



# Obstetric Hemorrhage Initiative

## Hospital Team Toolkit

Early recognition and treatment of obstetric hemorrhage has been shown to decrease maternal morbidity and mortality. This guide is being provided to help your team establish protocols, processes and education to ensure patient at risk for obstetric hemorrhage are quickly identified and receive prompt interventions to avoid further complications. See the [ALPQC Obstetric Hemorrhage website](#) for more resources.

### **Step 1 – Gather your QI team:**

Your team should contain AT LEAST one physician champion, one nurse champion, and one data champion (someone with access to medical charts). Examples of other team members that would be helpful to include are:

- Physician providers (ex. OBs, hospitalists, emergency medicine)
- Nurse leaders from each of the above-listed areas
- Pharmacy
- Front-line champions (ex. Charge RN)
- Hospital or unit administration
- Blood Bank

For helpful information regarding how to form a successful QI team, please visit:

<https://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx>

### **Step 2 – Identify gaps, goals and next steps:**

- Review the toolkit/checklist as a team to:
  - understand best practices
  - identify current gaps & determine action steps needed
  - Assign someone to be responsible for championing and managing each action
- Identify an area for a pilot
- Set goals for improvement
- Develop protocols, or tweak existing ones, to meet goals

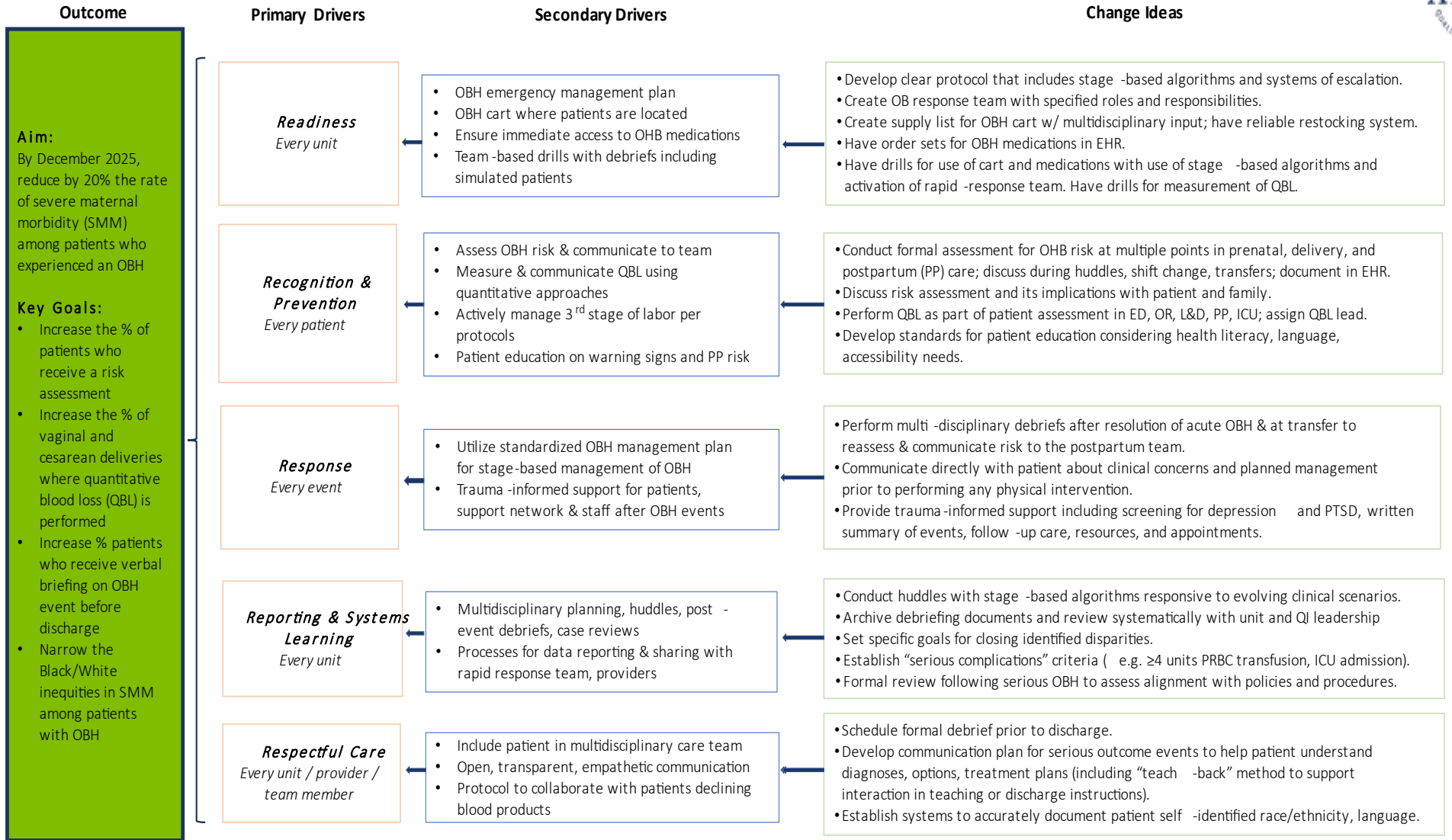
### **Step 3 – Ensuring success**

- Determine method for gathering data to monitor project success
- Establish QI team meeting schedule (may be bimonthly at first and then monthly)
- Commit to participate in monthly ALPQC project webinars
- Participate in monthly 1:1 ALPQC RN-Quality Improvement calls

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### Obstetric Hemorrhage (OBH) Initiative: Driver Diagram\*



\* See "AIM Obstetric Hemorrhage Element Implementation Details" and "IHI and AIM Obstetric Hemorrhage Change Package" at [www.alpqc.org/ohb](http://www.alpqc.org/ohb) for more detailed implementation information and change ideas



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### ALPQC Obstetric Hemorrhage Initiative Project Checklist

This checklist was developed based on the action items identified by the Alliance for Innovation on Maternal Health (AIM). The full document is available by clicking [here](#). We also recommend reviewing the [AIM Obstetric Hemorrhage Element Implementation Details](#) document.

For a list of references/resources for each action item below, please review the [Obstetric Hemorrhage Bundle Implementation Resources](#) document created by AIM.

| Action   | Current Assessment   | Responsible Person |
|--|--|--------------------|
| <b>1. Readiness</b>  |  |                    |
