

GaPQC AIM Collaborative

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GaPQC / AIM Collaborative

Obstetrical Hemorrhage Bundle:

“Recognition & Prevention: Risk Assessment”

READINESS

Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

RECOGNITION & PREVENTION

Every patient

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)

RESPONSE

Every hemorrhage

- Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
- Support program for patients, families, and staff for all significant hemorrhages

REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.

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For more information visit the Council's website at www.safehealthcareforeverywoman.org

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www.safehealthcareforeverywoman.org



Assessment of Hemorrhage Risk

- **“Prenatal,**
- **On Admission, and**
- **At Other Appropriate Times”**



Prenatal Risk Assessment

Prenatal record revelations:

- prenatal labs
- genetic disorders
- inherited disorders

Patient admission interview and/or clinical presentation*

(...because less than 100% of our patients see a prenatal care provider)



OBSTETRIC HEMORRHAGE

Risk Assessment Tables

EXAMPLE

LABOR & DELIVERY ADMISSION		
	MEDIUM RISK	HIGH RISK
RISK FACTORS	<input type="checkbox"/> Prior cesarean, uterine surgery, or multiple laparotomies <input type="checkbox"/> Multiple gestation <input type="checkbox"/> > 4 prior births <input type="checkbox"/> Prior PPH <input type="checkbox"/> Large myomas <input type="checkbox"/> EFW > 4000 g <input type="checkbox"/> Obesity (BMI > 40) <input type="checkbox"/> Hematocrit < 30% & other risk	<input type="checkbox"/> Placenta previa/low lying <input type="checkbox"/> Suspected accreta/percreta <input type="checkbox"/> Platelet count < 70,000 <input type="checkbox"/> Active bleeding <input type="checkbox"/> Known coagulopathy <input type="checkbox"/> 2 or more medium risk factors /
INTERVENTION	<input type="checkbox"/> Type & SCREEN, review protocol	<input type="checkbox"/> Type & CROSS, review protocol

INTRAPARTUM		
	MEDIUM RISK	HIGH RISK
RISK FACTORS	<input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Prolonged oxytocin > 24 hours <input type="checkbox"/> Prolonged 2nd stage <input type="checkbox"/> Magnesium sulfate	<input type="checkbox"/> New active bleeding <input type="checkbox"/> 2 or more medium (admission and/or intrapartum) risk factors /
INTERVENTION	<input type="checkbox"/> Type & SCREEN, review protocol	<input type="checkbox"/> Type & CROSS, review protocol

* Establish a culture of huddles for high-risk patients and post-event debriefing *

REVISED OCTOBER 2015

Safe Motherhood Initiative



The AWHONN Postpartum Hemorrhage Project

POSTPARTUM HEMORRHAGE (PPH) RISK ASSESSMENT TABLE

CLINICIAN GUIDELINES:

- Treat patients with 2 or more medium risk factors as high risk.
- Prenatal risk assessment is beyond the scope of this document, however performing a prenatal hemorrhage risk assessment and planning is highly recommended. Early identification and management preparation for patients with special considerations such as placental previa/accreta, bleeding disorder, or those who decline blood products will assist in better outcomes.
- Change blood bank orders as needed if risk category changes.

RISK CATEGORY: ADMISSION			
	Low Risk	Medium Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High Risk
	<input type="checkbox"/> No previous uterine incision	<input type="checkbox"/> Induction of labor <input type="checkbox"/> Cervical ripening	<input type="checkbox"/> Active bleeding more than "bloody show"
	<input type="checkbox"/> Singleton pregnancy	<input type="checkbox"/> Multiple gestation	<input type="checkbox"/> Suspected placenta accrete or percreta
	<input type="checkbox"/> ≤4 Previous vaginal births	<input type="checkbox"/> ≥4 Previous vaginal births <input type="checkbox"/> Prior cesarean birth or prior uterine incision	<input type="checkbox"/> Placenta previa, low lying placenta
	<input type="checkbox"/> No known bleeding disorder	<input type="checkbox"/> Large uterine fibroids	<input type="checkbox"/> Known coagulopathy
	<input type="checkbox"/> No history of PPH	<input type="checkbox"/> History of one previous PPH	<input type="checkbox"/> History of more than one previous PPH
		<input type="checkbox"/> Family history in first degree relatives who experienced PPH (known or unknown etiology with possible coagulopathy)	<input type="checkbox"/> Hematocrit <30 AND other risk factors
		<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> Platelets <100,000/mm3
		<input type="checkbox"/> Estimated fetal weight greater than 4 kg	
		<input type="checkbox"/> Morbid obesity (body mass index [BMI] >35)	
		<input type="checkbox"/> Polyhydramnios	
Anticipatory interventions			
Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.			
<input type="checkbox"/> Blood Bank Order: Change blood bank orders as needed if risk category changes	<input type="checkbox"/> Clot Only	<input type="checkbox"/> Obtain Type and Screen <input type="checkbox"/> Notify appropriate personnel such as the Provider (MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist	<input type="checkbox"/> Obtain Type and Crossmatch <input type="checkbox"/> Notify appropriate personnel such as Anesthesia Provider, Blood Bank, Charge Nurse, Clinical Nurse Specialist <input type="checkbox"/> Consider delivering at a facility with the appropriate level of care capable of managing a high risk mother

