



Minnesota Hospital Association

Road Map to a Perinatal Patient Safety Program 2.0



The Road Map to a Perinatal Patient Safety Program, originally developed in 2012, provides evidence-based recommendations/standards for Minnesota hospitals in the development of a comprehensive Perinatal Safety Program. The road map and accompanying tool kit were developed as part of the Minnesota Perinatal Safety Program which was made possible with funding through the CMS Partnership for Patients Initiative.

Updates to the Road Map to a Perinatal Patient Safety Program 2.0 include improved preeclampsia and maternal hemorrhage recommendations, SAFE count reminders, infection prevention and SAFE sleep practices. The "SAFE" infrastructure has been removed as a first step toward maintaining one overall quality/patient foundational practices road map per facility.

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Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Team members			
<p>The facility has a process in place to designate members as the Perinatal Patient Safety Program champions/team members/liaisons with clear roles and expectations:</p> <p>1a) Physician(s)/provider(s) knowledgeable in obstetrics <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1b) Perinatal nurse(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional team members can include, but are not limited to:</p> <p>1c) Other clinicians/providers, e.g., pediatrics, anesthesia, surgeons, intensivist <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1d) Safety/quality/PI <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1e) Pharmacy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1f) Blood bank/lab <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1g) Obstetric surgical staff <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1h) The facility has a process in place to engage other team members as regular or ad hoc members as appropriate, e.g., purchasing, education, human resources and patient/family. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Performance improvement			
<p>The facility has a process is in place to:</p> <p>Collect perinatal process data for the following as applicable:</p> <p>1a) Percent of birthing women with severe hypertension receiving appropriate treatment within 60 minutes. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1b) Use and completion of standardized tool process to schedule deliveries, inductions and C-sections. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1c) Review of all Early Elective Deliveries (EEDs) not meeting exclusion criteria. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1d) Progress on Perinatal Gap Analysis (perinatal road map) practices. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Collect Perinatal Outcome measures for the following, at minimum:</p> <p>2a) PC-01 Early Elective Deliveries not meeting exclusion criteria <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2b) Maternal hemorrhage rate ≥ 4 units of RBC's <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2c) Low-risk singleton vertices in first time mothers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2d) Maternal hemorrhage rate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2e) PC 02 - Cesarean section <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2f) Preeclampsia rate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2g) Eclampsia rate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2h) PSI 17 Birth Trauma Rate – Injury to Neonate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2i) PSI 18 Obstetric Trauma Rate – Vaginal Delivery with instrument <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2j) PSI 19 Obstetric Trauma Rate-Vaginal Delivery Without Instrument <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2k) Maternal mortality (up to 45 days) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2l) Perinatal mortality (up to 7 days) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2m) PC-05, PC-05a exclusive breast feeding <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2n) Maternal sepsis <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2o) Episiotomy rate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2p) Unplanned ICU admissions from OB <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2q) OB patients in ED <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2r) OB readmissions within 30 days <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
3) Review all maternal ICU admissions or transfers, maternal stroke, eclampsia, transfusions ≥4. <input type="checkbox"/> Yes <input type="checkbox"/> No			
