

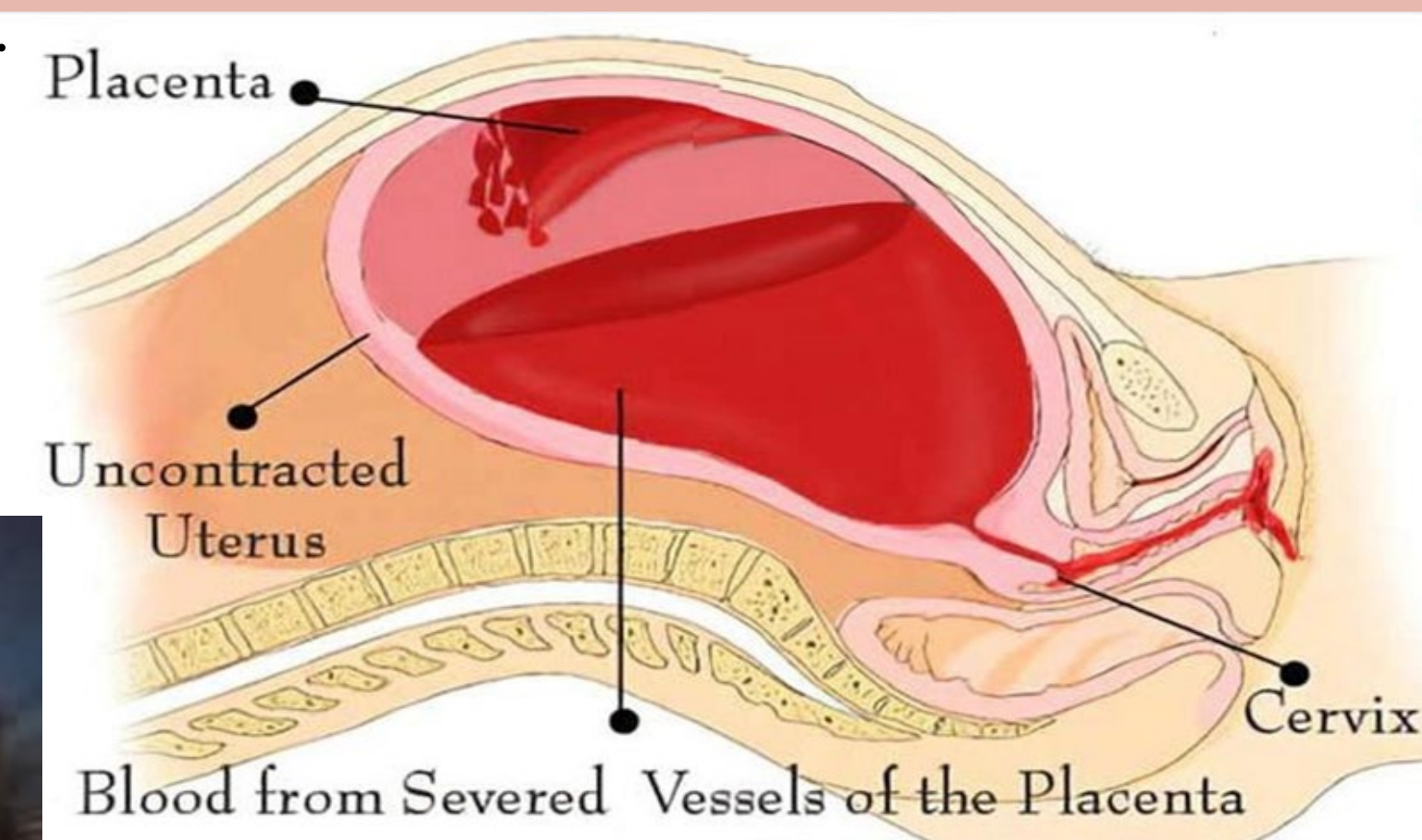
Reducing Postpartum Hemorrhage Through Active Management of the Third Stage of Labor