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Low (Clot only)	Medium (Type and Screen)	High (Type & Crossmatch)
No previous uterine incision	Prior cesarean birth(s) or uterine surgery	Placenta previa, low lying placenta
Singleton pregnancy	Multiple gestation	Suspected placenta accreta, percreta, increta
≤4 previous vaginal births	>4 previous vaginal births	Hematocrit <30 AND other risk factors
No known bleeding disorder	Chorioamnionitis	Platelets <100,000
No history of PPH	History of previous PPH	Active bleeding (greater than show) on admit
	Large uterine fibroids	Known coagulopathy
Pre-transfusion testing strategy should be standardized to facility conditions depending on blood bank resources, speed of testing, and availability of blood products.		



Hemorrhage Risk Assessment

{CMQCC & AWHONN PPH Project → for laboring mamas}

- On admission (previous slide)
- Pre-birth (~ 30-60 min. prior to giving birth)
- Post-birth (within 60 minutes after birth)

CMQCC Risk Assessment

(and blood bank requests)

Low (Clot only)	Medium (Type and Screen)	High (Type & Crossmatch)
No previous uterine incision	Prior cesarean birth(s) or uterine surgery	Placenta previa, low lying placenta
Singleton pregnancy	Multiple gestation	Suspected placenta accreta, percreta, increta
≤4 previous vaginal births	>4 previous vaginal births	Hematocrit <30 <u>AND</u> other risk factors
No known bleeding disorder	Chorioamnionitis	Platelets <100,000
No history of PPH	History of previous PPH	Active bleeding (greater than show) on admit
	Large uterine fibroids	Known coagulopathy
Pre-transfusion testing strategy should be standardized to facility conditions depending on blood bank resources, speed of testing, and availability of blood products.		



Ongoing Risk Assessment

(at least every shift—more often if clinically relevant!)

Additional risk factors that may develop during labor include:

- Prolonged second stage
- Prolonged oxytocin use
- Active bleeding
- Chorioamnionitis
- Magnesium Sulfate treatment

Additional third stage/postpartum risk factors for hemorrhage stemming from the birth process include:

- Vacuum- or forceps-assisted birth
- Cesarean birth (especially urgent/emergent cesarean)
- Retained placenta

Admission Risk Assessment



2 or more Medium risk factors advance patient to High Risk status

Low Risk	Medium Risk	High Risk
No previous uterine incision	Induction of labor (or cervical ripening)	Active bleeding (more than 'bloody show')
Singleton pregnancy	Multiple gestation	Suspected placenta accreta/percreta
≤ 4 Previous vaginal births	>4 previous vag. births	Placenta previa, low lying placenta
No known bleeding disorder	Prior c/s or uterine incision	Known coagulopathy
No history of PPH	Large uterine fibroids	Hematocrit <30 AND other risk factors
	History of one previous PPH	History of more than 1 PPH
	Family history -1 st relatives who experienced PPH	Platelets < 100,000/mm
	Chorioamnionitis	
	Fetal Demise	
	EFW > 4kg	
	Morbid obesity (BMI > 35)	
	Polyhydramnios	

Admission Risk Assessment: Anticipatory Interventions

Low Risk	Medium risk	High Risk
Clot only (Type & hold)	Obtain Type & Screen	Obtain Type & Cross
	Notify appropriate personnel such as the Provider (MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist	Notify Appropriate personnel as in medium risk AND
		*Consider delivering at a facility with the appropriate level of care capable of managing a high risk mother

Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.

