ADVOCATE FOR YOURSELF

LIFESAVING TIPS FOR A SAFER BIRTH

USA TODAY Investigations

Most births in the United States occur without incident. But if an unexpected emergency arises, you want your providers to be prepared. Here are some tips and questions you can use to assess a hospital's ability to treat **excessive bleeding** and **high blood pressure**, two of the leading preventable causes of childbirth harms to moms.

Ensure they're measuring blood loss

Hemorrhaging (excessive blood loss) can occur during or after delivery. Doctors and nurses may be slow to notice when bleeding goes from normal to dangerous, so blood loss should be **measured**, not estimated.

Some questions to ask:

Does the hospital measure blood loss during and after childbirth?

Hospitals should measure cumulative blood loss by weighing blood-soaked pads or by collecting blood in containers. A visual estimate — made just by looking at the blood — often winds up being low and results in treatment delays.

Does the hospital measure blood loss for every birth?

Some hospitals only start measuring blood loss after a woman appears to be bleeding too much. That can lead to underestimates and delayed treatment, experts say.

How will the hospital assess and prepare for your risk of excessive bleeding?

Staff should examine your personal risk factors. If you are at high risk, they should take steps to have matching blood ready for you. For all births, the hospital should have a "massive transfusion protocol" — essentially a game plan to ensure a mother can quickly get a large amount of blood in an emergency.

When did the hospital last do a hemorrhage drill?

The maternity unit should conduct hemorrhage drills regularly.

Pay attention to blood pressure readings

Changes in a woman's body during pregnancy put her at greater risk from high blood pressure, also called hypertension, before, during and even for weeks after she delivers her baby.
Severe high blood pressure conditions, including preeclampsia, can be deadly.

Some questions to ask:

If I need it, does the hospital have a policy to make sure I get the right medication fast?

A systolic blood pressure (the first number) of 160 or higher, or diastolic blood pressure (second number) of 110 or higher is dangerous — and needs urgent treatment. If your pressure is in either of these danger zones before or after delivery, nurses should retest you within 15 minutes. If it's still too high, pressure-lowering medication should be given within an hour to prevent a stroke.

What if I'm only given magnesium sulfate?

Magnesium sulfate can prevent seizures caused by high blood pressure. But moms need anti-hypertensive drugs to actually lower their pressure or they risk a stroke. The primary recommended drugs — considered safe for pregnant and recently delivered moms — are both delivered by IV: labetalol and hydralazine. One type of pill, immediate-release oral nifedipine, can also be used.

Know these preeclampsia warning signs:

High blood pressure during pregnancy (140/90 or greater) may signal that preeclampsia is developing. Know what your blood pressure was at the start of pregnancy — particularly if it is normally low.

Some additional signs you should flag to your doctor or midwife immediately:

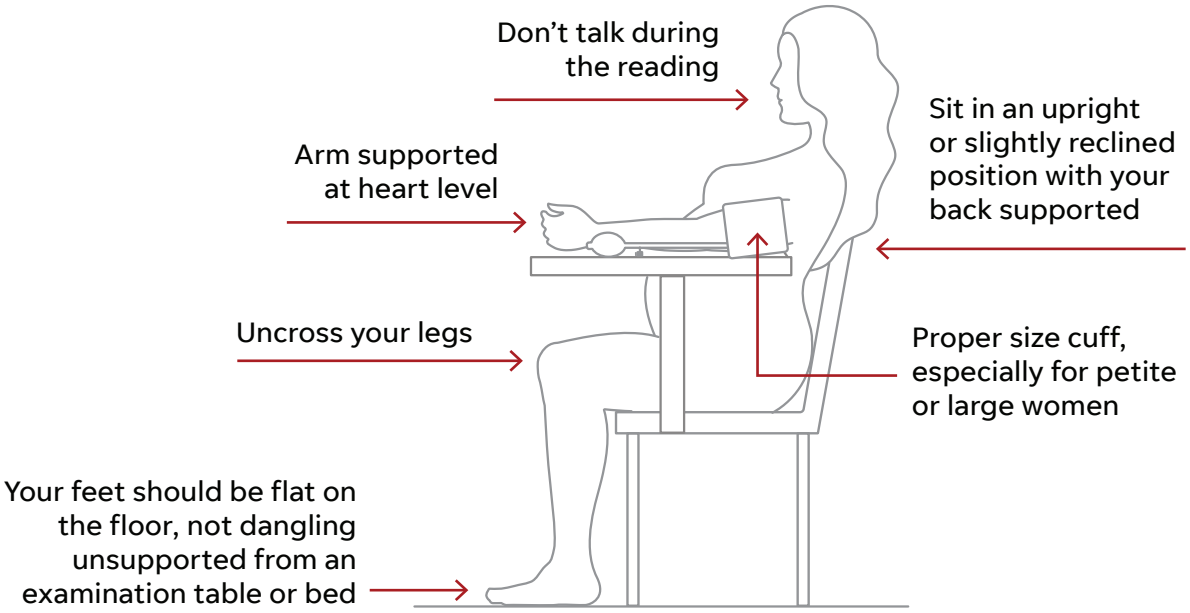
- Swelling of face and hands.
- A headache that won't go away, even after pain medication.
- Changes in vision, such as seeing spots or flashing lights.
- Difficulty breathing.
- Sudden nausea or vomiting after the midpoint of your pregnancy.
- Pain in the upper-right belly that might seem like indigestion.

Insist that nurses take your blood pressure correctly

It may seem like the most basic, routine test, but it's too often done wrong. An inaccurate test could miss warning signs and delay treatment of serious conditions. Ask your doctor what a normal blood pressure is for your body during pregnancy.

Here is how you can get an accurate blood pressure reading:

- If you have a high blood pressure reading, do not let nurses roll you onto your side during the retest. Repositioning this way will result in a falsely lower reading.



Sources : AIM Program, CMQCC, ACOG, Preeclampsia Foundation and USA TODAY research.