Safety Action Series

Improving #POSTBIRTH Education: Effectively Educating Patients on Postpartum Complications

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1:00 p.m. Eastern
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Conference ID: 49390501
Speakers

Debra Bingham, DrPH, RN, FAAN
Executive Director,
Institute for Perinatal Quality Improvement;
Associate Professor,
University of Maryland
School of Nursing

Alison Stuebe, MD, MSc, FACOG
Associate Professor,
Maternal Fetal Medicine,
University of North Carolina
Disclosures

➢ Debra Bingham, DrPH, RN, FAAN has no real or perceived conflicts of interest.

➢ Alison Stuebe, MD, MSc, FACOG has no real or perceived conflicts of interest.
Objectives

➢ Discuss the leading causes, trends, and effect of postpartum morbidity and mortality.
➢ Describe recommendations for standardizing the education all new mothers receive about the symptoms of the most common postpartum complications.
➢ Share next steps for improving #POSTBIRTH discharge education.
Objective 1:

Discuss the leading causes, trends, and effect of postpartum morbidity and mortality

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

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.htm
“Simply totaling the raw, unadjusted data from all states results in a reported U.S. maternal mortality rate that more than doubled from 9.8 maternal deaths per 100,000 live births in 2000 to 21.5 maternal deaths per 100,000 live births in 2014.”

Severe Maternal Morbidity per 10,000 delivery Hospitalizations from 1993-2014 increased almost 200% (from 49.5 to 144.0)

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
The Leading Causes of Pregnancy-Related Mortality

Causes of deaths has shifted over time. Currently in the United States the leading causes of the 2011-2013 deaths are:

- Cardiovascular diseases, 15.5%.
- Non-cardiovascular diseases, 14.5%.
- Infection or sepsis, 12.7%.
- Hemorrhage, 11.4%.
- Cardiomyopathy, 11.0%.
- Thrombotic pulmonary embolism, 9.2%.
- Hypertensive disorders of pregnancy, 7.4%.
- Cerebrovascular accidents, 6.6%.
- Amniotic fluid embolism, 5.5%.
- Anesthesia complications, 0.2%.

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.htm
Women die because they do not receive early, effective, and aggressive lifesaving treatments.

In the United States Racial Disparities Persist

- 12.7 deaths per 100,000 live births for white women.
- 43.5 deaths per 100,000 live births for black women.
- 14.4 deaths per 100,000 live births for women of other races.

Many of these disparities are due to structural racism

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.htm
Conversation is where change begins and we have the power to change the conversation.

#SpeakUp for African American and Black Women!

#SpeakUp for all women!
Timing of Pregnancy-Related Deaths (2011-2013)

- 30.5% died before giving birth
- 16.8% died on the day they gave birth
- 18.2% died 1-6 days after giving birth
- 21.3% died 7-41 days post-birth
- 13.2% died on or after 42 days

Tara Hansen, a 29 year old elementary school special education teacher from New Jersey, experienced a normal, healthy first pregnancy and gave birth to a healthy baby boy in March 2011. When Tara didn’t feel well after giving birth, the health care providers she sought help from assumed that the symptoms she described were simply the ordinary “expected' post-partum symptoms. Tara was considered a healthy post-partum patient and was sent home.
Six days after Tara gave life, she died of a postpartum infection.
“Tara and I were so prepared for the baby's birth, his well-being and health. We weren't prepared for what happened to Tara.”

January 2015; Cosmopolitan
Tara’s death could likely have been prevented had she received timely, effective treatment, had she known what were signs of emergency and urgent post-birth symptoms and the clinicians she asked for help taken her symptoms more seriously
Objective 2:

Describe recommendations for standardizing the education all new mothers receive about the symptoms of the most common postpartum complications.
Needs in Postpartum Period

“There is a fourth trimester to pregnancy, and we neglect it at our peril.”


