



*Documentation &  
Liability across  
the continuum !*

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*Agenda*

- I. Litigation claims
- II. Knowledge.  
Competency, Skills
- III. Documentation
- IV. Communication
- V. Discharge Readiness
- VI. Case Studies

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# Pulse Check: Wisconsin

**HEALTHY PEOPLE STRONG BUSINESS** **WHERE YOU LIVE MATTERS: MATERNITY CARE IN WISCONSIN**

**INTRODUCTION**

With over 3.5 million births in the United States annually, and rising rates of maternal mortality and morbidity, there is ample opportunity to improve maternal outcomes across the country. More than 2 million women of childbearing age live in maternity care deserts, areas without access to birthing facilities or maternity care providers capable of handling care in situations for preventing poor maternal and newborn health outcomes. This report expands on the 2022 March of Dimes Wisconsin State of Health Report by highlighting additional factors that impact access to care. This data can be used to inform public and provider recommendations to each state.

This report presents data on several important factors: levels of maternity care access and maternity care deserts by county, distance to birthing hospitals, availability of family planning services, county-level birth factors associated with preterm rate usage as well as the burden and consequences of chronic health conditions across the state, while not exclusively by each of these factors, contribute to the complexity of maternity care access in each state. While it may not be possible to reduce rates of preterm birth, increasing the availability of maternity care by birthing hospitals and family planning services can reduce preventable maternal mortality and morbidity for all program people.

**KEY FINDINGS**

- In Wisconsin, 83.3 percent of counties are defined as maternity care deserts compared to 33.8 percent in the U.S.
- 81 percent of women had no birthing hospital within 30 minutes compared to 57 percent in the U.S.
- Overall, women in Wisconsin have a moderate vulnerability to adverse outcomes due to the availability of reproductive healthcare services.
- 10.3 percent of birthing people reported use of long-term prenatal care, less than the U.S. rate of 14.8 percent.
- Women with chronic health conditions have a 54 percent increased likelihood of preterm birth compared to women with none.

**ACCESS TO MATERNITY CARE IN WISCONSIN**

Access to care during pregnancy and around the time of birth is not consistently available across the country. Hospital closures and a shortage of providers are driving changes in maternity care access, especially within rural areas and among Black, Indigenous, and people of color (BIPOC). The level of maternity care access within each county is classified across Wisconsin by the availability of birthing facilities, hospital care providers, and the presence of long-term prenatal care. The map below (U.S. = 100%) illustrates the percentage of counties defined as maternity care deserts compared to 33.8 percent of counties in the U.S. overall.

**FINDINGS**

- In Wisconsin, there was a 2.2% decrease in the number of birthing hospitals between 2020 and 2022.
- In Wisconsin, there were 1,835 babies born in maternity care deserts, 3.0% of births.
- 4.0% of babies were born to women who live in rural counties, while 0.9% of maternity care providers practice in rural counties in Wisconsin.

**DEFINITIONS OF MATERNITY CARE DESERT AND LEVEL OF MATERNITY CARE ACCESS**

Definition	Maternity care deserts	Low access	Moderate access	Full access
Healthcare provider within 30 minutes	0%	<2	<2	>2
Obstetric provider (midwife, nurse practitioner, physician assistant)	0%	<60	<60	>60
Percentage of women with long-term prenatal care	any	<10%	<10%	any

**MAP: MATERNITY CARE ACCESS BY COUNTY**

Legend: Maternity care deserts (red), Low access (orange), Moderate access (yellow), Full access (green).

**DEFINITIONS OF MATERNITY CARE DESERT AND LEVEL OF MATERNITY CARE ACCESS**

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**2023 MARCH OF DIMES REPORT CARD WISCONSIN**

**The preterm birth rate in Wisconsin was 10.3% in 2022, higher than the rate in 2021**

**PRETERM BIRTH GRADE: C-**

Percentage of live births born preterm

**The preterm birth rate among babies born to Black birthing people is 1.7x higher than the rate among all other babies**

Preterm birth rate by race/ethnicity, 2020-2022

Race/Ethnicity	Rate (%)
Asian/Pacific Islander	8.6
White	9.3
Hispanic	10.1
American Indian/Alaska Native	13.8
Black	15.7

**Many factors make birthing people more likely to have a preterm birth**

Preterm birth (PTB) rate among birthing people by maternal factor (left) and overall prevalence (in parentheses), 2022

Maternal Factor	Prevalence (%)
Smoking (2022)	15.6%
Hypertension (2022)	26.8%
Diabetes (2022)	12.2%
Obesity (2022)	29.3%
Preterm preterm (2022)	29.6%
Carrying multiples (2022)	61.6%

