



Postpartum Discharge Education:

The Nurses' Role in Preventing Maternal Morbidity & Mortality



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Process Improvement Project

- An educational patient handout was developed by the NMCSD Maternal Child Executive Committee
- Project goals include:
 - To address concerns regarding rising rates of maternal morbidity & mortality during the postpartum period by educating nurses and patients about potential warning signs
 - Creating an educational handout to be given to **all** patients discharged from MIND
 - Increase RN awareness of potential warning signs that may indicate complications
 - Create a standardized message about warning signs and incorporate them into postpartum discharge education for **all** women

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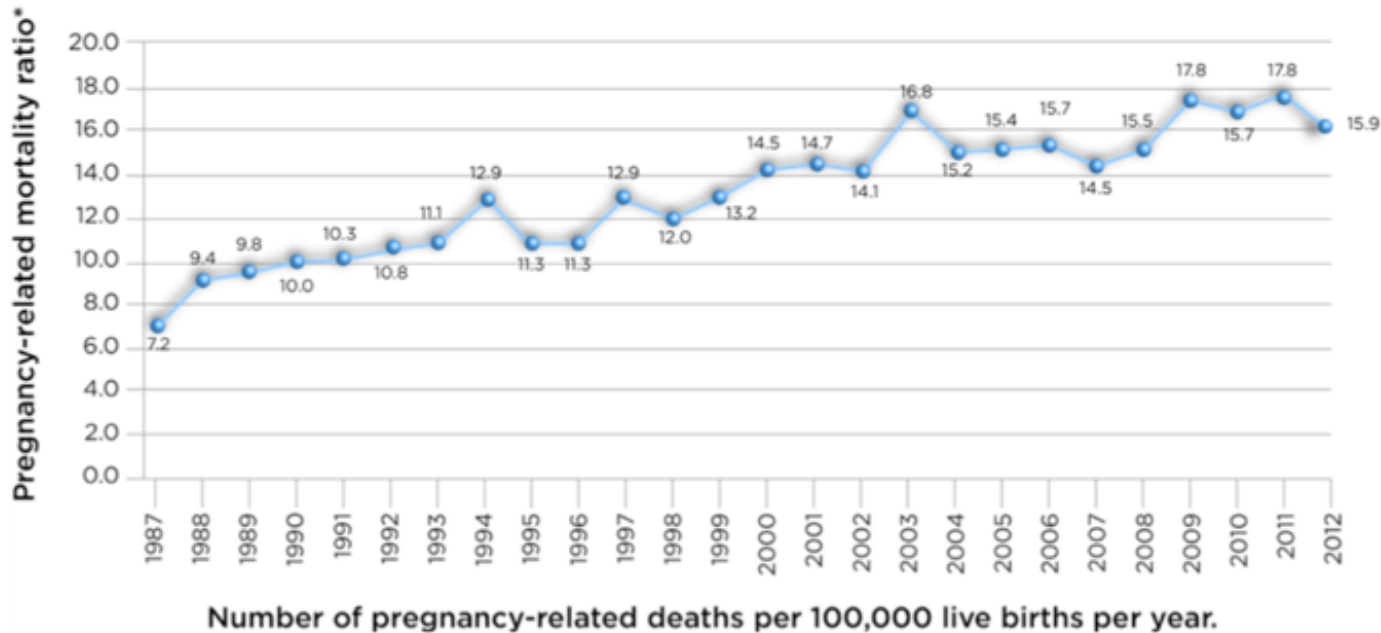
Background

- The problem
 - In the U.S., maternal morbidity & mortality is rising
 - More than 600 women die each year in the U.S. as a result of pregnancy or childbirth complications
 - A majority of maternal deaths occur in the postpartum period
- The message
 - Nurses play a pivotal role in the education process of new mothers
 - Teaching postpartum women to recognize warning signs can empower them to obtain medical care when needed
- The integration
 - It is important to incorporate the message into postpartum teaching for **all** women prior to hospital discharge

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Trends in U.S. Pregnancy Related Mortality

