

Appendix I: Discharge Planning for Women with Hemorrhage During the Birth Hospital Stay

Tammy Turner, RN, Martin Luther King, Jr. Community Hospital
Christine Morton, PhD, Stanford University School of Medicine, CMQCC
Kristen Terlizzi, National Accreta Foundation

Call your doctor or midwife if you have:	
<ul style="list-style-type: none">▶ Bleeding /soaking a pad an hour▶ Large blood clots (golf ball-sized)▶ Feeling dizzy when you stand up▶ Abdominal pain (if you had surgery, this means more pain than you have been having from surgery)	<ul style="list-style-type: none">▶ A headache that does not go away with over-the-counter medication▶ Visual changes (blurry vision or seeing spots)▶ Feeling detached, numb, afraid, depressed, anxious, or very stressed

Routine follow-up care:

1. Women who have had a significant complication such as hemorrhage, preeclampsia, ICU admission, or unplanned or extensive surgery may need early postpartum follow-up to assess their physical and emotional recovery (within one week of discharge).

- ▶ Early postpartum check-up scheduled with: _____ on _____ at _____
- ▶ 6-week postpartum check-up scheduled with: _____ on _____ at _____

2. A difficult birth and maternal exhaustion can impact your breastfeeding experience if you choose to breastfeed your child.

- ▶ Breastfeeding support scheduled with: _____ on _____ at _____

3. You may require follow-up with a specialist in this field: _____

- ▶ Your specialist follow-up is with: _____ on _____ at _____

4. Patients who experienced complications during their delivery hospitalization may benefit from counseling and support resources.

Counseling:

Peer Support Group:

Psychiatry/Psychology:

Patient Organization/Foundation Resource:

Improving Health Care Response to Obstetric Hemorrhage, a CMQCC Quality Improvement Toolkit, 2022