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

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Improving Maternal Outcomes Through Quantifying Blood Loss in Cesarean Sections

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Place: Remote

Abstract

Problem: Postpartum hemorrhage is a preventable, leading cause of maternal death in the United States and is a direct result of a delay in diagnosis, intervention, and treatment of postpartum hemorrhage. Inaccurate measurement of blood loss from the use of estimation instead of quantitative techniques leads to a failure to recognize and respond appropriately. While there are risk factors for postpartum hemorrhage, all pregnant women are at risk.

Methods: This Quality Improvement (QI) project used a descriptive cohort study design, utilizing a retrospective chart review, to evaluate the quantification of blood loss during cesarean sections on maternal outcomes. Data was collected six month prior to the implementation of quantification of blood loss (QBL) and six month after the implementation of QBL.

Results: A total of 2,237 patients’ charts were reviewed with 466 patients found to have had a postpartum hemorrhage and met inclusion criteria. There were 179 EBL participants and 287 QBL participants whose charts were reviewed for rate of mild, moderate, or severe PPH, uterotonic administration, blood product transfusion, surgical intervention, and ICU admission. The overall PPH rate was 15.4% in the EBL group and 26.8% in the QBL group. Severe PPH rate decreased with the implementation of QBL. Surgical intervention decreased with the implementation of QBL. Uterotonic use, blood product administration, and ICU admissions did not show statistically significant improvement in maternal outcomes.

Implications: The implementation of quantification of blood loss did not improve maternal outcomes but the advantage of accurate measurement of blood loss is a crucial step for healthcare providers to provide timely and appropriate interventions for their patients. The decrease in the rate of severe PPH along with the decrease in the rate of surgical intervention show the implementation of QBL is making a difference, Repeating this project at a hospital with different demographics and socioeconomic levels could yield different data results and show improvement in maternal outcomes with the implementation of QBL.

Defense of Dissertation Committee
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