

Act now to prevent postpartum hemorrhage



■ Boosting Energy ■ Nurse SUD ■ Home Care Nursing

Early recognition and response

Nurses work to prevent potentially fatal complication of childbirth

By Susan Trossman, RN

Although the United States can be credited with many scientific advances, from launching shuttles into space to helping map the human genome, it falls short in a startling way: avoiding preventable maternal deaths during childbirth. A leading cause of those deaths is postpartum hemorrhage (PPH).

Two to three women die every day in this country from pregnancy-related complications, according to the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Postpartum Hemorrhage Project (PPH Project).

"We have the highest maternal mortality rate among industrialized nations, and we're getting worse," said Emily Drake, PhD, RN, FAAN, president of AWHONN, an organizational affiliate of the American Nurses Association (ANA). "Nurses know this because we're seeing it."

The reasons behind it are multifactorial and include rising incidences of obesity and diabetes among women, the high number of cesarean sections performed in this country, a long-held practice of visually estimating blood loss, and a lack of standardized policies and procedures throughout healthcare facilities nationwide, according to Drake and other nurse experts.

Additionally, African-American women are disproportionately affected by birthing complications and are three to four times more likely to die from them than women from other racial or ethnic groups.

"We're used to thinking of the population giving birth—those 17 to 35 years old—as healthy and resilient," noted Lashea Wattie, MSN, Med, RNC, C-EFM, an AWHONN member and PPH Project leader in Georgia. Although generally true, that belief can lead healthcare professionals to initially deny that PPH



is occurring and subsequently delay needed interventions.

"Women bleeding to death in 2017 is shocking," added Robyn D'Oria, MA, RNC, APN, an AWHONN member and PPH Project leader in New Jersey. "What's even more upsetting is that experienced healthcare providers could fail to respond in a timely manner. By the time there are changes in vital signs, a woman is much more critical than they might believe."

AWHONN and its nurse members, however, are working to strengthen healthcare professionals' early response to PPH, as well as tackling other issues that place the lives of pregnant women and new mothers at risk.

Aiming to save lives

Research has shown that 54% to 93% of hemorrhage-related deaths of women who recently gave birth could have been prevented had nurses and other clinicians responded appropriately. Those alarming statistics spurred AWHONN to create the interdisciplinary PPH Project in June 2013. Its aims were to:

- promote equal access of evidence-based care practices to healthcare facilities
- support effective strategies to improve clinicians' recognition, readiness, and response to obstetric hemorrhage
- identify factors that facilitate and prevent practice improvements, as well as disseminate lessons learned.

Funded by a grant from Merck for Mothers, nearly 60 facilities in the District of Columbia, Georgia, and New Jersey participated in this quality improvement demonstration project.

"We identified leadership in each hospital within

nursing, anesthesia, and medicine, among other disciplines, and held a variety of webinars and conference calls on all aspects of the initiative,” D’Oria said. “We also employed a sophisticated data collection system that allowed hospitals to input and track data, including process as well as outcome measures such as the number of blood transfusions and the presence of a hemorrhage cart on the unit.”

Because of this quality improvement initiative, many of the participating facilities reported practice changes that resulted in positive patient outcomes, including fewer ICU admissions after delivery.

AWHONN’s *Quantification of Blood Loss* video, practice briefs, PPH poster, and other resources continue to be available online on the AWHONN and PPH Project websites. They cover topics such as quantifying blood loss, assessing risk, and administering oxytocin after birth.

Nurses from across the nation also had the opportunity to learn more about PPH and the PPH safety bundle developed as part of the Alliance for Innovation in Maternal Health (AIM) initiative at educational sessions held at AWHONN’s annual convention in June. AWHONN is a partner with AIM, a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the United States.



Evidence key to AWHONN initiatives

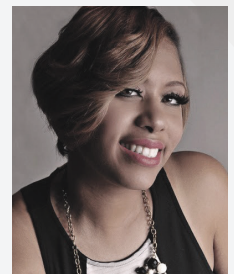
Central to the PPH Project and ongoing efforts is early recognition and intervention, and it’s why Wattie agreed to lead the demonstration project in her state. Georgia has one of the highest rates of maternal death in the nation for a number of reasons, including many women who have high-risk pregnancies and live in rural areas an hour or more away from a hospital, Wattie explained.

