



**Massachusetts
Perinatal Quality Collaborative**



c/o 112 Turnpike Road, Ste 102
Westborough
MA
01581

September , 2013

Address

Dear _____:

We need your help to identify issues contributing to identification and management of Maternal Hemorrhage in obstetrical programs in Massachusetts. I am contacting you as a _____ leader at _____ on behalf of the Massachusetts Perinatal Quality Collaborative (MPQC) and the Massachusetts Department of Public Health.

Maternal peripartum hemorrhage continues to be a significant risk for pregnant and delivered women. The report from the OB Safety Panel from the Betsy Lehman Center for Patient Safety and Medical Error Reduction in 2010 identified maternal hemorrhage as one of five(5) issues for improving patient safety and called to the attention of hospitals and providers the need to examine care practices and system support to decrease mortality related to maternal hemorrhage. The Massachusetts Perinatal Quality Collaborative is charged with support for the implementation of that recommendation. The Massachusetts Maternal Mortality and Morbidity Committee Recommendations in 2012 stated , *“Each maternity hospital should have clinical guidelines and protocols for the recognition and management of maternal hemorrhage including standardized timing and criteria for implementing a massive transfusion protocol. The guidelines and protocols should include procedures that effectively address clinical risk and management of peripartum maternal hemorrhage.”*

The attached summary is from a convenience sample survey of 28 of 48 hospitals in Massachusetts with obstetrical services conducted last year at MPQC Summit Educational sessions. One of our conclusions was the need to expand the survey to include ALL hospitals with obstetrical services in Massachusetts and add some data categories to accurately profile practice in Massachusetts and to guide the consultation requested.

To assist us in carrying out that responsibility, would you please collect the information to complete the following survey? A member of our study team, _____, will contact you to receive your survey

information. We will send you the survey summary report. All findings will be reported in aggregate with no identification of data by institution. Thank you in advance for your important contribution. Please contact me if you have any questions.

Sincerely yours,

Bonnell W. Glass, RN, MN
Vice Chair, Massachusetts Perinatal Quality Collaborative
bwglass@aol.com, 617-930-1580

Maternal Hemorrhage Survey

September 2013

1. Does your OB program track incidence of maternal hemorrhage within the department and hospital? Yes _____ No _____ Don't Know _____
2. What is your working definition of maternal hemorrhage?
Vaginal delivery _____ Cesarean Section _____
3. How is blood loss at delivery determined?
Estimated _____ Measured _____ Weighed _____ Recorded _____
4. Is there a source for tracking the incidence of maternal hemorrhage in your institution?
Yes _____ No _____ Don't Know _____
5. Are "near miss" Maternal Hemorrhage events recorded? Yes _____ No _____ Don't Know _____
Check all that are recorded/reported:
____ Transfusion ____ Uterine artery embolization ____ Balloon tamponade ____ Reoperation
____ Unplanned hysterectomy ____ ICU admission ____ Use of coagulation products
6. Is there an algorithm to guide risk assessment for maternal hemorrhage?
Yes _____ No _____ Don't Know _____
7. Is there a process in your institution for review and analysis of maternal hemorrhage events?
Yes _____ No _____ Don't Know _____ If yes, who is involved and what is the process? _____

8. Has that process resulted in process improvements and better clinical outcomes?
Yes _____ No _____ Don't Know _____
9. Does your hospital have a Massive Transfusion Protocol? Yes _____ No _____ Don't Know _____
10. Is blood utilization tracked, reported and reviewed? Yes _____ No _____ Don't Know _____

11. Are obstetrical patients included in the scope of the Massive Transfusion Protocol?

Yes _____ No _____ Don't Know _____

12. Do you conduct drills to practice for maternal hemorrhage events?

Yes _____ No _____ Don't Know _____ If yes, how often? _____ Who is included? _____

13. Would you use education/consultation resources for risk recognition and clinical management of maternal hemorrhage, if it were available? Yes _____ No _____ Uncertain _____

14. What else do you want us to know about your experience of maternal hemorrhage?

Organization/Institution _____ Level I ___ II ___ III ___

Person Reporting _____ Title _____

Contact Information _____

Date _____