IMPLEMENTATION OF QBL PRACTICE CHANGE
TO MORE ACCURATELY ASSESS BLOOD LOSS AT TIME OF DELIVERY

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ABSTRACT

According to the AWHONN [1], postpartum hemorrhage (PPH) is one of the leading causes of maternal morbidity and mortality, and most cases can be prevented with improved clinical response to maternal blood loss. Obtaining an accurate assessment of maternal blood loss is imperative in the identification and treatment of postpartum hemorrhage. The purpose of this project is to implement a quantitative blood loss (QBL) practice change to help nurses improve in recognizing, responding, and reporting of maternal blood loss and advancing skills in prevention and treatment to reduce negative outcomes.

PICO QUESTION

For nurses caring for women during labor & delivery (**P**), does the implementation of a QBL protocol (**I**) aid the nurse in more accurate assessment of blood loss and identification of those at risk for postpartum hemorrhage (PPH) (**O**), as compared to using estimated blood loss (EBL) in assessment of blood loss(**C**)?

LITERATURE REVIEW

- According to the CDC [6] as of 2016, there are 16.9 deaths per 100,00 live births, and PPH is the leading cause of those deaths.

- The goal of the AWHONN [1] PPH initiative is to reduce the number of women who bleed to death during or after pregnancy and birth. The initiative is designed to improve clinicians' recognition of, readiness for, and response to postpartum hemorrhage.

- Literature reviewed for the project with the goal to support the initiative and address the steadily increasing mortality rate [6] revealed three major themes:

1. Providers underestimate blood loss when using visual estimation by 21-30% [4].

2. QBL places more patients into PPH category [5].

3. QBL is more accurate determination of measurement of blood loss [3].

PROJECT METHODOLOGY

The purpose of this master's project was to implement a practice change from visual estimation of maternal blood loss (EBL) to quantitative maternal blood loss (QBL) for all deliveries at Timpanogos Regional Hospital's Labor and Delivery Unit. Postpartum Hemorrhage (PPH) continues to be one of the leading causes in maternal mortality and morbidity[1]. The use of QBL has been shown to be more effective than EBL in determining the amount of blood loss at delivery and during the immediate postpartum period. The implementation of the QBL practice change required education, provider accountability, and interdisciplinary teamwork in order to be successful.

Obtaining support and acceptance from obstetric providers and staff was critical to the implementation of the practice change. Obstetric providers and staff were educated at department meetings on available literature supporting the practice change and recommendations from AWHONN [1] to make QBL the standard practice in obstetrical care.

Plan and Development

- Obtain a more accurate assessment of maternal blood loss through implementation of a QBL education program and practice change.
- Form a QBL team consisting of charge nurses, unit manager, an OB tech, an obstetric provider, and clinical coordinator.
- Provide notice of practice change to providers and staff via flyers and emails.
- Provide staff education, simulation practice, and deliverables to aid in practice change.
- Integrate practice change with ongoing support from QBL team members.

Deliverables

- Provider flyer
- Staff education
- AWHONN video
- QBL worksheets
- Laminated dry weight reference cards
- Surveys