That said, Wattie added, “I knew that if we became proactive instead of reactive when patients were



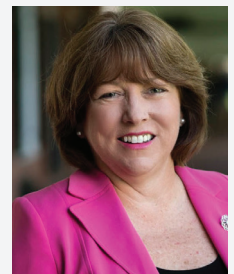
decompensating, we could save lives. One reason leading to denying [that a problem exists] and delaying treatment is underestimated blood loss.”

A common practice among healthcare professionals is examining blood-soaked items and saying, it “looks like” x milliliters, according to Wattie and other AWHONN nurses. AWHONN is urging nurses to quantify that loss by weighing items on a scale or using special containers or drapes to measure it.



Lashea Wattie

“Patients are so happy that the delivery is over that they may not tell you about their symptoms,” Drake said. So that golden hour after delivery is critical in terms of recognizing and responding to early signs and symptoms like dizziness and pallor.



Emily Drake

Another safety and response issue involves poor planning around resources, such as not having enough staff at some facilities or enough units of blood over weekends and holidays. “But babies are born 24/7,” said Wattie, whose goal is to get all 88 of the birthing hospitals in Georgia on board with the PPH initiative strategies. (Twenty-five were involved in the PPH demonstration project.)



Robyn D’Oria

D’Oria added that another key component of PPH prevention is conducting a risk assessment before and throughout the labor and delivery. “Some women may be at risk for hemorrhage prior to labor while others are not. However, a woman’s condition is dynamic, and it is important to be alert to changes that may make her more prone to hemorrhage either during delivery or postpartum.”

A nonpunitive debriefing after an event also is important, Wattie said.

Building momentum

“The PPH Project has given us a great platform to move forward with PPH prevention and other initiatives, and AWHONN has been at the forefront,” D’Oria said. “I’ve seen such momentum now at the grassroots level, such as healthcare professionals

who now quantify blood loss rather than estimate it,” she said. “It’s really changing practice and making a safer environment for women attainable.”

Drake said that physicians and other healthcare professionals have been very receptive to AWHONN’s PPH prevention strategies because they see results. For example, starting in the 1980s, physicians became reluctant to transfuse patients. Now, when presented with evidence—particularly quantified blood loss—they’re willing to respond promptly with transfusions.

“Our nurses want to make births safer and save lives,” Drake said. “These [PPH strategies] provide clinicians with something tangible that we hope will turn the tide on maternal mortality.”

— Susan Trossman is a writer-editor at ANA.



Resources

For more information, visit the following websites:

- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN): awhonn.org
- AWHONN Postpartum Hemorrhage Project: pphproject.org
- Council on Patient Safety in Women’s Health Care: safehealthcareforeverywoman.org

New Zika guidance for pregnant women from CDC

The Centers for Disease Control and Prevention (CDC) has updated its interim guidance for health care professionals caring for pregnant women with possible Zika virus exposure.

According to the July 24 *Morbidity and Mortality Weekly Report (MMWR)*, the dropping prevalence of Zika virus disease in the Americas since last year, plus new evidence indicating that Zika virus immunoglobulin M (IgM) antibodies can be detected far longer than previously thought, prompted the update.

The agency urged healthcare providers to consider these limitations when counseling pregnant women about the risks and benefits of testing for Zika virus infection during pregnancy. Key recommendations include:

- All pregnant women in the United States and U.S. territories should be asked at every prenatal care visit about possible Zika virus exposure before and during the current pregnancy.
- Pregnant women with recent possible Zika virus exposure and symptoms of Zika virus disease should be tested to determine the cause of their symptoms. The revised guidance calls for concurrent Zika virus nucleic acid test (NAT) and serologic testing as soon as possible through 12 weeks after symptom onset.

- Asymptomatic pregnant women with ongoing possible Zika virus exposure should be offered Zika virus NAT testing three times during pregnancy. The optimal timing and frequency of such testing is unknown.
- Asymptomatic pregnant women who have recent possible Zika virus exposure but no ongoing possible exposure are not routinely recommended to have Zika virus testing.
- Pregnant women with recent possible Zika virus exposure who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome should receive Zika virus testing to help establish the etiology of the birth defects. Testing in this instance should include both NAT and IgM testing.



CDC resources on Zika, including more information about the updated guidelines, are available at cdc.gov/zika/.

