Safe Motherhood Initiative

Reducing Maternal Morbidity and Mortality in New York State: A Consensus Plan

September 18, 2013

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Safe Motherhood Initiative

Why New York?

• Large number of births
• High number of at-risk subgroups
• High maternal mortality rates
• ACOG District II history of work on SMI
Worldwide 500,000 women die each year in childbirth.

Reasons for standardization of 3 bundles:
1) most common reasons leading to maternal death
2) most of these deaths have preventable causes

| Obstetric Hemorrhage | Thromboembolic Disease | Hypertensive Disorders in Pregnancy |
Physicians, department chairs and hospitals across New York State have been meeting quarterly since January 2013.

Consensus building for 3 clinical bundles

National Maternal Safety Initiative goal to use NY bundles for all birthing facilities in US. “3 Bundles in 3 Years”
Consensus in New York State
Consensus in US
The Relevance of Protocols

Statewide protocols for maternal care:

- Should be derived from evidence-based data
- Define the standard of care
- Minimize variability
- Reduce the need to rely on memory
- Enhance patient safety
- Reduce duplication of effort
Hemorrhage

The North Carolina Maternal Mortality Review Committee:
- OB Hemorrhage - 2nd most common cause
- 93% were preventable. Beg et al OB Gyn 2005

Confidential Enquires into Maternal Deaths in the United Kingdom:
- 3rd most common cause
- 65% had substandard care

Hospital Corporation of America (n= 1, 461, 270):
- OB Hemorrhage – 3rd most common cause
- 75% were preventable
Hemorrhage

Maternal Death from Hemorrhage

- Delay in diagnosis/appreciating the severity of Hypovolemia & hemorrhagic shock – delay in interventions
- Patients are admitted in advanced state of hemorrhagic shock
- Resources are not available to manage such high-risk cases
Bundle #1: Hemorrhage:

1. Identify patients at risk for PPH
   - Allows timing of delivery to prevent hemorrhage
   - Referral to appropriate sites for such patients

2. Define specific steps (including use of specially designed flow sheets) that allow earlier identification of hemorrhagic shock

3. Define appropriate medical interventions (massive transfusion protocols, use of coagulation factors, use of thrombolytic therapy, etc.)

4. Define appropriate surgical steps

5. Define use of intervention radiology techniques
VTE Prophylaxis has been shown to reduce significantly the incidence of disease in high risk patients.
Steps for Adequate Prophylaxis in Pregnant Patients with Thrombogenic Risk Factors

1. Prophylaxis may be necessary throughout pregnancy (therefore risk assessment should start in the prenatal period)
2. The VTE risk assessment should be repeated at the time of hospital admission (for delivery and/or Antepartum complications)
3. Chemoprophylaxis may be necessary throughout pregnancy
Multidisciplinary Consensus & Education

Education and consistency amongst team members from multiple disciplines and departments (Emergency Room, Internal Medicine) about increased risk of VTE in pregnancy is essential.

- Patients on anticoagulation who want to become pregnant
- Pregnant patients seen in the ER with signs and symptoms suggestive of VTE
Hypertensive Disorder

Pregnancy increases the risk of hypertensive disorders

- Preeclampsia
- Gestational hypertension
- Chronic hypertension with superimposed preeclampsia
Most cases of maternal death from hypertension disorder result from Cerebral Vascular Accidents (CVA) secondary to hypertensive crisis. Correct management of maternal blood pressures under these circumstances will lower maternal mortality.
ACOG’s hypertensive bundle will define a specific set of protocols for timely effective pharmacologic intervention for blood pressure control.
Definition of Severe Hypertension

Blood pressure values at which CVA occur are different in our younger population than in the traditional older hypertensive population.

Older population: >180 over 110
Childbearing age: >160 over 100
Year 1
• Develop protocols/key elements
• Identify data elements to be collected and select quality measures that can be tracked over time

Year 2
• Mobilize 3 person hospital teams
• Implement protocols/key elements at all obstetric hospitals across New York State
• Conduct site visits and offer support for data entry to determine compliance

Year 3
• Track clinical outcomes and communicate program successes
**Expected Results**

- **Large-scale implementation** of Hemorrhage, Thromboembolic Disease, and Hypertension toolkits in all 130 OB birthing facilities in New York.
- **Direct engagement** of all birthing facilities to update policies and protocols.
- **Expanded communications** strategy and infrastructure to support professionals with QI activities (Public PR campaign.)
- **Data collection (de-identified)** within OB facilities for severe mortality and morbidity metrics (DataGen and Columbia.)
Strategies for Success

- ACOG to provide financial resources: supported by Merck for Mothers foundation grant
- ACOG to offer professional education: regional teaching days, webinars, and grand rounds
- ACOG building consensus for implementation: and dedicated support on site.
- Hospital leadership, academic, & obstetric leaders: sustained effort needed. ACOG to provide public service announcements highlighting hospital involvement in the Safe Motherhood Initiative
Thank You!

Questions??

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