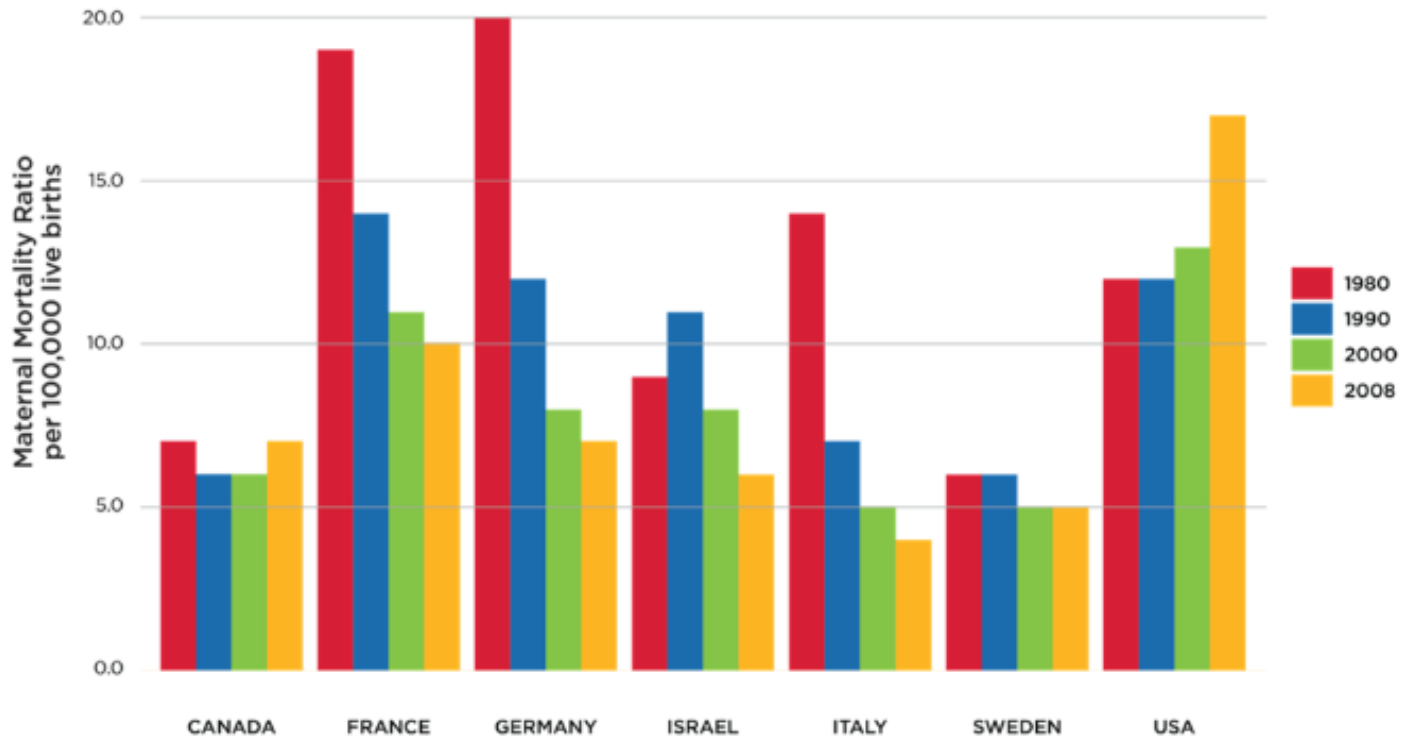


Centers for Disease Control and Prevention. (2016). *Pregnancy mortality surveillance system*. Retrieved from <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

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Comparison to other Developed Countries

