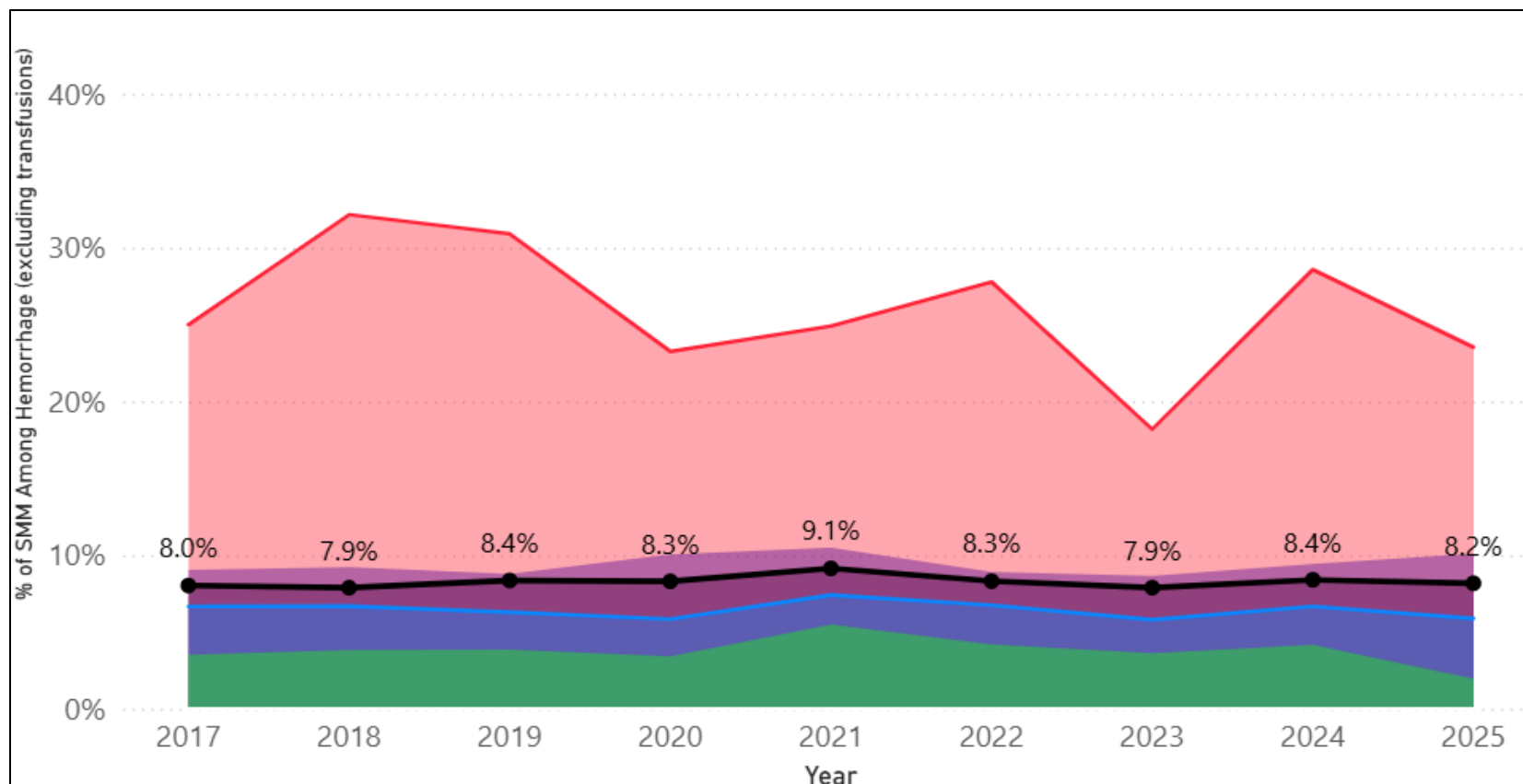


# OHI 2.0 Update: Successes & Challenges

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Estefania Rubio, MD, MPH

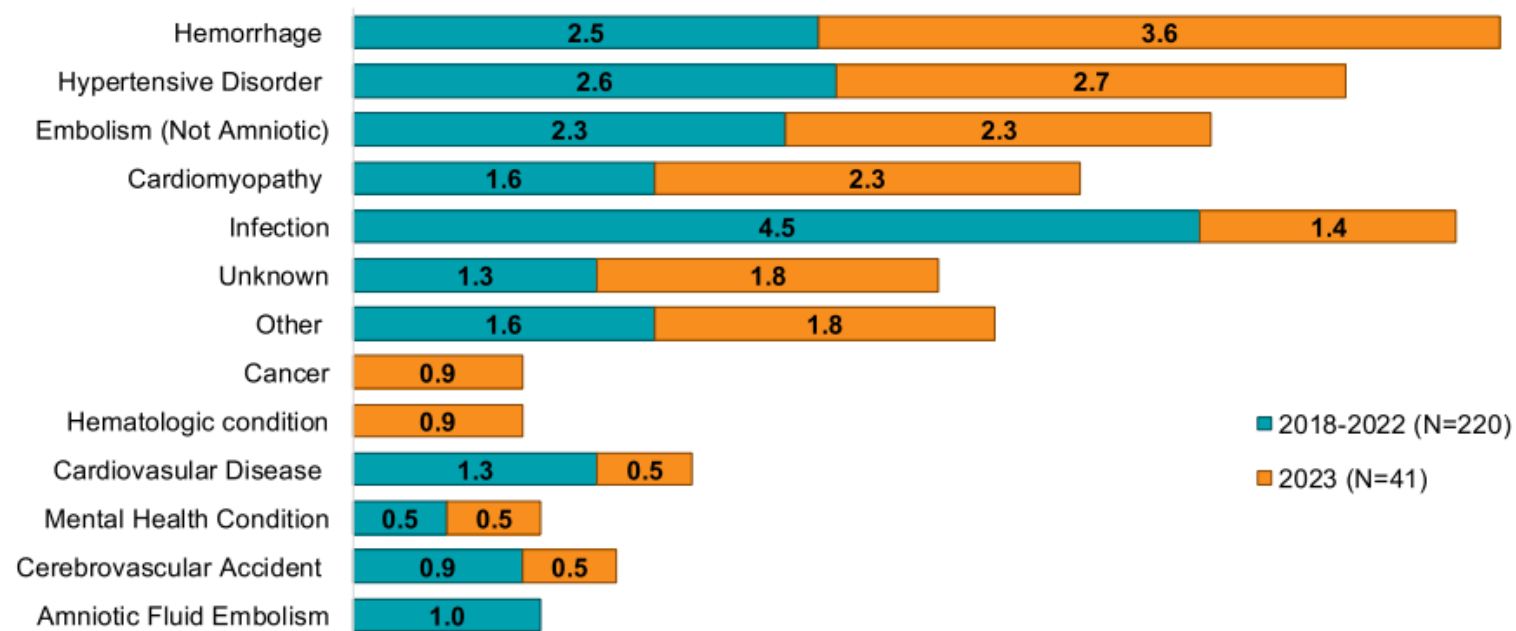
# Severe Maternal Morbidity Among Obstetric Hemorrhage