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# Pulse Check: Arkansas

**WISCONSIN**

**Birthing people in Wisconsin have a low vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access**

**MVI by county in Wisconsin**

**Factors related to maternal vulnerability**

Higher scores indicate higher vulnerability

Factor	Score
Smoking	18
Hypertension	20
Diabetes	22
Obesity	34
Preterm preterm	54
Carrying multiples	64

**The measures below are important indicators for how Wisconsin is supporting the health of birthing people**

Metric	Value	Target
MATERNAL MORTALITY PER 100,000 LIVE BIRTHS	11.6	23.3
LOW-RISK CESAREAN BIRTH PERCENT	23.2	29.3
INADEQUATE PRENATAL CARE PERCENT	10.7	15.1

## Wisconsin MMRR

- July 2024 Report
  - 10 cases
  - 90% preventable
- May 2024 Report
  - 11 cases
  - 100% preventable
- March 2024 Report
  - 10 cases
  - 100% preventable
- Jan 2024 Report
  - 10 cases
  - 90% preventable

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## *Liability and the OB Nurse*

### Components of Malpractice

- Medical malpractice
- Negligence

### Standard of Care

- Where are they found?

### Key Elements of a suit

- Duty to the patient
- Breach of that duty
- Injury to the patient
- Casual link between the breach and the patient's injury

2024

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## *General Areas of Nursing Cited in Legal Cases*

- Improper use of equipment or availability of equipment
- Poor or inadequate communication and or collaboration
- Failure to act as patient advocate and initiate chain of command
- Failure to follow provider orders
- Timely or inaccurate assessment
- Lack of knowledge, skill and or clinical competency

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## ***Legal Issues Unique to Women's Services***

- Triage
  - Failure to timely and accurately assess maternal fetal status
  - Failure to initiate the chain of command/consultation or reporting imperative information in a timely manner
- Intrapartum Care
  - Proper administration and usage of uterine stimulants
  - Change in fetal status and intrauterine fetal resuscitation measures
  - Improper management of the second stage
  - Failure to request appropriate personnel to attend the birth
  - Failure to anticipate neonatal compromise

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## ***Legal Issues in Women's Service***

- Postpartum Care:
  - Change in maternal/neonatal status, failure to report and escalate
  - Failure to properly manage hypertensive disorders of pregnancy
  - Inaccurate assessment and interventions in obstetric hemorrhage
  - Failure to initiate the chain of command/consultation or reporting imperative information in a timely manner
  - Failure to anticipate neonatal compromise
  - Inappropriate discharge of newborn with complications
  - Inappropriate discharge of postpartum mother without proper prescriptions, instructions or timely follow-up in the literacy level and language the patient can understand

2024

Presentation Title

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# *Strategies to Avoid Malpractice Claims*

## **Guidelines!**

- Review institutional policies, guidelines and protocols ensure they are current and utilizing evidence-based practice
- Perform only skills within your scope of practice
- Establish a culture that supports asking for help, information or clarification
- Report near-misses so we can mitigate future injury or harm to patients

## **Knowledge, Skills, Competency**

- Stay current in OB and with technological advances by attending continuing education conferences, seminars and in-services
- Document using standard terminology

## **Respectful Care**

- BE A PATIENT ADVOCATE AND USE CHAIN OF COMMAND
- Get to know your patients for use of empathy not judgement
- Treat others the way you expect your own family to be treated

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# *Knowledge, Skills, Competency*

## Joint commission requirements - Obstetric Hemorrhage

1. Complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum
2. Develop written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage
3. Each obstetric unit has a standardized, secured, dedicated hemorrhage supply kit that must be stocked per the organization's defined process
4. Provide role-specific education to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the processes or procedures occur, or every two years
5. Conduct drills at least annually
6. Provide education to patients... in the both the language and literacy level they can understand

2024

Documentation &amp; Liability

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# Knowledge, Skills, Competency:

## Joint Commission requirements: Hypertensive disorders of pregnancy/preeclampsia

Develop written evidence-based procedures for measuring and remeasuring blood pressure.

