

‘More than mls’

Consumer engagement in the PPH Collaborative’

Kaz Redmond



Acknowledgement of Country

SCV acknowledges the strength, power, and resilience of Aboriginal people as members of the world's oldest living culture. We recognise Aboriginal people as Australia's First People and honour the richness and diversity of all Traditional Owners across Victoria.

We respect the lore, customs, and languages practiced by Aboriginal people in Victoria, and their deep spiritual and cultural connections to land and water. We are committed to a future based on equality, truth, and justice, and recognise the ongoing systemic injustices faced by Aboriginal people. Victoria's treaty and truth-telling processes offer a chance to address these wrongs, empowering Aboriginal people to make decisions for their communities.

We pay our deepest respects to ancestors, Elders, and leaders, past and present, whose strength and fortitude have paved the way for future generations.



Kevyn Morris | Creek colours



The term consumer...



Introduction



[Picture: Nandhu Kumar](#)



Alana Donaldson – Consumer Faculty

‘My daughter’s birth resulted in a large post-partum haemorrhage that was treated quickly by the team, which I’m thankful for - but no consideration was given to our emotional health, and I did not receive adequate supportive care for my blood loss. We went home alive, but without the proper tools to thrive as a new family’



More than mLs: Consumer engagement in the Postpartum Haemorrhage Collaborative

Alana Donaldson, Robert Forsythe, Ellie Goss, Shannon Lambert, Kaz Redmond and Jo Szczepanska
*Consumer Faculty PPH Collaborative, Safer Care Victoria Australia; †Institute for Healthcare Improvement, Boston, USA; ‡Safer Care Victoria Australia

BACKGROUND

Postpartum haemorrhage (PPH) is severe bleeding after child birth. In the state of Victoria, Australia it was the main cause of all severe acute maternal morbidity in 2017. The PPH Collaborative was an improvement project involving 33 maternity services representing approximately 60000 births per year. This poster seeks to describe the Collaborative approach to consumer engagement and the outcomes.

OBJECTIVES

Partner with consumers to reduce harm caused by primary PPH following vaginal birth in Victoria.

METHOD

Importantly, we listened to consumers talk about their experiences before planning changes. Consumers were on the project team and participated in all stages, including deciding the scope, aim and measurement strategy. Collaborative learning sessions began with audio stories produced with consumers to share their experiences and suggest areas for improvement.

Figure 1. Example of consumer audio story. These were in a slide deck format with illustrations, audio and subtitles.

Meet Anna

LIVED EXPERIENCE STORY

"we still have the chance to make things better..."

Facilitated by Jo Szczepanska

The audio stories were highly effective tools. Clinicians valued the insights from consumer perspectives and shared them within their services. Consumers appreciated that others could learn from their experiences without having to repeat their stories or speak publicly.

Consumers also co-delivered Collaborative learning sessions and webinars. Services recruited consumers to their project team and sought consumer feedback when they tested changes. When services were planning every change, consumers were there to show what mattered to them.

Figure 2. Consumers were involved in improving every aspect of PPH care.



View a PPH Collaborative consumer story
*Consultative Council on Obstetric and Perinatal Mortality and Morbidity Victorian's Mothers Babies and Children 2019 report CCOPM4, State of Victoria, Australia, Safer Care Victoria

RESULTS

By listening to consumers, we learned that harm from PPH amounts to more than mLs of blood loss. They shared how frightening their experiences were and spoke about the lasting psychological impacts, which can lead to families being less likely to have another child.

This was incredibly impactful and motivated clinicians to generate change informed by lived experience.

Figure 3. Consumers Kristin Barles, Ellie Goss, Gemma Parry and Allison Roberts at the 'Consumer wall' which exhibited changes implemented following their engagement.



The initial project aim was to reduce the incidence of PPH, but evolved to also improve care of families who experience it. Services took a patient-centred approach that prioritised communication and support. 86 improvements informed by lived experience were implemented.

Figure 4. Examples of change ideas implemented due to consumer engagement.



Consumers identified that clinical advice and links to support services mattered to them, so this was included as a project measure. The proportion of women and birthing parents who experience PPH with evidence in their pregnancy care record of a clinical debrief, and provision of information on available support services. [\(Improved from 5% to 88%\)](#)

CONCLUSION

Shifting Mindsets to Improve Outcomes

By moving away from the traditional model where clinicians dictate what constitutes a successful outcome, we can work collaboratively with consumers to achieve improvements that are meaningful to them.