- Life-threatening complications from hemorrhage are not rare
- Timely recognition, response, and follow-up can make a real difference

# Hemorrhage - Leading Cause of Pregnancy-Related Death in 2023

## Pregnancy-Related Mortality Ratio by Underlying Cause Of Death, Florida, 2018-2022 and 2023



Deaths per 100,000 Live Births

Note: Cancer and hematologic conditions included in other prior to 2023.

**83% of pregnancy-related deaths in 2023 were deemed preventable**

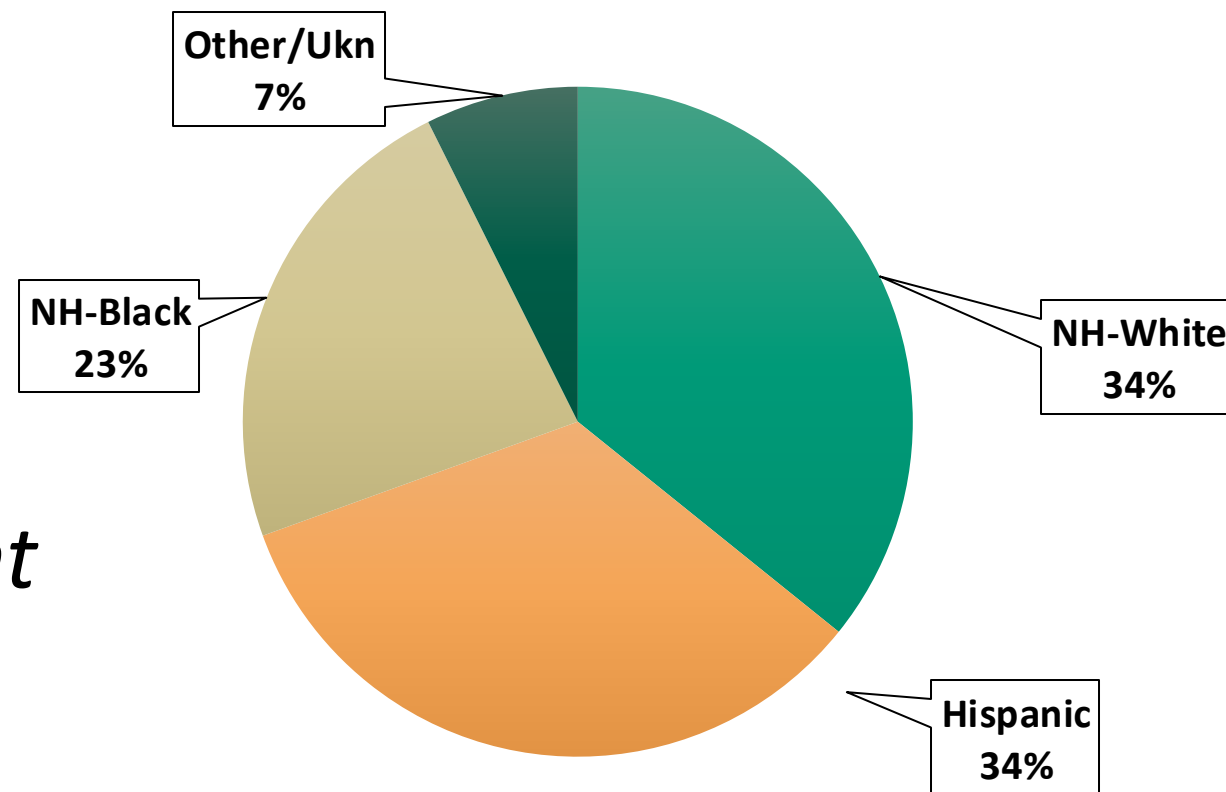
**Earlier Recognition, Faster Response,  
Safer Recovery & Follow-up!**

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# Patient Characteristics

**3,082 patients – 47 hospitals**

- 13% Spanish speaking
- 3% Creole speaking
- 33% 35 and older
- 40% Medicaid
- 69% Cesarean \*12% emergent
- 67% Stage 2 Hemorrhage



