



69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

August 4, 2020

Re: Illinois birthing facilities continuing education requirement for maternal hypertension and obstetric hemorrhage

Dear Hospital Administrator:

**Public Act 101-0390** passed by the State of Illinois in 2019 requires all birthing facilities to conduct annual continuing education on maternal hypertension and obstetric hemorrhage. All obstetric, emergency departments, and other staff that care for pregnant and postpartum women must complete the 2020 training requirement by December 31, 2020.

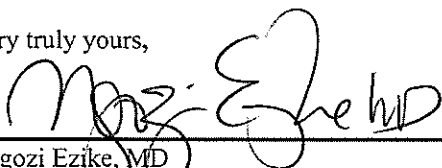


Since 2008, the Illinois Department of Public Health (IDPH) has required all birthing hospitals to train all established and new staff and providers who care for obstetric patients on the requirements for identification and treatment of obstetric hemorrhage. The components of the Obstetric Hemorrhage Education Project provided the foundation for hospital rapid response teams, hemorrhage carts, massive transfusion policies, quantifying blood loss and multidisciplinary simulations, and debriefings, which has resulted in a cohesive team environment, improved identification and the treatment of hemorrhage.

Concurrently, from 2016-2017, the Illinois Perinatal Quality Collaborative (ILPQC) implemented the Severe Maternal Hypertension Quality Improvement Initiative with over 100 birthing hospitals to facilitate hospital system and culture change for the timely identification and treatment of severe maternal hypertension. Hospital teams met the initial goal of treating 80% of patients with severe maternal hypertension within 60 minutes and trained staff on best practices for the treatment of patients with severe maternal hypertension. Population-level hospital discharge data shows that severe maternal morbidity associated with hypertension was reduced throughout the initiative. **As maternal hypertension and obstetric hemorrhage continue to contribute to maternal morbidity and mortality, continuing education is necessary.**

The University of Illinois, Chicago has recently received a grant from the Health Resources and Services Administration (HRSA) "*Innovations to ImPROve Maternal Outcomes in Illinois*" (I PROMOTE-IL) aimed at improving maternal health and reducing perinatal maternal morbidity and mortality. I PROMOTE-IL will collaborate with the IDPH and ILPQC to reduce these disparities by continuing to engage providers who care for pregnant women and hospital staff to improve maternal health and reduce maternal mortality and severe maternal morbidity. The I PROMOTE-IL grant, in collaboration with IDPH, will support hospitals, the Administrative Perinatal Centers (APCs) and ILPQC in providing continued education as described in Public Act 101-0390.

There are several ways for birthing facilities to fulfill this yearly training requirement, for all obstetric, emergency department, and other staff that care for pregnant and postpartum women, that we describe in the enclosure below, including e-modules, simulations and drills from AIM, ACOG and other leading national groups. Compliance with this education is supported by the APCs and can be reported through the ILPQC data portal ([www.ilpqc.org](http://www.ilpqc.org)). Should you have any questions on this training requirement, or anything related to perinatal quality outcomes, please contact [info@ilpqc.org](mailto:info@ilpqc.org) or Shirley Scott ([sscott9@uic.edu](mailto:sscott9@uic.edu)). We look forward to your partnership.

Very truly yours,

		
Ngozi Ezike, MD Director Illinois Department of Public Health	Stacie Geller, PhD Co-PI, I Promote-IL On behalf of Co-PIs Rachel Caskey MD & Arden Hander DrPH Director, Center for Research on Women and Gender, UIC College of Medicine	Ann Borders, MD, MSc, MPH Executive Director Illinois Perinatal Quality Collaborative

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

## **Maternal Hypertension**

Hypertensive disorders in pregnancy are frequent, reported in 5 to 10% of all births. They are a leading cause of severe maternal morbidity and mortality. The primary cause of maternal death in the setting of maternal hypertension is hemorrhagic stroke typically secondary to sustained, untreated severe maternal hypertension. National guidelines recommend timely treatment of severe hypertension (>160/110) as soon as possible under 60 minutes to reduce maternal stroke and severe maternal morbidity. Importantly, preventable factors have been identified in 72% of cases of death or near miss.<sup>i</sup> The ILPQC Severe Maternal Hypertension Toolkit provides tools and resources for early identification and treatment of severe maternal hypertension to reduce time to treatment for severe maternal hypertension to <60 minutes and ensure patients with severe maternal hypertension receive patient discharge education and early follow up for a blood pressure check within 7-10 days (or within 72 hours if on blood pressure medication).

