



Stanford | MEDICINE
Dunlevie Maternal-Fetal Medicine
Center for Discovery, Innovation and Clinical Impact

CMQCC
California Maternal
Quality Care Collaborative

Patient Care Discussion Debriefs and Communication to Reduce Birth Trauma

Kayleigh Summers, LCSW
Birth trauma councilor (AFE patient survivor)

Christa Walczak, MSN, RN
Clinical Lead
California Maternal Quality Care Collaborative/
Stanford Medicine

Objectives

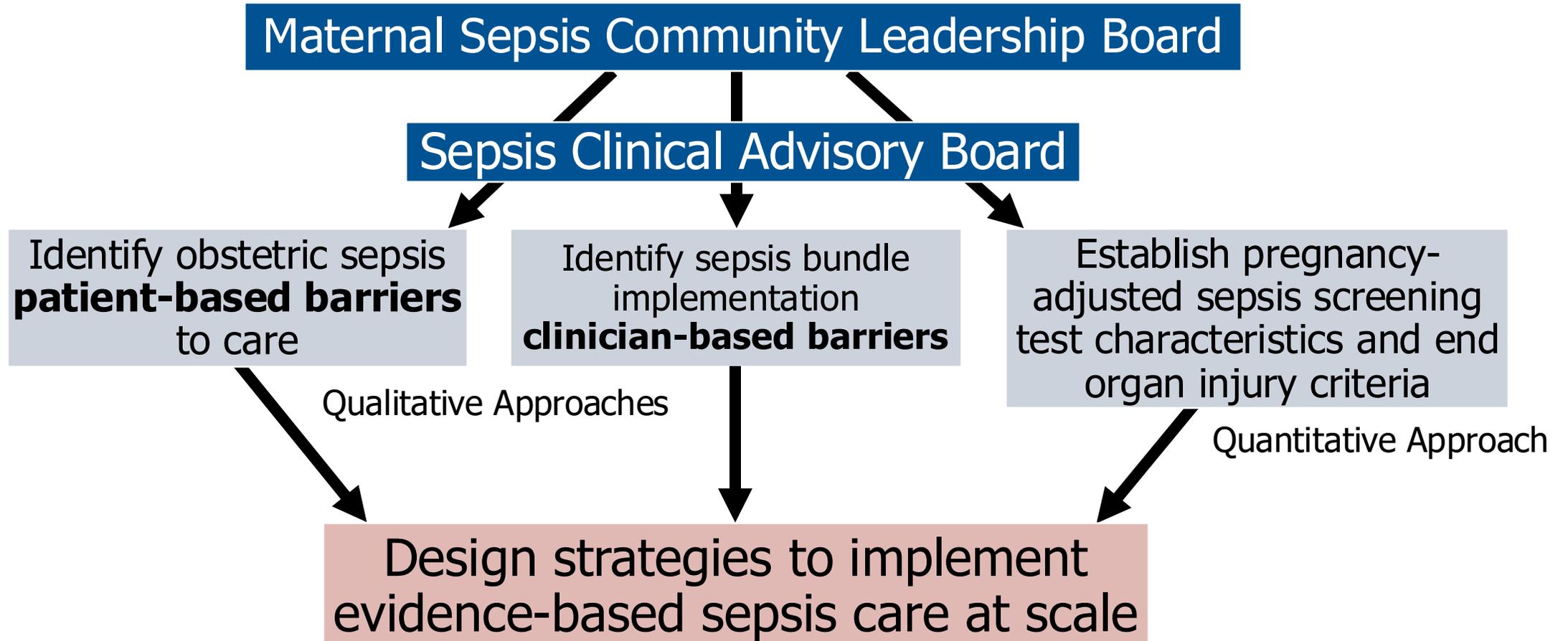
- Describe and recognize the role of sepsis event patient debriefs for clinical teams
- Recognize the “why” and tools for supportive communication after a severe maternal event



Sepsis Collaborative Design & Toolkit Update



NIH UG3 Planning Grant: Community Co-Led Redesign of Obstetric Sepsis Care



Lessons Learned



THIS WAS OUR FIRST COLLABORATIVE THAT INCLUDED PATIENT AND COMMUNITY MENTORS AS WELL AS MATERIALS PRIMARILY CREATED BY PATIENTS WITH LIVED EXPERIENCE

