

# Initiative Overview

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Cole Greves



# Updated Key Clinical Guidelines for OHI 2.0

- Expanded guidance on **ongoing obstetric hemorrhage risk assessment**
- **Best Practice Techniques for cumulative QBL** at every birth with focus on hemorrhage staging and escalation plans
- Emphasis on recognition of high-risk patients requiring **higher levels of maternal care** and establishment of transfer processes to facilities at the appropriate level of maternal care

# Updated Key Clinical Guidelines for OHI 2.0

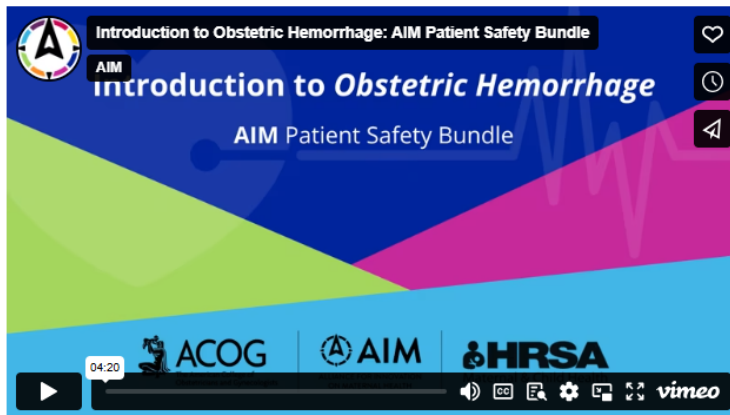
- Updated Medication Guidelines: adjuvant Tranexamic Acid (TXA) and Stage 1 PPH uterotonics
- Advanced PPH management with **intrauterine vacuum-assist device or intrauterine balloon tamponade** systems.
- Emphasis on early identification and management of **iron deficiency anemia**

..... and more on team and patient debriefs!

- National, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes and save lives
- Developed Obstetric Hemorrhage Bundle-revised 2022

## OBSTETRIC HEMORRHAGE

The Obstetric Hemorrhage Patient Safety Bundle was revised in 2022 to incorporate respectful care considerations, revise existing elements, include new elements related to evidence-informed practices, and update data collection plans. The bundle provides actionable steps that can be adapted to a variety of facilities and resource levels to improve quality of care and outcomes for patients experiencing an obstetric hemorrhage.



# Adapting AIM for OHI 2.0

- Initiative leads and advisory committee members established OHI 2.0 Aims
- Key Drivers were selected from AIM Bundle and workgroups convened to define implementation measures
- Components of Reporting & Systems Learning and Respectful Maternity Care were incorporated into every Key Driver
- In Alignment with The Joint Commission Standards for Maternal Safety
- Toolkit (Guidance document) and toolbox resources were assembled

# OHI 2.0 Key Drivers

## Aim

**By 12/2026, participating hospitals will increase by 20% the percentage of delivery admissions with:**

- Hemorrhage risk assessments completed on admission to L&D, pre-birth and on admission to postpartum
- Quantitative and cumulative blood loss measurement from birth through recovery

## Primary Key Drivers

### Readiness

Implementation of standard protocols/processes  
(EVERY UNIT)

### Recognition:

Early identification and assessment  
(EVERY PATIENT)

### Response:

Management for every pregnant or PP woman  
w/ OB hemorrhage  
(EVERY EVENT)

***\*Respectful care is a universal component of every driver and activity***