| Develop processes for the management of patients with obstetric hemorrhage, including: <ul style="list-style-type: none"> <li>• A designated rapid response team co-led by nursing, obstetrics, and anesthesia with membership appropriate to the facility’s Level of Maternal Care</li> <li>• A standardized, facility-wide, stage-based obstetric hemorrhage emergency management plan with checklists and escalation policy</li> <li>• Emergency release and massive transfusion protocols to ensure immediate access to blood products.</li> <li>• A protocol, including education and consent practices, to collaborate with patients who decline blood products, but may accept alternative approaches.</li> <li>• Review of policies to identify and address organizational root causes of racial and ethnic disparities in outcomes related to the diagnosis, management, and surveillance of obstetric hemorrhage.</li> </ul> | <input type="checkbox"/> Need to educate on existing policies<br><input type="checkbox"/> Need to improve existing policies<br><input type="checkbox"/> Need to develop new policies |                    |
| Maintain a hemorrhage cart or equivalent with supplies, checklists, and instruction cards for devices or procedures where antepartum, laboring, and postpartum patients are located.   | <input type="checkbox"/> Need to educate on existing policies<br><input type="checkbox"/> Need to improve existing policies<br><input type="checkbox"/> Need to develop new policies |                    |



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| 1. Readiness (Continued)  |  |  |
|---|--|--|
| Ensure immediate access to first- and second-line hemorrhage medications in a kit or equivalent per the unit's obstetric hemorrhage emergency management plan.  | ___ Need to educate on existing policies |  |
|   | ___ Need to improve existing policies    |  |
|   | ___ Need to develop new policies         |  |
| Conduct interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.  | ___ Need to educate on existing policies |  |
|   | ___ Need to improve existing policies    |  |
|   | ___ Need to develop new policies         |  |
| 2. Recognition & Prevention – Every Patient   |  |  |
| Assess and communicate hemorrhage risk to all team members as clinical conditions change or high-risk conditions are identified; at a minimum, on admission to labor and delivery, during the peripartum period, and on transition to postpartum care | ___ Need to educate on existing policies |  |
|   | ___ Need to improve existing policies    |  |
|   | ___ Need to develop new policies         |  |
| Measure and communicate cumulative blood loss to all team members, using quantitative approaches.   | ___ Need to educate on existing policies |  |
|   | ___ Need to improve existing policies    |  |
|   | ___ Need to develop new policies         |  |
| Actively manage the third stage of labor per department-wide protocols.   | ___ Need to educate on existing policies |  |
|   | ___ Need to improve existing policies    |  |
|   | ___ Need to develop new policies         |  |
| Provide ongoing education to all patients on obstetric hemorrhage risk and causes, early warning signs, and risk for postpartum complications.  | ___ Need to educate on existing policies |  |
|   | ___ Need to improve existing policies    |  |
|   | ___ Need to develop new policies         |  |



