Maternal Hemorrhage Quality Improvement Collaborative Lessons (Lyndon & Cape, 2016)

Supplemental Digital Content Table 1. Perceived degree of implementation of key toolkit components

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Toolkit Component | Do not planto implementn | Not started;planning to implementn | Working onthis nown | Implementedn | Implemented and sustainedn | Totaln |
| Routine Admission Risk Assessment | 1 | 2 | 0 | 4 | 15 | 22 |
| Routine Active Management of Third Stage of Labor | 3 | 0 | 0 | 7 | 10 | 20 |
| Quantitative Blood Loss – Vaginal Birth | 0 | 2 | 1 | 6 | 13 | 22 |
| Quantitative Blood Loss – Cesarean Birth | 1 | 1 | 1 | 4 | 15 | 22 |
| Adoption of Standardized Protocol | 0 | 1 | 0 | 3 | 18 | 22 |
| Medical Staff Trained on use of intrauterine balloons and/or B-Lynch suture | 2 | 0 | 0 | 4 | 13 | 19 |
| Hemorrhage Carts | 1 | 0 | 1 | 1 | 18 | 21 |
| Systems in place for massive hemorrhage | 0 | 0 | 0 | 4 | 17 | 21 |
| Hemorrhage Debriefings | 1 | 0 | 1 | 12 | 7 | 21 |
| Hemorrhage Drills | 0 | 1 | 1 | 5 | 14 | 21 |

Supplemental Digital Content Table 2. Perceived usefulness of key toolkit components

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Toolkit Component | Not very useful – would deleten | Somewhat usefuln | Neutraln | Moderately usefuln | Very useful – critical to retainn | Total n |
| Routine Admission Risk Assessment | 1 | 0 | 1 | 4 | 16 | 22 |
| Routine Active Management of Third Stage of Labor | 1 | 0 | 4\* | 2 | 13 | 20 |
| Quantitative Blood Loss – Vaginal Birth | 0 | 0 | 0 | 2 | 19 | 21 |
| Quantitative Blood Loss – Cesarean Birth | 0 | 0 | 1 | 2 | 19 | 22 |
| Adoption of Standardized Protocol | 0 | 0 | 0 | 3 | 19 | 22 |
| Medical Staff Trained on use of intrauterine balloons and/or B-Lynch suture | 0 | 0 | 3 | 0 | 18 | 21 |
| Hemorrhage Carts | 0 | 0 | 1 | 0 | 19 | 20 |
| Systems in place for massive hemorrhage | 0 | 0 | 0 | 2 | 18 | 20 |
| Hemorrhage Debriefings | 0 | 0 | 1 | 7 | 13 | 21 |
| Hemorrhage Drills | 0 | 0 | 1 | 0 | 20 | 21 |

\*Multiple respondents noted that active management of third stage was already part of routine practice, thus was not a focus of their efforts or perceived to be an important issue. However, only one participant suggested deleting this from the toolkit.