Recover energy, find balance, and reduce stress

By Chris Jordan, MS, CSCS, NSCA-CPT, ACSM EP-C/APT

An axiom of the healthcare world is that the better care health providers give to themselves, the better care they give to their patients. In many cases, that provider is a nurse. Unfortunately, a multiyear study from the American Nurses Association discovered that from 2013 to 2014, 82% of nurses rated workplace stress as the number one health and safety risk in the work environment.

With a focus squarely on caring for patients, it's easy for nurses to neglect their own needs, on and off the clock. According to a survey by Kronos Inc., health-care professionals who don't eat or sleep well com-

pound their stress, and a quarter admit to making medical errors due to fatigue.

It's critical to address the growing problem of nurse stress and burnout and to invest in the health and wellbeing of nurses. Most health systems have employee wellness programs, yet the negative effects of stress remain. This leads to the question of what nurses can do on their own when they're facing stress.

Through science-based approaches to sustainable behavior change developed at the Johnson & Johnson Human Performance Institute, we've found that nurses can incorporate techniques into their daily routines to manage and boost their energy levels and be more resilient to stress. Here are simple approaches nurses can use to recover their energy levels and find balance both at work and in their personal lives.

Physical activity, movement, and exercise

At work, if you are standing and walking most of the day, aim to sit down for 1 to 2 minutes every hour to allow your body to recover some energy. Conversely, if your job requires sitting for most of your shift, try to get up and move around for a few minutes every hour. Too much prolonged sitting or too much prolonged physical activity can leave you fatigued. Alternate regularly between sitting and moving to sustain your energy levels.

Try deep breathing for 1 to 2 minutes every hour to help relax your mind and body.

Go for a brisk 10-minute walk as soon as you get home to de-stress and boost your energy levels.

You can also use a fitness tracker to remind you to get up and move regularly, to accumulate steps and other physical activity to improve your fitness and health (which can help energy levels), and even provide feedback on your sleep quality and quantity.

Nutrition

Eat "breakfast" within one hour of waking up before you start your shift.

Use your mobile device or partner with a coworker to remind you to eat something every 3 hours (plus or minus an hour) to help sustain your energy levels.

You can add even more "mileage" to your mobile device by using an app to track the calories you're consuming. In general, aim for a 100- to 150-calorie low-glycemic snack (for example, 1 cup of low-fat yogurt, 15 almonds, 1 large apple or pear, or half a nutrition bar) to bridge the gap between meals.

Stay hydrated by sipping water throughout the day.

Sleep

Aim to get 7 to 9 hours of quality sleep each night.

Start winding down 1 to 2 hours before you would like to fall asleep. Create a bedtime routine to help your body prepare: change into bedclothes, dim the lights, read a chapter of a book, and try deep breathing exercises.

Don't lie in bed awake for more than 20 minutes. Get up and do something relaxing until you feel sleepy.

It's unlikely that the stressors in healthcare environments are going to go away. Equipping nurses to manage their energy levels and expand their energy capacity can help them be more resilient and become their best selves at work and home.

— Chris Jordan is director of exercise physiology at the Johnson & Johnson Human Performance Institute in Orlando, Florida.

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What to do when a colleague is impaired

To: **Ethics Advisory Board**

From: **Medical-surgical staff nurse**

Subject: **Substance use disorder**

Recently I discovered a colleague on my unit impaired by substance use disorder (SUD). What should I do to protect patients from harm, while keeping the nurse's health condition confidential? I am also concerned about complying with state laws and following our facility's employment policies.



A growing body of professional standards affirms that SUD alone is not a moral failing or punishable crime. The Code's Interpretive Statement 3.6 states, "The nurse's duty is to take action to protect patients and to ensure that the impaired individual receives assistance. This process begins with consulting supervisory personnel, followed by approaching the individual in a clear and supportive manner and by helping the individual access appropriate resources. The nurse should extend compassion and caring to colleagues throughout the processes of identification, remediation, and recovery. Care must also be taken in identifying any impairment in one's own practice and in seeking immediate assistance."

Recently, ANA endorsed the position statement from the Emergency Nurses Association and the International Nursing Society on Addictions, which recognizes this stance and calls on facilities to "adopt alternative-to-discipline approaches to treating nurses and nursing students...with stated goals of retention, rehabilitation, and re-entry into safe, professional practice." Similarly, the National Council of State Boards of Nursing recognizes SUD as an illness in which early diagnosis and treatment results in improved patient safety, recovery, and return to work

for the involved nurse.

