Safety Action Series

Patient, Family, and Staff Support After a Severe Maternal Event
Speakers

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Disclosures

- Cynthia Chazotte, MD, FACOG has no real or perceived conflicts of interest to disclose.

- Miranda Klassen has no real or perceived conflicts of interest to disclose.

- Christine Morton, PhD has no real or perceived conflicts of interest to disclose.
Objectives

- Provide an in-depth overview of the Patient, Family, and Staff Support After a Severe Maternal Event Patient Safety Bundle and supporting Patient Clinical Summary form.
- Take a look at the processes, methods, and tools that were used to develop the bundle.
- Give suggestions for how to effectively implement and utilize the bundle within your organization.
- Identify resources to customize for use within your organization.

*Note: Number of pregnancy-related deaths per 100,000 live births per year.

Maternal Mortality
The Tip of the Iceberg

- Rate (std err) per 1,000 delivery hospitalizations:
  - 1998-1999: 7.4
  - 2000-2001: 7.9
  - 2002-2003: 9.1
  - 2004-2005: 10.6
  - 2006-2007: 11.7
  - 2008-2009: 12.9
  - 2010-2011: 16.3

- Severe morbidity during delivery hospitalizations more than doubled.
- Blood transfusion, hysterectomy & eclampsia accounted for ~75% of severe morbidity.


ACOG-CDC Maternal Mortality/Severe Morbidity Action Meeting occurred in Atlanta - November 2012

Participants identified key priorities:

- **Core Patient Safety Bundles**
  - Obstetric Hemorrhage
  - Severe Hypertension in Pregnancy
  - Maternal Venous Thromboembolism Prevention

- **Patient, Family and Staff Support**

- **Patient Safety Tools**
  - Maternal Early Warning Criteria
  - Facility Review after Severe Maternal Event

- 6 multidisciplinary working groups were formed
Patient, Family, and Staff Support After a Severe Maternal Event

READINESS
Readiness – 1

• Develop a unit-based protocol that includes resources for supporting patients, their families (including non-family support), and staff after a severe maternal event
• Establish a facility-based multidisciplinary response team that integrates clinical staff and mental health professionals

NEW ROLES for Mental Health Professionals
Before, During, and After Severe Maternal Events

PROTOCOL FOR PATIENT, FAMILY, AND STAFF SUPPORT

Due to the intense nature of severe maternal events (e.g., postpartum hemorrhage, VTE, severe hypertension, etc.) and the ensuing emotional reactions of patients, their families, and even providers, it is imperative that we look to integrated teams that include mental health professionals to help manage the psychological impacts of this type of medical trauma. While mental health services have sometimes been viewed as an afterthought when considering the acute needs of women during such events, given the steady rise in maternal morbidity and increasing awareness of the benefits of integrated care, it seems timely to consider new roles for mental health professionals within this treatment context.

The following outlines roles and tasks for mental health professionals (e.g., Clinical Mental Health Counselors, Clinical Social Workers, and Clinical/Counselling Psychologists) before, during, and after a severe maternal event.

During pregnancy:

- At OBGYN office:
  - In the last trimester (or sooner, if necessary), OBGYN screens for pregnancy risk factors for severe maternal events
  - OBGYN or other clinician administers the Medical Mental Health Screening to assess mental health risk factors that can complicate patient coping and recovery
  - If pregnancy risk factors and mental health risk factors are present, OBGYN should refer patient to a mental health provider prior to childbirth

- With a mental health provider:
  - Review the Medical Mental Health Screening
  - Provide resources for stress-management and anxiety reduction that are customized to pregnancy risk factors and mental health risk factors
  - Explain process of integrated teaming to patients, including mental health provider’s role during and after childbirth
  - For high risk patients, provide coaching to warm stress-management skills (e.g., Mindfulness-Based Stress Reduction) and create a stress-management plan to use during the birthing experience and plan for follow-up mental health care
Readiness—3

• Provide unit education on protocols and conduct unit-based drills (with post-drill debriefs) on patient, family, and staff support after a severe maternal event
Readiness—4

- Develop a unit culture where patients, families, and staff are informed about potential risk factors and are encouraged to speak up when they feel concern for patient well-being and safety.

Implementing Readiness

What to expect from an emergency hysterectomy?
Patient, Family, and Staff Support After a Severe Maternal Event

RECOGNITION
Recognition—1

• Perform timely assessment of emotional and mental health status of patients, their families, and staff during and after a severe maternal event
• Build capacity among staff to recognize signs of acute stress disorder in patients, their families, and staff after a severe maternal event.
Implementing Recognition

WHAT TO EXPECT FROM POST-TRAUMATIC STRESS?