- Develop written evidence-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia that includes the following: The use of an evidence-based set of emergency response medications that are stocked and immediately available on the obstetric unit
- Provide role-specific education to all staff and providers who treat pregnant/postpartum patients about the hospital's evidence-based severe hypertension/preeclampsia procedure
- Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Severe hypertension/preeclampsia drills include a team debrief.
- Review severe hypertension/preeclampsia cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event.
- Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:
  - Signs and symptoms of severe hypertension/preeclampsia during hospitalization that alert the patient to seek immediate care
  - Signs and symptoms of severe hypertension/preeclampsia after discharge that alert the patient to seek immediate care

# Respectful Care Decreases Liability!

## Perinatal Social Determinants of Health

- Housing
- Physical and Food Environment
- Transportation
- Education
- Childcare
- Healthcare team
- Justice system
- Social and Family Environment
- Income and wealth

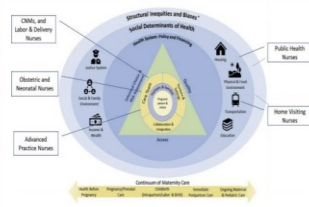
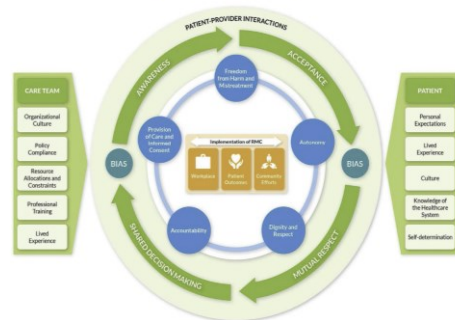


Figure 1. Touch points for nursing research in the Interactive Continuum of Maternity Care. Note: "Structural inequalities and biases include systemic and institutional racism, interpersonal racism and explicit and implicit bias under the social determinants of health for women of color" (National Academies of Sciences, Engineering, and Medicine, 2020, p. 5-2). From Birth Settings in America: Improving Outcomes, Quality Access, and Choice, by the National Academies of Sciences, Engineering, and Medicine, 2021 (https://doi.org/10.17226/25636). Adapted with permission.

## AWHONN Respectful Maternity Care Framework



National Academies of Sciences, Engineering, and Medicine. 2020. Birth Settings in America: Outcomes, Quality, Access, and Choice. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25636>. <https://nap.nationalacademies.org/catalog/25636/birth-settings-in-america-outcomes-quality-access-and-choice>

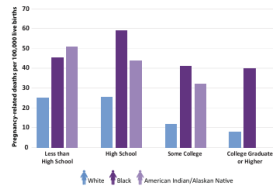
Used with permission from AWHONN, full citation in references

## ***SDOH: Education***

### Disparities by Education Level



The PRMR for black women with at least a college degree was 5 times as high as white women with a similar education.



### For More information

For more information on CDC's activities to better understand and prevent pregnancy-related deaths, please visit [www.cdc.gov/reproductivehealth/maternal-mortality/index.html](http://www.cdc.gov/reproductivehealth/maternal-mortality/index.html).



Centers for Disease Control  
and Prevention  
National Center for Chronic Disease  
Prevention and Health Promotion

2024

Liability & Documentation: What the Mother Baby  
Nurse needs to know!

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## ***Chain of Command***

### Chain of Command

- Check your institutions policy on chain of command and be sure it is followed
- Document what is communicated with healthcare provider, their responses and follow-up expected communication, outcomes or interventions

### Communication

- **SBAR**, Respectful care, conflict resolution, patient education, plan of care, disclosure, informed consent/respectfully declining

#### Collaboration

- Providers and institutions need to use evidence-based care, appropriate follow-up and evaluation
- Patient should be included in the plan of care and adjustments made as needed

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## EFM: Documentation Mnemonic

Letter	Description
<b>C</b>	Concise Critical thinking Chart near the time that the events occurred
<b>L</b>	Logical and objective and without bias
<b>E</b>	Explicit, direct, always use standardized terminology Express discomfort and offer alternatives
<b>A</b>	Accurate, truthful
<b>R</b>	Responses: document patient's response to interventions and response to escalation requests, continue with reasoning and ratification
<b>R</b>	Ratification: Well informed, precisely the facts, indicates consent

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## What are you really saying?

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Pt has NSVD viable female (apgars 2/0/0). Despite aggressive resuscitative measures baby did not survive

Notified pastoral care and Spanish translator to explain situation in Spanish

Demise baby brought in with translator, FOB also present

---

Pt states she can not breathe notified Md : No New Orders Pulse Ox 98%

---

Already medicated not time for more meds, patient states pain is still a 10. Encouraged patient to relax

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# Discharge Readiness

## Response — Every Event

Provide patient education prior to discharge that includes life-threatening postpartum complications and early warning signs, including mental health conditions, in addition to individual patient-specific conditions, risks, and how to seek care.\*

Provide each postpartum patient with a standardized discharge summary form that details key information from pregnancy and birth.\*

### Conduct a comprehensive postpartum visit.\*

Encourage the presence of a designated support person during all instances of care as desired, and particularly when teaching or education occurs.