Sheila Kitzinger holds her twin daughters in 1958

Problems in the First 2 Months Postpartum

Breast infection 6% 9%
Hemorrhoids 6% 17%
Painful intercourse 7% 20%
Frequent headaches 8% 21%
Heavy bleeding 9% 18%
Feelings of depression 10% 21%
Backache 12% 34%
Sore nipples/breast tenderness 12% 35%
Lack of sexual desire 13% 30%
Other breastfeeding problems 16% 17%
Weight control 16% 28%
Physical exhaustion 16% 35%
Feeling stressed 17% 37%
Sleep loss 21% 38%

Listening to Mothers III: New Mothers Speak Out / http://j.mp/NMSpeakOut
During visits with your maternity care provider after the birth, were you given enough information about...?

- Changes in your sexual response and feelings
- The importance of exercise
- Healthy eating
- How long to wait before becoming pregnant again
- Postpartum depression
- Birth control methods that you can use after giving birth

Listening to Mothers III: New Mothers Speak Out /
http://j.mp/NMSpeakOut
Family Physician
Midwife

Photo: Denise Both & Kerri Frischknecht,
Breastfeeding: An Illustrated Guide to Diagnosis and Treatment
© Elsevier 2008
15 minutes of anticipatory guidance...

- Feeling sad and blue/depressive symptoms
- Bleeding
- C-section site pain
- Episiotomy site pain
- Urinary incontinence
- Breast pain
- Back pain
- Headaches
- Hair loss
- Hemorrhoids
- Infant colic

Howell EA et al (2012)
www.ncbi.nlm.nih.gov/pubmed/24066802
...reduced depression symptoms through 6 months postpartum

<table>
<thead>
<tr>
<th>Time</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 weeks</td>
<td>8.8%</td>
<td>15.3%</td>
</tr>
<tr>
<td>3 months</td>
<td>8.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>6 months</td>
<td>8.9%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

Howell EA et al (2012)
... and increases breastfeeding duration

Howell et al (2014)
www.ncbi.nlm.nih.gov/pubmed/24262719
The woman in the year following childbirth.

Key components of maternal health in the postpartum period. These are interrelated.

Life skills needed to achieve well-being in the postpartum period. Women should focus on honing these skills in order to ensure they successfully fulfill the key tasks (in purple) of a healthy postpartum.

Resources a woman may need in order to successfully acquire or employ her skills to accomplish the tasks of the postpartum. Examples of external resources include accurate health information, access to safe daycare, housing assistance, and education about normal infant behavior.

Adapted from Fahey & Shenassa in JMWH by ACNM.
Perinatal Maternal Health Promotion

• Effectively Mobilize Social Support
  – Helping the woman create and communicate concrete plans for the support she will need in the postpartum period

• Self-Efficacy
  – Key in this domain is to promote in the woman a sense of herself as capable of meeting demands of parenting.

• Positive Coping
  – The goal is to help the woman grow her positive coping skill armamentarium and minimize the use of negative coping skills.

• Realistic Expectations
  – The main goal as providers in this arena is to better prepare the mother for the demands of the postpartum period.
Shared Decision Making

- Two experts: the patient and the provider
  - Family members and other members of the care team may be involved
  - Provider expert in the clinical evidence.
  - Patients experts in their experiences and values
- Honors both experts’ knowledge
  - high-quality decisions
  - alignment with patient preferences

http://www.informedmedicaldecisions.org/
Conversation-Based Approach

What do you want to use for birth control?

