New York State Obstetric Hemorrhage Project
Current Practices Assessment

1. Hospital Name: __________________________________________________________

2. Enter your contact information:
   Name: __________________________________________________________________
   Email address: __________________________________________________________________
   Phone number: __________________________________________________________________
   Department: __________________________________________________________________

3. Does your hospital have an obstetric hemorrhage policy and/or protocol?
   a. Yes  
   b. No  
   c. Don’t know

4. If yes to Question 3, does the obstetric hemorrhage policy and/or protocol include: (check all that apply)
   a. Stage-based checklist (i.e., stages of obstetric hemorrhage and appropriate management of each stage)
   b. Definition of obstetric hemorrhage (i.e., ACOG definition for Stage 1 of blood loss ≥ 500 mL for vaginal, or ≥ 1,000 mL cesarean birth)
   c. Definition of massive obstetric hemorrhage (i.e., women who receive ≥ 4 units of PRBCs)
   d. Obstetric hemorrhage risk assessment
   e. Universal active management of third stage of labor
   f. Escalation policy
   g. Massive transfusion protocol
   h. Advisement on cart / medication kit
   i. Hemorrhage team
   j. Education / drills
   k. Information on supporting patients, families and/or staff for all significant hemorrhages
   l. Advisement on conducting huddles and / or debriefs
   m. Process for review of serious hemorrhages
   n. Plan for monitoring outcomes and process metrics

5. If yes to Question 3, has the policy and/or protocol been developed, and/or reviewed and updated in the last three years?
   a. Yes  
   b. No  
   c. Don’t know
6. Does your obstetric unit have a hemorrhage cart?
   a. Yes
   b. No
   c. Don’t know

7. Does your obstetric unit have an established hemorrhage response team(s)?
   a. Yes
   b. No
   c. Don’t know

8. If yes to Question 7, who is on your obstetric unit’s established hemorrhage response team(s)? (check all that apply)
   a. Primary RN
   b. Primary MD
   c. Charge RN
   d. Resident(s)
   e. Anesthesia personnel
   f. Neonatology personnel
   g. Maternal Fetal Medicine (MFM) leader
   h. OB / Surgical tech
   i. Pharmacy
   j. Interventional radiology
   k. Other _______________________

9. How does your obstetric unit quantify blood loss during a hemorrhage event? (check all that apply)
   a. Recording percent (%) saturation of blood soaked items with the use of visual cues such as pictures/posters to determine blood volume equivalence of saturated/blood soaked pads, chux, etc.
   b. Weighing blood soaked pads/chux
   c. Collecting blood in graduated measurement containers
   d. Visual estimate
   e. Other _______________________

10. Does your obstetric unit have a massive and emergency release transfusion protocol?
    a. Yes
    b. No
    c. Don’t know

11. Does your obstetric unit conduct drills (In Situ and/or Sim Lab) related to obstetric hemorrhage?
    a. Yes
    b. No
12. If yes to Question 11, how often are drills related to obstetric hemorrhage conducted?
   a. Monthly
   b. Quarterly
   c. Twice a year
   d. Annually
   e. Don’t know
   f. Other _________________

13. If yes to Question 11, does your unit conduct post-drill debriefs?
   a. Yes
   b. No
   c. Don’t know

14. Does your obstetric unit conduct hemorrhage risk assessments on all patients?
   a. Yes, on all patients
   b. No, only on some patients
   c. No, not on any patients
   d. Don’t know

15. If your team answered A or B to Question 14, when is the hemorrhage risk assessment typically completed? (check all that apply)
   a. Prenatally (prior to admission to the birth hospitalization)
   b. Upon admission to the birth hospitalization
   c. Intrapartum
   d. At least once between admission and delivery
   e. Between delivery and discharge from the birth hospitalization (postpartum)
   f. Other _________________

16. Does your obstetric unit regularly conduct huddles (ad hoc meeting to re-establish situational awareness, reinforce plans already in place, and assess the need to adjust the plan) for patients identified as at high risk for hemorrhage?
   a. Yes
   b. No
   c. Don’t know

17. Does your hospital have defined conditions that warrant a debriefing or a huddle?
   a. Yes
   b. No

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1 Definition from Agency for Healthcare Research and Quality, Pocket Guide: TeamSTEPPS.
18. Within your birthing hospital, does a multidisciplinary review (formal meetings to include staff involved in the event, unit and facility leadership and/or risk management personnel) occur after a serious hemorrhage to identify opportunities for improvement?
   a. Yes
   b. No
   c. Don’t know

19. If yes to Question 18, how often do multidisciplinary reviews occur?
   a. Monthly
   b. Quarterly
   c. As needed
   d. Don’t know
   e. Other _______________

20. Has your hospital developed specific resources (i.e., written protocols, support services, etc.) for the following people who are affected by an obstetric hemorrhage: (check all that apply)
   a. Patients
   b. Families
   c. Staff
   d. Don’t know
   e. Other _______________

21. Are any of the Safe Motherhood Initiative recommended obstetric hemorrhage management components (i.e., order sets, tracking tools) integrated into your hospital’s Electronic Health Record system?
   a. Yes
   b. No
   c. Don’t know

22. If yes to Question 21, which components of the Safe Motherhood Initiative obstetric hemorrhage management bundle are integrated into your hospital’s Electronic Health Record system? (select all that apply)
   a. Staged checklist
   b. Recommended instrument checklist
   c. Risk assessment tables
   d. Massive transfusion protocol
   e. Debriefing form
   f. Other _________________