

# DISCUSSION GUIDE FOR CLINICAL LEADERS: OBSTETRICS SUPPLEMENT

This guide presents a list of obstetrics-specific considerations that affiliating organizations should jointly consider, with a goal of increasing the value of care for their joint patient population.

## INSTRUCTIONS

Working together, consider the following discussion prompts as you seek to make explicit the similarities and differences between your organizations and collaborate on how you can protect and improve patient safety.

## EMERGENCY SITUATIONS

Describe your system for maternal resuscitation, including a designated response team from anesthesia, pediatrics, and a surgical airway manager, and describe which personnel are available by time of day and day of week.

Describe your use of a checklist for management of obstetric hemorrhage and hypertensive crisis.

## ROLES AND RESPONSIBILITIES

What are the unique and overlapping roles of physicians and CNMs?

## INFRASTRUCTURE AND RESOURCES

Describe your protocol for the use of oxytocin. Examples:

- » indications
- » initial and incremental doses and intervals
- » dose reductions/stopping

Describe your policy and procedure for scheduling early elective delivery.

What is included in your guidelines for circumcision? Examples:

- » contraindications
- » elements of consent
- » surgical pause
- » pain relief
- » qualifications of performing clinicians

What is included in your protocol for identification and transfer of patients into or out of a unit when their clinical complexity no longer matches the unit's ability to care for them?



## PATIENT SAFETY AND QUALITY IMPROVEMENT

What is included in your guideline for care of pregnant women after prior cesarean? Examples:

- » elements of counseling
- » antepartum diagnosis of abnormal placentation
- » intra-operative contingency planning
- » backup for VBAC

Describe your perinatal QI committee.

- » Does it include representatives from pediatrics, anesthesia, nursing, and midwifery?
- » How often do they meet?
- » How do they review trended quality data and individual cases?
- » How do they oversee improvement work?

Does your organization use a pre-procedure safety checklist before all obstetric procedures?

- » What does your checklist include?

Describe your team trainings for OB emergencies. Consider:

- » Who is included?
- » How frequently do they occur?
- » What topics have been covered in the last 2 years?

## QUANTITATIVE PATIENT SAFETY PARAMETERS

What are the ratios of delivering patients per OR and per L&D room last year?

What was the nulliparous term singleton vertex (NTSV) cesarean rate last year?

How many obstetric morbidity and mortality conferences occurred last year?

How often is each provider's competency in EFM interpretation assessed?