs. Estimated Blood Loss (EBL)
- Ensure Availability of Medications and Equipment
- Interdisciplinary Hemorrhage Drills
- Debriefing after OB Hemorrhage Events

Introduction

PPH is one of the leading causes of maternal mortality and morbidity. From June 2014 through December 2015, Labor and Delivery and Mother Baby units have been a member of the New Jersey Statewide Post Partum Hemorrhage Collaborative facilitated by AWHONN. As a member of this collaborative, we analyzed data supporting a need to reduce the amount of blood products that were transfused as well as increase the early recognition of PPH.

Discussion

- A unit based OB Hemorrhage Guideline and Check list was developed to ensure that all practitioners care for the patient the same from pre birth to post partum.
- This institution did not have a Massive Transfusion Protocol (MTP). With collaborative efforts between OB Physicians, Anesthesiologists, Nursing, and Blood Bank, a MTP has been developed.
- All patients are screened for their PPH risk prior to admission by their provider as well as three key times during their labor and delivery process.
- All vaginal deliveries are currently using QBL and C/S deliveries will start as of November 2015.
- 100% of all Credentialed Physicians and Midwives as well as Labor and Delivery and Mother/Baby Nurses and Scrub Techs have attended Post Partum Hemorrhage Simulation.
- An OB Hemorrhage cart and medications and equipment are readily available on Labor and Delivery and Mother Baby Units.

This project was facilitated by the structure that was provided by AWHONN and the statewide collaborative.

Barriers that were met with this project include quantification of blood loss vs. estimation of blood loss as well as difficulty implementing risk assessment documentation in the patient's electronic medical record.

References


Practice Brief: Clinical Management Guidelines for Women's Health and Perinatal Nurses #2 May 2014 “Guidelines for Oxytocin Administration after Birth.”

Practice Brief: Clinical Management Guidelines for Women’s Health and Perinatal Nurses #1 May 2014 “Quantification of Blood Loss.”

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