

Data-driven Practice in Postpartum Hemorrhage

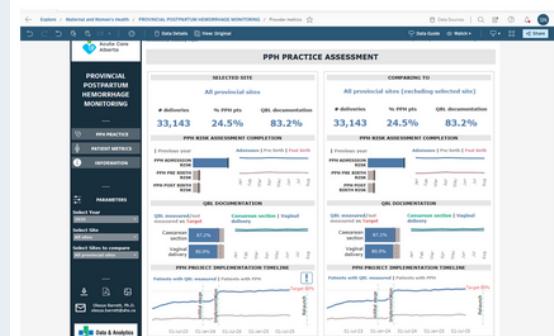
Optimizing Provincial Reporting and Quality Improvement, including the Updated Interprofessional PPH Toolkit

Dr Philippa Brain, Stacey Nyl, Jeannie Yee

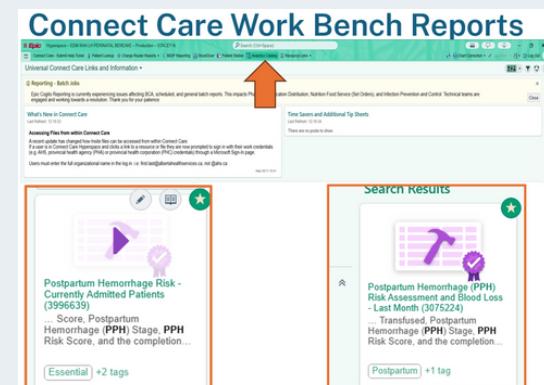
Key recommendations for Optimization of the Alberta PPH Initiative

1. Review Tool Kit Tips and resources as outlined below
2. Continue the documentation and practice of Risk Assessments (3) and Quantitative Blood Loss for every delivery
3. Practice responding to a PPH (Labour and Delivery, OR/PACU, postpartum unit) by using:
 - a. Simulation with facilitated debrief (supported by HPSP CTE Provincial Perinatal Health and Provincial e-simulation team)
 - b. Educational activities/Scenarios (MS Teams Channel)
4. Monitor Tableau dashboard and/or CC workbench reporting to monitor progress and make decisions regarding quality improvements
5. With support from Quality Assurance/ Improvement interprofessional teams, review cases of interest and those that had more severe outcomes with the objective of addressing health systems issues
 - a. Example: Cases with >1500 ml blood loss and greater than 3 units of packed red blood cells transfused

Provincial PPH Monitoring Dashboard



PROVINCIAL
POSTPARTUM
HEMORRHAGE
MONITORING:
Patient metrics -
AHS Tableau Server



Tool Kit Tips...

Prenatal

- Discuss prenatal PPH risk assessment, prevention and management of PPH (Patient and family Advisors indicated that they would like more information from their MRHPs)
- Engage in active prenatal treatment of anemia

Alberta Obstetric Anemia And Iron Deficiency Screening And Treatment Algorithm

Interprofessional PPH Stage Based Checklist

*Do not delay treatment if significant blood loss and ongoing bleeding, even if vital signs remain normal.

Rural sites: Consider earlier mobilization of resources based on team availability and response times.

Stage 1 Blood loss 500-1000mL VS stable*	Stage 2 Blood loss up to 1500 mL or greater than 2 uterotonics VS may be stable*	Stage 3 Blood loss greater than 1500 mL or Hemodynamic instability										
<p>Ongoing Bleeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get help (Obstetrics, Anaesthesia, L&D Nurses, ER, ICU, Transfusion, Medicine, OR, RAAPID) <input type="checkbox"/> Fundal / bimanual massage <ul style="list-style-type: none"> ➤ Express & remove blood/clots/tissue ➤ Stimulate contractions <input type="checkbox"/> Report VS q 15 minutes <input type="checkbox"/> Report quantitative blood loss q 15 minutes <input type="checkbox"/> Bladder catheter <input type="checkbox"/> IV access (18 gauge or larger x 2) <input type="checkbox"/> IV bolus (Crystallloid up to 2L) <ul style="list-style-type: none"> ➤ Use pressure bag <input type="checkbox"/> Medications: Uterotonics then TXA (2nd IV for TXA) <input type="checkbox"/> Consider CBC, Type and Screen <input type="checkbox"/> Warm blankets <input type="checkbox"/> Time Out <ul style="list-style-type: none"> ➤ Summarize completed actions ➤ Review Personnel (location, expertise) ➤ VS (CAB), QBL, LOC ➤ 4Ts 												
<p>VS stable*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue steps from stage 7 <input type="checkbox"/> 2nd IV (if not already started) <input type="checkbox"/> CBC, T&S (if not already done) <input type="checkbox"/> Coagulation labs <input type="checkbox"/> Medications: Uterotonics <ul style="list-style-type: none"> ➤ Balloon tamponade ➤ RBC transfusion ➤ Fibrinogen concentrate ➤ Warm fluids & Bair Hugger/warm blankets ➤ Consider consulting Transfusion Medicine re possible Massive Hemorrhage Protocol preparation <input type="checkbox"/> O2 to keep SpO2 ≥95% <input type="checkbox"/> Time Out <ul style="list-style-type: none"> ➤ Summarize completed actions ➤ Review Personnel (location, expertise) ➤ VS (CAB), QBL, LOC ➤ 4Ts 												
<p>Ongoing Bleeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get help (Obstetrics, Anaesthesia, L&D Nurses, ER, ICU, OR, RT, Code Team) <input type="checkbox"/> Continue steps from stage 7-8 <input type="checkbox"/> Report VS q 5 minutes <input type="checkbox"/> Massive Hemorrhage Protocol <input type="checkbox"/> Rapid volume infuser <input type="checkbox"/> Prepare for OR/VA <input type="checkbox"/> Time Out <ul style="list-style-type: none"> ➤ Summarize completed actions ➤ Review Personnel (location, expertise) ➤ VS (CAB), QBL, LOC ➤ 4Ts 												
<p>Remember</p> <table border="1"> <tr> <td>4Ts:</td> <td>CAB:</td> </tr> <tr> <td>Tone</td> <td>Circulation</td> </tr> <tr> <td>Trauma</td> <td>Airway</td> </tr> <tr> <td>Tissue</td> <td>Breathing</td> </tr> <tr> <td>Thrombin</td> <td></td> </tr> </table>			4Ts:	CAB:	Tone	Circulation	Trauma	Airway	Tissue	Breathing	Thrombin	
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Tool Kit Tips...

