2020

Clinical Management of Postpartum Hemorrhage in Community Birthing Hospitals in Vermont: A Gap Analysis to Promote Best Practice

Rachel Greene

Clinical Management of Postpartum Hemorrhage in Community Birthing Hospitals in Vermont:

A Gap Analysis to Promote Best Practice

Rachel Greene, RN, DNPc
Jean Pelski, PhD, APRN, NNP-BC

INTRODUCTION

Postpartum hemorrhage (PPH): Cumulative blood loss ⩾1000 mL or bleeding associated with signs/symptoms of hypovolemia within 24-hours regardless of delivery route.

Annually, these preventable events are the cause of one-fourth of maternal deaths. Prevention of mortality includes:

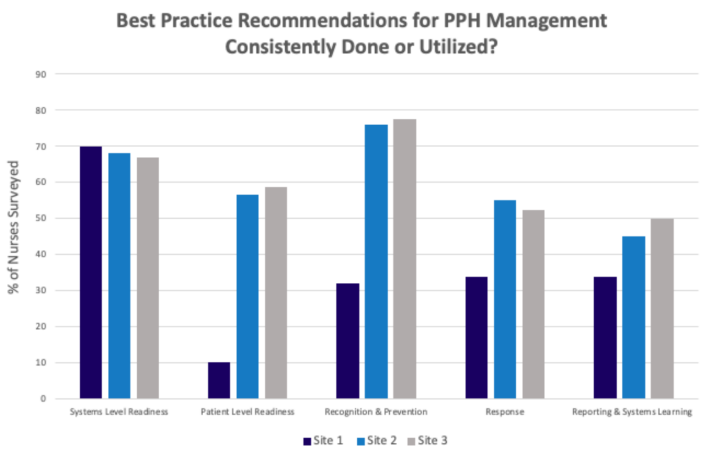
1. Timely diagnosis
2. Appropriate resources
3. Appropriate management

PURPOSE

Despite advances in research and medical technology, the rates of PPH continue to rise. The purpose of this DNP project was to conduct a gap analysis within a sampling of community birthing hospitals in Vermont to examine the existing clinical management of PPH.

METHODS

Registered nurses across three hospital sites were surveyed to assess current policies and/or protocols pertaining to the clinical management of PPH in five categories: 1) systems level readiness, 2) patient level readiness, 3) recognition and prevention, 4) response, and 5) reporting and systems learning. Recommendations for quality improvement initiatives targeting management of PPH were made using evidence-based practice guidelines outlined by the California Maternal Quality Care Collaborative (CMQCC).



WHAT IS CMQCC?

CMQCC is a multi-stakeholder organization committed to ending preventable morbidity, mortality, and racial disparities in maternity care. Using research, quality improvement toolkits, and outreach collaboratives, CMQCC aims to improve health outcomes for mothers and infants. Among 126 hospitals participating in a CMQCC initiative to reduce maternal hemorrhage and preeclampsia, severe maternal morbidity was reduced by 20.8% between 2014 and 2016. This is the only state in the United States where maternal morbidity and mortality rates are currently declining.

RESULTS

A total of thirty-seven surveys were completed between three sites. Several evidence-based practice recommendations were inconsistently done, not done, or unknown at all three sites. Nurses indicated that they would feel more prepared to manage a PPH with more simulation drills and mock codes, a walk-through of mass transfusion protocols, easy access to hemorrhage medications, a PPH risk assessment done on all laboring mothers upon admission, and education about identification of PPH.

CONCLUSIONS

This gap analysis identified several areas for improvement across five categories among the three participating community birthing hospitals in Vermont. This systematic approach to evaluation of current practice protocols and identification of improvement targets with implementation strategies using California Maternal Quality Care Collaborative (CMQCC) OB Hemorrhage Toolkit V2.0 may improve clinical management of PPH and thereby maternity outcomes in Vermont.

References:

California Maternal Quality Care Collaborative. (n.d.). Obstetric hemorrhage. Retrieved from https://www.cmqcc.org/qi-initiatives/obstetric-hemorrhage

Evenson, A., Anderson, K., & Fontaine, P. (2017). Postpartum hemorrhage: Prevention and treatment. American Family Physician, 95 (7), 442-449.

World Health Organization. (2012). WHO recommendations for the prevention and treatment of postpartum hemorrhage. Geneva: World Health Organization.

Wormer, K., & Bryant, S. (2019). Pregnancy, acute postpartum hemorrhage. StatPearls. Retrieved from: http://www.ncbi.nih.gov/books/NBK499988/

THE UNIVERSITY OF VERMONT
COLLEGE OF NURSING AND HEALTH SCIENCES