Improving Postpartum Hemorrhage Rates in Labor and Delivery by Actively Managing the Third Stage of Labor in Vaginal Births

Background: Postpartum hemorrhage (PPH) rates in labor and delivery for vaginal deliveries have increased from 3% to 7% at Salem Helath since 2021. The primary cause of PPH is uterine atony. Management of the third stage of labor in vaginal deliveries has not previously been standardized for postpartum Pitocin administration. Poor communication between staff and providers may lead to a delay in care for patients. Standardizing management of the third stage of labor in vaginal deliveries will help improve outcomes for obstetric patients by decreasing the number of PPHs related to uterine atony.

Purpose: The purpose of this project is to standardize the administration of postpartum Pitocin in the third stage of labor to decrease the number of PPHs related to uterine atony in vaginal deliveries.

Methods: In order to standardize the management of the third stage of labor, administration instructions were added to the postpartum Pitocin order set instructing RNs to begin postpartum Pitocin after the umbilical cord is cut. RNs and providers were educated on this change of practice. Compliance with the new order set was evaluated by RNs every 3 months and reeducation was done as needed.

Results:

Conclusion: By standardizing the management of the third stage of labor, we found that we decreased our PPH rates for vaginal deliveries. There is no longer variation in how postpartum Pitocin is administered, which has decreased delay of care related to lack of communication between providers and nurses. By decreasing the number of PPH in vaginal deliveries related to uterine atony we have improved outcomes for our patients. Throughout the project we were limited by provider buy in, but after reeducation, all providers were compliant with the practice change, and RN initiation of postpartum Pitocin after the umbilical cord is cut is now standard practice throughout labor and delivery.