Intrapartum Obstetrical teams to:

- Document Risk Assessments (on admission, at full dilation or in OR... and 1 hour post delivery)
- Document QBL for every delivery whenever possible
- Use the revised CC PPH Order set- *coming soon*
- Continue to use the Postpartum Hemorrhage: Early Recognition and Management Protocol HCS-316-01

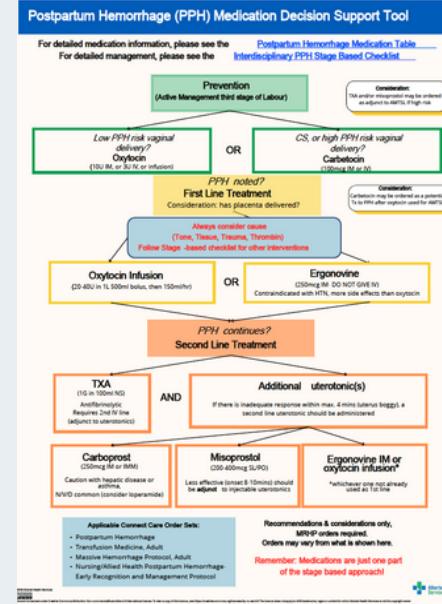
Postpartum

- If PPH occurs, provide patients with the opportunity for questions and clarification
- Encourage patients to monitor lochia. Patients can access PPH Pad Pictograph in MyHealthAlberta
- Provide clear anticipatory guidance for what to expect and follow up plan upon discharge (routine follow up at 6 weeks, repeat CBC in 3 weeks etc)
- Utilize pathway as needed:

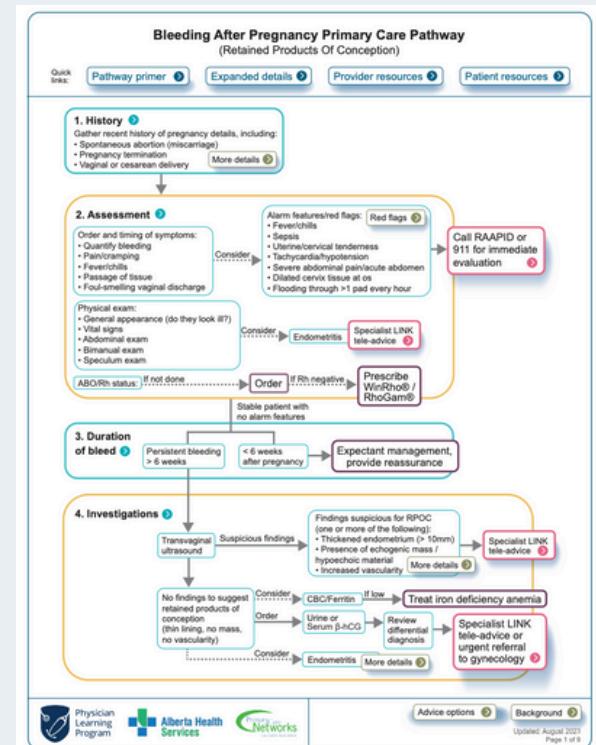
Resources:

1. Alberta Obstetric Anemia And Iron Deficiency Screening And Treatment Algorithm
2. Provincial Perinatal Health Program - Toolkits | Insite
3. General | M365T - PPH Interprofessional Customizable Tools | Microsoft Teams
4. Bleeding After Pregnancy Pathway

For inquiries about the reporting and or interprofessional morbidity review process contact: womenshealth@acute carealberta.ca
 For inquiries about the PPH tool kit or support for education please contact perinatal.health@ahs.ca



Bleeding After Pregnancy Pathway



Consider using MyL3Plan, a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits.

[Learn more here!](#)