# Clinical Characteristics and Hemorrhage Mgmt.

## Primary cause of hemorrhage:

- 59% Uterine atony
- 14% Lacerations

## Hemoglobin at admission:

- 14% 8-9 g/dl
- 1% <8 g/dl

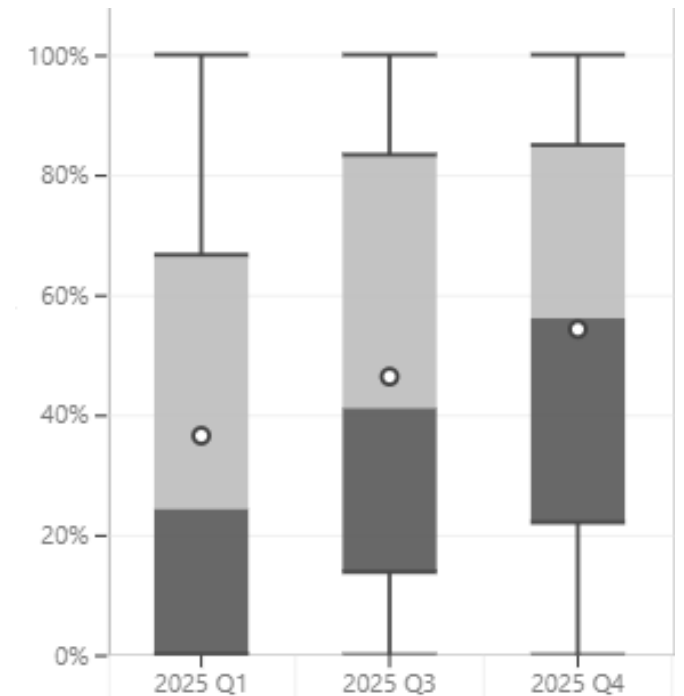
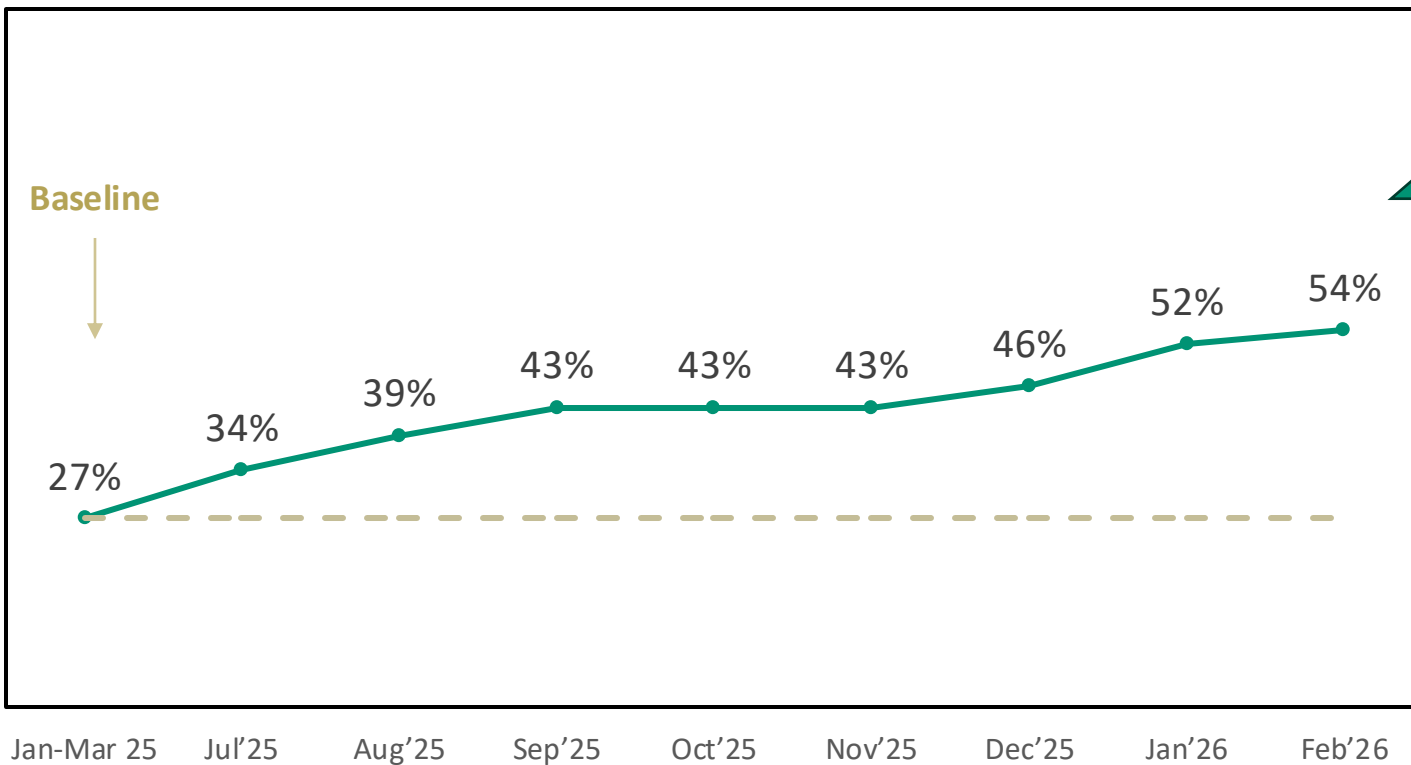
## Management:

- 18% Oxytocin then Misoprostol
- 66% TXA within 3 hours (Stage 3 or 4)
- 14% Used hemorrhage control devices

