

## Appendix AA: Sample Script: Provider - Patient Postpartum Hemorrhage Post-Event Discussion

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When discussing a traumatic event with patients and families, it is helpful to consider the following components in formulating a plan for debriefing with the patient.

Initial patient family meeting (after the event):

- ▶ Review clinical course (treatments/ procedures)
- ▶ Clarify facts
- ▶ Include patient and patient approved support persons
- ▶ Discuss the healthcare providers who were involved
- ▶ Utilize skilled communicators/interpreters as appropriate
- ▶ Decide who will lead the discussion

Plan what to say:

- ▶ Manage your emotions
- ▶ Acknowledge something unexpected and untoward has occurred
- ▶ Express regret and concern
- ▶ Listen to the family/patient respond to their needs/questions
- ▶ Address next steps
- ▶ Clearly delineate the contact person(s) for the family and when they can expect a follow-up discussion

This is an example of a *possible* conversation:

### Assess patient understanding

Can you tell me in a few words what you understand about hemorrhage and what you experienced after your delivery? What is your biggest concern?

### Overarching description

Postpartum hemorrhage is when a person has heavy bleeding after giving birth. In a non-hemorrhage situation, your uterus starts to contract after the placenta comes out. As the uterus contracts, it closes off blood vessels inside your uterus. In a postpartum hemorrhage, your uterus has some trouble contracting after your placenta comes out, which leaves the blood vessels inside your uterus open. You may remember us talking about risk assessment for hemorrhage when you were admitted to the birth center. Although you did not have any of the risk factors we look for, you still experienced a hemorrhage. This happens about 40% of the time.

### What happened

Your healthcare team was able to stop the heavy bleeding by rubbing on your belly, giving you medication in your IV, the shot that you may remember in your leg, and using a special balloon that we placed inside your uterus to put pressure on the bleeding vessels. The rubbing on your belly and the medications both work to help the uterus contract. We also gave you 2 units, or bags, of blood because blood carries oxygen around the body, and we want to make sure your body receives plenty of oxygen,

especially in this postpartum healing phase. I know that rubbing your belly and putting the balloon in can be very uncomfortable. I apologize for that and hope that the extra medication we put in your epidural helped.

### **What to expect**

Your nurse will be checking on you frequently, as she has been since the hemorrhage. We will be monitoring your blood work to be sure that you do not require additional blood. In the blood work, we are looking at your hemoglobin level – hemoglobin is the part of the blood that carries oxygen. The blood work will tell us if you are anemic, or if your hemoglobin level is too low. When people lose a good amount of blood, it can affect how they feel and recover.

I understand that the balloon can be uncomfortable and we will remove it as soon as possible, likely in a few hours. We will be able to give you some pain medication to keep you comfortable in the meantime. If you are breastfeeding, any medication we give you will be safe for breastfeeding. Most people do not experience more hemorrhaging once the balloon is removed, but we will be carefully watching to be sure that everything is as it should be. Your IV will stay in, in case we have to give you more medications, fluid, or blood. At this time, I don't think that you will have to stay in the hospital longer than you planned.

### **Pause for questions**

I have just given you a lot of information. What questions do you have about what I have just said? What is your expectation going forward?

### **Emphasize care and safety**

It's important for your postpartum recovery and long-term health that you understand what happened to you. If you start bleeding more when you get home and need to go to the emergency room, it's essential that you tell them that you recently gave birth and that you had a postpartum hemorrhage. If you decide to have more children, it will be important for you to discuss what happened in this pregnancy and delivery with your obstetric provider in your next pregnancy. It's also an intense experience, and I want to make sure you have the information you need in order to best process what happened. I know it may be difficult to remember everything we talked about, so you will be given a paper with this information on it to take home with you.

I will check in with your nurse during each shift and she will report anything unusual to me in the meantime. I (or introduce the provider partner who will be assuming care) will be back in the morning to see you. If you think of any more questions, write them on white board or share with your nurse and we (or the provider partner) can talk again tomorrow. I'm also happy to connect you with resources that may support you and provide a contact person who can answer future questions you may have about the care you received here.

*Improving Health Care Response to Obstetric Hemorrhage, a CMQCC Quality Improvement Toolkit, 2022*