From: **ANA Center for Ethics and Human Rights**

The social contract between the nursing profession and society involves the privilege of being granted a license in exchange for our promise to serve the public's interest in optimal health. This includes protecting society from the harm of unsafe nursing practice.

While state boards of nursing enforce laws to regulate practice, our profession's *Code of Ethics for Nurses with Interpretive Statements*, written and revised by the American Nurses Association (ANA) for roughly a century, goes above and beyond the law. It's the non-negotiable ethical standard to which nurses adhere.

That standard places the nurse's first duty to the patient. Provision 3.0 states, "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient." This is a far-reaching provision that encompasses our mandate to protect human research subjects, our authority and responsibility to report adverse events and "near misses," and our individual and joint obligation to *both* protect patients from impaired nursing practice *and* to help sick, impaired colleagues get needed treatment while acting to protect them from undue punishment for being sick.

Nurses frequently assess complex problems, synthesize and reason the multiple intervening factors at play, and act to prioritize the interventions needed to improve the situation. That skill set and our ethical mandate enables any nurse in the situation posed by our writer to work with appropriate supervisors and the ill colleague in protecting patients while helping the ill colleague get the help and treatment needed to holistically heal.

Response by Eileen Weber, DNP, JD, BSN, PHN, RN, member of the ANA Ethics and Human Rights Advisory Board.

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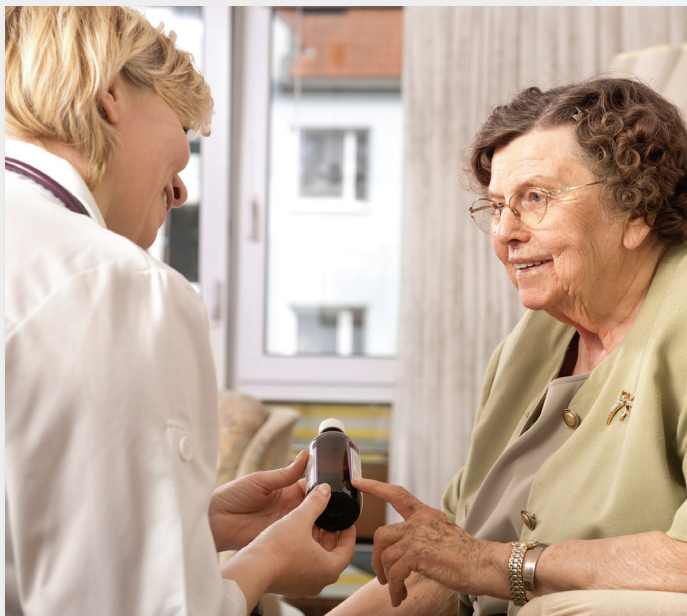
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Study finds ANCC Pathway to Excellence® standards may improve quality of home nursing care

A new study used standards outlined in the American Nurses Credentialing Center (ANCC) Pathway to Excellence® Program to investigate how positive practice environments affect nursing workforce outcomes and patient care quality in home care.

The study, conducted by researchers from the University of Pennsylvania School of Nursing's Center for Health Outcomes and Policy Research (CHOPR) and Rutgers University School of Nursing, was available online ahead of print in the journal *Nursing Outlook*.

Authors Olga F. Jarrín, PhD, RN; Youjeong Kang, PhD, MPH, CCRN; and Linda H. Aiken, PhD, FAAN, FRCN, relied on survey data collected from nearly 3,500 home care RNs in more than 800 home care agencies between 2006 and 2007. The survey asked questions regarding nurses' autonomy, the health and safety of the work environment, opportunities for professional development, quality of nursing management, and other standards of workplace excellence outlined in the ANCC Pathway to Excellence Program. The researchers categorized home care agencies into poor, mixed, and better work environments.



“There has been a lot of research on the topic of hospital work environments, but very little on home care,” said Jarrín, an assistant professor at Rutgers University School of Nursing and a senior fellow at CHOPR. “Given that the homebound elderly and community-dwelling disabled are a particularly vulnerable population, our question was, to what extent is the work environment in home care agencies related to the quality of care nurses provide to patients in their homes?”



Nurses in better work environments were less than half as likely to report missing necessary care coordination, counseling, or education of patients and their caregivers. RNs in better work environments were also less likely to report burnout, job dissatisfaction, and intentions to leave their jobs compared to nurses working in agencies with poor work environments.

“This study provides the best evidence to date that better home care agency work environments and patient care can be expected from home care agencies that achieve Pathway to Excellence designation,” said Jarrín, a Pennsylvania State Nurses Association member.

