Quality Improvement

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CSON IM8

Quality Improvement Activity: Postpartum Hemorrhage

Elena Marie, a 31-year-old G1P0, is emergently admitted to Covenant Women's and Children's after vaginally delivering a 2.6 kg 36 weeks' gestation male in the back of her car. Her membranes spontaneously ruptured at home this morning; however, Elena and her husband had lunch plans which hindered them coming straight to the hospital. Upon admission, Elena and David's baby boy is taken to the NICU for monitoring and upon assessment, Elena is lethargic and pale. Elena's dress is saturated with blood and she suffered a second-degree laceration during delivery.

The nurse attempts to palpate the fundus only to find it boggy at 3cm above the umbilicus. Her most recent vital signs are as follows: BP 76/42, HR 120, RR 20 with shallow breathing. The nurse has to call the physician 3 times before he responds, which prolongs Elena's bleeding by another 20 minutes. David is worried about his wife and asking several questions only to be ignored and asked to leave the room by another nurse.

Describe the scenario. In what way did the patient care or environment lack? Is this a common occurrence?

From the beginning of the scenario, this is not a safe or ideal situation for the patient to be in. The environment that Elena gave birth in is not fit due to the lack of cleanliness and

resources, including healthcare professionals, medications such as Oxytocin or pain meds, and equipment such as forceps, fetal and maternal heart monitors, and a tocodynamometer. Along with materialistic things, the environment also lacked education. Elena and David were not aware of how to stop the bleeding or to massage the fundus to prevent bogginess post-delivery.

Upon arrival to the hospital, patient care was lacking from several standpoints. Elena is put at risk for severe hypovolemic shock due to the amount of blood lost as well as the poor response time by the physician. David's needs are also unmet; instead of a healthcare professional taking the time to explain what is happening to his wife and allowing him to remain with her during this stressful time, he is ignored and asked to leave with no explanations or answers to his questions.

Children being born in the back of a vehicle is by no means an everyday occurrence; however, it does happen. Poor time management does happen frequently depending on the scenario. Are the physicians in house? Was the patient expected? Is this a rural hospital with lack of supplies? As far as the lack of emotional support, I witness this firsthand on an every day basis. Healthcare workers become numb to the situations at hand and forget that we are caring for actual people that may be experiencing something to this magnitude for the first time.

What circumstance led to the occurrence?

The circumstances that lead to this scenario are the lack of parental education and efficient time management. If Elena and David would have reported to the hospital after Elena's membranes ruptured, she would not have given birth in the back of the car leading to

hemorrhage. Also , if the physician would have been present when the patient arrived, then the hemorrhage could have been treated in a timely manner. This would have alleviated stress in the environment, allowing for David's questions to be answered and him to possibly remain in the room with his wife.

In what way could the frequency of the occurrence be measured?

The frequency of postpartum hemorrhage occurrences can be measured first by clearly defining what hemorrhage is. This can be achieved using quantitative methods to measure blood loss. After hemorrhage is defined, then the occurrence of them can be measured by examining charts.

What evidence-based ideas do you have for implementing interventions to address the problem?

It is evidenced that uterine massage post-delivery helps the muscles of the uterus contract to prevent postpartum hemorrhage. Medications to stimulate uterine contractions, such as Oxytocin and Prostaglandin, are used to encourage the uterus back to normal size. Elevating the patient's legs above their heart will promote blood flow to the heart, treating hypovolemic shock. Identifying the causes and risk factors of postpartum hemorrhage is important to prevention because if a patient is at high-risk for hemorrhage, we can admit them early to closely monitor the remainder of their pregnancy.

How will you measure the efficacy of the interventions?

Measuring the efficacy of these interventions can be accomplished by keeping a spreadsheet of how many postpartum hemorrhages are happening each quarter. If there is an increase, continuing education and debriefing may be implemented to keep healthcare professionals held accountable.