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Obstetric hemorrhage is one of the leading causes of severe maternal morbidity and mortality in California. The California Pregnancy Mortality Survey identified hemorrhage as one of the causes of potentially preventable maternal mortality. SMPCC works with hospitals to standardize care and improve their preparedness, recognition, response and reporting of obstetric hemorrhage. Our CM-CC successes with the California Department of Public Health: The Department of Maternal, Child and Adolescent Health have prepared an obstetric tool for hemorrhage, improving obstetric hemorrhage care, originally released in July 2010. The toolkit has since been revised to reflect the most recent developments in evidence and is available after logging into our website as part of Resources: Improving Health Response to Obstetric Hemorrhage Version 2.0, California Improvement Quality Toolkit In addition to our toolkit, cmCC has launched statewide advocacy collaborations to help California hospitals implement best practices. Severe maternal morbidity was reduced by 20.8% between 2014 and 2016 among 126 hospitals involved in our joint work to reduce maternal hemorrhage and pre-eclampsia, compared with a reduction of only 1.2% in non-hospital hospitals. The HEMorrhage Task Force at CMH has developed tools to improve health care for obstetric hemorrhage to help obstetricians, clinical staff, hospitals and health organizations develop methods within their facilities for timely recognition and organized, rapid response to hemorrhage. The toolkit was originally released in July 2010 and was updated in March 2015 to version 2.0 with the latest changes based on the evidence outlined in the Tool toolbox summary section. Key Changes from Version 1.0: Modified format to improve usability Added parameters for current risk assessment at least in each shift or patient handoff Emphasizes oxytocin as the primary component and definitively states that active management of third stage delivery (AMTSL) should not interfere with cord clamp delay continues to emphasize oxytocin as a first line for prevention and treatment and proposes changes in the perodox recommendation for blood replacement process and results of measures. The toolkit is available for download after you log on to the CM'CC website. Download: Improving Health Response to Obstetric Hemorrhage, Version 2.0 Slide Set for Vocational Education Webinar Link: OB Hemorrhage Toolkit V2.0 Targeting Webinar Separate sections of the toolkit are available to users who have completed the toolkit review: Executive Summary of Emergency Emergency Hemorrhage Management Plans Plan: Control ListTospecimen Hemorrhage Emergency Management Plan: Table ChartObstetric Emergency Management Plan: Flow Chart Chart FormatOB Hemorrhage Tools Pocket Cards Systems OB Hemorrhage: Baskets, Kits and Trays and Patient Readiness Control Placen Akreta and Percreta: Incidence, Risk, Diagnosis, Advising and preparing for deliveryInherited coagulation disorders in PregnancyPlanning for women (Jehovah's Witnesses and others) who may opt out of blood and blood products Recognition Definition, Early Recognition and Rapid Response using TriggersRisk Factor AssessmentCulative Quantitative Assessment of Blood LossActive Management of Third Stage Uterotonic Drugs for Prevention and Treatment of Postpartum Blood Occlusion Of artery and embolization Women Experience Obstetric Hemorrhage: Information, Emotional and Physical Health Readiness Considerations for Small and Rural HospitalsAnti-Shocks : Non-Singing Anti-Shock Clothing (NASG) and Pneumatic Anti-Shock Clothing (PASG) Reporting Systems OB Hemorrhaging Measures for Hospital I Projects Appendix App A : Stages of Hemorrhage Poster for CartAppendix B: Case #2 Critical Events Team TrainingAppendix C: Summing Up ToolAppendix D: Samples of Massive Transfusion Protocols (Full Set)Appendix E: NHS Obstetric Early Warning ChartAppendix F: Methods to quantify blood lossAppendix G: Guide to recognizing acute stress disorder in women after delivery E.U., Two steps quantitative blood loss in Cesar e BirthAppendix J: SBL Calculator in EMR Delivery Summary Hospital Institute for Better Health Response to Cardiovascular Disease During Pregnancy and Postpartum Tool has been developed by cardiovascular disease in pregnancy and postpartum task force as a resource for obstetrics, primary care and emergency care that interacts with women during care The toolkit includes an overview of clinical evaluation and comprehensive strategies for managing cardiovascular disease based on risk factors and symptom representation. The primary goal of improving the health care response to pre-eclampsia: California Toolkit for Transforming Maternity is to guide and support obstetric providers, clinical staff, hospitals and medical organizations to develop methods in their facilities for timely recognition and organized, rapid response to pre-eclampsia. Developed by the SMSC Pre-Eclampsia Task Force, the toolkit includes best practices for early recognition, diagnosis, treatment and treatment Improving health The response to the maternal venous thromboembolism toolkit was developed by the Venous Thromboembolism Task Force to promote and promote the systematic implementation of VTE risk assessment in California maternity wards. Maternal venous thromboembolism (VTE) is a rare but life-threatening complication from blood clots in pregnant and postpartum women and accounts for almost 10% of all maternal deaths. The Early Choice Delivery Task Force of SMPCC worked with Martha Dimes and the California Department of Public Health, the Department of Maternal, Child and Adolescent Health to create the elimination of non-medical (elective) births before the 39-week gestational age. Toolkit's goals are to reduce childbirth to 39 weeks in California and help spread and identify best practices to prevent early birth and outline the most effective strategies to support California health-proven CM'CCC OB Hemorrhage Task Force has developed an Improved Health Response to Obstetric Hemorrhage Toolkit, to help obstetric providers, clinical staff, hospitals and medical organizations develop methods within their facilities for timely recognition and The Toolkit was originally released in July 2010 and was updated in March 2015 to version 2.0 with the latest changes based on the evidence outlined in the Tool Summary section. The California Joint Maternal Care Program (CM-CC) 2016 Toolkit to support vaginal delivery and reduce primary caesarean section is designed to train and motivate maternity doctors to apply best practices to support vaginal delivery. Caesarean delivery among low-risk mothers is the first time for the first time for the first time since the recent increase in caesarean section and is the reason for the greatest difference in caesarean section between hospitals. Toolkit contains key strategies and resources for: 1. California Maternal quality assistance collaboration. OB Hemorrhage Tool toolkit V 2.0 Available from: . Access to June 19, 2019.2. American College of Obstetricians and Gynecologists. Obstetric hemorrhage bundle Available from: . Access to June 19, 2019.3. Main EK, Goffman D, Scavone BM et al. National Partnership for Maternity Care; The Patient Safety Council for Women's Health. 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