Pre-birth Risk Assessment

(~ 30-60 minutes prior to delivering)



2 or more medium risk factors advance patient to high risk status

Low Risk	Medium Risk	High Risk
INCLUDE ADMISSION LOW RISK FACTORS	INCLUDE ADMISSION MEDIUM RISK FACTORS	INCLUDE ADMISSION HIGH RISK FACTORS
	Augmentation of labor (with oxytocin)	Active bleeding (more than 'bloody show')
	Labor greater than 18 hours	Suspected abruption
	Temp. greater than 100.4°F	
	Magnesium sulfate	
	Prolonged 2 nd stage (>2 hours)	

Pre-birth Risk Assessment: Anticipatory Interventions

Low Risk: Type & Hold	Medium risk: Confirm T&S	High Risk: Confirm T&S
Ensure availability of calibrated drapes, scales to weigh & measure blood loss for every birth		
Monitor patient for any change in risk factors during labor and implement anticipatory interventions as indicated.	Review hemorrhage protocol	
	Review lab work, e.g. PLTs, Hgb	
	Notify provider & charge nurse	
	Initiate/maintain IV access	Insert 2 nd large bore IV
	Confirm availability of anesthesia provider	Notify anesthesia provider to come to unit
	Ensure uterotonics (and needed supplies) are immediately available <u>(DOUBLE CHECK FOR HIGH RISK)</u>	
	Ensure hemorrhage supplies near patient's room	Get hemorrhage supplies to bedside
	{Transfer from birthing center to intrapartum unit}	Ensure O.R. and staff available

Post-birth Risk Assessment

(within 60 minutes after birth)



2 or more medium risk factors advance patient to high risk status

Low Risk	Medium Risk	High Risk
INCLUDE ADMISSION & PRE-BIRTH LOW RISK FACTORS	INCLUDE ADMISSION & PRE-BIRTH MEDIUM RISK FACTORS	INCLUDE ADMISSION & PRE-BIRTH HIGH RISK FACTORS
No known bleeding disorder	Large uterine fibroids	Active bleeding
No previous uterine incision	Operative vaginal delivery	Difficult placental extraction
No history of PPH	3 rd or 4 th degree perineal laceration	Concealed abruption
	Vaginal or cervical laceration &/or Mediolateral episiotomy	Uterine inversion
	Cesarean birth	
	Precipitous delivery	
	Shoulder dystocia	

Post-birth Risk Assessment:

Anticipatory Interventions

Low Risk: Type & Hold	Medium risk: Confirm T&S	High Risk: Confirm T&S/Notify blood bank
Continue to monitor patient for any change in risk factors after birth and implement anticipatory interventions as indicated.	Use scales and calibrated equipment to weigh & measure blood loss for every birth	
	Review hemorrhage protocol	
	Notify provider & charge nurse HIGH RISK: obtain additional nursing personnel	
	Heightened PP assessment surveillance	
	Maintain IV access	Insert 2 nd large bore IV
	Confirm availability of anesthesia provider	Notify anes. provider to come to unit
	Ensure immediate availability of uterotonics and supplies needed HIGH RISK: DOUBLE-CHECK	
	Ensure hemorrhage supplies (cart) near patient's room	Get hemorrhage supplies (cart) to bedside
	Ensure O.R. and staff available	Consider notifying team to prep O.R. (consider I.R.*)



From the CMQCC toolkit:

RECOMMENDATIONS:

Perform initial risk factor identification during the prenatal period and document findings in the prenatal record and have available upon admission to labor and delivery.

Risk factors should be reviewed from the prenatal records upon admission to labor and delivery and patient is assigned a risk category.

Assessment of risk factors may change during the course of labor and should be performed at least once per shift until time of delivery.***

The next assessment should occur at the time of delivery and any modifications to the plan of care made based on risk category.

The final assessments should occur during the postpartum period for the first 24 hours at least once per shift.

Assessments can be done more frequently as patient conditions may change during the course of stay.

CLINICIAN GUIDELINES:

- Each box **q** represents ONE risk factor. Treat patients with 2 or more medium risk factors as high risk.
- Prenatal risk assessment is beyond the scope of this document, however performing a prenatal hemorrhage risk assessment and planning is highly recommended. Early identification and management preparation for patients with special considerations such as placental previa/accreta, bleeding disorder, or those who decline blood products will assist in better outcomes.
- Adjust blood bank orders based on the patient's most recent risk category. When a patient is identified to be at high risk for hemorrhage verify that the blood can be available on the unit within 30 minutes of a medical order.
- Plan appropriately for patient and facility factors that may affect how quickly the blood is delivered to the patient. For example,
 - Patient issues: Pre-existing red cell antibody
 - Facility issues: Any problems at your facility related to the blood supply and obtaining blood

