

'E-PPH Project': Exploring opportunities for timely prevention, detection and management of postpartum haemorrhage



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Introduction

Postpartum haemorrhage (PPH) (≥ 500 mls blood loss after birth) is the leading cause of death and illness for childbearing women. Data shows that almost one in four Australian women experience a PPH and there has a trend increase, both in Australia and worldwide. Data about third stage and PPH management, system processes and staff attitudes are needed to identify gaps and opportunities to improve care.

Aims

1. To identify current practices and management for prevention and management of PPH
2. To ascertain barriers and facilitators to implementation of 'best prospect' PPH interventions that could be implemented at Epworth Freemasons to reduce PPH.

Methodology

Data were collected from medical records, staff surveys and interviews. We undertook a retrospective clinical record audit of 300 cases of PPH using the Victorian Managed Insurance Agency audit tool and excel sheet with known risk factors for PPH and surveyed 42 staff. Counts and percentages for the risk factors and survey answers were calculated using Qualtrics and SPSS software. We also compared actual PPH management to the Epworth PPH Clinical Practice Guideline. Qualitative data will be analysed thematically.

Results

The result of the survey and audit are currently preliminary and formal analysis will be performed in the future. As such, it is primarily descriptive data that can be reported upon.

Regarding the survey, there were 42 participants who began undertaking the study of which not all completed. 50% of participants were aged between 35 and 44 years of age. 85.37% reported their gender as female. 82.86% reported having obtained a bachelors degree or higher. 77.5% of participants look after 40 women or less a month. 75% of participants were midwives and 20% were obstetricians. 72.5% of participants were employed part time at the service. 95% of participants believed the service had a guideline for the management for postpartum haemorrhage. The median percentage of women experiencing blood loss >500 mL was believed to be higher in Victoria than in the service. Gravimetric estimation of blood loss was most commonly used followed by a mixed visual and gravimetric approach and then a solely visual approach.

Regarding the audit, current observational results include a large discrepancy in documentation of the management of blood loss in the postpartum period as well as the steps taken to manage a postpartum haemorrhage. There were many different strategies used to manage a PPH with very few following the Safer care Victoria guideline. Moreover, the agent used to actively manage the third stage of labour also differed from the recommended practice

Conclusions

The preliminary findings of the survey and audit demonstrate that there is much room for improvement in the management and prevention of postpartum haemorrhage. As such, the development of interventions to aid staff will be a priority of any future research.