In addition to improving quality of care, Jarrín noted that supportive work environments and manageable workloads also may improve retention rates at home care agencies.

“The results of Dr. Jarrín’s study are consistent with those found in acute care settings about the benefits of empowering and supportive work environments,” said Christine Pabico, MSN, RN, NE-BC, director of the ANCC Pathway to Excellence program. “It also supports the applicability and value of using the Pathway to Excellence framework in transforming organizational cultures in the home health settings.”

“The pursuit of Pathway credentialing holds promise for recognizing nursing excellence in home care organizations and as a blueprint for moving more home care organizations into the highest levels of patient care excellence,” said Aiken, who is the Claire M. Fagin Leadership Professor in Nursing at the University of Pennsylvania School of Nursing, and a Pennsylvania State Nurses Association member.

The work was supported by grants from the American Nurses Foundation/Margretta Madden Styles Credentialing Research Grant, the National Institute of Nursing Research, the Agency for Health Care Research and Quality, the Robert Wood Johnson Foundation, the John A. Hartford Foundation, and the Rita and Alex Hillman Foundation.

To learn more about the study, go to nursing.upenn.edu/live/news/875-study-provides-first-evidence-for-american-nurses.

For more on the ANCC Pathway to Excellence Program, visit nursecredentialing.org.

Center for Ethics and Human Rights recognized with prestigious Cornerstone Award

The American Nurses Association (ANA) Center for Ethics and Human Rights has been honored with a Cornerstone Award from the American Society for Bioethics and Humanities (ASBH). The Cornerstone Award is the highest honor given for enduring contributions by an institution to the fields of bioethics and the medical humanities. The Center for Ethics and Human Rights Advisory Board and ANA Senior Policy Advisor Liz Stokes, JD, RN, will be recognized on October 20 during the ASBH annual meeting.



“For over 25 years, the ANA Center for Ethics and Human Rights has advocated for social justice and the protection of human rights and tirelessly provided ethical guidance, both theoretical and practical, at the state, national, and international levels,” ASBH said in a statement.

Learn more about the center at nursingworld.org/ethics/. Read more about the award at bioethics.net.

ANA and CDC release white paper on nurses’ role in antibiotic stewardship

The American Nurses Association (ANA) collaborated with the Centers for Disease Control and Prevention (CDC) to release a white paper detailing how nurses can significantly affect patient safety through improved antibiotic use. The paper outlines four key areas in which nurses can play a critical role in antibiotic stewardship: improving antibiotic use at the bedside; improving nurses’ participation in antibiotic use activities; education and training for nurses; and engaging nursing leaders in stewardship efforts.



The paper, “Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices,” is the culmination of a series of online meetings and a live, one-day conference where an ANA/CDC nursing workgroup identified ways for nurses to get more engaged and become leaders of antibiotic stewardship efforts in the United States. Download the white paper at nursingworld.org/ANA-CDC-Antibiotic-Stewardship-WhitePaper.

Medicare IPPS final rule released without ANA recommendations

On August 2, the Centers for Medicare and Medicaid Services (CMS) published the Medicare Inpatient Prospective Payment System (IPPS) rule for fiscal year 2018, without including two American Nurses Association (ANA)-recommended nurse staffing measures. ANA submitted a comment letter on the proposed rule to CMS on June 13 that strongly endorsed the inclusion of two nurse staffing measures. ANA also submitted a separate comment letter focused solely on the inclusion of the staffing measures, which included 26 co-signatories. The fiscal year 2018 rule goes into effect October 1.



However, CMS did allow for the possibility that the two staffing measures could be included in the Hospital Inpatient Quality Reporting Program and *Hospital Compare* for fiscal year 2019 and/or subsequent years.

Despite this setback, ANA is developing a coordinated strategy to ensure collaboration with members and the consumer groups who support the inclusion of these important measures to strengthen its position going into the comment period for fiscal year 2019.

As a result of ANA’s action alert, there were 1,363 comments submitted to CMS, with 259 Facebook shares and 57 Twitter shares of the action page. ANA thanks all those who supported this initiative.

Read the letters and more about ANA’s policy and advocacy work at nursingworld.org/MainMenu/Categories/Policy-Advocacy/Federal/Agencies/ANA-Advices-Federal-Agencies. And stay up to date at ANACapitolBeat.org.