# Aim: Hemorrhage Risk Assessments

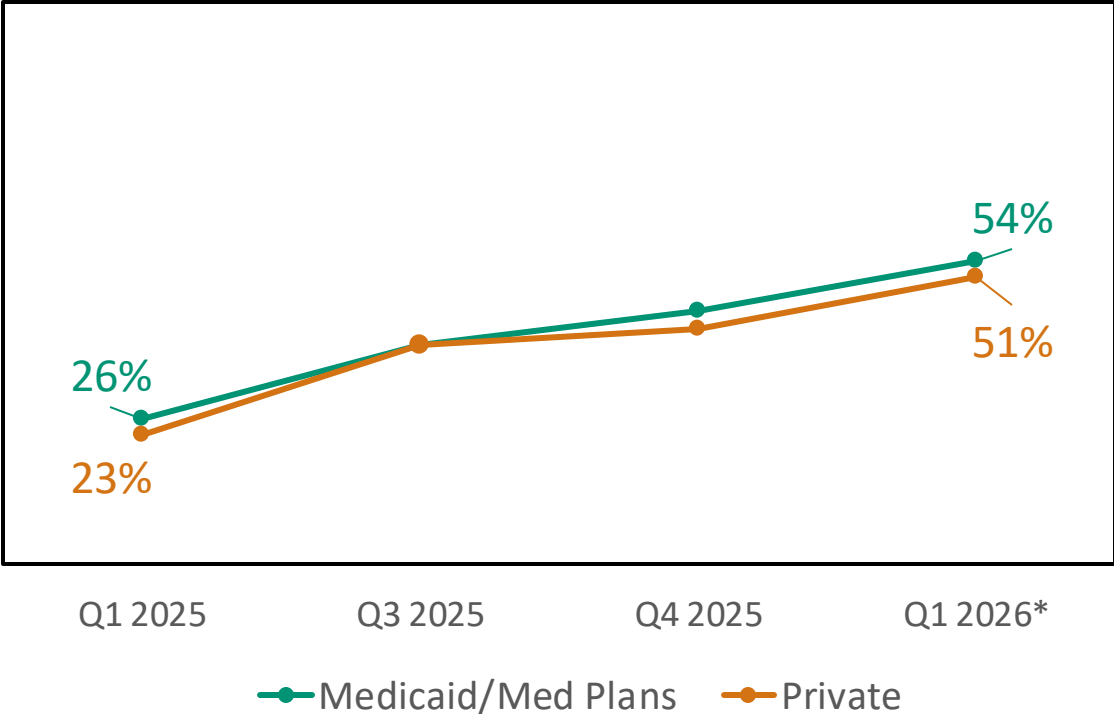
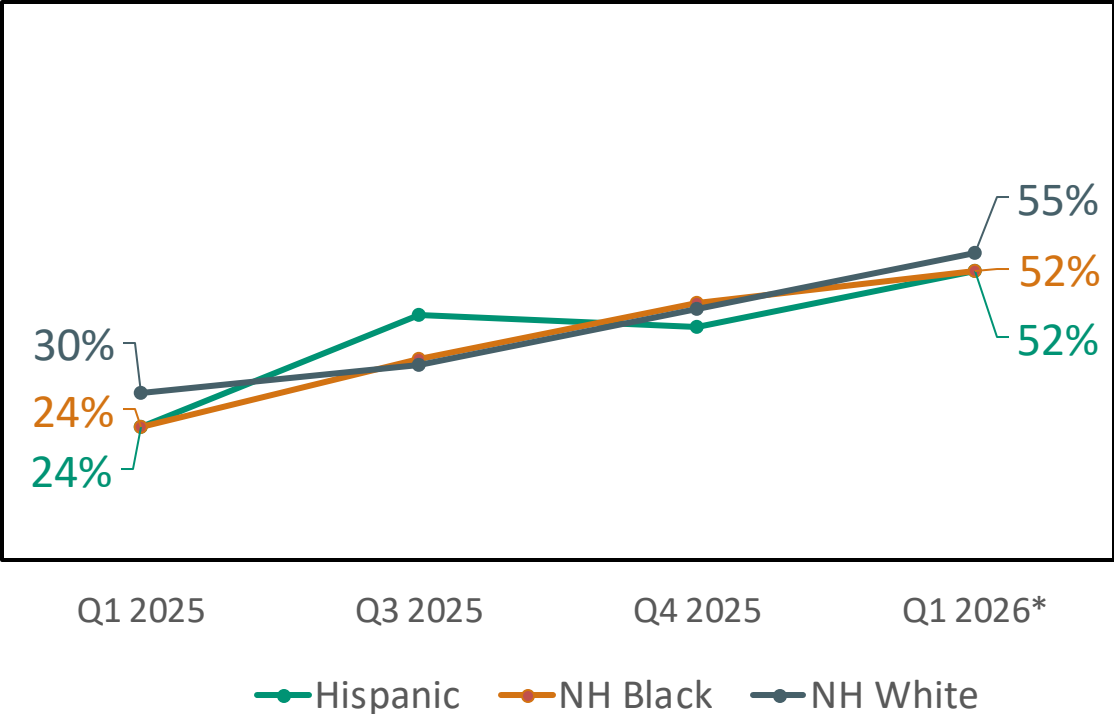
By 12/2026, participating hospitals will **increase by 20%** the percentage of eligible patients with **hemorrhage risk assessments completed** on admission to L&D, pre-birth, and on admission to postpartum.

