

ON MATERNAL HEALTH





## Readiness — Every Unit/Team

Develop processes for the management of patients with obstetric hemorrhage, including:

- ► A designated rapid response team co-led by nursing, obstetrics, and anesthesia with membership appropriate to the facility's Level of Maternal Care;\*
- ► A standardized, facility-wide, stage-based obstetric hemorrhage emergency management plan with checklists and escalation policy;\*
- ▶ Emergency release and massive transfusion protocols to ensure immediate access to blood products;\*
- ► A protocol, including education and consent practices, to collaborate with patients who decline blood products, but may accept alternative approaches;\* and
- ► 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.

Maintain a hemorrhage cart or equivalent with supplies, checklists, and instruction cards for devices or procedures where antepartum, laboring, and postpartum patients are located.\*

Ensure immediate access to first- and second-line hemorrhage medications in a kit or equivalent per the unit's obstetric hemorrhage emergency management plan.\*

Conduct interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.\*

# **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.\*

Measure and communicate cumulative blood loss to all team members, using quantitative approaches.\*

Actively manage the third stage of labor per department-wide protocols.

Provide ongoing education to all patients on obstetric hemorrhage risk and causes, early warning signs, and risk for postpartum complications.\*



#### Response — Every Event

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:

- ► Advance preparations made based on hemorrhage risk (e.g. cell saver, blood bank notification, etc.)
- ► Evaluating patients for etiology of hemorrhage;
- ► Use of obstetric rapid response team;
- Evidence-based medication administration or use of nonpharmacological interventions;\* and
- ▶ Appropriate activation of expanded care team and clinical resources as necessary.

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.\*

### Reporting and Systems Learning — Every Unit

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.

Perform multidisciplinary reviews of serious complications per established facility criteria to identify system issues.\*

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.

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.\*

# Respecful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

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.\*

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.\*



These materials were developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a cooperative agreement with the American College of Obstetricians and Gynecologists under grant number UC4MC28042, Alliance for Innovation on Maternal Health. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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