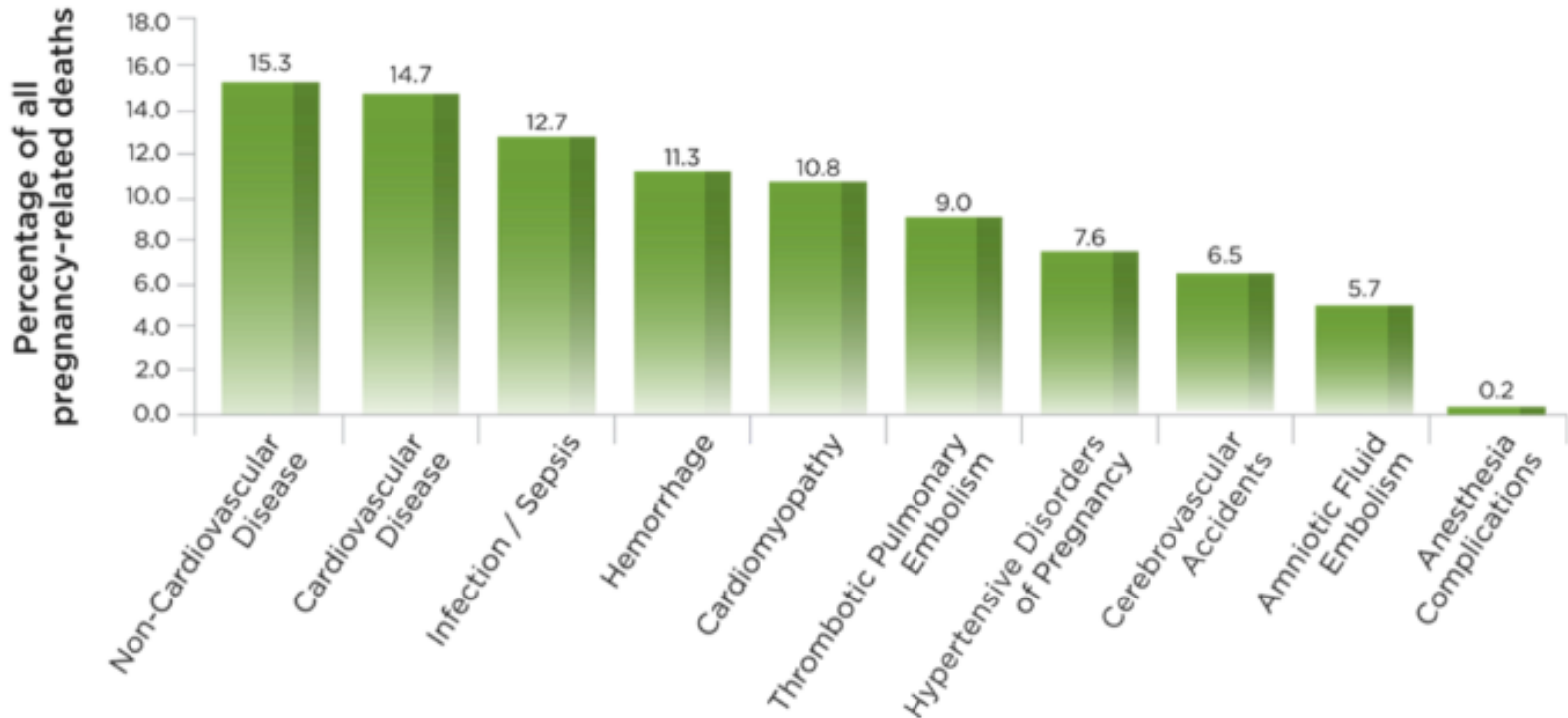


Hogan, M. C., Foreman, K. J., Naghavi, M., Ahn, S. Y., Wang, M., Makela, S. M., . . . Murray, C. J. (2010). Maternal mortality for 181 countries, 1980–2008: A systematic analysis of progress towards Millennium Development Goal 5. *Lancet*, 375(9726), 1609–1623. doi:[10.1016/S0140-6736\(10\)60518-1](https://doi.org/10.1016/S0140-6736(10)60518-1)

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Causes of Maternal Mortality in the U.S.



Note: The cause of death is unknown for 6.2% of all pregnancy-related deaths.

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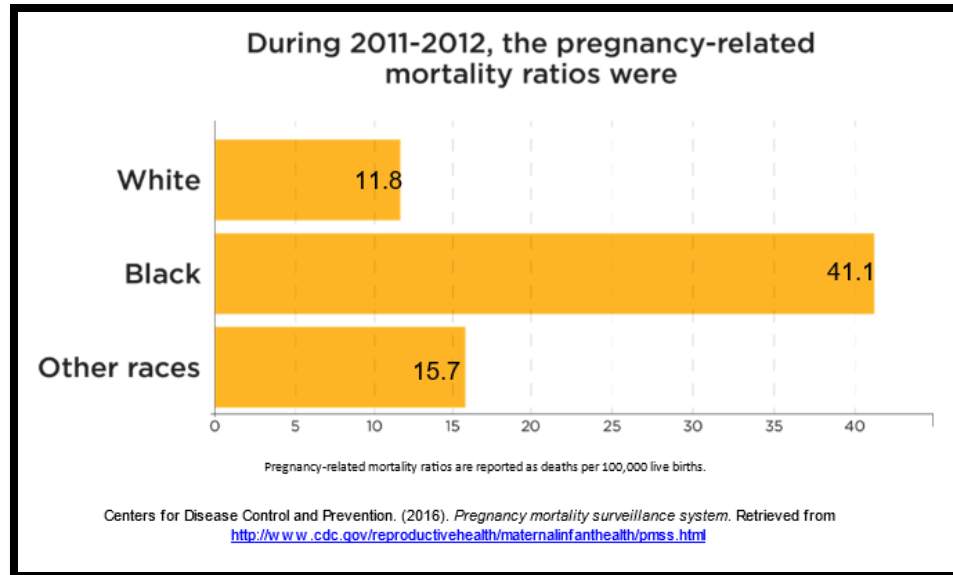
Why the rise?