Investing in lived experience

Embedding lived experience in project design takes time and planning. However, this led to tangible improvements in care and was rewarding for everyone involved.

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Illustration by Jo Szczepanska

ANTENATAL CARE

Risk assessment and antenatal education



SYSTEM PREPAREDNESS

Stimulation training, active third stage management planning



RECOGNITION OF PPH

Accurate quantitative blood loss measurement for every birth



PPH RESPONSE

Communication and support, reducing treatment variance



POSTNATAL CARE

Debrief, education, psychological care



View a PPH Collaborative consumer story

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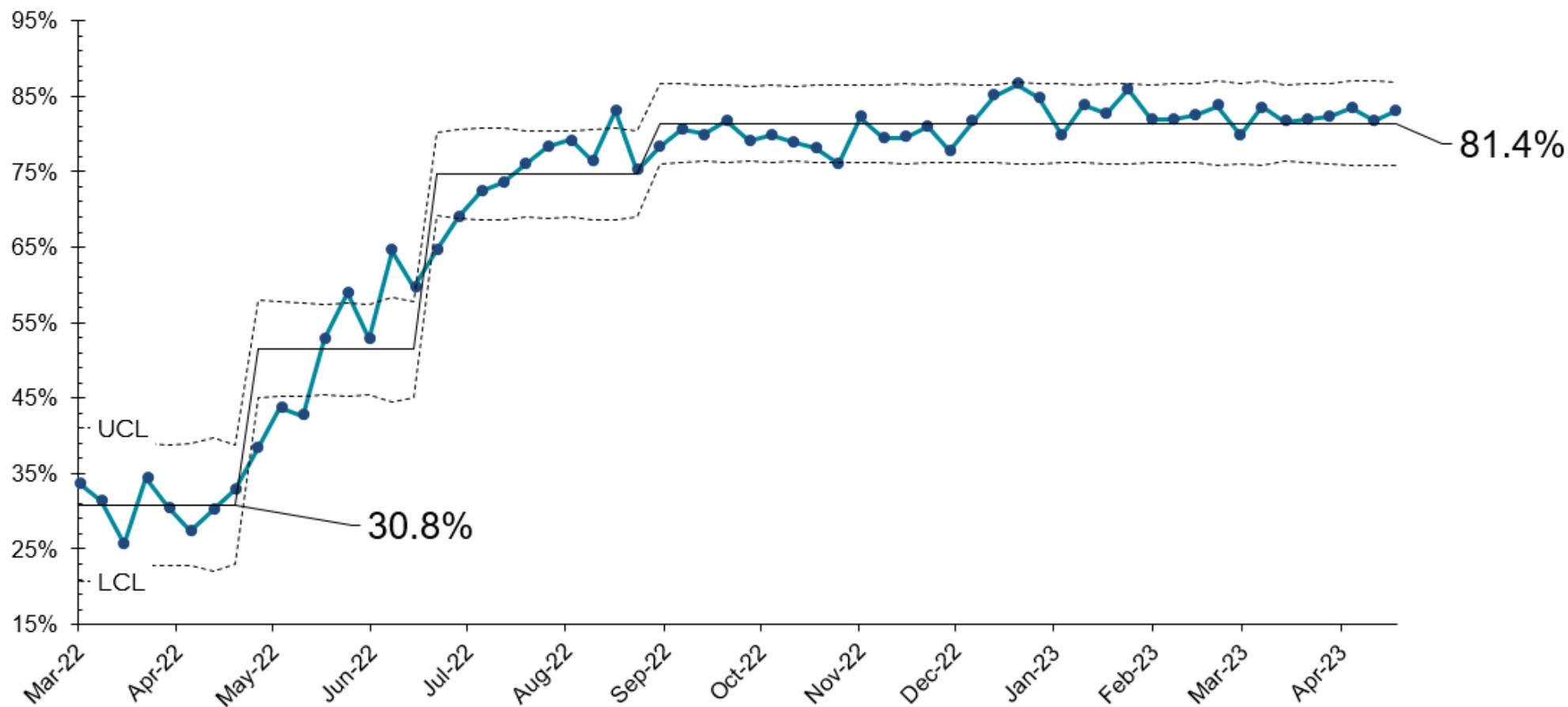
Consumers identified that clinical debrief and links to support services mattered to them, so this was included as a project measure. The proportion of women and birthing parents who experience PPH with evidence in their pregnancy care record of a clinical debrief, and provision of information on available support services improved from 15% to 61%.

