NEW YORK STATE
OBSTETRIC HEMORRHAGE PROJECT

The New York State (NYS) Obstetric Hemorrhage Project seeks to reduce maternal morbidity and mortality statewide by translating evidence-based guidelines into clinical practice to improve the assessment, identification and management of obstetric hemorrhage.

A report released by America’s Health Rankings® ranked NYS 30th in the nation for its maternal mortality rate. Although this represents an improvement over its ranking of 46th in 2010, NYS’ 2013-2015, maternal mortality rate of 20.7 deaths/100,000 live births is 1.8 times the Healthy People 2020 target of 11.4/100,000. Leading causes of maternal death in NYS based on review of the 2012-2013 maternal death cohort (N=62) included: embolism (29%), hemorrhage (17.7%) and infection (14.5%). Further, Severe Maternal Morbidity (SMM) rates in NYS increased from 219 cases/10,000 hospital deliveries in 2008, to 273 cases/10,000 hospital deliveries in 2014. Among all SMM cases, the leading diagnosis was hemorrhage (68.8%).

In response, the NYS Perinatal Quality Collaborative (PQC) of the NYS Department of Health (DOH) initiated the NYS Obstetric Hemorrhage Project in November 2017. The NYSPQC leads this project in collaboration with the American College of Obstetricians and Gynecologists (ACOG) District II, Healthcare Association of NYS and Greater New York Hospital Association, with support from the National Institute for Children’s Health Quality. This quality improvement collaborative engages teams from 83 NYS birthing hospitals from diverse geographic areas and includes: 17 Regional Perinatal Centers (RPCs); 23 Level III birthing hospitals; 18 Level II birthing hospitals; and 25 Level I birthing hospitals. This project aligns with the national Alliance for Innovation on Maternal Health program, led by the national ACOG.

Project Goal & Strategies

By Spring 2020, increase the percent of maternity patients with a documented hemorrhage risk assessment performed on admission to the birth hospitalization and during the postpartum period to 85%.

This will be accomplished by improving:

**Readiness** to respond to an obstetric hemorrhage by implementing standardized policies and procedures and developing rapid response teams.

**Recognition** of obstetric hemorrhage by performing ongoing quantification of actual blood loss and triggers of maternal deterioration during and after all births.

**Response** to hemorrhage by performing regular on-site, multidisciplinary hemorrhage drills.

**Reporting** of obstetric hemorrhage by using standardized definitions resulting in consistent coding.

For more information:

Visit: [www.nyspqc.org](http://www.nyspqc.org)

Email: NYSPQC@health.ny.gov

Call: (518) 473-9883
Provider Education

The project’s educational curriculum, featuring presentations by expert faculty, as well as team sharing and learning, is an integral part of the improvement process. Coaching Call webinars and in-person Learning Sessions have featured presentations focused on the project’s goals and strategies to assist teams in improving their systems and care practices. Topics have included: structural preparedness; risk assessment; organizing teams and implementing staged checklists; quantification of blood loss; drills and simulations; protocols for massive transfusion and patients refusing blood products; racial disparities and implicit bias; engaging patients, families and the community after an obstetric hemorrhage event; and sustainability.

Project Data

Participating hospital teams submit monthly data through the centralized NYSPQC Data System application securely accessible via the NYSDOH Health Commerce System (HCS) to track progress in achieving their hospital team’s goals. Data is then analyzed and provided back to individual teams and to the collaborative in aggregate for the purposes of tracking continuous quality improvement.

Percent of Patients with a Documented Hemorrhage Risk Assessment on Admission & Postpartum

- Between March 2018, and November 2019, hospital teams reported an improvement in the percent of maternity patients with a documented hemorrhage risk assessment, including:
  - A 33% improvement on admission to labor and delivery; and
  - A 90% improvement during the post-partum period.

- Additionally, 96% (80/83) of hospitals have completed at least one hemorrhage drill during the project period.

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