

Post partum Haemorrhage Dashboard- an interactive tool to target quality improvement initiatives

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Objective

It is vital for healthcare organisations to monitor and measure the quality of clinical care and resources available to deliver patient centred care to optimise clinical and organisational performance.

Postpartum haemorrhage (PPH) is one of the significant causes of maternal morbidity and mortality worldwide.

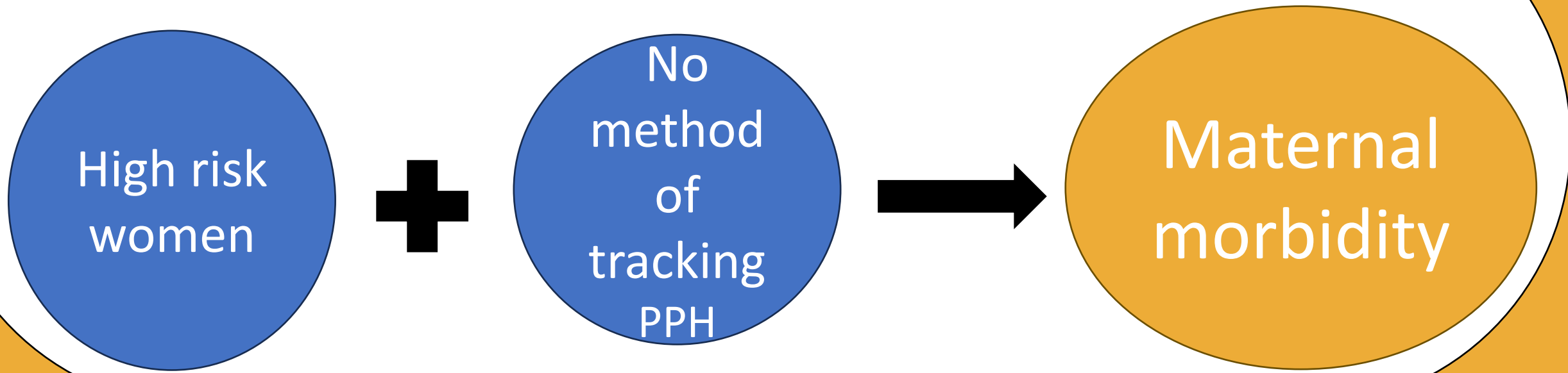
Non-adherence to preventive measures and timely escalation can increase risk of serious incidents.

Clinical and informatics team developed a PPH dashboard at Birmingham Women’s Hospital (BWH) with the aim to help monitor a series of clinical initiatives aimed at improving our management of PPH and reducing our incidence of PPH.

Aim

- Risk assessment of every woman to plan delivery location and management of the third stage of labour.
- Cumulative measurement of all blood loss.
- Escalation of care to ensure multiprofessional clinical review (obstetrician, anaesthetist and senior midwife) at 1000 mL blood loss.

