JOINT COMMISSION GUIDELINES

PC.06 MEASURES

What are these measures?

Will start July 2021

New requirements to improve quality of care and safety of women during pregnancy and postpartum

Aims to address the high maternal mortality rate in the United States

- US ranks 65th among industrialized nations

Emphasizes the timely treatment of hypertension and hemorrhage in pregnancy

What are some of the issues that this guidelines will address?

-

- Inadequate resources and personnel.
- Failure to prepare for obstetric hemorrhage on admission or having a protocol to recognize and treat hypertension
- Delay in recognition of hemorrhage.
- Delay in treatment of hemorrhage and hypertension
- Treatment failures.

PC.06.01.01- Reduce Harm from Hemorrhage

EP.1

- Assess and discuss the risk for hemorrhage during the antepartum, intrapartum and postpartum period

EP.2

- Evidenced based tool that includes and algorithm to identify hemorrhage
- The use of an evidence-based set of emergency response medications that are available on the obstetrical unit
- Response team members and their roles
- How the response team and procedures are activated

Hemorrhage Assessment Tool

products will assist in better outcomes. • Facility issues: Any problems at your facility related to the blood supply and obtaining blo

RISK CATEGORY: ADMISSION

	Low Risk	Medium Risk (2 or More Medium Risk Factors Advance Patient to High Risk Status)	High Risk
	❑ No previous uterine incision	❑ Induction of labor (with oxytocin) or Cervical ripening	❑ Has 2 or More Medium Risk Factors
	❑ Singleton pregnancy	❑ Multiple gestation	❑ Active bleeding more than "bloody show"
	❑ ≤4 Previous vaginal births	❑ >4 Previous vaginal births	❑ Suspected placenta accreta or percreta
		❑ Prior cesearean birth or prior uterine incision	❑ Placenta previa, low lying placenta
	❑ No known bleeding disorder	❑ Large uterine fibroids	❑ Known coagulopathy
	❑ No history of PPH	❑ History of one previous PPH	❑ History of more than one previous PPH
		❑ Family history in first degree relatives who experienced PPH (known or unknown etiology with possible coagulopathy)	❑ Hematocrit <30 AND other risk factors
		❑ Chorioamnionitis	❑ Platelets <100,000/mm3
		❑ Fetal demise	
		❑ Estimated fetal weight greater than 4 kg	
		❑ Morbid obesity (body mass index [BMI] >35)	
		❑ Polyhydramnios	

Anticipatory Interventions

Monitor patient for any change in risk factors at admission and implement anticipatory interventions as indicated.

