Our Journey Through Empowering Women: A Mother Baby Discharge Instruction Project

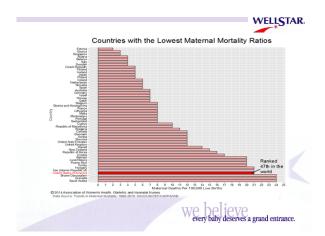
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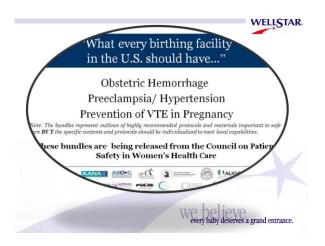
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Trends in pregnancy-related mortality in the United States: 1987–2010













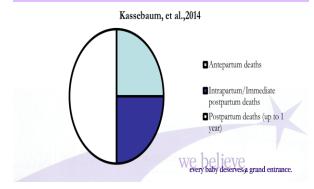
Maternal Safety Bundles

- Postpartum Care Basic for Maternal Safety
- Hypertension Safety Bundle
- VTE Safety Bundle
- Cardiovascular Tool Kit (CMQCC)
- AWHONN PPH Project/Pilot Community
- Safe Sleep Campaign

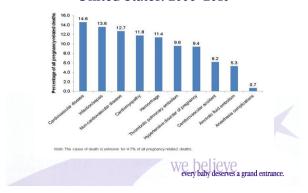




Maternal Deaths in the U.S.



Causes of pregnancy-related death Williams. United States: 2006–2010





Georgia MMRC

- 3 year collaboration with multiple entities: GA
 Public Health, CDC, Ga OB GYN Society, GA
 office of vital statistics
- Multidisciplinary, geographically diverse
- · Meet quarterly
- · Indentify medical and nonmedical problems





GA MMRCC 2012 cases

- The most frequent causes of pregnancy related deaths were hemorrhage, hypertension, cardiac events, embolism and seizure disorders.
 - Hemorrhage: placental abruption, ruptured ectopic pregnancy, and inefficient replacement of blood products
 - Hypertension: delay in medication, need for early response teams, delay response to hypertensive crisis

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GA MMRC 2012 Cases

- Cardiac Disorders: Cardiomyopathy
 - Women were unaware of their risk and/or warning sings of cardiac diseases
 - Providers did not screen, educate, and or refer women at risk for cardiomyopathy
- Embolism:
 - Obese patients placed on prolonged bed rest fostering a thrombotic event
 - Lack of prophylaxis to prevent thrombosis

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GA MMRC 2012 cases

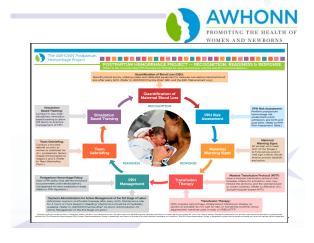
- · Seizure Disorders
 - Medications and/or dosage had not been appropriately adjusted to meet the changing physiological needs of the prenatal and postpartum periods.
- Suicide/Depression
 - In pregnancy associated cases, there was no medical documentation of screening, treatment and/or referral for depression

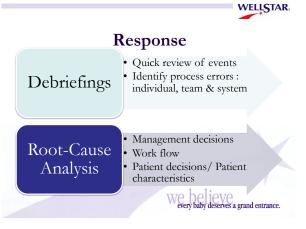
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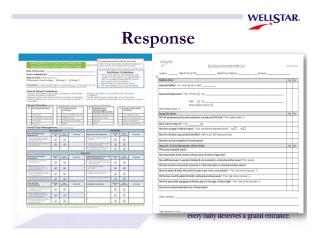




Key OB Hemorrhage QI Toolkits: Full of Resources



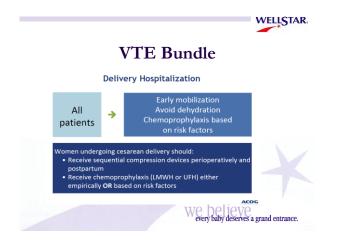


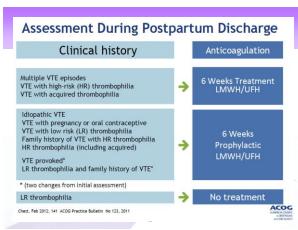




Venous Thromboembolism: Risk Assessment and Prophylaxis

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Women with gestational hypertension, preeclampsia, or superimposed preeclampsia is diagnosed, outpatient surveillance be performed for at least 72 hours postpartum and again 7-10 days after delivery or earlier in women with symptoms. For all women in the postpartum period, it is suggested that discharge instructions include information about signs and symptoms of preeclampsia as well as prompt reporting of this information to their healthcare providers. For women with persistent postpartum hypertension (BP 150 mmHg systolic or higher or 100 mmHg diastolic or higher) on at least occasions that are 4-6hrs apart, antihypertensive is suggested.

Management of Postpartum

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Leading cause of indirect pregnancy related mortality in the United States. Approximately 10 to 25% of pregnancy related deaths in the US are associated with cardiac disease (Arabh.2014.AWHONN Perinstal Nursing 4® Edition). Age, sedentary lifestyle, obesity and tobacco use play a contributory role in many of these deaths.

Next Steps...Taking Action

CARDIAC DISORDERS



CMQCC Cardiovascular Disease in Pregnancy Task force

Call to Action

The CMDCC Cardiovascular Disease in Pregnancy Task Force, co-chained by Abhan Hameed, MID (NC Invine) and Christine Merion, PRD (CMDCC), was charged with developin a toolk that includes an overheem of clinical assessment and comprehensive management stategies based on factors and presenting symptoms. This Tools serves as a resource for obsterios, primary care and emergency medicine providers who interact with

- An algorithm for symptomatic or high-risk pregnant or postpartum women to guid stratification and initial work up.
- Key paints about racial and ethnic disparities among cardiovascular diagnoses
 How the Affordable care Act (ACA) may affect care for women diagnosed with cardiovascular disease in pregnancy or in the postparium period
 information and infographics geared directly for women diagnosed with, or at risk
- Future risk of cardiovascular disease and long-term health issues
 Educational handouts for women on contraceptive options and planning a pregrancy with inown cardiovascular disease.



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CMOCC Y

CMQCC Cardiovascular

Cardiovascular Disease In Pregnancy Task Force

Signs & Symptoms Flyers Both English and Spanish





Save Your Life: Get Immediate Care

- Handout for **ALL** women to reinforce teaching
- Organized by call to action and specific warning signs of obstetric hemorrhage, severe hypertension, and venous thromboembolism









Maternal Mortality Postpartum Discharge Education Checklist

- Checklist of talking points for nurses
- Use with **ALL** postpartum women
- Document, sign, and place in each medical record after completed



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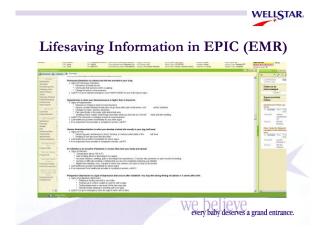
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Education Checklist/EMR Education

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Lessons Learned ...



- Communication of new initiatives in every avenue available to your staff (i.e.; huddles, flyers, staff meeting, shared governance, social media)
- Celebrate your WINS!!!

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Thanks For Having Wellstar Kennestone Regional Medical Center, Women & Children Service's Lashea.Wattie@wellstar.org

Special Thanks to My Team: Carole Harman MSA, BSN, RN, FNP, CENP, Angela Reames RN, Tami Larson RN, Bethany Pattillo MSN, RN, Jill Carabalo RN



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