


# Professional Issues


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## Evidence-Based Practice

The use of the best evidence to make healthcare decisions

- More than just research
- Combined with:
  - clinical experience
  - patient values/preferences



Source: Shugart, K., & Shugart, C. (2007, August). Evidence Based Health Care. *Sutter Qeios* (Vol. 1, Iss. 105-107). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1374887/>

AWHONN: Advanced Women's Health Institute of Obstetrics and Gynecology

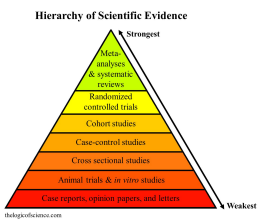
## Evidence-Based Practice

**Hierarchy of evidence**

- Strength based on likelihood of being free from error

**Sources of evidence**

- Cochrane Library
- UpToDate
- National Guideline Clearinghouse
- HEAL-WA



**Hierarchy of Scientific Evidence**

Strongest

- Meta-analyses & systematic reviews
- Randomized controlled trials
- Cohort studies
- Case-control studies
- Cross sectional studies
- Animal trials & in vitro studies
- Case reports, opinion papers, and letters

Weakest

Image source: [https://commons.wikimedia.org/wiki/File:Hierarchy\\_of\\_Evidence.png](https://commons.wikimedia.org/wiki/File:Hierarchy_of_Evidence.png)

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## Research Terminology

**Reliability** - How likely will we see the same results a second time?


**Validity** - How precise are results? Are we observing what we think we are?

**Statistical Significance** - How likely are the results due to luck/chance?

**Sensitivity** - Can the test accidentally give us a false positive result?

**Specificity** - Can the test accidentally give us a false negative result?

**Confidence Interval** - How confident are we that what we saw in our sample will be what we see in the population?



Source: University of Wisconsin-Madison. (n.d.). *Research Terminology - Eling Library - UW-Madison*. Eling Library. Retrieved April 05, 2025, from <https://eling.library.wisc.edu/terminology/guide/research-terminology-for-health-professionals>

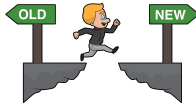
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## ★Quality Improvement



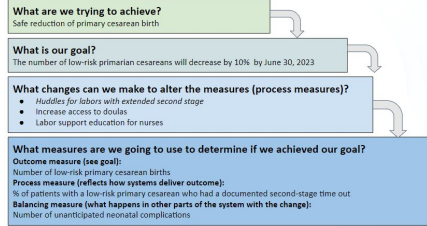
A framework to improve care and outcomes

- All improvement requires change - not all changes are an improvement
- Doesn't have to be complicated
  - Willingness to frequently change directions - rapid improvement cycles
  - Not a scientific process
  - Seeks to answer the question, "How do we make this work here?"



Source: National Health Service - Institute for Innovation and Improvement. (n.d.). The how-to guide for measurement for improvement. NHS England. Retrieved April 20, 2023, from <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/2021/11/How-to-Guide-for-Measurement-for-Improvement.pdf>

## ★Quality Improvement



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## ★Maternal Safety Bundles



**What are they?**

- Small set of interventions to improve outcomes
  - small steps = more likely to implement
  - **Obstetric hemorrhage**
  - **Severe hypertension**
  - **Safe reduction of primary cesarean birth**
  - **Cardiac conditions in obstetrical care**
  - **Care for patients with substance use disorder**
  - **Perinatal mental health**
  - **Postpartum discharge**
  - **Obstetric sepsis**



Source: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/2021/11/How-to-Guide-for-Measurement-for-Improvement.pdf>

## ★ Maternal Safety Bundles



### Obstetric Hemorrhage

**Readiness:** policy, hemorrhage cart, drills

**Recognition:** hemorrhage risk assessment, active management of 3rd stage

**Response:** Stage-based management

**Reporting:** Post-event debriefs, chart reviews

**Respect/Equity:** Include patient/family in huddles & debriefs



Source: <https://aahnbeth.org/patients/obstetric-hemorrhage/>

## ★ Maternal Safety Bundles



### Severe Hypertension in Pregnancy

**Readiness:** Protocol for diagnosis and treatment/drills

**Recognition:** Accurate BP measurement, pregnancy history assessment

**Response:** Timely treatment, postpartum follow-up

**Reporting:** Post-event debriefs, chart reviews

**Respect/Equity:** Include patient/family in huddles & debriefs



Source: <https://aahnbeth.org/patients/obstetric-hemorrhage/>

## Perinatal Care Measures



**PC-01** - Elective delivery - ↓ elective deliveries ≤39 weeks.

**PC-02** - Cesarean section - Bring number of NTSV cesarean births to within 15-20%.

**PC-05** - Exclusive breast milk feeding - ↑ rate of exclusive breast milk feeding at 6 months.

**PC-06** - Unexpected complications in term newborns - ↓ injuries, damage, infection, and death in full-term healthy newborns.