Problem



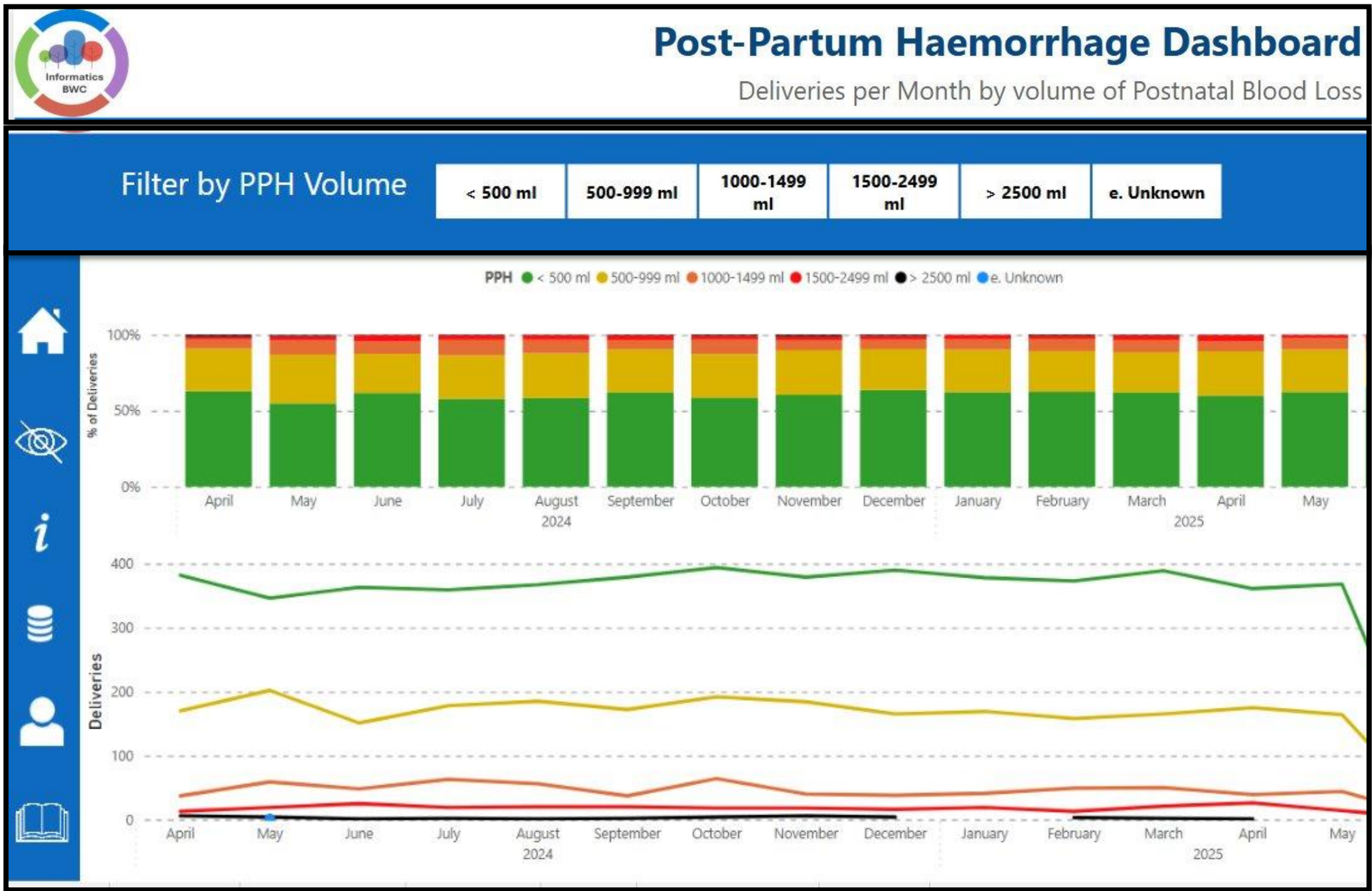
Design

PPH dashboard was designed to monitor incidence of PPH and evaluate the risk factors associated with it.

Methodology

The PPH dashboard was developed using data from the electronic patient record (Badgernet) and present

- The incidence of PPH at different levels <500mls, 500-999mls, 1000-1499mls, 1500-2499mls ,>2500mls
- The data according to key indicators including, mode of delivery and demographics (age, ethnicity, BMI).
- Measures of postpartum haemorrhage are provided for key indicators to monitor progress on reducing incidence of PPH and ultimately maternal morbidity.
- Risk assessment compliance.



Smart Goals

- Multiple PDSA cycles to ensure compliance of Antenatal risks assessment (PREVENTION) STO²P BUNDLE (INTERVENTION)
- The implementation of calibrated drapes (EARLY DETECTION)
- Simulation sessions (TRAINING AND ESCALATION)

Conclusion

The use of PPH dashboards provides real time data which has helped us develop targeted and timely interventions to improve outcomes in the form of patient centred care.

We believe this approach can be utilized in other healthcare setting beyond maternity care.

Reflection

It has been exciting experience of refining my strategic, problem-solving approach and devising actionable goals to drive changes and assess the effects in the form of improving outcomes. This gives me courage to take initiatives or devise project.

References

[MBRRACE-UK Maternal Report 2023 -Lay Summary.pdf](#)
 Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis
<https://pubmed.ncbi.nlm.nih.gov/40237648/>
 Causes of and risk factors for postpartum haemorrhage: a systematic review and meta-analysis
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00448-9](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00448-9)

Baseline Results

There were 3836 births over the period of six months. PPH dashboard allowed recognition of the incidence of PPH with forceps delivery is more as compared to any other mode of delivery.