Evaluation

- Survey of practice change barriers and success given to staff and healthcare providers.
- Completion of QBL worksheets audited by unit director.
- Results shared of QBL compliance with staff and providers via QBL poster.
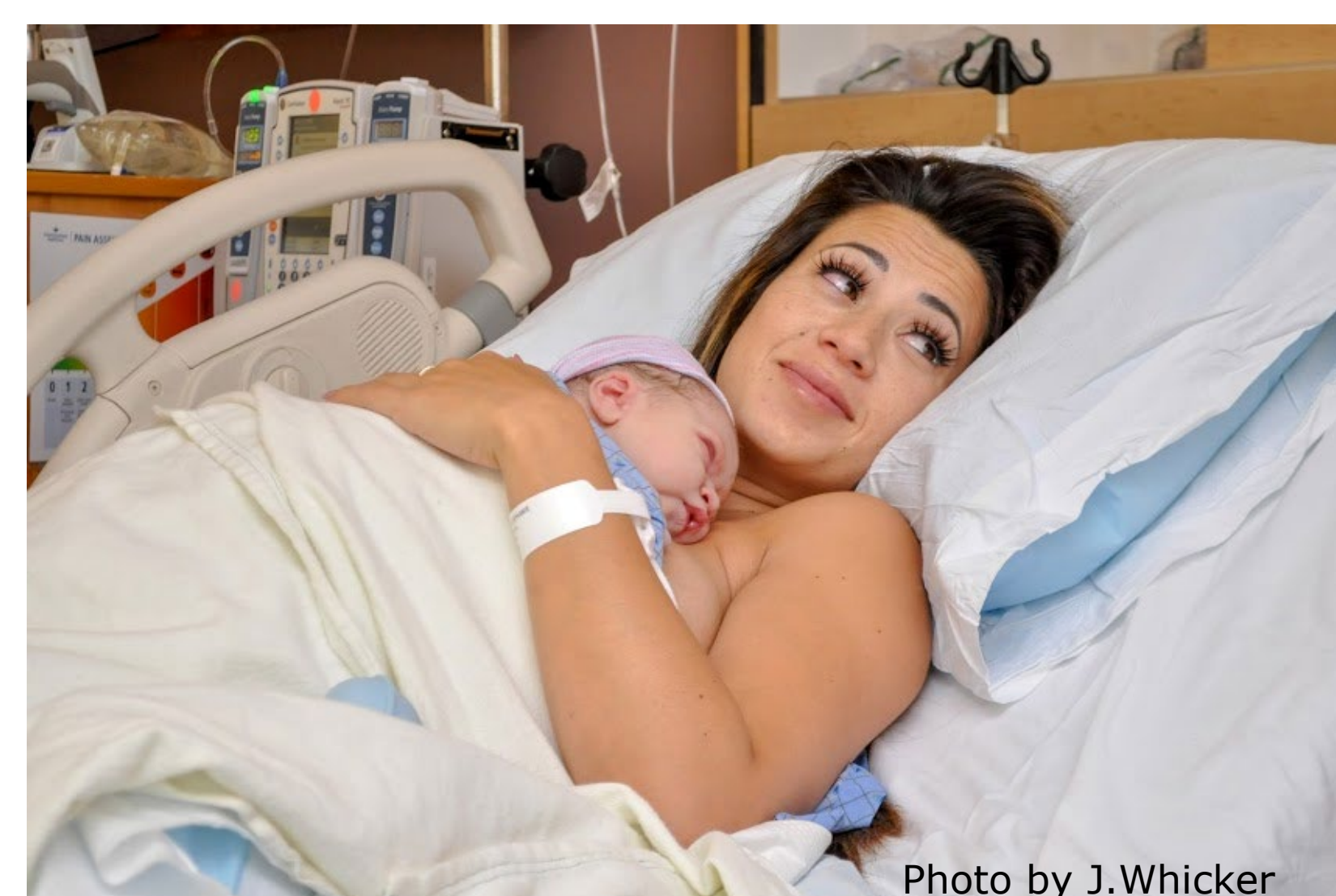- Ongoing evaluation of QBL practice for needed changes or updates.

Photo by J.Whicker

FRAMEWORK
The Iowa Model for Evidence-Based Practice to Promote Quality Care

The Iowa Model for EBP uses research to develop an evidence based practice change to promote quality care [2]. The Iowa Model was utilized to guide the QBL practice change into clinical practice by engaging healthcare providers with the formation of a team and providing evidence to support the change in order to improve patient outcomes.

CONCLUSIONS

Failure to recognize excessive blood loss during childbirth is a leading cause of maternal morbidity and mortality [7]. Published guidelines on the care and management of PPH have stressed the importance of accurate estimation of blood loss in order to intervene and treat appropriately [3]. The design of the QBL practice change as a standard of care is to improve healthcare providers recognition of, readiness for, and response to PPH [1]. With education and ongoing vigilance, the QBL education program and practice change aim to improve clinical practice and improve maternal outcomes associated with PPH.

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