

# *Supporting patients and staff after birth events: Defining our toolkit*

Facilitated Discussion  
NMPC/MOD Joint Meeting  
October 25, 2019



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH **AIM**



# Disclosure

- Discussion leaders have nothing to disclose.

# Objectives

- Identify support programs as an essential component of response to significant birth complications
- Articulate a role for support programs to mitigate the risk of birth and secondary trauma
- Define components of effective support programs for patients, families, and staff
- Identify network expertise in terms of best practices and opportunities for collaboration

# What does the bundle recommend?



## 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

## PATIENT SAFETY BUNDLE

# Obstetric Hemorrhage

# One Resource Example



CMQCC OBSTETRIC HEMORRHAGE TOOLKIT  
Version 2.0  
3/24/15

## EDUCATIONAL TOOL #1

### RESOURCES FOR WOMEN, FAMILIES AND CLINICIANS AFTER AN OBSTETRIC EMERGENCY

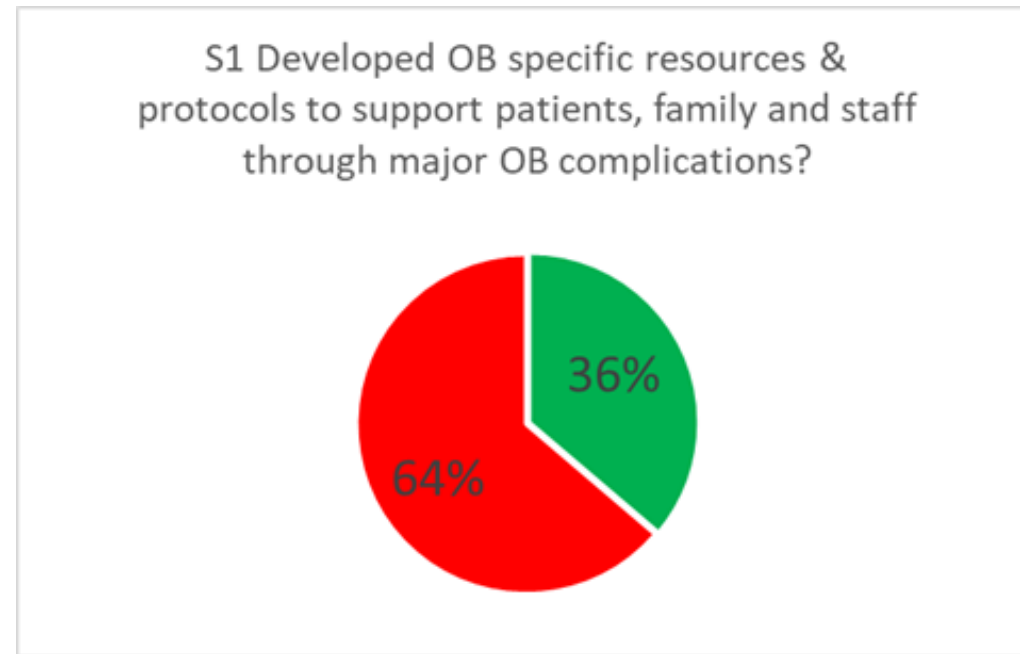
After an obstetric emergency, many women seek to understand what happened to them and to find a supportive community. Increasingly, online resources provide a space for women who experience these rare events to gather and share stories and information. While not all these may apply to severe hemorrhage, many of the resources are useful after any obstetric emergency.

#### BIRTH TRAUMA RESOURCES FOR WOMEN & FAMILIES

- **PATTCh:** (<http://pattch.org/>) PATTCh is a collective of birth and mental health experts dedicated to the prevention and treatment of traumatic childbirth. Resources for women, families and health care providers, including a comprehensive **Traumatic Birth Prevention & Resource Guide**.

# Opportunity

Structure measure collected from New Mexico hospitals as part of the AIM initiative/ OB hemorrhage bundle:



This is the practice least likely to be in place of all the bundle components.

# Birth Trauma

- “Between 25 and 34% of women report that their children’s births were traumatic, even though the staff and their support team may not perceive it that way. Birth trauma includes physical injury, danger, or death to mother or baby, or the perception thereof by the mother or partner. It also includes feelings of extreme fear, aloneness, disrespect, lack of control or helplessness”  
(Penny Simkin)
- (a) perceived lack of communication by medical staff; (b) fear of unsafe care; (c) lack of choice regarding routine medical procedures; (d) lack of continuity of care providers; and (f) care being based solely on delivery outcome (Beck, 2004a)

# Trauma Responsive &

# Trauma Informed

- “Designed specifically to address the consequences of trauma in the individual and to facilitate healing.”
- “Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”

(Anna Nelson, 2019)



# Responding to Trauma

- Explain what is happening and discuss options
- Maximize participant choice and control
- Power-sharing/non-hierarchical
- Empowering and strengths-based
- Comprehensive, Collaborative
- Accessible in people's communities of origin
- Promoting of physical and emotional safety
- Focused on establishing trusting relationships.
- Culturally responsive
- Stigma reduction efforts
- Empathetic/mentoring

## Small group discussion

- What are some existing resources that you offer or are aware of to support patients, families, and staff after a significant event?
- What should be included in a toolkit or resource designed to help hospitals implement support programs?
  - Does it exist? Do we need to create it?



Next steps?