OBSTETRIC HEMORRHAGE DATA FORM

Goal: Increase the percentage of patients accurately identified and managed for obstetric hemorrhage per unit protocol to support timely intervention and improved outcomes.

Instructions: Using this form, abstract **up to 10** Stage 2* postpartum hemorrhage cases and **up to 5** Stage 3* or 4* cases, for patients **who delivered** at your hospital.

*View back for hemorrhage stage defintions

STUDY ID: _____

Discharge Month _____ Year ____ **Sat/Sun/Holiday discharge** ☐ Yes ☐ No **Age** _____	**Ethnicity** ☐ Hispanic ☐ Non-Hispanic ☐ Declined to answer ☐ Unknown **Race** (check all that apply) ☐ Asian ☐ Black ☐ White ☐ Other_____ ☐ Declined to answer ☐ Unknown	**Pref. Language** ☐ English ☐ Spanish ☐ Haitian Creole ☐ Other____ ☐ Unknown	**Insurance** (check all that apply) ☐ Medicaid/Med plans ☐ Private ☐ Self-pay ☐ Other _____ ☐ Unknown	**Delivery type:** ☐ Vaginal ☐ Scheduled C/S ☐ Unplanned non-emerg. C/S ☐ Emergency C/S
GA at delivery _____ complete weeks **Hemoglobin at admission** _____ **g/dL**	**OB Hemorrhage Stage:** ☐ 2 ☐ 3 ☐ 4	**Time when OB hemorrhage started:** ☐ Antepartum ☐ Intrapartum ☐ Postpartum	**Dx related to OB hemorrhage** (check all that apply) ☐ Uterine Atony ☐ Coagulopathy ☐ Lacerations ☐ Other _____ ☐ Retained products ☐ Abnormal placentation (e.g. acreta)	

OB Hemorrhage Identification & Management

OB Hemorrhage Risk Assessment documented: *(check all that apply)*	☐ On admission to L&D ☐ Pre-Birth ☐ On admission to postpartum
Documented blood loss	_____ml
Was a quantitative **and** cumulative technique used to measure blood loss (QBL)?	☐ Yes ☐ No
↳If yes, please confirm that ***cumulative*** blood loss is documented in the patient's chart (not just birth QBL)	☐ Yes – cumulative & birth QBL ☐ No – just birth QBL ☐ Neither are documented
Received active management of the third stage of labor per unit protocol	☐ Yes ☐ No ☐ N/A (cesarean)
# of documented hand off reports tracking cumulative blood loss	_____

Adverse Maternal Outcome *(check all that apply)*:

☐ Transfusion of ≥ 4 units of blood products

☐ DIC	☐ Sepsis	☐ ICU admission
☐ ARDS	☐ Placental abruption	☐ Liver failure
☐ Pulmonary edema	☐ Ventilation	☐ Other _____
☐ Renal failure	☐ Oliguria	☐ None
☐ Cardiac ischemic event	☐ AFE	

Adverse Neonatal Outcome:

☐ NICU/SCN admission ☐ IUFD ☐ Other _____ ☐ None ☐ Unknown

Clinical Debrief/Case Reviews	Yes	No	N/A
Did the **physician and RN debrief** this case for improvement opportunities?	☐	☐	☐
If an **SMM case**, was an interdisciplinary case review referral made?	☐	☐	☐

Meds & Interventions (check all given)	After hemorrhage onset, select the order medications were given	Contraindicated?
☐ Oxytocin	☐ First ☐ Second ☐ Other	
☐ Methergine	☐ First ☐ Second ☐ Other	☐
☐ Carboprost (Hemabate)	☐ First ☐ Second ☐ Other	☐
☐ Misoprostol	☐ First ☐ Second ☐ Other	☐
☐ Tranexamic acid (TXA)	Time from OB hemorrhage onset to first TXA dose: ☐ less than 3 hours ☐ 3 hours or more	
☐ Devices	☐ Intrauterine balloon tamponade ☐ Intrauterine vacuum ☐ Other_____	
☐ Surgical (check all that apply)	☐ Uterine artery ligation ☐ Unplanned hysterectomy ☐ Planned hysterectomy ☐ Other_____	
☐ Massive Transfusion Protocol Initiated		
☐ Blood products given **during** acute OB hemorrhage		