- **Any** woman can experience complications of pregnancy & childbirth up to 1 year after delivery
- However, we see a rise in rates (in part) due to:
 - Better reporting & surveillance
 - Increase in maternal age at conception
 - Increase in obesity rates
 - Increase in chronic diseases (heart disease, HTN, and diabetes)

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Racial Disparities



In the U.S., black women are 3-4 times more likely to die from a pregnancy-related death as white women and almost 3 times as likely to die from pregnancy-related causes as women of all other races.

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Discharge Education Concerns

- Most discharge teaching is focused on care of the infant
- Women receive inconsistent or inaccurate information about postpartum warning signs
- Warning signs are taught to women believed to be at increased risk, rather than to ***all*** postpartum women

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Discharge Education Improvement

- All postpartum women should:
 - Recognize the signs & symptoms of childbirth complications that can occur after hospital discharge
 - Respond by calling 911, going to the nearest hospital, or calling a healthcare provider
 - Remember to tell all healthcare providers the date of childbirth

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Consistent Messages

- It is important to provide consistent teaching about potential postpartum complications into discharge education for **all** postpartum women before hospital discharge
 - Be sure to include family or support person in discharge education too!
 - Regardless of identified risk, you may save lives!

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Potential Barriers to Education



- New mothers
 - Fatigued, physical & emotional changes, presence of many family members/visitor, focus on the baby, information overload
- Nurses
 - Limited time with new mothers
 - Volume of material to discuss during discharge teaching
 - Reluctance to talk about difficult topics

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Essential Teaching Points

- Pulmonary Embolism
 - SOB, CP that worsens when coughing, change in level of consciousness
- Cardiac Disease
 - SOB or difficulty breathing, heart palpitations, chest pain or pressure
- Hypertensive Disorders of Pregnancy
 - Severe constant headache that does not respond to over-the-counter pain medication, rest and/or hydration; changes in vision, pain in the upper right abdominal area; swelling of the face, hand, and/or legs; Change in the level of consciousness; Seizures
- Obstetric Hemorrhage
 - Bleeding through more than 1 pad/hr x 2 hrs; passing clots larger than an egg

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Essential Teaching Points

(continued)

- Venous Thromboembolism
 - Leg pain, tender to touch, burning or redness, particularly in the calf area; Swelling of one leg more than the other
- Infection
 - Temperature greater than 100.4; Foul smelling blood or discharge from the vagina; Increased redness or discharge from episiotomy or C-Section site or open wound not healing
- Postpartum Depression
 - Thoughts of harming self or baby; Feeling out of control, unable to care for self or baby; Feeling depressed or sad most of the day every day; trouble sleeping or sleeping too much; Difficulty bonding with baby

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Patient Handout

POSTPARTUM WARNING SIGNS – GET CARE IF YOU HAVE THESE SYMPTOMS



Call 911 or go to the nearest emergency room right away for:
Chest pain; Difficulty breathing; Seizures; Thoughts of hurting yourself or your baby



High Blood Pressure: Preeclampsia/Eclampsia

- High blood pressure can develop or worsen postpartum
- **Symptoms:** headache, vision changes, upper abdominal or right upper quadrant pain
- Risks: seizures, stroke, death
- You should return to the hospital for evaluation if you have symptoms



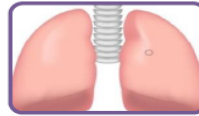
Heavy Bleeding

- Some bleeding is normal, however, heavy bleeding can occur and needs evaluation
- **Symptoms:** bleeding through one pad an hour for two hours, or passing clots larger than an egg
- Risks: loss of consciousness, death
- You should return to the hospital if you have heavy bleeding



