



Action Collaborative Session 5

Clinical Deep Dive and Transfer Case Review

April 2, 2024

Financial Disclosures

- With respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Moses/Weitzman Health System, Inc. or its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

CME and CE Information

In support of improving patient care, this activity has been planned and implemented by Primary Maternity Care and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

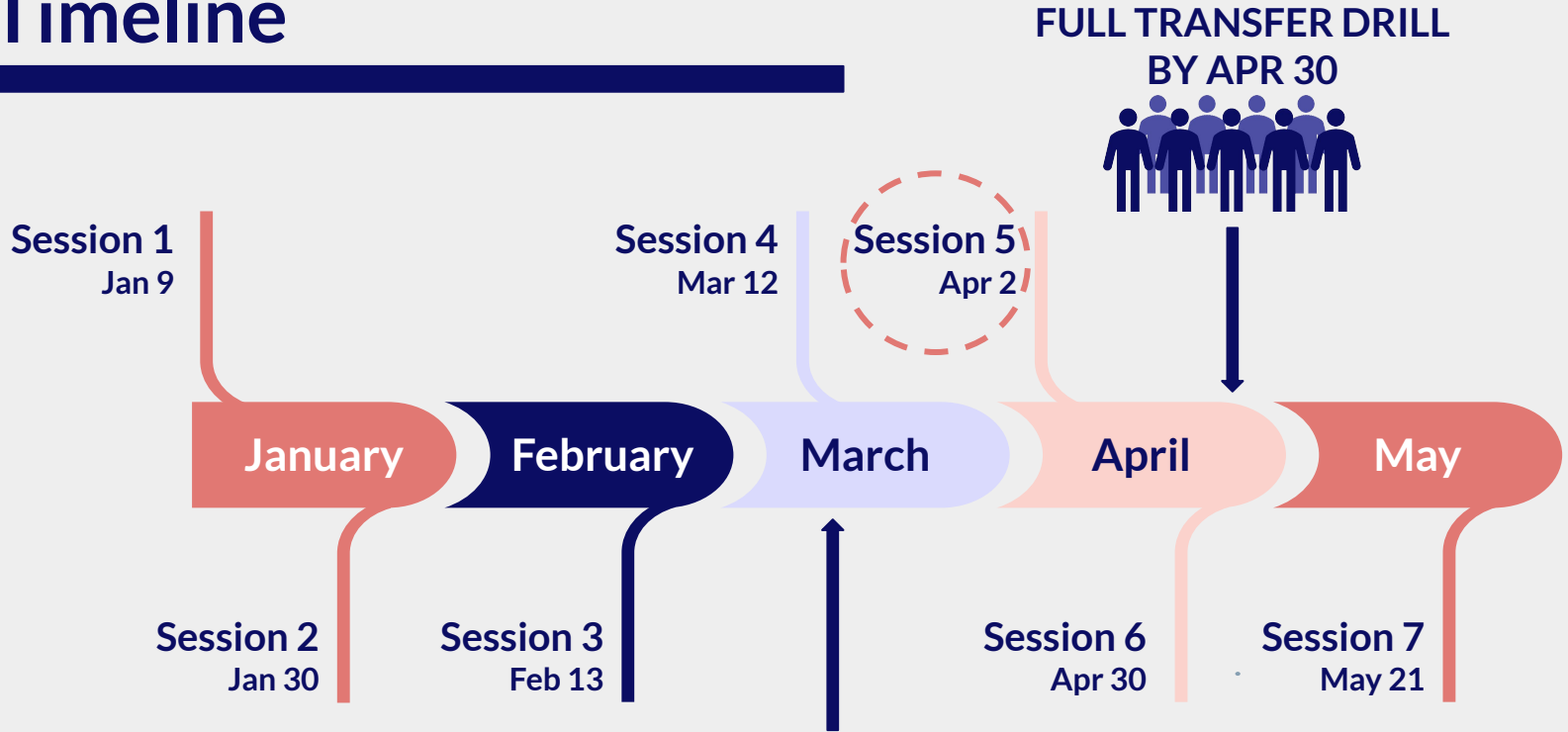
Through Joint Accreditation, credits are also available under the following body:
American Academy of PAs (AAPA)



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



Timeline



TEAM DRILL*
BY MAR 12



*Option of mini-drill

All sessions at
4:00 pm EST



**Share your story:
#StepUpPMC**

Action Collaborative Learning Objectives: Session 5

- Articulate standards of care and evidence based practice for the clinical scenario
- Review strengths and weaknesses of the transfer case and areas for practice change and quality improvement
- Identify potential similarities and differences in clinical emergency decision making and management for community and hospital-based settings

Outline for Today

- Transfer case review
- Community birth standards
- Clinical decision making, community vs. hospital
- Educational resources and clinical pearls

* When speaking, or posting in chat, please remind us what practice you are in and your role! Let's get to know each other!



Ice Breaker!