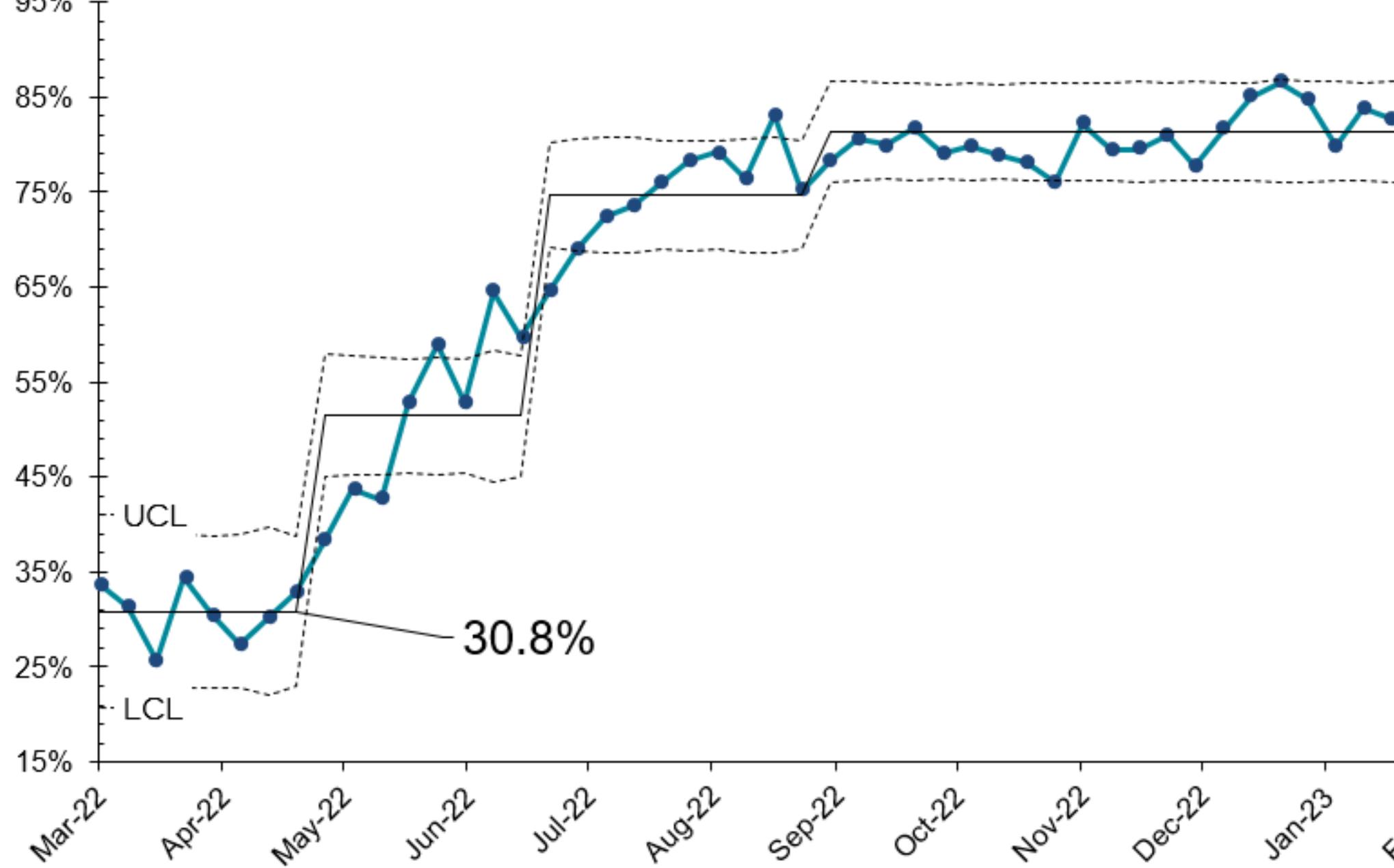
Results

