The NYSPQC/NYSPFP Obstetrical Improvement Project seeks to improve maternal and newborn outcomes by applying evidence based health care interventions to rapidly advance improvements in identifying maternal hemorrhage.

**AIM:**
By December 31, 2014, > 90% of all maternity patients will have documented risk assessment for maternal hemorrhage completed on admission to labor and delivery.

**PROJECT GOAL:**

**PRIMARY DRIVERS**

- **Assess hemorrhage risk and implement measures to prevent hemorrhage**
  - Identify and adopt protocols for risk assessment of maternal hemorrhage.
  - Assess all OB patients for hemorrhage risk and prepare as appropriate.
  - Document results of risk assessment in medical record.

- **Rapid identification of early warning signs and early identification and diagnosis of hemorrhage**
  - Develop processes/protocols/algorithms/checklist for recognition of and response to deteriorating condition of maternity patients at risk of maternal hemorrhage.
  - Empower physicians and nursing staff to activate emergency maternal hemorrhage protocol.
  - Identify and use an evidence based method/tool to quantify blood loss to improve accuracy of maternal blood loss estimates.

- **Ensure complete and appropriate management of maternal hemorrhage**
  - Implement facility’s OB hemorrhage guidelines algorithm or protocols, including or with a separate massive transfusion protocol.
  - Ensure active management of third stage of labor for all vaginal births.
  - Create, maintain and use a “maternal hemorrhage rapid response cart” to assist in early management of maternal hemorrhage, and ensure cart is accessible and in a well-known location.

- **Foster a culture of safety and improvement**
  - Schedule regular simulation drills of your hospital’s maternal hemorrhage protocol, to ensure providers are familiar with protocol and location of equipment to manage maternal hemorrhage on the L&D unit and ED.
  - Create and ensure understanding of clear lines of communication and identified avenues for escalation.
  - Continuously monitor and disseminate data with discussion at staff/administration meetings.
  - Cases of excessive maternal hemorrhage should be reviewed, including assessment of timing, documentation and performance of active management of the third stage of labor, by comparison with institutional protocols and building in feedback from staff to improve processes.
  - Add maternal hemorrhage assessment and treatment protocols to staff orientation and annual competency assessments.