Broader Impact on Obstetric Care Beyond Sepsis

Urgent Warning Signs education

Stress on Listening to the the Patient / Advocacy tips

Greater attention to abnormal vital signs (screening)

Emphasis on bedside evaluation

Patient/family Joint Care Review after adverse event

Expand attention to Antepartum and Postpartum periods

Creating Hospital ↔ Patient ↔ Community engagement

Severe Maternal Events: Birth Trauma

- What can be done to assist physicians, midwives, nurses, and other staff in reducing the experience of birth trauma after a severe maternal event (SME)?
- Tools for ALL types of SME



Birth Trauma and Patient Debriefing Work Group



Melissa Bauer, DO
(OB Anesthesia) Duke



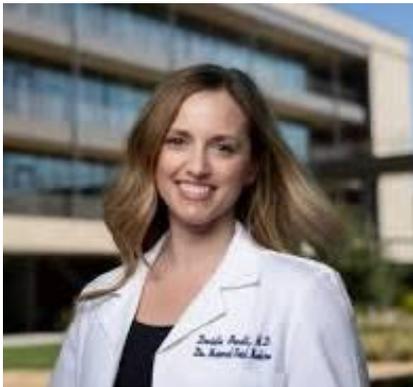
Alethia Carr, MBA, RD
SE Michigan PQC



Arianna Cassidy
MD (MFM) UCSF



April Chavez, MA
Sepsis Survivor



Danielle Mari Panelli
MD (MFM) Stanford



Christa Walczak
MSN, RN, C-ONQS,
C-EFM, CMQCC



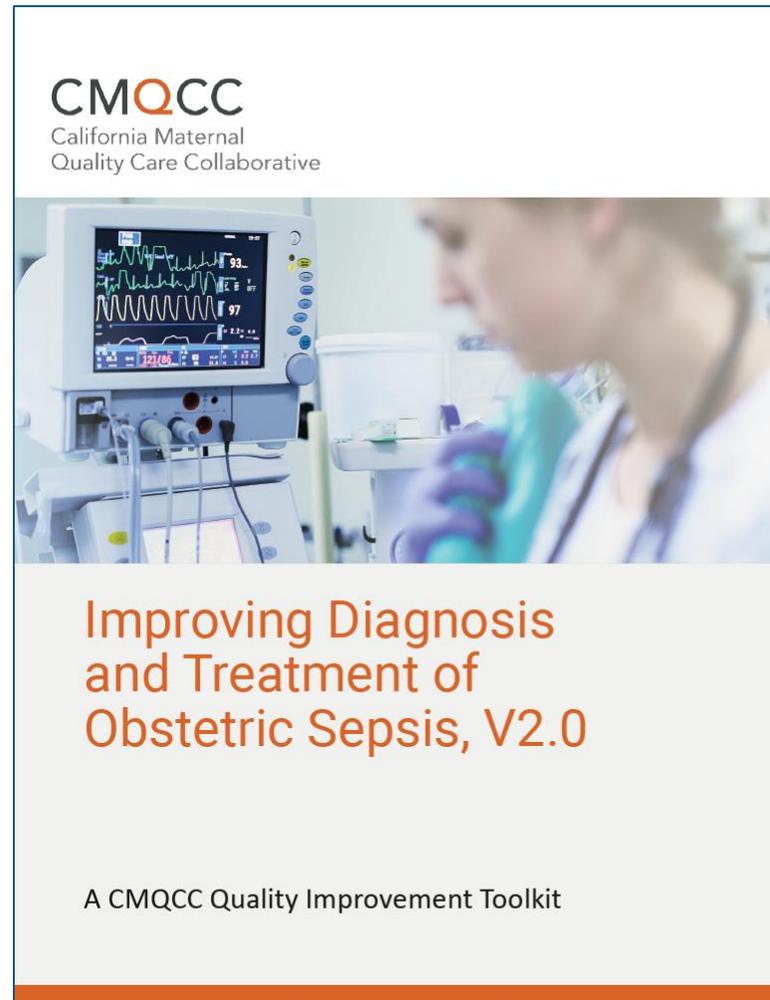
Beth Stephens-Hennessy
RNC-OB, EFM, MSN, CNS
Sutter Health