Source: <https://www.aahnbeth.org/patients/obstetric-hemorrhage/> and National Quality Forum. (2012, April). Enhancement Summary: Perinatal and reproductive health measures. National Quality Forum. <https://www.nqf.org/~/media/Files/2012/04/Perinatal%20and%20Reproductive%20Health%20Measures.pdf>

## ★ Legal Principles



### Standard of Care - What a reasonably prudent nurse would do

- Sources of standard care:
  - Joint Commission, CMS
  - State nurse practice acts & state board of nursing
  - Hospital policies
  - AWHONN/ACOG/ACNM
  - Nursing textbooks, literature



Source: Association of Women's Health, Obstetric, and Neonatal Nurses. (2014). Perinatal Nursing (6th ed., Simpson & P. A. Creelan, Eds.). Wolters Kluwer/Lippincott Williams & Wilkins Health.

## ★ Legal Principles



### Nursing Malpractice

- Four elements required:
  - Duty - The RN took report on a patient, accepted care
  - Breach - Care that didn't meet the standard of care
  - Damages - Physical or psychological harm suffered by patient
  - Causation - The harm happened because of action or inaction by nurse



Source: Association of Women's Health, Obstetric, and Neonatal Nurses. (2014). Perinatal Nursing (K. R. Simpson & P. A. Crehan, Eds.). Wolters Kluwer/Lippincott Williams & Wilkins Health.

## ★ Legal Principles



### Common Areas of Liability in Perinatal Practice

- **Failure to diagnose**
  - Discharge of a patient without establishing fetal well-being
- **Injury during treatment**
  - Failure to assess fetal status during labor induction
- **Failure to treat**
  - Failure to identify and treat uterine tachysystole
- **Medication errors**
  - Excessive doses of misoprostol



Fitzgibbon, J. (2017, May 30). The top 5 reasons for malpractice lawsuits against doctors. *Family Healthcare*. <https://www.familyhealthcare.com/practice/why-reasons-for-malpractice-lawsuits-against-docs>

## Communication & Documentation



### Documentation Dos

- Nursing interventions and patient responses
- Education provided to patient/family
- Communication with providers

### Documentation Don'ts

- Deleting previously recorded information
- Use of non-standard language/abbreviations
  - Non NICHD terminology
- Criticisms or complaints
- References to incident reports



DOs



DON'Ts

Source: Association of Women's Health, Obstetric, and Neonatal Nurses. (2014). Perinatal Nursing (K. R. Simpson & P. A. Crehan, Eds.). Wolters Kluwer/Lippincott Williams & Wilkins Health.

## ★ Ethics



**Autonomy** - Respect for the free choice of patients

(A=All by myself or America Independence)

Examples:

- Informed consent
- Supporting pain relief requests
- Choice of birth positions



Source: Association of Women's Health, Obstetric, and Neonatal Nurses. (2014). Perinatal Nursing (K. R. Simpson & P. A. Crehan, Eds.). Wolters Kluwer/Lippincott Williams & Wilkins Health.

## ★Ethics



**Benevolence** - Actions guided by compassion, doing good (Benefit=Good)

Examples:

- Providing information on risks and benefits
- Helping a patient get out of bed to reduce risk of fall
- Facilitating pain relief measures



## ★Ethics



**Fidelity** - Keep promises, be loyal (Fidelity=Faithful)

Examples:

- Returning in 15-minutes when you said you'd be back in 15-minutes
- Not overstaying your time in the unit breakroom



## ★Ethics



**Justice** - Treating patients equally (I JUST want fair care!)

Example:

- Impartiality when distributing patient care resources
- Advocating for health equity



## ★Ethics



**Nonmaleficence** - Hippocratic Oath: Do No Harm minimizing harm (non mal = No harm)

Example:

- Holding labetalol in a patient with bradycard
- Asking a colleague to double-check high-risk medication administration
- Performing a cesarean on a patient with fetal malpresentation



## ★Ethics



**Veracity** - Tell the truth, being honest with the patient

(Veracity = Very Honest)

Example:

- When the patient asks, "Am I going to poop?" you say, "Maybe"
- Being honest about medication side effects
- Admitting errors and mistakes



## References

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## Certificates

Evaluation form link:

Certificate will be generated and sent