4) Ensure awareness of and compliance with the Minnesota Statute #4615.0080 Reporting Of Maternal Death. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Fetal heart rate			
2a) The facility requires that the fetal heart rate assessment is documented in the medical record using the National Institute of Child Health and Human (NICHD) terminology.	<input type="checkbox"/>	<input type="checkbox"/>	
2b) The facility has a policy in place that outlines the appropriate and safe administration of uterotonics relative to fetal heart rate assessment and implementation of intrauterine resuscitation relative to fetal heart rate assessment.	<input type="checkbox"/>	<input type="checkbox"/>	
Pelvic exam			
1) The facility requires provider/RN do a vaginal exam and document dilatation, effacement, station, presenting part prior to the induction/augmentation as clinically appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
Uterine activity			
1a) The facility has standard practices in place for the appropriate and safe administration of uterotonics relative to uterine activity.	<input type="checkbox"/>	<input type="checkbox"/>	
1b) The facility has standard practices in place for documenting uterine activity in the medical record using the National Institute of Child Health and Human Development (NICHD) terminology.	<input type="checkbox"/>	<input type="checkbox"/>	
1c) The facility has standard practices in place for the management of abnormal uterine activity.	<input type="checkbox"/>	<input type="checkbox"/>	
Operative vaginal delivery			
1a) The facility has standard practices in place for appropriate and safe performance of operative vaginal delivery. The guidelines may include: alternative labor strategies, consented patient, high probability of success (estimated fetal weight, fetal station, and fetal position), maximum number of application and pop-offs predetermined, exit strategy available (ensure surgical team/resuscitation team readiness), communication and documentation with infant caregivers about use of operative vaginal delivery.	<input type="checkbox"/>	<input type="checkbox"/>	
1b) The facility has a quality improvement process in place to review operative vaginal deliveries, including neonatal complications, that fall outside the facility's standard practices.	<input type="checkbox"/>	<input type="checkbox"/>	
Trial of labor after previous Caesarean section			
1a) The facility's process for possible vaginal births after Caesarean delivery (VBAC) includes appropriate patient selection, documented counseling and consent of risks and benefits, and offering a trial of labor (which should include referral to another hospital) after previous Caesarean delivery (TOLAC).	<input type="checkbox"/>	<input type="checkbox"/>	
1b) The facility has guidelines that do not recommend third trimester prostaglandins for cervical ripening.	<input type="checkbox"/>	<input type="checkbox"/>	
1c) The facility has a process in place to provide emergent Caesarean delivery.	<input type="checkbox"/>	<input type="checkbox"/>	
Induction and cervical ripening for elective deliveries 39–41 weeks			
The facility has adopted evidence based cervical ripening protocols utilizing the Bishop Score according to ACOG, AWHONN guidelines that include:			
1b) No cervical ripening for non-medically/fetal* necessary deliveries.	<input type="checkbox"/>	<input type="checkbox"/>	
1c) Consider analyzing primary C-section rates in relation to Bishop scores.	<input type="checkbox"/>	<input type="checkbox"/>	
Maternal/obstetric morbidity and mortality reduction strategies			
Hypertensive Emergencies, pre-eclampsia and eclampsia			
1a) The facility has a protocol for early detection and treatment of hypertensive emergency based on ACOG guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	
1b) The unit has the CMQCC algorithm for eclampsia readily available https://www.cmqcc.org/preeclampsia_toolkit .	<input type="checkbox"/>	<input type="checkbox"/>	
1c) The facility has a protocol for safe administration of magnesium sulfate for seizure prophylaxis and seizure management.	<input type="checkbox"/>	<input type="checkbox"/>	
1d) Facility uses an early recognition tool such as CMQCC PERT.	<input type="checkbox"/>	<input type="checkbox"/>	
1e) The facility has a process that provides immediate access to medications required for hypertensive emergency and eclampsia.	<input type="checkbox"/>	<input type="checkbox"/>	
8f) The facility has a process to support collaboration between the Emergency Department and OB in identification, evaluation and treatment of preeclampsia/ eclampsia.	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertensive Emergencies, preeclampsia and eclampsia resources: https://www.cmqcc.org/preeclampsia_toolkit			