**Share a sign of Spring that is making
you happy!**

Agreements for a Safe Community

Communal Practices:

- Enter the community with an open mind, readiness to learn and engage.
- Speak from personal experience using “I” language rather than generalizations.
- Treat each other with respect
- Honor diverse backgrounds, expertise, and lived experiences.
- Celebrate the contributions of others.
- Share events, resources, toolkits, courses, triumphs, and encouragement freely.
- Maintain privacy and comply with all relevant rules, regulations, and organizational standards.

Community Guidelines:

- No harassment, discrimination, racism, sexism, inappropriate behavior, or threats
- No soliciting
- No requests for medical advice or consultation
- No profession-bashing
- No screenshots of each other’s activity without permission



Transfer Case Review

Hospital Team to Share

Please share!

Let's Debrief:

Debriefing Questions

What happened?

Give just a brief, high-level summary so everyone's on the same page.

What went well?

Give everyone a chance to share the good stuff they noticed before critiquing.

What needs attention or improvement?

Try to focus on processes and systems, not assigning blame.

What should we do differently going forward?

Make sure to assign someone to follow through on the change.



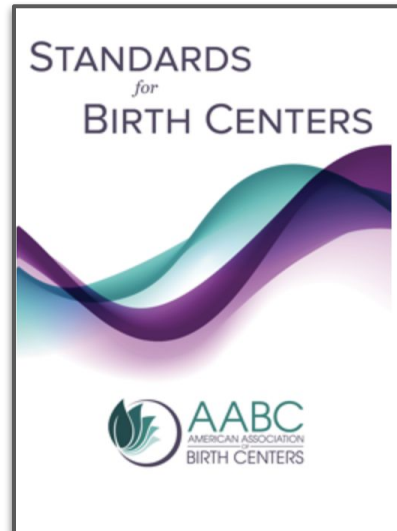
Primary Maternity Care

An incoming community birth transfer to the hospital:

- What happened?
- What went well?
- What could have been improved?
- What changes, if any, were made as a result?
- What clinical standards of care or best practices arose during this case?

Community Birth Standards

- AABC birth center standards
- Midwifery scope of practice standards
- CABC indicators
- *Forthcoming: Consensus Standards for Intermittent Auscultation in Community Birth Settings*





Differences in Emergency Clinical Decision Making: Community vs. Hospital



REFLECTION

What differences do you see in clinical decision making of emergencies in the community birth setting?

General Considerations for Initiating Transfer in the Community

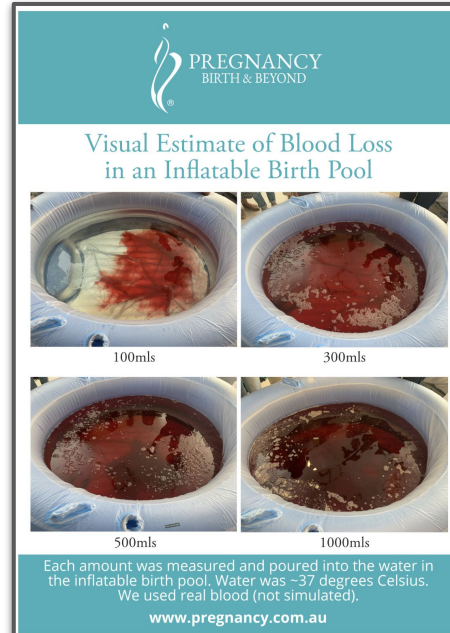
- Clinical scenario and acuity
- Staffing
- Materials
- Emergency equipment
- Means of transport
- Distance/time to transfer facility
- Consideration of patient preferences and communication needs



Educational Resources and Clinical Pearls

Postpartum Hemorrhage

- [EBL Flashcards](#) (great for use during drills):
- Estimating Blood Loss in an Inflatable Birth Pool [Video](#) and [Handout](#)
- Quantifiable Blood Loss [Video](#)
- ACNM Active Management of the Third Stage of Labor (AMTSL) [position statement](#)
- ACOG PPH Practice Bulletin
- AIM Obstetric Hemorrhage Bundle



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG PRACTICE BULLETIN

Clinical Management Guidelines for Obstetrician–Gynecologists

NUMBER 183, OCTOBER 2017

(Replaces Practice Bulletin Number 76, October 2006)

Committee on Practice Bulletins—Obstetrics. This Practice Bulletin was developed by the American College of Obstetrician and Gynecologists' Committee on Practice Bulletins—Obstetrics in collaboration with Larence E. Shein, MD, Dana Gillman, MD, and Anne H. Garby, MD, PhD.

Postpartum Hemorrhage

Maternal hemorrhage, defined as a cumulative blood loss of greater than or equal to 1,000 mL, or blood loss accompanied by signs or symptoms of hypovolemia within 24 hours after the birth process, remains the leading cause of maternal mortality worldwide (1). Additional important secondary sequelae from hemorrhage exist and include adult respiratory distress syndrome, shock, disseminated intravascular coagulation, acute renal failure, loss of fertility, and pulmonary necrosis (Sheehan syndrome). Hemorrhage that leads to blood transfusion is the leading cause of severe maternal morbidity in the United States, closely followed by disseminated intravascular coagulation (2). In the United States, the rate of postpartum hemorrhage increased 26% between 1994 and 2006 primarily because of increased rates of uterine (3). In contrast, maternal mortality from postpartum obstetric hemorrhage has decreased since the late 1980s and accounted for slightly more than 10% of maternal mortalities (approximately 1.7 deaths per 100,000 live births) in 2009 (2, 4). This observed decrease in mortality is associated with increasing rates of transfusion and peripartum hysterectomies (2–4).