Engage in dialogue with the postpartum patient around elements of postpartum self-care prior to discharge.\* Implement a multidisciplinary discharge process to provide a coordinated pathway for clinical postpartum discharge, which may include multidisciplinary rounding.

## Reporting and Systems Learning — Every Unit

Convene inpatient and outpatient providers in an ongoing way to share successful strategies and identify opportunities for prevention of undesired outcomes in the postpartum period, including emergency and urgent care clinicians and staff.

Consider a multidisciplinary huddle for postpartum patients identified as higher-risk for complications to identify potential gaps or adjustments to the standardized discharge process.

### Develop and systematically utilize a standard comprehensive postpartum visit template.

Identify and monitor postpartum quality measures in all care settings.\*

Monitor data related to completed postpartum comprehensive visits in each office, with disaggregation by race and ethnicity at a minimum, to evaluate disparities in rate of follow-up visit completion.

## Readiness — Every Unit

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families.\*

### Establish a multidisciplinary care team to design coordinated clinical pathways for patient discharge and a standardized discharge summary form to give to all postpartum patients prior to discharge.

Provide multidisciplinary staff education to clinicians and office staff on optimizing postpartum care, including why and how to screen for life-threatening postpartum complications.\*

Develop trauma-informed protocols and trainings to address health care team member biases to enhance quality of care.

Educate outpatient care setting staff on how to use a standardized discharge summary form to review patient data and ensure that recommendations made for outpatient follow-up and community services/resources have been carried out.

## Recognition & Prevention — Every Patient

Establish a system for scheduling the postpartum care visit and needed immediate specialty care visit or contact (virtual or in-person visit) prior to discharge or within 24 hours of discharge.\*

Screen each patient for postpartum risk factors and provide linkage to community services/ resources prior to discharge.\*

In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year.

Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens.\*

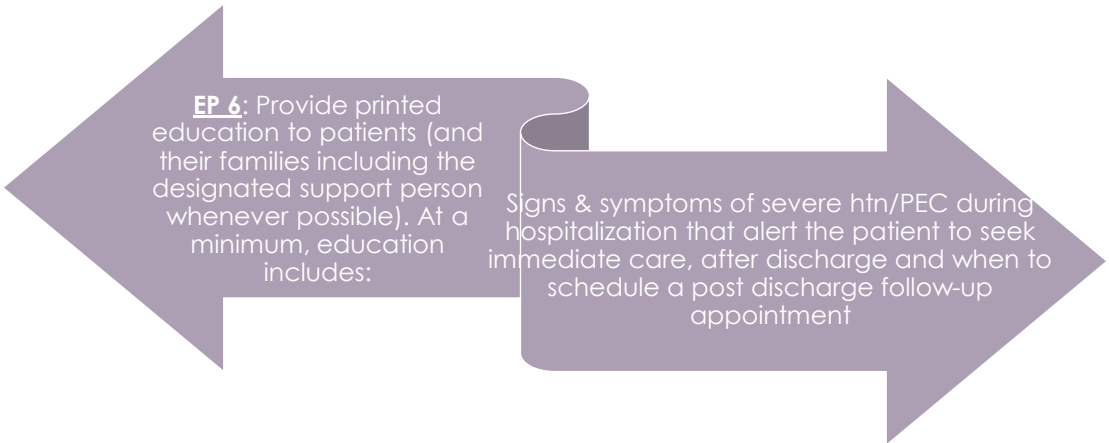
Facilitate and assure linkage to relevant services in outpatient settings for care identified for postpartum risk factors.