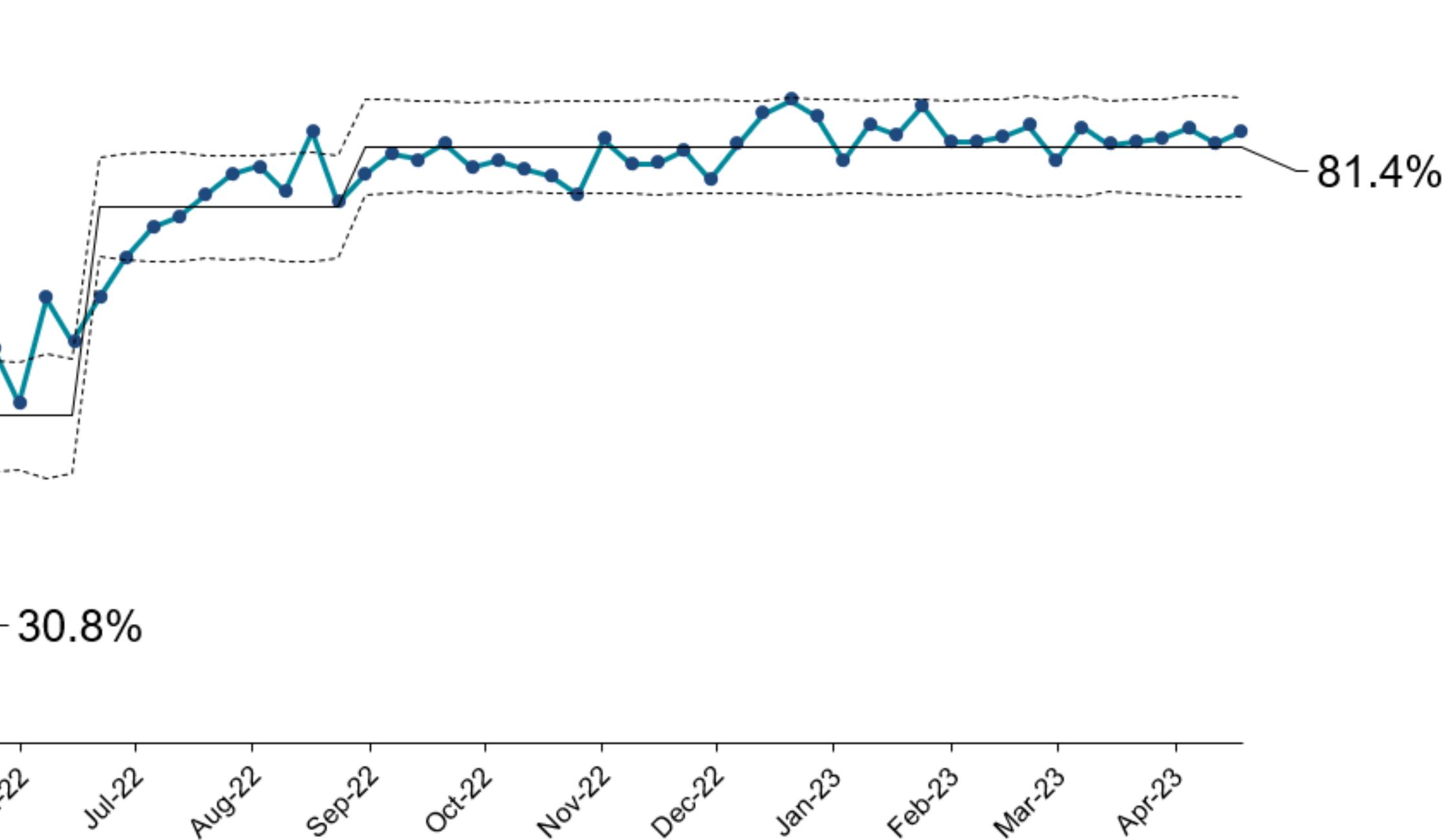


Picture: [Nappy](#)