When might you want to have another baby?
Every woman

- Is respected as the expert in her own needs, and is empowered to trust her instincts and access care as early and frequently as needed in the weeks following birth.
Opportunities for Action

• Approximately 53% of pregnancy-related deaths occur in the postpartum period
• 98% of women give birth in hospitals
• All women who give birth in hospitals receive discharge education

Empowering Women to Obtain Needed Care Pilot Project

Goals:

• Assess the current state of postpartum discharge education about potential postpartum complications
• Develop a QI initiative
• Implement the program in 4 pilot hospitals

Supported with a grant from Merck for Mothers.
Baseline Assessment
Focus Groups Results Published

Pilot Project to Improve Postpartum Discharge Education Included:

- Education for the RNs who provide postpartum discharge education
- Overview of how to use the program materials
The Postpartum Education Improvement Program Includes

**POST-BIRTH Warning Signs: Postpartum Discharge Education Checklist**

<table>
<thead>
<tr>
<th>Pulmonary Embolism</th>
<th>Essential Teaching for Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Pulmonary Embolism?</td>
<td>Pulmonary embolism is a blood clot that has traveled to your lung.</td>
</tr>
</tbody>
</table>
| Signs of Pulmonary Embolism | • Shortness of breath at rest (e.g., tachypneic shallow, rapid respirations)  
                               • Chest pain that worsens when coughing  
                               • Change in level of consciousness |
| Obtaining Immediate Care | Call 911 or go to nearest emergency room RIGHT AWAY. |

<table>
<thead>
<tr>
<th>Cardiac (Heart) Disease</th>
<th>Essential Teaching for Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Cardiac Disease?</td>
<td>Cardiac disease is when your heart is not working as well as it should and can include a number of disorders that may have different signs and symptoms.</td>
</tr>
</tbody>
</table>
| Signs of Potential Cardiac Emergency | • Shortness of breath or difficulty breathing  
                                        • Heart palpitations (feeling that your heart is racing)  
                                        • Chest pain or pressure |
| Obtaining Immediate Care | Call 911 or go to nearest emergency room RIGHT AWAY. |

The Postpartum Education Improvement Program Includes

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Call 911 if you have:
- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call your healthcare provider if you have:
- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:
"I had a baby on ____________ and I am having ____________ (Specific warning signs)."

Description of the 4 Hospital Pilot Project & Tools

Improving postpartum education about warning signs of maternal morbidity and mortality. Nursing for Women’s Health, (553-567).
Abigail’s Story

• Abigail (not her real name) is a 27 year-old woman who had an uneventful prenatal course without risk factors or complications had a vaginal birth.

• Before discharge her RN provided her education on all of the #POSTBIRTH warning signs and gave her the Save Your Life handout to take home

• During her 2nd PP week after being treated for mastitis she said, “I just didn’t feel like myself.” She described the following symptoms “rapid heart rate, racing, like palpitations” and her “breathing was off”

• She would take a breath in and start coughing.

• She remembered the education she received

• She went to the emergency department

• Abigail was diagnosed with a pulmonary embolus in her right lung and was admitted to the hospital for treatment
National Study

Nurses’ Knowledge and Teaching of Possible Postpartum Complications

Interview with Renée Montagne (NPR) and Nina Martin (ProPublica) about our research: Nurses’ Knowledge and Teaching of Possible Postpartum Complications

Learn more at: www.perinatalQI.org
Opportunities for Action Identified

• 46 percent of the nurses surveyed were not aware that maternal mortality rates have increased in the last decade. In fact, 19% thought maternal mortality rates have decreased.

• 12% of the RNs who responded to our survey reported the correct percentage of maternal deaths that occurred in the postpartum period.

• 2/3 of the nurses reported spending 10 minutes or less teaching women about potential complications prior to discharge.

Opportunities for Action Identified

• 95% of the RNs surveyed agreed or strongly agreed that it was their responsibility to teach women about postpartum complications

• 95% of the RNs surveyed agreed or strongly agreed that there was a strong relationship between postpartum education and post birth outcomes

Opportunities for Improvement

• Our study shows that there are opportunities for improving
  – What RNs know about the leading causes of maternal morbidity and mortality
  – More research on how to improve discharge education
• What about the knowledge-base and practices of other perinatal clinicians?
Objective 3:

Share next steps for improving 
#POSTBIRTH discharge education.
Optimizing Postpartum Care
Updated May 2018

ACOG COMMITTEE OPINION

Number 736, May 2018

(Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit
The Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse–Midwives, the National Association of Nurse Practitioners in Women’s Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care
Highlights

