

Oral Defense Announcement

University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Women's Health Nurse Practitioner

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B. S. Nursing, Barnes-Jewish College – Goldfarb School of Nursing, 2018

Implementation of Quantitative Blood Loss Measurement in Cesarean Section Births

Date: July 9th, 2024

Time: 2:00p

Place: Seton Hall

Abstract

Problems: Postpartum hemorrhage is a major complication following birth. Although some bleeding is normal after birth, excess bleeding can lead to maternal morbidities including, but not limited to, blood transfusions, admission to the ICU, emergency hysterectomy, and potential death. Postpartum hemorrhage is responsible for approximately 11% of maternal deaths in the United States and is a leading cause of death occurring on the same day as delivery (ACOG, 2019). Lastly, 54-93% of deaths occurring from postpartum hemorrhage are preventable (ACOG, 2019).

Methods: Quantitative blood loss was initiated in a large, midwestern, suburban hospital to increase identification of postpartum hemorrhage, decrease blood transfusions by 20%, and decrease additional uterotonic use. This study utilized a descriptive, observational design and was guided by the plan-do-study-act framework. A pre-post-test design from February 2024 through April 2024 was used to assess the rate of PPH, uterotonic use, and transfusions needed, amongst female patients undergoing cesarean section births.

Results: The pre-implementation group included 283 patients and the post-implementation group included 330 patients. The post-implementation saw an increase in postpartum hemorrhages ($n = 62$) compared to pre-implementation ($n = 40$). Blood transfusions increased in the post-implementation group by 0.05%. A Chi-square test of independence deemed the finding not statistically significant with a p value of 0.477. Additional uterotonic use decreased by 9.82%. A Chi-square test of independence deemed the finding not statistically significant with a p value of 0.782.

Implications: It is recommended that the labor and delivery unit continue with the PDSA cycle and continue with QBL to increase identification of PPH.

Defense of Dissertation Committee

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