RISK CATEGORY: ADMISSION			
	Low Risk	Medium Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High Risk
	q No previous uterine incision	q Induction of labor (with oxytocin) or Cervical ripening	q Has 2 or More Medium Risk Factors
	q Singleton pregnancy	q Multiple gestation	q Active bleeding more than "bloody show"
	q ≤4 Previous vaginal births	q >4 Previous vaginal births	q Suspected placenta accreta or percreta
		q Prior cesarean birth or prior uterine incision	q Placenta previa, low lying placenta
	q No known bleeding disorder	q Large uterine fibroids	q Known coagulopathy
	q No history of PPH	q History of one previous PPH	q History of more than one previous PPH
		q Family history in first degree relatives who experienced PPH (known or unknown etiology with possible coagulopathy)	q Hematocrit <30 <u>AND</u> other risk factors
		q Chorioamnionitis	q Platelets <100,000/mm3
		q Fetal demise	
		q Polyhydramnios	
Anticipatory Interventions			
Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.			
q Blood Bank Order: Change blood bank orders as needed if risk category changes	q Clot Only (Type and Hold)	q Obtain Type and Screen	q Obtain Type and Cross (See Clinical Guidelines)
		q Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist	q Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist
			q Consider delivering at a facility with the appropriate level of care capable of managing a high risk mother

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POSTPARTUM HEMORRHAGE (PPH) RISK ASSESSMENT TABLE • 1.1

RISK CATEGORY: PRE-BIRTH (Approximately 30 to 60 minutes prior to giving birth)			
	Low Risk	Medium Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High Risk
	INCLUDE ADMISSION LOW RISK FACTORS	INCLUDE ADMISSION MEDIUM RISK FACTORS	INCLUDE ADMISSION HIGH RISK FACTORS
		q Labor greater than 18 hours	q Has 2 or more medium risk factors
		q Temperature greater than 100.4°F (38°C)	q Active bleeding more than “bloody show”
		q Augmentation of labor (with oxytocin)	q Suspected abruption
		q Magnesium sulfate	
		q Prolonged second stage (>2 hours)	
Anticipatory Interventions: Monitor patient for any change in risk factors during labor and implement anticipatory interventions as indicated.			
q Blood Bank Order: Change blood bank orders as needed if risk category changes	q Clot Only (Type and Hold)	q Confirm Type and Screen	q Confirm Type and Cross (See Clinical Guidelines)
	q Ensure the availability of calibrated drapes, scales to weigh and measure blood loss for every birth	q Review the hemorrhage protocol	q Review the hemorrhage protocol
		q Review lab work, e.g., platelets (PLTs), hemoglobin (Hgb)	q Review lab work, e.g., PLTs, Hgb
		q Notify the Provider and Charge Nurse	q Notify the Provider and the Charge Nurse
		q Initiate and/or maintain IV access	q Insertion of a second large bore IV is optional
		q Confirm availability of Anesthesia Provider	q Notify Anesthesia Provider to come to the unit
		q Ensure uterotonics (oxytocin, Methergine, Hemabate, misoprostol) and supplies for administration (such as syringes, needles, alcohol swabs) are immediately available	q Check and ensure uterotonics (oxytocin, Methergine, Hemabate, misoprostol) and supplies for administration (such as syringes, needles, alcohol swabs) are immediately available
		q Ensure that the hemorrhage supplies are near the patient's room	q Bring the hemorrhage supplies to the bedside
		q Transfer from a birthing center to an intrapartum unit	q Ensure operating room (OR) and staff available
		q Ensure the availability of calibrated drapes, scales to weigh and measure blood loss with every birth	q Ensure the availability of calibrated drapes, scales and other equipment to measure and weigh blood loss with every birth

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RISK CATEGORY: POST-BIRTH

(Within 60 minutes after birth)

Low Risk	Medium Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High Risk
INCLUDE ADMISSION LOW RISK FACTORS	INCLUDE ADMISSION AND PRE-BIRTH MEDIUM RISK FACTORS	INCLUDE ADMISSION AND PRE-BIRTH HIGH RISK FACTORS
q No known bleeding disorder	q Large uterine fibroids	q Has 2 or more medium risk factors
q No previous uterine incision	q Operative vaginal delivery	q Active bleeding
q No history of PPH	q 3 rd or 4 th degree perineal laceration	q Difficult placental extraction
	q Vaginal or cervical laceration and/or mediolateral episiotomy	q Concealed abruption
	q Cesarean birth	q Uterine inversion
	q Precipitous delivery	
	q Shoulder dystocia	