# Patient Education: Element of Performance (EP) 7

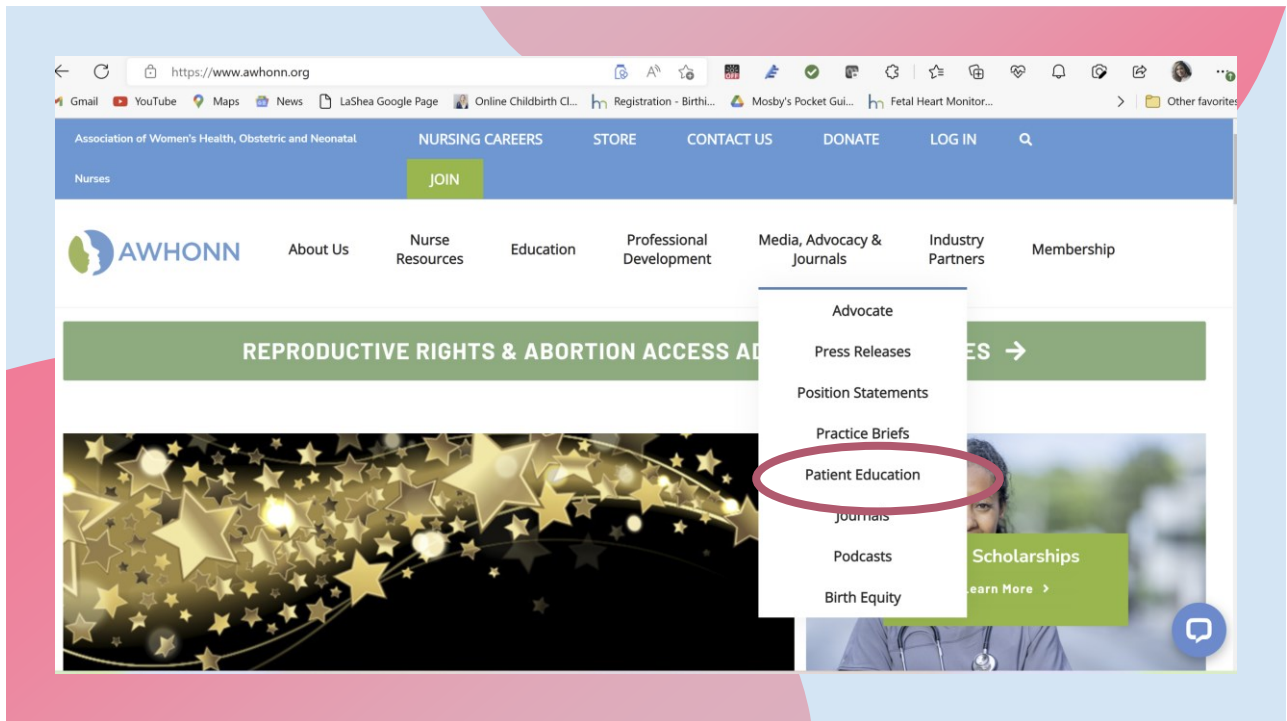
**EP 7:** Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

AWHONN Post-birth Warning Signs Tools

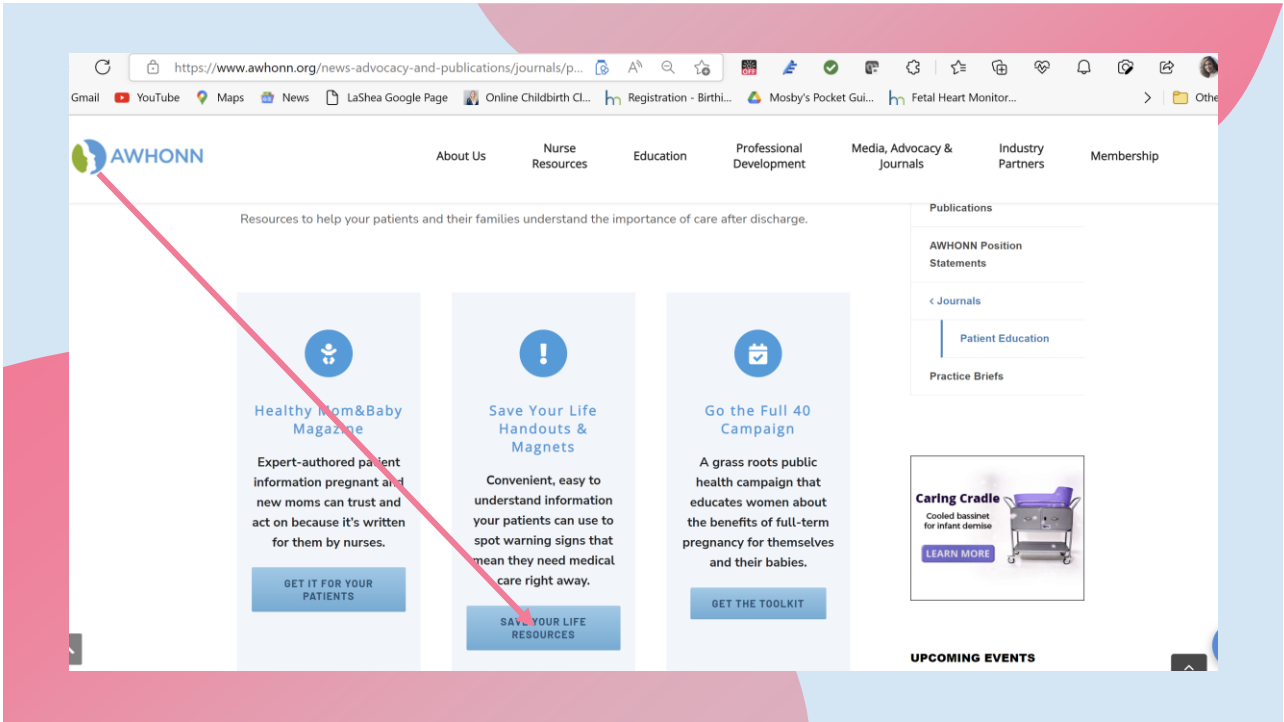
# ***Patient Education: (EP) 6 Maternal Severe hypertension/preeclampsia***



