Implementation and feasibility of a **uterine tone** communication and documentation tool for cesarean delivery embedded in the anesthesia EHR

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- Uterine atony causes up to 80% of postpartum hemorrhage cases.
- Delays in recognition and management of uterine atony result in higher blood loss, hemorrhage, and morbidity
- **Problem**: Lack of consistent discussion/assessment between anesthesia and OB teams
- **Solution:** Embed uterine tone assessment prompts in the electronic health record using a simple, validated scale

Completely atonic
(terrible tone)

Well-contracted
(perfect tone)

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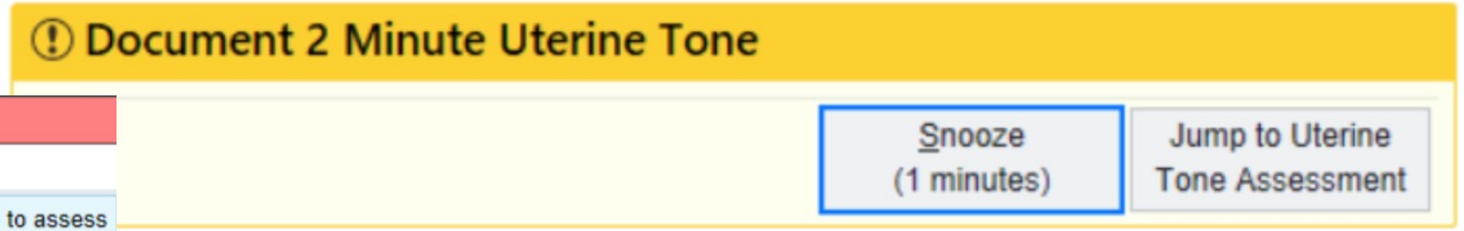
Original Research

The interrater reliability and agreement of a 0 to 10 uterine tone score in cesarean delivery

Naida M. Cole MD [1], Ibrahim Abushoshah MD [1, 5], Kara G. Fields MS [1], Daniela A. Carusi MD, MSc [2], Julian N. Robinson MD [3], Brian T. Bateman MD, MSc [1, 4], Michaela K. Farber MD [1]

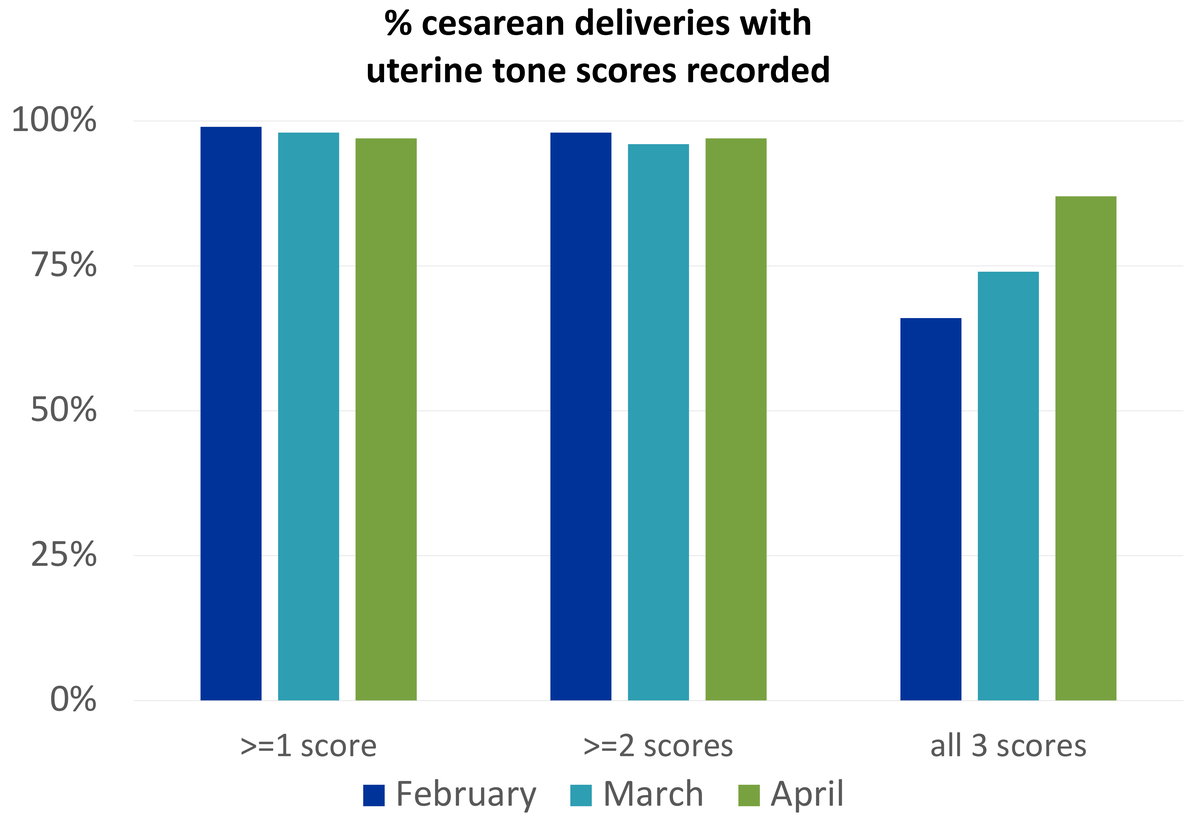
Uterine tone scores requested at **2, 7, and 12 minutes** after fetal delivery



Uterine Tone Assessment												
2 Minute Tone	0	1	2	3	4	5	6	7	8	9	10	Unable to assess
7 Minute Tone	0	1	2	3	4	5	6	7	8	9	10	Unable to assess
12 Minute Tone	0	1	2	3	4	5	6	7	8	9	10	Unable to assess

Initial feasibility:

- 342 cesarean deliveries in first 12 weeks of data capture
- 97% with at least 2 scores recorded
- Improving rates of recording all 3 uterine tone scores month over month



Planned next steps:

Does this scoring intervention change patient outcomes?

- Uterotonics (total use, time to first use)
- Blood loss and hemorrhage

Establish relationships between uterine tone scores and clinical outcomes

- Quantitative blood loss
- Postpartum hemorrhage
- Transfusion