Anticipatory Interventions

Continue to monitor patient for any change in risk factors after birth and implement anticipatory interventions as indicated.

q Blood Bank Order: Change blood bank orders as needed if risk category changes	q Clot Only (Type and Hold)	q Confirm Type and Screen	q Confirm Type and Cross (See Clinical Guidelines)
	q Utilize scales and calibrated equipment to weigh and measure maternal blood loss for every birth	q Review your hemorrhage protocol	q Notify the blood bank
		q Notify the Provider and the Charge Nurse	q Review your hemorrhage protocol
		q Heightened postpartum assessment surveillance	q Notify the Provider, Charge Nurse and obtain additional nursing personnel
		q Heightened postpartum assessment surveillance	q Heightened postpartum assessment surveillance
		q Utilize scales and calibrated equipment to quantify cumulative maternal blood loss for every birth	q Utilize scales and calibrated equipment to quantify cumulative maternal blood loss for every birth
		q Maintain IV access	q Insertion of a second large bore IV is optional
		q Confirm availability of Anesthesia Provider	q Notify Anesthesia Provider to come to the unit
		q Ensure immediate availability of uterotonics (oxytocin, Methergine, Hemabate, misoprostol)	q Check and ensure immediate availability of uterotonics (oxytocin, Methergine, Hemabate, misoprostol,) and supplies for administration (such as syringes, needles, alcohol swabs)
		q Ensure the hemorrhage cart with supplies is near the patient's room	q Bring hemorrhage cart with supplies to the bedside
		q Ensure OR and staff available	q Consider notifying team to prepare the OR
			q Consider notifying Interventional Radiology if available in facility

Pre-birth Risk Assessment

Fri Jul 6
13:55
by SMW

Interventions

PPH Hemorrhage Ris...

✓

Assessments

PPH Hemorrhage

Risk: PRE-BIRTH

✓

Risk Factors

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Low	<input type="checkbox"/> Singleton Pregnancy	<input type="checkbox"/> Morbid Obesity BMI > 35
Medium	<input type="checkbox"/> Induction of Labor/Cervical Ripening	<input type="checkbox"/> Polyhydramnios
	<input type="checkbox"/> Multiple Gestation	<input type="checkbox"/> Current IUFD
	<input type="checkbox"/> > 4 Previous Vaginal Births	<input type="checkbox"/> Mag Sulfate
	<input type="checkbox"/> Prior C/S or Uterine Incision	<input type="checkbox"/> Labor > 18 Hours
	<input type="checkbox"/> Large Uterine Fibroids	<input type="checkbox"/> 2nd Stage > 2 Hours
	<input type="checkbox"/> Hx of 1 Prior PPH	<input type="checkbox"/> Temp > 100.4 F
	<input type="checkbox"/> Family Hx PPH in 1st Deg Relative	<input type="checkbox"/> Augmentation of Labor (with Oxytocin)
	<input type="checkbox"/> Chorioamnionitis	
	<input type="checkbox"/> EFW > 4000g	
	** 2 or > Medium Risk Factors = HIGH Risk **	
High	<input type="checkbox"/> Active Bleeding > "Bloody Show"	<input type="checkbox"/> Hx > 1 Prior PPH
	<input type="checkbox"/> Suspected Placenta Accreta/Percreta	<input type="checkbox"/> Hct < 30 + Other Risk Factors
	<input type="checkbox"/> Low Lying Placenta/Placenta Previa	<input type="checkbox"/> PLT < 100,000/mm3
	<input type="checkbox"/> Known Bleeding/Clotting Disorder	<input type="checkbox"/> Suspected Abruption

Risk Level

Risk Level	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
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Interventions

Medium	<input type="checkbox"/> N/A at this time <input type="checkbox"/> Confirm Type & Screen <input type="checkbox"/> Notify Charge Nurse <input type="checkbox"/> Notify Provider <input type="checkbox"/> Notify Blood Bank PRN <input type="checkbox"/> Notify Anesthesia PRN <input type="checkbox"/> Review Hemorrhage Protocol & Labs <input type="checkbox"/> Initiate and/or Maintain IV Access <input type="checkbox"/> Ensure PPH Cart (Meds & Supplies) Immediately Available
High	<input type="checkbox"/> N/A at this time <input type="checkbox"/> Confirm Type & Cross <input type="checkbox"/> Notify Charge Nurse <input type="checkbox"/> Notify Provider <input type="checkbox"/> Notify Blood Bank PRN <input type="checkbox"/> Notify Anesthesia PRN <input type="checkbox"/> Review Hemorrhage Protocol & Labs <input type="checkbox"/> Consider 2nd Large-Bore IV <input type="checkbox"/> Bring PPH Cart (Meds & Supplies) to Room <input type="checkbox"/> Confirm OR Availability/Alert OR Staff

