

## Meeting Take-aways

**Date:** August 13, 2025

**To:** Pregnancy and Childbirth Care Committee Representatives

**From:** Amy Kaleka, Secretary, PCCC

**Re:** PCCC committee talking points

**Points to share with your practice groups.**

### Updates:

- QI updates - July delivery birth data: 482 births from 466 deliveries and FY25 Q4 Dashboard reviewed. The OB InHouse Medical Director role will now include L&D Medical Director role responsibilities. Email Carla by **8/18** if interested. **See attached.**
- Cultural Assessment follow-up from last meeting: reminder to providers to complete TeamSTEPPS training by 10/31. More to come on the workgroup development to include Leadership Development, Building and Inclusive Cultures/Team Development and Physical Space.
- Clinical Practice updates – STAC program – orders can be placed anytime during the hospital admission, including during admission as they won't discontinue when the patient goes to postpartum since it is an outpatient order. It is better to enter the order before their day of discharge as the enrollment process may slow down. If the hypertension diagnosis is entered in the problem list by the provider, the nurse can enter the STAC order.
- Inpatient OB updates – an undertreatment was discovered in OB Triage with Iron sucrose dosing (200x3) will increase to 300x3. This is a temporary change as a first line treatment until the team has a chance to review adverse events to Iron Dextran.
- Request for OB Inhouse providers to communicate with charge RNs when taking patient to OR. OB Inhouse should hand-off to another provider to cover during this time.
- SOC 22 – Chain of Communication for Conflict Resolution. Policy to be updated with direction on issues with nursing conflict resolution.

### Education:

- REBIRTH Trial is now active; Dr. Alexa Licon shared a presentation. **See attached.**
- Dr. Goetz and Dr. Anu Sharma provided updated criteria from UPH as to when to draw Cord Blood Gases. Meriter will use C2-C4 deliveries as the criteria for drawing gases. Delayed cord clamping greater than 2 minutes results in decreased accuracy, therefore may opt to not draw the cord gases. Will need to document rationale in EMR. **See attached.**
- Consults to MFM for IMC/ICU patients – all OB patients taken to IMC/ICU should have a consult to MFM placed by OB to ensure teams are all on the same page.

**Pharmacy Updates:** IV lorazepam remains on shortage and should only be used for seizure indications. Alternatives are available. Iron sucrose for < 36GA to be provided 300x3 dosing. Orders will be pre-ordered by Pharmacist a day in advance.

**Next meeting:** September 10, 2025

