

The Role of Obstetrics/ Gynecology Hospitalists in Reducing Maternal Mortality



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KEYWORDS

- Maternal morbidity • Maternal mortality • OB/GYN hospitalist
- Postpartum hemorrhage • Hypertensive crisis • Pregnancy-associated hypertension
- Pulmonary edema

KEY POINTS

- Identification of the most preventable causes of maternal mortality and development of processes designed to eliminate common errors found in such cases will lead to fewer maternal deaths.
- Maternal mortality review reveals that significant delay in diagnosis and treatment is a common finding, contributing directly to maternal deaths.
- Obstetrics hospitalists are immediately available to evaluate and treat patients, which could lead to improved patient safety and fewer maternal deaths.
- Postpartum hemorrhage and complications of preeclampsia are significant contributors to maternal morbidity and mortality in the United States. Many of these deaths could be prevented with better communication, faster recognition, coordinated care, and decisive management.

INTRODUCTION

In 2013, 289,000 mothers worldwide lost their lives following pregnancy and childbirth, which equates to 800 women every day. Although 99% of those deaths occurred in developing countries, developed countries, including the United States, are not immune. According to the World Health Organization, 1200 maternal deaths occurred

Conflicts of Interest: The authors report no commercial or financial conflicts of interest related to this article.

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Obstet Gynecol Clin N Am 42 (2015) 463–475

<http://dx.doi.org/10.1016/j.ogc.2015.05.005>

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in the United States in 2013 (28 per 100,000 live births), representing a 6.1% annual increase in the maternal death rate over the past 13 years.¹

Although some maternal deaths are not easily preventable, a focus on intrapartum and immediate postpartum causes could result in substantial improvement of this rate. The challenge lies in identifying the preventable causes of maternal mortality so that processes may be implemented with the goal of preventing maternal deaths. The determination of the number of preventable maternal deaths is inexact and varies based on the definition of preventable. Clark and colleagues² reviewed maternal outcomes after nearly 1.5 million deliveries at 124 US hospitals and concluded that 17 of the 95 maternal deaths (18%) could have been prevented with more appropriate medical care. Another 10 deaths (11%) were judged to be preventable but occurred as a result of actions or inaction of nonmedical persons.² In contrast, Berg and colleague's³ review of 108 pregnancy-related deaths, which considered the effect of health care system changes and public health infrastructure on the maternal mortality rate, determined that up to 40% of maternal deaths could have been prevented. Regardless of the methods used to define preventable maternal death, by shifting the focus to identification of the most common causes of such deaths and the root cause of each individual occurrence, evidence-based care models can be developed and implemented with the ultimate goal of reducing maternal mortality.

As the maternal mortality has risen, so has acceptance of the hospitalist concept among obstetrician gynecologists and their patients in the United States. The rapid and widespread adoption of obstetrics (OB) hospitalist programs across the United States is evidence of this culture shift. Olson and colleagues⁴ reported that in 2012 there were 164 known OB hospitalist programs across the United States, with an average of 2 being added each month. The OB Hospitalist Group, one of the leading consulting and staffing firms in the OB hospitalist industry, reports that as of October 2014 they have designed and installed more than 60 OB hospitalist programs since their inception in 2006, with several more in development. These specific programs span 23 states and have generated 641,869 patient interactions in almost 1.5 million person-hours of coverage.⁵ There are also a growing number of OB hospitalist programs at academic institutions across the country. Despite this growing trend, there is a paucity of outcomes data relating specifically to the effect of OB hospitalists on patient care. As a result, of the many advantages offered by hospitalist programs, that of improved patient safety remains unproved.

Given an increasing rate of maternal mortality, exploring ways to reduce maternal mortality through identification of preventable causes is a critical endeavor. Maternal mortality review reveals that significant delay in diagnosis and treatment is a common finding and contributes directly to maternal death.² This article examines the role of well-trained OB hospitalists, who are immediately available at the bedside, in improving patient safety and decreasing maternal deaths from preventable causes. Postpartum hemorrhage and complications of preeclampsia are among the most common causes of preventable maternal deaths in the United States. This article examines both. In each case, the appropriate course of action, common pitfalls in patient care, and ultimately how the availability of a well-trained, experienced OB hospitalist might negate a catastrophic outcome are explored.

POSTPARTUM HEMORRHAGE

Background

Despite numerous medical advances and an increased awareness, postpartum hemorrhage remains a significant cause of maternal morbidity and mortality in the United

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