Reality

Theoretical

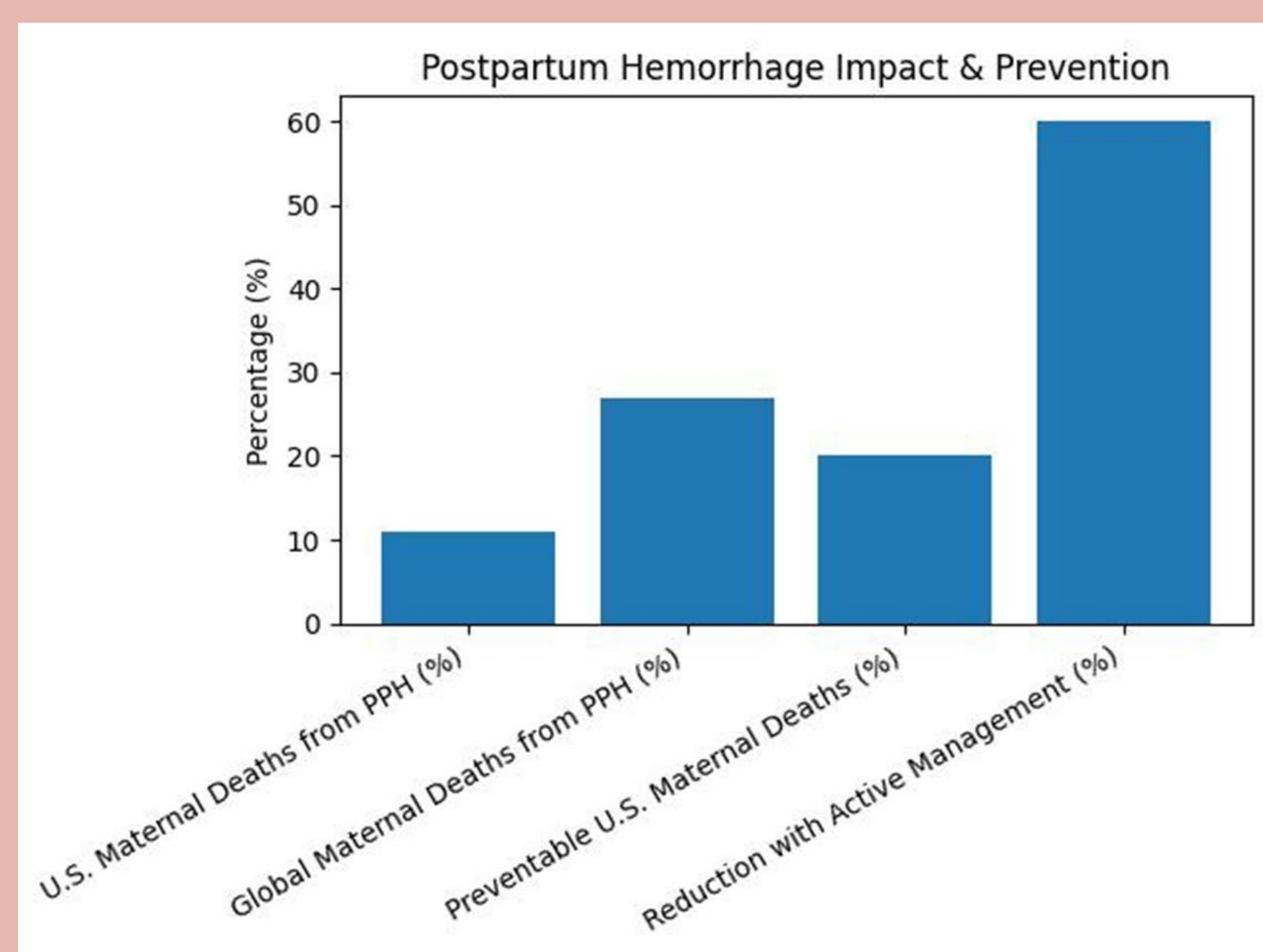
Background

Postpartum hemorrhage (PPH) is a major cause of maternal morbidity and mortality worldwide. It is defined as blood loss greater than 500 mL after vaginal birth or 1000 mL after cesarean delivery. Early recognition and prevention strategies are critical to improving maternal outcomes (Evensen et al., 2022; World Health Organization [WHO], 2023).



Importance of Issue

PPH accounts for a significant proportion of maternal deaths globally. In the United States, rates of PPH have increased in recent years, highlighting the need for standardized, evidence-based prevention strategies (ACOG, 2023; WHO, 2023). Delays in treatment and inconsistent practices contribute to preventable complications (Main et al., 2020).



Impact and prevention statistics related to postpartum hemorrhage (CDC, 2024; WHO, 2023).

Framework

P
Practice Question

Does active management reduce PPH?

E
Evidence

Strong support for oxytocin + protocols.

T
Translation

Implement protocols + staff training

Practice Question & Evidence Summary

The goal of this quality improvement project is to reduce the incidence of postpartum hemorrhage (PPH) through the implementation of evidence-based practices, including active management of the third stage of labor and standardized hemorrhage protocols. By improving early recognition, timely intervention, and consistency in care, this project aims to enhance maternal safety and reduce preventable complications.

Safe and effective patient care will improve through earlier administration of uterotonics, standardized clinical responses, and increased nursing awareness and preparedness. These changes are expected to decrease maternal morbidity, reduce the need for blood transfusions, and improve overall patient outcomes.

SMART Goal:

Within 6 months of implementation, the labor and delivery unit will increase compliance with active management of the third stage of labor to at least 90%, resulting in a 20% reduction in postpartum hemorrhage rates, as measured by unit-based clinical data and chart audits.

Interventions & Solutions

Individual Level

- Educate patients on PPH risks (Evensen et al., 2022)
- Monitor vital signs and bleeding closely (ACOG, 2023)
- Administer uterotonics promptly (WHO, 2023)

Unit/Community Level

- Implement standardized PPH protocols (Main et al., 2020)
- Conduct staff education and simulation training (Shields et al., 2020)
- Use hemorrhage carts and checklists (Main et al., 2020)

Policy/Protocol Level

- Establish hospital-wide PPH prevention guidelines (ACOG, 2023)
- Require active management for all deliveries (WHO, 2023)
- Develop rapid response protocols (Shields et al., 2020)

Key Players

Registered Nurses
Obstetricians & Midwives

Quality improvement teams

Anesthesia team

Hospital leadership



Evaluation

- Reduction in PPH incidence
- Decreased need for blood transfusions
- Improved response times

Supported by implementation of standardized, evidence-based protocols (Main et al., 2020; Shields et al., 2020)

Conclusion

Implementing evidence-based strategies such as active management of the third stage of labor significantly reduces postpartum hemorrhage and improves maternal outcomes (WHO, 2023; ACOG, 2023).

References

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