## **Obstetric Hemorrhage**

Maternal hemorrhage is a leading cause of maternal mortality worldwide and the leading cause of morbidity in the United States. Postpartum hemorrhage is defined as  $\geq 1000$  ML blood loss with signs/symptoms of hypovolemia within 24 hours of delivery.<sup>ii</sup> Hemorrhage is among the top six most common causes of maternal death in Illinois.<sup>i</sup> The updated IDPH Obstetric Hemorrhage Education Project includes educational resources to support quantification of blood loss for all deliveries, active management of the third state of labor for vaginal deliveries, establishment of a protocol for patients who refuse blood products, and development of a massive transfusion protocol.

## **Birth Facilities Yearly Continuing Education Requirement for all Obstetric, Emergency Department and other Staff Caring for Pregnant/Postpartum Women Illinois Public Act 101-0390 states:**

*The Department shall ensure that all birthing facilities conduct continuing education yearly for providers and staff of obstetric medicine and of the emergency department and other staff that may care for pregnant or postpartum women. The continuing education shall include yearly educational modules regarding management of severe maternal hypertension and obstetric hemorrhage for units that care for pregnant or postpartum women. Birthing facilities must demonstrate compliance with these education and training requirements.*

Illinois hospitals are well prepared to meet the annual continuing education requirement for maternal hypertension and obstetric hemorrhage of Public Act 101-0390 as most already have new hire and continuing education infrastructure for Maternal Hypertension and Postpartum Hemorrhage already in place.

Hospitals that participated in the ILPQC Severe Maternal Hypertension initiative developed sustainability plans to document their plans for compliance monitoring of time to treatment for severe maternal hypertension in <60 minutes, new hire education, and ongoing education for all providers and nurses who care for pregnant or postpartum women.

Hospitals that participated The Obstetric Hemorrhage Education Project required training for all new hires within their first year of service and the completion of obstetric hemorrhage drills on a regular basis.

Hospitals should report compliance with yearly training for obstetric providers, emergency department providers and all staff caring for pregnant and postpartum patients. This data should include total number of providers, number of providers trained, type of providers trained, and type of training provided. Compliance with training will be supported by the Illinois Regionalized Perinatal System network administrators, perinatal outreach educators and the Illinois Perinatal Quality Collaborative with support from the I PROMOTE-IL HRSA grant. Compliance will be reported using the Illinois Perinatal Quality Collaborative secure data portal with hypertension/hemorrhage yearly education reporting available soon through a link at [www.ilpqc.org](http://www.ilpqc.org). Facilities should report completion of the 2020 training requirement by December 31, 2020 and then yearly to follow.

There are a number of ways hospitals can meet this continuing education requirement including requiring Maternal Hypertension and Obstetric Hemorrhage simulations/drills as the Coronavirus virus permits, and eModules with links below, also available at [www.ilpqc.org](http://www.ilpqc.org):

1. Completion of AIM eModules supported by ACOG for maternal hypertension and obstetric hemorrhage or other eModules that cover similar content. Each AIM eModule set includes 5 videos that range from 10 to 20 minutes each. They include brief comprehension quizzes and produce a completion certificate at the end that can be captured via screen shot as confirmation of completion. In addition, HealthStream offers all of its user's access to AIM eModules at no charge via the HealthStream Learning Center. More information available [here](#). Links to the AIM eModules follow:
  - a. Severe Hypertension (HTN) in Pregnancy
  - b. Obstetric Hemorrhage

2. Simulations and drills incorporating best practices in identification and treatment of severe maternal hypertension.
  - a. Resources for maternal hypertension simulations:
    - i. ACOG DII (New York) Eclampsia Scenario
      1. Overview
      2. Clinical Scenario
      3. Drill Assessment Tool
    - ii. ACOG Simulation Eclampsia Formative Evaluation
    - iii. CMQCC Kaiser Evaluation Form for Drills
  - b. Resources for obstetric hemorrhage simulations:
    - i. Simulations & Drills
    - ii. Educational Tool #1: Guidelines Simulation Scenario Development
    - iii. Educational Tool #2 Sample Scenario #1: Drill for Uterine Atony
    - iv. Educational Tool #3: Sample Scenario #2: Drill for Hemorrhage and Pulseless Electrical Activity in the OR
    - v. Educational Tool #4: Kaiser Evaluation for Drills: Debriefing Tool

---

<sup>i</sup> Illinois Maternal Morbidity and Mortality Report. Illinois Department of Public Health. (October 2018)

<sup>ii</sup> Postpartum hemorrhage. Practice Bulletin No. 183. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130: e168–86.