DISCHARGE MANAGEMENT

	Yes	No
Were verbal & written postpartum warning signs given?	☐	☐
Was patient verbally briefed and given a written summary of the OB hemorrhage event before discharge?	☐	☐
Breastfeeding/pumping at discharge?	☐	☐
Was a Postpartum Discharge Assessment (vital signs and response) conducted just prior to discharge?	☐	☐
Timing of scheduled follow-up appointments (check all that apply)	☐ within 7 days ☐ 8-14 days ☐ 15-21 days ☐ >21 days ☐ Pt. instructed/not scheduled	

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Inclusion Criteria: Include patients who **delivered** at your hospitals **with blood loss of ≥1,000 mL (Stage 2+ obstetric hemorrhage).**

Exclusion Crtieria: Exclude patients whose pregnancy ends prior to 20 weeks, ectopic pregnancies, and those with gestational trophoblastic disease.

Monthly Data Collection Instructions:

- Abstract **up to 10** Stage 2* (≥ 1,000 mL blood loss) postpartum hemorrhage (PPH) cases and **up to 5** Stage 3* (1,500 mL blood loss) or Stage 4* (cardiovascular collapse) cases (maximum of 15 cases total).
- Use the first eligible cases identified each month, based on the patient's discharge date (do not randomize).
- Submit only cases for patients who delivered at your hospital.
- If fewer than the maximum number of cases occur, submit all available cases.

Definitions

Study ID: Assign a unique number to each case, starting from 001 and continuing sequentially.

Age: Record the mother's age in completed years

Pref. Language: the patient's primary or most comfortable language for healthcare communication.

***OB Hemorrhage Stage:** Categorized according to AWHONN staging criteria, with Stage 2 defined as cumulative blood loss ≥1,000 mL, Stage 3 as ≥1,500 mL, and Stage 4 indicating cardiovascular collapse; Staging should escalate based on clinical signs, regardless of blood volume, if the patient shows signs of hemodynamic instability.

Blood Loss should be tracked from the time of birth (prior to placental delivery) through the immediate postpartum period, typically the first 2 hours. If bleeding is excessive or prolonged, QBL should continue until bleeding is controlled and the patient is stable. While all postpartum patients should be monitored for hemorrhage throughout their stay, routine QBL is not required beyond the immediate postpartum period unless bleeding is ongoing. For significant blood loss prior to placental delivery (e.g., abruption or previa), teams should include that loss in the total QBL to support accurate clinical interpretation. **If cumulative QBL is available, report that value for "Documented Blood Loss"; otherwise, report the best available estimate documented.**

Devices for intrauterine balloon tamponade: Bakri ballon, BT-Cath, Sengstaken-Blakemore tube, Rusch balloon

Devices for intrauterine contraction via vacuum: Jada system

Physician and Nurse Debrief: quick, structured review after an event (e.g., OB hemorrhage) to summarize actions, identify successes and barriers, and pinpoint opportunities for rapid improvement. Use a standardized form, e.g. AWHONN debrief form here.

Patient debrief: a structured conversation where the physician and nurse share with the patient the details of the OB hemorrhage event, including any complications, treatment, and follow-up care. Patients should receive a written summary with the details of the event – form here.

SMM – Severe Maternal Morbidity: see definitions and code list in the AIM website here or reach out to the FPQC data team.

Postpartum Discharge Assessment: take the patient's vital signs just prior to discharge and take action if values are abnormal – see here.

Timing of scheduled follow-up appointments: Patient's follow-up appointments should be scheduled prior to discharge. Note how many days after discharge the appointments are scheduled. If not scheduled and the patient was instructed to schedule after discharge, choose 'Pt. instructed/not scheduled.'