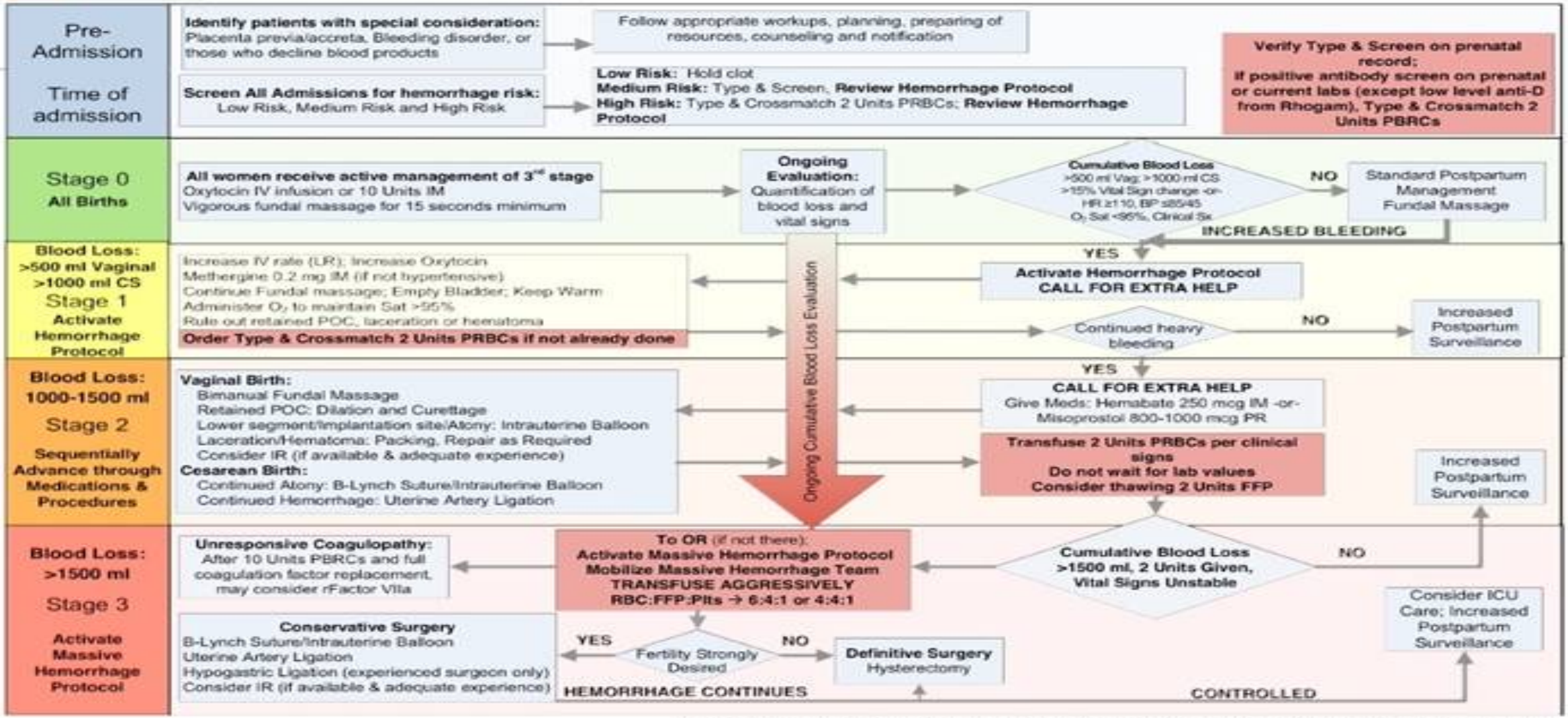
Blood Bank Order: Change blood bank	❑ **Clot Only (Type and Hold)**	❑ **Obtain Type and Screen**	❑ **Obtain Type and Cross (See Clinical Guidelines)**
		❑ Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge Nurse, Clinical Nurse Specialist	❑ Notify appropriate personnel such as the Provider (OB MD/CNM), Anesthesia, Blood Bank, Charge N Clinical Nurse Specialist

PC.06.01.01- Reduce Harm from Hemorrhage

- EP.2 continues
  - Blood bank plan and response for emergency release of blood products and how to initiate the massive transfusion procedures
  - Guidance on when to consult additional experts and when to transfer to a higher level of care
  - Guidance on how to communicate to the family and patient during and after event
  - Criteria for when a team debrief is required immediately after a case of severe hemorrhage

CMQCC
CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE

OBSTETRIC HEMORRHAGE CARE SUMMARY: FLOW CHART FORMAT



California Maternal Quality Care Collaborative (CMQCC), Hemorrhage Taskforce (2009) visit: www.CMQCC.org for details
This project was supported by Title V funds received from the State of California Department of Public Health, Center for Family Health; Maternal, Child and Adolescent Health Division

PC.06.01.01- Reduce Harm from Hemorrhage

- EP.3
  - Each unit has a standardized, secure and dedicated hemorrhage supply li that must be stocked consistently
    - Supplies
    - Approved procedures to the hemorrhage response

Hemorrhage cart at the ready

A well-maintained and fully stocked hemorrhage cart should contain:

- emergency hemorrhage supplies (instruments, sponges, intrauterine tamponade balloon, urinary catheter with urometer)
- easy-to-follow hemorrhage policy/procedure binder.

The hemorrhage cart in the photo includes large laminated Stage 1 and Stage 2 hemorrhage guidelines. These cognitive aids help keep the perinatal team aware of hemorrhage and treatment recommendations.