*% of patients with three documented hemorrhage risk assessments*



# Aim: Hemorrhage Risk Assessments

*% of patients with three documented hemorrhage risk assessments*



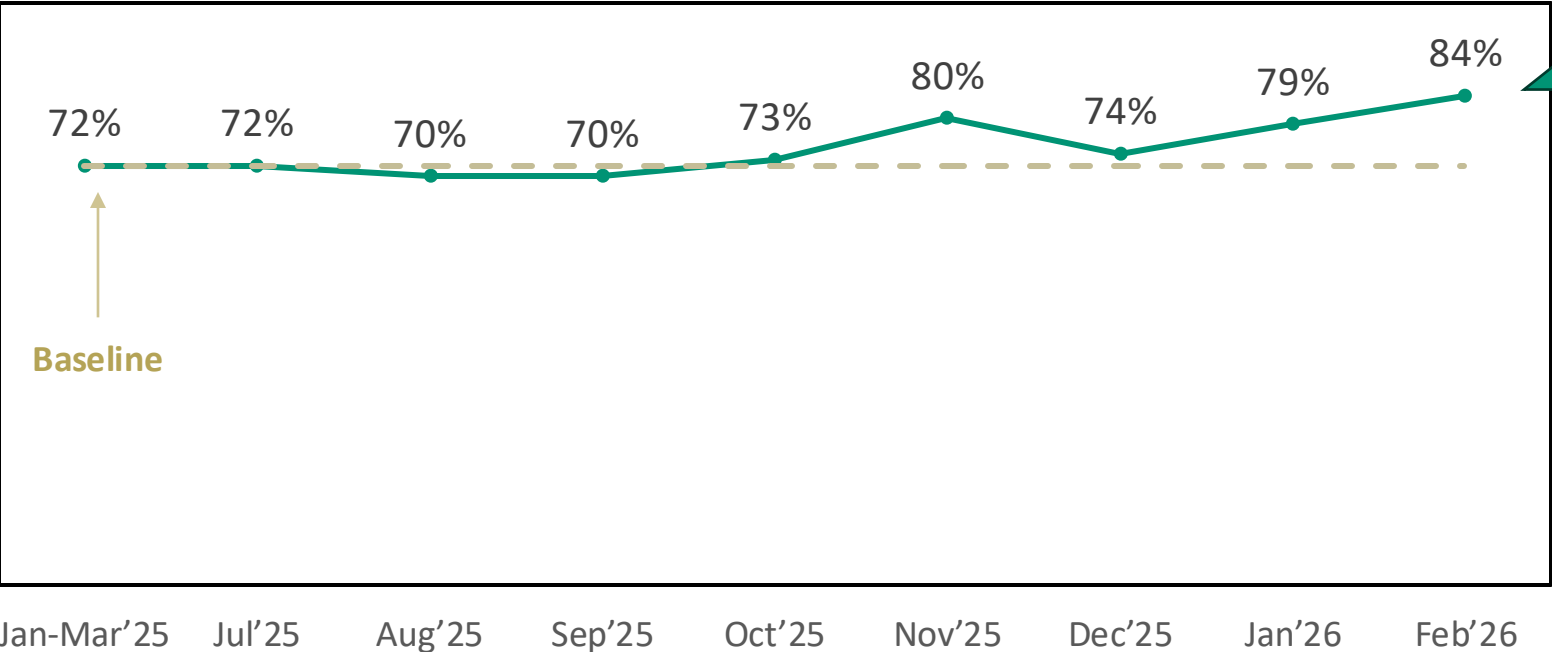
\*Q1 2026 is through February

# Aim: Quantitative & Cumulative Blood Loss

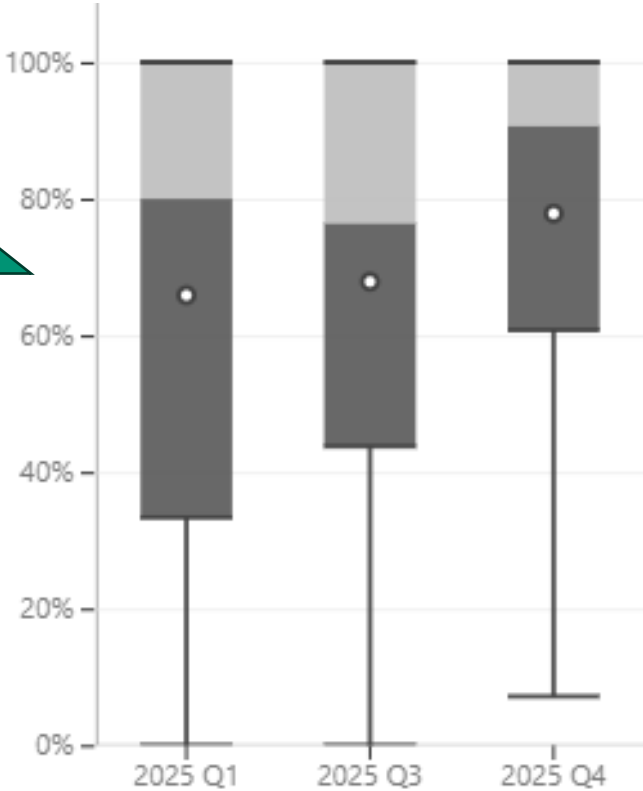
By 12/2026, participating hospitals will **increase by 20%** the percentage of eligible patients with **quantitative and cumulative blood loss measurement** from birth through recovery.



*% of patients with Quantitative and Cumulative Blood Loss Meas.*

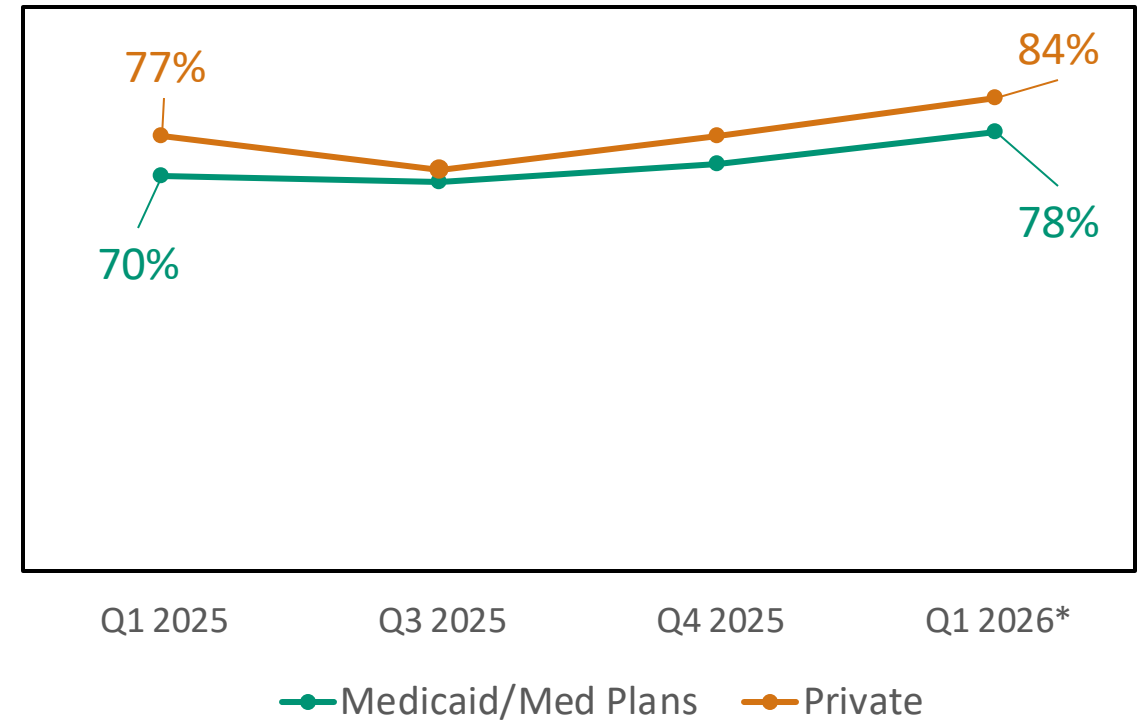
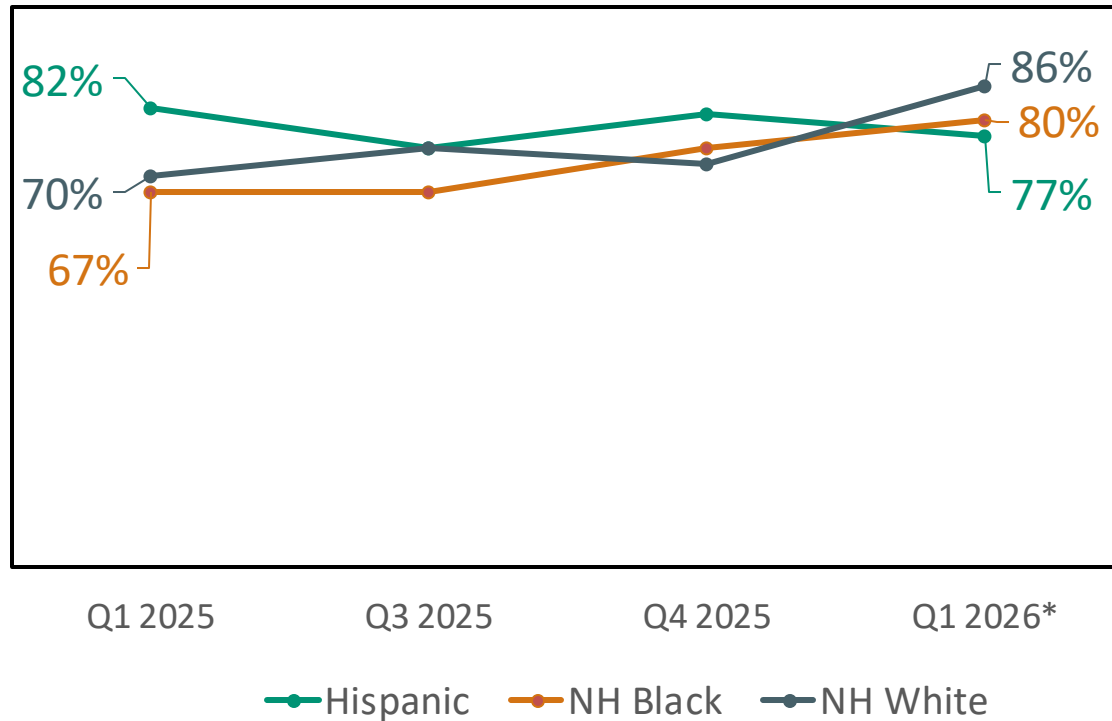