*Changed from "elective" 08/15

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Obstetric Hemorrhage			
<p>The facility has a process in place for early detection and management of obstetric hemorrhage, including identification of risk factors upon admission and throughout the interpartum care, to include:</p> <p>2a) Ongoing team communication. <input type="checkbox"/> <input type="checkbox"/></p> <p>2b) Access to recommended medications and tamponade devices. <input type="checkbox"/> <input type="checkbox"/></p> <p>2c) Standardized protocols such as order sets or algorithms. <input type="checkbox"/> <input type="checkbox"/></p> <p>2d) Emergent care planning such as massive transfusions, surgical intervention, or transfer to higher level of care based on facility resources. <input type="checkbox"/> <input type="checkbox"/></p> <p>2e) Regular simulation training (CMQCC) that includes other departments, including lab and OR. <input type="checkbox"/> <input type="checkbox"/></p> <p>2f) Use of checklist such as ACOG patient safety checklist postpartum hemorrhage from vaginal delivery (ACOG). <input type="checkbox"/> <input type="checkbox"/></p> <p>2g) Use of evidenced based risk scoring tool for all women admitted for delivery and the score is recorded in the EMR (FPQC). <input type="checkbox"/> <input type="checkbox"/></p> <p>2h) Process for quantification of blood loss for all births (CMQCC). <input type="checkbox"/> <input type="checkbox"/></p> <p>2i) Management of all women with cumulative blood loss > = 500 ml. <input type="checkbox"/> <input type="checkbox"/></p> <p>Obstetric hemorrhage resources: http://www.safehealthcareforeverywoman.org/index.html https://www.cmqcc.org/ob_hemorrhage http://www.pphproject.org/</p>			
<p>VTE prevention</p> <p>3a) The facility has a process in place for assessment and management of VTE prevention which includes mechanical prophylaxis for all C-sections, unless contraindicated and pharmacological interventions as appropriate, e.g., SCIP protocol. <input type="checkbox"/> <input type="checkbox"/></p>			
Peri-operative infection prevention strategies per SCIP protocol.			
<p>The facility has adopted elements of the MN Slashing SSI Bundle (http://www.mnhospitals.org/patient-safety/current-safety-quality-initiatives/health-care-associated-infections/surgical-site-infections)</p> <p>4a) Preoperative bathing <input type="checkbox"/> <input type="checkbox"/></p> <p>4b) Postoperative wound care <input type="checkbox"/> <input type="checkbox"/></p> <p>4c) Clean instruments, water, and gloves/gowns for wound closure (≥Class II clean/contaminated) <input type="checkbox"/> <input type="checkbox"/></p> <p>4d) Antibiotic dosing <input type="checkbox"/> <input type="checkbox"/></p> <p>4e) Glycemic control <input type="checkbox"/> <input type="checkbox"/></p> <p>4f) Normothermia <input type="checkbox"/> <input type="checkbox"/></p> <p>4g) OR traffic control <input type="checkbox"/> <input type="checkbox"/></p>			
Safe count			
<p>The facility develops and maintains procedures related to packed item, Sharps, and intentionally placed devices or packing procedures including:</p> <p>1a) The labor and delivery room has a designated basin for all used vaginal packing or sponges. <input type="checkbox"/> <input type="checkbox"/></p> <p>1b) The facility requires that two people perform the count – at least one is an RN. <input type="checkbox"/> <input type="checkbox"/></p> <p>1c) The facility requires that both individuals directly view and verbally count each item. <input type="checkbox"/> <input type="checkbox"/></p> <p>1d) The facility has a process in place to perform a count immediately before delivery pack is used (baseline), at the end of delivery, prior to any team members leaving, any time there is concern about the accuracy of the count, and after a permanent staff change of L&D nurse during a case. <input type="checkbox"/> <input type="checkbox"/></p> <p>1e) The facility has a process in place to account for all intentionally placed items, eg. spiral electrodes, IUPC, tamponade balloon, hygroscopic dilators. <input type="checkbox"/> <input type="checkbox"/></p> <p>1f) The facility has a process in place to perform and document a final visual inspection and ensuring counts are correct. <input type="checkbox"/> <input type="checkbox"/></p>			
Transitions in care			
<p>1) The facility has a process in place to provide follow up care, education, and resources for mother and infant after discharge including education about risk factors. <input type="checkbox"/> <input type="checkbox"/></p>			
Safe sleep			
<p>The facility promotes safe sleep practices by:</p> <p>1a) Modeling and teaching safe sleep practices per CDC/NIH SAFE to Sleep Campaign. <input type="checkbox"/> <input type="checkbox"/></p> <p>1b) Providing patient/family education on preventing newborn falls. <input type="checkbox"/> <input type="checkbox"/></p>			