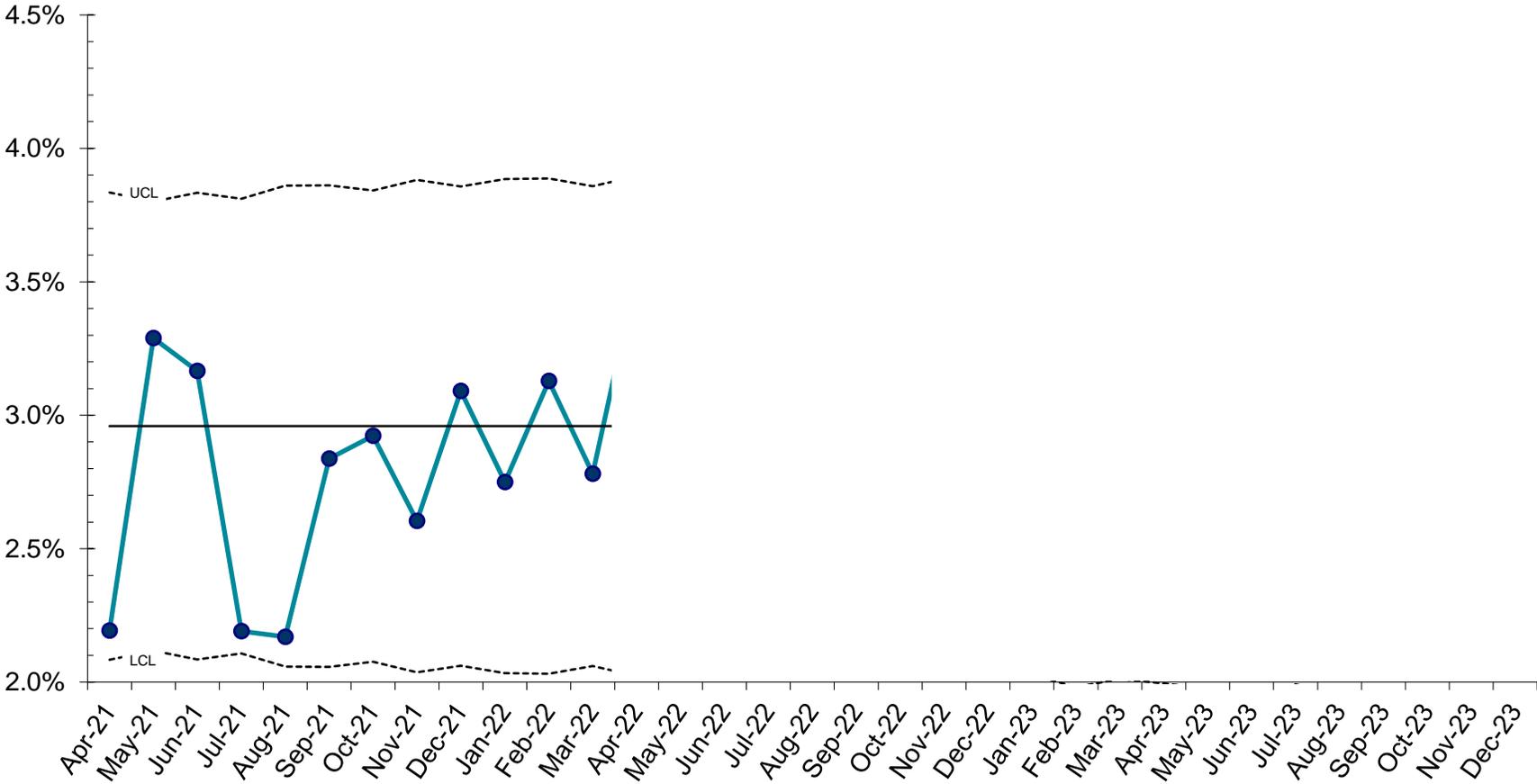
P chart - Percentage of women and birthing parents where quantitative blood loss is the primary method of assessment following vaginal birth