Kayleigh Summers
LCSW, AFE Survivor

Toolkit Released: September 5, 2025

CMQCC Sepsis
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Download the
Toolkit



Pass off to Kayleigh



Severe Maternal Event Debriefs: Patient Care Discussion



Patient Care Discussion



- Processing of the Severe Maternal Event
- In depth discussion of event
 - Causes
 - Treatment
- Preparation
 - What should the patient expect in the next days/weeks?
 - What are long term considerations?

Considerations When Planning the Pre-discharge Patient Care Discussion



Recommended Hospital Team Members

Effort should be made to include those present at the time of the case

- Obstetrician/Maternal Fetal Medicine Physician
- Additional physician as appropriate to the case – anesthesiologist, Intensivist, etc.
- Nurse
- If appropriate, Social Worker and/or a Case Manager

Plan What to Say

- Manage your emotions
- Acknowledge something unexpected as occurred
- Express empathy and concern
- Listen to the patient and their family and respond to their questions, allow them time to respond to your prompts.
- Address planned next steps
- Clearly delineate the contact person(s) for the patient and family, and when to expect follow-up



Guide For **Pre-Discharge Care Discussion** (aka Patient Debrief) After a Severe Maternal Event

- **Purpose:** to review what happened, answer questions, and plan on-going care with the patient and whoever the patient chooses to invite.
- **This document** is an informal checklist to help guide the discussion. The discussion would ideally include a senior physician and a nurse known to the patient, and a social worker. Known faces are important for support and starting the process of healing and closure.
- **Timing** should be after the patient is fully aware and near to discharge. This is not to replace earlier shorter care updates provided to the patient and family.

Step 1: Assess Patient Understanding

- "Now that you have had a few days to process, can you recap in your own words what you understand about what you experienced." "In a moment we will go through your story in detail."
 - Do not stop the patient to correct information
- "What are your biggest concerns about what happened?"

Step 2: Provide an overarching description of the condition

- Define (in lay terms) the condition that they experienced, including how common
- Briefly review risk factors and in general the diagnosis and treatment approaches

Step 3: What happened with this specific patient

- Review in lay terms, how the patient presented and how the diagnosis was made
- What specific consultations and treatments were made
- How the patient responded to the treatments
- If and why they were transferred to a higher level of care (such as an ICU) and what happened there
- What has happened in the recovery phase
- Provide the summary document of the key elements of the diagnosis and care for her to share with her follow-up providers (see CMQCC Sepsis Toolkit for an example)
- Stress that this was not her fault

Step 4: Pause for questions

- "I have just given you a lot of information
What questions do you have? What are your concerns going forward?"

Step 5: Review what to expect next

- Review plans for discharge, including who and when to see for follow up (ideal to identify an "anchor" provider)
 - The Discharge Follow-up Checklist is very useful
 - Early follow-up is almost always required
- Discuss return precautions and "what to watch for", involving the patient's family and/or those who may be helping support them
 - Emphasize the need for support from providers, family, and others
- Broadly review how this event may affect future health and future pregnancies, if relevant
- Emphasize the importance of continuing discussions
- Give opportunity for more questions

Pre-discharge Care Discussion Guide



Outline for the Pre-discharge Patient Care Discussion

Step 1: Assess Patient Understanding

- “Now that you have had a few days to process, can you recap in your own words what you understand about what you experienced.”
 - *Do not stop the patient to correct information*
- “What are your biggest concerns?”

Outline for the Pre-discharge Patient Care Discussion

Step 2: Provide an overarching description of the event

- Define (in lay terms) the condition that they experienced, including how common it is
- Briefly review risk factors and in general the diagnosis and treatment approaches

Outline for the Pre-discharge Patient Care Discussion

Step 3: Describe what happened with this specific patient

- Review in lay terms, how the patient presented and how the diagnosis was made
- What specific consultations and treatments were made
- How the patient responded to the treatments
- If and why they were transferred to a higher level of care (such as an ICU) and what happened there
- What has happened in the recovery phase.