60% of total number of forceps births had an estimated blood loss (EBL) of >500mL, which is the same rate as caesarean section and double the blood loss of spontaneous birth.

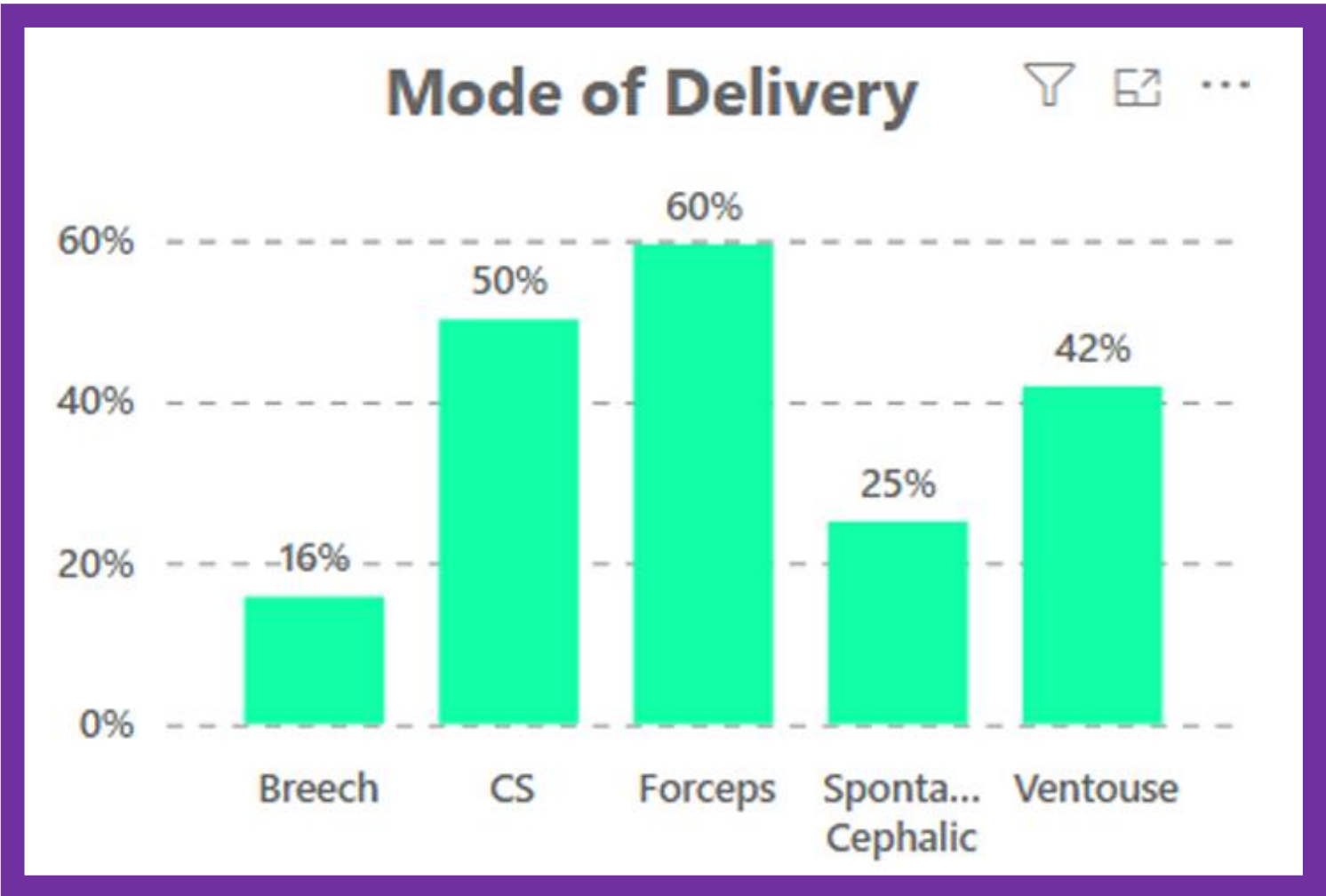
In addition, forceps were significantly over-represented in massive obstetric haemorrhages.