11%



# Aim: Quantitative & Cumulative Blood Loss

## % of patients with Quantitative and Cumulative Blood Loss Measurement

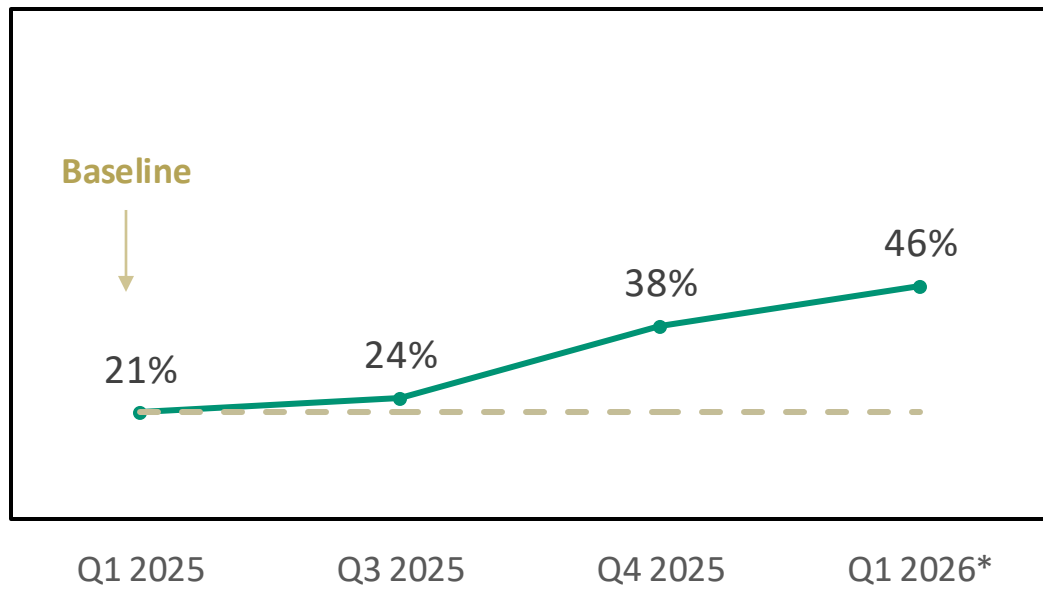


\*Q1 2026 is through February

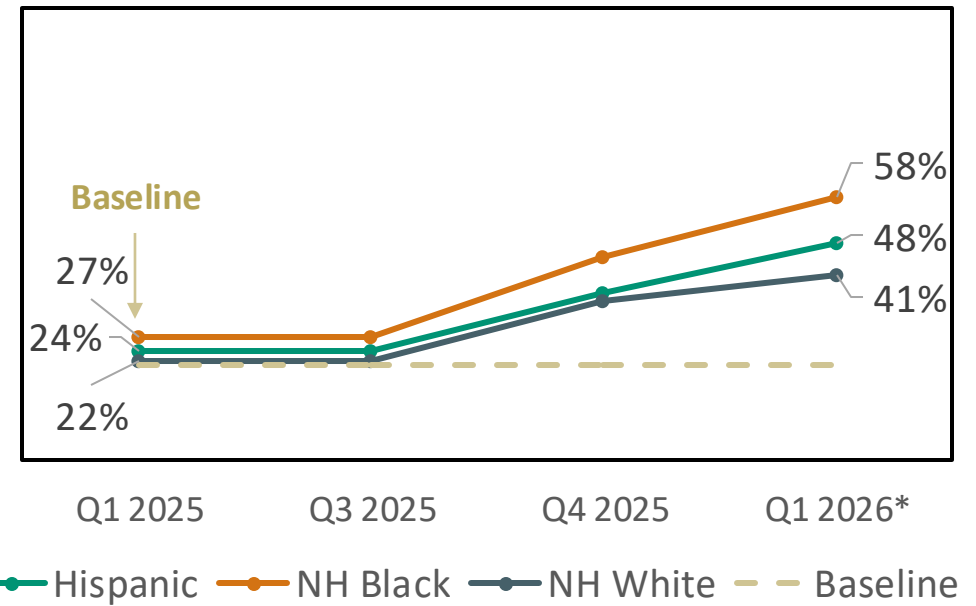
# Patient Briefs

Patients receiving a brief by their physician and RN has **more than doubled** since baseline. While progress is strong, **improvement remains a priority**.

