Cheryl Bishop, MSN, RN, Labor and Delivery
Evidence-Based Practice Project

Cheryl Bishop, MSN, RN, (pictured here) a staff nurse in Labor and Delivery at Mission Hospital, Asheville, NC, completed an evidence-based practice project, which influenced a policy change that has improved patient care, safety, and outcomes. Her project, summarized below, was part of her portfolio, which earned her advancement to Level IV in the Clinical Ladder.

**Title:** Development of Transfer Criteria from Labor and Delivery to Mother/Baby Unit

**Project Team:** Cheryl Bishop, MSN, RN with help from the Perinatal Empowerment Committee

**Objective:** To define transfer criteria from Labor and Delivery (L&D) to the Post Partum unit, with the goal of minimizing post partum hemorrhage (PPH).

**Significance:** Collaboration with Mother-Baby nurses during monthly Perinatal Empowerment Committee meetings revealed that there were increased incidents of unstable bleeding upon patient arrival to their unit.

**Description:** A literature review was performed which defined clinical parameters that should be met during the postpartum phase to decrease PPH risk. Among these, the particular parameter that required our attention was "evacuation of the urinary bladder."

**Outcome:** The literature review described bladder distention as a main cause of PPH. This fact is compounded by physiologic changes in the post partum period, such as (a) temporary neural dysfunction of the traumatized urethra and bladder, (b) the antidiuretic properties of pitocin and (c) "puerperal diuresis," (Jacobson, 1985; Simpson and Creehan, 2008; Mattson and Smith, 2011).

**Conclusions/Implications for Practice:** The current Women's and Children's policy was changed to state that all patients (epiduralized or not) would attempt to void within one hour of giving report/transfer. If the patient was unable to void, the recently purchased bladder scanner would be used to determine bladder volume. If the scan showed a volume of less than 250cc, the patient could be transferred and reassessed in one hour. If the volume was greater than 250cc, the L&D nurse would perform an in-and-out catheterization to empty the bladder prior to transfer. Since this procedure has been incorporated, there have been no further occurrences of excessive postpartum bleeding.

**References:**