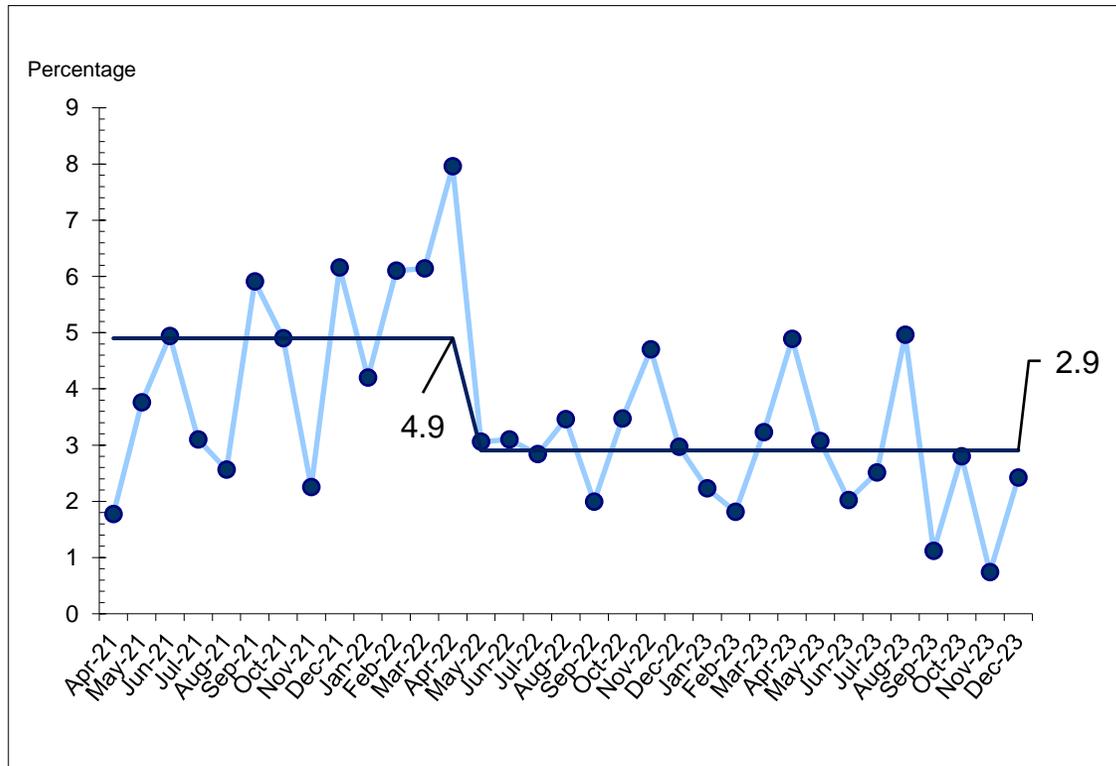


P Chart - Percentage of women and birthing parents with a primary PPH greater than or equal to 1500ml following vaginal birth