*% of patients with a verbal brief*



119%



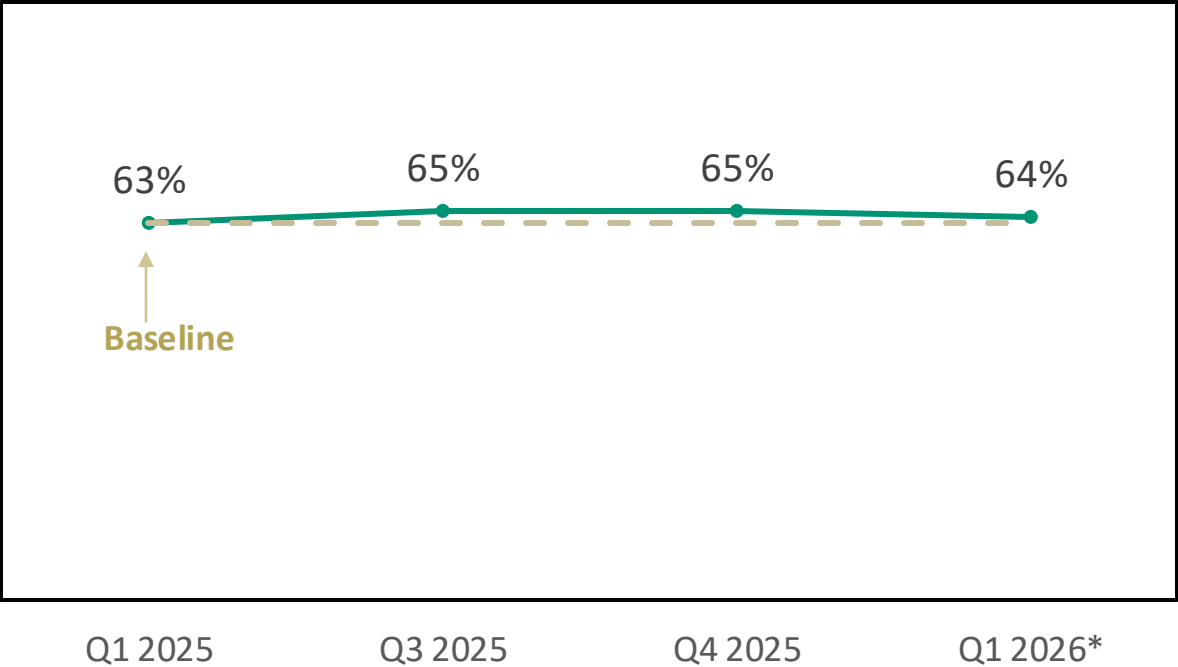
\*Q1 2026 is through February

# Scheduling Early Postpartum Visit

Scheduling early postpartum visits has **remained stagnant**. No significant differences by race-ethnicity, insurance type or birth type. Slight difference for hemorrhage stage.

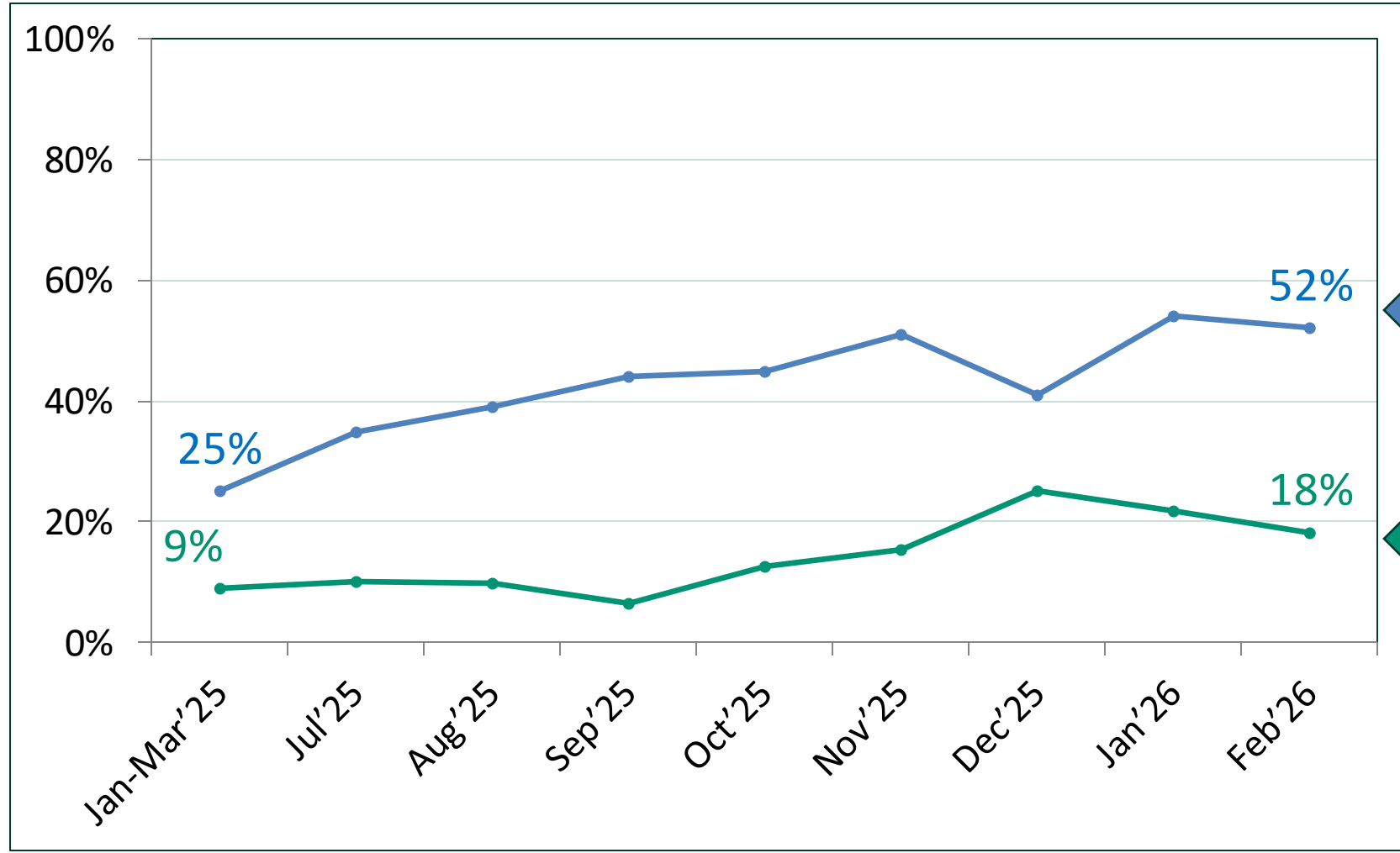


*% of patients with a Early Postpartum Visit Scheduled prior to Discharge*



\*Q1 2026 is through February

# Clinical Team Debriefs and Multidisciplinary Case Reviews



Clinical Debriefs (Nurse and Physician)

Multidisciplinary Care Reviews Among SMM Cases

# Structural Measures

## EMERGENCY DEPARTMENT ENGAGEMENT

<i>% of hospitals that have implemented or fully implemented:</i>	Baseline	Q4 2025
Periodic education & engagement for ED physicians & staff on OB hemorrhage	52%	77%
A stage-based OB hem. emergency management process for perinatal/ED units	46%	85%

## PATIENT INVOLVEMENT

<i>% of hospitals that have implemented or fully implemented:</i>	Baseline	Q4 2025
A standardized process to conduct briefs with patients after a severe event	13%	54%
<b>Engagement of a patient advisor on the QI team</b>	<b>8%</b>	<b>18%</b>