Patient Summary: Severe Maternal Event				
Patient Name				
Event Type & Date				
Attending Provider				Office Phone
Other Key Provider				Office Phone
Other Key Provider				Office Phone
Follow-Up	<input type="checkbox"/> Subspecialist _____ <input type="checkbox"/> Subspecialist _____ <input type="checkbox"/> Support Group / Social Worker _____ <input type="checkbox"/> Other: _____			
Clinical Summary				
Surgeries / Procedures	Date	Date	Date	Date
	Type	Type	Type	Type
	Type	Type	Type	Type
Blood Transfusion	Type and Number of Units of Blood Products			
	Red Blood Cells _____ units	Platelets _____ units	Plasma _____ units	Fibrinogen/Cryo _____ units
ICU Admission	<input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ Notes: _____			
Key Medications				
Patient Friendly Brief Narrative Summary (e.g., What happened?, Why did I need these interventions?, What was the final diagnosis? Anything else of importance?)				
Coordinating Resource Person				Phone
<i>*This is a person designated to be a point of contact for the patient after discharge. This individual may provide resources, answer questions, and help the patient in navigating and processing their experience.</i>				

Patient Summary: Severe Maternal Event Form



Outline for the Pre-discharge Patient Care Discussion

Step 4: Pause for questions

- “I have just given you a lot of information. What questions do you have?”
- “What are your expectations going forward?”

Outline for the Pre-discharge Patient Care Discussion

Step 5: Review what to expect next

- Review plans for discharge, including who and when to see for follow up (need to identify an “anchor” provider)
- Discuss return precautions and “what to watch for”, involving the patient’s family and/or those who may be helping support them
- Broadly review how this event may affect future health and future pregnancies, if relevant.
- Emphasize the important of continuing discussions

Guide for **Post-Discharge Care** After a Severe Maternal Event

Follow-Up Visits Arranged

- Follow up within 1-2 weeks of hospital discharge with obstetric care provider (OB)
- Identify key contact for immediate care and support as needed
- Arrange follow-up with primary care provider (PCP) or specialist(s) as appropriate
 - Many patients will need ongoing care up to 1 year to assess on going needs (especially mental health)
- Send Discharge Summary/Summary of Hospital Course to OB, PCP, and specialists
- Give Summary of Hospital Course to patient (see CMQCC Sepsis Toolkit for example)

Referrals (in-hospital or as outpatients)

- All patients with a Severe Maternal Event should have a referral to postpartum support group(s), either general or diagnosis specific (see resource list)
- Social Work—Medicaid or disability enrollment and transportation support as needed
- Lactation Consult—For support or suppression after major maternal illness or loss
- All patients with **critical illness/ICU admission** (for example: intubated, experiencing weakness) should have the following outpatient referrals placed on discharge¹
 - Occupational Therapy and Physical Therapy
 - Speech/Swallow evaluation (usually done post-extubation refer if ongoing difficulties)

Specialized Postpartum Care (beyond standard services)

- Note: Postpartum visits for complications may be billed outside of the global Obstetric fee.²
 - Serial mental health assessments recommended for one year. Patients can experience continuing or new symptoms over the course of a year. There may be overlap between PTSD symptoms, trauma-related postpartum depression, postpartum anxiety and ICU-related trauma; additionally, cognitive challenges (sleep, memory and concentration disorders) may complicate/compound the postpartum mental health course. Examples of validated tools are provided below. All 3 areas are important to evaluate.
 - **Depression**
 - PHQ-9³ (Patient Health Questionnaire, a 9-question depression assessment)
 - EPDS (Edinburgh Postnatal Depression Scale, a 10-question assessment)
 - **Anxiety**
 - GAD-7³ (Generalized Anxiety Disorder 7-item assessment)
 - **Post-Traumatic Stress Disorder (PTSD)**
 - PCL-5⁴ (PTSD Checklist for DSM-5, a 20-item assessment of PTSD symptoms)
 - Contraception needs, in the context of medical conditions⁵
 - Mobilize a support system of family, community social services and/or Doula services