• Reproductive life plans, including desire for and timing of any future pregnancies.
• All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.
• The timing of the comprehensive postpartum visit should be individualized and woman centered.
• Optimizing care and support for postpartum families will require policy changes. Changes in the scope of postpartum care should be facilitated by reimbursement policies that support postpartum care as an ongoing process, rather than an isolated visit.
Ensure All Women Know the #POSTBIRTH Warning Signs

- Encourage women to trust their instincts
- If they are concerned they should obtain care
Emergency Warning Signs
Call 911

- **P**ain in the chest
- **O**bstructed breathing or shortness of breath
- **S**eizures
- **T**houghts of hurting yourself or your baby

Urgent Warning Signs

Educate women to call their healthcare provider and if no response go to ER

- **B**leeding, soaking through one pad per hour, or blood clots the size of an egg or bigger, or an
- **I**ncision that is not healing,
- **R**ed or swollen leg that is painful or warm to touch,
- **T**emperature of 100.4 degrees Fahrenheit, or higher
- **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes.

Council on Patient Safety in Women’s Health Care Bundles

www.safehealthcareforeverywoman.org

CREATE A FREE ACCOUNT
ACCESS TO PATIENT SAFE

Maternal Safety Bundles
- Maternal Mental Health: Depression and Anxiety
- Maternal Venous Thromboembolism (+A/M)
- Obstetric Hemorrhage (+A/M)
- Reduction of Peripartum Racial/Ethnic Disparities (+A/M)
- Safe Reduction of Primary Cesarean Birth (+A/M)
- Severe Hypertension in Pregnancy (+A/M)
- Support After a Severe Maternal Event (+A/M)

Non-Obstetric Bundles
FROM BIRTH TO THE COMPREHENSIVE POSTPARTUM VISIT

READINESS

Every woman

- Engages with her provider during prenatal care to develop a comprehensive personalized postpartum care plan that includes designation of a postpartum medical home, where the woman can access care and support during the period between birth and the comprehensive postpartum visit.
- Receives woman-centered counseling and anticipatory guidance regarding medical recommendations for breastfeeding in order to make an informed feeding decision.
- Receives woman-centered counseling regarding medical recommendations for birth spacing and the range of available contraceptive options.
- Identifies a postpartum care team, inclusive of friends and family, to provide medical, material, and social support in the weeks following birth.

Every provider

- Ensures that each woman has a documented postpartum care plan and care team identified in the prenatal period.
- Develops and maintains a working knowledge of evidence-based evaluation and management strategies of common issues facing the mother-infant dyad.

Every clinical setting

- Develops and optimizes models of woman-centered postpartum care and education, utilizing adult-learning principles when possible and embracing the diversity of family structures, cultural traditions, and parenting practices.
- Develops systems to connect families with community resources for medical follow up and social and material support.
- Optimizes counseling models, clinical protocols, and reimbursement options to enable timely access to desired contraception.
- Develops systems to ensure timely, relevant communication between inpatient and outpatient providers.
- Develops protocols for screening and treatment for postpartum concerns, including depression and substance abuse disorders, and establishes relationships with local specialists for co-management or referral.
Add your #POSTBIRTH QI Projects onto the QI Project Maps

www.PerinatalQI.org

There over 160 QI Projects on the Maps; over 30 states, 4 countries and territories
QI Saves Lives!

Learn more about QI concepts, methods, and tools.
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
Bundle Feedback Survey

The Council on Patient Safety in Women’s Health Care will be developing new resources to help institutions implement our patient safety bundles. We invite you to share how you and your organization implements our patient safety bundles to help us identify what tools will be most useful to you.

Share your successes, challenges, and overall experience with the patient safety bundles.

Haven’t implemented a bundle yet? We want to hear why!

Click HERE to Complete the Survey

The Bundle Feedback survey can be found on our website
https://safehealthcareforeverywoman.org/feedback/