Infection

- Infections can develop postpartum and can come from a variety of sources
- **Symptoms:** fever more than 100.4 °F, chills, body aches, or an incision that is not healing
- Risks: severe infection, sepsis, death
- You should return to the hospital for evaluation if you have a fever



Blood Clots: Deep Vein Thrombosis/ Pulmonary Embolism

- Blood clots can develop in the leg or lung postpartum
- **Symptoms:** shortness of breath at rest, chest pain, loss of consciousness, leg swelling that is painful or warm to touch
- Risks include: low oxygen to vital organs, death
- You should return to the hospital for evaluation if you have symptoms

GET HELP! Always get care if you are not feeling well or have questions

Tell your healthcare provider: “I had a baby on _____ and I am having _____”
(Date) (Specific warning signs)

NMCSOB/GYN Clinic # 619-532-7082, Afterhours # 800-453-0491 (option 1), NTC Clinic #619-524-6195
Miramar Clinic # 858-577-6740, Labor & Delivery # 619-532-8865



Warning Signs

- Instruct your patients to:
 - Call 911 or go to the nearest emergency room right away for:
 - Chest pain
 - Difficulty breathing
 - Seizures
 - Thoughts of hurting yourself or your baby



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HTN: Preeclampsia/Eclampsia

- High blood pressure can develop or worsen postpartum
- **Symptoms:** *headache, vision changes, upper abdominal or right upper quadrant pain*
- Risks: seizures, stroke, death
- Teach patients to return to the hospital for evaluation if they have these symptoms



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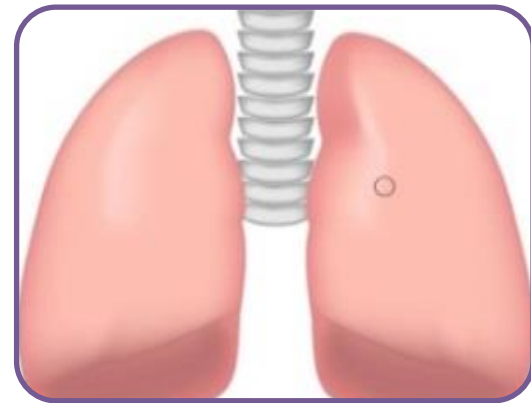


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Blood Clots: DVT/PE

- Blood clots can develop in the leg or lung postpartum
- **Symptoms:** *shortness of breath at rest, chest pain, loss of consciousness, leg swelling that is painful or warm to touch*
- Risks include: low oxygen to vital organs, death
- You should return to the hospital for evaluation if you have symptoms
- Teach patients to return to the hospital for evaluation if they have these symptoms



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Empower your Patients

- Patients should be encouraged to always get care if they are not feeling well or have questions
 - Better to have a patient come in for reassurance than to miss a potential warning sign
- Teach mothers to call 911 if they have:
 - Chest pain
 - Difficulty breathing
 - Seizures
 - Thoughts of hurting themselves or their baby
- Teach mothers to call their healthcare provider or clinic for:
 - Signs & symptoms of HTN (Preeclampsia/Eclampsia)
 - Heavy bleeding
 - Signs & symptoms of infection
 - Signs & symptoms of DVT/PE

**Tell patients if symptoms worsen or healthcare provider can't be reached, call 911 or go to the nearest Emergency Room*

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Essential Message for Patients:

GET HELP! Always get care if you are not feeling well or have questions

Tell your healthcare provider: “I had a baby on _____ and I am having _____”
(Date) (Specific warning signs)

**Offering this information is especially important
for women who present to the emergency room
for treatment of their symptoms**

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Implications for Practice

- Having a focused discussion with women regarding potential complications of childbirth utilizing a **consistent message** may help decrease the rates of maternal morbidity & mortality after discharge
- Implementation of this Postpartum Patient Education handout can improve the quality of care we provide at NMCS D



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Thank you 😊



References:

Association of Women's Health, Obstetric and Neonatal Nurses (2021). POST-BIRTH Education Program. Available at: <https://www.awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/>

Centers for Disease Control and Prevention (2017). Pregnancy Mortality Surveillance System. Retrieved 20 JUN 2017 from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

Supple, P.D., Kleppel, L., Santa-Donato, A., & Bingham, D. (2017). Improving Postpartum Education About Warning Signs of Maternal Morbidity and Mortality. *Nursing for Women's Health*; 20(6);552-567.

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