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# AWHONN Post-birth Warning Signs Tools

**SAVE YOUR LIFE:** Get Care for These **POST-BIRTH Warning Signs**

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

**Call 911**  
If you have:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

**POST-BIRTH WARNING SIGNS**

**Call your healthcare provider**  
If you have:

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

**Trust your instincts.** ALWAYS get medical care if you are not feeling well or have questions or concerns.

**Tell 911 or your healthcare provider:** "I had a baby on \_\_\_\_\_ and I am having \_\_\_\_\_"

POST-BIRTH Warning Signs: Postpartum Discharge Education Checklist	
<p><b>Pulmonary Embolism</b></p> <p>What is Pulmonary Embolism?</p> <p>Signs of Pulmonary Embolism</p> <p>Obtaining Immediate Care</p> <p>RN initials _____ Date _____ Family/support person present? YES / NO</p>	<p><b>Essential Teaching for Women</b></p> <p>Pulmonary embolism is a blood clot that has traveled to your lung.</p> <ul style="list-style-type: none"> <li>• Shortness of breath at rest (e.g., tachypnea; shallow, rapid respirations)</li> <li>• Chest pain that worsens when coughing</li> <li>• Change in level of consciousness</li> </ul> <p>Call 911 or go to nearest emergency room <b>RIGHT AWAY.</b></p>
<p><b>Cardiac (Heart) Disease</b></p> <p>What is Cardiac Disease?</p> <p>Signs of Potential Cardiac Emergency</p> <p>Obtaining Immediate Care</p> <p>RN initials _____ Date _____ Family/support person present? YES / NO</p>	<p><b>Essential Teaching for Women</b></p> <p>Cardiac disease is when your heart is not working as well as it should and can include a number of disorders that may have different signs and symptoms.</p> <ul style="list-style-type: none"> <li>• Shortness of breath or difficulty breathing</li> <li>• Heart palpitations (feeling that your heart is racing)</li> <li>• Chest pain or pressure</li> </ul> <p>Call 911 or go to nearest emergency room <b>RIGHT AWAY.</b></p>
<p><b>Hypertensive Disorders of Pregnancy</b></p> <p>What is Severe Hypertension?</p> <p>Signs of Severe Hypertension</p> <p>What is Preeclampsia/Eclampsia?</p> <p>Signs of Preeclampsia</p>	<p><b>Essential Teaching for Women</b></p> <p>Hypertension is when your blood pressure is much higher than it should be.</p> <ul style="list-style-type: none"> <li>• Severe constant headache that does not respond to over-the-counter pain medicine, rest, and/or hydration</li> </ul> <p>Preeclampsia is a complication of pregnancy that includes high blood pressure and signs of damage to other organ systems. Eclampsia is the convulsive phase of preeclampsia, characterized by seizures.</p> <ul style="list-style-type: none"> <li>• Severe constant headache that does not respond to pain medicine, rest, and/or hydration</li> <li>• Changes in vision, seeing spots, or flashing lights</li> <li>• Pain in the upper right abdominal area</li> <li>• Swelling of face, hands, and/or legs more than what you would expect</li> </ul>

Suplee, P. D., Kleppel, L., Santa-Donato, A., & Bingham, D. (December 2016/January 2017). Improving postpartum education about warning signs of maternal morbidity and mortality. *Nursing for Women's Health*, (553-567). Permissions given by AWHONN for use of this slide

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# Patient Education Materials

The image displays three patient education materials from the Preeclampsia Foundation. The first is a pink and white poster titled 'Take Heart Take Care' which states 'Preeclampsia may lead to heart disease, stroke, and high blood pressure'. The second is a red and white poster titled 'Look out for Preeclampsia' which says 'It's serious. Any pregnant woman can get it.' and lists warning signs like blurry vision and severe headaches. The third is an orange and white poster titled 'Postpartum Preeclampsia' which says 'You are STILL AT RISK after your baby is born!' and lists risks like seizures and stroke.