PC.06.01.01- Reduce Harm from Hemorrhage

- EP.4
  - Provide role specific education to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure
    - At orientation
    - Whenever the process changes
    - Every 2 years

PC.06.01.01- Reduce Harm from Hemorrhage

- EP.5
  - Conduct drills at least once per year to determine any system issues as part of ongoing quality improvement
  - Drills should include all disciplines involved in the care of the patient

PC.06.01.01- Reduce Harm from Hemorrhage

EP.6

- Review cases that meet the criteria established by the organization to determine the appropriateness of care treatment and services

EP.7

- Provide education to patients and families
  - Signs and symptoms of PPH- including intraabdominal bleeding
    - When to seek care

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911
if you have:

- ❑ **P**ain in chest
- ❑ **O**bstructed breathing or shortness of breath
- ❑ **S**eizures
- ❑ **T**houghts of hurting yourself or your baby

Call your healthcare provider
if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- ❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ❑ **I**ncision that is not healing
- ❑ **R**ed or swollen leg, that is painful or warm to touch
- ❑ **T**emperature of 100.4°F or higher
- ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I had a baby on _____ and
(Date)
I am having _____."
(Specific warning signs)

PC 06.01.03

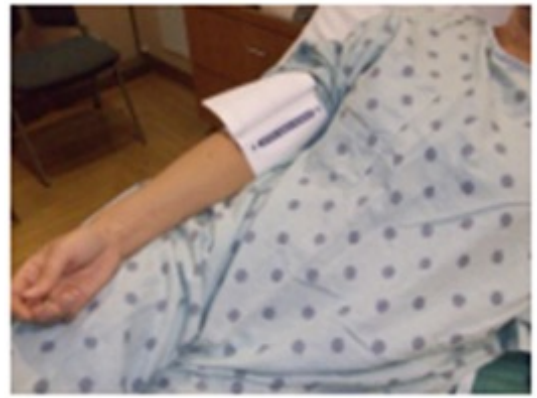
REDUCE THE LIKELIHOOD OF HARM REMATED TO MATERNAL SEVERE HYPERTENSION

PC.06.01.03- Reduce Harm from Hypertension

- EP.1
  - Developed written evidence- based procedures for measuring and re-measuring blood pressure including procedures to identify severe hypertension

Blood Pressure Assessment Standard

- Seated position w/ legs flat, bare upper arm after brief period of rest (preferably 5-10 minutes)
- Manual sphygmomanometer w/ appropriate cuff
  - Use 1st and last audible (Korotkoff 1 and V) sound recorded to nearest 2mmHg
  - Perform 2 additional readings at least 1 minute apart
    - ✓ Record HIGHEST reading
- If BP ≥ 140/90 mmHg or higher, repeat within 30 minutes- if still elevated, evaluate patient for preeclampsia
  - Do not reposition patient to either side



Treatment & Guidelines for Acute, Severe Hypertension

PC.06.01.03- Reduce Harm from Hypertension

- EP.2 Develop written evidence-based procedures for managing pregnant and postpartum patients with severe hypertension
  - Use of evidence-based set of emergency response medications that are stocked and immediately available on the unit
  - The use of seizure prophylaxis
  - Guidance on when to consult additional experts and consider transfer to a higher level of care
  - Guidance of when to use continuous fetal monitoring
  - Guidance on when to consider emergent delivery
  - Guidance of when a team debrief is required

ACOG COMMITTEE OPINION

Number 767

(Replaces Committee Opinion Number 692, September 2017)

Committee on Obstetric Practice

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Yasser Y. El-Sayed, MD, and Ann E. Borders, MD, MSc, MPH.

INTERIM UPDATE: This Committee Opinion is updated as highlighted to align with the American College of Obstetricians and Gynecologists' guidance on gestational hypertension, preeclampsia, and chronic hypertension in pregnancy.

Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period

Hypertensive Emergency in Pregnancy

- Systolic BP of 160 mm Hg or greater—2 readings 15 minutes apart within one hour

OR

- Diastolic BP of 110 mm Hg or greater –- 2 readings 15 minutes apart within one hour

- Prompt recognition and treatment improves outcomes

Management of Hypertensive Emergencies

Goals

- Prevent end-organ damage
- Avoid eclamptic seizure
- Immediate and prompt treatment
  - 30 to 60 minutes after diagnosis

Note:

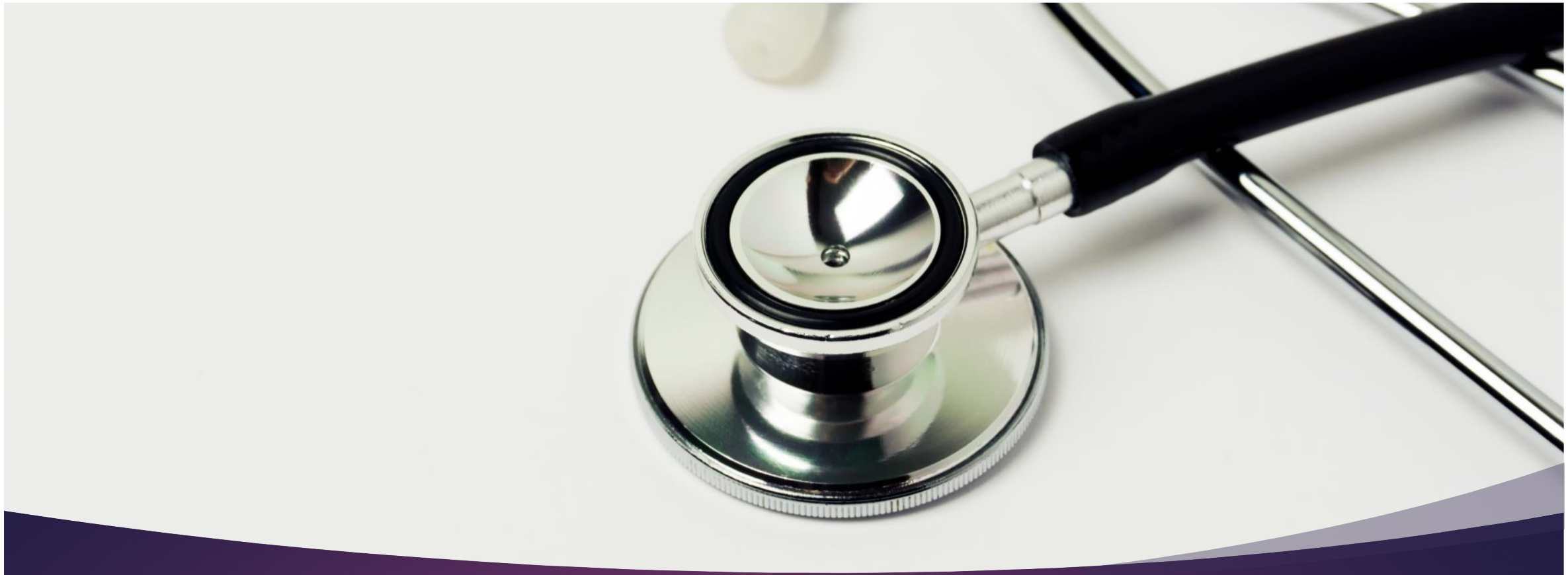
- Returning BP to normal should not be a goal

Management

- Neuro-prophylaxis
  - Magnesium sulfate is the drug of choice
    - Dose: 4-6gm bolus, followed by 2 gms /hr.
    - Care should be taken in patients with decreased renal function

