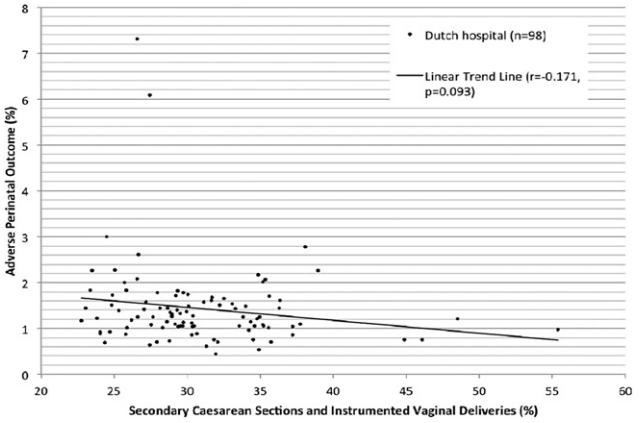

328 Changes in care associated with introduction of a post-partum hemorrhage patient safety program

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OBJECTIVE: To determine whether the introduction of a multi-pronged patient safety program regarding the management of post-partum hemorrhage (PPH) was associated with changes in patient care or outcomes.

STUDY DESIGN: In August 2008, a patient safety program designed to assist with the management of PPH was instituted at a tertiary care urban maternity hospital. This program was composed of three principle components: (1) an educational initiative designed to improve the accuracy of blood loss estimation; (2) the training regarding and institution of a protocol for the management of post-partum hemorrhage; and (3) the institution of the active management of the third stage of labor. Patient care processes and outcomes were assessed for the six months prior to (period A) and six months after (period B) the institution of this program.

RESULTS: There were 278 and 341 women diagnosed with PPH during periods A and B respectively. The women with PPH in both time periods were of similar age, height, weight, parity and gestational age. They also had similar frequencies of multiple gestations, placenta previas, preeclampsia, and operative deliveries. Conversely, several aspects of care were significantly different during the two time periods. Women who had a PPH after the program was instituted had significantly shorter third stages ($P = .03$); were significantly more likely to receive more than one type of uteronic (46% vs, 60%, $P < .01$) or a B-lynch suture (4.7% vs, 9.4%, $P = .03$); and were significantly less likely to undergo a manual extraction of their placenta (18 vs. 12%, $P = .049$). Patient outcomes, including the frequency of blood transfusion, hysterectomy, and ICU admission were similar between the two time periods.

CONCLUSION: Introduction of a program aimed at optimizing management of postpartum hemorrhage resulted in several indications of a more quickly escalated response to postpartum hemorrhage. Further study will be required to determine whether this more rapid escalation translates into improved health outcomes.

329 Postpartum sexual functioning and mode of delivery in a diverse population of women

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OBJECTIVE: Sexual functioning and satisfaction are hypothesized to be adversely affected by vaginal delivery, yet this has not been well studied. We sought to explore this relationship using the Sexual Health Outcomes in Women Questionnaire (SHOW-Q), which assesses female sexual functioning including same-sex and unpartnered activity.

STUDY DESIGN: Prospective observational study of 160 pregnant women. Baseline questionnaire included sociodemographic characteristics, reproductive history and sexual activity. Postpartum questionnaire (6-8 months) included the SHOW-Q, an open-ended question on factors interfering with sexual activity and items on delivery mode, depression and breastfeeding. Primary outcomes were overall SHOW-Q score among those who had resumed sexual activity and the sexual satisfaction subscale among all women.

RESULTS: 71.3% of participants delivered vaginally. At follow up, 23.2% had depression, 43% were exclusively breastfeeding, and 79.8% had resumed sexual activity. Mean SHOW-Q satisfaction subscale score was 67.8 (SD 27.8); mean overall SHOW-Q score was 72.8 (SD 19.6). Depression ($p=0.01$) and exclusive breastfeeding ($p=0.01$) were associated with poorer sexual satisfaction in multivariate analysis, while Asians showed a trend toward better scores ($p=0.07$). Bivariate analyses of the sexually active sample yielded African American or Latina ethnicity and having less than a college education as significant positive correlates of overall SHOW-Q score, and age and breastfeeding as negative correlates. The age and education trends persisted in multivariable analysis. Factors identified as interfering with sexual activity included being tired (21.9%) and presence of children at home (35.9%). Women who delivered by cesarean had lower scores than those who delivered vaginally, but this was not statistically significant.

CONCLUSION: Postpartum sexual functioning as measured by the SHOW-Q appears to be associated with depression and exclusive breastfeeding, and may be related to delivery mode. Further research with larger sample sizes are needed to gain a better understanding of these relationships.

Adjusted regression coefficients of overall SHOW-Q and sexual satisfaction subscale scores

	Overall SHOW-Q score for sexually active women		Sexual satisfaction scale for all participants	
	Adjusted Estimate	p-value	Adjusted Estimate	p-value
Age	-0.73	0.10	-0.71	0.18
Ethnicity				
African American	-4.54	0.54	6.02	0.46
Latina	4.50	0.63	12.84	0.22
Asian	11.85	0.08	16.62	0.07
Caucasian	--	--	--	--
Education: some college or less	10.60	0.08	5.10	0.46
Multiparous	7.15	0.16	4.23	0.54
Married	-10.75	0.11	-8.40	0.28
Cesarean delivery	-9.98	0.13	-7.49	0.35
Depression	-9.76	0.06	-16.42	0.01
Exclusive breastfeeding	-6.27	0.20	-15.73	0.01
Vaginal tearing	-4.27	0.42	-0.10	0.99