The purpose of this Practice Bulletin is to discuss the risk factors for postpartum hemorrhage as well as its evaluation, prevention, and management. In addition, this document will encourage obstetrician–gynecologists and other obstetric care providers to play key roles in implementing standardized bundles of care (eg, policies, guidelines, and algorithms) for the management of postpartum hemorrhage.

Background

The American College of Obstetricians and Gynecologists' (ACOG) eVTALia program defines postpartum hemorrhage as cumulative blood loss greater than or equal to 1,000 mL, or blood loss accompanied by signs or symptoms of hypovolemia within 24 hours after the birth process (includes intrapartum loss) regardless of route of delivery (5). This is in contrast to the more traditional definitions of postpartum hemorrhage as an estimated blood loss in excess of 500 mL after a vaginal birth or a loss of greater than 1,000 mL after a cesarean birth (6). This new classification is likely to reduce the number of individuals labeled with postpartum hemorrhage. However, despite this new characterization, a blood loss greater than 500 mL in a vaginal delivery should be considered abnormal and should serve as an indication for the health care provider to investigate the

increased blood deficit. Although visually estimated blood loss is considered inaccurate, use of an educational process, with limited instruction on estimating blood loss, has been shown to improve the accuracy of such estimates (7). Historically, a decrease in hematocrit of 10% had been proposed as an alternative marker to define postpartum hemorrhage; however, determinations of hemoglobin or hematocrit concentrations are often delayed, may not reflect current hematologic status, and are not clinically useful in the setting of acute postpartum hemorrhage (8).

In postpartum women, it is important to recognize that the signs or symptoms of considerable blood loss (eg, tachycardia and hypotension) often do not present or do not present until blood loss is substantial (9). Therefore, in a patient with tachycardia and hypotension, the obstetrician–gynecologist or other obstetric care provider should be concerned that considerable blood loss, usually

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OBSTETRICS & GYNECOLOGY

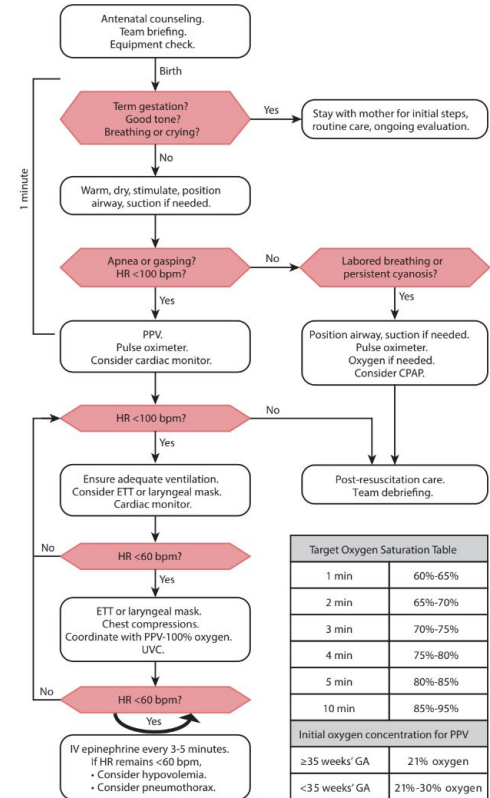
 **STEP UP
TOGETHER**
Action Collaborative 2024

Neonatal Resuscitation

- Integration of care and inclusion of midwifery in [NRP policies related to training](#)
- [Quick reference](#) for NRP algorithm and summary of changes in 8th edition
- Neo Tee T-piece Resuscitator [Video](#)

Figure 1

Neonatal Resuscitation Program® 8th Edition Algorithm



Intrapartum Bradycardia

- [Intermittent Auscultation and Perinatal Quality Improvement](#) (webinar)
- [Intermittent Auscultation Simulation-Based Education](#) (CE module available for purchase from PQI.)





CONCLUSION

Additional support

- Course Learning Platform
 - Discussion board
 - Resource Library
- How to schedule consulting hours (2 sessions / team)
 - See [course site](#) for scheduling!
- On-Site Support
 - PMC team travels to your city - funding available for ~3 locations
 - Fill out our brief [application](#) if you are interested in on-site support!



Tools



Community



Coaching

Weitzman Info

Reminder to collect your 7 CEs!

1. Visit the [Weitzman Institute Education Platform](#) and create an account
2. **Register for** the [Step Up Together Action Collaborative](#). Once you register, you will be automatically enrolled in all seven sessions and will see a list of those sessions.
3. You can access the zoom links for each session under the **Overview** tab in the specific session activity.
4. Complete the post-session evaluation after the Zoom session has ended, claim credits, and download your session certificate.