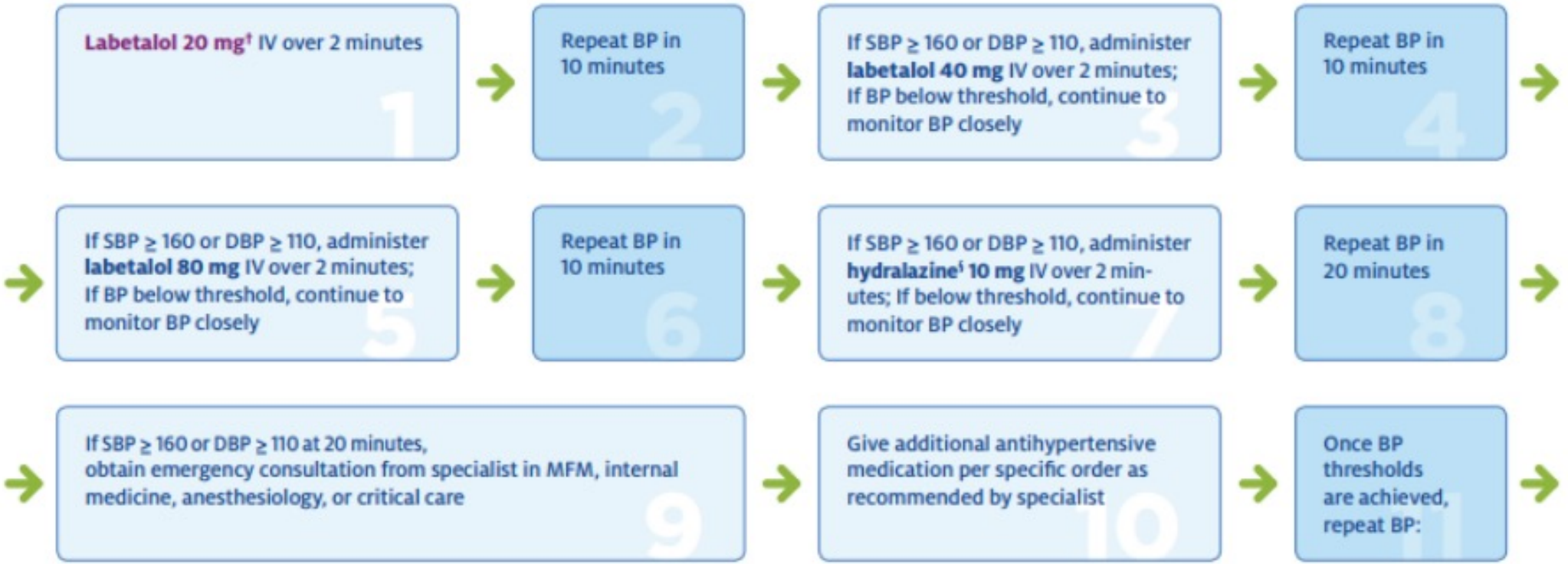
Management of Hypertensive Emergencies

Standardized Order sets

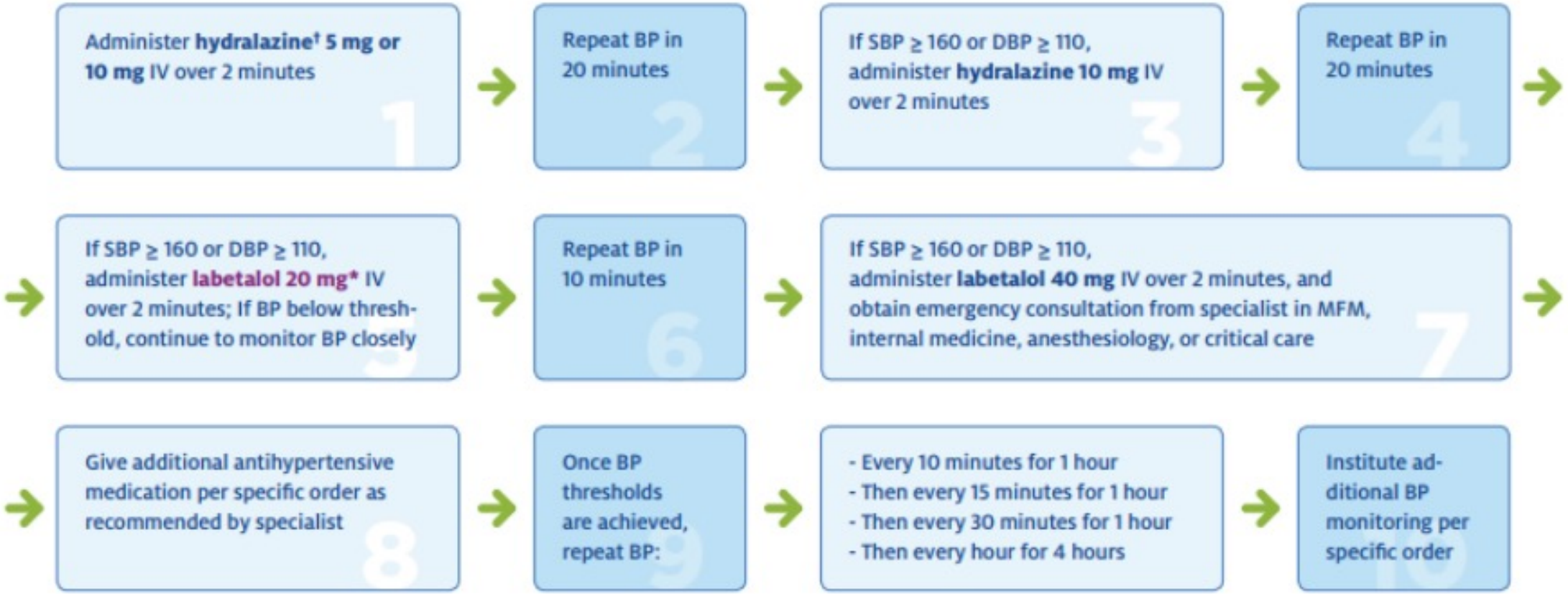


Standardized order se

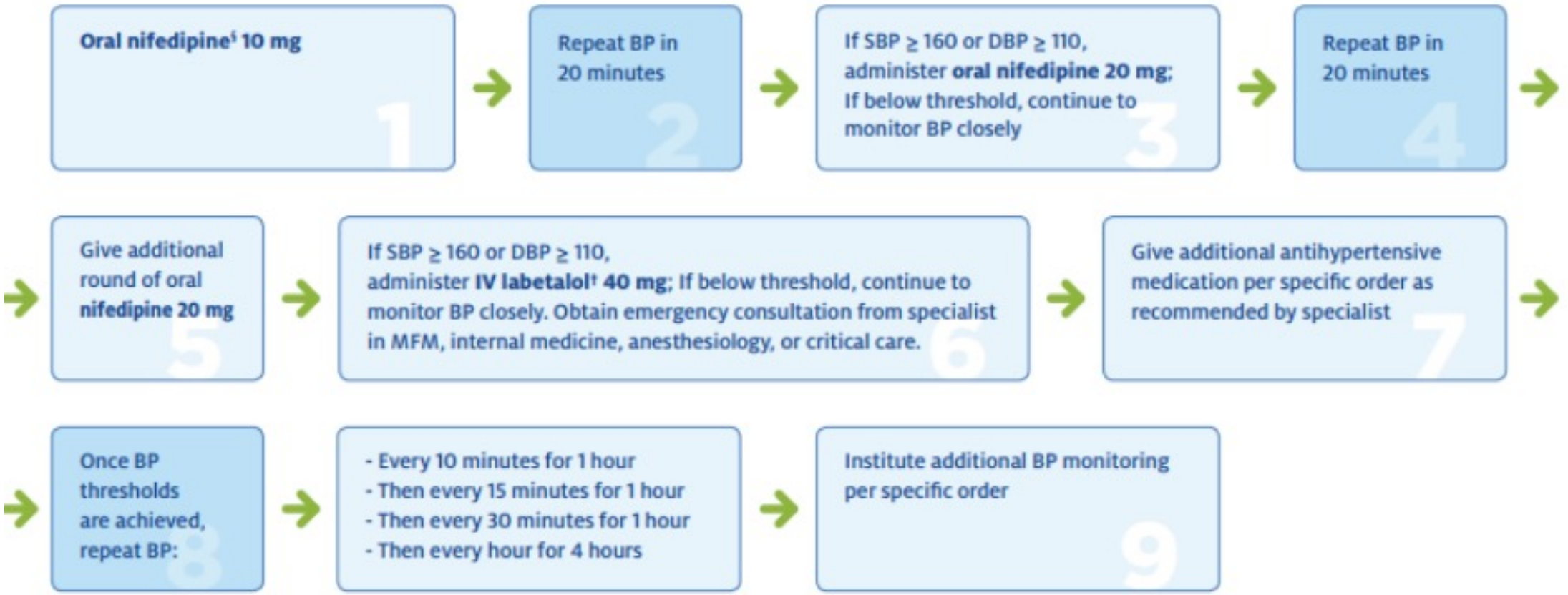
Labetalol


Labetalol 20 mg† IV over 2 minutes
1
Repeat BP in 10 minutes
2
If SBP ≥ 160 or DBP ≥ 110, administer labetalol 40 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
3
Repeat BP in 10 minutes
4
If SBP ≥ 160 or DBP ≥ 110, administer labetalol 80 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
5
Repeat BP in 10 minutes
6
If SBP ≥ 160 or DBP ≥ 110, administer hydralazine‡ 10 mg IV over 2 minutes; If below threshold, continue to monitor BP closely
7
Repeat BP in 20 minutes
8
If SBP ≥ 160 or DBP ≥ 110 at 20 minutes, obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care
9
Give additional antihypertensive medication per specific order as recommended by specialist
10
Once BP thresholds are achieved, repeat BP:
11

Hydralazine



Nifedipine


Oral nifedipine[5] 10 mg
1
Repeat BP in 20 minutes
2
If SBP ≥ 160 or DBP ≥ 110, administer oral nifedipine 20 mg; If below threshold, continue to monitor BP closely
3
Repeat BP in 20 minutes
4
Give additional round of oral nifedipine 20 mg
5
If SBP ≥ 160 or DBP ≥ 110, administer IV labetalol[†] 40 mg; If below threshold, continue to monitor BP closely. Obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care.
6