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| Action and Resources   | Current Assessment   | Responsible Person |
|--|--|--------------------|
| <b>3. Response – Every Event</b>   |  |                    |
| Utilize a standardized, facility-wide, stage-based, obstetric hemorrhage emergency management plan, with checklists and escalation policies for stage-based management of patients with obstetric hemorrhage, including: <ul style="list-style-type: none"> <li>• Advance preparations made based on hemorrhage risk (e.g., cell saver, blood bank notification, etc.)</li> <li>• Evaluating patients for etiology of hemorrhage</li> <li>• Use of obstetric rapid response team</li> <li>• Evidence-based medication administration or use of nonpharmacological interventions</li> <li>• Appropriate activation of expanded care team and clinical resources as necessary</li> </ul> | <input type="checkbox"/> Need to educate on existing policies<br><input type="checkbox"/> Need to improve existing policies<br><input type="checkbox"/> Need to develop new policies |                    |
| Provide trauma-informed support for patients, identified support network, and staff for all obstetric hemorrhages, including discussions regarding birth events, follow up care, resources, and appointments.  | <input type="checkbox"/> Need to educate on existing policies<br><input type="checkbox"/> Need to improve existing policies<br><input type="checkbox"/> Need to develop new policies |                    |
| <b>4. Reporting and Systems Learning – Every Unit</b>  |  |                    |
| Establish a culture of multidisciplinary planning, huddles, and post-event debriefs for every obstetric hemorrhage, which identify successes, opportunities for improvement, and action planning for future events.  | <input type="checkbox"/> Need to educate on existing policies<br><input type="checkbox"/> Need to improve existing policies<br><input type="checkbox"/> Need to develop new policies |                    |
| Perform multidisciplinary reviews of serious complications per established facility criteria to identify system issues.  | <input type="checkbox"/> Need to educate on existing policies<br><input type="checkbox"/> Need to improve existing policies<br><input type="checkbox"/> Need to develop new policies |                    |



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| Action and Resources   | Current Assessment                       | Responsible Person |
|--|--|--------------------|
| <b>4. Reporting and Systems Learning – Every Unit (Continued)</b>  |  |                    |
| Monitor outcomes and process measures related to obstetric hemorrhage, with disaggregation by race and ethnicity due to known racial and ethnic disparities in obstetric hemorrhage outcomes.  | ___ Need to educate on existing policies |                    |
|  | ___ Need to improve existing policies    |                    |
|  | ___ Need to improve existing policies    |                    |
| Establish processes for data reporting and the sharing of data with the obstetric rapid response team, care providers, and facility stakeholders to inform care and change care systems, as necessary.   | ___ Need to educate on existing policies |                    |
|  | ___ Need to improve existing policies    |                    |
|  | ___ Need to improve existing policies    |                    |
| <b>5. Respectful, Equitable, and Supportive Care – Every Unit/Provider/Team Member</b>   |  |                    |
| Include each patient that experienced an obstetric hemorrhage and their identified support network as respected members of and contributors to the multidisciplinary care team and as participants in patient-centered huddles and debriefs.                         | ___ Need to educate on existing policies |                    |
|  | ___ Need to improve existing policies    |                    |
|  | ___ Need to develop new policies         |                    |
| Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans, including consent regarding blood products and blood product alternatives. | ___ Need to educate on existing policies |                    |
|  | ___ Need to improve existing policies    |                    |
|  | ___ Need to develop new policies         |                    |