Add the Post-Birth Risk Assessment Tool to the Chart ☐ Yes ☐ No

Post-birth Risk Assessment

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Low Medium	<input type="checkbox"/> Singleton Pregnancy <input type="checkbox"/> Induction of Labor/Cervical Ripening <input type="checkbox"/> Multiple Gestation <input type="checkbox"/> > 4 Previous Vaginal Births <input type="checkbox"/> Prior C/S or Uterine Incision <input type="checkbox"/> Large Uterine Fibroids <input type="checkbox"/> Hx of 1 Prior PPH <input type="checkbox"/> Family Hx PPH In 1st Deg Relative <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> EFW > 4000g <input type="checkbox"/> Morbid Obesity BMI > 35 <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Current IUFD	<input type="checkbox"/> Mag Sulfate <input type="checkbox"/> Labor > 18 Hours <input type="checkbox"/> 2nd Stage > 2 Hours <input type="checkbox"/> Temp > 100.4 F <input type="checkbox"/> Augmentation of Labor with Oxytocin <input type="checkbox"/> Operative Vaginal Delivery <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Vag or Cervical Lac and/or Mediolateral Episiotomy <input type="checkbox"/> Cesarean Delivery <input type="checkbox"/> Precipitous Delivery <input type="checkbox"/> 3rd or 4th Perineal Laceration
High	** 2 or > Medium Risk Factors = HIGH Risk ** <input type="checkbox"/> Active Bleeding > "Bloody Show" <input type="checkbox"/> Suspected Placenta Accreta/Percreta <input type="checkbox"/> Low Lying Placenta/Placenta Previa <input type="checkbox"/> Known Bleeding/Clotting Disorder <input type="checkbox"/> Hx > 1 Prior PPH <input type="checkbox"/> Hct <30 + Other Risk Factors <input type="checkbox"/> PLT < 100,000/mm3 <input type="checkbox"/> Suspected Abruption <input type="checkbox"/> Difficult Placental Extraction <input type="checkbox"/> Concealed Abruption <input type="checkbox"/> Uterine Inversion	

[-] Risk Level

Risk Level

☐ Low ☐ Medium ☐ High

[-] Interventions

Medium	<input type="checkbox"/> N/A at this time <input type="checkbox"/> Confirm Type & Screen <input type="checkbox"/> Notify Charge Nurse <input type="checkbox"/> Notify Provider <input type="checkbox"/> Notify Blood Bank PRN <input type="checkbox"/> Confirm Anesthesia Availability <input type="checkbox"/> Review Hemorrhage Protocol & Labs <input type="checkbox"/> Maintain IV Access <input type="checkbox"/> Ensure PPH Cart (Meds & Supplies) Immediately Available <input type="checkbox"/> Heighten Postpartum Surveillance	<input type="checkbox"/> Ensure OR/Staff Available
High	<input type="checkbox"/> N/A at this time <input type="checkbox"/> Confirm Type & Cross <input type="checkbox"/> Notify Charge Nurse <input type="checkbox"/> Notify Provider <input type="checkbox"/> Notify Blood Bank PRN <input type="checkbox"/> Notify Anesthesia PRN <input type="checkbox"/> Review Hemorrhage Protocol & Labs	<input type="checkbox"/> Consider 2nd Large-Bore IV <input type="checkbox"/> Have PPH Cart (Meds & Supplies) in Room <input type="checkbox"/> Call Anesthesia to the Unit <input type="checkbox"/> Heighten Postpartum Surveillance <input type="checkbox"/> Alert Unit/OR Staff <input type="checkbox"/> Consider Setting Up OR

Mode

Hide
Text

Recall •

Edit

Add
Note

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Save and Exit

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2



Stakeholders:



**Me, myself and I...AND...
you, yourself and y'all !**



Resources/references:

Georgia Perinatal Collaborative

<https://georgiapqc.org>

California Maternal Quality Care Collaborative

www.cmqcc.org

Association of Women's Health, Obstetrical & Neonatal Nurses

www.awhonn.org

AWHONN PPH project

www.pphproject.org

Georgia Department of Public Health

www.dph.georgia.gov