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Provision of Care, Treatment, and Services standards for maternal safety

Effective July 1, 2020, 13 new elem in terms of

¹ Because of worsening maternal morbidity and mortality, The Joint Commission evaluated expert literature to determine what areas held the most potential impact. The literature review revealed that prevention, early recognition, and timely treatment for maternal hemorrhage and severe hypertension/preeclampsia had the highest impact in states working on decreasing maternal complications. This approach was supported by a technical advisory panel assembled by The Joint Commission, resulting in the development of EPs that focus on these complications.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following groups:

- [Technical Advisory Panel](#) (TAP) of subject matter experts from various health care and academic organizations and professional associations from the maternal health field.
- [Standards Review Panel](#) (SRP) comprised of clinicians and administrators who provided a “boots on the ground” point of view and insights into the practical application of the proposed standards.

The prepublication version of the maternal safety standards will be available online until June 30, 2020. After July 1, 2020, please access the new requirements in the E-dition or standards manual.

1. Centers for Disease Control and Prevention. Reproductive Health, [Pregnancy Mortality Surveillance System webpage](#). Page last reviewed: June 4, 2019. Accessed Aug. 20, 2019.

Provision of Care, Treatment, and Services chapter

Standard PC.06.01.01: Reduce the likelihood of harm related to maternal hemorrhage.

Requirement	EP 1: Complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum. (See also PC.01.02.01, EPs 1 and 2; PC.01.02.03, EP 3; RC.02.01.01, EP 2)
Rationale	Assessing and discussing patients' risks for hemorrhage allows the team to identify higher-risk patients and be prepared. The risk of hemorrhage may change during a patient's stay depending on the clinical situation.
Reference	Harvey CJ. "Evidence-Based Strategies for Maternal Stabilization and Rescue in Obstetric Hemorrhage." <i>Advanced Critical Care</i> . 2018;3(29):284-94.
Requirement	<p>EP 2: Develop written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage that includes the following:</p> <ul style="list-style-type: none"> • The use of an evidence-based tool that includes an algorithm for identification and treatment of hemorrhage • The use of an evidence-based set of emergency response medication(s) that are immediately available on the obstetric unit • Required response team members and their roles in the event of severe hemorrhage • How the response team and procedures are activated • Blood bank plan and response for emergency release of blood products and how to initiate the organization's massive transfusion procedures • Guidance on when to consult additional experts and consider transfer to a higher level of care • Guidance on how to communicate with patients and families during and after the event • Criteria for when a team debrief is required immediately after a case of severe hemorrhage <p><i>Note: The written procedures should be developed by a multidisciplinary team that includes representation from obstetrics, anesthesiology, nursing, laboratory, and blood bank.</i></p>
Rationale	Having defined procedures to manage patients experiencing severe hemorrhage is integral to ensuring that everyone caring for a patient functions well as a team so delays in crit c



Rationale	Having all supplies to treat hemorrhage in one place is essential to minimizing delays in treatment. Using defined processes during emergencies has been shown to improve adherence to recommended processes of care. Each organization should complete an assessment to determine the number of kits needed and the location to store them for easy access.
Reference	Agarwala AV, et al. "Bringing Per-10.2 (i)-0.9 (o)0.9 pw er30.7 (a)-2.1 (t)-6.3 ieEtmer30.7 gf







representation from obstetrics, emergency department, anesthesiology, nursing, laboratory, and pharmacy.

	Providers." MedEdPORTAL. 2018;14:1-8.
Requirement	EP 5: Review severe hypertension/preeclampsia cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event.
Rationale	Continuous feedback loops are imperative for organizations to find errors and improve skills to ensure that patients are receiving the highest level of care. Root cause analysis, apparent-cause analysis, or similar tools to review the care in a rigorous, psychologically safe environment is critical to identify successes and opportunities for improvement in a way that creates a culture of safety and empowers staff to design safe and effective procedures and processes.
Reference	Callaghan WM, et al. "Facility-Based Identification of Women with Severe Maternal Morbidity: It is Time to Start." <i>Obstetrics & Gynecology</i> . 2014;123:978-981. Kilpatrick SJ, et al. "Standardized Severe Maternal Morbidity Review: Rationale and Process." <i>Obstetrics & Gynecology</i> . 2014;124:361-366.
Requirement	EP 6: Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes: <ul style="list-style-type: none"> •