## TIMELY RESPONSE TO OB HEMORRHAGE

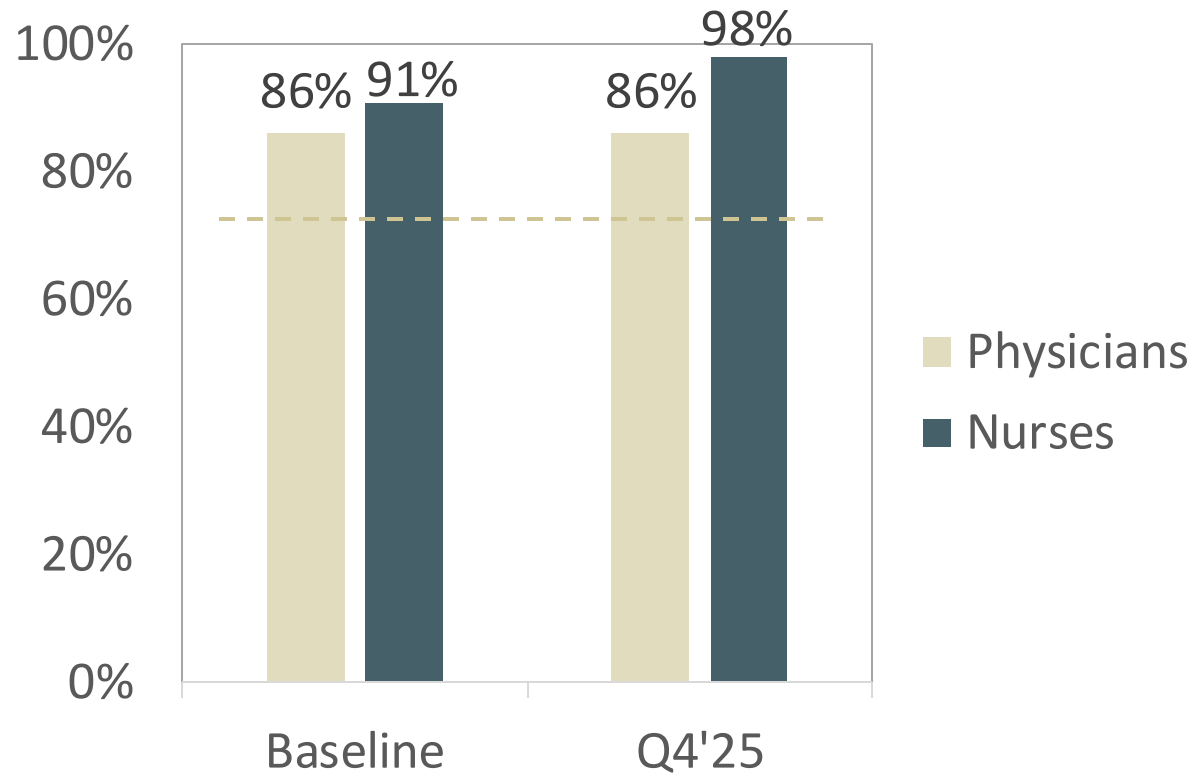
<i>% of hospitals that have implemented or fully implemented:</i>	Baseline	Q4 2025
A transfer algorithm identifying designated facilities to timely maternal transfer in OB emergencies requiring a higher level of care*	59%	82%



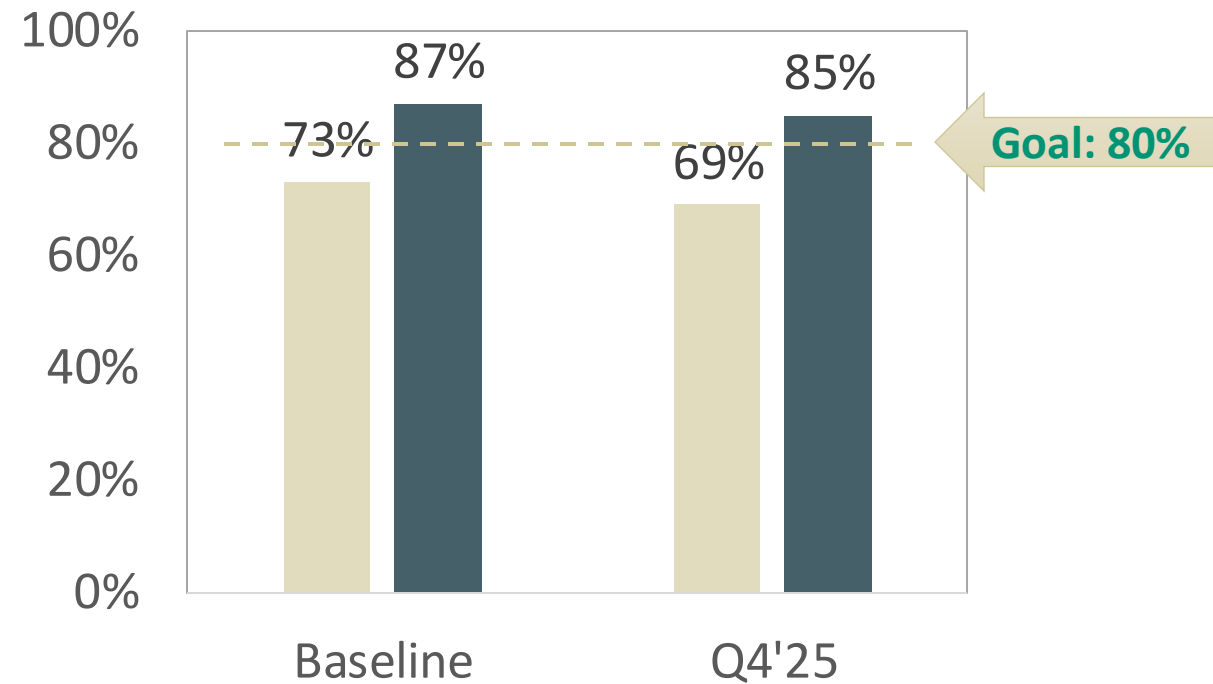
\*excludes answers by Level 4 facilities

# Education and Training

Training on severe hypertension policies, guidelines, or procedures



Training on Respectful Care and commitment to RC practices



# Key Takeaways

- **Celebrate** sustained improvement in hemorrhage risk assessments. If help is needed, **connect** with coaching call peers/leads to share strategies.
- **Patient briefs** are part of respectful, patient-centered care. Involve your **patient advisor** to identify opportunities for improvement.
- **Opportunities (Round Robbins Topics):** Cumulative QBL; Scheduling the Early Postpartum Visit; Team debriefs and Patient Advisors;
- Strengthen **team communication and learning** through regular clinical debriefs and multidisciplinary case reviews.

# Questions?

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