Questionnaire on HDP and PPH practice in your hospital

Dear health care provider,

We kindly ask you to complete the following questionnaire for the purpose of a national assessment of the current management of hypertensive disorders in pregnancy and post partum hemorrhage. The completion of this questionnaire contributes to making the best possible national obstetric guidelines on these disorders. We would like your evaluation and feedback in all honesty.

Thank you for your contribution,

The maternal mortality committee

Age: Sex: Professional: Years experience: Hospital: Department:	 male / female gynecologist / resident / intern / midwife / nurse / student I / II / III / IV / primary health care / private sector Delivery rooms / maternity ward / outpatient clinic / emergency department
<u>General</u> 1. Would you like national obstetric guidelines? □ yes □ maybe □ no	
2. Would you like to help create the national obstetric guidelines?yesmaybeno	
3. Where would you like to find the national obstetric guidelines? □ delivery room □ guideline book □ website	
4. Does your hospital have a local protocol on PPH or HDP? □ yes, both □ only HDP □ only PPH □ neither	
Please answer the following questions according to the local reality in your institution. Please use the space on this page to give additional comments and suggestions.	

Post partum hemorrhage (PPH)

Definitions

- 1. Is there a clear definition for PPH? yes, > 1 liter yes, but the definition is as follows: no
- 2. Is there a clear definition for severe PPH? yes, > 1 liter yes, but the definition is as follows: no
- 3. Is it clear when you should alarm the doctor or your supervisor? yes, it is clear
 - no clear rules

Prevention

- 4. Is oxytocin generally used in all caesarean sections? yes no
- 5. Is oxytocin generally used in all vaginal deliveries? yes only in the case of risk factors no
- 6. Is controlled cord traction performed? yes I do not know what that is no

Blood loss measurement

- 7. How is blood loss measured? in a measuring cup on a scale
- 8. What do you measure? everything, all the blood I throw away the first bit as it also contains amniotic

fluid only the cloths

Medical treatment, in ongoing blood loss >500mL

9. Do you ever provide a second shot of oxytocin (i.v. or i.m,)

yes only in infusion with crystalloid no

- 10. Do you treat her with oxytocin in crystalloids? yes no
- 11. Do you ever give additional misoprostol? yes no
- 12. Do you ever give additional Methergine? yes no
- 13. Do you ever give Tranexamic acid? yes

Supportive treatment, in ongoing blood loss >500mL 14. Do you place a second i.v. line?

- yes
- only when necessary (for instance instable patien) no

15. Do you give crystalloids (sodium chloride / ringers lactate) for resuscitation?

yes

- no
- 16. Do you give colloïds (Gelofusin) for resuscitation? yes no
- 17. Do you give oxygen? yes

no

Blood transfusion in PPH

18. Are clear guidelines available for blood transfusion? yes

no

19. When is blood transfusion generally given? Hb < 4 mmol/L Hb < 3.5 mmol/L and Ht < 0.20 Hb < 5 mmol/LPersistent blood loss

20. In what ratio are packed cells and fresh frozen plasma transfused?

1:1 2:1 1:2 Other, ...

Other

21. Is a PPH box available with all necessary equipment? yes

no

22. Have you ever used an intra-uterine balloon, B-lynch or uterine pack?

yes no

23. Have you ever used a vaginal tampon? yes

no

24. Does your facility perform a hysterectomy for severe PPH?

- yes
- no

25. Do you ever use the early warning score system (EWS / MEOWS)? yes no

no

Hypertensive disorders of pregnancy (HDP)

Definitions

- Do you have a clear definition for pre-eclampsia? yes no
- 2. And for severe pre-eclampsia? yes no
- 3. And for eclampsia?

yes

no

Prevention

4. Do you and your colleagues know the most important risk factors for HDP?

yes

- no
- Does your facility give aspirin prevention? yes no
- Does your facility give calcium prevention? yes no

Medical treatment

- 7. What is the 1st 4th choice oral medication choice? methyldopa (Aldomet) hydralazine (Apresoline) nifidipine (Adalat) labetalol
 Please note #1, #2, #3, #4 of most prescribed
- 8. What is the 1st 4th choice i.v. medication choice? hydralazine in direct shots hydralazine in perfussor labetalol (Trandate) ketanserin
 Please note #1, #2, #3, #4 of most prescribed

Magnesiumsulfate

- Does your facility always give a loading dose? yes no
- 10. What is the loading dose? 1-2 grams in 30 minutes 4-6 grams in 30 minutes other:
- 11. What is the maintenance dose?
 1 gram per hour
 ½ gram per hou other:
- 12. What is the duration of treatment? At least ...6 12 hours24 48 hoursother:

- At what blood pressure threshold is MgSO4 initiated? RR systolic: RR diastolic:
- 14. When a seizure occurs a few hours after initiation of MgSO4, do you ... double MgSO4 dose to 2 grams per hour repeat bolus with 2 grams in 5 minutes other:
- 15. In eclampsia what medication is given first? magnesium sulfate diazepam antihypertensives other:

Stabilization of severe pre-eclampsia / eclampsia

16. When is pregnancy terminated in eclampsia? as soon as the patient is stable enough at least 48 hours after initiation of MgSO4

17. From what gestational age is the pregnancy terminated by caesarean section if necessary?

- 27 weeks
- 30 weeks
- 32 weeks
- 34 weeks

Other

- 18. Is a HDP box available with all necessary equipment? yes
 - no

19. Is oxygen given via non-rebreathing mask to a woman experiencing a seizure (eclampsia)?

yes no

20. How many intravenous lines do you give a woman with severe pre-eclampsia or eclampsia? always one at least always two at least

- 21. Do you give patient fluids before initiation of magnesium sulfate? yes, at least 500mL
 - yes, at least 1000mL no

22. Does a woman with pre-eclampsia or eclampsia have a fluid restriction?

yes, mL per day no

23. Do you ever use the early warning score system (EWS / MEOWS)? yes no