¹ Prescott HC, Angus DC. Post Sepsis Morbidity. JAMA. 2018;319(1):91. doi:10.1001/jama.2017.19809

² Optimizing Postpartum Care. Accessed April 10, 2024. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

³ Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum. Accessed April 10, 2024. <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/screening-and-diagnosis-of-mental-health-conditions-during-pregnancy-and-postpartum>

⁴ Arora IH, Woscoboinik GG, Mokhtar S, et al. Establishing the validity of a diagnostic questionnaire for childbirth-related posttraumatic stress disorder. Am J Obstet Gynecol. 2023;0(0). doi:10.1016/j.ajog.2023.11.1229

⁵ CDC Summary Chart of Medical Eligibility Criteria for Contraceptive Use (2024). <https://www.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf>

Post-discharge After a Severe Event Guide



Post-discharge Follow-up After a Serious Adverse Event

Follow up within 1-2 weeks of discharge with obstetric care provider

Discharge summary/summary of hospital course sent to obstetrician/CNM and PCP

Plan for where to go if there's a need to come back to the hospital

Mental health assessment; below are examples of validated tools:

- PHQ-91 (Patient Health Questionnaire, a 9-question depression assessment)
- GAD-71 (Generalized Anxiety Disorder 7-item assessment)
- PCL-52 (PTSD Checklist for DSM-5, a 20-item assessment of PTSD symptoms)

Post-discharge Follow-up After a Serious Adverse Event

- All patients with critical illness/ICU admission (for example: intubated, weakness) should have the following outpatient referrals placed on discharge:
 - Occupational therapy
 - Physical therapy
 - Speech evaluation (if trouble swallowing)

Postpartum Visit Assessments

- Hospital discharge medication lists should be reconciled
- Contraception needs considered
- Offer referral for mental health and other formal support services and share benefits of utilizing these services
- Lactation/baby feeding needs
- Important to mobilize a support system of family and/or community social services, including doula care where available

Pre-discharge Care Discussion and Post-Discharge Planning Summary

- A patient and family care discussion before discharge is a key part of care
- A care discussion is best done as a formal event
- A formal hand-off to the follow-up physician is very important step
- The care discussion is part of a larger continuum of communications that occurs daily during the hospital stay and continues into the postpartum period



Additional Toolkit Resources

- Trauma Care Flow Chart
 - Used for staff education/guidance
 - Steps in the pathway of support after a SME
- Guide to Recognizing Acute Stress Disorder in the Hospital Setting



- Life After Experiencing Sepsis
 - Patient education regarding sepsis
 - Supportive to Patient Care Discussion
- Resources for Maternal Event Survivors



Obstetric Sepsis Implementation Sprint 2026



Join a Novel Quality Improvement Opportunity!

California Maternal Quality Care Collaborative (CMQCC) and Stanford School of Medicine Department of Obstetrics and Gynecology (OB/GYN) are pleased to offer a novel quality improvement opportunity for obstetric sepsis care, comprising four 2026 sessions focused on practical implementation steps for "Improving Diagnosis and Treatment of Obstetric Sepsis, V2.0 Toolkit (2025)."

Hospital teams from any U.S. state and Washington, DC, may enroll at no cost, thanks to a cooperative agreement with NICHD.

Key Topics to Be Covered:

- Implementation of the screening algorithm utilizing the Electronic Health Record (EHR)
- Documentation of the bedside evaluation
- Evaluation of lactate/blood cultures
- Ideal treatment antibiotic selection
- Patient support after a maternal adverse event
- Case review practices that inform systems improvement
- Alignment of Sepsis-3 definitions with the CMS SEP-1 measure

Why Should Your Hospital Participate?

Teams will receive access to training materials, educational webinars, and implementation assistance from obstetric sepsis experts, as well as the opportunity to network with others nationwide. A short cycle format provides the advantage of a concentrated learning opportunity without an extended time commitment. *Required sessions on 1/20, 2/17, 3/17, and 4/21.*

Register by January 9, 2026

Visit CMQCC's website for full details

Register today!

bit.ly/SepsisSprint



Questions

