

Patient Debriefing After a Severe Event

Debriefing with patients after a severe event is a structure measure for the Alliance For Innovation On Maternal Health (AIM) Obstetric Hemorrhage and Severe Hypertension in Pregnancy Patient Safety Bundles.



Definitions

Severe Event - unexpected outcomes of labor and delivery that result in significant short-term or long-term consequences to a woman's health

Birth Trauma - an event that occurs during the labor and delivery process involving actual or threatened serious injury or death to the mother or her baby

Post-Traumatic Stress Disorder (PTSD) - a psychiatric disorder resulting from exposure to death or threatened death or serious injury, experienced or witnessed

Childbirth Related PTSD - stems from events during birth that threaten the woman's life or cause her to believe that her life, or her infant's life, is in danger



What should be included in a patient debrief?

Patient Education should include:

- Who to contact for medical and mental health concerns, ideally stratified by severity of condition or symptoms
- Review of warning signs and symptoms
- Reinforcement of the value of outpatient postpartum follow-up
- Summary of delivery events and treatments used
- Information about future pregnancies and hypertension or hemorrhage risk

All education provided should be:

- Aligned with the person's health literacy, culture, language, and accessibility needs
- Include a designated support person for all teaching with patient permission (or as desired)

Visit the following websites for more information:



<https://npqic.org/qi-projects/>

<https://saferbirth.org/>



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When to do a debrief

Before any debrief it is always important to ask permission to determine if the patient is comfortable and ready to talk about their experience. **Debriefing should happen whenever the patient consents and is ready to talk about the event.** Ideally, it should occur immediately after the event. Then it becomes a continuous process during the postpartum hospital stay and postpartum follow-up periods, information may need to be provided multiple times.



Who should do the debrief

Preferably, the delivering provider or a primary nurse. However, any clinician familiar with the care can lead the debrief as long as the patient feels safe and supported.



How to prepare for a debrief

- Review patient chart
- Ensure you have ample time
- Sit down at the patient's level
- Include the patient's support person if desired
- Provide any written guidance that the patient may need to follow up on



How to document debriefs

Debriefings should be documented using standardized methods to ensure they are measurable and consistently captured. This can be achieved through features in the electronic health record (EHR), such as checkboxes, drop-down menus, or flowsheet rows designed specifically for reporting debriefs. Quantitative measures, such as frequency and participation data, further support tracking and evaluation for quality improvement. Ex. "Events of delivery were reviewed with the patient and questions addressed."

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Frequently Asked Questions

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| 1 Why is debriefing important after a traumatic birth? | Debriefing can help the patient process emotions, understand what happened and feel supported. It can help reduce the risk of long-term effects such as childbirth-related PTSD and postpartum depression. |
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| 2 What can you say during a debrief with a patient? | <ul style="list-style-type: none">• “Would you like to talk about your birth?”• “I’m curious how you are feeling about your birth and if you have any new questions for me today?”• “I know you experienced extra bleeding when you gave birth yesterday, would it be OK if we talked a bit more about that and how it may impact your recovery?” |
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| 3 Does debriefing imply that an error occurred? | No. Acknowledging the occurred outcome does not imply an error was made. Despite high quality of care events can still happen. |
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| 4 What if a patient does not want to talk right away? | Respect that the patient may not be ready to talk right away, but be sure to support and validate any feelings they have. You can try again at a later time. |
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| 5 How can trauma during birth be prevented? | Through proactive communication, informed consent, respectful care, shared decision-making, and maintaining patient dignity throughout labor. |
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| 6 What structural supports help with debriefing? | Electronic Health Record (EHR) prompts, pocket guides for providers, simulation training and standardized documentation can support consistent and effective debriefing. |
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| 7 Can debriefing help healthcare providers too? | Yes, providers experience emotional distress from traumatic events. Team debriefing can offer emotional processing, shared reflection, and learning opportunities. |
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| 8 Where can patients find more support? See links. | <ul style="list-style-type: none">• <u>Postpartum Support International</u>• <u>Birth Trauma Association</u>• <u>Preeclampsia Foundation’s trauma resources</u> |
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