Background:
Postpartum hemorrhage (PPH) is a leading cause of maternal morbidity and mortality in the US including the District of Columbia (DC). Nationally the rate for PPH is 2.9% of all births. It is included in the top 3 causes of maternal mortality and morbidity along with hypertension and embolism. 1

The California Maternal Quality Care Collaborative (CMQCC) demonstrated a feasible PPH quality improvement initiative. 2

Prior to July, 2014 at MWHC 0% of our patients were risk screened for a PPH, all blood loss was estimated, and debriefings were only done for Serious Safety Events. Simulation drills were in place prior to the project but continued throughout. According to our EMR, the average number of PPHs was 22 per month.

Methods
Setting: Urban tertiary academic medical center, 3400 births/year. All clinicians participated including nurses, midwives, faculty physicians, and resident physicians. Practice changes implemented for all patients July 2014 through December 2015.

Intervention / Practice Change:
• Standardized evidence-based education modules
• Multidisciplinary PPH drills (MOST: MedStar Obstetrical Simulation Training
• PPH Risk Assessment
• Quantification of Blood Loss (QBL) procedures
• PPH Debriefing procedures
• Massive Transfusion Protocol

Results

Clinical & Process Outcomes:
Comparisons: Medical record audits
Pre-intervention July 2013-June 2014
Post-intervention July 2014-December 2015
• % PPH risk assessment completion
• % QBL documentation
• # blood transfusions
Post-intervention Tracking:
• % Clinicians completed modules
• % Clinicians participated in drills
Analysis: On-line data entry into de-identified AWHONN national database, descriptive statistics

Discussion
Aims
1. Increase clinicians’ early recognition of women at greatest risk for PPH.
2. Increase clinicians’ readiness to respond to PPH.
3. Track clinicians’ response to PPH.

AWHONN PPH Project
Goal: To implement the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) Postpartum Hemorrhage Project: A Multi-hospital Quality Improvement Program.3

Design: Quasi-experimental based on Healthy People 2020 rapid-cycle Mobilize, Assess, Plan, Implement, Track (MAP-IT) methodology.4

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References
4. MAP-IT (http://www.healthypeople.gov/2020/tools-and-resources/Program-Planning)

Contact Pam O’Keefe at pamela.a.okeefe@medstar.net