Give additional antihypertensive medication per specific order as recommended by specialist
7
Once BP thresholds are achieved, repeat BP:
8
- Every 10 minutes for 1 hour
- Then every 15 minutes for 1 hour
- Then every 30 minutes for 1 hour
- Then every hour for 4 hours
Institute additional BP monitoring per specific order
9

PC.06.01.03- Reduce Harm from Hypertension

- EP.3
  - Provide role specific education to all staff and providers who treat pregnant and postpartum patients about the organization's severe hypertension procedure
    - At orientation
    - Whenever the process changes
    - Every 2 years

PC.06.01.03- Reduce Harm from Hypertension

- EP.4
  - Conduct drills at least once per year to determine any system issues as part of ongoing quality improvement
  - Drills should include all disciplines involved in the care of the patient

PC.06.01.03- Reduce Harm from Hypertension

- EP.5
  - Review severe hypertension cases that meet criteria established by the hospital to determine the effectiveness of the care treatment and services provided during the event

Debriefing Phases*	Yes/No	Notes
• Create a safe and respectful environment • All participants understand confidentiality		
Reaction Phase (Experience and Impact)		
Participants are given time to **vent** Encourage to share experiences and views • What were your impressions of the simulation experience?		
Acknowledge, support and encourage discussion of **emotions** • How did you feel? • How did you feel about the team's performance?		
Analysis Phase (Recollection)		
Major events are **deconstructed**: • What happened? • What was done well? • What could have been better? Discuss – roles – equipment – identification of problems – communication (timing, information)		
Promote **reflection** by: • Use of video playback been used to prompt discussion and reflection • Foster self-reflection		
Consolidation Phase (Integration and Closure)		
Application of learning • Relevance • What has been learned • Transfer to clinical settings • What if anything would you change / do differently? (own practice/work environment) • Revisit emotions • Lessons learnt • New goals		

PC.06.01.03- Reduce Harm from Hypertension

- EP.6
  - Provide education to patients and their families
    - Signs and symptoms of severe hypertension for patients managed as an outpatient in the antepartum period
    - Signs and symptoms of severe hypertension at discharge
    - When to schedule a follow up appointment
      - Twice weekly testing if still antepartum
      - Within one week for postpartum patients


HEAR
HEAR HER concerns
CDC

Conclusions

JACHO PC 06 guidelines will be required for all hospitals delivering obstetrical care

Focus will be on hypertension and hemorrhage

Goals are to improve maternal care through standardization and multi-disciplinary teamwork and continuous quality improvement