Intervention

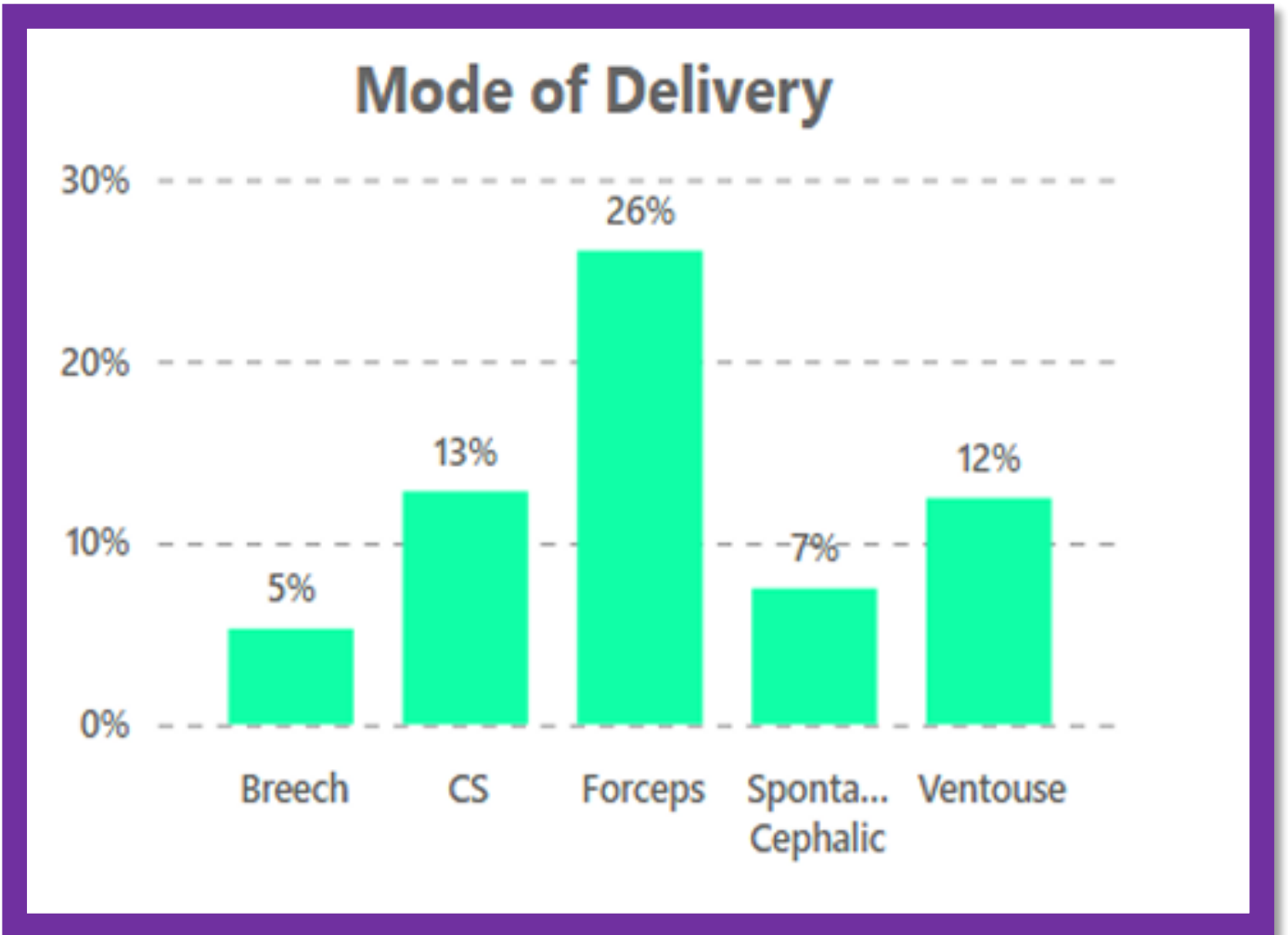
This recognition resulted in the development of a management tool named STO²P bundle to

- Standardise timing of uterotonic administration
- To ensure proactive approach to reduce blood loss during forceps delivery.

Blood loss >500ml



Blood loss >1000ml



Think **STO²P** for all instrumental deliveries

- Syntometrine® I.M. (unless contraindicated) on delivery of anterior shoulder.
- Tranexamic 1g I.V. once cord is clamped
- Oxytocin infusion once placenta is delivered
- Other agents within the first 5 minutes
- Pressure at episiotomy site/Bimanual compression