FLASHBACKS ARE COMMON. THIS PRESCRIPTION SHOULD HELP YOU SLEEP.

YOU SAID I ALMOST DIED.

Patient, Family, and Staff Support After a Severe Maternal Event

RESPONSE
Response—1

- Provide timely and effective interventions to patients, their families, and staff during and after a severe maternal event.
Response—2

- Communicate a woman’s condition with the patient and her family, when appropriate, after a severe maternal event.

Response—3

- Offer support and resources to patients, their families, and staff after severe maternal events

COPE (Communication for Obstetric and Perinatal Events) Resource Guide. Published by Montefiore Medical Center/Albert Einstein College of Medicine.
Implementing Response

WHAT TO EXPECT FROM AN INFECTION?

MOM, CAN YOU COME FOR A FEW DAYS AND LIVE WITH ME IN THE HOSPITAL?

ANYBODY GOING TO HELP ME?

HAS INFECTION, MUST BE ADMITTED TO HOSPITAL. CANNOT RETURN TO MATERNITY WARD.

CANNOT BE READMITTED TO NURSERY.

MUST STAY WITH 2-YEAR-OLD.

Resources for Women, Families

For Condition-Specific Birth Experiences

• **The Preeclampsia Foundation**
  – ([http://www.preeclampsia.org/](http://www.preeclampsia.org/)) The Preeclampsia Foundation is an empowered community of patients and experts, with a diverse array of resources and support. They provide support and advocacy for the people whose lives have been or will be affected by the condition – mothers, babies, fathers and their families.

• **My Heart Sisters (Cardiomyopathy)**
  – ([http://www.myheartsisters.com/](http://www.myheartsisters.com/)) Developed to raise awareness about heart failure in pregnancy and provide support for heart sisters through storytelling and friendship.

• **The Amniotic Fluid Embolism Foundation**
  – ([http://afesupport.org/](http://afesupport.org/)) is the only patient advocacy organization, serving those affected or devastated by amniotic fluid embolism. Their mission is to fund research, raise public awareness and provide support for those whose lives have been touched by this often-fatal maternal health complication.

• **HealthTalk.org (UK resource)**
  – Information, stories, teaching and learning resources about conditions that threaten women’ lives in pregnancy and childbirth (hemorrhage, sepsis, amniotic fluid embolism, blood pressure disorders, placental problem, blood clots)
Resources for Women, Families

For Traumatic Childbirth Experiences

• 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

• Solace for Mothers http://www.solaceformothers.org/
  – Solace for Mothers is an organization designed for the sole purpose of providing and creating support for women who have experienced childbirth as traumatic.

For Traumatic Medical Experiences (not birth specific; and for clinicians and patients)

• MITSS (Medically Induced Trauma Support Services)
  – (http://www.mitss.org/) is a non-profit organization whose mission is “To Support Healing and Restore Hope to patients, families, and clinicians impacted by medical errors and adverse medical events.”
Resources for Health Care Providers

- University of Missouri second victim provider support program:
  www.muhealth.org/secondvictim

- Resources from AHRQ website:

- Toolkit for staff support from MITSS (Medically Induced Trauma Support Services)
  www.mitsstools.org/tool-kit-for-staff-support-for-healthcare-organizations.html

- Canadian Disclosure Guidelines published in 2008
  www.patientsafetyinstitute.ca
  www cmpaadpm.ca/cmpadpm/doc4/docs/resource_files/ml_guide/disclosure/introduction/index-e.html

- Harvard Risk Management Foundation “When Things Go Wrong: Responding to Adverse Events”
  www.rmf.harvard.edu/~media/Files/_Global/KC/PDFs/adverse_event_guidelines.pdf

- ACOG Healing Our Own: Adverse Events in Obstetrics & Gynecology
  http://www.acog.org/About%20ACOG/ACOG%20Departments/Professional%20Liability/Adverse%20Events.aspx
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REPORTING
Reporting/Systems Learning

• Establish a culture of huddles for high-risk patients and post-event debriefs to identify successes and opportunities

• Conduct a multidisciplinary review of severe maternal morbidity events for systems issues, to include patient perspectives where feasible

• Monitor outcomes and process metrics in perinatal quality improvement (QI) committee
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

Presentation of Maternal Venous Thromboembolism Prevention Patient Safety Bundle

Thursday, December 3, 2015 | 11:00 a.m. Eastern

Alexander Friedman, MD, MPH, FACOG
Columbia University Medical Center

Douglas Montgomery, MD, FACOG
Kaiser Permanente

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