

Potential preventability of severe obstetric haemorrhage



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Abstract

Introduction Obstetric haemorrhage complicates up to 40% of all pregnancies¹.

Methods An 18 month national review of maternal ICU admissions.

Results 36% cases of severe obstetric haemorrhage were preventable, 23% resulted in hysterectomy.

Conclusion Obstetric haemorrhage may be modified through prompt recognition and treatment.

Methods

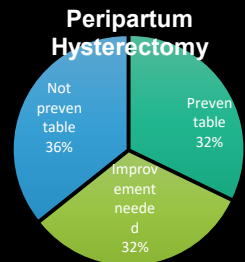
We conducted a review of ICU admissions including pregnant or post-partum women over 18 months.

Multi-disciplinary review panels were established to critically analyse cases using the Geller preventability model³.

The patient journey was reviewed for patient, provider and system factors that resulted from treatment delays, failures or inappropriate treatment.

Cases were finally deemed preventable, improvement needed or not preventable.

23% of cases ended in hysterectomy, 64% were preventable or needed improvement in care.



Conclusion

Although obstetric haemorrhage is common, recognition and treatment can be challenging.

There is an opportunity for improvement in maternity care via reduction in preventable SMM.

This requires myopic focus on individual clinical practice and strong leadership and support for training from governing bodies.

Objectives

Maternal mortality in Australasia is rare, as such maternity care standards are better assessed by analysis of severe maternal morbidity(SMM)².

We sought to describe the burden of disease and critically investigate for potential preventability.

Results

399 woman were admitted to ICU with SMM, most commonly this was due to haemorrhage (120).

43 (36%) were deemed potentially preventable commonly due to delays or failures in diagnosis and/or treatment.

56% of preventable cases revealed knowledge and training deficiencies.

References

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