[www.preeclampsia.org](http://www.preeclampsia.org)

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## Cardiac Consultations & Proper Follow-up

<https://georgiapqc.org/cardiac-education>

The poster is titled 'PEACH Pregnant and Postpartum Heart Disease Warning Signs'. It lists five warning signs: Palpitations (Heart beating too fast or skipping beats), Edema (Swelling in your hands or feet), Abnormal Breathing (Hard time catching your breath), Chest Pains, and High Blood Pressure. It includes the Georgia Perinatal Quality Collaborative logo and a QR code for more information.

# Postpartum Follow-up Checklist

Md appts

Medicaid expansion

Specialist

Transportation

Resources (literacy and language)

Collaboration with case management, social work, mental health care providers

2024

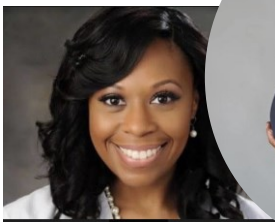
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## Case Studies



2022



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## *Hypertensive Crisis*

NSVD 27yo G3P2 Postpartum patient

0031- 147/92 (RN notified)

00:46 - 151/98

01:16 - 161/110 (RN notified. Pt vomiting, will continue to monitor)

0900 - Dr. Smiley on unit assessing patient aware of vital signs. Lopressor ordered patient updated on POC.

1345 - Elevated BP pharmacy notified for need for prn hydralazine

15:40 - 157/95 PRN hydralazine given

1945 - 167/111 Reported to RN

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## *Hypertensive Crisis*

2131 – 156/114 Reported to RN, DR. Smiley notified , orders received

4/04/13 14:15 187/118 5 mg hydralazine given

1420 – 161/108 10 mg hydralazine given IVP

1425 – 153/96 patient states pain is 10 ache, abdomen, constant

2129 - 183/119 Nurse made aware of blood pressure, ambulate to bathroom

21:50 – 181/106 Pt declined walk to NICU, pt did remove dressing in the shower understands needs to come off tonight

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## *Hypertensive Crisis*

22:56 - Dr. Smiley on unit changed hydralazine order

0005 - 181/111 Nurse is aware of BP

0030 - 186/11 Pt denies need for pain medication

0403 - 166/102 Pt denies need for medication

0600 - 171/111 PT states pain 5

0755 - 171/100 Page to Dr. Smiley 25 mg hydralazine given

08:21 - Pt states had severe HA since 0500, reports she sees stars out of her right eye, charge nurse and manager notified. left side of head throbbing

0909 - Pt has right flank pain, Dr. Smiley off campus, rapid response called, Pt taken to CT scan and transferred to Neuro ICU

9/3/20XX

Presentation Title

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### **Case study: PP complained of C/O significant amount of pain repeatedly for 2 days**

- Constant ongoing pain stated and charted throughout patient stay that was medicated but not addressed with MD. Patient with normal vaginal delivery shouldn't have constant ongoing pain for 2 days without further investigation
- 06/13 0612 pain was 5
- 06/13 1435 pain 8 ongoing constant pain stated, (should have escalated that assessment to charge nurse or Md) there was not appropriate one hour follow-up with increased pain score
- 1435 pain 8 ongoing constant pain stated, (should have escalated that assessment to charge nurse or Md) there was not appropriate one hour follow-up with increased pain score
- 1630 Heart rate 123, 1637 HR 136, 1639 HR 129
- 1749 pain 5 patient still states pain is constant and ongoing.
- 1911 pain documented 7 (ongoing on Pain assessment)
- 0338 pain score is 10. Patient states this is different from other 7 deliveries.

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**PP complained of C/O significant amount of pain repeatedly for 2 days**

PT was unable to use BR alone needed assistance from 2 more nurses

PT ultrasound noted large amount of blood in abdomen @1115am .

Chain of command escalated to charge nurse but not until resolved and MD wasn't paged stat until uterine rupture at 1651 pm.