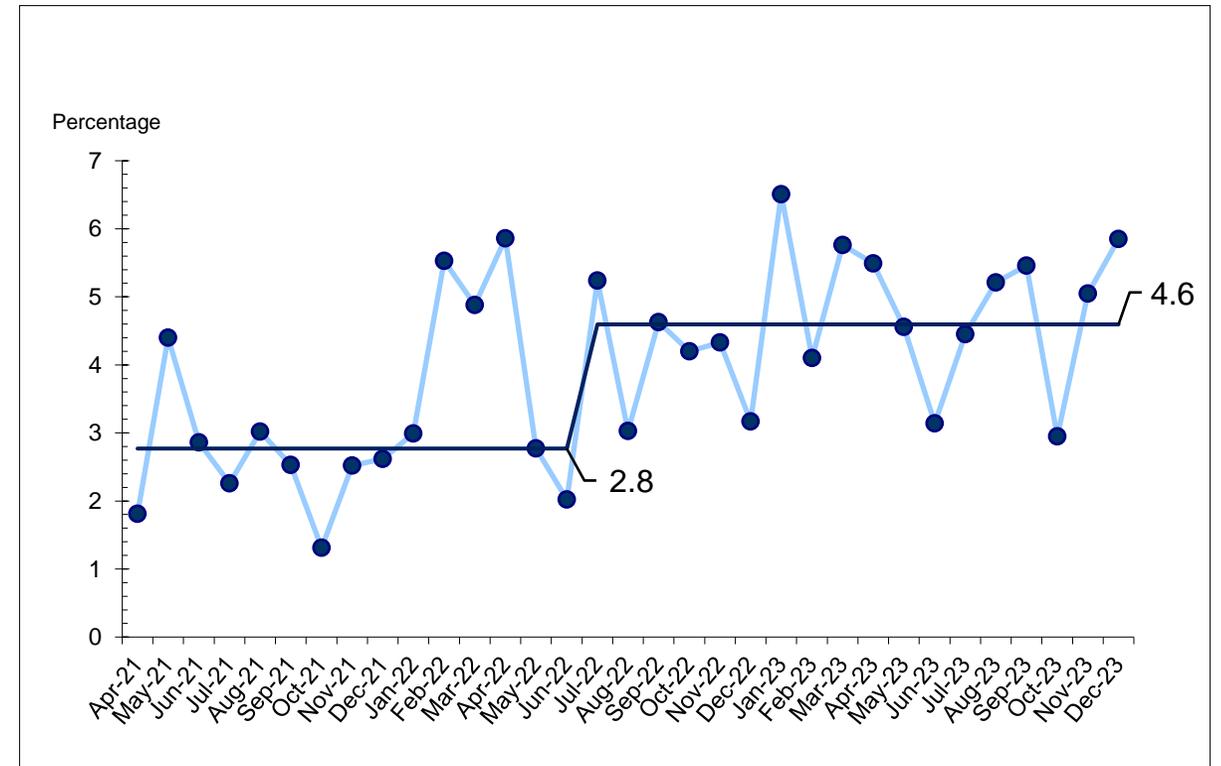


Run Charts - MEA1 Percentage of women and birthing parents with a primary PPH of 1500 ml or greater following vaginal birth

Service 1 – reduction



Service 2 - increase



Results

9 services implemented a dedicated support role into emergency management team

5 Implemented processes to care for the support person during emergency response

11 implemented processes to link families that experience birth trauma with support services

Debrief provision improved from 15% to 61%

Measuring the quality of partnering



Measuring the quality of partnering

Before you begin partnering scv

	Section	Discussed
Working together		
Jointly identify roles, aims and responsibilities	1.1	<input type="checkbox"/>
Determine how you will regularly check in with each other	1.2	<input type="checkbox"/>
Jointly identify how you are going to partner	1.3	<input type="checkbox"/>
Personalised and holistic		
Provide consumers with relevant project background knowledge	1.4	<input type="checkbox"/>
Identify training opportunities for consumers and staff to grow and learn	1.5	<input type="checkbox"/>
Create safe and inclusive environments that empower consumers	1.15	<input checked="" type="checkbox"/>
Shared decision-making		
Routinely assess consumer participation and engagement in decision making through pulse checks in a way that is accessible and meaningful to consumers and staff	1.16	<input type="checkbox"/>
Clearly outline how and when decisions will be made and who will make them	1.8	<input checked="" type="checkbox"/>
Effective Communication		
Communicate plans to remunerate consumers if appropriate	1.9	<input type="checkbox"/>
Equity and inclusion		
Plan for appropriate remuneration of consumers to recognise their input	1.11	<input checked="" type="checkbox"/>
Provide information in a clear and accessible way by avoiding complex and technical jargon	1.12	<input type="checkbox"/>
Create an environment that facilitates consumer peer mentoring and support	1.13	<input type="checkbox"/>
Provide accessible and alternative methods of engagement that support and enable a diverse range of consumers to participate	1.14	<input checked="" type="checkbox"/>



Personalised and holistic

Provide consumers with relevant project background knowledge

1.4

Identify training opportunities for consumers and staff to grow and learn

1.5

Create safe and inclusive environments that empower consumers

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Equity and inclusion

Plan for appropriate remuneration of consumers to recognise their input

1.11



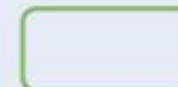
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Next steps

Ongoing support of services

Scoping opportunities for the identification and mitigation of causative factors of PPH

Project evaluation

PPH Collaborative toolkit

Next steps



Alana Donaldson – Consumer Faculty

‘For my second birth, while I had another PPH, the whole process was smooth and calm for both myself, and my partner. We were able to be fully present and enjoy the birth and first moments with our daughter. It was so healing. Because I had appropriate support during my PPH and after, we went home and thrived.

It’s all about how you are treated in that moment’



Thank you



Any questions?



Resources



[View a PPH consumer story](#)



[Consumer partnering planning template](#)



[Collaborative toolkit and evaluation](#)

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