Pt was not transferred to OR until 06/14 5:59pm

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*This feels  
different from  
any of my other  
delivieries*



2023

Mom Baby Laibility

34

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## 7 days PP Gestational Htn received Mag therapy

210	1222	1335	1355	1701	1738	1815	1926	2041	2205	0000	0205	0420	0437	0605	0802	0803
				97.7 ... Oral 90			96.2 ... Oral 88	96 (3... Oral 84		96.7 ... Oral 91					99.4 ... Oral 99	
84	75	85											85 93			99
18	20	20		18			18	18		18					18	18
167/97	169/102	172/119	148/97	160/108			166/105	135/92		123/79			143/89 155/100		160/105	145/97

"md on floor at front desk and aware of continued elevated blood pressures Plan in place for evaluating meds" (1pm)

"md aware of continued elevated blood pressures and will discuss plan with patient" (5pm) (Md note the next morning)

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## Discharge B/P's

Pt was readmitted PP cardiomyopathy, F/U was for one week, D/C labetalol 200mg BID

13:10:48	1420	1508	16:29:54
! 162/104		! 166/102	158/96
98.2 (36.8)			98.2 (36.8)
70		60	78
96			91

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# *Vaginal Del readmitted High BP's*

1656	1707	1719	1735	17:37:53	1820	18:47:42	1900
149/94	153/96			145/91 98 (26.7)		144/88 98.3 (26.9)	
82	81			Oral 89		Oral 78	
				16		18	
				97		97	
				Able to bend k...	Able to lift butt...		
				No Blurred * <input type="checkbox"/> Patient Denies	No Patient Denies <input type="checkbox"/> Patient Denies		

Pt is symptomatic c/o blurred vision

Pt admitted to missing meds while caring for baby, F/U was in 5 weeks from delivery.

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# *Their side of the story....*

- **Key Principles**
- Advocate for patients that need additional resources
- Advocate for our babies by ensuring pediatric appts are made before discharge
- Ensure discharge instructions are provided to both the parents and grandparents if needed



# Their side of the story.....

## Lashonda Hazard



2022

## Facebook posts



[www.perinalpotpourri.com](http://www.perinalpotpourri.com)

## Dies an hour later



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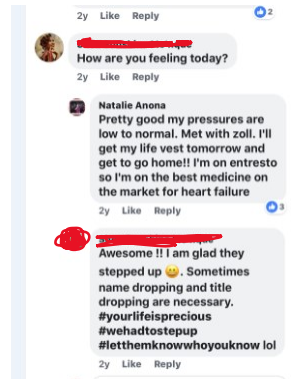
# Cardiomyopathy Survivor



G2P1 History of Asthma, had increased Bp's during pregnancy and 5000msl fluid during her L & D stav



I was truly blessed today.....my heart is so full!!!!



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## *Their side of the story....*



YoLanda Mention of Nesmith, South Carolina, at her baby shower in 2015. Mention's blood pressure rose to dangerous levels after she gave birth to baby Serenity, and despite returning to the hospital ER, she suffered a stroke and died a few days later. Show less ^

**Hospitals know how to protect mothers. They just aren't doing it.**

Alison Young, USA TODAY

Updated 4:54 p.m. EDT July 27, 2018

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## *Resources for PPH Survivors*

[HTTP://WWW.AFTERTHEICU.ORG](http://www.aftertheicu.org)

[HTTP://WWW.AFTERTRAUMA.ORG](http://www.aftertrauma.org)

[HTTP://AFESUPPORT.ORG](http://afesupport.org)

[HTTP:WWW.HEALTHTALK.ORG](http://www.healthtalk.org)

[HTTP://WWW.HOPEFORACCRETA.ORG](http://www.hopeforaccreta.org)

[WWW.MARCHOFDIMES.ORG/PREGNANCY/POSTPARTUM-HEMORRHAGE.ASPX](http://www.marchofdimess.org/pregnancy/postpartum-hemorrhage.aspx)

[WWW.POSTPARTUM.NET](http://www.postpartum.net)

[WWW.PREECLAMPSIA.ORG](http://www.preeclampsia.org)

[HTTP://PATCH.ORG](http://patch.org)

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- Lower Extremity Nerve Injury in Childbirth: AWHONN Practice Brief Number 11 et al. Nursing for Women's Health 2020
- Nursing Care and Management of the Second Stage of Labor (3rd ed.), by the Association of Women's Health, Obstetric and Neonatal Nurses, 2018, Washington, DC:
- <https://georgiapqc.org/cardiac-education>
- [march-mmrt-meeting-summary-2024](#)

2022

[www.perinatalpotpourri.com](http://www.perinatalpotpourri.com)

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## Thank you

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